

# Summary of responses to the consultation on a National Responsible Gambling Strategy for 2016-17 to 2018-19

**April 2016**

# Contents

<b>1</b>	<b>Introduction</b>	<b>3</b>
<b>2</b>	<b>Background</b>	<b>3</b>
<b>3</b>	<b>Summary of responses</b>	<b>3</b>
<b>4</b>	<b>Next steps</b>	<b>10</b>
	<b>Annex: List of respondents</b>	<b>11</b>

## 1 Introduction

- 1.1 On 3 November 2015 the Responsible Gambling Strategy Board (RGSB) published in draft a proposed [Strategy for 2016-17 to 2018-19](#), setting out recommendations for the next three years to encourage responsibility in gambling, to reduce or mitigate gambling-related harm, and to increase the protection of the vulnerable. Our hope was that giving stakeholders an opportunity to contribute to the strategy before it was finalised would help promote collective ownership.
- 1.2 This document provides a summary of the key issues emerging from the responses to the consultation. It also outlines the Board's position on some of the main points raised. It does not attempt to describe all of the responses in detail. They are available on the Board's website, together with the final version of the strategy. We are grateful to respondents for their constructive contributions, all of which have been read carefully.

## 2 Background

- 2.1 The draft strategy was emailed to 129 stakeholders and posted on the Board's [website](#). Recipients included the Gambling Commission, the Department for Culture, Media and Sport, the Responsible Gambling Trust, gambling industry trade bodies, industry operators, faith groups, treatment providers and campaign groups.
- 2.2 The consultation closed on Monday 14 December 2015. 35 responses were received, four from individuals and 31 from organisations. 15 of the responses were from industry bodies, eight from charities, two from faith groups, two from government bodies and four from other organisations, including campaign groups and a community interest company.
- 2.3 The consultation document asked the following questions:
- i. Did respondents agree with the vision set out in the draft as the basis for the strategy?
  - ii. Did respondents agree with the objectives suggested for the next three years of the strategy?
  - iii. Did respondents agree with the key principles outlined in the draft?
  - iv. Did respondents agree that the actions suggested for the next three years represented the right priorities? Was anything missing? Was lead responsibility correctly allocated and did they have any suggestions about the timescales for delivery?
  - v. Did respondents agree with the factors which were likely to influence the success or otherwise of the strategy?
  - vi. What views did respondents have on appropriate success measures, either for the strategy as a whole or for the individual priority actions?

## 3 Summary of responses

Q1. Do you agree with the vision statement as set out on page four of the strategy? If not, what else would you expect to see there?

- 3.1 Respondents generally expressed broad support for the way the vision underlying the strategy was expressed, recognising that it represents a set of aspirations which need to be translated into a set of realistic and achievable objectives. It was, however, suggested that it would be helpful to have a simpler, headline statement. A number of respondents agreed the need for any vision to be jointly owned.

### 3.2 Specific suggestions included the following:

- i. Several respondents pointed out how difficult it will be to measure progress without a clearer understanding and definition of gambling-related harm.
- ii. Several respondents suggested the need to avoid a “narrow” public health approach.
- iii. One industry respondent suggested that the headline vision should acknowledge that gambling should be regarded as an enjoyable, legitimate, leisure-time activity.
- iv. A number of industry respondents expressed concern about the way the precautionary principle was expressed, and by what they regarded as a move away from evidence of harm to risk of harm.
- v. One respondent suggested that there should be a specific reference in the vision to the rights of children and young people, analogous to that in the European Charter on Alcohol.
- vi. One respondent suggested that the strategy needed to retain a sense of proportion. They argued that there had been no increase in the number of problem gamblers over the last few years. In his view that might indicate that current interventions are effective, or that there is some “natural” level of risk.

#### **Responsible Gambling Strategy Board response**

We agree the importance of securing a better understanding of gambling-related harm. We attach considerable significance to the research the Responsible Gambling Trust has commissioned in this area and have strengthened the reference to it in the strategy. We do not, however, underestimate the difficulties to be overcome if the research is to produce meaningful results.

