

# The National Responsible Gambling Strategy 2016-17 to 2018-19

**11 April 2016**

## **The Responsible Gambling Strategy Board**

The Responsible Gambling Strategy Board provides independent advice to the Gambling Commission, and through it to the Government, on a national responsible gambling strategy. Our members are appointed for their expertise, not to represent any particular group. Our terms of reference are set out in an annex.

We work within the context of the view held by successive governments since the Gambling Act 2005 that gambling should be regarded as a legitimate leisure time activity. The Gambling Commission's statutory framework requires it to achieve an appropriate balance between regulatory requirements intended to reduce harm and the desirability of giving players the freedom to choose how to spend their leisure time. Part of our role is to provide advice on how best to achieve that balance.

We have no powers to implement any of our recommendations directly. Nor do we have any budget of our own, other than that for the costs of the Committee and its secretariat (£305,000 in 2015-16, funded by the Gambling Commission). Our impact depends on the persuasiveness, practicality, timeliness and independence of our advice.

Implementation of our recommendations is primarily for the gambling industry through its social responsibility programmes, for the Gambling Commission through its regulatory activities and for the Responsible Gambling Trust, an independent charity whose charitable objects include commissioning research, education and treatment (the three areas on which our terms of reference focus). There are also implications for central and local government, NHS providers and commissioners, the criminal justice system, debt advice agencies and others.

The respective responsibilities and nature of the relationship between the Responsible Gambling Strategy Board, the Responsible Gambling Trust and the Gambling Commission are set out in a Statement of Intent,<sup>1</sup> available on the Board's website.<sup>2</sup>

### **Membership**

Sir Christopher Kelly, chair

Dr Kate Anthony, Online Therapy Institute [term ended 31 March 2016]

Dr Henrietta Bowden-Jones, consultant psychiatrist, CNWL NHS Trust and Imperial College [term ended 31 March 2016]

Professor David Forrest, Professor of Economics, University of Liverpool

Professor Sir Ian Gilmore, Honorary Chair, University of Liverpool

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Richard Ives, educational consultant

Rachel Lampard, the Methodist Church

Dr David Miers, Emeritus Professor of Law, Cardiff University, deputy chair

Dr Simon Tanner, public health specialist

Dr Heather Wardle, social researcher

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<sup>1</sup> [Statement of Intent](#), Gambling Commission, Responsible Gambling Trust, Responsible Gambling Strategy Board, August 2012.

<sup>2</sup> [www.rgsb.org.uk](http://www.rgsb.org.uk)

## **Contents**

<b>Executive summary</b>	<b>4</b>
<b>I. Introduction</b>	<b>7</b>
<b>II. The context for the strategy</b>	<b>8</b>
<b>III. The vision: what an effective strategy should aim to achieve</b>	<b>13</b>
<b>IV. Priority objectives 2016-19</b>	<b>14</b>
<b>V. Key principles underlying the strategy</b>	<b>15</b>
<b>VI. Priority actions</b>	<b>17</b>
<b>VII. The resources needed to deliver the strategy</b>	<b>32</b>
<b>VIII. Facilitating factors: conditions for success</b>	<b>33</b>
<b>IX. Monitoring progress and measuring success</b>	<b>34</b>
<b>X. Next steps</b>	<b>35</b>
<b>Annex A: Terms of reference of the Responsible Gambling Strategy Board</b>	<b>37</b>
<b>Annex B: Links between priority objectives and actions</b>	<b>38</b>

## **Executive summary**

1. This National Responsible Gambling Strategy was produced by the Responsible Gambling Strategy Board following a public consultation. It covers all forms of gambling and should set the agenda for a wide range of organisations - gambling operators, regulators, commissioning organisations, Government, trade bodies, treatment providers and a number of other public agencies.
2. The overarching aim is to minimise gambling-related harm. Gambling-related harm goes wider than the harm experienced by those identified as problem gamblers by existing screening tools. It can also affect the families of gamblers, their employers, their communities and society more widely.
3. The strategy sets out a vision of what a desirable outcome would look like. Achieving the vision will be a significant challenge, requiring expertise, resources and commitment from a diverse range of stakeholders.
4. It will also require a willingness to take action on the basis of what is known, or can reasonably be inferred. Lack of complete information should not be allowed to be a barrier to progress.
5. In recent years some positive steps have been taken to tackle gambling-related problems. This strategy is designed to build on those foundations.
6. The strategy does not address the current issue of maximum stake size on machine play. We will be providing our advice on that in the context of the forthcoming triennial review of stakes and prizes, expected shortly.

### **Priority objectives**

7. The strategy has five priority objectives:
  - I. To develop more effective harm minimisation interventions, in particular through further experimentation and piloting of different approaches.
  - II. To improve treatment through better use of knowledge, data and evaluation.
  - III. To build a culture where new initiatives are routinely evaluated and findings put into practice.
  - IV. To encourage a wider range of organisations in the public and private sector to accept their responsibility to tackle gambling-related harm.
  - V. To progress towards a better understanding of gambling-related harm and its measurement.

## Priority actions

8. To achieve these objectives, the following twelve priority actions should be taken:
- **Priority action 1: Understanding and measuring harm.** This action involves research intended to create a more sophisticated understanding of the nature of harm associated with gambling. Success would help move away from more limited measurement tools, such as simply counting the number of problem gamblers.
  - **Priority action 2: Engagement with relevant public sector bodies and other agencies to encourage greater acceptance of responsibility for delivering the strategy.** This action calls for a broader range of organisations to use their skills, resources and influence to minimise gambling-related harm.
  - **Priority action 3: Consolidating a culture of evaluation.** Evaluation helps improve understanding of what works, and in what circumstances. This action is designed to build on the progress that has been made to evaluate initiatives and use the findings to target the future use of resources.
  - **Priority action 4: Increased understanding of the effects of product characteristics and environment.** This action requires further work to understand the extent that product characteristics (e.g. stake size or speed of play) and environmental characteristics (eg premises location or layout) contribute towards gambling-related harm.
  - **Priority action 5: Improving methods of identifying harmful play.** This action calls for continued work to develop methods of identifying patterns of play that are linked to harm. Such methods include algorithms relating to remote or machine-based gambling, as well as other approaches such as training for staff to identify and respond to relevant behavioural patterns.
  - **Priority action 6: Piloting interventions.** It is important that the gambling industry continues to develop and improve ways of intervening when harmful play is identified. This action requires well-designed interventions to be piloted and evaluated. Approaches could include customer interaction, messaging or debit card blocking.
  - **Priority action 7: Self-exclusion.** The establishment of multi-operator self-exclusion schemes is under way. A number of sector specific schemes are already launched or in development. This action requires the completion of this work and increasing the levels of awareness of self-exclusion schemes among gamblers, advice agencies and others so as to improve effectiveness.
  - **Priority action 8: Education to prevent gambling-related harm.** This action calls for better understanding of the effectiveness of steps that could be taken through education to minimise the risk of gambling-related harm.
  - **Priority action 9: Building the quality and capacity of treatment.** This action recommends continuation of effort to ensure that treatment for those that need it is as effective and well-targeted as possible.

- **Priority action 10: Widening and strengthening the research field and improving knowledge exchange.** This action calls for greater effort to attract a wider range of researchers to fields of research relevant to this strategy. Crucial to success will be a demonstration of the independence and integrity of the commissioning process.
- **Priority action 11: Horizon scanning.** This action recognises the need to understand how the gambling market, or factors which may affect it, are developing and to identify emerging risks.
- **Priority action 12: Public engagement.** This action calls for more effort to obtain the views of gamblers when developing initiatives designed to reduce gambling-related harm.

### Next steps

9. The Responsible Gambling Strategy Board's next steps will be to:
  - Communicate and disseminate the strategy, and implement our part of it.
  - Estimate the quantum of resources required for its delivery.
  - Develop a framework to measure progress and impact.
  - Continue work to engage and involve relevant stakeholders.
  - Prepare a research strategy, setting out an independent view of the topics that should be explored and research questions that need to be addressed over the strategy period.

