



# **THEORY OF CHANGE:**

## **WHOLE SYSTEM APPROACH TO TACKLING GAMBLING HARMS IN GLASGOW**

Theory of change summary and visual

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Developed in collaboration with the Scottish Public Health Network, Public Health Scotland



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## 1.0 PURPOSE OF THIS DOCUMENT

Gambling-related harms are increasingly recognised as a significant public health issue in Scotland.<sup>1-9</sup> Harms from gambling are a consequence of, and contribute to, health inequalities in Scotland.<sup>1,10</sup> Yet, measures to address gambling-related harms remain absent in Scotland's policy landscape.<sup>5,8,11,12</sup> Evidence-informed public health policy tailored for Scotland could reduce the complex harms related to gambling. It could also contribute to making Scotland a healthier, safer, and fairer place to live, work, and play.<sup>1,7-9,13</sup> Accordingly, the Scottish Public Health Network (ScotPHN) has long advocated for adopting a public health perspective to gambling harms. ScotPHN has secured funding for the 'Glasgow project', an initiative that aims to support local stakeholders in Glasgow City to develop a community-focused action plan to tackle gambling-related harms.

If scaled, the learning from the 'Glasgow Project' could contribute to reducing gambling-related harms in Scotland and make meaningful contributions to the Scottish Government's National Outcomes Framework and Scottish Public Health's Priorities. This theory of change articulates the different components of the 'Glasgow Project', the logical connections between them, and how the initiative will work in practice to achieve these goals. The theory of change will be used as a framework to guide implementation and evaluation of the project. It can also be a useful framework for organisations, groups, and individuals in sectors impacted by gambling-related harms in Scotland.

## 2.0 THE OPPORTUNITY

### THE GLASGOW PROJECT

ScotPHN sits within Public Health Scotland and undertakes prioritised national work on behalf of the Scottish Directors of Public Health. The Network is open to anyone with significant involvement or professional interest in the wider public health agenda in Scotland. The work programme, generated by the public health community, reflects prioritised areas of recognised need in which there are opportunities for co-ordinated public health activity and transferable learning.

In response to growing calls to "*do something about gambling*", ScotPHN have carried out several discrete projects exploring gambling-related harms as a public health issue that requires a public health response.<sup>1</sup> These projects have included completing a scoping document,<sup>1</sup> evidence review,<sup>14</sup> and literature review.<sup>15</sup> In 2019 as the public health

landscape in Scotland was undergoing reform, ScotPHN identified an opportunity to work with local partners and stakeholders in Glasgow City to trial a new way of working, a whole system approach, to develop a local response to gambling harms. Aligning with ambitions in the recently published National Strategy to Reduce Gambling Harms in Scotland, the UK Gambling Commission awarded ScotPHN funding to support a 3-year pathfinder project.

The 'Glasgow project' aims to bring together partners and stakeholders to build a shared understanding of gambling participation, risks and harms in local communities and find local solutions implemented in Scotland's first City-wide action plan to tackle gambling harms. Learning from the project will inform local and national approaches to addressing gambling harms and other complex public health issues.<sup>16,17</sup>

### **3.0 BACKGROUND**

#### **ADOPTING A PUBLIC HEALTH PERSPECTIVE TO GAMBLING-RELATED HARMS**

Participating in gambling can have social and recreational benefits to individuals and communities.<sup>18</sup> Although most people who gamble do not experience harms, a significant proportion of people who gamble, and their wider communities, will experience negative consequences from gambling activities.<sup>19</sup> Gambling-related harms include money problems, relationship harm, emotional or psychological distress, including suicidality, negative impacts to health, reduced connection to one's cultural community and cultural shame, reduced employment performance, criminal activity, as well as adverse childhood experiences and intergenerational harms.<sup>19</sup> Harms are not restricted to the person who gambles—they can extend to loved ones and communities.<sup>19</sup> Further, harms are not experienced equally throughout society.<sup>10</sup> There is a health inequality present with gambling-related harms, whereby some people will suffer different types and severities of harm than others despite being exposed to the same level of gambling, depending on various social determinants of health.<sup>10</sup>

Increasingly, gambling-related harms are being framed as a public health concern that should be addressed using a public health perspective.<sup>1,20-22</sup> A public health perspective to gambling-related harms promotes equity, health, and social justice by:<sup>22,23</sup>

