



**THE SAFER GAMBLING MOVEMENT:
A GRASSROOTS APPROACH TO ADOPTING A
PUBLIC HEALTH APPROACH TO GAMBLING IN
ENGLAND**

January 2021

Prepared for:



Addiction Recovery Agency (Ara) and Beacon Counselling Trust (BCT)

SUGGESTED CITATION

GREO (2021). Theory of change: The Safer Gambling Movement. Guelph, Canada. Prepared for Addiction Recovery Agency and Beacon Counselling Trust. <https://doi.org/10.33684/2021.001>

About Us

GREO is an independent knowledge translation and exchange organization with almost two decades of international experience in generating, synthesising, and mobilising research into action across the health and wellbeing sectors.

GREO helps organisations improve their strategies, policies, and practices by harnessing the power of evidence and stakeholder insight. Services we offer include sourcing and synthesising evidence, creating knowledge and education products, facilitation and stakeholder engagement, data and knowledge management support, evaluation, and applied research.

Contact Information

Email: info@greo.ca
Phone: 519-763-8049

BACKGROUND

Addiction Recovery Agency (Ara) and Beacon Counseling Trust (BCT) provide critical safer gambling education and treatment services for the West of England, North West England, and Wales. Their respective dedication to the safer gambling field and commitment to enhancing system integration led to a natural partnership between the two organisations. Drawing from Ara and BCT's significant expertise, they partnered to develop a suite of safer gambling programmes. As the suite of innovative programmes grew, they recognised a need to articulate and share their leadership in transforming the safer gambling landscape in England and Wales. The Safer Gambling Movement describes Ara and Beacon's leadership in developing a grassroots movement to build momentum for a national public health approach in Great Britain by first building this capacity in England and Wales. GREO was brought on as the evaluation partner to help create a theory of change to describe this work and lay the foundation for future evaluations.

GUIDING FRAMEWORK: A PUBLIC HEALTH APPROACH

OVERVIEW

There are increasing calls to adopt a public health approach to gambling,¹⁻⁴ in which the emphasis is on upstream prevention strategies for non-problem gamblers, rather than problem gambling treatment.¹

Adopting a public health approach to gambling is critical because:

- Gambling-related harms are complex, including financial harms, relationship harm, emotional harms, decrements to physical health, cultural harm, reduced performance at work/study, and criminal activity⁵
- Individuals, families, and communities can be impacted by gambling-related harm.⁵
- Gambling behaviour and harm are influenced by a wide variety of social, cultural, political, institutional, and environmental factors⁶
- Most of the gambling-related harm in society is the result of low- and moderate-risk gambling. The number of people on this end of the continuum is much greater than those who experience problem gambling⁷⁻⁹

THE SAFER GAMBLING MOVEMENT'S PUBLIC HEALTH APPROACH

The Safer Gambling Movement has adopted a public health approach by designing programmes and strategies that operate through three prevention levers:⁶

- **Primary prevention:** preventing problematic and at-risk behaviour (i.e., in people who do not gamble, gamble recreationally, and who are at low-risk of harm from gambling)
- **Secondary prevention:** mitigating or reducing harms in those identified at-risk (i.e., people at moderate risk)
- **Tertiary prevention:** providing treatment and support to reduce the impact of gambling harms (i.e., in people who experience problem gambling)

To design and implement these strategies and programmes, the Safer Gambling Movement leverages best practices in adopting a public health approach. This includes:

- Multi-pronged local and national approaches,^{6, 10} to regulating gambling availability, policies, advertising practices, and providing education and treatment services
- Cross-sectoral partnerships and collaborations^{6, 10}
- Evidence-based decision making¹¹
- Commitment to reducing health inequities, and protecting marginalised and vulnerable populations¹²
- Continuous improvement and evaluation¹²

THEORY OF CHANGE

SITUATION

Gambling-related harms are increasingly recognised as a significant public health issue in Great Britain,¹³ with initiatives underway to collect data on gambling related harms in England,¹⁴ as well as calls for a public health approach to be adopted across the country.¹⁵ To address these harms, there is a need for improved ability to navigate safer gambling treatment pathways and increased availability of effective population-wide and targeted prevention strategies for vulnerable populations.¹⁶