# I. Introduction

1. This document sets out the strategy which the Responsible Gambling Strategy Board proposes for the three years 2016-17 to 2018-19 to encourage responsibility in gambling, to reduce or mitigate gambling-related harm, and to increase the protection of the vulnerable.

## Whose strategy?

2. The strategy is more likely to achieve its objectives if it is, as intended, adopted by all stakeholders – gambling operators, regulators, commissioning organisations, Government, trade bodies, treatment providers and a number of other public agencies.
3. For this reason, we consulted widely in the strategy's development. This final version has benefitted from many constructive comments, reflecting a wealth of expertise and experience. It would be unrealistic to expect every stakeholder to agree with every detail. But we believe there is a broad degree of agreement about the essential characteristics, especially the priority actions for the next three years.

## Scope

4. The strategy needs to address all forms of gambling. Gambling-related harm can occur in all types of venues, whether online or land-based. It can be associated with all types of gambling, including the National Lottery. An effective strategy needs to recognise this plurality. It also needs to acknowledge potentially different risks associated with different forms of gambling.
5. Nor can it focus solely on the individual gambler. It needs also to encompass products, environments and marketing and the wider context in which gambling occurs. Restrictions on, or interventions related to, any of these aspects can form an appropriate part of a balanced approach to minimising gambling-related harm, as they would in respect of any other public health issue.

## Structure

6. The rest of the strategy is structured as follows:

**Part II** describes the context.

**Part III** sets out the vision underlying the strategy.

**Part IV** presents five priority objectives for the next three years.

**Part V** describes the key principles on which the strategy is built.

**Part VI** indicates the priority actions that should be taken to support the five priority objectives.

**Part VII** briefly sets out how we intend to go about assessing the resources needed to implement this strategy.

**Part VIII** suggests some of the facilitating factors which will be critical to success.

**Part IX** explains briefly how we intend to assess progress.

**Part X** describes the next steps.

## II. The context for the strategy

### The number of gamblers

7. The most recently published participation and prevalence data for England and Scotland estimated that in 2015<sup>3</sup> 45 per cent of those aged 18 or over had participated in some form of gambling in the four weeks prior to the survey. 18-24 year olds were the least likely to have gambled (33 per cent), 45-54 year olds the most likely (54 per cent). The overall participation rate has been falling recently because of a drop in National Lottery draw participation. The National Lottery still remains by far the most popular gambling activity, followed by other lotteries and scratch cards.
8. The majority of those who gamble appear to do so with enjoyment, and without exhibiting any signs of problematic behaviour.
9. There are however some individuals who do experience harm as a result of their gambling. The 2012 English and Scottish Health Surveys<sup>4</sup> estimated that the number of problem gamblers in England and Scotland, as defined by the most widely used screening tools, was then around 250,000. There were a further 470,000 individuals classified according to the screens as being at moderate risk of problem gambling. These estimates are likely to be conservative. The relevant studies did not include certain population groups more likely to be more vulnerable to harm.<sup>5</sup>
10. An effective strategy should be focussed on everyone who does, or might, experience harm, including the 'at-risk' gamblers. Problem and 'at risk' gamblers account for a relatively high proportion of the total amount of gambling that takes place.<sup>6</sup>
11. The numbers of problem gamblers and of those 'at-risk' have remained relatively stable over the last decade.<sup>7</sup> It is unclear whether that should be regarded as evidence of:
  - i. The failure of previous efforts to make an impact on the size of the problem.
  - ii. A success, in that the numbers have not risen despite significant increases in opportunities to gamble through changing technology and in invitations to gamble through advertising.
  - iii. Or (as some would argue) simply a reflection of the fact that there will always be a certain number of people who experience problems with their gambling, whatever measures are taken to inhibit it.

### The extent of gambling-related harm

12. Simply counting the number of problem gamblers is likely to underestimate the true extent of gambling-related harm. Harm can also be experienced by those who would not be identified by the screens as problem gamblers;<sup>8</sup> and gambling-related harm can be experienced by people other than the individual player. Harm can extend to their families and friends, and more widely to their employers and their communities. The numbers of those who experience harm as a result of gambling by others can be considerably greater than those who harm themselves.

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<sup>3</sup> [Participation in gambling and rates of problem gambling 2015](#), Gambling Commission, February 2016. 2015 data for Wales will be published in May 2016.

<sup>4</sup> [Findings from the Health Survey for England 2012 and Scottish Health Survey 2012](#), Gambling Commission, July 2014.

<sup>5</sup> For example, students living in halls of residence, homeless people, armed forces personnel and those in prison.

<sup>6</sup> [What proportion of gambling is problem gambling? Estimates from the 2010 British Gambling Prevalence Survey](#), Jim Orford, Heather Wardle & Mark Griffiths (2012).

<sup>7</sup> There are differences in the methods of recording which make it difficult to be absolutely certain.

<sup>8</sup> Conversely, individuals categorised as problem gamblers may not experience harm every time they play.

13. In an ideal world, a basic requirement of an effective responsible gambling strategy would be some way of measuring the total harm caused by gambling, taking account of these wider effects. A reasoned judgement could then be made of the resources which should be committed to attempts to minimise that harm (provided, of course, that effective measures for doing so exist). Analogous estimates have proved helpful in developing the strategy towards alcohol misuse, and are being deployed in the case of obesity.

### **Developments since the last strategy was published**

14. The previous strategy, covering the three years 2013-14 to 2015-16, was published in December 2012. There have been a number of developments since then relevant to this new strategy.

### **The increased willingness of operators to engage with the responsible gambling agenda**

15. First, there has been a marked change in the approach of the gambling industry to the responsible gambling agenda. There is a visibly greater willingness to engage constructively, encouraged strongly by the Gambling Commission. Industry leaders show growing recognition that the sustainability of their business models depends on doing more to promote responsible gambling, despite any short-term impact on profitability – not least because the alternative might be more intrusive regulation. Continuing public concern about high-stake gaming machines, a marked increase in gambling advertising, and the impact of campaigning by groups concerned about the negative impact of gambling have all had an effect on the political context in which decisions about gambling regulation are taken.
16. The potential importance of the change in operators' behaviour is considerable. Many of the new initiatives have, however, yet to prove their significance in terms of impact on gambling-related harm. Greater acceptance of responsibility does not easily translate into effective action given the, as yet, limited evidence about what works. Nor have all the (hopefully transitional) problems<sup>9</sup> with new approaches been completely resolved.

### **Technology**

17. A second development is the continued rapid pace of technological change, affecting both the structure of the industry and the nature of its offer to consumers.
18. Particularly noteworthy are:
- i. The availability of a wider range of platforms on which gambling is possible, and a continued shift towards remote forms of gambling, including through mobile phones. Advances in mobile technology also offer opportunities for increased advertising and marketing, such as the use of GPS data to tailor advertisements to users in specific locations.
  - ii. The growing intersection between gambling and other product lines, such as social gaming.<sup>10</sup> These developments are blurring the boundaries between gambling and other forms of leisure activity. The 2012 strategy identified the need to keep the convergence between social gaming and gambling under review, with a particular eye on the potential normalisation of gambling for young people. That need remains.

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<sup>9</sup> There have, for example, been some difficulties providing researchers with access to data sets because of issues of commercial confidentiality.

<sup>10</sup> [Social gaming](#), Gambling Commission, January 2015.

- iii. Advances in technology which create potential for treatment providers to develop different forms of intervention.
19. The responsible gambling strategy needs to keep abreast of these developments, which could have significant effects on the nature of the gambling population or in the propensity for harm of different groups within it.