- Adopting a broad, population-level, prevention perspective to gambling-related harms that recognizes the need for prevention, as well as early intervention and support and treatment for those at risk of, or experiencing, harm from gambling.
- Addressing systemic factors that influence harm in addition to building individual capacity and behaviours to mitigate gambling harms
- Acknowledging that harm from gambling is a complex problem. The causes and consequences of harm intersects with many different policy areas, including mental health, and the determinants of health.
- Recognizing that harms from gambling are experienced beyond the person that gamblers by families, communities, and society.
- Broadening the understanding of who experiences harm from gambling and in what ways.
- Empowering communities and multisectoral groups to address harms at multiple levels of society
- Implementing evidence-based practice and generating evidence through research, public health surveillance, and the voices of people with lived experience of harms.

One model to operationalise a public health perspective to addressing gambling-related harms is a **whole system approach** (detailed on page 5). Whole systems approaches are a way of working that emerged from public health reform in Scotland. Adopted by the National public health agency Public Health Scotland (PHS), whole system approaches aim to build sustainable collaborative working practices through meaningful engagement, collective leadership, creating a learning culture and recognizing of the importance of place.<sup>24-30</sup>

## GAMBLING-RELATED HARMS IN SCOTLAND

Gambling is extremely popular in Scotland. The country exceeds the UK national average for overall gambling participation, online sports betting participation, and engagement with fixed-odds betting terminals.<sup>6</sup>

While there are growing calls to adopt a public health perspective to gambling in Scotland, currently, there is no Scottish government strategy for gambling-related harms.<sup>5, 8, 11, 12</sup> There is also no legal basis for local authority officers in Scotland to enforce

or regulate activities on gambling premises, as is the case in England.<sup>3,8</sup> Compared to other commercial determinants of health such as tobacco, alcohol, and unhealthy foods, there has been limited engagement of the wider public health workforce in gambling harms to date.<sup>31</sup> Addressing gambling harms has the potential to deliver added value across a range of inter-sectional policy areas and contribute to reducing wider health inequalities.<sup>12</sup>

## GAMBLING RELATED HARMS IN THE GLASGOW CONTEXT

Glasgow faces significant public health challenges, including stark health inequalities that have been exacerbated by the COVID-19 pandemic.<sup>32-34</sup> The city is home to half of the most socioeconomically disadvantaged neighbourhoods in Scotland, and there is evidence of co-location of environmental risks such as gambling, alcohol, and fast-food outlets in Glasgow's disadvantaged neighbourhoods.<sup>16, 33, 35, 36</sup> Further, Glasgow has one of the highest concentrations of betting shops per head of population in the UK, outside of London.<sup>37</sup>

The strategic priorities Glasgow City Council and local partners are working to deliver outcomes against are described in the following documents:

- Glasgow City Council Strategic Plan (2017-2022)<sup>38</sup>
- Glasgow City Integration Joint Board's Strategic Plan for Health and Social Care (2019-2022)<sup>39</sup>
- Greater Glasgow and Clyde NHS Board's Public Health Strategy: Turning the Tide Through Prevention (2018-2028)<sup>7</sup>
- Glasgow's Single Outcome Agreement (2013-2023)<sup>33</sup>

These plans offer a window of opportunity to integrate community planning for gambling-related harms and related public health issues to reduce health inequalities and improve life in Glasgow. None of these reports explicitly mention gambling-related harms as an area of focus. However, they all recognise the need to transform health and social care services to reduce health inequalities through collaborative coordination of resources and community planning.<sup>7, 33, 39</sup> For example, Glasgow City Council mobilized a Social Recovery Taskforce as part of the renewal and recovery agenda during the COVID-19 pandemic and demonstrated strong multi-agency working to effect meaningful change that is informed by the voices of those with lived experience.<sup>34</sup> Further, these strategies advocate making better use of data to focus public health initiatives on

prevention, early intervention, harm reduction, and health promotion to improve wellbeing.<sup>7, 33, 39</sup>

## 4.0 GUIDING MODEL

### WHOLE SYSTEM APPROACH

A whole system approach is a model to operationalise a public health perspective to addressing complex public health problems, which can be utilized to address gambling-related harms.<sup>30</sup> It acknowledges the social determinants of health and aims to address health inequalities by emphasising systems thinking and action, as well as purposeful community engagement.<sup>24-30</sup> The goal is to achieve sustainable, long-term systems level change by empowering collective leadership, acknowledging the importance of place, and emphasizing a continuous culture of learning.<sup>28, 40</sup>