There are two concurrent strategies that complement the aims of the grassroots approach of the Safer Gambling Movement:

- The National Strategy to Reduce Gambling Harms¹⁶ which explicitly endorses a public health approach to reducing gambling harms
- Public Health England's Strategy 2020–2025¹⁷ which calls for system-level coordination for prevention, creating healthy communities through place-based approaches, and improving mental health

Under the leadership of Ara and BCT, the Safer Gambling Movement is seizing this window of opportunity to formalise and develop its grassroots approach to addressing gambling-related harms.

INPUTS

In addition to the expertise and leadership of Ara and Beacon, this grassroots project is made possible through organisational and grant funding (i.e., organisational budgets and regulatory settlements in lieu of financial penalties), extensive engagement with experts by experience, and through partnerships with early adopter stakeholders, including but not limited to PG Solutions, Trades Union, the Royal Society of Public Health, and GREO (evaluation support).

ACTIVITIES

The steps required to bring a public health approach to life are to:¹⁸

- Establish a sense of urgency
- Develop a network
- Articulate a vision
- Communicate the vision
- Engage others to achieve the vision
- Identify 'small wins' towards achieving the vision
- Use small wins to create momentum for greater change
- Formalise the adoption of the public health approach through evaluation and knowledge mobilisation activities

The Safer Gambling Movement uses the model above to build momentum for its grassroots approach through activities that create a continuous cycle to:

- **Identify** gaps in system-level prevention and treatment strategies
- **Engage** cross-sectoral partners to define and solve for wicked problems
- **Design** and implement innovate solutions
- **Evaluate** and mobilise knowledge and continually
- **Ignite** enthusiasm in other stakeholders to join the movement

OUTPUTS

The key activities of engaging stakeholders to identify and solve for wicked problems resulted in a suite of initial core Safer Gambling Movement programmes and participation in those programmes. These programmes include primary and secondary prevention strategies implemented in a variety of different settings in order to meet the needs of diverse groups (e.g. vulnerable populations, workplaces, general population).

Stakeholder participation in initial core programmes as well as the Movement results from targeted and mass outreach, including assisting in the evaluation and dissemination of evaluation findings.

OUTCOMES

The Safer Gambling Movement will result in **harm reduction and health promotion** outcomes that improve population health and **system capacity** outcomes that strengthen delivering on a shared vision of safer gambling across partners.

SHORT-TERM OUTCOMES

The first one to two years of the Safer Gambling Movement (short-term) aims are to **build the capacity** of National Strategy partners. This will be accomplished by:

- Increasing population awareness of gambling-related harms
- Enhancing population knowledge of safer gambling strategies
- Improving community and organisational capacity to identify at-risk individuals and groups
- Piloting place-based prevention strategies with a particular emphasis on vulnerable populations

These outcomes will be achieved through the dedication of early adopters to the movement

INTERMEDIATE-TERM OUTCOMES

The intermediate term outcomes (years three to five) strive to **sustain and grow the legacy** of the National Strategy. This shift from a purely grassroots movement in the first years, to a social movement in years three to five, will allow collective impact across safer gambling stakeholders which requires shared vision, robust and authentic engagement, high-leverage activities, strategic learning culture, and backbone support for change.¹⁹ Specifically, the intermediate term outcomes include:

- Normalisation of discussions about gambling-related harms
- Earlier identification of those at-risk of or experiencing gambling-related harms
- Improved access to treatment and supports
- Scaling up of effective prevention and policies are scaled up
- The conditions for collective impact among safer gambling stakeholders are achieved (system capacity).

LONG-TERM OUTCOMES

The long-term outcomes in years six and beyond aim to **drive and expand the National Strategy into the future** by achieving:

- Reduced harms from gambling and its comorbidities
- Resilient and empowered communities
- Vibrant public health approaches to reducing gambling-related harms
- International recognition as a leading public health approach to reducing gambling-related harms

These outcomes represent sustained collective impact among safer gambling stakeholders.