### **Changes in regulation**

20. There have been a number of changes over the last three years in the regulatory framework<sup>11</sup> relevant to problem and ‘at-risk’ gambling. In particular, in *Strengthening Social Responsibility*<sup>12</sup> the Gambling Commission announced a requirement for larger operators to evidence in their annual assurance statements the steps taken to satisfy themselves about the delivery of their social responsibility obligations. The requirement includes an assessment of the risk of harm to their customers. The Gambling Commission has also made a number of other important changes to the Licence Conditions and Codes of Practice (LCCP)<sup>13</sup> and to the Remote Technical Standards (RTS)<sup>14</sup> concerning children’s access to gambling facilities, pre-commitment and time out, self-exclusion, and marketing and advertising. The changes to the LCCP represent the first major revision since the licence conditions were written ten years ago.
21. In addition, a number of local authorities are taking a greater interest in gambling-related harm in their areas through their Health and Wellbeing Boards and their Licensing Boards. Local risk assessments have been introduced requiring operators to identify local factors that might create specific risks and to demonstrate how they will mitigate them; and local authorities are being encouraged to create a local area profile.<sup>15</sup> Local authorities have also been given greater planning powers to influence decisions about the opening of new betting shops in their areas.<sup>16</sup> These developments offer the potential for forging partnerships and developing a public health approach at a local level, though more work is needed to realise the opportunities.

### **Advertising, marketing and sponsorship**

22. A further contextual issue is the substantial growth in the volume of gambling-related advertising, marketing (including online marketing) and sponsorship over the last few years. The growth in the level of broadcast advertising is particularly striking. According to Ofcom, the total number of gambling advertisement spots<sup>17</sup> shown on television increased from 152,000 in 2006 to 537,000 in 2008, following the liberalisation of the market. The number had increased further, to 1.39 million, by 2012. More up to date figures are not available.

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<sup>11</sup> The Gambling Act 2005 sets out three licensing objectives that underpin the framework within which commercial gambling is regulated. The third is that children and other vulnerable persons are to be protected from being harmed or exploited by gambling. The other two are to keep crime out of gambling, and to ensure that gambling is conducted in a fair and open way.

<sup>12</sup> [Strengthening Social Responsibility](#), Gambling Commission, February 2015.

<sup>13</sup> [Licence Conditions and Codes of Practice](#), Gambling Commission, February 2015.

<sup>14</sup> [Remote Gambling and Software Technical Standards](#), Gambling Commission, February 2015.

<sup>15</sup> [Exploring area-based vulnerability to gambling-related harm, Geofutures, 2016.](#)

<sup>16</sup> Though the extent of the change has been less than those who pressed for it would have wished.

<sup>17</sup> The term ‘spot’ refers to a single advertisement of any duration.

23. A longstanding concern has been the effect of gambling advertising on children and young people. Ofcom reported that there were 1.8 billion commercial gambling 'impacts'<sup>18</sup> on 4 to 15 year olds in 2012 in the UK. The effect of advertising on participation in gambling and on the prevalence of problem gambling is difficult to establish.<sup>19</sup> The significant number of impacts is, however, a potential cause for unease.
24. A connected series of reviews by different bodies in 2014-15 concluded that the rules governing gambling advertising were broadly adequate. But they flagged a number of areas of possible concern, including digital marketing through social media and misleading advertising of free bets. One outcome was an announcement by the Industry Group for Responsible Gambling (IGRG) of an updated Industry Code for Socially Responsible Advertising. The updated code includes a new measure under which operators will refrain from any television advertisements before the 9pm watershed which make offers exclusive to new customers (sign up offers). The Gambling Commission also strengthened provisions in its LCCP relating to the marketing of promotional offers, such as free bets and bonuses. The Minister for Sport, Tourism and Heritage has made clear that she will look regularly at the issue of gambling advertising. She has asked the industry and regulators to ensure that marketing for gambling products does not reach young people through social media.<sup>20</sup>

## **B2 gaming machines**

25. We are aware of the level of public concern about the maximum (£100) size of stakes on B2 gaming machines. We have deliberately not addressed the issue in this strategy, because we will be providing advice about it separately.
26. The £100 maximum was left unchanged following the 2013 triennial review of stakes and prizes. Our advice to the Gambling Commission at the time pointed out that staking on machines at this level in betting premises (i.e. bookmakers) is out of step with the normal regulatory pyramid – the principle that higher stakes should only be possible in circumstances where customer protections are more extensive. The world has changed since the principle was first expressed, for example because of the availability of remote gambling. But we would still expect riskier products (whether remote or land-based) to be accompanied by proportionate controls and protections.
27. We nevertheless concluded in 2013 that, on balance, the harm reduction case for change in the status quo had not been made conclusively. In submitting our advice to the Gambling Commission, we made it clear, however, that the precautionary principle might suggest the need for change in the next review, depending among other things on the progress made in identifying problematic patterns of play on machines and the means of addressing them. The Gambling Commission made this point explicitly when submitting their own advice to Ministers.<sup>21</sup>
28. Since then, research and corporate action has focused on attempting to improve controls and protections for some individuals, mainly through work on predictive algorithms to trigger interventions with those at risk. This work is at an early stage of development and its effectiveness has not yet been evaluated.

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<sup>18</sup> Trends in Advertising Activity - Gambling, Ofcom, 2013. The term 'impact' is the measure used to account for exposure to a commercial spot. Ten impacts could be 10 people watching the same advertisement or 1 person watching the same advertisement 10 times.

<sup>19</sup> See for example Binde, P. (2014) Gambling advertising: a critical research review. London: The Responsible Gambling Trust.

<sup>20</sup> DCMS (2015) Gambling industry toughens code on television adverts.

<sup>21</sup> [Formal advice on the triennial review of stakes and prize limits on gaming machines](#), Gambling Commission, June 2013.

29. In addition, in April 2015 the Department for Culture, Media and Sport (DCMS) introduced a requirement that single machine stakes of £50 or more can only be placed after discussion with counter staff or through account-based play.<sup>22</sup> DCMS has recently published an assessment of the impact of that change.<sup>23</sup>
30. The issue of maximum stake size will be reconsidered in the next triennial review of stakes and prizes on all machine play, expected shortly. We will provide advice to the Gambling Commission at that point.

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<sup>22</sup> [Gaming Machine \(Circumstances of Use\) \(Amendment\) Regulations 2015 \(SI 2015/121\)](#)

<sup>23</sup> [Evaluation of Gaming Machine \(Circumstances of Use\) \(Amendment\) Regulations 2015](#), DCMS, January 2016.

### **III. The vision: what an effective strategy should aim to achieve**

31. Effective strategies require a clear vision. Shared visions help co-ordinate the activities of diverse stakeholders in pursuit of common objectives. They also focus minds on priority activities, and on the outcomes that would indicate success.
32. The vision underlying this strategy, which we believe would be shared by most, if not all, stakeholders, is for a world in which:  
  
**All those who choose to gamble are able to do so responsibly, and without harming themselves or others.**
33. Achieving this outcome requires that:
  - i. The nature of gambling-related harm, and its effects on individuals, children, families, friends and communities, is well understood.
  - ii. There is a similarly good understanding of the personal and social determinants of gambling-related harm.
  - iii. Regulatory, educational, physical and social environments all encourage players to be responsible.
  - iv. Reliable means exist to identify individuals who may be gambling harmfully.
  - v. Effective steps are being taken to reduce or mitigate gambling-related harm through well-developed, tested intervention and treatment strategies.
  - vi. Good industry data are available about all forms of gambling, freely shared with those with a legitimate interest, restricted only by reasonable constraints related to commercial confidentiality.
  - vii. Effective information, advice and treatment are available within reasonable time-frames to all those in need of help with their gambling, and to their families, friends and others affected by their gambling.
  - viii. In addition to operators, a wide range of organisations and agencies in the public and private sectors accept their responsibility to use their expertise and resources to inhibit harmful gambling or to mitigate its effects.
  - ix. The issue of responsibility in gambling is approached by all who have a stake in its availability and impact in a balanced, supportive and open-minded way, with positive engagement and mutual respect.
  - x. Innovation is welcomed. But the precautionary principle is applied to new products, or to innovation in other areas, when there is good reason to believe they might cause harm disproportionate to any benefits they might bring. Such judgements are made after discussion between relevant stakeholders and careful consideration of the potential consequences of any change in policy or regulation.
  - xi. Children and young persons are able to grow up in an environment where they are protected from gambling-related harm.
34. Welcome progress has been made towards the achievement of some of these ideals in recent years. There is further to go in others.

## IV. Priority objectives for 2016-19

35. This is the fourth iteration of the strategy since the Responsible Gambling Strategy Board was established in late 2008. It has many features in common with previous versions and builds on the progress already made in a number of areas. The overarching aim of the strategy remains the same: the minimisation of gambling-related harm.