#### Systems thinking and action

A whole system approach involves using systems thinking to develop a shared understanding of complex public health issues and respond to them by using the integrated collective action of diverse stakeholders.<sup>28, 40</sup> Systems thinking and action in public health enables decision makers to analyse the components of a system, and the dynamic relationships between them at many levels of society.<sup>41</sup> The utility of systems thinking and action in public health practice and policy is increasingly recognised for issues ranging from obesity, to addictions including gambling-related harms, and the social determinants of health.<sup>41-44</sup> It involves understanding how elements of a problem are related to each other, rather than addressing individual components. This approach emphasises how these interdependent factors contribute to and are affected by public health issues within different contexts.<sup>41, 44-46</sup>

Systems thinking and action can involve scenario planning and modelling of policy and practice interventions. This allows stakeholders to assess their viability, illustrate outcomes, as well as acknowledge potential unintended consequences of actions within a complex system.<sup>46, 47</sup> These methods help to make assumptions explicit. Such methods can also inform programming decisions, support understanding of complex issues, and provide guidance on where more data is needed.<sup>46, 47</sup>



Fundamental components of systems thinking and action for public health issues include:<sup>46, 48-50</sup>

- Focusing on how knowledge is acquired, interpreted, managed, used, and mobilised, and where knowledge is lacking.
- Emphasising a network-centric approach that promotes partnership building among transdisciplinary stakeholders to achieve relevant and shared goals.
- Developing models and projections using various systems thinking methods to enhance strategic decision making.
- Arranging systems to improve organisational and network structures and functioning.

### **Purposeful community engagement**

Stakeholder engagement and community leadership are essential to developing effective public health interventions.<sup>51</sup> A whole system approach is centred around involving and empowering communities, with a focus on strengthening the capability of the system.<sup>28, 52</sup> Community engagement in public health initiatives involves engaging community members and community-based organisations in the planning, design, governance, and delivery of services.<sup>53-55</sup> Meaningful community engagement aims to reduce persistent health inequalities by creating more relevant, effective, and sustainable interventions for and with those in need.<sup>56, 57</sup> Initiatives with community engagement strive for collaborative ownership of local visions for change. They seek to build community capacity, strengthen community relationships, and put community perspectives at the centre of decision making.<sup>54, 56, 57</sup> Engaging communities is necessary to create meaningful bottom-up change, and dismantle traditional power imbalances between authorities and underserved communities.<sup>56</sup>

Evidence supports the use of community engagement in public health initiatives to address problematic gambling behaviours and reduce persistent health inequalities across a variety of domains.<sup>58-60</sup> Initiatives that include community engagement tend to be more effective than those implemented solely by external parties. This is due to the increased ability to achieve community buy-in, harness community assets, and involve the community in implementing strategies.<sup>58</sup> Engaging communities in public health initiatives supports their effectiveness in improving health and social inequalities, health

consequences, health behaviours, and perceived social support for disadvantaged groups in diverse settings.<sup>59, 60</sup>

Public health initiatives that engage communities in their processes are found to be particularly effective in improving health and social outcomes if they: <sup>54-56, 61, 62</sup>

- Work with humility and build trust, respect, and relationships first.<sup>54-56, 61, 62</sup>
- Use community empowerment practices, consensus building, and mutual learning.<sup>56, 61</sup>
- Involve those with lived experience as key actors in the community-led process.<sup>56, 61</sup>
- Use participatory methods where diverse community members are actively involved in supporting, implementing, and making decisions for the initiative.<sup>28, 56</sup>
- Implement measures to address barriers to engagement and enable all who are willing to play an active part.<sup>28</sup>
- Mobilise and build upon local community resources and assets when designing and delivering the initiative.<sup>28, 61</sup>
- Collaborate with marginalised and underserved populations, and groups at the greatest risk of poor health.<sup>28</sup>

### **Implementing a whole system approach**

A whole system approach has been identified as a strategy to improve health and reduce inequalities for many public health issues, including gambling-related harms.<sup>27, 28, 52, 63-68</sup> This approach has been found to drive improvements in health outcomes and behaviours, as well as community capacity building, community safety and wellbeing, and shared learning across diverse settings.<sup>27, 28, 52, 63-68</sup>

Core principles to achieve a whole system approach include:<sup>28</sup>

- **Bold leadership** instead of conventional siloed approaches to large-scale reduction of health inequalities.
- **Changing mindsets** to redesign a system and create transformational change that builds healthy and inclusive communities.

