

***Researching Stigmatisation and  
Discrimination of People who  
Experience Gambling Harms in  
Great Britain***



Call for proposals

**GambleAware is the leading charity working to keep people safe from gambling harms.** As a commissioner we deliver prevention and treatment services for gambling harms in Great Britain.

Every year we lead major public health campaigns and fund access to free, confidential treatment for nearly 12,000 people and over 41,000 calls to the National Gambling Helpline. Anyone experiencing harm can visit [BeGambleAware.org](https://www.begambleaware.org) or call the helpline 0808 8020 133.

We work in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other services like mental health, drug and alcohol services, and criminal justice, to ensure that the whole system works together to help people suffering from gambling harms.

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## Introduction

GambleAware wishes to commission research to build knowledge about the lived experience of communities of people who experience gambling harms of stigmatisation and discrimination they experience.

Given the scope and ambition of this research, we expect that applications will build on the scoping study commissioned by GambleAware, *'Building knowledge of stigma related to gambling and gambling harms in Great Britain'*,<sup>1</sup> and will:

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

For example of such an 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 grant agreement, and the budget envelope is £250,000 over 18 months. As this is a research grant, it is outside the scope of VAT.

Research on gambling and stigmatisation, shame, and discrimination is relatively nascent in Great Britain. This research will be the first step towards a programme of work that builds knowledge in this area. We therefore anticipate that the successful applicant will have experience in conducting research on processes of **stigmatisation, discrimination** that it drives, and with **stigmatised and social excluded communities**. They will also have understandings of processes of **social construction** and establishment of **dominant discourses**.

The successful applicant will not necessarily have specific knowledge of gambling or gambling harms.

## 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>2</sup>.

<sup>1</sup> Pliakas, Stangl, and Siapka, forthcoming, *Building knowledge of stigma related to gambling and gambling harms in Great Britain* (London: GambleAware), available at <https://www.begambleaware.org/sites/default/files/2022-07/GambleAware%20Stigma%20Final.pdf>

<sup>2</sup> Evans and Buck, 2018, *Tackling multiple unhealthy risk factors Emerging lessons from practice* (London: The King's Fund)

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.

## Stigmatisation and Gambling

### ***A Barrier to Health and a Form of Harm***

Stigma is the “situation of the individual who is disqualified from full social acceptance”<sup>3</sup>, and stigma drives discrimination and social exclusion of stigmatised communities. Stigma is a significant barrier to accessing service and healthcare provision for stigmatised communities.<sup>4</sup> Research commissioned by GambleAware has demonstrated stigma is a barrier for one in ten to seek help for gambling harms.<sup>56</sup> We know there are communities of people who are underrepresented in services despite bearing disproportionate burdens of gambling harm.<sup>7</sup> Further to stigmatisation acting as a barrier to accessing services, we know from other stigmatised communities that processes of stigmatisation drive discrimination experienced throughout society,<sup>89</sup> and these together drive considerable harm to wellbeing and mental health in and of themselves: stigma *itself* is a form of harm.

An understanding of stigma related to gambling and gambling harms therefore is necessary to challenge and reduce stigmatisation of people who experience gambling harms, and to address these barriers to treatment and support, including to services commissioned by GambleAware.

### ***Gambling Harms Stigma: What is Known***

We have previously noted that existing research<sup>101112</sup> focussing on stigma related to gambling and gambling harms takes two broad approaches.<sup>13</sup> Firstly, research establishes extent of stigma of gambling and gambling harms, and compares this stigma to other forms of stigma, such as the stigma of disorders, identities, and activities. Secondly, research investigates stigma as a barrier to accessing service and healthcare provision for gambling harms. Despite research undertaken focussing on extent of stigma, and stigma as a barrier, many

<sup>3</sup> Goffman E., 1963, *Stigma: Notes on the management of spoiled identity*. (London: Penguin)

<sup>4</sup> Ahern, J., Stuber, J., Galea, S., 2007, Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence* 88: 188-196

<sup>5</sup> Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, *Treatment Needs And Gap Analysis In Great Britain Synthesis Of Findings From A Programme Of Studies* (London: NatCen Social Research)

<sup>6</sup> Drucker, E., Lurie, P., Wodakt, A., Alcabes, P., 1998, Measuring harm reduction: the effects of needle and syringe exchange programs and methadone maintenance on the ecology of HIV. *AIDS* 12: 5217-5230