36. The priority objectives for the next three-year period are as follows:

- I. Development of more effective harm minimisation interventions, in particular through experimentation and piloting of different approaches. Testing theoretical ideas in real and diverse gambling environments should contribute to further building of the evidence base. Lack of complete information, or failed interventions, should not be allowed to be a barrier to progress. There is now a welcome acceptance of the need to take action on the basis of what is known, or can reasonably be inferred.
- II. Improvements in treatment through use of existing knowledge and new evaluation. To help with this, it should be possible to make use of information becoming available through the new core data set represented by the Data Reporting Framework.<sup>24</sup>
- III. The consolidation of an emerging culture in which all significant new interventions in the areas of harm minimisation or treatment (and where appropriate existing practices) are subject to robust evaluation. Everyone can then share the learning about what works, to what extent and in what circumstances. Scarce resources can be effectively focussed. Attempts to secure additional resources or more engagement from other bodies would be more likely to be successful.
- IV. The acceptance by a wider range of organisations in the public and private sectors (including those with a remit for public health) of their responsibility to help address gambling-related harm, and to use their expertise and resources to work co-operatively in addressing them.
- V. Progress towards a better understanding of gambling-related harm and its measurement.

37. These priority objectives need to be translated into concrete actions – a transparent plan with clear responsibilities. It will then be possible for stakeholders collectively to hold to account those charged with delivery. In section VI we set out 12 priority actions for the next three years. Annex B provides a table illustrating the linkages between the priority objectives and actions.

38. If this strategy is to enable further progress, it is important that the goals set should be appropriately ambitious. They should also be realistic and achievable.

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<sup>24</sup> All treatment services funded as part of the Responsible Gambling Trust's National Problem Gambling Service implement the [Data Reporting Framework \(DRF\)](#), which ensures that data are compiled on the nature and outcomes of the treatment they provide to a nationally agreed standard.

## V. Key principles underlying the strategy

40. This strategy is based on a number of key principles. They are set out here for clarity. They have not always been made explicit in the past.

- i. The reasons people choose to gamble are diverse. For many, it can be an enjoyable leisure time activity. But for a significant minority it can be a cause of harm, sometimes considerable harm. Not all harm is of a financial nature.
- ii. Prevention of harm is better than having to help individuals, families and society deal with the consequences after the event. However, effective treatment should still be available to those who need help.
- iii. The responsible gambling strategy needs to consider not just individuals experiencing harmful gambling, but also those affected by their actions, whether directly or indirectly. As suggested earlier, the numbers in this group are likely to be greater than those of problem gamblers. The needs of children and young persons are particularly important.
- iv. The causes and effects of harmful gambling are complex. The strategy needs to be comprehensive, focussing on gambling products, the gambling process and the environment in which gambling occurs, as well as on gamblers themselves. It also needs to recognise the different circumstances and behaviour of individual gamblers and what causes them to gamble responsibly, or otherwise.
- v. Treatment needs to respond to individual circumstances. Problem gambling can be associated with other issues, such as mental illness or drug or alcohol misuse. Therapy often needs to treat these co-morbidities, or their underlying causes, as well as the gambling itself. Conversely, problem gamblers may possess other strengths or assets (like a supportive family) which can be built on to help recovery.
- vi. Better understanding of how to minimise or mitigate harm is likely to flow from improved knowledge about the nature and determinants of gambling behaviour. Interventions should always be based on the best evidence available. But it is important that desirable practical action is not inhibited by unrealistic expectations about perfect information, or the temptation to demand ever more research before doing anything. Pace of delivery is important.
- vii. Gambling operators have a particular responsibility for harm minimisation, not least because of their licence obligations. It is they who operate and promote gambling, they who have the relationship with the customer, they who design and market new products. It is their companies which profit from losses incurred by customers who have a problem with their gambling.

- viii. Operators do not exist in a vacuum. People who choose to gamble should be expected to take responsibility for their own actions, often a necessary first step to recovery. But gambling behaviour is shaped by many influences. Some people may be more vulnerable to harm than others, for health reasons or because of the circumstances of their lives. So alongside individual responsibility there is a wider responsibility on the state and a range of other actors. The state also receives significant tax revenues from gambling activity.
- ix. Addressing gambling-related harm, like other public health issues, is, or ought to be, a collective responsibility, to be addressed by a range of organisations and agencies working co-operatively.

## VI. Priority actions

41. This section of the strategy identifies the twelve priority actions we believe to be most important in progressing the priority objectives over the next three years.

42. For each of them, we have indicated who we think should take the lead. But we recognise that in many cases success will depend on co-ordinated action by a number of different stakeholders.

43. In most cases, the actions have already begun, or are planned. For these, the task is to implement effectively what is intended, and to consolidate the gains. The order in which the priority actions have been set out is not intended to indicate their relative importance. Many are interconnected. The actions should be taken as a whole.

44. The table below summarises the priority actions.

<b>Priority action 1</b> Understanding and measuring harm	<b>Priority action 2</b> Engagement with relevant public sector bodies and other agencies to encourage greater acceptance of responsibility for delivering the strategy	<b>Priority action 3</b> Consolidating a culture of evaluation	<b>Priority action 4</b> Increased understanding of the effects of product characteristics and environment
<b>Priority action 5</b> Improving methods of identifying harmful play	<b>Priority action 6</b> Piloting interventions	<b>Priority action 7</b> Self-exclusion	<b>Priority action 8</b> Education to prevent gambling-related harm
<b>Priority action 9</b> Building the quality and capacity of treatment	<b>Priority action 10</b> Widening and strengthening the research field and improving knowledge exchange	<b>Priority action 11</b> Horizon scanning	<b>Priority action 12</b> Public engagement

## Priority action 1: Understanding and measuring harm

45. We have stressed the importance of seeking more comprehensive information about the nature and extent of gambling-related harm, so that considered judgements can be made about the type and quantum of resources needed to address it. In principle, better understanding ought also to make it easier to identify appropriate indicators by which to assess the success of the strategy.
46. A 'measuring harm' approach, involving the identification, classification and quantification of harms associated with all levels of gambling, irrespective of who incurs them, would be a considerable improvement on the current reliance on 'counting cases' of problem gambling.
47. The Responsible Gambling Trust has commissioned a first stage of research on gambling-related harm, to establish the extent of information already available. This research is expected to be completed by the end of 2016. Depending on what it shows, it will be important for the Trust, in consultation with others, to take quick decisions about the desirability and feasibility of extending it further. The objective is to complete any further research early in 2017, and to begin to put its results into use by the end of the new strategy period.
48. The research will consider not just the harm experienced by gamblers themselves, but also that felt by their children, families and others affected by their gambling, and any wider social effects on communities.
49. Important though this work is, we need to be realistic about its likely outcomes. Previous work on the social costs of gambling<sup>25</sup> suggests that it is unlikely to result in a fully-fledged set of outcome measures because of conceptual and practical difficulties.<sup>26</sup> It may, however, produce useful information to help guide future work.

**Lead responsibility:** Responsible Gambling Trust.

**Indicative timescale for completion:** Initial research by end of 2016. Further research to be commenced in early 2017.

**Indicator of success:** The two stages of work ought to provide a better, shared understanding of what is meant by gambling-related harm and (ideally) would suggest a range of indicators that will assist in its measurement and monitoring. It might also provide greater insights into the factors that can cause transition from non-harmful to harmful play, to inform the development of education and prevention programmes. Further effort is likely to be needed subsequently to build understanding, apply any findings and devise practical applications.

**Relevant to:** Priority objectives I and V.

<sup>25</sup> Australian Productivity Commission, *Gambling. Inquiry Report No. 50*, 2010 (Melbourne: Australian Productivity Commission).

<sup>26</sup> Douglas M. Walker, 'Methodological issues in the social cost of gambling studies', *Journal of Gambling Studies*, 19(2): 149-184, 2003.