- **Collective risk-taking** and bravery grounded in strong partnerships across the government and health sectors, which gives attention to power and builds trusting relationships with communities.
- **Co-production of solutions** with communities, including marginalised and lived experience populations, through new and innovative ways of working.
- **Scaling initiatives** at the local level with attention to cultural issues, rather than applying a standard model across the system, and enabling locally tailored approaches and resources.

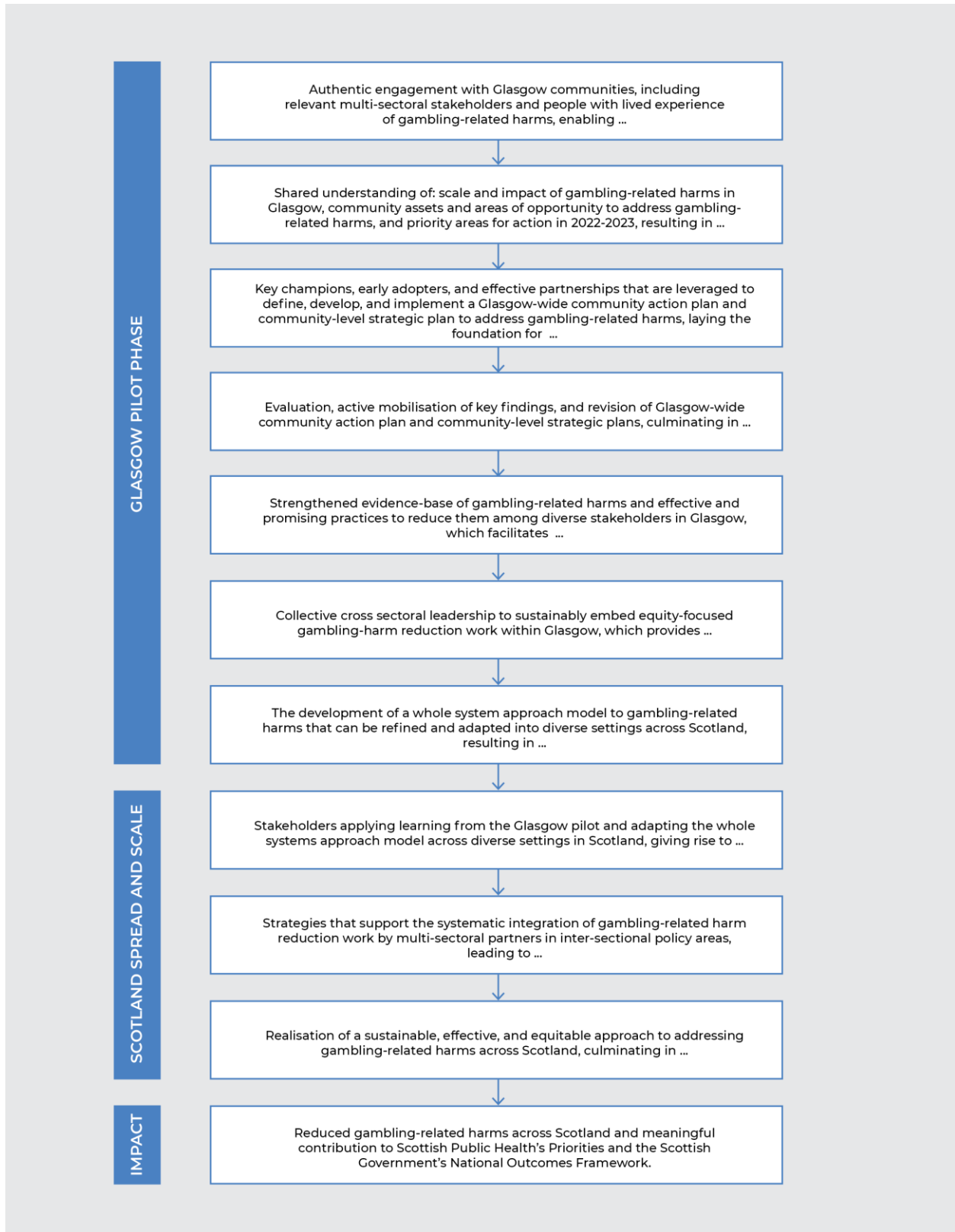
## WHOLE SYSTEM APPROACH TO GAMBLING-RELATED HARM