<sup>7</sup> Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, *Treatment Needs And Gap Analysis In Great Britain Synthesis Of Findings From A Programme Of Studies* (London: NatCen Social Research)

<sup>8</sup> Jürgens, R., Csete, J., Amon, J. J., Baral, S., Beyrer, C., 2010, People who use drugs, HIV, and human rights. *The Lancet*: DOI:10.1016/S0140-6736(10)60830-6

<sup>9</sup> Logie, C. H. James, L, Tharao, W, Loutfy, M. R., 2011, HIV, Gender, Race, Sexual Orientation, and Sex Work: A Qualitative Study of Intersectional Stigma Experienced by HIV-Positive Women in Ontario, Canada. *PLoS Med* 8,11: e1001124. doi:10.1371/journal.pmed.1001124

<sup>10</sup> Hing, N et al, 2014, Stigma and problem gambling: current knowledge and future research directions, *International Gambling Studies*, 14,1: 64-81

<sup>11</sup> Hing, N. et al, 2016, The Public Stigma of Problem Gambling: Its Nature and Relative Intensity Compared to Other Health Conditions. *Journal of Gambling Studies* 32: 847–864

<sup>12</sup> Brown, K. L. and Russell, A. M. T., 2019, What can be done to reduce the public stigma of gambling disorder? Lessons from other stigmatised conditions. *Journal of Gambling Studies*. <https://doi.org/10.1007/s10899-019-09890-9>

<sup>13</sup> Keane H., 2019, Rethinking Stigma and Gambling. *Critical Gambling Studies*. <https://doi.org/10.29173/cgs13>

taken-for-granted understandings and terms used commonly about gambling and gambling harm are *themselves* be stigmatising.<sup>14</sup> Before undertaking further research, GambleAware therefore commissioned a scoping study to establish a critical analysis of common and accepted understandings and social constructions.<sup>15</sup>

GambleAware's commissioned scoping study, '*Building knowledge of stigma related to gambling and gambling harms in Great Britain: A Scoping Review of the Literature*', established<sup>16</sup>:

**1. The nature of stigma of gambling and gambling harm.**

The stigmatisation process in people who struggle with gambling is very similar to stigmatisation in the context of other health behaviours and conditions, notably including mental health, drug and alcohol use, cancer, obesity, and HIV.

**2. A critical analysis of current research and understandings.**

The paper also highlighted that stigmatisation and stigmatising terminology and notions are ubiquitous in the sector, and identified a significant amount of published research on gambling and gambling harms that used stigmatising language and portrayals to describe people who struggle with gambling and experience gambling harms.

The scoping study commissioned by GambleAware has therefore demonstrated that the stigmatisation of people who experience gambling harms is very similar to stigmatisation of other health behaviours and conditions, and that stigmatisation is ubiquitous in research and the sector. However, we do not know how people who experience gambling harms are stigmatised in society, and what their experience is of stigmatisation. For GambleAware, the remit of this would be in Great Britain.

## Purpose and Aims

Further research is needed to break down the barrier of stigma faced by people in accessing services, and to reduce gambling harms including the harm of stigmatisation and the discrimination it drives.

The following research aims are driven by the recommendations of the scoping study, which notes that research should identify how people who experience gambling harms are stigmatised in society. It emphasises the importance of building our knowledge of the lived experience of stigmatisation and discrimination of gambling harms in Great Britain, and for multiply-marginalised populations who experience gambling harms.

1. Establish how people who experience gambling harms are stigmatised in society in Great Britain (and how to measure the stigmatisation of gambling harms), and what their lived experience is of stigmatisation, alongside establishing a matrix of stigmatising language and constructs around gambling harms. Particularly, research should identify how people who experience gambling harms are:
  - a. Stigmatised and discriminated against by service and healthcare providers;
  - b. Stigmatised in civil society, and in the third sector;

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<sup>14</sup> Ibid

<sup>15</sup> Ibid

<sup>16</sup> Pliakas, Stangl, and Siapka, forthcoming, *Building knowledge of stigma related to gambling and gambling harms in Great Britain* (London: GambleAware), available at <https://www.begambleaware.org/sites/default/files/2022-07/GambleAware%20Stigma%20Final.pdf>

- c. Stigmatised and discriminated against in the community and by families;
  - d. Stigmatised in the popular media, and in political and policy discourse; and
  - e. Stigmatised in the gambling industry more generally.
2. Establish which communities are disproportionately impacted by stigmatisation and why, and how gambling-related stigma affects multiply-marginalised populations who struggle with gambling in addition to other challenges (e.g. drug use, anxiety and depression, minority status, homelessness).
  3. Explore the services, interventions, information campaigns, and policies necessary to challenge stigmatisation, including ubiquitous stigmatisation in research and the media, and to reduce gambling harms for stigmatised communities.