## Priority action 2: Engagement with relevant public sector bodies and other agencies to encourage greater sharing of responsibility for delivering the strategy

50. We have argued earlier that a wider range of public and other organisations need to accept their responsibilities for working in partnership to reduce gambling-related harm, in particular those individuals and organisations involved in mental or other health services, social welfare or criminal justice.
51. Establishing this approach has long been an ambition. The Board has consistently argued that gambling-related harm should be regarded as a public health issue, to be tackled in a comprehensive way alongside other public health issues like alcohol or drug misuse, or obesity.
52. The absence of clearly documented evidence of actual harm, systematically collected, aggregated and reported, has made it difficult to persuade relevant agencies that problem gambling and the associated harms are areas to which they should commit more of their scarce resources. Their reluctance is despite the large numbers of problem gamblers and ‘at risk’ gamblers, and the even larger numbers of people who are affected by gambling indirectly. The connection between gambling-related harm and resource pressures on the NHS is not as obvious as in the case of alcohol or drug-related harm or obesity. As a result, funding for epidemiological research (i.e. the extent of the problem) is very limited. Funding for treatment, or for research into possible remedies, has been almost entirely provided by the Responsible Gambling Trust, supported by donations from the industry, and not from the public purse.
53. The relative lack of success of efforts to achieve greater mainstreaming of the strategy to date is not a reason for giving up on it. Progress towards a better understanding of gambling-related harm and how to measure it could provide a good opportunity to explain why different stakeholders should be concerned, and how they might usefully contribute.
54. The Responsible Gambling Trust and the Responsible Gambling Strategy Board will continue to build on existing work with non-gambling organisations and service providers. Our efforts include the organisation of conferences or seminars to explore areas of potentially mutual interest. The Trust, for example, held a seminar with public health professionals in late 2015. It held another on gambling-related debt in March 2016, based on a paper published earlier by the Responsible Gambling Strategy Board.<sup>27</sup>

**Lead responsibility:** Jointly held between Responsible Gambling Strategy Board and Responsible Gambling Trust.

**Indicative timescale and Indicators of success:** Over the period of the strategy we will seek to achieve demonstrable engagement in its implementation by a wider range of public bodies, evidenced both by the commitment of resources and by the adoption of appropriate policies.

**Relevant to:** Priority objectives III, IV and V.

<sup>27</sup> [Understanding gambling-related harm and debt](#), Responsible Gambling Strategy Board, July 2015.

### Priority action 3: Consolidating a culture of evaluation

55. The gambling industry is now committing significant resources to harm minimisation, over and above its voluntary contributions to the Responsible Gambling Trust. It is important that those resources are well-directed, that any interventions are robustly evaluated and that information is routinely shared with other operators and stakeholders so that appropriate lessons can be learnt. To help with this, the Responsible Gambling Strategy Board has taken the lead in establishing an Evaluation Protocol,<sup>28</sup> and the Responsible Gambling Trust is working with the industry on appropriate training and support. The nature of any evaluation, including its independence, needs to reflect the scale and significance of the intervention or project to which it relates if the costs are to be proportionate to the benefits.
56. A number of recent initiatives have been introduced quickly in response to public pressure or perceived political imperatives. One consequence has been that they have not always been adequately evidenced-based, and often lack a viable theory of change and clear baseline against which to measure the effect of change. Evaluation plans should be an intrinsic part of the design of any significant new initiatives.
57. Regulatory changes, and interventions designed to change player behaviour, have the potential to create substitution effects. Gamblers could simply be pushed from one product to another. Potential effects of this kind need to be better understood, taken into account in any new initiatives and looked at in any subsequent evaluations. But they should not be allowed to become a justification for inaction.
58. Treatment interventions should be evaluated, as part of the normal process of encouraging best practice and cost-effectiveness. The availability of an improved core set of management data on treatment interventions through the Data Reporting Framework ought to contribute helpfully to this process. It will also make possible the publication for the first time of national outcome statistics.

**Lead responsibility:** For harm minimisation interventions, the gambling industry, working with the Gambling Commission and supported by the Responsible Gambling Trust. For treatment interventions, treatment providers, working with the Responsible Gambling Trust.

**Indicative timescale and indicators of success:** Every significant new intervention to be routinely and independently evaluated from this point on, in line with the Evaluation Protocol. We would expect to see evaluations published or shared between operators, so that learning is disseminated, and high levels of take up of the Trust's training and support materials.

**Relevant to:** Priority objectives I, II, III and IV.

<sup>28</sup> [Evaluation Protocol](#), Responsible Gambling Strategy Board, April 2016.

#### Priority action 4: Increased understanding of the effects of product characteristics and environment

59. An effective harm minimisation strategy needs to address not only the individual player, but also features of the product (stake size, speed of play, volatility and so on) and the environment in which play is offered (opening hours, location, layout etc.). It should be conscious of the interaction between any of these factors, and recognise the potentially varying levels of risk associated with different gambling activities. The Responsible Gambling Trust has recently commissioned an international evidence review of product-based harm minimisation, which will report in autumn 2016.
60. A continued research programme is necessary to increase understanding of these issues across a range of products and environments, not least in response to a body of opinion which suggests that gaming machine play can have particularly harmful effects for some individuals. The Responsible Gambling Strategy Board will shortly be convening a meeting of relevant stakeholders to discuss the precise research questions which such a programme could most effectively address, and the best means of doing so.

**Lead responsibility:** Responsible Gambling Trust and Responsible Gambling Strategy Board.

**Indicative timescale:** A priority will be to apply the findings of the international literature review on product-based harm to the issue of stakes and prizes on machines (though the review may come too late to influence the next triennial review). Wider application should be a focus of research, pilot projects and evaluation over the course of the strategy period.

**Indicator of success:** Increased understanding of the relevance of different environments and product characteristics and the impact they have on gambling-related harm.

**Relevant to:** Priority objectives I and V.

## Priority action 5: Improving methods of identifying harmful play

61. There is a need to continue to improve the methods used to identify harmful play across all sectors of the industry – through the use of data, through observation and interaction by well-trained staff, through effective messaging which prompts self-reflection, or in other ways.
62. Much recent effort has been put into the development of algorithms designed to evaluate player behaviour. In particular, research into machine play (commissioned by the Responsible Gambling Trust in 2014-15) addressed the issue of whether it is possible to identify harmful play on machines with sufficient confidence to seek to mitigate it through intervention. That research is currently being followed up in a variety of ways by different machine operators. At least one operator is applying it to over-the-counter business as well as to machine play.
63. So far this work has tended to concentrate on situations where data can be linked to individuals, principally through the use of loyalty cards or verified accounts. That limits its potential, given that take up of cards or accounts is far from universal. Nor do all those who possess loyalty cards or verified accounts always make use of them when gambling. Some may have more than one card. So we are keen to see further exploration of the possibility of applying algorithms effectively to anonymous data.
64. If particular algorithms prove to be successful in one company's operations, it is likely they will be successful in those of another, allowing for different circumstances. This work should not therefore be regarded as a competitive exercise. We are encouraged that the main machine operators have established a working group to share intelligence, recognising the commercial sensitivities to which data sharing can give rise. We have also been pleased to see transparency on the part of betting operators about the approaches that they are developing.
65. Algorithms are not only relevant to betting premises. The Responsible Gambling Trust has recently commissioned research into the use of algorithms to detect potentially harmful play in remote gambling, taking account of existing research in this area. The new research is expected to be completed by December 2016. Remote gambling sites cannot observe players directly for signs of stress in the same way as shop-based staff. Conversely, remote gambling does not suffer from the same limitations on identifying players (because payment mechanisms cannot be anonymous), though remote players can still gamble on several different sites with different operators. We look forward to seeing the outcome of this work.
66. The algorithmic approach should continue to be pursued energetically, despite its possible limitations. But algorithms should only ever be part of a package of approaches to identify potentially harmful play so that staff can intervene appropriately. Operators need also to continue to experiment and innovate around other methods of detecting harm.
67. In this context it is helpful that the Responsible Gambling Trust has commissioned a study, working with the Bingo Association and Ipsos MORI, to identify problem gambling in licensed bingo premises (including machine play). This work is due to report in Spring 2016.