Recently, a whole system approach has been identified as an important approach to address gambling-related harms.<sup>1,2,12,30</sup> Gambling-related harms are complex and strongly associated with a range of risk factors and negative outcomes, as well as health inequalities.<sup>1,30</sup> As a public health issue, gambling-related harms require multi-level and cross-sectoral action. A place-based planning and adaptive learning approach is needed to achieve sustainable impact and harm reduction.<sup>1,30</sup>

A whole system approach to gambling-related harm that aims to reduce health inequalities involves:<sup>30</sup>

- Developing a shared understanding of the scale and impact of gambling-related harms, including their effects on individuals, affected others, and communities.
- Ensuring gambling-related harm is acknowledged as an important public health concern by government agencies and public health surveillance bodies
- Understanding the assets and resources within a local community and the actions currently underway by multi-agency partners.
- Raising awareness and mobilising public health intelligence, including compelling stories from those with lived and living experience.
- Enabling all regulatory authorities to address gambling-related harms under a shared vision and approach.

## 5.0 PATHWAYS OF CHANGE



## 4.0 THEORY OF CHANGE NARRATIVE SUMMARY

### SITUATION

The Scottish Public Health Network (ScotPHN) has a history of advocating for the adoption of a public health perspective to gambling-related harms. However, they have come across several barriers, including:

1. **Challenges using an emergent evidence-base to inform practice.** While there is extensive evidence supporting the need for a public health perspective to address gambling-related harms, there is limited evidence of which regulatory practices and other components of a public health intervention are most effective in reducing gambling-related harms.<sup>1, 5, 13, 69, 70</sup> Harms from gambling lack adequate health assessment and surveillance to guide public policy in the UK and internationally.<sup>9, 71</sup>
2. **The lack of policy mandate for gambling-related harms.** Within the context of a wide range of competing public health issues gambling-related harms are not currently visible on the policy landscape in Scotland. Law making powers in relation to gambling remain largely a matter reserved to Westminster.<sup>5, 8, 11, 12</sup>
3. **Difficulties measuring the wide range of gambling-related harms in Scotland.** There is limited available evidence for the nature and prevalence of gambling-related harms that individuals, families, and communities experience in Scotland.<sup>1, 12</sup> Understanding the burden of gambling related harm at a population level in Scotland would be a useful tool for public health advocacy and informing a whole system approach.<sup>8, 13, 70</sup>
4. **There lacks an existing mechanism to involve people and communities with lived experience in the cocreation of policy, practice, and research.** Further, people with lived experience of gambling harms face barriers, including shame and stigma, to self-identification and disclosure that may prevent people and communities from meaningfully participating.
5. **Funding arrangements for research, education, and treatment services.** Currently, initiatives to address gambling-related harms in the UK are funded by the gambling industry through a voluntary levy.<sup>30</sup> The nature of this voluntary levy result in inconsistent funding opportunities and timelines. Perceived or real conflicts of interest with industry are an organizational risk for statutory bodies, as well as researchers.<sup>72</sup>

6. **Disruptions related to the COVID-19 pandemic.** The pandemic has exacerbated pre-existing social and economic challenges. It has made stakeholder engagement difficult due to barriers that arise from public health lockdowns and reliance on virtual forms of communication.<sup>73,74</sup> It has also impacted the capacity of partners to contribute to developmental activities to build a shared understanding of gambling-related harms.

Altogether, these barriers have made it difficult to rally stakeholders and resources to address gambling-related harms in Scotland.

The ScotPHN has secured funding to support local stakeholders in Glasgow to develop a community-focused action plan to tackle gambling-related harms. This initiative creates the opportunities to forge new partnerships, meaningfully engage with local communities, and find innovative ways of working across the whole system to co-deliver solutions that meet local needs and priorities. The lessons learned from this pathfinder project in Glasgow will inform the implementation of the 2019 National Strategy to Reduce Gambling Harms in Scotland. The project will also support Public Health Scotland refine its whole system approach to achieving social justice and contribute to the evidence base around what works in practice when adopting systems approaches to addressing complex problems.<sup>26,75</sup>

## INPUTS

In addition to the expertise and thought leadership of the ScotPHN, the Glasgow Whole System Approach to Tackling Gambling Harms is supported by national and local organisations, including:

- Glasgow City's Community Planning Partnership Public Health Oversight Board (CPP HOB)
- Glasgow City Licensing Board
- Glasgow City Health and Social Care Partnership (HSCP)
- Glasgow Council for the Voluntary Sector (GCVS)
- Lived Experience Forum, supported by the Health and Social Care Alliance (The ALLIANCE)
- The University of Glasgow
- Public Health Scotland (PHS)

The project is informed by the 2019 National Strategy to Reduce Gambling Harms in Great Britain and is made financially possible through regulatory settlement funding disbursed by the Gambling Commission (UK). The project is further supported by critical community perspectives including people with lived and living experience of gambling-related harms. Evaluation support for the project is provided by Greo and Public Health Scotland.

