

Invitation to Tender

Young People, Gambling, and Gambling-Related Harm Research

Friday 12th February 2016

1 About Responsible Gambling Trust (“RGT”)

- 1.1 RGT is the leading charity in the UK committed to minimising gambling-related harm. As an independent national charity funded by donations from the gambling industry, RGT funds education, prevention and treatment services and commissions research to broaden public understanding of gambling-related harm. RGT’s aim is to stop people getting into problems with their gambling, and ensure that those that do develop problems receive fast and effective treatment and support.
- 1.2 RGT develops its commissioning plans in collaboration with the Responsible Gambling Strategy Board and the Gambling Commission. These arrangements are underpinned by an 'assurance and governance framework' agreed between the three parties and rely on openness, transparency and partnership to deliver results.

2 Purpose and Scope of the ‘Invitation to Tender’ (“ITT”)

- 2.1 This document relates to the ITT for the ‘Young People, Gambling, and Gambling-Related Harm Research’ advertised by the RGT via its website www.responsiblegamblingtrust.org.uk dated 12th February 2016.
- 2.2 The purpose and scope of this document is to:
 - Outline the tendering process and timetable.
 - Provide applicants with sufficient information to enable them to consider the appropriateness of this invitation and to respond.
 - Outline the information required in the responses.
 - Set out the administrative arrangements for the receipt of proposals.

3 Work requirements

3.1 The aim of the research program is to develop our understanding of young people in relation to gambling and gambling-related harm. For the purposes of this research when we refer to young people we mean children and young people aged up to 24. We aim to fund research which addresses the priorities set out in the RGSB position paper '*Young People and Gambling-Related Harm*' (see Appendix 1). The following areas of research are of particular interest:

- The impact on young people's gambling perceptions, attitudes and behaviour of:
 - Marketing and advertising, including social media marketing;
 - Social gaming (i.e. gambling-style social games) and other new forms of gambling;
- Vulnerability to and impact of gambling-related harm, including extent and longevity of harm, which may include:
 - Parental attitudes towards gambling and parental gambling behaviour;
 - Sociodemographic factors;
 - Neurological and biological factors
- Identifying, with a view to further developing good practice for professionals in prevention and/or treatment of gambling related harm in young people;
- Gambling regulation in Great Britain, including:
 - Impact of the availability of gambling products to under 18s, including but not limited to category D gaming machines, lotteries and scratchcards.

3.2 RGT remains open-minded to innovative approaches both in relation to the precise research focus and to the methodological approach. However, these must be clearly and fully explained in the proposal.

3.3 Proposals must take into account work that is currently underway to review and update the literature on Young People and Gambling, being undertaken by Prof. Gill Valentine and due to be completed and published by RGT in March 2016. While RGT appreciates that different research designs will require different levels of detail to be included, it is expected that the project and final report will include the following components:

- **A Brief and Specific Literature Review** - RGT expects that whatever the size of the proposed project, the relevant background literature and empirical evidence (including but not limited to data derived from recent British health and prevalence surveys, the Gambling Commission, treatment services and the industry) will be considered and will shape the project's aims, data collection and analytical work. Therefore, some form of literature review should be included in the interim and final report. It will also be important to demonstrate a good understanding of the literature and existing evidence base in the proposal.
- **Methodological Approach** - RGT is looking to explore gambling and gambling-related harm amongst young people. Proposals which utilise primary data collection methods are acceptable, however, it may be that utilising existing datasets can contribute to understanding; for example, the data collected by the

Millennium Cohort Study¹ may allow longitudinal questions to be explored. Where relevant, proposals should seek to use such open access datasets.

- **Clear Presentation of Data and Key Findings** - Results from this kind of research will often be complex however it will need to be made accessible to a wide range of stakeholders.
- **Discussion of Key Findings and Recommendations** - This section should clearly outline how the findings from the research contribute to the overall aim of the research program. This section should also clearly explain the limitations and, where appropriate, caveats. Additional considerations would also be useful where relevant (e.g., regulatory and policy implications, suggestions for future research).

4 Methodological Approach

- 4.1 In addition to considerations outlined in Section 3.3, the proposal should be clear about the nature and value of the proposed methodology, should make a candid assessment of its potential strengths and weaknesses, and also explain the specific benefits of using selected approaches over others.

5 Programme Schedule

- 5.1 The overall timescale for this work will be differ according to the nature and scale of the proposal, however the work should be conducted over approximately 12 months with the following indicative key deliverables and milestones:
- Projection inception – **April 2016**
 - Interim report (may be more than one for large projects) – **September 2016**
 - Draft report – **March 2017**
 - Final report – **April 2017**

Regular (e.g. monthly) progress reports will also be expected.

¹ Millennium Cohort Study: <http://www.cls.ioe.ac.uk/page.aspx?siteid=851>

6 Tendering Process and Timetable

- 6.1 On receipt of the proposals, an independent review panel will undertake an assessment of proposals, with a view to selecting one or more organisations to perform the research. The evaluation criteria are outlined in Appendix 2.
- 6.2 Applicants may be required to attend a meeting to discuss any aspect of proposals.
- 6.3 You may submit, by no later than 17.00hrs GMT on 26th February 2016 any queries that you have relating to this ITT. Please submit such queries by email to **youthITT@responsiblegamblingtrust.org.uk**.
- 6.4 Any queries should clearly reference any appropriate paragraph in the documentation. As far as is reasonably possible, RGT will respond to all reasonable requests for clarification of any aspect of this ITT and supporting documents, if made before the above deadline.
- 6.5 Proposals must be submitted by 17.00hrs GMT on 29th March to the following e-mail address **youthITT@responsiblegamblingtrust.org.uk**. RGT reserves the right to extend any deadline. Any extension granted will apply to all applicants.
- 6.6 RGT reserves the right to reject any proposals:
 - (a) received after the deadline; and/or
 - (b) which do not comply with the conditions and requirements set out in this ITT
- 6.7 All documents and all correspondence relating to the tender must be written in English. You should consider only the information contained within this ITT and supporting documents, or otherwise formally communicated to you in writing when making your offer.
- 6.8 The submission of tender documentation should include:
 - An understanding of the research objectives and work requirements;
 - An outline of and justification for proposed research methods;
 - A summary of key activities to support specified outputs;
 - A timetable linked to key activities (e.g., GANTT chart);
 - A summary of any propriety intellectual property which will be used to carry out the research;
 - Full disclosure of costs, including number of days required for each task, day rates for different members of the research team, VAT (as relevant) and anticipated expenses;
 - A brief risk assessment with proposed remedies relating to identified risks;
 - A CV or brief biography for each member of the team;
 - Contact details of participating researchers and;
 - Contact details for two referees.