68. Success in developing effective approaches to identifying harmful play using existing data and information may influence our future view on the desirability of mandatory account-based play.<sup>29</sup> Mandatory account-based play would raise a number of difficult issues. It does, however, offer other potential advantage in terms of effective self-exclusion, the inhibition of under-age gambling and measures against money-laundering.

**Lead responsibility:** The gambling industry, both collectively and at the level of individual businesses, with support from the Responsible Gambling Trust.

**Indicative timescale:** The usefulness or otherwise of algorithms, for the industry as a whole, ought to be well-established by the end of the strategy period, if not earlier. We would expect to see further progress on other methods of detecting potentially harmful play in the same timescale. A Responsible Gambling Trust funded independent evaluation of the Association of British Bookmakers Player Awareness System, which attempts to use algorithms to initiate earlier and targeted interactions with any customer identified as displaying behaviours associated with harmful gambling, is expected to begin in March 2016 and complete in August 2016.

**Indicators of success:** Well-established protocols across the industry to identify potentially harmful play so that appropriate responses can be made. These will include, but not be limited to, use of data and algorithms to help target interventions towards those who are more likely to be suffering harm. We would expect to see a number of trials and pilots completed and evaluated, with the learning put into practice across the industry.

**Relevant to:** Priority objectives I and V.

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<sup>29</sup> [Machines gambling research: advice to the Gambling Commission](#), paragraph 51, Responsible Gambling Strategy Board, June 2015.

## Priority action 6: Piloting interventions

69. Identifying harmful play is of little use in itself unless it is followed by successful intervention designed to inhibit it, or to mitigate its effects. There is now welcome acceptance among many operators of the need to experiment with different forms of intervention – customer interaction, messaging, debit card blocking and so on – either at the level of individual firms or collectively through industry groups such as IGRG and the Senet Group. It is important that these good intentions, and the work done to date, continue to be translated into concrete action.
70. The nature of experimentation is that there will be some failures. No-one should be criticised if an evaluation shows that a well-intentioned experimental intervention has not been successful, provided the pilot was sensibly designed with a clear rationale for how it was expected to affect behaviour. Evidence of what does not work can be important as well as information about what does.

**Lead responsibility:** The gambling industry, both collectively and at the level of individual businesses, with support from the Responsible Gambling Trust.

**Indicative timescale:** We hope that a number of harm minimisation pilots will be in place before the end of 2016. We would expect to see more completed, evaluated and, if successful, put into regular practice by the end of the forthcoming three-year period.

**Indicators of success:** Operators, often working in collaboration with each other, designing and implementing pilot projects to test interventions to reduce harmful gambling. We would expect to see this approach adopted over a wide range of different types of support and intervention, to be taking place in all sectors of the industry, and to be accompanied by evaluation and development to put learning from trials into practice. We would also expect to see results being shared at conferences and in other ways.

**Relevant to:** Priority objectives I and III.

## Priority action 7: Self-exclusion

71. Work on multi-operator self-exclusion schemes is well advanced. UK land-based casino operators already have one in place.<sup>30</sup> The Gambling Commission has indicated it expects analogous schemes to be in place by April 2016 for other forms of land-based gambling, and by the end of 2017 for the remote sector. Depending on progress, the Commission may need to explore the desirability, practicality and cost-effectiveness of linking schemes across different parts of the industry.
72. For non-remote play, the effectiveness of the schemes will depend on the vigilance of local staff and the extent they are equipped with systems that are well-designed and practical. Pilots suggest schemes are likely to be more effective if they relate to defined local areas, rather than to the entire country.
73. It seems likely that the number of people affected by multi-operator schemes will be fairly small relative to the total number of problem gamblers. But self-excluders are a group of people who have, by definition, taken a step to recognise that they may have a problem, and are in need of support.
74. Research by the Gambling Commission has found low awareness amongst gamblers of the possibility of self-exclusion.<sup>31</sup> Levels of awareness need to be improved if multi-operator schemes are to deliver maximum benefit.

**Lead responsibility:** Gambling operators, working with their trade associations and the Gambling Commission, with support from the Responsible Gambling Trust.

**Indicative timescale:** Schemes to be in place by April 2016 for land-based gambling and by the end of 2017 for remote gambling.

**Indicators of success:** Schemes in place and followed by evaluations designed to improve their effectiveness and assess the extent they are effective at reducing gambling-related harm and not, for example, simply displacing activity into other forms of gambling. We would also hope to see improvements in levels of awareness amongst gamblers of the possibility of self-exclusion.

**Relevant to:** Priority objective 1.

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<sup>30</sup> [SENSE](#)

<sup>31</sup> Publication pending.

## Priority action 8: Education to prevent gambling-related harm

75. Too little is still known about the potential role of education in preventing or mitigating gambling-related harm, particularly in relation to children and young persons for whom damaging life-time patterns of behaviour can become established.<sup>32</sup>
76. Experience in other fields suggests that education may prove to be one of the less effective forms of intervention.<sup>33</sup> But it should not be discarded as an option until it has been explored in more detail.
77. The Responsible Gambling Trust has recently commissioned an update of a 2008 literature review of children and young people's gambling.<sup>34</sup> It has also issued an invitation to tender for research on young people, gambling and gambling-related harm. We suggest the Trust should in addition commission a systematic review of the role of education in preventing or inhibiting gambling-related harm to children and young persons, drawing on what is known about the effectiveness of education in other areas like alcohol and drug abuse, obesity or other public health programmes. The review should take account of possible insights from behavioural economics and other disciplines.

**Lead responsibility:** Responsible Gambling Trust.

**Indicative timescale:** Research to be completed by the end of 2016, with a clear strategic approach to the use of education as a harm minimisation tool to be established by the end of the strategy period.

**Indicator of success:** Completion of the systematic review of the role of education and decisions taken about how best to follow up its conclusions – either confirming useful steps that can be taken to deliver effective preventative education, or demonstrating that this approach does not represent value for money and allowing resources to be allocated to more productive interventions.

**Relevant to:** Priority objectives I and IV.

<sup>32</sup> [The Ipsos MORI Young People Omnibus 2015](#) found that overall 17 per cent of children aged 11-15 had gambled in the past seven days. This is consistent with the rates observed since 2012. Participation amongst this age group in the National Lottery Lotto draw increased from 2 per cent in 2014 to 4 per cent in 2015, having previously been in decline since 2012. The data identify 0.6 per cent of 11-15 year olds as problem gamblers and 1.2 per cent as 'at-risk' gamblers. See also [Map the Gap: a critical review of the literature on gambling-related harm](#) report, RAND 2011, and [Beating the odds: preventing teenage problem gambling](#), GamCare, 2010.

<sup>33</sup> For example, John Strang, Thomas Babor, Jonathan Caulkins, Benedikt Fischer, David Foxcroft, Keith Humphreys, 2012 'Drug policy and the public good: evidence for effective interventions'. The Lancet Vol 379, January 7, 2012 (Table 4, page 76).

<sup>34</sup> [Literature review of children and young people's gambling](#), Gambling Commission, September 2008.

## Priority action 9: Building the quality and capacity of treatment

78. The Responsible Gambling Trust allocates 77per cent of its budget to treatment.
79. We welcome the progress the Trust has made in establishing and implementing a core database in the form of the Data Reporting Framework. The Trust intends to use this and other evidence to explore the impact of treatment on different groups and to investigate how the quality and effectiveness of brief interventions and more sustained treatment, residential or otherwise, can be improved. Its 2013 Commissioning Plan identified a list of areas it intended to explore, including who presents for treatment, what causes people to drop out of treatment and the cost-effectiveness of different modes of treatment. This constitutes a considerable research programme, to be scoped and resourced accordingly.
80. Waiting lists at Responsible Gambling Trust-funded treatment agencies are relatively short. But only a small proportion of those who would be classified as problem gamblers access such treatment. Some may not recognise the need for change. Some are likely to recover naturally, possibly as the circumstances of their life change. Some may be attempting self-help, for example through attending meetings of Gamblers Anonymous. Others will be receiving some form of intervention through the NHS, more usually directed at co-morbidities associated with problem gambling than at problem gambling itself.
81. It is likely, however, that a significant number of those who would benefit from treatment are not receiving it, in any form. It is also possible that there are inconsistencies in provision across the country.
82. In the absence of long waiting lists it is difficult to argue that more of the Responsible Gambling Trust's limited resources should be diverted to treatment and away from prevention. That would be contrary to the principle that prevention is usually better than cure. But the absence of any significant NHS provision is striking. One of the objectives of further attempts to mainstream action on gambling-related harm will continue to be to raise awareness of the existence and size of the problem and to increase the availability of NHS and other public sector provision above its present insignificant level.
83. The Responsible Gambling Trust's Harm Minimisation Projects, which are focusing on reducing the impact of gambling-related harm among vulnerable groups, could prove to be an important step towards creating an integrated and effective response to gambling-related harm across public and third sector service providers.

