

National Strategy to Reduce Gambling Harms

Next steps on measuring gambling harms, impact and success July 2020

This document is for all stakeholders to the Strategy to support ongoing discussions and share progress on how we can collectively measure harms, impact and the success of our collective work. It considers three issues:

1. How do we measure gambling harms and which harms do we prioritise?
2. How do we use that information to inform action?
3. How do we measure success, and the impact of our collective work?

There is an emerging collective programme of activity which is significantly advancing our understanding of the scale and cost of gambling-related harms, and how our collective actions are having an impact. Over time, this would include the collection of longitudinal data, which will be essential in understanding how people move in and out of harm.

The continued involvement of the full range of bodies that contribute to the reduction of gambling harms is critical to the next steps being implemented and accelerated.

What are gambling-related harms?

Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. These harms affect resources, relationships and both physical and mental healthⁱⁱ. In order to reduce gambling harms, we need to urgently progress work to understand and measure them and the impact that they have on society. The impact of this work will be far-reaching and has the potential to influence public health policy both in Great Britain and internationally.

Collectively, we are moving away from solely counting the number of problem gamblers in the population, towards also developing approaches to comprehensively measure the different harms caused by gambling.

Figure 1 below outlines the frameworks for measuring the gambling harms experienced by adults and children and young people.

Figure 1: Frameworks for measuring gambling-related harms



Figure 2: Overview of progress to date

2018

- Gambling Commission and GambleAware published the framework for measuring gambling-related harms in adults conducted by a steering group of academics (July)

2019

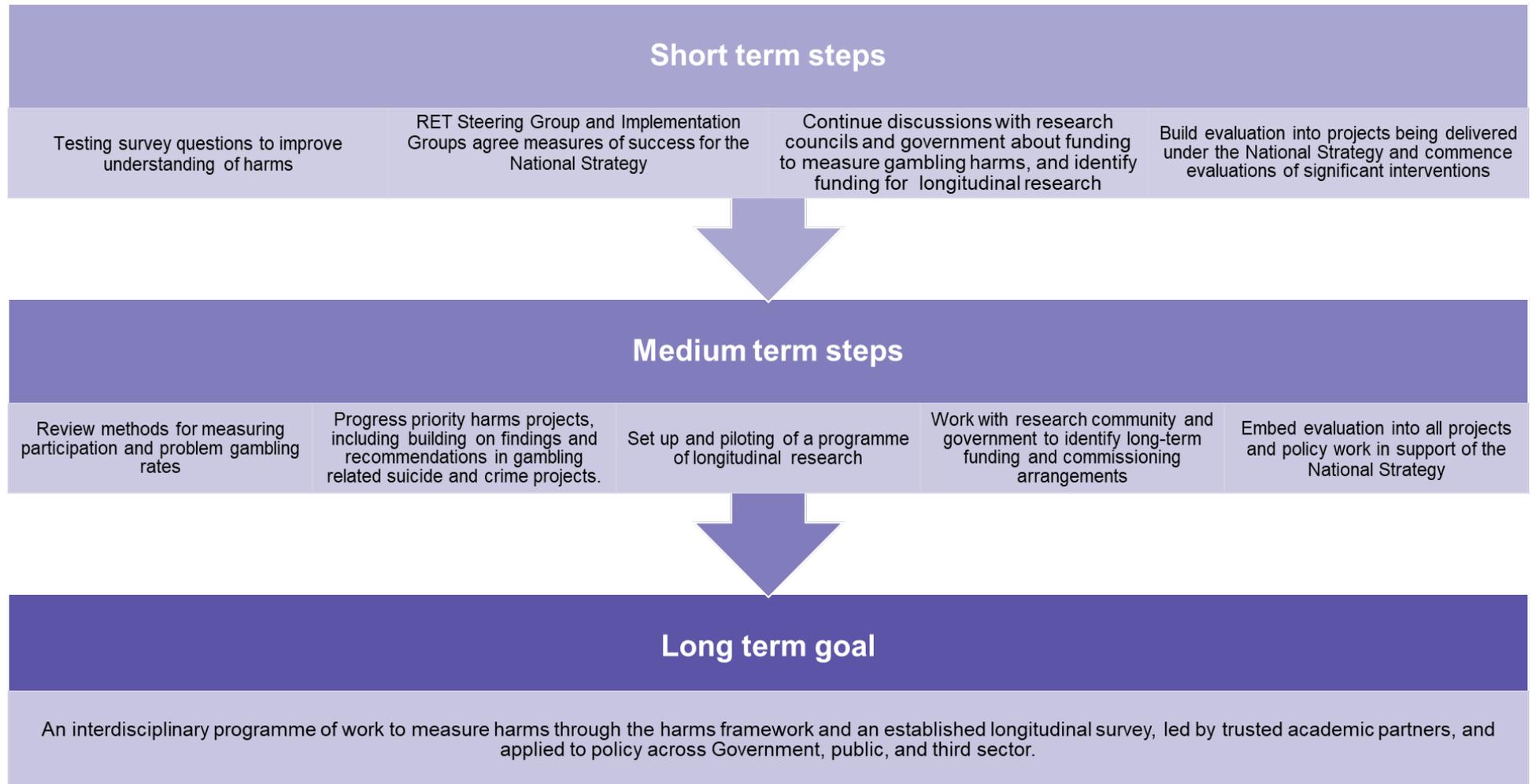
- Gambling Commission published the framework for measuring harms experienced by children and young people as a result of their own or someone else's gambling, conducted by Ipsos MORI and funded by GambleAware (May)
- The Commission on Crime and Problem Gambling was launched by the Howard League for Penal Reform (June)
- Gambling Commission and GambleAware published important research focusing on the links between problem gambling and suicide (July)
- Gambling Commission published a scoping review by LSE advising on the best approach for measuring gambling-related harms in adults (October)
- Gambling Commission published recommendations for next steps on longitudinal research, by NatCen Social Research, to inform the development of a longitudinal study following a consultation and scoping review. Workshop held by CLOSER and UCL (October)
- Gambling Commission carried out an updated audit of existing data sources which show a link between gambling and any of the domains of harm included in the harms framework (November)

