

Prevention and Education Review: Gambling-Related Harm

C H A P T E R S U M M A R Y

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Stakeholder Consultations: Insights From Third Sector Charities

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This document provides an overview of Chapter 5.0 Stakeholder Consultations: Insights From Third Sector Charities, in Section 5.0 Stakeholder Insights of the research report, Prevention and Education Review: Gambling-Related Harm. The result of a multi-year collaboration with top international safer gambling experts, this report establishes a comprehensive and up-to-date evidence base for policies, programmes, and practices that aim to reduce gambling harm through prevention and education strategies.

The full report and an executive summary are available on www.greo.ca

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Greo produced the Prevention and Education Review: Gambling-Related Harm, in support of the National Strategy to Reduce Gambling Harms in Great Britain.

ABOUT US

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

WHAT THIS CHAPTER IS ABOUT

This chapter explores the perspectives, insights, and experiences of stakeholders that design and deliver gambling harm prevention and education programmes in Great Britain. The organisations represented in the consultations were diverse in size, mandate, and the measurement levels at which they addressed harm from gambling.

Participants were asked about their insights and experiences regarding the effectiveness, ineffectiveness, and/or unintended consequences of existing gambling harm prevention and education programmes. They were also asked about what guidance they could provide to ensure positive outcomes to gambling harm prevention and education initiatives.



WHAT WAS DONE

Interviews were conducted with stakeholders who represent third sector charities that are working to reduce gambling harm. The Gambling Commission helped to identify 13 third sector charities and all agreed to participate. Participants were 16 representatives with expertise in designing and delivering gambling harm prevention and education programmes.

Stakeholders were asked about their experiences with efforts to advance safer gambling among the general population (i.e., universal measures). They were also asked about safer gambling campaigns for children, youth, and older adults (i.e., selective measures). Lastly, stakeholders responded to questions related to safer gambling campaigns for ethnocultural, affected others, employees, university students, military personnel and veterans, people experiencing homelessness, and people who are incarcerated (i.e., indicated measures). Interview transcripts were then analysed by topic.

WHAT YOU NEED TO KNOW

Key findings for this chapter of the review are outlined on the pages that follow, organised by:

- Universal measures
- Selective measures for children, youth, and older adults
- Selective measures for other vulnerable groups

Guidance for prevention and education planning are also outlined.

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Universal measures

Stakeholders believed that safer gambling messaging that targets the entire UK population has had limited success. They had concerns about a 'one size fits all' approach since people tend to ignore messages when they believe the situation does not apply to them or their preferred gambling format. In addition, the messaging often uses language that emphasises personal responsibility for choices (e.g., "When the fun stops, stop"). This can increase people's feelings of anxiety, shame, and guilt. Instead, safer gambling language was recommended since it recognises contextual factors and removes the full burden of responsibility from the individual. Stakeholders reported that efforts to target gambling harm messaging to the general public usually result in messaging that is targeted to those who gamble. This is due to limited funds with which to reach audiences.

Initially developing campaigns targeted to the general public has allowed some stakeholders to gain knowledge for future campaigns. Evaluations create an evidence base that can then be used to address specific groups of people. Another way to design more effective campaigns is to use proven models for other health issues. Some participants felt that safer gambling campaigns need to be more comparable in size to prevention and education efforts around drugs, alcohol, and sexual health. These often involve social media content as an important way to connect with a broad audience. Further, to develop effective messaging, there is a need to be aware of current gambling industry practices.

There is a need to raise awareness among health care providers, educators, employers, and others in positions of authority. Integrating screening for gambling harm at intake for other health issues or into the justice system may help to increase awareness. There is also a need to extend prevention and education training to other people in positions of authority such as employers (e.g., human resource staff) and employees who may not have considered harm from gambling as a public health issue. Any training that they undergo should include how to phrase questions or reframe conversations to reduce potential negative outcomes.

To address potential unintended consequences, a few stakeholders reported modelling and cautious design of initiatives. Many stakeholders linked to other organisations' programmes and services to ensure that clients had access to tools that could mitigate against unanticipated, negative outcomes. Third sector charities also need to integrate programme evaluation into their initiatives. Assessing the effectiveness of campaigns is critical to showing behaviour change in a target audience. This means conducting evaluations that measure intended and unintended outcomes.

Selective measures for children, youth, and older adults

It is important to have effective ways to train those who work with children and youth on the signs of gambling-related harm. One way to encourage use of resources in their work is to develop training and educational materials that could be adapted to different aspects of the curriculum (e.g., math or English). It is best to use basic evidence-based approaches from the education field, especially those that have been evaluated within gambling or for other health issues. It is also best to include digital engagement when delivering initiatives to children and youth. Equally important is to foster the participation of youth when designing programmes.

Another approach is to draw on those who have experienced harm from gambling (i.e., experts by experience). However, caution is required when engaging experts by experience as facilitators, as testimonials can unintentionally increase children's interest in gambling. Participants also reported that some experts by experience lacked educational training for age appropriateness. One way to overcome this is to hire people who have training in education as well as a history of gambling, if possible.

Several participants encouraged revisiting gambling harm prevention and education training as well as subject matter throughout the school year. This could increase the ability of gambling harm prevention and education initiatives for children and youth, and contribute to the overall development of agency, self-efficacy, critical thinking, and decision-making skills. Building these skills is important and can help to situate gambling harm within the broader context of health and well-being.

