‘Communities Addressing Gambling Harms’: An Intervention for Social Innovation in an Emerging Public Health Field

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Major gaps in the public health evidence base exist for Gambling-Related Harms (GRH) with the potential of community-based interventions for addressing GRH not known. This briefing summarises a process evaluation of a collaboration between public health professionals, people with Lived Experience (LE) of GRH and various community organisations. The community organisations included some established GRH providers and some new to the field; some community organisations represented underserved communities and ethnic groups with the view to addressing health inequalities. Commissioner-facilitators implemented a Community of Practice (CoP) to facilitate collaboration and learning among the diverse community organisations while a LE advisory panel, called GaMHive, was set up to consult on intervention ideas and resources.

KEY FINDINGS |

- 'Communities Addressing Gambling Harms' effectively facilitated innovation in community-based GRH reduction. Evidence for impact on public awareness was strongest, suggesting that commissioning various community projects together may have maximised impact in the public sphere.
- The CoP stimulated learning on gambling narratives that served as a basis for community action, while also facilitating collaboration in project delivery and cross-project referrals. The CoP was maturing into a regional GRH reduction network with an integrated support pathway by the end of the evaluation.
- People with LE made substantial contributions through the CoP and the community projects. Their formal contributions were intertwined with personal efforts, in private and civil society, to support people encountering GRH and affect social change. Some projects utilised GaMHive to codesign language and imagery which, while time consuming, enhanced product design. LE-informed innovation contributed to shifts in narratives: a regional anti-GRH campaign, 'Odds Are: They Win', reflected and amplified project-level education on the gambling industry as the source of harm.
- The community projects generated learning on the following key points:

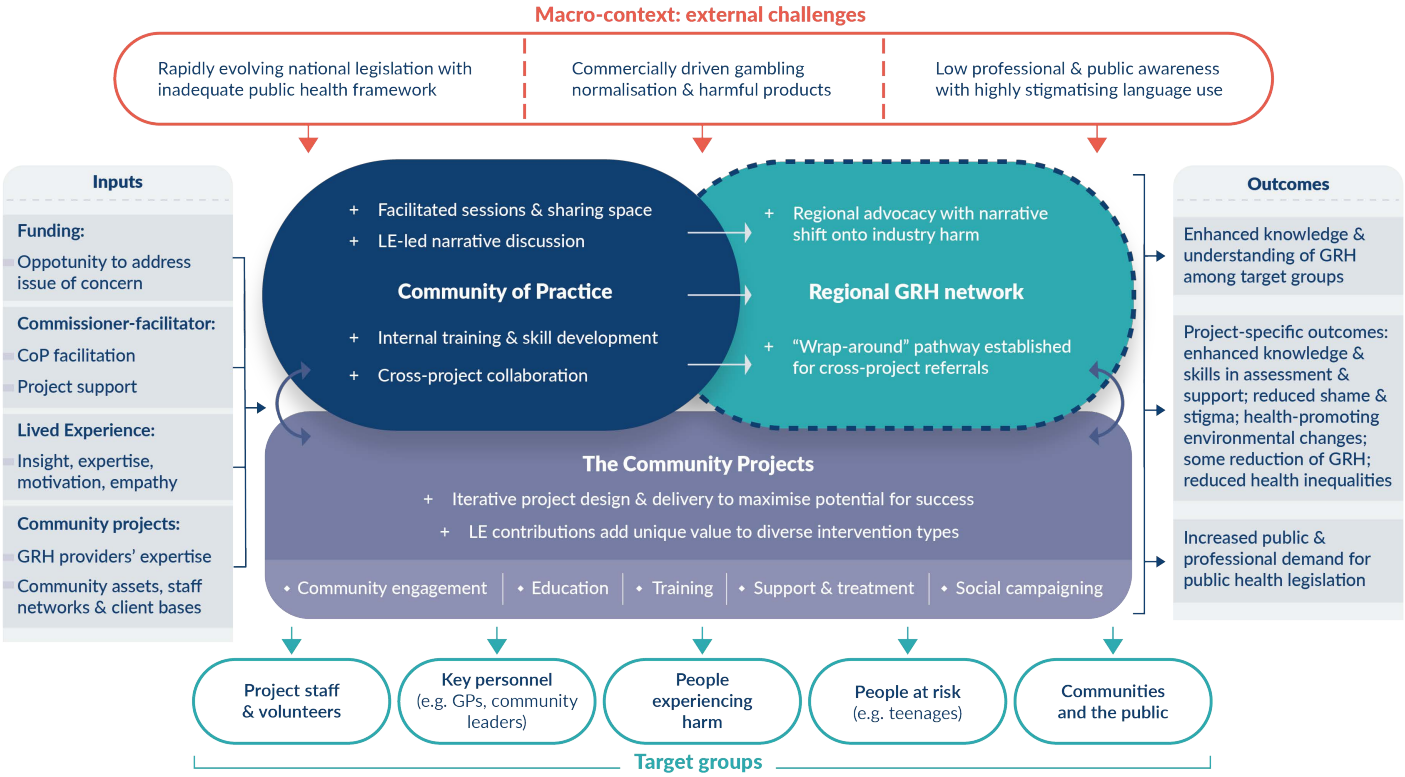
  - Community-based services can be adapted to include GRH activity, allowing existing community assets, staff networks and client bases to be utilised;
  - LE adds unique value to diverse interventions in support and treatment, community engagement, education, training and social campaigning;
  - Community engagement initiatives can reach diverse underserved communities and ethnic groups through LE-led awareness raising platforms;
  - It is challenging to shift gambling narratives away from notions of individual responsibility and the 'problem gambler' in community settings;
  - Community support organisations can provide accessible and person-centred care, with 42 people experiencing GRH identified and supported by two projects;
  - Education on harmful products and industry practices can raise awareness of GRH while avoiding stigmatising language;
  - Social campaigns for ending gambling sponsorship in sports can have some success despite inadequate regulation and a challenging commercial environment.