7 Intellectual Property

- 7.1 The successful researcher will be required to assign to RGT all rights in and to any intellectual property created or arising from the work carried out by the researcher (or by the researcher's employees or agents).
- 7.2 In the case of academic researchers, RGT will grant to the research a royalty-free, non-exclusive license to exercise such intellectual property rights in relation to project materials for the purposes of the researcher's wider research activities.
- 7.3 RGT acknowledges that the researcher may own proprietary software, analytic tools and techniques which may not be assigned to RGT. Where such software, tools or techniques exist and will be used by the researcher in the proposed research, the researcher should provide details in its tender of the methodology to be used in the proposed research, highlighting clearly where such software, tools or techniques will not be assigned to RGT and/or may not be shared with the public.
- 7.4 On completion of the proposed research, RGT plans on publishing a research paper which may include details of the methodology, techniques and tools used by the researcher in carrying out its research.

8 Confidentiality and publicity

- 8.1 The successful researcher will be required to enter into a legally binding agreement with RGT which will contain, inter alia, confidentiality provisions pursuant to which the researcher will be required to:
 - (a) keep confidential all intellectual property and know-how, including confidential commercial and financial information, disclosed by RGT to the researcher during the course of the research project;
 - (b) not disclose to third parties without the express prior written consent of RGT any information arising from the work performed as part of the research project; and
 - (c) ensure that all proposed publications are submitted to RGT for approval prior to publication with the expectation that approval will be given unless there are reasonable grounds not to do so.
- 8.2 RGT may from time to time require that the successful researcher's employees and/or other person working on the research project enter into a confidentiality agreement with RGT.

9 Budget

- 9.1 The youth research program will have a total overall budget up to £200,000. Applicants are invited to submit smaller more focused bids or larger more comprehensive bids. Although size of bid will not directly impact application evaluations, value for money and justification for project costs will be among the key assessment criteria. RGT is committed to funding the right research, be that a number of smaller projects or one or more larger projects.

10 Eligibility

- 10.1 Applications will be accepted from all locations; however, preference will be given to teams based in Great Britain to facilitate meetings with RGT and other stakeholders. Those teams located outside Great Britain must ensure they specify, in their proposal, how they will manage communication during the project.

11 Conditions of Tender

- 11.1 RGT reserves the right to issue the response to any clarification request made by you to all applicants unless you expressly require it to be kept confidential at the time the request is made.
- 11.2 The information contained in this ITT and the supporting documents and in any related written or oral communication is believed to be correct at the time of issue but RGT does not accept any liability for its accuracy, adequacy or completeness and no warranty is given as such. This exclusion does not extend to any fraudulent misrepresentation made by or on behalf of RGT or to any other liability which cannot be excluded at law.
- 11.3 By issuing this ITT, RGT is not bound in any way to enter into any contractual or other arrangement with you or any other party.
- 11.4 It is intended that the remainder of this procurement will take place in accordance with the provisions of this ITT but RGT reserves the right to terminate, amend or vary the tendering process by notice to all tendering organisations in writing. RGT does not accept any liability for any losses caused to you as a result of such termination, amendment or variation.
- 11.5 You will not be entitled to claim from RGT any cost or expenses that you may incur in preparing your proposal irrespective of whether or not your tender is successful.
- 11.6 All information supplied to you by RGT, either in writing or orally, must be treated in confidence and not disclosed to any third party (save to your professional advisers) unless the information is already in the public domain.
- 11.7 There must be no publicity by you regarding the project or the future award of any contract unless RGT has given express written consent to the relevant communication.

11.8 You must declare any conflicts of interest within your proposal and state how these would be managed. RGT reserves the right to refuse any application based on such conflicts.

Young people and gambling-related harm

Position paper

July 2014

Executive summary

The Gambling Act 2005 sets a statutory licensing objective that children should be protected from being harmed by gambling. This paper from the Responsible Gambling Strategy Board addresses gambling and young people.

Problem gambling rates are higher among young gamblers than among adult gamblers. Young people have a high rate of 'natural recovery' from gambling problems. But early-age and risky gambling may increase the likelihood of problem gambling in adulthood. One study shows that almost 17% of men and 5% of women aged 16 to 24 years were at risk from their gambling behaviour in the last twelve months. Too little is known about young gamblers and the risk of harm. Their gambling is entwined with other vulnerabilities and risky behaviours. There is little treatment available and its effectiveness needs assessing. Despite age restrictions and existing controls, gambling can be accessible to children. New gambling opportunities (and gambling promotion) are increasingly available, for example via social media.

More needs to be done to implement underage regulatory measures effectively. Young people's exposure to gambling marketing and advertising should be further controlled.

Young people need information about gambling and how to avoid gambling harm. Young people with gambling-related problems need appropriate advice, assistance and possibly treatment. Some will need advice and help for their own or family members' gambling-related problems. Parents' gambling – and their attitudes towards it – has an impact on their children's behaviour and may need to be addressed.

Reducing gambling-related harm to young people requires a joined-up approach involving non-gambling-related agencies, especially those working with at-risk youth. School-based interventions need development. Can early warning signs be spotted? How early should intervention take place? We can learn from other fields (for example, alcohol), and from young people themselves.

Introduction

As part of its commitment to its three-year Strategy,¹ the Responsible Gambling Strategy Board (the Board) intends to publish occasional position papers that set out its view on issues falling within that Strategy. These position papers will summarise what we know about these issues, what we would like to know, and what should be done to address them. This paper, which addresses gambling and young people, is the first. The Gambling Act 2005 sets a statutory licensing objective that children and other vulnerable people should be protected from being harmed or exploited by gambling.



The Responsible Gambling Strategy Board (RGSB) was set up in late 2008 to advise the Gambling Commission and, in turn, the Department for Culture, Media and Sport, on research, education and treatment programmes needed to support a national responsible gambling strategy and associated funding requirements.

Sir Chris Kelly, KCB is our Chair, supported by nine Board members.