IMPACT

These long-term outcomes will contribute to the ultimate desired impact of making a significant contribution to improved population health and reduced health inequities.

PATHWAYS OF CHANGE

The achievement of these outcomes is anticipated to result from two major complementary causal pathways:

- **Harm reduction & health promotion:** Enhanced availability of frictionless effective place-based prevention and treatment services → services used by target populations → improved population health outcomes
- **System capacity:** Engagement of stakeholders via the grassroots movement creates the opportunity and buy-in for collective impact → achieved conditions for collective impact → public health approach to gambling is developed and sustained → improved population health outcomes

ASSUMPTIONS

PRECONDITIONS

- Funding from regulatory settlement funds and/or other sources is available to support and sustain collaborations.
- Desire and capacity for National Strategy stakeholders to participate in the Safer Gambling Movement.

SAFER GAMBLING MOVEMENT MODEL

The most significant assumption underpinning the Safer Gambling Movement is that a grassroots approach can build momentum to achieve collective impact through the continuous engagement of stakeholders.

Additional assumptions of the model include:

- Reaction: A grassroots approach will be well received at all levels of government and stakeholders, and that the Safer Gambling movement is not perceived as a threat or in conflict with any existing initiatives.
- Participation: Individuals, organisations, and the general population will participate in existing and new safer gambling programmes and services.
- Effective approaches: The right blend of targeted and population-wide approaches will be offered at the right time, to the right groups, in the right places, and are consistently evidence-informed, drawing from diverse forms of knowledge such as research and lived experience.

EXTERNAL RISKS

The most immediate external threats to the validity of the theory of change include those driven from the COVID-19 pandemic and BREXIT. These could deepen the harms associated with gambling, alter the gambling environment, and result in decreased resources and buy-in for implementing safer gambling strategies considering competing public health priorities.

REFERENCES

1. Elton-Marshall T, Wijesingha R, Veselka L, Williams C. A public health approach to gambling. Guelph, CA: Gambling Research Exchange Ontario (GREO); 2017. Available from: [http://www.greo.ca/Modules/EvidenceCentre/files/Elton-Marshall%20et%20al%20\(2017\)%20Gambling%20as%20a%20public%20health%20issue.pdf](http://www.greo.ca/Modules/EvidenceCentre/files/Elton-Marshall%20et%20al%20(2017)%20Gambling%20as%20a%20public%20health%20issue.pdf)
2. Wardle H, Reith G, Best D, McDaid D, Platt S. Measuring gambling-related harms: a framework for action. Birmingham, UK: Gambling Commission; 2018. Available from: <https://www.gamblingcommission.gov.uk/PDF/Measuring-gambling-related-harms.pdf>
3. Wardle H, Reith G, Langham E, Rogers RD. Gambling and public health: we need policy action to prevent harm. *BMJ*. 2019;365:1807.
4. Gambling Commission. Gambling-related harm as a public health issue. Birmingham, UK; 2018. Available from: <https://www.gamblingcommission.gov.uk/PDF/Gambling-related-harm-as-a-public-health-issue.pdf>
5. Langham E, Thorne H, Browne M, Donaldson P, Rose J, Rockloff M. Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*. 2016;16:80. Plain language summary available at <https://www.greo.ca/Modules/EvidenceCentre/Details/defining-and-categorizing-gambling-related-harms>
6. Victorian Responsible Gambling Foundation. Using a public health approach in the prevention of gambling-related harm. Melbourne, Australia: Victorian Responsible Gambling Foundation; 2015. Available from: <https://responsiblegambling.vic.gov.au/documents/21/using-a-public-health-approach-in-the-prevention-of-gambling-related-harm.pdf>
7. Canale N, Vieno A, Griffiths MD. The extent and distribution of gambling-related harms and the prevention paradox in a British population survey. *Journal of Behavioral Addictions*. 2016;5(2):204-12.
8. Hilbrecht M, Mock SE. Low-risk, moderate-risk, and recreational gambling among older adults: self-complexity as a buffer for quality of life. *Applied Research in Quality of Life*. 2019;14(5):1205-27.
9. Browne M, Greer N, Rawat V, Rockloff M. A population-level metric for gambling-related harm. *International Gambling Studies*. 2017;17(2):163-75. Plain language summary available at <https://www.greo.ca/Modules/EvidenceCentre/Details/predicting-quality-of-life-due-to-gambling-harm-at-a-population-level>
10. Korn DA, Shaffer HJ. Gambling and the health of the public: adopting a public health perspective. *Journal of Gambling Studies*. 1999;15(4):289-365. Plain language summary available at