We also agree that a narrow approach to public health issues is to be avoided. We understand that effective public health strategies generally require co-ordinated efforts by a wide range of agencies. We have sought to make that clearer in the final strategy.

It is the nature of the precautionary principle that it focuses on risk. In our view, it is appropriate that the principle should be applied to any significant risks from innovations in gambling products or interventions, just as it would be to other risks to public health. We accept that the strategy could make clearer the need for the principle to be applied in a proportionate way, and that decisions on its application should be made in partnership with relevant stakeholders.

We believe that a reference to the protection of young people is desirable, not least in the context of the duty laid on the Gambling Commission in relation to the protection of children and vulnerable people.

Q2. Do you agree with the four objectives as set out on page five? Will they enable the achievement of the vision, or is there anything missing?

3.3 Comments on the objectives were broadly supportive. But two respondents thought they were unnecessarily negative in tone, with too great a focus on some of the elements of the vision and not enough on others. One thought they needed to be more clearly defined. Another thought they were too aspirational, without sufficiently clear, measurable outcomes to assess success. A number of suggestions were made about how they might be improved.

### 3.4 Specific comments included:

- i. A number of respondents argued that it would be helpful to re-affirm that the overarching objective is a reduction in problem gambling and in gambling-related harm.
- ii. A number of respondents stressed the importance of agreement among stakeholders on measures of success.

- iii. Two respondents suggested that the draft objectives ran the risk of underestimating the amount of evidence and expertise already available, either in the area of gambling or in other fields of addiction, and of setting unrealistic expectations of what can ever be known.
- iv. A number of respondents suggested it would be helpful to have a specific objective relating to the need for a greater number of organisations to acknowledge their social responsibility for helping to address problem gambling issues, and to work co-operatively in addressing them.
- v. Two respondents argued that, if there is a capacity gap, it would be helpful to identify what projects have not been advanced in consequence.
- vi. One respondent agreed that a better evidence base was needed, but suggested the existence of potential problems in the funding of research, the formulation of research questions and the interpretation of results.
- vii. A number of respondents were concerned about the suggestion that the Responsible Gambling Strategy Board would be prepared to criticise any stakeholder perceived to be showing insufficient energy or goodwill in pursuing the responsible gambling agenda set out in the strategy. They argued that holding to account was not part of the Board's terms of reference.

#### **Responsible Gambling Strategy Board response**

The Board is grateful for these comments. We agree that, as originally drafted, the objectives may be a little too generic to be helpful as guides to action. We also understand how they might be interpreted as giving insufficient recognition to what has already been achieved, or can be read across from some other forms of addiction. That was not our intention. The final strategy makes the objectives more specific, strengthens the references to utilising current knowledge more effectively and incorporates some of the other helpful suggestions.

We were interested in the comments on accountability. We believe it to be important that, once a strategy is agreed, those who accept responsibility for implementation should be held to account for its delivery. We would be surprised if anyone took a different view. We are happy to be held to account for our own role. We agree that holding to account should be collective, by all stakeholders. But we continue to take the view that we have an important part to play, as the Gambling Commission's advisory board on responsible gambling, charged with originating the strategy. The Gambling Commission has confirmed that it is happy for us to do so. If necessary, it will amend our terms of reference to make that clearer. We accept the importance of celebrating success and innovation as well as pointing out areas where greater effort is needed.

Q3. Do you agree with the twelve key principles that we have outlined on pages 11 and 12?

**3.5** The majority of respondents were in broad agreement with the way the principles underlying the strategy were expressed. There was particular support for the sentiment that prevention is better than cure (which did not imply that support for those who had been damaged was any less important). It was also widely accepted that the strategy needed to be comprehensive, focussing on product, process and the environment in which gambling is offered as well as on the circumstances and behaviour of individual gamblers.

### 3.6 Particular points about the detail of the principles included the following:

- i. A number of respondents argued for a strengthening of the reference to affected others, suggesting that there were substantially more of them than of problem gamblers. The needs of children affected by familial gambling were seen as particularly important, as was early intervention in these cases (and more generally).
- ii. A number of industry respondents thought the reference to industry responsibilities unbalanced. They wanted more emphasis placed on the need for individual players to take responsibility for their own actions. Others thought the reference to the responsibility of Government needed strengthening.
- iii. Two respondents pointed to a risk in setting the bar too high in terms of the evidence needed before action is taken.