For the purposes of this document, when we refer to young people we mean children and young people aged up to 24 years.² We recognise that different approaches may be required for different age groups. We only consider harm to young people through their own gambling, although parental gambling problems can also affect their children.³

Most gambling is legal from age 18. The National Lottery and pools have a minimum age of 16 years, and low stakes and prizes 'Category D' machines can be played at any age. Informal private gambling (such as between friends) is unregulated.

What we know

Fifteen per cent of 11 to 15-year-olds report having gambled in the past week.⁴ Problem gambling rates are higher among young gamblers than among adult gamblers.⁵ It is estimated that 2% of 11 to 15-year-olds are problem gamblers.⁶ Another study shows that almost 17% of men and 5% of women aged 16 to 24 years were identified as at risk from their gambling behaviour in the last twelve months.⁷ Consequences for adult problem gamblers can include debt (sometimes driving criminal activity), loss of employment, family difficulties and poor mental health. Harm to young people can be similar, and may also include truancy and poor school performance.⁸

Young people have a high rate of 'natural recovery' from gambling problems.⁹ But early-age and risky gambling may increase the likelihood of problem gambling in adulthood.¹⁰ There is little treatment available for young gamblers and such as there is has not been systematically evaluated.¹¹

The gambling industry has made efforts to prevent illegal underage gambling. But recent test purchasing demonstrates that there remains considerable scope for improvement, particularly in sections of the industry that do not routinely deploy 'threshold' access controls (for example, door supervision). Despite age restrictions, remote gambling could also be accessible to those under age.¹²

There are restrictions on advertising and marketing of gambling products which are set out in the UK Code of Broadcast Advertising (BCAP) and the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP) code.^{13&14} In addition, in 2007 the industry established its own voluntary rules through the Gambling Industry Code for Socially Responsible Advertising which stipulates restrictions on pre-9 pm gambling advertising.^{15&16} In 2012, around four-fifths of children's viewing took place pre-9 pm, and among older children it was around three quarters.¹⁷ Even so, young people are still exposed to substantial amounts of gambling advertising because of exceptions to the pre-watershed rule. These include the advertising of bingo premises, lotteries and football pools, as well as advertising around sporting events.

In 2013, Ofcom reported that there had been a large increase since 2005 to 2012 in broadcast gambling advertising.¹⁸

What we would like to know more about

Who gambles, why, and is it harmful?

Annual prevalence data of underage gambling amongst 11 to 15-year-olds is collected through the Young People Omnibus,¹⁹ but we do not know enough about young people who gamble and about those who are more at risk of gambling-related harm.²⁰ A survey of young people found that being male, being a lone child in the family, having more disposable income (pocket money and other income), and having parents who gamble are disproportionately associated with gambling participation.²¹ Smoking is associated with a higher risk of problem gambling.²² Longitudinal studies²³ may help to identify antecedents of gambling-related harm, which may cluster with other problems such as mental health or offending behaviour.

The harm to young gamblers and how to mitigate it

The Board is exploring different ways to address gambling-related harm.²⁴ What are the best ways of providing information and advice about gambling to young people? How can gambling harm be prevented? What harm minimisation, prevention and treatment measures work best? Can harm minimisation measures that target young players be built into gambling products?²⁵

We need to know more about the other vulnerabilities and risky behaviours that young people at risk of gambling-related harm may experience and how entwined they are with other problems ('co-morbidity'). Treatment can then be tailored appropriately. More evidence is needed about the problems of young gamblers, and the effectiveness of different treatment approaches. It is important to test out approaches and not to simply adopt methods that appear to be effective with adults.

We do not know enough about how to prevent harm. Generic (non-topic-specific) and skills-based educational approaches within the school curriculum show promise, but evidence is lacking to support the preventive efficacy of approaches such as topic-based education.²⁶ What preventive activities (in relation to risky behaviour) might be effective in school and non-school settings; do harm prevention campaigns have any effect, and do any forms of in-game messaging help to reduce harm? Are particular forms of gambling, game structures, or patterns of gambling behaviour more risky than others? Is it possible to spot early warning signs? How early should intervention take place?

The impact of new technologies and the effects of social gaming

The pace of technological development is a challenge to regulators and all those who live²⁷ or work with young people. Many young people are early adopters of emerging technology.²⁸ They are increasingly engaging in lifestyles that are digitally connected, exposed as ‘connected consumers’ to a wide range of content and purchasable services.²⁹ New gambling and gaming opportunities are rapidly emerging from developing technologies, such as online gambling, gambling apps and social gaming. There are gambling opportunities on social networking sites that include not only gambling-style games but also ‘for money’ gambling. The Board is monitoring the potential risks of social gaming but, despite some public concern, most social gamers appear to be over 18.³⁰ Gambling-style games may ‘normalise’ gambling (making it more easily entered into) and ‘prime’ young people to gamble (increasing exposure and therefore increasing the risk of developing problems).³¹

Advertising and marketing

Gambling promotion is increasingly conducted via sponsorship³² and social media, and may (advertently or inadvertently) reach young people. There is some evidence of untoward effects from advertising and marketing on young people in other areas of social concern.³³ One possibility, for which there is as yet little empirical support, is that gambling advertising may contribute to a positive attitude in society towards gambling.³⁴ The Board would like to see research on whether gambling advertising and marketing inappropriately affects young people.

Binde (2014)³⁵ has undertaken a critical review of research on gambling advertising. He makes a number of prioritised recommendations for further research which have the potential to improve current understanding.

More understanding is needed

While other countries have different regulatory regimes, the limited UK evidence base means that learning from international evidence is important. This is equally true of learning from other fields analogous to gambling, such as alcohol and drug misuse. Learning from young people themselves is also key, through both formal and informal dialogue and engagement, assessing their needs and involving them in research about gambling-related harm. The views and attitudes of young people, parents and professionals can give us greater insight into the nature of gambling-related harm.

What should be done

Tackle under-age access to gambling

Age-related discouragements can be direct or indirect. Direct discouragements largely exist in the physical domain, such as identity checks. Other initiatives³⁶ include the Think 21 and Think 25 schemes³⁷ and need to be evaluated.

The alcohol sales sectors may be the best sources of evidence in relation to the effectiveness of either Think 21 or Think 25 policies in preventing the sale of age-restricted products.³⁸ These policies will be subject to consideration by the Gambling Commission in a forthcoming review of the Licensing Conditions and Codes of Practice (LCCP).