## TARGET AUDIENCE

The project's target audience is those with an interest in addressing gambling-related harms in the City of Glasgow. This will include people with lived and living experience of gambling harms, local communities and community leaders, partners from the third, statutory and private sector, and the wider public health workforce. These audiences were chosen based on their ability to support the development of a whole system approach action plan for gambling harms or who may be well positioned to support people who are experiencing, or are at risk of experiencing, gambling-related harms.

## ACTIVITIES

The Glasgow Whole System Approach to Tackling Gambling Harm involves three major phases of activities: learning, leading, and innovating. These activities will embed evaluation and knowledge exchange systems across stakeholders in Glasgow. Details for each of the activity phases are outlined below. While these activities will initially unfold in a stepwise and linear fashion, it is anticipated that, over time, the movement between these activities will become more organic.

### 1 Learn

It is essential for public health systems to understand the nature of public health issues through comprehensive health research. Research evidence is necessary to develop informed and coordinated interventions to address public health issues, as well as to measure their performance.<sup>9,20,76</sup> To lay the foundation for an evidence-based whole system approach to addressing gambling-related harms in Glasgow, the initial phase of activities in the Glasgow project aims to develop a shared understanding of the nature of gambling-related harms in the population. Specifically, this will involve:

- Building trusting relationships to support effective collaboration and partnerships.
- Learning from local communities and key stakeholders to understand their experiences, priorities, and potential solutions, and co-creating a local system map.
- Developing a community action plan to address gambling harms
- Developing and implementing gambling harms surveillance to understand the scale and impact of gambling-related harms and creating a shared measurement framework.
- Embedding evaluation and knowledge exchange systems across partners and stakeholders and developing systems to support rapid learning and quality improvement throughout the first few years of the project.

## 2 Lead

Clear vision and strong leadership are critical factors for evidence informed decision making in public health programming.<sup>77</sup> Building from initial engagement to develop a shared understanding of the scale and impact of gambling-related harms in Glasgow, the next phase of activities will aim to facilitate a collective leadership approach to realise a shared vision for the Glasgow project. Specifically, this involves:

- Establishing effective governance to ensure accountability and progress of the pilot.
- Empowering community organisations to identify opportunities to make meaningful changes to reduce harms in their unique settings.
- Delivering flexible and meaningful engagement with diverse stakeholders to ensure a wide range of perspectives and views are used to inform action.
- Fostering partnerships with leaders across related policy areas (e.g., financial inclusion, suicide prevention).
- Delivering and facilitating a collective leadership approach to realise shared vision

## 3 Innovate

Public health interventions for gambling-related harms that are developed through community engagement and tailored to stakeholder context are more readily adopted and tend to be more effective.<sup>58, 78</sup> Building from work to establish a clear vision for the



project, the final phase of activities involves planning a whole community intervention to reduce gambling-related harms that is tailored to the Glasgow context. Specifically, this includes:

- Supporting structured and informal engagement and outreach that includes people with lived experience.
- Developing composite lived experience stories to raise awareness and mobilise public health intelligence.
- Providing seed funding and support for community organisations to engage their stakeholders and use learnings to inform the development of future programmes and initiatives.

As a public health issue, the full extent of gambling-related harms lacks adequate health assessment and surveillance to guide public policy in the UK and internationally.<sup>9, 71, 79, 80</sup> Population-level health research and surveillance is critical to formulate an evidence-based public health perspective to prevent and address gambling-related harms.<sup>81, 82, 83</sup> It is important to collect data related to the different dimensions of gambling-related harms, beyond measuring the prevalence of problem gambling using the Problem Gambling Severity Index (PGSI) scale, in order to comprehensively understand, prevent, and address harms.<sup>81</sup> Therefore, project activities will lay the initial groundwork to develop public health surveillance for gambling-related harms at the local and national level in order to create the conditions that support the development of national policy.