2020

- Survey questions designed to better understand the harms experienced by children and young people were added to the Young Person's Omnibus (January)
- The Howard League published an academic literature review identifying a lack of knowledge about the links between crime and problem gambling (June)
- Public Health England are leading an evidence review, which will provide an independent review of the prevalence of gambling and associated health harms and their social and economic burden (Ongoing)
- A complementary review commissioned by the National Institute for Health Research (NIHR) is focusing on the effectiveness of national and international policies and interventions to reduce gambling-related harms (Ongoing)
- Implementation groups have been set up to oversee the delivery of the Strategy in Scotland and Wales. These groups will consider the emerging success criteria and targets.

Figure 2 above sets out the progress made to date, and further detail on these steps can be found in Annex A. Figure 3 below outlines the emerging approach for ongoing work to measure gambling-related harms and the success of collective work to support the National Strategy.

Figure 3: Emerging approach for ongoing work to understand and measure gambling-related harms and the impact of the National Strategy



1. How do we measure gambling harms and which harms do we prioritise?

There are four key areas where we can take action:

- a. Utilise existing surveys to improve our understanding of gambling-related harms
- b. Continue discussions with research councils and government about funding to measure gambling harms and for longitudinal research
- c. Establish a longitudinal study
- d. Progress measurement of priority harms as set out in Figure 4

a. Utilise existing surveys to improve our understanding of gambling-related harms

Short term steps: In June 2020 the Gambling Commission tested a new set of survey questions on their online tracker survey as the next step towards having a better understanding of the types of harms being experienced by gamblers and affected others. These questions will undergo validation and refinement to determine how effective they are at capturing data on gambling-related harms. If successful, the intention is for the questions to be asked on a more regular basis with the data published annually.