Indirect discouragements could include online rating systems such as Pan-European Game Information (PEGI),³⁹ which would have the attraction of parents and children being more likely to understand ratings.⁴⁰

More needs to be done to implement underage regulatory measures effectively.⁴¹ The regulatory regime in Britain allows children and young people to play certain types of machines (Category D). Some have suggested that this could be a factor in the cause of youth gambling problems – although evidence is lacking.

Advertising and marketing

The Board is working closely with the Gambling Commission in its contribution to the Department for Culture, Media and Sport’s consideration of the regulation of advertising and marketing. Some issues of concern include:

- the increase in marketing via social media and networking, from which, despite age-checking, it can be hard to exclude under-18s
- the fact that advertising before the ‘watershed’ is permitted if it is around sporting events
- that sports which are popular with young people (such as football) display gambling brands.

While there is an absence of evidence about the impact of young people’s exposure to gambling advertising and marketing, the statutory licensing objective that children and other vulnerable people should be protected from being harmed or exploited by gambling suggests that this may be an area where the precautionary principle should apply.⁴² Young people’s exposure to gambling marketing and advertising should be subject to greater restriction unless the industry can demonstrate that their advertising and marketing is not increasing young people’s propensity to engage in harmful gambling.

Education and access to information

As with other age-restricted products and services, all young people need information about gambling and how to avoid gambling harm and what it means to gamble responsibly. Some will need advice and help for their own or family members’ gambling-related problems. Such information needs to be in a form suitable for young people,⁴³ and communicated in such a way that includes the use of new technology.⁴⁴ Scope for gambling education within the school curriculum, which is already crowded, is limited, but where it can be included, educators need teaching materials.⁴⁵

If curriculum space were to be available, gambling education could probably better be addressed in the school mathematics curriculum (for example, by using gambling examples in the teaching of probability) and in the PSHE curriculum (through, for example, gambling case studies)⁴⁶ than through any stand-alone programme. It could also be incorporated within discussions about other risky behaviours or about developing an understanding of how advertising and the media can influence opinion and behaviour.⁴⁷ There is, however, little clear evidence of the effectiveness of PSHE in changing behaviour,⁴⁸ and pressure on the curriculum is such that it may not be possible to include education on gambling.

There is scope for gambling education with at-risk groups both in schools and in informal educational settings⁴⁹ and with groups such as young offenders.⁵⁰ Schools' pastoral care staff should be helped to become more aware of gambling issues so they can provide support where appropriate.

Almost a third (30%) of all calls handled by GamCare in 2012-13 came from the 18 to 25-year-old category, so it is important to provide this group with the necessary information in appropriate formats and media. This could be done through work with further and higher education establishments to improve their response to gambling issues.⁵¹

The role of parents

Parents' (and other carers') gambling – and their attitudes towards gambling – has an impact on their children's behaviour⁵² (both positive and negative). It is difficult to engage parents in gambling harm prevention, especially as it is not seen as a priority risk.⁵³ Neither do most young people see gambling as potentially harmful or problematic.⁵⁴ A key prevention task is to raise awareness of the potential for gambling-related harm among young people, among their parents, and among the adults who work with them while avoiding over-concern.⁵⁵ Help should be given to parents to facilitate conversations with their children about responsible gambling.^{56&57} This could include readily available information (provided through leaflets, booklets, online help, etc) signposted in gambling outlets and websites, and in places where parents go (such as schools and doctors' surgeries), as well as direct support (for example, through a helpline or online support).⁵⁸ Some parents will need support to understand and make use of technologies such as parental controls on digital devices and the importance of young people abiding by the minimum legal age requirements for gambling.⁵⁹

Treatment

Young people with gambling-related problems need appropriate advice, assistance and possibly treatment. Because young people experience gambling-related harm differently to adults, appropriate treatments for young people will be different to those provided for adults,⁶⁰ but, in the absence of appropriate young people's services (we are aware of only one provider of specialist treatment services for young gamblers⁶¹), they may be provided by adult services. It is possible that services for young people that can address the whole range of issues that face young people are more appropriate than those which address gambling alone.⁶² This may help to reduce barriers to treatment.⁶³ Whichever service is involved, the focus of work with a young gambler may not be on gambling but on uncovering and dealing with the issues that have led to the gambling problem. Advice, support and treatment available online or through apps could have an important role to play as these are more likely to be accessed by some young people.⁶⁴

Involving young people

It is important to involve young people in identifying solutions and ensuring that we listen to their concerns and identify their needs.⁶⁵ This can be done through research and consultations to establish young people's views and attitudes about gambling and its risk, as well as involving them in the design of targeted harm prevention approaches.⁶⁶

Involving a range of agencies and professions

Reducing gambling-related harm to young people requires a joined-up approach involving non-gambling-related agencies, especially those working with at-risk youth, for example around child safeguarding and welfare.⁶⁷ We favour a multi-agency, collaborative approach that develops generic prevention activities and broad-based treatment services, so that young people in trouble can transition easily between different levels and types of services as their needs change.⁶⁸ These services would focus on the individual's whole range of problems.⁶⁹ Trained staff would use evidence-informed techniques universally and funding sources would be better aligned and more integrated with those for other services aimed at young people (such as alcohol, drugs and sexual health services).

Ask us, help us

If you would like to contact us about any aspect of this paper, please contact us by email at info@rgsb.org.uk