The inner logic of 'Communities Addressing Gambling Harms'

Our evaluation revealed a complex yet highly effective initiative for innovation in community-based GRH reduction which may be applicable to other public health fields. The CoP, depicted in the model, was implemented in a bottom-up approach, empowering participants to shape its direction. The combination of this with GaMHive facilitated conversations involving people with LE and community project staff, many of whom were new to the field, on the nature of GRH and how to talk about them. This influenced the content of the community projects during iterative design and implementation.

The 12 community projects, depicted in the model's centre, encompassed the following intervention types, some overlapping: community engagement (6), education (3), training (5), support (2), and social campaigns (1). These projects yielded various specific outcomes for their diverse target groups while collectively increasing public knowledge and understanding of GRH.

Once operational, the CoP took on unanticipated forms. The connections fostered between projects enabled cross-referrals to better support individuals through a 'wrap-around' pathway. Commissioner-facilitators also expanded the CoP by engaging key personnel and organisations to develop a regional GRH reduction network, represented by the dotted turquoise oval. While operational challenges like Covid-19 initially hindered cross-project collaboration, specific challenges unique to the gambling harms field are listed at the top of the model.



CONCLUSIONS |

'Communities Addressing Gambling Harms' effectively facilitated social innovation in community-based gambling harms interventions across local and regional scales. The initiative presents a model for how public health professionals, community organisations and people adversely affected by public health issues may collaborate to achieve innovation and impact. We see it as relevant to public health challenges characterised by contested or stigmatised language that require a community-based response.

| The Community of Practice

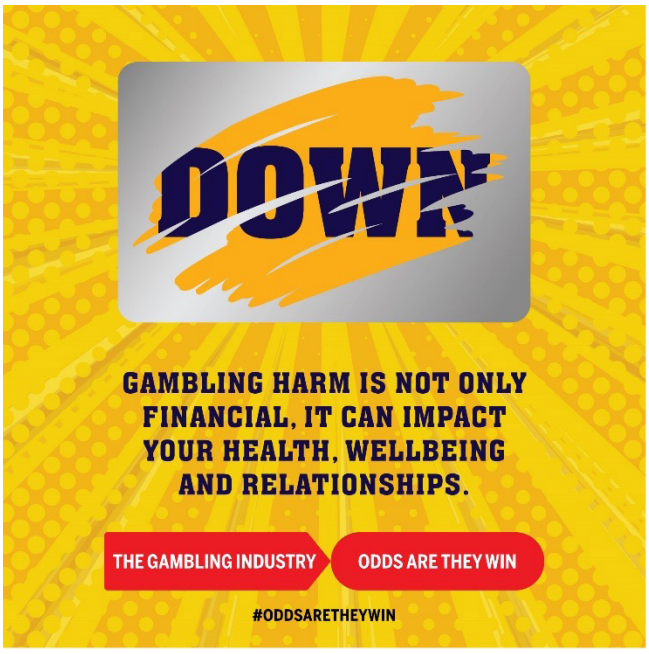
The CoP facilitated learning on gambling narratives and collaboration in project delivery. The regional GRH reduction network and integrated support pathway represent emergent infrastructure which could complement local NHS gambling services. A sustainable source of funding will be required to fulfil this potential.