#### **Responsible Gambling Strategy Board response**

We are grateful for the broad support for the principles and for the proposals for improvement. We agree with the suggestions that the importance of affected others needs to be given greater emphasis and that setting required levels of evidence at an unrealistically high level risks creating a bias against action (though interventions should always be based on the best evidence available). That risk is probably less substantial now than it was a few years ago, because of the greater willingness to pilot and experiment. We have taken account of these and other helpful points in the final strategy, streamlining the language and reducing the number of principles overall.

Q4. We have identified eighteen priority actions for the next three years. Do you think these are the right priorities? Is there anything missing? Has lead responsibility been correctly allocated? Do you have any views about the timescale in which it would be reasonable to expect each of them to be completed?

3.7 Respondents' comments on the priorities generally followed their comments on previous sections of the draft strategy. There was significant support for a large number of the individual priorities. But a number of respondents drew attention to the scale of the programme envisaged, and wondered if it might not be over-ambitious. There were a number of requests for more of an order of priority to prevent resources being spread too thinly. Two respondents thought the priorities looked unbalanced in relation to the vision and needed greater emphasis on treatment and prevention, less on research. The same respondents were concerned that assigning lead responsibilities risked letting off the hook others who should be playing a role. A number recognised the importance of annual reviews to monitor progress and ensure the priorities remained relevant.

3.8 A number of industry respondents found difficulty with the references to the possibility of making account-based play mandatory, arguing that there was no evidence to support such a move. They suggested that the existing draft departed from a clear evidence base into areas of theoretical risk in a way which was inconsistent with the "aim to permit" in the Gambling Act 2005. One industry respondent argued that, although the ambition of linking sessions of play was laudable, it would be very challenging to implement. It was better in their view to concentrate on ensuring that products were available in the correct environment, with correct levels of supervision. Another suggested that, if ever implemented, mandatory account-based play should be selective, focussing on those areas where the risk was greater. One respondent suggested that greater attention to different degrees of risk in different sectors should be given more focus in the strategy as a general issue.

- 3.9** A number of respondents again stressed the importance of identifying and measuring harm and wanted the timetable for this work to be more ambitious. One industry body argued that it was the single most important task of the strategy, and that until it was completed it would be difficult to make confident progress. A number of respondents drew attention to the importance of using a wide definition of harm, including any impacts on communities.
- 3.10** There was widespread recognition of the importance of engaging the NHS and a wide range of other agencies, including those in the other nations, in the delivery of a comprehensive public health strategy.
- 3.11** Other comments included the following:
- i. One respondent wanted greater emphasis on practical issues, including the establishment of multi-operator self-exclusion schemes.
  - ii. A number of respondents warned against setting expectations too high in relation to algorithms and wanted to strengthen the focus on the importance of product and environment. Others argued that implementation of algorithms would take time, and should be regarded as an (important) part of an overall tool kit for operators, not a 'silver bullet'. One suggested that they might be a 'smoke screen', to delay imposition of other, more effective measures.
  - iii. Some respondents regretted what they saw as unwillingness to date to address the harms related to specific forms of gambling, a view which had some implied support from a number of others.
  - iv. Another respondent thought the outcome of a systemic review of education was predictable, arguing that experience in other fields of addiction suggested that education was one of the least effective ways of preventing harm.
  - v. A number of respondents welcomed the suggestion that more attention should be given to the views of players as part of developing an effective strategy.
  - vi. A number of respondents wanted the InfoHub – the database of relevant research maintained by the Responsible Gambling Trust – to be made more accessible to businesses and others.
  - vii. A number of respondents wanted to find better ways of informing those in need of services of their availability, and to find out more about why some individuals did not access those services.
  - viii. There were a number of expressions of support for the Evaluation and Research Protocols.

