

**GambleAware**<sup>®</sup>

keeping people safe from gambling harms

## **Call for Proposal**

***Building Knowledge of Women's Lived Experience of Gambling and Gambling Harms across Great Britain***

## Introduction

GambleAware wishes to commission research to build knowledge of the lived experiences of women in relation to gambling - experiences both as gamblers and affected others to inform delivery of our Organisation and Commissioning Strategy over the next five years.

Given the scope and ambition of this research, we expect that applications will:

- Have a mixed-methods, multidisciplinary and multi-sector approach to achieve the aims of the research programme.
- Be from consortia and multidisciplinary teams that include research agencies and/or academics and institutions.

[For previous successful examples of this approach, see Ipsos MORI, 2020, [\*Final Synthesis Report The Impact Of Gambling Marketing And Advertising On Children, Young People And Vulnerable Adults.\*](#)]

The research programme will commence after the signing of the contract, and the budget envelope is £250,000 including VAT over a maximum of 18 months.

We would like to build knowledge about the drivers of gambling participation and of gambling harms experienced by women and to understand the differences among sub-groups of women. We need this knowledge to ensure that the services and interventions GambleAware commissions are tailored to the needs of the diversity of women experiencing gambling harms across Great Britain.

This research will take place alongside commissioned work in Building Knowledge of Minority Communities' Lived Experience of Gambling and Gambling Harms across Great Britain.

## Background and Context: Gambling Harms in Great Britain

Harms associated with gambling can affect certain groups in society in an unequal way which links to a much wider issue of inequality and specifically health inequalities. Individual, societal, and environmental factors can contribute to certain groups disproportionately experiencing gambling harms. Inequalities are often inter-related: disadvantages are concentrated in particular parts of the population and can be mutually reinforcing. Addressing these wider socio-economic inequalities is therefore a crucial part of reducing health inequalities.

The interactions between different kinds of inequality, and the factors that drive them, are often complex and multidirectional. People can find it more difficult to move away from unhealthy behaviours if they are worse off in terms of a range of socio-economic factors and the contexts in which they live. Interventions and services aimed at helping to change behaviours need to be able to adapt to the reality of people's lives, address the wider circumstances in which behaviours take place, and recognise the difficulty of achieving and maintaining behavioural change under conditions of stress<sup>1</sup>.

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<sup>1</sup> <https://www.kingsfund.org.uk/sites/default/files/2018-03/Tackling%20multiple%20unhealthy%20risk%20factors%20-%20full%20report.pdf>

GambleAware adopts a public health approach to gambling, recognising that in order to make a significant change to health outcomes at a population level it is necessary to address the wider determinants of health and inequalities that drive these. With a wealth of evidence highlighting the interconnectedness of gambling harms and associated health issues, it is fundamental to view these parallels as an opportunity to intervene more effectively under a unified public health approach when tackling systemic inequalities.

## Women and Gambling

The existing gambling and gambling harms evidence base tends to focus predominantly on men. While there are several legitimate reasons for this—including that men are considered to be the most at-risk group for gambling disorder<sup>2</sup> - participation in gambling among women and the rate of women experiencing gambling disorder is increasing more quickly than amongst men<sup>3</sup>, making this a growing issue. Research to date shows that women experience gambling in different ways from men, specifically in relation to the types of gambling they participate in and their motivations for doing so. It is therefore important that future research on the lived experience of women in relation to gambling is analysed through a gendered perspective rather than comparing the behaviour of women against that of men. It is also necessary to consider the broader conditions of women’s lives that may influence gambling behaviour and experiences of harm (which often differ from men), and the wider social contexts in which women live, to provide more tailored support for women experiencing gambling harms.

Previous research has highlighted at a high level how subgroups of women experience gambling harms in different ways. Research commissioned by GambleAware in 2019, for example, found that female gamblers with a Problem Gambling Severity Index (PGSI) score of 1+ were more likely to be younger, from lower social grades or from a minority ethnic community. This research highlighted some distinct differences in terms of gambling motivation, participation and harms among different groups of women. As a piece of quantitative research, the objectives were limited to identifying differences rather than exploring the drivers contributing to the variation in gambling harms among sub-groups of women. It is important for future research to distinguish these groups of women and understand the distinct needs and challenges of each group so that interventions and support can be tailored appropriately.