References

- 1 Copy available at www.rgsb.org.uk
- 2 Neuroscience evidence shows that the brain is not fully developed up to the age of 24 years old: Professor Jon Grant, GamCare Conference 2013.
- 3 Through, for example, financial difficulties, family conflict, and neglect of parental responsibilities.
- 4 Ipsos 2013 Young People Omnibus 2013: A research study on gambling amongst 11-16-year-olds on behalf of the National Lottery Commission, p4.
- 5 'Problem gambling' has been defined as "gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits": Wardle, H., Sproston, K., Orford, J., Erens, B., Griffiths, M., Constantine, R. and Pigott, S. (2007). British Gambling Prevalence Survey 2007, p72. National Centre for Social Research, prepared for the Gambling Commission. International evidence suggests that problem gambling tends to be two to four times higher among young people compared to adults: Forrest, D., McHale, I. (2012) Gambling and Problem Gambling Among Young Adolescents in Great Britain, J Gambl Stud (see abstract).
- 6 Ipsos MORI (2009) British Survey of Children, the National Lottery and Gambling 2008-09: Report of a quantitative survey. London: National Lottery Commission, p2. Levels of problem gambling among young gamblers were assessed using a youth-adapted problem gambling screen (DSM-IV-MR-J).
- 7 Among men aged 16-24, 11.7% were classified as low risk gamblers and a further 3.2% as moderate risk gamblers. When combined with problem gambling rates, 16.6% experienced some type of difficulty with their gambling behaviour. Among women of the same age group, 3.2% were classified as low risk gamblers and a further 1.7% as moderate risk gamblers. When combined with problem gambling rates, 5% showed at least some risk in their gambling behaviour. [Health Survey for England 2012, Health and Social Care Information Centre](#). [Accessed on 3 January 2014], pp12-13.
- 8 Valentine, G. (2008) Literature review of children and young people's gambling (Commissioned by the Gambling Commission), p3.
- 9 "The fact that adult prevalence rates are lower, suggests that there is a process of 'natural' recovery. This is borne out by (limited) longitudinal evidence. A very small longitudinal study in the United States explored the link between adolescent and adult problem gambling (Winters et al. 2005): Australian Productivity Commission 2010, Gambling, Report no. 50, Canberra, p9.7. Slutske, Wendy S., Jackson, K., Sher, K. The natural history of problem gambling from age 18 to 29. Journal of Abnormal Psychology, Vol 112(2), May 2003, 263-274: "Aggregate-level prevalences and individual-level developmental trajectories of untreated problem gambling were examined in an 11-year, 4-wave longitudinal study spanning the adolescent through young adult years. The past-year prevalences, 3-4 year incidences, and lifetime prevalences of problem gambling from adolescence through young adulthood were relatively stable at 2%-3%, 1%-2%, and 3%-5%, respectively. Despite the stability of the prevalences at the aggregate level, problem gambling appeared to be more transitory and episodic than enduring and chronic at the individual level. The present study is consistent with the limited evidence available on the natural history of problem gambling in the community in suggesting that natural recovery may be the rule rather than the exception."
- 10 Australian Productivity Commission 2010, Gambling, Report no 50, Canberra, p9.7.
- 11 Toneatto and Ladouceur (2003) is cited by Australian Productivity Commission 2010, Gambling, Report no. 50, Canberra, p7.29: "Although the history of gambling treatment extends for several decades, there is a surprising lack of reliable knowledge of what constitutes effective treatment for problem gambling."
- 12 The ASA Compliance survey - [Children and advertising on social media websites](#) suggests that children are registering on social media under false ages. [Accessed on 17 February 2014], p9.
- 13 Further guidance to these codes was launched by CAP and BCAP on 31 January 2014, in the form of a help note 'Gambling - Guidance on the rules for gambling advertisements (non-broadcast and broadcast)', which is available to download from www.cap.org.uk.
- 14 There are also requirements relating to marketing in the Gambling Commission's Licence Conditions and Codes of Practice (LCCP).

- 15 Bingo premises, lotteries and football pools were the only forms of gambling permitted for broadcast advertising before the Gambling Act 2005 came into force in 2007 so, in effect, the voluntary code upheld the status quo. The voluntary watershed was introduced for new gambling products (notably remote betting) which were permitted by the Act to be advertised on television and radio. The industry code is under review by the Remote Gambling Association – it is due to make recommendations to Government by the end of 2014 on any changes needed to the code, including on the suitability of the 9pm watershed arrangements: Department for Culture Media & Sport (2014) [Gambling Protections and Controls](#). [Accessed on 21 May 2014].
- 16 Broadcasters also have to adhere to broadcasting guidelines which limit what can be shown during the daytime and around programmes which have appeal to children (for example, see section 32 of the BCAP Code and Ofcom's Code on the Scheduling of Television Advertising).
- 17 Ofcom (2013) [Trends in Advertising Activity – Gambling](#). [Accessed on 6 February 2014, p3].
- 18 In 2012, young people aged 4 to 15 years received 1.8 billion 'commercial impacts' on gambling. Ofcom (2013) [Trends in Advertising Activity – Gambling](#). [Accessed on 6 February 2014, p4]. The term 'impact' is understood to be the measure used to account for exposure to a commercial spot (and a 'spot' is a single advertisement (of any duration)). Ten impacts could be 10 people watching the same advert or 1 person watching the same advert 10 times. However, during the same period the overall number of advertising slots doubled. Children's exposure varies widely depending on the type of television channel viewed (it fell as an overall share for terrestrial channels but increased for music channels): 'Gambling and Advertising Law UK', Lawyer Monthly, 1 February 2015, p50.
- 19 The Young People Omnibus 2014 will include the collection of problem gambling data on 11 to 15-year-olds, which will be the first time this data has been collected since the British Survey of Children, the National Lottery and Gambling 2008-09.
- 20 It should be noted that detailed information on gambling participation is not currently collected from 16 to 17-year-olds (the Scottish Health Survey and the Health Survey for England only contain a basic participation question). A copy of the 2012 Scottish Health Survey can be accessed at www.scotland.gov.uk. The data contained in the Scottish Health Survey and Health Survey for England has been combined to provide a view of gambling participation and problem gambling that is representative of Scotland and England together: Seabury, C., and Wardle, H. (2014) Gambling behaviour in England and Scotland, Natcen, prepared for the Gambling Commission, available at www.gamblingcommission.gov.uk. Data has not been collected for Wales as it was not possible to secure questions in the Welsh Health Survey.
- 21 Forrest, D., McHale, I., (2010) Teenage kicks: young adolescents' participation in drinking, smoking and gambling, *Journal of Gambling Studies*, pp 607-622; and Forrest, D., McHale, I. Gambling and Problem Gambling Among Young Adolescents in Great Britain, *J Gamb Stud* (2012).
- 22 Asian children are less likely to gamble than their white counterparts, but the probability that an Asian child is a problem gambler increases four-fold compared with a 'white' child where both shared the other baseline characteristics. Forrest, D., McHale, I. (2012) Gambling and Problem Gambling Among Young Adolescents in Great Britain, *J Gamb Stud*.
- 23 These include the Avon Longitudinal Study of Parents and Children (ALSPAC) and the Millennium Cohort Study.
- 24 The Board's Strategy 2013-2014 to 2015-2016 (published in December 2012 and available at www.rgsb.org.uk) states that the Board promotes a public health approach to tackling gambling-related harm (p10). This is underpinned by the principle that prevention is better than cure and that people's behaviour is influenced by external factors as well as internal factors.
- 25 By this, we refer to those players who are of a legal age to play gambling games but who are up to the age of 24 years old.
- 26 For example, see the 2013 article '[Drug education yet to fulfil its presumed potential](#)' published on the *Findings* website. [Accessed on 24 February 2014].
- 27 For example, around half of parents of 5 to 15-year-olds who go online at home (47%) say their child knows more about the internet than they do: Ofcom (2013) Children and parents: media use and attitudes report, p114.