<https://www.greo.ca/Modules/EvidenceCentre/Details/adopting-a-public-health-perspective-towards-gambling-and-gambling-related-harms>

11. John B, Holloway K, Davies N, May T, Buhociu M, Cousins AL, et al. Gambling harm as a global public health concern: a mixed method investigation of trends in Wales. *Frontiers in Public Health*. 2020;8. Plain language summary available at <https://www.greo.ca/Modules/EvidenceCentre/Details/how-gambling-affects-people-in-wales-united-kingdom>
12. Ministry of Health. Progress on gambling harm reduction 2010 to 2017. Ministry of Health (New Zealand); 2019. Available from: <https://apo.org.au/node/228881>
13. Commission G. Problem gambling: a public health issue. 2017. Available from: <https://www.gamblingcommission.gov.uk/PDF/speeches/GambleAware-Conference-Tim-Miller-December-2017.pdf>
14. Public Health England. Gambling-related harms evidence review: scope. 2020. Available from: <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-scope>
15. Local Government Association. Tackling gambling related harms-a whole council approach. London, UK: Public Health England; 2018. Available from: <https://www.local.gov.uk/tackling-gambling-related-harm-whole-council-approach>
16. Gambling Commission. National strategy to reduce gambling harms. Birmingham, UK: Gambling Commission; 2019. Available from: <http://www.reducinggamblingharms.org/asset-library/national-strategy-to-reduce-gambling-harms.pdf>
17. Public Health England. PHE Strategy 2020-25 Executive Summary. 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/83010/5/PHE_Strategy_2020-25_Executive_Summary.pdf
18. David JL, Thomas SL, Randle M, Daube M. A public health advocacy approach for preventing and reducing gambling related harm. *Australian and New Zealand Journal of Public Health*. 2020;44(1):14-9.
19. Tamarack Institute. Collective Impact 3.0: an evolving framework for community change. Waterloo, Ontario, Canada; n.d. Available from: http://cdn2.hubspot.net/hubfs/316071/Events/CCI/2016_CCI_Toronto/CCI_Publications/Collective_Impact_3.0_FINAL_PDF.pdf?t=1472671593093&_hssc=163327267.5.1610281006158&_hstc=163327267.15de20dd5d787ab48ca287bb0aebf78e.1610281006157.1610281006157.1610281006157.1&_hsfp=2873996859&hsCtaTracking=2004d74b-f861-48af-855d-eb4a9ccb22a4%7Ccbe8119a-e05c-43a8-afec-12498cea1f11

The Safer Gambling Movement



The Safer Gambling Movement is a grassroots approach that builds momentum for collective action to adopt a public health approach to gambling. This movement, led by Ara and Beacon Counselling Trust, supports organisations, groups, and individuals working in sectors that affect or are affected by gambling related harms (GRH) in England and Wales.

SITUATION

Gambling-related harms are increasingly recognised as a significant public health issue in Great Britain. There is a need for improved navigation of treatment pathways and availability of effective population-wide and targeted prevention strategies for vulnerable populations. The National Strategy to Reduce Gambling Harms and Public Health England's 2020 - 2025 strategy priorities represent an important window of opportunity for a grassroots approach to reducing gambling harms that can be scaled up at a national level.

THEORY OF CHANGE