Medium term steps: Whilst the long term goal is to move away from solely counting problem gamblers towards also comprehensively measuring the different harms caused by gambling and their cost to society, problem gambling prevalence will continue to be an important measure to understand the negative impact of gambling on consumers. To ensure that these statistics, and those tracking participation rates, continue to be collected in the most effective way possible the Gambling Commission will be conducting a review of the research methods used for official statistics, with the aim of streamlining the approach in future by using fewer and / or better quality surveys.

b. Continue discussions with research councils and government about funding to measure gambling harms and set up longitudinal research

Short term steps: It is hoped that this paper will inform further discussions with funding councils about the need for independent, sustainable funding for gambling research. This is also a key area for discussion with government via the RET steering group, and the Implementation Groups for Scotland and Wales.

Medium term steps: Ongoing collaboration will be required between the research community, government and Strategy partners to identify and secure long-term funding and commissioning arrangements. Where funding is made available it will be important to continue an open dialogue across these forums to avoid duplication and to ensure that approved projects contribute to the long-term goal. Where possible, these groups should also consider the feasibility of establishing a research centre or network to coordinate work in this area and lead on substantial elements such as the development of an approach to measure harms and the establishment of a longitudinal study.

c. Establish a longitudinal study

Short term steps: A critical next step in establishing longitudinal research into gambling behaviour is the identification of an independent and sustainable funding source. This could take time to secure and is likely to be followed by a lengthy commissioning, design and set-up phase. It is vital

therefore that partners work together to identify a suitable means to fund this study, building on the recommendations in the scoping review and discussions with CLOSER and UCL.

Medium term steps: In the medium term, the focus needs to be on the set up and piloting of a programme of longitudinal research. Based on the recommendations made by NatCen, this is likely to involve multiple cohorts (general population, gamblers, and those in treatment) and innovative, mixed mode approaches. It has been estimated that this phase could take at least 2 years, meaning that it will be some time before we have an established survey providing evidence on gambling behaviour and gambling harms. It is therefore imperative that progress is made to commence the development of this programme of work.

d. Proposed priority areas for further research

The figure below outlines the emerging priority areas of harm where increasing the evidence base and building on existing knowledge benefits a range of partners to the National Strategy. These harms are also considered to have the greatest impact on individuals, their families and friends, and communities, and some are already being covered in work being completed by partners under the Strategy. This work should continue to progress, whilst a longer-term approach and infrastructure is developed. These individual strands will then feed into any future large-scale harms measurement.

In addition to the specific areas of harms outlined below, another key priority as outlined earlier in this paper is the establishment of a longitudinal study, which will be vital in understanding how people’s experiences of these priority harms changes over time, and in identifying factors or circumstances which can cause or contribute to these negative experiences.

Figure 4: Emerging priority harms

Priorities	Resources Work and employment, money and debt, crime	Relationships Partners, families and friends, community	Health Physical health, mental health, psychological distress	Children and young people Financial, development, relationships, health
Focussed research building on themes, findings and recommendations identified in completed or ongoing work programmes	Further research building on the Howard League’s Independent Commission on Crime and Problem Gambling Evidence Review.	Exploring the use of existing data sources to examine the links between gambling and domestic abuse, including physical, financial and emotional abuse.	Further research exploring the links between gambling and suicide, taking forward the recommendations made in the research published in 2019 including: <ul style="list-style-type: none"> • A psychological autopsy study • Developing education packages for coroners 	Research building on the children and young people’s harm framework, to further explore: <ul style="list-style-type: none"> • Harms experienced as a result of their own gambling • Harms experienced as a result of someone
	Focussed research on gambling-related debt.			