### **Responsible Gambling Strategy Board response**

We are grateful for the support for a large number of the suggested priorities, and for the suggestions about some others. We accept that, as previously expressed, they risked looking unbalanced. We believe that partly to be the result of the way they were organised under individual objectives or, in some cases, because of the detail of the drafting. We have organised them in a different way in the final strategy. We have redrafted some, without departing in most cases from their original intention. We hope that the result provides a better sense of balance. We have taken advantage of the redrafting to give clearer indications of possible timescales and measures of success. We understand that many of the priority actions require a collaborative approach if they are successfully to be implemented. But we believe that not suggesting lead responsibilities risks confusion. The reordering of the priorities has resulted in a small reduction in their number, largely by combining some of them together. They still constitute a significant programme of work, the resource implications of which need to be assessed. We agree there should be annual reviews of progress, with the opportunity to refocus the priorities in the light of experience.



We agree the importance of the commissioned work on identifying and measuring gambling-related harm. We also believe there to be a need to be realistic about its likely outcomes, and to set expectations accordingly.

We agree with those who have stressed the importance of a multi-agency approach to the strategy.

We accept that the draft strategy might have overemphasised the potential importance of algorithms and have adjusted the text accordingly. We have made a number of other changes in response to some of the other points raised.

Q5. Do you agree with our assessment of the factors which will influence the success or otherwise of the strategy? Have we overlooked anything?

**3.12** Respondents were broadly in agreement with the facilitating factors identified in the draft strategy. Some took the opportunity to reiterate points they had made elsewhere – in particular about the importance of partnership working and learning from elsewhere, about the need for robust monitoring and annual review, about the need to address perceptions around the independence of research commissioned by the Responsible Gambling Trust, and about the potential advantage of the Trust and the Responsible Gambling Strategy Board engaging closely and transparently with the industry and other stakeholders.

**3.13** There were a number of expressions of support for the suggestion that the gambling industry should attempt to find a more effective way for co-ordinating its activity, while recognising that the diversity of the industry suggested that it might be unrealistic to expect it to speak with a single voice on all social responsibility issues, at all times. A number of respondents suggested that greater co-ordination would be best achieved by building on one or other of the existing organisations, rather than by creating a new body.

**3.14** Other points, not repeating issues raised elsewhere, included the following:

- i. Three respondents were critical of the current institutional arrangements for commissioning research, prevention and treatment. One wanted to return to the previous separation of fundraising and commissioning and for the NHS to take responsibility for treatment. There was also a suggestion for a national research and analysis facility, independent of the industry.
- ii. A number of respondents thought that the strategy should be more explicit about the need for additional funding and greater support from government and other statutory bodies, and about the importance of forming strategic partnerships with organisations outside the industry.
- iii. One respondent pointed to the potential role of different methods of technology in communicating better with gamblers.

### **Responsible Gambling Strategy Board response**

We are grateful for these comments and have slightly amended the drafting of this part of the strategy in response to some of them. Others are addressed elsewhere. We remain of the view that the responsible gambling strategy would benefit if the industry were able to co-ordinate their efforts more effectively. It is not for us to say how this could best be achieved. We note the comments made by a few respondents about the current institutional arrangements for commissioning research, prevention and treatment. We hope the new Research Protocol will increase understanding of, and confidence in, the independence and integrity of research commissioned by the Responsible Gambling Trust.



Q6. Do you have any views on what would constitute appropriate success measures either for the strategy as a whole or for the individual priority actions?