## Research Scope and Focus

In fulfilling the above aims, and based on existing research, we envisage that this research programme (and proposal) 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. Bidders should consider all of the below (but should not be limited to) following themes:

- **The centring of communities of people with lived experience** of gambling harms throughout, with all qualitative and quantitative elements serving to amplify these communities' voices.
- **Perceptions, attitudes, preferences, and constructions** of communities in relation to gambling, and those held in relation to these communities by service providers, in research, in grey literature, and in the popular media.
- **The drivers** of stigmatisation of communities who bear disproportionate burdens of gambling harms, with this grounded in an understanding of inequalities and the context in which communities live.
- **Barriers** to gambling treatment driven by stigmatisation, their intersections with inequalities and social exclusions, and factors necessary for increasing accessibility to treatment and support.
- **Effective** interventions to reduce and prevent stigma for these communities.

## Expected Outputs

The research will include qualitative and quantitative elements, as well as establishment of social constructions and dominant discourses related to stigma and gambling harms. The primary research undertaken will be framed by desk research and be supported by the findings of GambleAware's commissioned published study, *'Building knowledge of stigma related to gambling and gambling harms in Great Britain: A Scoping Review of the Literature'*.

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 empirical report for each research workstream in the programme, written for a lay audience, including a review of secondary literature.
- A synthesis report integrating findings from all research workstreams, written for a lay audience, including a review of secondary literature.
- 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 grant).

\*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 over 18 months. As a grant, this is outside the scope of 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 date/ time after the final decision and award (see below).

The guideline timings for this call for proposal are below:

Activity	Date
Call for proposals issued	23 August 2022
Engagement event (Q&As)	7 September 2022 (9.30am-11.00am)
Closing date for clarification questions (all FAQs will be published) (Questions to be submitted to <a href="mailto:research@gambleaware.org">research@gambleaware.org</a> )	14 September 2022
Closing date for proposal submissions	30 September 2022 (5pm)
Decision on short listed applicants	17 October 2022
Presentation/ interview of short-listed applicants	19 October 2022 (time to be confirmed)
Final decision and award	w/c 31 October 2022
Contract negotiation period	Nov-Dec 2022
Project delivery commences	Jan 2023

## Proposal requirements

Please include with your proposal the following:

- A proposal of no longer than 50,000 words in total (excluding publication and contact lists). Proposals must engage with the scoping study.
- 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.
- How impact and promotion of the findings and research will be maximised by your consortium further to GambleAware's own communications and promotion. This should include:
  - Ensuring longevity of the research, and this work resulting in further research.

- How this research will strive to change the dominant and stigmatising discourses.
- GambleAware’s work centres around the principles of equality, inclusion, and diversity at all levels of governance, human resources, policy, and commissioning. As part of your proposal, please set out how equality, inclusion, and diversity play a part in your organisation. Please include any policies, procedures, and approaches to governance.

### Submission

Proposals and all associated documentation will need to be submitted by **5pm on 30 September**, via email to [research@gambleaware.org](mailto:research@gambleaware.org) with the subject title ‘Stigma Research – call for proposal’ and we will acknowledge upon receipt. Any proposals submitted after this time will not be considered.

### Evaluation criteria

Framework Evaluation Criteria	Framework Criteria Weighting	Criteria	Criteria weighting	Max Available Score
Quality	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)
Delivery	30%	4. Ability to meet the timetable and deliver the proposed outputs.	30%	150 (5 x 30)
Cost	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. Review and scoring of proposals against the above evaluation criteria by the Review Panel (made up of two internal reviewers from the GambleAware Research & Evaluation Team and one external independent Subject Matter Expert).
2. Final moderation with funding awarded to the highest scoring proposal.

3. 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.