<p>Further research to contribute to the evidence base, identify data sources or make links between gambling and specific harms</p>	<p>Research exploring the links between gambling and wider financial harms, including:</p> <ul style="list-style-type: none"> • Inability to pay bills, leading to arrears • Reduced credit scores • Increased financial exclusion • Use of food banks • Homelessness 	<p>Research to understand the links between gambling and relationship breakdown, including:</p> <ul style="list-style-type: none"> • Divorce / separation • Use of relationship services • Increased arguments and relationship stress 	<p>Wider research exploring the links between gambling and mental health, building on data in the APMS 2007, including:</p> <ul style="list-style-type: none"> • Increased stress / anxiety • Feelings of shame and stigma • Experience of insomnia • Self-harm • Use of mental health services 	<p>else's gambling</p> <ul style="list-style-type: none"> • Understanding the factors influencing the likelihood of future gambling
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2. How do we use greater understanding of harms to inform action?

Progressing the measurement of harms, and the priority harms measurements, is an iterative process of continually updating the information about individual harms to present an overall picture.

This work will continue throughout the life of the Strategy and beyond. It is critical though that our collective work is based on the latest available evidence. In many cases, there is already sufficient information about harm domains from progress to date to inform action. Taking two key examples:

- Research on the links between suicide and problem gambling. Although the findings of this work indicated several important avenues for further research, which are being explored, there is sufficient evidence to inform action - for suicide prevention and education, for support for bereaved families, for further prevention measures being progressed by the Gambling Commission and others. It would be a mistake to wait for the further research in order to embed gambling within wider suicide prevention strategies and measures, and this has been recognised by the emerging Strategy Implementation Groups in Scotland and Wales.
- The Howard League's evidence review demonstrates the links between crime and problem gambling. Again, the Howard League will be progressing further primary research and the Commission on Crime and Problem Gambling will formulate recommendations. But in the meantime, it is positive to see pilots and activity within the criminal justice space from a wide range of charities - and increased collaboration between these projects. And the greater understanding of the impact of crime on individuals and affected others can further inform prevention measures.

3. How do we measure success, and the impact of our collective work?

There are two key areas where we can take action:

- a. Refine measures of success for the Strategy and progress priority harms projects
- b. Strategy partners conduct focussed evaluations of significant interventions

Many partners to the Strategy are progressing their own individual success measures for projects or programmes of activity. This is a very positive ongoing process. One example is the Gambling Commission setting and refining its measures of success, and there are many others. There is a clear overlap between what the Commission seeks to deliver and what the Strategy seeks to deliver, but the Strategy measures of success must be agreed with partners to the Strategy - otherwise they will not secure buy-in and coordinated effort. This effort can be targeted at the interim steps and milestones or targets that the partners to the Strategy agree should be delivered.

The emerging Strategy Implementation Groups in Scotland and Wales, which initially bring together public sector bodies working to reduce gambling harms, will continue to consider how their specific measures of harms and success, and they have already identified the priority area of gambling-related suicide as an area for both action and further research to build on the work completed so far. Discussions are also taking place amongst the research community and centres, as well as other key stakeholders, about how to measure success.

For example, there are emerging coordinated approaches for delivering measures of success and interim milestones for those measures in a collaborative way within the public health community in Scotland.

a. Refine measures of success for the National Strategy and progress priority harms projects

Short term steps: In the short-term, a priority for the Implementation Groups will be to agree success measures for the Strategy, which can also be considered by the RET Steering Group. They will have a core role to build on the work done so far and to discuss and finalise an approach to measuring gambling harms, setting the ambition and processes for demonstrating impact of collective efforts across and beyond the life of the strategy, to first improve our understanding of how harms are experienced, agree how best to measure impact, and to direct interventions and activity to maximise positive impact on harms. Next steps on research which furthers our understanding of harms will help inform those developing metrics.