**Lead responsibility:** Responsible Gambling Trust, treatment providers and public health organisations.

**Indicative timescale:** Work on applying new research and evaluation to commissioning processes is under way and should continue throughout 2016-17 and future years. Encouragement of public health bodies to play a greater part in treatment will largely depend on success in relation to priority action 2.

**Indicators of success:** A combination of research, evaluation and data collection will have created a body of evidence about the quality and effectiveness of different treatment options. More will be known about the steps that can be taken to encourage people to seek support through treatment and prevent them from dropping out. The Data Reporting Framework will be fully embedded in funded treatment provision and independent analysis will be published regularly. The learning from these activities will actively inform the Responsible Gambling Trust's commissioning decisions.

**Relevant to:** Priority objectives II, III and IV.

## Priority action 10: Widening and strengthening the research field and improving knowledge exchange

84. It is important that shortages in the quantity or quality of the resources available for research, analysis or evaluation should not become a brake on the extensive programme of work now envisaged. It is likely that the limited availability of funding will always be a factor affecting the willingness of researchers to enter the gambling field. But the reliance of the Responsible Gambling Trust on voluntary financial support from the gambling industry also inhibits some potential applicants who might otherwise respond to invitations to tender.
85. For that reason the Trust and the Responsible Gambling Strategy Board are finalising a Research Commissioning and Governance Procedure codifying the process for determining research priorities, the arrangements for commissioning research and areas like intellectual property, peer review and publication. The Research Procedure makes clear that the Responsible Gambling Strategy Board, not the Responsible Gambling Trust, is responsible for producing the briefs that set out the questions and context for the research that is then commissioned by the Trust. The objectives of the Procedure are to make the process more transparent and to help counter any perception that the research is less than fully independent. The arrangements will be reviewed periodically to ensure they continue to be fit for purpose.
86. The Responsible Gambling InfoHub<sup>35</sup> should be considered in the same context. The InfoHub was established by the Responsible Gambling Trust as an online database of research and is being maintained as a resource available to all. Further consideration is needed of the extent it should be made more accessible to those without a research background. Thought should also be given to whether its scope could be extended to cover the outcome of evaluations or any other new information about successful or unsuccessful harm minimisation or treatment interventions.

**Lead responsibility:** Responsible Gambling Trust, working with the Responsible Gambling Strategy Board.

**Indicative timescale:** The Research Commissioning and Governance Procedure will be published shortly.

**Indicators of success:** A stronger research base would be characterised by the involvement of a wider range of researchers showing a willingness and interest in tendering for gambling-related research, and fewer expressions of unwillingness to do so because of concern about the source of funding. Researchers will also have access to a broader range of funding streams and expertise from other sectors and fields of research. They will be assisted by greater availability and sharing of data and results will be disseminated widely and transparently. We would hope to see a greater degree of public confidence in the quality and independence of gambling-related research, and a reduction in criticism of the way research funds are allocated and research questions set.

**Relevant to:** Priority objectives I, II, III, IV and V.

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<sup>35</sup> [rgtinfohub.org.uk](http://rgtinfohub.org.uk)

## Priority action 11: Horizon scanning

87. Keeping abreast of technological change and innovation can help in identifying potential issues which create an increased risk of harm. Particularly relevant are likely to be developments in remote play. Horizon scanning can also be useful in recognising opportunities to use new technology for prevention or treatment purposes. An effective, collective mechanism for such scanning is therefore needed. It should include the capacity to monitor developments in other jurisdictions and in social trends that might become relevant to the gambling sector (such as social gaming and its relevance to the encouragement or normalisation of gambling by children and young persons). It must avoid assuming that new developments will always be harmful.

**Lead responsibility:** The Gambling Commission, working with the Responsible Gambling Trust, the Responsible Gambling Strategy Board and the industry collectively.

**Indicative timescale:** Continuous.

**Indicator of success:** A successful approach will involve a range of different techniques to gather information, including media scanning, data analysis and insights from industry stakeholders. The analysis will be disseminated so that a wide range of partners can benefit from any insights and consider whether they need to respond.

**Relevant to:** Priority objectives I and II.

## Priority action 12: Public engagement

88. All those who play a part in implementing and embedding the responsible gambling strategy need to pay greater attention to the views of players about their experiences. The Senet Group, for example, made use of focus groups of gamblers in planning its 2015 advertising campaign. A number of treatment agencies have also drawn attention to the experience of those they treat as a valuable source of information about what works or does not work for them, including the relevance and impact of messaging and so on. Public engagement, difficult though it may be in this area to undertake effectively, should be an intrinsic part of designing any future prevention or treatment interventions.

**Lead responsibility:** Responsible Gambling Trust, Responsible Gambling Strategy Board, Gambling Commission and the industry collectively.

**Indicative timescale:** Continuous.

**Indicator of success:** Gamblers, whether experiencing harm or not, should be consulted during the planning of interventions at a point when their insights and experiences can influence those plans.

**Relevant to:** Priority objectives I, II, III, IV and V.

## **VII. The resources needed to deliver the strategy**

89. Adequate funding will be essential to the strategy's success. The actions outlined in this strategy constitute a considerable agenda. The resources currently available to the Responsible Gambling Trust may prove insufficient to deliver their part of it.
90. As part of our work programme over the next few months, the Responsible Gambling Strategy Board will address the question of resourcing in discussion with the Responsible Gambling Trust. This work will be with a view to responding to that part of our terms of reference which requires us to advise on the quantum of funding required by the Trust.
91. Our intention is to look at the issue mainly bottom up – seeking as far as possible to cost the different elements of the suggested programme over the three year period. But we will also want to compare the amount currently being raised and spent by the Responsible Gambling Trust with the expected funding levels at the time the Trust's predecessor was first set up.

## VIII. Facilitating factors: conditions for success

92. Effective strategies need to be flexible in their implementation in response to changing circumstances. There will inevitably be adjustments to this strategy over the next few years, and beyond, in response to new information, developments in technology, changes in public attitudes and other factors. The chances of successful implementation will be considerably increased if certain conditions are met:

- i. A sense of urgency is required. So too is realism about the amount of time it can take to research, experiment, evaluate and implement. We should not be held back by a desire for perfect information. We should proceed on the basis of what is known or can be reasonably inferred.
- ii. The strategy needs to be supported by a robust annual review of priorities and actions to ensure resources continue to be appropriately focused (see next section).
- iii. Priorities are intended to be just that. Everyone should resist the temptation to announce resource-intensive new initiatives without prior consideration against existing priorities. Any new initiative should be able to demonstrate that it will add greater value than existing ones in achieving the objectives. An agreed, coherent strategy ought to make it easier to resist uncoordinated demands for ill-considered action.
- iv. Partnership working is key. Experience elsewhere suggests that progress is more likely to be achieved by the cumulative effect of numerous actions taken by different organisations. Working together towards common ends, drawing on experience elsewhere, will be more effective than any single dramatic new initiative.
- v. A plethora of activity, and a number of potentially overlapping trade bodies, create a risk that scarce resource in terms of funding or expertise will be wasted, or not fully exploited. The gambling industry is diverse in size and type of product and cannot realistically be expected to adopt a completely unified approach on all social responsibility issues at all times. But the chances of a coherent and co-operative approach to the agenda would be increased if the industry was able to build on existing cross-industry groups like IGRG and the Senet Group to create a single body to co-ordinate efforts, provide an overview and, where necessary, take the lead on specific issues.