- 3.15** Not all respondents commented on the proposed arrangements for monitoring progress on the strategy. Among those who did, there was broad agreement about the importance of annual review, to check that the strategy was on track and to make any necessary adjustments. It was also agreed that success criteria needed to be as unambiguous and as measurable as possible, and that it was desirable to measure success both in relation to the specific priorities identified in the strategy and in terms of ultimate outcomes. There was also recognition that it would be necessary to continue to some extent to rely on proxy indicators, in particular the numbers of problem and 'at-risk' gamblers, despite their recognised shortcomings, unless and until more reliable indicators of harm become available.
- 3.16** A number of respondents made suggestions about specific indicators. These related to the success or otherwise of the proposed priority actions, to levels of activity (e.g. numbers of problem gamblers treated), or, more subjectively, to levels of commitment or awareness (e.g. the extent to which best practice has been shared among licensed operators or the degree to which those in need of treatment are aware of what is available). Not all the measures suggested are obviously amenable to measurement, nor easily measurable in an unambiguous or cost-effective way.
- 3.17** One respondent was in favour of a new British Gambling Impact Survey to assess both problem and at risk gambling and gambling-related harm.
- 3.18** Another respondent suggested that it would be useful to monitor trends in problem gambling rates using the sample of loyalty card holders generated as part of the 2014-15 machines research as a baseline. The same respondent argued that useful data would be generated if problem gambling was included in the screening tools used by statutory and voluntary agencies, for example young or adult offenders, looked after children or other vulnerable groups.

### **Responsible Gambling Strategy Board response**

We agree the importance of a transparent, annual review of progress against the strategy, both to ensure that it continues to have the correct focus and to enable the public holding to account of all those involved in its implementation, applauding success as well as identifying any areas where more effort needs to be applied.

We agree that in the absence as yet of unambiguous measures of gambling-related harm the success of the strategy will need to continue to be monitored through the proxy of the numbers of problem gamblers, together with intermediate indicators related to the priority actions. The intermediate indicators should include the extent to which the priority actions have had the effects intended, as well as basic facts like whether they were completed to time and budget. We also agree that there is a role for activity indicators, provided they are both measurable and collectable and there is no ambiguity about what they are measuring.

We have not hitherto regarded a new prevalence survey as the most cost-effective way of using available funds. Nor do we see broadening it in the way suggested as likely to be very fruitful unless and until there is greater clarity about the nature of the harms to be measured. But that may need to be looked at again as the strategy develops.

We welcome the suggestion about more specific screening for problem gambling of particularly vulnerable groups as they come within the purview of statutory or voluntary agencies for other reasons.

## 4 Next steps

- 4.1 The Responsible Gambling Strategy Board has amended the strategy in the light of the responses received. We have submitted it to the Gambling Commission as formal advice, expressing the view that as a result of the consultation it can be regarded as broadly agreed by stakeholders, particularly in relation to the priority actions, though not necessarily by all stakeholders in every detail. Over the next few months, the Board will be working with others to attempt to provide a better costing of the strategy, and to consider any implications of that. We will also be developing a structure for assessing and reporting progress.

## Annex: List of respondents

List of respondents	Category
1. Broadway Lodge	Charity
2. Emma Goddard	Individual
3. Hippodrome Casino	Industry body
4. Unibet	Industry body
5. Annette Dale-Perera	Individual
6. Young Gamblers Education Trust	Charity
7. Remote Gambling Association	Industry body
8. Gala Coral Group	Industry body
9. Genting Casinos UK	Industry body
10. Senet Group	Industry body
11. Professor Jim Orford	Individual
12. The Bingo Association	Industry body
13. Paddy Power	Industry body
14. Responsible Gambling Trust	Charity
15. HealthCICServices Ltd	Other
16. Campaign for Fairer Gambling	Other
17. The Gambling Business Group	Industry body
18. National Casino Forum	Industry body
19. Association of British Bookmakers	Industry body
20. Gordon Moody Association	Charity
21. Public Health England	Government body
22. Betfair	Industry body
23. SG Gaming	Industry body
24. GamCare	Charity
25. Breakeven	Charity
26. Beacon Counselling Trust	Charity
27. Krysallis	Other
28. The Steven James Practice	Charity
29. Ladbrokes Plc	Industry body
30. Leslie MacLeod-Miller	Individual
31. Rethink Gambling	Other
32. Quaker Action on Alcohol and Drugs	Faith group
33. Bacta	Industry body
34. Methodist Church	Faith group
35. Welsh Government	Government body

**Responsible Gambling Strategy Board**  
 Victoria Square House  
 Victoria Square  
 Birmingham B2 4BP

T 0121 230 6666  
 F 0121 230 6720  
 E [info@rgsb.org.uk](mailto:info@rgsb.org.uk)

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