Medium term steps: On agreeing the initial priorities for research to support our understanding of harms and their impact, the next clear step would be commissioning these projects. Funding for research could be drawn from a number of sources: central commissioning bodies, specialist commissioners such as GambleAware using core voluntary RET funding, direct funding to a specific research body approved to receive voluntary RET funds, or via project proposal for funding from the social responsibility fund.¹ Stakeholders with an interest in measuring gambling harms, such as implementation groups, would take those research findings into account when reviewing and potentially revising appropriate success measures for the strategy.

¹ Payments in lieu of financial penalties made by gambling operators subject to enforcement action to address regulatory failings, otherwise known as “regulatory settlements”. While this fund may be appropriate for short-term research projects and pilots, future funding is uncertain so it is not appropriate for longer term projects or sustained programme or service delivery.

b. Strategy partners conduct focused evaluations of significant interventions

Short term steps: Well-designed and well-delivered evaluation will be a core part of the evidence base for widespread adoption of measures proven to reduce gambling harms. It is vital that we have a collective understanding of ‘what works’ in the reduction of gambling harms. In the short-term, progress can be made in ensuring that evaluation is built into projects being undertaken to support the Strategy, and to commence evaluations of significant interventions being delivered across the Strategy. For example, the Gambling Commission will commence an assessment of the impact of the recent ban on the use of credit cards to gamble²ⁱ. GambleAware are also embarking on a significant programme of evaluation of the treatment system, and a comprehensive review of pilots and new service launches.

Medium term steps: Going forward, the emphasis needs to be on the embedding of evaluation into all projects and policy work to aid our understanding of what works to reduce gambling harms. A key element of this will be led by the Gambling Research Exchange (GREO), who have designed an evaluation programme to drive embedding a culture of evaluation across industry and partners ensuring that organisations have the capacity and resources to conduct credible and meaningful evaluations. This will include a means to support partners’ evaluation efforts with funding and expertise as well as a protocol for archiving and sharing evaluation data and findings for broader understanding. This will include launching a curated microsite of evaluation resources and documents to promote the use of best practice and foster a culture of evaluation.

² The credit card ban came into effect during an uncertain and largely unrepresentative time in terms of consumer behaviour due to the coronavirus pandemic. Due to this, a full evaluation will take place when we will be better able to determine whether any behavioural change is due to the ban or other external factors such as a decreased income, lack of sports markets etc.

Annex A: Progress to date

This Annex sets out further detail on the progress to date set out in Figure 1.

The Gambling Commission published a framework for measuring gambling-related harmsⁱⁱ in July 2018, and an equivalent framework for harms experienced by children and young peopleⁱⁱⁱ in May 2019. These frameworks identify a range of metrics that are related to the experience of gambling-related harms in adults, children and young people. They outline how gambling harms can manifest and have increased visibility of the range of harms that can be experienced.

In June 2019, the Commission on Crime and Problem Gambling^{iv} was launched by the Howard League for Penal Reform. It is scheduled to run for three years and it will explore the links between problem gambling and crime, the impact this has on communities and society and what further action can be taken. In June 2020 Commission published an academic literature review^v which identified a lack of knowledge about the links between crime and problem gambling.

In July 2019, GambleAware and the Gambling Commission published important research focusing on the most severe form of gambling-related harm, which explored the link between problem gambling and suicide^{vi}. Using data from the Adult Psychiatric Morbidity Survey (APMS) 2007, it demonstrated that one in twenty problem gamblers attempted suicide in the past year and one in five thought about suicide, rates five times higher than for the rest of the population. As a result of this research, the Samaritans and GamCare have been working together to develop more in-depth guidance for gambling businesses to sit alongside the Gambling Commission's requirements for the gambling industry to ensure operators are responding appropriately to risks of harm to their consumers. The research included recommendations for further action, including commissioning a psychological autopsy study and education packages for coroners. These projects will require funding as well as support from partners to the Strategy. The full set of recommendations can be found in Annex B. It is understood that the next APMS will take place in 2022, and that there is strong support for the inclusion of gambling questions.