- 28 [AVG Digital Skills Study 2010](#): “While most small children can’t swim, tie their shoelaces, or make breakfast unaided, they do know how to turn on computers, navigate with a mouse, play a computer game and increasingly – operate their parents’ smartphones.” For example, 19% of 2 to 5- year-olds know how to operate a smartphone or tablet, which is almost as many (20%) as those who know how to swim unaided. [Accessed on 24 April 2014]. According to [AVG Digital Diaries 2014](#) 16% of children aged 6 to 9 years old use Facebook. [Accessed on 24 April 2014]. Eighteen per cent of 8 to 11-year-olds and 67% of 12 to 15 year-olds say they have an active social networking profile: Ofcom (2013) Children and parents: Media use and attitudes report.
- 29 PhonepayPlus (2013) Children as connected consumers. Ofcom reports that 12 to 15-year-olds (of which 62 % own smartphones) spend as much time using the internet as they do watching television (in 2013, this was 17 hours for the internet versus 16.6 hours for the television): Ofcom (2013) [Children and parents: media use and attitudes report](#), pp20 and 51. [Accessed on 16 April 2014]. Some potential risks to children accessing digital services are set out in PhonepayPlus (2013) Children as connected consumers’. For example, children using the mobile internet are less easily supervised by their parents than when at home using a PC. Unlike the PC, the phone is a payment mechanism as well as a computer (so as well as being able to access services on their phone, children can also pay for them – as opposed to a PC, where they may need their parents’ credit card to make purchases).
- 30 A [study by Pixwoo in 2012](#) of 2000 people gave an average age of 35 years [Accessed on 10 January 2014].
- 31 Some commentators express concern that gambling has, or is becoming, ‘normalised’ and this may change social understandings of the role of gambling among young people: for example, Griffiths, M., Parke, J. (2010) Adolescent gambling on the internet: a review, *Int J Adolesc Med Health* 2010;22(1):58-75. Others argue that normalisation may lead to better adaption and resilience skills, although Orford suggests that increased gambling opportunities erodes consumers’ resistance to gambling, perhaps increasing potential harm: Orford, J., (2012) [Gambling in Britain: the application of restraint erosion theory](#), *Addiction*, 107, 2082–2086 (doi:10.1111/j.1360-0443.2012.03821.x)
- 32 Some examples of gambling sponsorships and celebrity sponsorships are given in a report from Alcohol Concern: Leyshon, M., and Sakhuja, R. (2013) [A Losing Bet? Alcohol and gambling: investigating parallels and shared solutions](#), Alcohol Concern, pp.12-13 [Accessed on 6 February 2014].
- 33 For example, Leyshon, M. And Sakhuja, R. (2013) [A Losing Bet? Alcohol and gambling: investigating parallels and shared solutions](#), Alcohol Concern [Accessed on 6 February 2014], p.21.
- 34 Binde (2014), [Gambling advertising: a critical research review](#). London: The Responsible Gambling Trust [Accessed on 9 April 2014], p17. See also Orford, J., (2012) *Gambling in Britain: the application of restraint erosion theory* *Addiction*, 107, 2082–2086.
- 35 Binde (2014), [Gambling advertising: a critical research review](#). London: The Responsible Gambling Trust [Accessed on 9 April 2014], p17. See also Orford, J., (2012) *Gambling in Britain: the application of restraint erosion theory* *Addiction*, 107, 2082–2086.
- 36 For example, the Association of British Bookmakers’ (ABB’s) [Code for Responsible Gambling and Player Protection 2013](#) states that the ABB supports initiatives such as: all shop staff will be actively encouraged to ‘walk the shop floor’ and implement the Think 21 policy amongst machine players; and Members will ensure staff get specific training to prevent under age access to machines (in particular, to encourage the use of the remote counter facility to prevent play prior to the completion of appropriate age verification procedures). [Accessed on 17 February 2014], p11. Another example is Westminster City Council’s best practice examples for betting shops and other gambling premises licences. Where necessary, the Licensing Service has added a number of conditions to premises licences, such as a requirement for maglock systems to be employed and access controlled, or for gaming machines to be within line of sight of the counter (and not just covered by CCTV). Those underage attempting to use machines are less likely to do so if they are in plain view of staff. Available in [LA bulletin - January 2014](#) [Accessed on 17 February 2014] (see p8).
- 37 These are similar to Challenge 21 and Challenge 25. [Challenge 25](#) is a scheme that encourages anyone who is over 18 but looks under 25 to carry acceptable ID when they want to buy alcohol. Challenge 25 builds on the Challenge 21 campaign introduced by the British Beer and Pub Association, who represent the beer and pub sector. Customers may be asked to produce identification where they appear to be under the age of 25 to prove that they are over the age of eighteen and can lawfully purchase alcohol [Accessed on 22 May 2014].