Women are also more likely to be an ‘affected other’ compared to men<sup>4</sup>. ‘Affected others’ are people who know someone who has had a problem with gambling (either currently, or in their past) and feel they have personally experienced negative effects as a result of that person’s/people’s gambling behaviour. Partners and family members of gamblers are often impacted by the harms associated with gambling, despite not gambling themselves. This includes experiencing financial impacts, such as loss of income; and relationship difficulties, such as breakdown of communication and lack of trust. Studies also show that gambling problems can become a source of arguments between partners and cause an increase of violence in relationships<sup>5</sup>; and this also flags the need to focus on related lived experiences

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<sup>2</sup> Hare S. Study of gambling and health in Victoria: findings from the Victorian prevalence study (2014). Victorian Responsible Gambling Foundation: Victoria.

<sup>3</sup> Wardle H, Moody A, Spence S, Orford J, Volberg R, Jotangia D, et al (2010) British gambling prevalence survey, London: The Stationary Office.

<sup>4</sup> Gunstone, B. and Gosschalk, K., 2020, *Gambling Treatment and Support: On behalf of GambleAware* (London: YouGov).

<sup>5</sup> Dowling NA, Suomi A, Jackson AC, Lavis T. (2016) Problem gambling family impacts: development of the problem gambling family impact scale. *J Gambl Stud.* 32(3):935–55.

of women's lives, such as domestic violence or poor mental health: Compared to men, women who experience problem gambling are more likely to report comorbidities such as anxiety and depression, co-occurring alcohol-related problems and greater psychological distress<sup>6</sup>.

Research shows that at a population level, women seek treatment and support for gambling harms in a different way to men, with women scoring 8+ on the PGSI being twice as likely as men to report stigma as a barrier to accessing support<sup>7</sup>. Women also report a fear of what might happen to them if they admit they have a problem, specifically if they have children<sup>8</sup>. Many women who are aware of gambling treatment and support services believe that they exist purely for men and therefore choose to avoid them<sup>9</sup>. There are also differences in levels of access to treatment and support among sub-groups of women; for example, research shows that younger women who may be experiencing some level of gambling harm (PGSI 1+) aged 18-24 were three times more likely to access treatment and support compared to women over the age of 55<sup>10</sup>. And women from minority ethnic communities were more than twice as likely to access treatment and support for gambling harms compared to white women<sup>11</sup>. It is important to also explore the broader barriers experienced by women in seeking treatment and support.

Research focused on women in relation to gambling has increased over the last decade but is still limited to only a high-level overview. There remains a limited understanding about the experiences and behaviours of different groups of women, how this varies by demographics and geography and how this relates to wider determinants of health.

### Purpose and Aims

We know from previous studies that there are differences in gambling participation, motivation and harm between men and women and that there are also distinct differences among subgroups of women. However, we do not have an intricate understanding of the lived experience of women. The current evidence base does not take a gendered approach to women and gambling, nor is there a clear understanding of why certain women are more likely to experience gambling harms compared to others. There is also a lack of knowledge as to why some women are more likely to access treatment and support for gambling harms. We would like this research programme to:

1. Explore the reality and lived experiences of women and their engagement with and experience of gambling, gambling harms, and gambling treatment and support services.
2. Establish and explore the drivers of gambling harms amongst women in Great Britain.
3. Explore the services, interventions, and policies needed to reduce and prevent gambling harms for women.

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<sup>6</sup> Gunstone, B. and Gosschalk, K., 2020, *Women in Focus: a secondary data analysis of the Gambling Treatment and Support study: On behalf of GambleAware* (London: YouGov).

<sup>7</sup> *ibid*

<sup>8</sup> GamCare (2020) *Women's Programme Year One Report:2019/20* (London:GamCare)

<sup>9</sup> *ibid*

<sup>10</sup> Gunstone, B. and Gosschalk, K., 2020, *Women in Focus: a secondary data analysis of the Gambling Treatment and Support study: On behalf of GambleAware* (London: YouGov).