## IX. Monitoring progress and measuring success

93. The Responsible Gambling Strategy Board will review progress annually to check that the strategy remains on track and to make any necessary adjustments in the light of experience or other developments. Advice on high-level outcomes and measures of success, and on the most appropriate methodologies for monitoring, evaluating and reviewing these outcomes and measures, is an explicit part of our terms of reference.
94. Annual reviews ought to provide an effective mechanism for collectively holding to account all those charged with the delivery of aspects of the agreed strategy, celebrating success as well as identifying any areas where progress has been less satisfactory, or more effort is needed. We propose to conduct such reviews collaboratively, and to publish the results.
95. We will monitor progress on three levels:
- i. **Outputs:** Have the anticipated actions taken place, to time and budget? If not, why not?
  - ii. **Outcomes:** Have the actions had the effect expected at the time they were adopted as priorities? If not, why not and what lessons can be learnt from that?
  - iii. **Overall impact:** What effect is the strategy as a whole having on the extent of gambling-related harm?
96. There is a role for qualitative assessments alongside quantitative data. There may also be a set of activity indicators which it would be sensible to monitor annually. We will be undertaking further work on these issues, in consultation with others.
97. Measuring overall impact is an important task. It is to be hoped that the work commissioned by the Responsible Gambling Trust will provide a set of useful indicators of gambling-related harm. But achieving that may not be possible. In the absence of other indicators, there is little alternative to continuing to use the number of problem gamblers as a proxy, despite the known limitations of this measure. It is possible through annual omnibus health surveys to track changes in the numbers of problem gamblers in England and Scotland (but not at present Wales<sup>36</sup>). As now, the figures will need to be interpreted with caution. It will be difficult to distinguish the effects of implementation of the strategy from those of changes in wider economic and social determinants; and the number of problem gamblers could in theory move in the opposite direction to the volume of gambling-related harm.

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<sup>36</sup>Questions on problem gamblers are not at present funded by the Welsh Government within the equivalent Welsh National Survey. The Gambling Commission has therefore commissioned a separate survey into problem gambling in Wales. This survey was conducted quarterly through 2015 with a total of 4,000 interviews. The Commission expects to publish the results towards the end of April 2016.

## X. Next steps

98. We have set out in this strategy a vision of what a future world might look like in relation to responsibility in gambling, presented a set of five priority objectives for the next three years to help move closer to that ideal world, and outlined the specific steps necessary if those objectives are to be achieved.
99. We are more confident about the chances of moving forward in a constructive way than we were three years ago, in part because of the changed behaviour of many in the industry. But success will require sustained and unequivocal effort by all concerned. There is a great deal to be done. Action has to take place in a measured way, but at pace; and we need to experiment, evaluate and monitor progress regularly so that as change happens it is possible to reflect and learn about what is and is not working and implementation can respond flexibly and appropriately.
100. The most important next step for all stakeholders, including those that do not yet fully recognise the role they could and should be playing in this area, is to reflect on their own plans, assess the extent to which those plans measure up to the principles, objectives and priority actions set out in this strategy and make any necessary adjustments.
101. The Responsible Gambling Strategy Board is ready to help in this endeavour. We will want to talk to all relevant stakeholders over the next few months, including in particular the Responsible Gambling Trust, to firm up the nature and timetable for each of the priority actions and to agree appropriate milestones.
102. We understand that the Responsible Gambling Trust will shortly be publishing its own strategy, consistent with this one, and an update of its commissioning plan.
103. Over the next 12 months, the Responsible Gambling Strategy Board will also:
  - i. Embed and promote the practices and principles set out in the recently published Evaluation Protocol and in the soon to be published Research Commissioning and Governance Procedure.
  - ii. Work with others to develop a framework for measuring success and monitoring progress and impact. The framework will need to be completed in time for the first annual review of this strategy, in 12 months' time.
  - iii. Initiate the annual review, working with others.
  - iv. Work with the Responsible Gambling Trust and others to cost the strategy. We aim to complete this assessment by Autumn 2016. Depending on the result, further work may be needed to consider the implications.
  - v. Progress those priority actions in which we have a shared lead responsibility (priority actions 2, 4, 10, 11 and 12).
  - vi. Prepare a research strategy, setting out an independent view of the topics that should be explored and research questions that need to be addressed over the strategy period.
  - vii. Provide advice to the Gambling Commission on the triennial review of stakes and prizes, in line with the timetable yet to be set.

viii. Continue to provide advice to the Commission on other responsible gambling issues, as the need arises.

104. In all we do, we will continue to seek better ways to work co-operatively with all our stakeholders in pursuit of common objectives. We will also ensure that we continue to be independent, objective, impartial and transparent in giving our advice and, where necessary, in holding ourselves and others to account.

**Responsible Gambling Strategy Board**  
**April 2016**

## Annex A: Terms of reference of the Responsible Gambling Strategy Board

The Responsible Gambling Strategy Board provides advice to the Gambling Commission and, via the Commission, the Government in relation to responsible gambling in England, Scotland and Wales. The Board will advise on:

- The development of the research, education and treatment components<sup>37</sup> in the national responsible gambling strategy.
- The strategic priorities for research, education and treatment (RET), taking full account of the policy and regulatory framework and responding to any specific requests from the Commission.
- The development of a robust, needs-based strategic framework to identify priorities for what should be funded and commissioned.
- Annually, the quantum of funding required on a three-year rolling basis.
- The most effective arrangements for commissioning services and distributing funding.
- High-level outcomes and measures of success.
- The most appropriate methodologies for monitoring, evaluating and reviewing those outcomes and measures.

The Board takes account of the particular needs of Scotland and Wales.

The Board is an independent, unincorporated body. Its members are appointed by the Gambling Commission. There are up to 11 members, including a Chair, with a wide range of expertise. Members are appointed for a two or three year period, which may be extended for up to a further three years. They serve 'ad hominem' and are experts; they are not expected to represent particular sectors or interests. The Board is supported by a secretariat.

The Board will form an open and collaborative relationship with the Responsible Gambling Trust who will implement the RGSB strategy.

From time to time, the Board may take advice from expert individuals and groups and may decide to set up expert panels to advise over a period of time on key areas of interest, such as treatment.

The Board will be accountable to the Gambling Commission, stakeholders and the public for its activities and the quality of advice it provides. Its formal advice will be made widely available.

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<sup>37</sup> Our terms of reference do not refer to forms of harm minimisation other than education. But the Board and the Trust have both always behaved as if they do.

## Annex B: Links between priority objectives and actions

The following table illustrates the linkages between the priority objectives and each of the priority actions.

	Priority action 1	Priority action 2	Priority action 3	Priority action 4	Priority action 5	Priority action 6	Priority action 7	Priority action 8	Priority action 9	Priority action 10	Priority action 11	Priority action 12
<b>Priority objective 1:</b> To develop more effective harm minimisation interventions, in particular through more experimentation and piloting of different approaches.	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓
<b>Priority objective 2:</b> To improve treatment through better use of knowledge, data and evaluation.			✓						✓	✓	✓	✓
<b>Priority objective 3:</b> To build a culture where new initiatives are routinely evaluated and findings put into practice.		✓	✓			✓			✓	✓		✓
<b>Priority objective 4:</b> To encourage a wider range of organisations in the public and private sector to accept their responsibility to tackle gambling-related harm.		✓	✓					✓	✓	✓		✓
<b>Priority objective 5:</b> To progress towards a better understanding of gambling-related harm and its measurement.	✓	✓		✓	✓					✓		✓

Priority action 1:	Understanding and measuring harm	Priority action 5	Improving methods of identifying harmful play	Priority action 9	Building the quality and capacity of treatment
Priority action 2	Engagement with relevant public sector bodies and other agencies to encourage greater acceptance of responsibility for delivering the strategy	Priority action 6	Piloting interventions	Priority action 10	Widening and strengthening the research field and improving knowledge exchange
Priority action 3	Consolidating a culture of evaluation	Priority action 7	Self-exclusion	Priority action 11	Horizon scanning
Priority action 4	Increased understanding of the effects of product characteristics and environment	Priority action 8	Education to prevent gambling-related harm	Priority action 12	Public engagement