Given young peoples' higher risk level for gambling harm, it is critical to address unintended consequences from safer gambling programmes for children and youth. Stakeholders spoke of preliminary risk assessments and careful consideration and design of initiatives. Overall, the evaluation process was seen as the key to understanding not only whether goals were met, but also if any unintended consequences had occurred.

Few programmes and initiatives for older adults (age 60 and older) were identified by stakeholders. Only two organisations of the 13 third sector charities had knowledge of initiatives targeted to this group. It could be that this older population group is largely overlooked or not seen as high-risk.

Selective measures for other vulnerable groups

Vulnerable groups are communities or populations that share traits associated with a greater chance of experiencing harm from gambling. Many of these traits make them susceptible to poorer health outcomes. Not all stakeholders provided services to each type of group, so limited information is presented for each at-risk group.

Stakeholders sometimes reported difficulty locating and engaging with people who belong to specific at-risk groups. The most helpful methods were relying on a specialist agency, using active community outreach, and connecting with professionals that the at-risk groups trust. An awareness of specific contextual factors and how they influenced gambling harm experiences was also essential to the effective design and delivery of programmes and initiatives.

Ethnocultural groups: An effective approach for working with ethnocultural groups is to hire gambling harm prevention and education practitioners who share the same ethnocultural background as the community to which an initiative is being delivered. Translation of materials into different languages is important. In addition, it is critical to be sensitive to family dynamics and to understand communication channels within family structures.

Affected others: Affected others include family and friends who may experience harm due to a loved one's gambling activities. An example of support for affected others could involve scheduling counseling sessions for the person who gambles and for the affected other at the same time with different counsellors. There is also a need for suicide bereavement programming due to high rates of gambling problems among people coping with a loved one's suicide.

Workplace initiatives: Some stakeholder organisations that offered workplace initiatives were active in providing training to Human Resources and Personnel departments. This could involve working with employers to develop organisational policies to help employees who experience gambling harm. Most training initiatives delivered to gambling sector employees emphasised providing support to customers experiencing gambling-related harms, rather than offering prevention and education programming for the employees themselves.

University students: When trying to reach university students, some participants felt it was essential to work with the universities directly, not just with the students. Each university or college could do a social awareness campaign in addition to having initiatives created and/or delivered by the students themselves. Peer-to-peer initiatives and input from students regarding programme design were seen as effective means of engagement.

Military personnel and veterans: Stakeholders highlighted the importance of connecting with a community gatekeeper or someone with military experience for programme delivery. In addition, they recommended not explicitly describing the military as an at-risk group, being sensitive to military regulations related to carrying debt, and respecting the military hierarchy by going to the top first. Further, working with the new recruits at their training colleges is an excellent opportunity to deliver initiatives.

People experiencing homelessness: An effective way to connect with this group is to provide gambling harm prevention and education training to employees of housing organisations. These employees are often an important point of contact and guidance for people experiencing homelessness. Another effective way to engage this groups was having a gambling harm screening tool that considered the realities faced by people experiencing homelessness.

People in prisons: An important consideration when reaching people in need in prisons is if there are measures in place to ensure they will not be penalised for accessing gambling harm services. Some stakeholders also spoke about screening and intervention at the point of arrest in the UK. Embedding screening for gambling harm within the criminal justice system could involve refining the screening tool to address specific needs of this at-risk group, and the time constraints of intake workers.

Most stakeholders shared positive outcomes for engagement with vulnerable groups. However, they recognised that negative consequences could occur. Attention was drawn to presentations from experts by experience since they could peak students' interest in gambling, were not always appropriate from an educational perspective, and could be unbalanced in terms of prevention, education, or personal biases. The justice system and military are highly regulated institutions with strict regulations about gambling and/or debt. According to stakeholders, known involvement in gambling support groups could affect whether people are transferred to another institution.

Stakeholders tried to mitigate unintended consequences through careful planning, conducting and acting upon programme evaluation outcomes, learning from failures, and using an evidence base to support their initiatives. Still, there were challenges to understanding outcomes because research and evaluation were often short-term.

GUIDANCE FOR PREVENTION AND EDUCATION PLANNING

Responsiveness to feedback and changing landscape

Receiving input and feedback from target audiences is essential to ensure programmes are relevant, accessible, and sensitive to special needs.

Staying current with changes to gambling provision is necessary to deliver effective, relevant programmes and services.

A theory of change (i.e., a description and illustration of how and why a desired change is expected to happen in a particular context) will also contribute to understanding the intended impact.

Policy, legislation, and regulations

Government policy and legislation is critical for advertising, spending limits, high value customers, and gambling terms and conditions.

The funding model for gambling harm prevention and education organisations in the UK requires attention. The implications of industry funding need to be taken into account to avoid potential conflicts of interest.

Collaboration with other organisations

Connecting and collaborating with other organisations working in the field of gambling harm prevention and education is essential to share valuable information, act on opportunities, and reduce overlap.

Gambling organisations and rehab centers could do more work together given the relationships between drugs, alcohol, and gambling.

Collaboration between researchers, practitioners, treatment providers, and other stakeholders is an important pathway to improve safer gambling initiatives.

F O L L O W T H E E V I D E N C E