| Lived Experience

People with LE contributed knowledge, expertise, motivation and empathy through diverse intervention types. The 'Odds Are: They Win' campaign contributed to shifting conversations onto gambling as the source of harm, successfully amplifying LE voices in the public sphere. Commissioner-facilitators' approach to LE involvement provides a picture of best practice for the GRH field: people with LE emphasised the importance of a supported and structured approach to LE involvement with clear objectives and feedback.

| The Community Projects

The 12 community projects generated considerable learning on techniques and strategies for addressing GRH in community settings with potential for wider scale-up and evaluation. Training for community actors is revealed here to be important because of the challenges of moving away from stigmatising language in some projects initially.



RECOMMENDATIONS | The following areas are recommended for consideration:

Sustainability and network development

A sustainable source of investment will be vital for the CoP's full development into a regional GRH reduction network. Commissioner-facilitators might consider inviting further project applications. These could be grouped with existing projects by intervention type to maximise potential for collaboration and learning. Commissioner-facilitators may also consider a separate arm of the network to engage councils across Greater Manchester: Stockport Council Public Health Team's project provides insight on how to engage frontline public services. LE involvement could be integrated into these regional scale-up efforts by providing specific tasks for people with LE.

Training and accreditation

Training for community actors should be LE-led or LE-informed and include education on harmful industry products and practices. Coproducing the training with community staff may nurture the enjoyment they expressed from being part of a movement for change. Commissioner-facilitators could consider replicating the 'I-Mark' initiative, based in Ireland, which provides a quality stamp for organisations in the alcohol harms field to indicate independence from industry (Drugnet Ireland, 2022).

Scale-up and evaluation

Regional government in other areas could consider replicating the 'Communities Addressing Gambling Harms' model in full. Public health actors with insufficient resources may consider the various intervention types for delivery. Some interventions, such as having people with LE raise awareness of GRH at community engagement platforms, or integrating gambling harms education or support into existing community work streams, are not resource intensive. Further evaluation of the community-based interventions and the 'Odds Are: They Win' campaign is required to complement this high-level evaluation. Commissioner-facilitators should work with academic partners to ensure robust evaluation of future activity.

Cross-field learning

The potential for the 'Communities Addressing Gambling Harms' model to drive community-based social innovation in other emerging public health fields could be explored. It provides insight into how existing community-based services may be adapted to the needs of people adversely affected by an emerging public health issue, as well as how community-based counter industry campaigns may be launched. We note, however, that community approaches have their limitations and must be complementary to other forms of health intervention and effective national policy and regulation.

Information about the Study |

This evaluation sought to develop understanding of how community-level innovation and impact can be facilitated in the GRH field. The primary research question was: "How, for whom and in what context does a Community of Practice facilitate regional action on Gambling-Related Harm?" Detailed qualitative research was undertaken involving diverse internal and external stakeholders, spanning 33 in-depth qualitative interviews and 3 focus groups (involving 9 people with LE). A short survey was also undertaken at the endpoint to assess impact. Complex intervention modelling (Mills et al, 2019) was undertaken to develop a model of the initiative.

References

Drugnet Ireland (2022), National Drugs Strategy: Progress Report for 2020, Health Research Board, Issue 80

Mills, T., Lawton, R. and Sheard, L. (2019), Advancing Complexity Science in Healthcare Research: The Logic of Logic Models, BMC Medical Research Methodology, 19; 55

Sources for further information

Greater Manchester Communities Addressing Gambling Harms - NIHR Public Health Interventions Research Studies Teams (PHIRST)

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