In October 2019, LSE produced a scoping review^{vii} which advised on the best approach for measuring gambling-related harms in adults. The report examined what is known about different approaches to measuring the social costs of gambling-related harms and provided recommendations on how to strengthen the evidence base to assess economic impact. These recommendations can be found in Annex C.

Ipsos Mori have also designed and piloted survey questions to better understand harms in children and young people^{viii}. The refined questions were asked as part of the 2020 Young Person's Omnibus Survey, alongside core gambling questions which feed into the Gambling Commission's young people and gambling report. However, fieldwork was forced to end early as a result of the closure of schools due to Covid-19. Just over half the interviews were completed and, whilst this is a smaller sample than anticipated, it is still large enough to produce some useful analysis. The survey is expected to run again in 2021, with the harms questions included. This will enable regular collection of data and the ability to conduct trend analysis about specific harms.

The Gambling Commission have audited existing data sources which show a link between gambling and any of the domains of harm outlined in the harms framework, or which have the potential for data linking gambling and harms to start being collected. This includes national surveys, regional pilot projects, sources of administrative data, and other partners (such as charities) who may collect or hold relevant information.

NatCen provided recommendations to inform the development of a longitudinal study, following a consultation and scoping review^{ix}. The recommendations from the scoping review can be found in Annex D. This was followed by a workshop with experts from CLOSER and UCL to better understand the funding and governance arrangements of existing longitudinal studies to inform the next steps for setting up and new longitudinal study of gambling. Longitudinal research will be a vital component of the programme of work to understand and measure gambling-related harms. The development of a large-scale study of this kind will ensure that resources are focused on understanding processes that can lead to harm and recovery for key population groups.

An evidence review being led by Public Health England is currently underway, which will provide an independent review of the prevalence of gambling and associated health harms and their social and economic burden. A complementary review commissioned by the National Institute for Health Research (NIHR) will focus on the effectiveness of national and international policies and interventions to reduce gambling-related harms. There have also been positive preliminary discussions held between the Gambling Commission, and research councils including the Medical Research Council (MRC) and NIHR about the potential for exploring increased funding for gambling research, focused on a programme of work to further the work to measure gambling harms and establish longitudinal research.

As part of its role to facilitate engagement and collaboration, the Gambling Commission has been developing initial draft success criteria and potential success measures for the National Strategy to Reduce Gambling Harms. In England, oversight has continued to be maintained by the RET Steering Group (which includes members from DCMS, DHSC, NHS-E, ABSG, the Gambling Commission and GambleAware as specialist commissioner of programmes to tackle gambling harm). In Scotland and Wales, Strategy Implementation Groups have met to discuss the implementation of the strategy in those countries. Membership of these groups is reflective of the diverse nature of public health accountability and administration.

Annex B: Recommendations identified in Scoping Current Evidence and Evidence-Gaps in Research on Gambling-Related Suicide (John, Wardle, McManus and Dymond, 2019)

Summary of recommendations for future research funding

While the workshop generated a number of suggestions for future research, policy and practice the study authors make the following recommendations for future research funding. These involve studies that can be conducted immediately and more long term investments, as well as, activities that will improve data availability and accuracy.

1. Prevalence

Analysis of gambling and suicidal behaviours in the Adult Psychiatric Morbidity Survey 2021 Campaign and respond to consultations on the funding of the APMS 2021 and the inclusion of questions relating to gambling in the next survey.

A psychological autopsy study (with or without an in-depth qualitative study with bereaved family members) should be conducted which includes identification for inclusion in the study from coroners records of suicide where gambling is mentioned. These could be ascertained through coroners' officers. Many inquests are now recorded so themes could be extracted, as well as, interviewing family and friends.

This type of study should be coupled with educational packages for coroners to raise awareness of the issue and improve reporting and recording. Educational packages should also be developed for primary care which raise awareness of recording of gambling behaviours.