- 38 For example, one piece of [research conducted by Serve Legal](#) - a test purchasing company - carried out 33,400 off-trade and 6,000 on-trade site visits in 2011. Challenge 21 is more prevalent for the on-trade, and Challenge 25 is more prevalent for the off-trade. The off-trade pass rate was 79% compared to 69% for pubs, indicating that the off-trade (where Challenge 25 is more prevalent) had a 10% higher pass rate [Accessed on 22 May 2014].
- 39 Age ratings are systems used to ensure that entertainment content, such as films, videos, DVDs, and computer games, are clearly labelled by age according to the content they contain. Age ratings provide guidance to consumers (particularly parents) to help them decide whether or not to buy a particular product. The rating on a game confirms that it is suitable for players over a certain age. Accordingly, a PEGI 18 game is only suitable for adults aged eighteen and above. The PEGI rating considers the age suitability of a game, not the level of difficulty. For more information see www.pegi.info. Another possibility could include financial transaction blocking such as that called for by the [Authority for Television on Demand \(AVOTD\)](#) for R18 websites: '44,000 primary school children access porn websites in one month', 28 March 2014 [Accessed on 3 April 2014].
- 40 The potential to apply this type of system would need to be explored further. There is a real possibility for it applying to social gaming, but there are more barriers for real money gambling.
- 41 For example, staff in betting shops and adult gaming centres need to challenge those players who are underage. The Gambling Commission's [test purchase exercise in 2013](#) demonstrated that, in 29 out of 54 tests conducted in betting and adult gaming centre premises, a supervised test purchaser under the age of 18 was allowed to play on a gaming machine and leave the premises without being challenged to prove their age [Accessed on 17 December 2013].
- 42 Where a new product carries a potential for harm to its consumers or to the wider public the general presumption in Western societies is that a regulator has to demonstrate reasonable grounds to intervene. By contrast the essence of the precautionary principle is that if an action or policy has a suspected risk of causing harm, but there is no scientific agreement that it is actually causing harm, then the burden of proof that it is not harmful falls on those wishing to promote that product. If it is applicable, the precautionary principle generally shifts the burden of proof away from the regulator having to demonstrate potential harm towards the hazard creator having to demonstrate an acceptable level of safety. This summary is drawn from the [United Kingdom Interdepartmental Liaison Group on Risk Assessment \(UKLGRA\)](#).
- 43 The Board acknowledges GamCare's 'Big Deal' website and would like to see further developments in this area.
- 44 Technological innovations offer new methods for providing information and for prevention and treatment, for example through apps and online services. Indeed, Canada's Responsible Gambling Council states on its website: "Since more people are accessing news and information on their mobile communications devices it makes sense to provide problem gambling prevention information using the same tools". [Examples of such apps](#) are listed on their website. [Accessed on 22 April 2014]. With regard to online services, GamCare provides a range of online support, such as its confidential NetLine, and peer-to-peer services including a Forum and Chat/Support room. Gamblingtherapy.org is an online support service for people outside Great Britain with gambling problems and those affected by others gambling. Their online services include a Live Advice Helpline, Forums, Group therapy as well as email support in other languages.
- 45 This is an approach adopted by PhoneBrain, a national education programme set up by PhonepayPlus. It offers curriculum lesson plans supporting the teaching of business and enterprise, ICT and PHSE skills: PhonepayPlus (2013) [Children as connected consumers](#), p13. [Accessed on 1 April 2014]. While educational teaching materials about risks of gambling have previously been developed by Tacade, an educational charity, these resources are now out of date and an evaluation could find little school or non-school gambling education taking place using the Tacade resources.
- 46 Joe Hayman, chief executive of the UK's PHSE Association, agreed that gambling and internet gaming could form part of internet safety lessons, according to The Times Educational Supplement, 20 January 2014.
- 47 Binde (2014), at pp50-51 suggests: "With regard to harm prevention targeted at young people, advertising may be approached in accordance with "inoculation theory"; rather than trying to persuade young people that gambling is risky, they could be taught how to question and resist the messages in gambling advertising" (Lemarié & Chebat, 2013).

- 48 It can impact on knowledge and, to a lesser extent, on the development of skills and attitudes; see the 2013 NFER review '[Effectiveness of school-based life-skills and alcohol education programmes: a review of the literature \(Drinkaware\)](#)', p30. [Accessed on 30 April 2014]. However, there is some concern that ill-thought out education could encourage risk taking behaviour. The Australian Productivity Commission report on Gambling examined the richer evidence base in relation to education for other risky behaviours (alcohol, drugs and road safety) and found the available evidence demonstrated modest impacts, and in some cases increased risk taking behaviour: Australian Productivity Commission 2010, Gambling, Report no50, Canberra, pp9.15-16.
- 49 such as youth projects, festivals, and church groups.
- 50 "Gambling, taking drugs, getting drunk, risky sexual behaviour, employment problems, and anti-establishment attitudes are symptomatic of young offending males": Van Goozen, S. et al (2009). Assessment of Cognitive Models that Inform Deterring Young Vulnerable Gamblers: Non-Technical Summary (Research summary), ESRC End of Award Report, RES-164-25-0017. Swindon: ESRC.
- 51 One approach is to target colleges and universities. This has been trialled by a pilot (funded by the Trust) running in Scotland. This was mainly through student bodies such as student associations or student university boards. Staff from the pilot attended freshers' weeks, setting up a stall to speak to students about gambling-related harm and to enable them to access to help if required.
- 52 Magoon, M. and Ingersoll, G. (2006) Parental modelling, attachment, and supervision as moderators of adolescent gambling *Journal of Gambling Studies*, volume 22 (#1), 1-22: "Parental gambling was related to levels of past year gambling as well as increased likelihood of being classified as a problem gambler." Oei, T., and Raylu, N. (2004) Familial influence on offspring gambling: a cognitive mechanism for transmission of gambling behavior in families *Psychological Medicine*, volume 34 (#7), 1279-1288: "RESULTS: Results showed that generally parents' (especially fathers') gambling cognitions and gambling behaviors positively correlated with offspring gambling behaviors and cognitions."
- 53 Ives 2012 'Reaching and engaging parents: lessons from drug prevention inform a gambling intervention', International Gambling Conference: Shaping the future of gambling - positive change through policy, practice and research (22-24 February 2012).
- 54 The top ten issues that young people contacted the [Get Connected helpline](#) about included: "Housing and Homelessness (12%), Emotional Problems (10%), Relationship Issues outside Family (7%), Relationship Issues within Family (6%), Self-harm (6%), Sexual Issues (5%), Mental Health (5%), Bullying (5%), Sexuality (3%) and Feeling Suicidal (3%)". [Accessed on 20 December 2013].
- 55 One approach, taken by a GamCare/ARA pilot, is the provision of free interactive education workshops for teenagers in colleges and youth projects throughout Bristol. This covers: attitudes to gambling and risk about gambling/understanding chance; staying safe in gambling situations; recognising problem gambling; and where to find extra support. Training for trainers has been delivered to organisations including the NHS.
- 56 Velleman, R., Mistral, W., Sanderling, L. (2000) [Taking the Message Home: Involving Parents in Drugs Prevention](#). [Abstract accessed on 24 February 2014]: "This report presents evaluation findings of five programs that were part of Great Britain's Drugs Prevention Initiative and aimed to involve parents in juvenile drug prevention through drug awareness events, parent education courses, interventions to raise self-esteem, peer education training, mentoring, and parent-child shared learning. Results indicated that the programs influenced parental attitudes and knowledge and that sustained effects included talking with friends about drug issues and further involvement with schools or the community. The majority of children of participating parents at one school welcomed this participation and felt that what their parents said would affect their own drug-related decisions. Findings suggested that any local or national strategy should balance drug awareness sessions and other forms of drug prevention with parents and that Drug Action Teams need to ensure that parent involvement is central to their strategy and to take other actions."
- 57 PhonepayPlus advocates the education of parents (as well as children) about premium rate telephone services. Its educational programme, [PhoneBrain](#), contains information on its website for parents on talking to children about using technology responsibly [Accessed on 2 April 2104].
- 58 Byrne, A., Dickson, L., Derevensky, J. and Gupta, R. (2003) An Examination of Social Marketing Campaigns for the Prevention of Youth Problem Gambling, Report to Ontario Problem Gambling Research Centre.
- 59 Useful guidance on such topics is contained in Vodafone's magazine '[Digital Parenting](#)'. [Accessed on 16 April 2014].