## OUTPUTS

The key activities of learning, leading, and innovating to implement a Glasgow-wide approach to address gambling-related harms will result in the following outputs:

- Community data related to the impact and scale of gambling-related harms in Glasgow
- A shared measurement framework
- Local community experiences and priorities related to gambling-related harms as well as potential solutions to address these harms locally
- Stories and experiences from people with lived experience of gambling-related harms
- Cross-sectoral partnerships

- Co-creation of a local system map
- Glasgow-wide community action plan

## OUTCOMES

The Glasgow project is expected to result in positive benefits for community and system capacity to address gambling-related harms at the local and the national level, and lead to improved health outcomes for people in Scotland. The project is anticipated to produce short-term, intermediate-term, and long-term outcomes. The short-term outcomes from the initial Glasgow pilot phase of the project are expected to be realised between one and three years after its initiation. The intermediate-term outcomes are expected to occur between 4 and 7 years after the implementation of the Glasgow pilot phase, and the long-term outcomes are anticipated to be realised in eight or more years following implementation. The shorter-term outcomes for the programme will occur primarily at the local level in Glasgow, while the longer-term outcomes for the programme will occur primarily at the national level across Scotland.

### Short-term

The initial stage of the whole system approach aims to integrate the project within the Glasgow safer gambling landscape, identify programming priorities and directions, and build community capacity to address gambling-related harms through meaningful stakeholder engagement. This is expected to result in:

### LOCAL-LEVEL

#### Learning

- An evidence base for gambling harms in Glasgow is established, including research, practice, lived experience, and policy expertise.
- Enhanced understanding of needs, priorities, and effective practices to reduce gambling-related harms in Glasgow.
- Identification of seed funding to support development work including capacity building and accountability mechanisms.
- Community action plan and approach is revised based on pilot learnings

#### Leading

- Sustainable funding and accountability mechanisms are identified

- Sustained commitment from partners and stakeholders to lead and take ownership of the community action plan
- Partners and stakeholders support shared vision
- Stakeholders and partners are empowered to shape the health and wellbeing of their communities

### **Innovating**

- Increased awareness of gambling participation, risks, and harms as a public health issue among participating local stakeholders, including local communities.
- Decreased stigma towards problematic gambling behaviour and gambling-related harms in Glasgow.
- Co-produced programs and initiatives that address gambling harms, incorporating diverse perspectives and partnerships.
- Stakeholders commit to sustain and scale up a community-based approach.
- Intentional mobilising of evaluation findings and promising practices with new stakeholders to facilitate spread and scale across Glasgow.

### **Intermediate-term**

The initial stage will result in a snowball effect that enhances programme endorsement and uptake by diverse groups and community organisations. Overall, it will contribute to generating support for gambling-related harms as a public health issue and support proactive changes in the way Glasgow addresses gambling-related harms and wider health inequalities. The lessons learned in the Glasgow project pilot are also anticipated to inform programme development and implementation on a larger scale. This is expected to result in:

#### **LOCAL-LEVEL**

- Partners and stakeholders demonstrate leadership and ownership of respective areas
- Evidence base of research, practice, lived experience, and policy expertise continually grows
- Cross sectoral partners and stakeholders embed addressing gambling risks and harms in their practice and policy

- Additional cross-sectoral partners join and support the community-based approach
- Interventions continue to adapt based on best available evidence
- Improved alignment of actions that address wider health inequalities in Glasgow

#### NATIONAL-LEVEL

- Lessons learned from Glasgow are mobilised to inform a Scotland-wide approach.
- Recognition of gambling as an inequalities issue by Public Health Scotland and the Scottish Government of gambling as a significant public health issue.
- Piloting of community action plans in other jurisdictions across Scotland.
- Cross-community sharing of learnings to help refine a Scotland-wide approach.

#### Long-term

Communities across Scotland will be empowered to recognise and address gambling-related harms and related health inequalities through innovative strategies developed through community engagement and tailored to local contexts. This is expected to result in:

#### NATIONAL-LEVEL

- Destigmatisation of problematic gambling behaviours and gambling-related harms across Scotland.
- Strengthened gambling policies that recognise and address health inequalities across Scotland.
- Systematically and sustainably embedded equity-focused gambling harm reduction work by cross-sectoral partners nationally.
- Reduced gambling-related harms.