2. Longitudinal study

A UK-based longitudinal study (similar to the SWELOGS5) may be necessary to explore risk factors and trajectories to suicide and suicidal behaviours and allow for more robust causal inference. However such cohort studies are resource intensive and loss-to-follow up or attrition often biases results. Consent to linked electronic data may address this from inception.

A mapping exercise of existing population cohorts, e.g. UKBiobank and ALSPAC, on the inclusion of gambling related questions would enable the rapid analysis of existing resources. There should be simultaneous campaigning for the inclusion of validated gambling related questions in follow-up questionnaires of existing cohort studies, such as in the Millennium Cohort Study. Advocacy for this secondary analysis of existing cohort data and inclusion of gambling related questions should occur immediately allowing for more rapid explorations of existing data.

3. Complex Intervention development

Intervention development should occur in a number of stages, as laid out by the MRC12, which would include:

- A survey to explore views of people who gamble and their carers regarding services and sources of support.
- A systematic review of current interventions relating to gambling and suicidal behaviours.
- Qualitative interviews with: those bereaved through suicide where gambling was a factor; gamblers with a history of suicidal behaviours; professional care providers.

- Secondary analysis of existing databases such as those held by GamCare or the Gordon Moody Association¹⁰ to explore the nature and extent of gambling through numbers of referrals and signposting to services such as emergency services for suicide risk or third sector services as well as contact rates. Deeper exploration could explore factors that predict drop out from services.
- Workshops with stakeholders to develop a care pathway or complex intervention.
- A randomised controlled trial of developed intervention.

Annex C: Summary of recommendations identified in Measuring gambling-related harms: methodologies and data scoping study (McDaid and Patel, 2019)

Having reviewed the literature on measuring and valuing gambling related harms, as well as looking at how other types of harm, most notably how alcohol related harms are estimated, a series of recommendations on how to strengthen the evidence base can be made. These are separated into methodology, research and reporting recommendations

Methodological Recommendations

- Incorporate a public health perspective for economic assessment of gambling-related harms
- Make use of methodologies that deal with the issue of causality
- The difficulty in attributing multi-morbidities to gambling is not a reason to exclude physical and mental health costs.
- Highlight all relevant impacts of gambling-related harms and not just those that can more easily be measured monetarily.
- Consider making use of existing governmental estimates on intangible impacts of crime, injury and unexpected loss of life to put monetary values on comparable harms relating to gambling.
- Measure and value gambling-related harms associated with all levels of gambling
- Invest in simulation modelling

Research Recommendations

- Make use of opportunities to generate data for future longitudinal analysis of gambling related harms
- Consider the use of and further development of quality of life metrics when assessing the impacts of gambling related harms
- Assess cost effectiveness of actions to minimise gambling related harm

Reporting Recommendations

- Be transparent
- Separately report impacts of gambling-related harms from the costs of gambling-related harms
- Report economic impacts at individual level as well as at aggregate level
- Report economic impacts from different perspectives and over different time periods
- Measure and report on the distributional impacts of gambling-related harms

Annex D: Recommended approach for longitudinal research identified in Longitudinal Study of Gambling: Consultation and Scoping Review (NatCen, 2019)

To look at pathways into gambling robustly, giving high-quality data that policy makers can trust, a sample of the general population is needed. Whilst other options are available, for example, recruiting from an existing online panel or developing a bespoke online panel, these have significant limitations in our ability to draw generalisable conclusions about pathways into and out of gambling. Other research has shown that online panels routinely over-estimate gambling behaviours and gambling harms, meaning there is likely to be considerable bias when using this as a sampling frame. This issue is considered sufficiently problematic that the new National Study of Gambling in Canada is only using an online panel for longitudinal data collection in the context of also collecting general population data using a random probability sample against which to benchmark and consider the online panel results. Notably, all six of the experts consulted on design options recommended using a general population sample, if it was possible.