- 60 “It is important that appropriate and accessible services are offered for young people, which take into account not only the needs of young people but also the training needs of the individual treatment providers offering those services”: Rigbye, J (2013), *Barriers to Treatment Access for Young Problem Gamblers*.
- 61 This is a [GamCare/ARA pilot running in Bristol](#), which is due to end in March 2014. According to its website ARA provides outreach one-to-one support for young people in Bristol who are affected by their own or someone else’s gambling. The organisation usually sees young people for between 1 and 6 face to face sessions. Anyone can refer young people to this service. This includes parents and carers, other professionals, or young people themselves. [Accessed on 20 December 2013].
- 62 There is evidence to suggest that several potentially problematic or illicit behaviours which cluster (such as illicit drugs, early drinking and offending) are not atypical during adolescence and may be associated with problem gambling but do not necessarily cause it: May-Chahal C, Measham F, Brannock M, Amos J, Dagnall P 2004, *Young People and Gambling in Britain: A systematic and critical review of the research literature relating to gaming machine, lottery and pools coupons practice by children and young people under 18*, Department for Culture, Media and Sport Technical Report Series Department of Applied Social Science Lancaster University Technical Paper No. 8. Young people may not seek treatment for problem gambling if they have comorbid problems which either take priority as a concern, or are being treated elsewhere. This can act as a barrier to accessing treatment by clinicians. Rigbye, J. (2013), *Barriers to Treatment Access for Young Problem Gamblers*.
- 63 Young people may not realise (or want to admit) that they have a gambling problem. They may be reluctant to seek help because of the stigma attached to ‘problem gambling’. They may have concerns about confidentiality. Generic youth work, juvenile offending, youth counselling services, school pastoral care, etc. may in such cases be more appropriate than specialist gambling services – although the Board believes that specialist services have a role to play and plans to assess their effectiveness and the potential need for fuller national coverage.
- 64 Rigbye, J. (2013), *Barriers to Treatment Access for Young Problem Gamblers*.
- 65 In recent years, there has been a focus on increasing the participation of children and young people in all areas of public life, and the active involvement of young people is now a central feature of policy and practice across the UK: Big Lottery Fund, [Good practice guides for organisations working with young people and How to involve young people in your project](#). [Accessed: 23 October 2013]. This also states that the United Nations Convention on the Rights of the Child enshrines the right of children and young people to be involved in decision making that affects them.
- 66 This approach has been adopted in the alcohol field. For example, Scottish ministers asked Young Scot to create a Youth Commission on alcohol, with a brief to support young people to make changes for policy and action to change Scotland’s culture in relation to alcohol. This led to 16 young people aged 14-22 years old being supported to complete a year long investigation, the result of which is set out in the [Report of Recommendations: Scottish Youth Commission on Alcohol \(2010\)](#). [Accessed on 13 February 2014].
- 67 One of the Board’s key priorities is to: ‘Develop links and partnership opportunities with non-gambling policy bodies and service providers working with those individuals or communities most likely to be vulnerable to gambling-related harm’.
- 68 Gambling-related harm among young people is increasingly being understood from a holistic perspective, which takes into consideration a range of influencing dimensions to the issue: Kalischuk, R.G., Nowatzki, N, Cardwell, K, Klein, K. & Solowoniuk, J. (2006) *Problem Gambling and its Impact on Families: A Literature Review*. *International Gambling Studies* Vol. 6 (1), pp31–60. This suggests that a multi-dimensional approach to any public health response will be essential to any endeavour to halt and reduce both prevalence and associated harm.
- 69 Royal College of General Practitioners et al (2012): “Practice standards for young people with substance misuse problems”, which has (under standard 1.0 p16): “For young people under 15 years: If any concerns are identified (positive screen), young people are offered a comprehensive assessment to assess for health, education and social care needs (including substance misuse, mental health problems, physical health, family and other complexities).”

Appendix 2

Evaluation Criteria

An RGT-appointed independent review panel will assess each proposal using the following criteria:

1. *Clarity of the proposal:* Does the proposal have a clear structure, and is it well drafted? Are the aims, research questions and expected contribution to knowledge well explained?
2. *Applied significance of the proposal objectives:* How will this research impact or influence policy, regulation, practice, etc.?
3. *Sound research methodology:* is the research feasible, does it give adequate consideration to time and budget restraints; is the proposed methodology appropriate; are limitations acknowledged?
4. *Applicability and relevance:* to both the RGT charitable objectives and the aims of this funding programme, as set out in Section 3 of the main document 'Invitation to Tender: Young people, gambling and gambling-related harm'.
5. *Budget estimation:* Reasonable budget for the proposed goals and activities and proper budget breakdown.

The review panel will score proposals under each of the above criterion according to the table below, providing comments which relate to and justify the allocated score. The maximum available score will be 25.

Score	Rationale
5	All relevant aspects of the criterion are successfully addressed
4	The criterion is well addressed, although certain improvements are possible
3	The criterion is broadly addressed, yet significant weaknesses need to be corrected
2	There are serious weaknesses in relation to the criterion
1	The criterion is addressed in an unsatisfactory manner
0	The criterion is not addressed