#### IMPACT

The anticipated impacts of this project include prevent and reduce harm from gambling in Glasgow, and Scotland, and make a meaningful contribution to realising the key outcomes of the Scottish Government's National Outcomes Framework and Scottish Public Health's Priorities:

- Vibrant, healthy, and safe communities.
- Reduced use of and harm from alcohol, tobacco, and other drugs.
- Sustainable, inclusive economy with equality in outcomes for all.
- Significant reduction in poverty.
- Safe, loving, enriching environments for children and youth that help them to realise their potential.
- Enjoyment of the highest attainable standard of physical and mental health is experienced by all.

## ASSUMPTIONS

The most significant assumption underpinning the theory of change is that a whole system approach, developed through meaningful community engagement, will be an effective approach to develop and implement productive strategies to prevent and address gambling harms at the local and national level. These assumptions include:

- Coordinated, diverse, and authentic action-oriented engagement will bring the initiative to life.
- Taking a whole system approach to gambling-related harms will result in productive improvements to related health inequalities.
- Locally tailored initiatives will encourage community engagement and uptake of strategies to address gambling harms.
- Engagement with people with lived and living experience and the recognition of gambling-related harms as a public health issue will have a significant impact on reducing stigma.
- People who experience gambling-related harms and are referred to treatment will engage with the supports.
- Treatment services will help reduce harms for those that access them.

Additional assumptions of the model include:

- **Leadership:** Key organisations will be willing to engage with the programme and take ownership of the development, delivery, and evaluation of the action plan.

- **Readiness:** Stakeholder organisations will be ready and willing to implement and adapt the Glasgow Whole System Approach model to gambling-related harms into supportive contexts across Scotland
- **Participation:** Stakeholders including the wider public health workforce, people connected to or affected by gambling-related harms, as well as relevant community groups and organisations will participate in the programme.
- **Integration:** The Glasgow Whole System Approach to Tackling Gambling Harms will drive the development of innovative strategies to address gambling-related harms that will be easily adaptable, relevant, and transferable to different contexts across Scotland.

## EXTERNAL RISKS

The most immediate external threats to the validity of the theory of change include those driven from the COVID-19 pandemic and the cost-of-living crisis. Competing priorities related to the social recovery from these crises could reduce the resources available for safer gambling strategies and alter the gambling environment.

Additional risks include:

- Short term funding for operational capacity
- There is a lack of policy mandate to address gambling harms in Scotland
- Most gambling regulation in the UK is reserved to Westminster, thus the Scottish government lacks the authority to make significant changes to legislation that could be recommended as a result of this project.
- The Gambling Act 2005, the existing regulatory framework for gambling across the UK, is currently under review. The upcoming changes that may result from this review are unknown and could interfere with the strategies put forward by this project.
- There is insufficient funding to support the development of gambling harm reduction policies that will make a lasting impact.
- Rapidly emerging new gambling technologies, including new products and advertising and marketing strategies, could change the gambling landscape in a manner that deepens the harms associated with gambling.

Lastly, other jurisdictional public health priorities and a lack of a supportive political environment and political uncertainty, at the national and local level, could affect support for and participation in extending the initiative to communities across Scotland.

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**5.0 THEORY OF CHANGE VISUAL DIAGRAM**

# Glasgow Whole System Approach to Tackling Gambling Harms

## SITUATION

Gambling-related harms are an under addressed area of health and wellbeing in Scotland. Public Health Scotland has advocated for the importance of addressing these harms with a cohesive public health approach for more than five years. Successful engagement with stakeholders to address gambling-related harms has had limited success to date, in part due to lack of interest by stakeholders and backbone funding to support key initiatives. In support of the 2019 National Strategy, Glasgow City Council, with partners Glasgow City HSCP and GCVS, are piloting a community-engaged action plan to address gambling-related harms, with support from local and national partners, including Public Health Scotland. Piloting a community-engaged action plan to address gambling-related harms in Glasgow will inform the development of a comprehensive Scotland wide approach that balances a consistent national framework with community empowerment and local action plans. The city of Glasgow operates in a unique context, which will provide insight into how to develop a national framework that remains flexible to local needs. For example, Glasgow has poorer health and wellbeing outcomes compared to other cities and regions in Scotland, including lower quality of life, low income and poverty, low life expectancy, and poor mental health. The Glasgow pilot has dedicated capacity to run until March 2024

## THEORY OF CHANGE