A general population study could also provide data on the relationship between gambling products and gambling behaviour trajectories over time, and the consequences/harms of gambling and how these may change over time. A random probability sample of the general population would allow statistical tests to be applied correctly and would minimise coverage error. We recommend this requirement be included in any tender specification.

However, such a design would be expensive, especially if this was used as the sole vehicle for data collection as sample sizes would need to be prohibitively large to include enough problem gamblers to track over time. These issues would be even more acute if analysis of problem gamblers in treatment was also a requirement. Rather than have one cohort, a multi-cohort design could be used. Such a design could involve three separate samples:

- general population sample – sampled either from an existing survey or from PAF
- gambler sample – sampled from loyalty cards/online account holders
- treatment sample – sampled from clinics

Each sample would address different elements of the research questions and each sample would enable the Commission to look at different types of gambler and problem gambler. The studies combined would enable the Commission to tailor specific research content to the most appropriate population group and the inclusion of the general population sample would contextualise findings from the other studies. In addition, each sample type could have its own design and schedule of data collection reflecting what is most appropriate for the questions it is trying to answer. For example, for very engaged gamblers, current evidence suggests that behaviour is fluid and it is not clear that collecting data from these people once a year (or some other regular interval) will capture dynamic change in behaviour that may occur over the short term. It may be likely that, for a sub-sample of engaged gamblers, the Commission may want to monitor changing behaviours more regularly over a shorter time scale, especially if the Commission are looking to capture and understand the relationship between changing products and the experience of harms. This could be done both quantitatively, using for example, diary methods and more dynamic methods of data capture or in-depth using either prospective or retrospective qualitative methods (or both). The linking of individual's online gambling account data to their survey responses would provide detailed data with which to look at the relationship between online gambling products and gambling behaviour over time.

The frequency of data collection is important. Typically, longitudinal gambling studies follow up survey participants every year or so. Other longitudinal studies, such as Understanding Society use a similar interval. More frequent data collection at scale is likely to be impractical, costly and potentially undesirable, as it could exacerbate drop out. However, when looking at pathways into and out of problem gambling, treatment and recovery it could be argued that high frequency follow-ups, perhaps every few days or weeks would be desirable to prospectively collect data on changes in behaviour. We recommend tenderers be asked to provide proposals for high frequency follow ups of sub groups, providing details on: the criteria they might use to select individuals for such a follow up; the kinds of data that would be collected and how; the length and frequency of follow ups; and what steps they would take to limit the impact of high frequency data collection on individual's on-going participation in the study.

In addition to survey data collection, targeted qualitative follow ups should be used to provide more in-depth exploration of issues throughout the life of the panel. We recommend tenders be asked to provide proposals for targeted qualitative follow ups and to consider which qualitative methods would be most appropriate.

ⁱ [Announcement of the ban on the use of credit cards to gamble](#), Gambling Commission (2020)

ⁱⁱ [Measuring gambling-related harms: A framework for action](#), Wardle and Reith et al (2018)

ⁱⁱⁱ [Measuring gambling-related harms among children and young people: A framework for action](#), Ipsos MORI (2019)

^{iv} [Commission on Crime and Problem Gambling](#); Howard League for Penal Reform (2019)

^v [Crime and problem gambling: A research landscape](#); Howard League for Penal Reform (2020)

^{vi} Links to research reports can be found at <https://www.reducinggamblingharm.org/news/new-analysis-shows-problem-gamblers-are-more-likely-than-others-to-have-suicidal-thoughts-attempt-suicide-and-to-harm-themselves>

^{vii} [Measuring gambling-related harms: methodologies and data scoping study](#), McDaid and Patel (2019)

^{viii} [Gambling-related harms to children and young people: An analysis of the Young People's Omnibus pilot findings](#), Ipsos Mori (2020)

^{ix} [Longitudinal Study of Gambling: Consultation and scoping review](#), NatCen (2019)