<sup>11</sup> *ibid*

### Research Scope and Focus

In fulfilling the above aims, we envisage that this research will consider some of the below, but not be limited to, the following themes:

- Develop a model of a **gendered approach** to women and gambling.
- The **perceptions, attitudes, preferences, and behaviours** of women in relation to gambling, and those held in relation to women by service providers, in research, in grey literature, and in the popular media.
- **Stigma and discrimination** faced by minority communities of women in the context of gambling.
- **The drivers** of gambling harms experienced by women.
- **Co-occurring** health conditions and social issues that may create barriers or opportunities for women to seek and receive information and advice, support or treatment for gambling harms.
- **Pathways** to seeking information and advice, support or treatment for gambling harms.
- **Effective interventions** to reduce and prevent gambling harms for women.
- **Media representations** of women and gambling (historic and current) and the impact on gambling participation.

In order to explore these themes, we expect that applicants will take a mixed-methods, multidisciplinary approach, incorporating qualitative, quantitative, and theoretical research, and bidders should bid as teams who can deliver the work across these areas.

### Expected Outputs

The expected outputs from the research programme will be reports for a) a lay audience, published by GambleAware, and b) papers submitted to peer reviewed journals for academic publication. Specifically:

- A separate report for each research workstream in the programme, written for a lay audience\*
- A Synthesis report integrating findings from all research workstreams, written for a lay audience\*
- A slide deck for presentation of key findings for GambleAware and / or an external audience for virtual or face-to-face delivery.
- Several peer reviewed publication submissions (at least three submissions in the course of the contract).

\*All reports will be in word and will be peer reviewed in line with GambleAware's [Research Publication Guidelines](#).

### Budget

The total budget for this work is up to £250,000 including VAT. On appointment, the successful bidder will be asked to submit a detailed budget using GambleAware's Budget and Reporting Template.

### Guideline Timings

The research will be undertaken over a maximum of 18 months.

It will commence at a mutually agreed time after the final decision and award (see below).

The guideline timings for this research programme are below:

Activity	Date
Call for proposals issued	Thursday 15 <sup>th</sup> April 2021
Engagement event	Wednesday 5 <sup>th</sup> May 2021
Closing date for clarification questions (all FAQs will be published)	Monday 31 <sup>st</sup> May 2021
Closing date for submissions	Monday, 7 <sup>th</sup> June 2021, 12.00 noon
Decision on shortlisted applicants	Friday, 18 <sup>th</sup> June 2021
Interview with shortlisted applicants	Wednesday 23 <sup>rd</sup> June 2021
Final decision and award	Tuesday 29 <sup>th</sup> June 2021

### Evaluation criteria, Process for appointment, Publications and References

The evaluation criteria and process for appointment can be found in Appendix 1.

Please include with your proposal the following:

- A list of recent relevant publications by research team members and a short overview of each publication / piece of research.
- The names and contact details of **two** clients whom you would be content for us to contact if you are shortlisted.
- GambleAware's work centres around the principles of equality, inclusion, and diversity at all levels of governance, human resources, policy, and commissioning. Please set out separately, how equality, inclusion, and diversity inform and support your proposal at all stages of design and delivery; Please include any relevant policies, procedures, and approaches to governance.

## APPENDIX 1

### Evaluation criteria

Framework Evaluation Criteria	Framework Criteria Weighting	Criteria	Criteria weighting	Max Available Score
<b>Quality</b>	50%	1. Demonstration of understanding of the research aims, requirements and challenges	10%	50 (5 x 10)
		2. Provision of a robust methodological approach to the brief, including an outline of outputs	30%	150 (5 x 30)
		3. Overview of the proposed research team members, their relevant expertise and experience, and roles in delivering the programme.	10%	50 (5 x 10)
<b>Delivery</b>	30%	4. Ability to meet the timetable and deliver the proposed outputs.	30%	150 (5 x 30)
<b>Cost</b>	20%	5. Cost and value for money	20%	100 (5 x 20)
<b>TOTAL</b>	<b>100%</b>		<b>100%</b>	<b>500</b>

### Process for appointment

The process for appointment will be:

1. Internal review of proposals against submission requirements (GambleAware procurement team).
2. Review and scoring of proposals against the above evaluation criteria by the Review Panel (made up of one internal reviewer from the GambleAware Research & Evaluation Team and two external independent Subject Matter Experts).
3. Face to face or zoom meeting with the three highest scoring bidders and the Review Panel.
4. Final moderation with funding awarded to the highest scoring proposal.
5. All bidders will be notified of the outcome, and offered feedback on the scoring of their proposal by the Review Panel, and the successful bidder will be awarded the contract.