

EFFECTIVE GAMBLING

EDUCATION AND

PREVENTION

Creating robust, high quality programmes



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TABLE OF CONTENTS

1	Principles for Effective Gambling Education and Prevention	3
	Background context	3
	Who the guidance is for	3
	How to use this document	4
	Funding of activities	5
2	The Principles	6
	The principles in focus	6
	What doesn't work	20
	Conclusion	20
3	Evidence Base	21
	Education and Prevention	21
4	Content Planning	22
	The role of Gambling Education in Prevention	22
	Prevention objectives	22
	Life-skills based education	23
	Addressing knowledge, attitudes and skills	24
5	How to Implement	25
	Before you start you may want to think about...	25
	Programme design and formulation	25
	The cycle of planning and delivery	25
	Evaluation	26
	Founding education principles	26
6	Useful links	27

7 Appendices

A. Glossary

B. Understanding prevention
(and harm reduction)

C. The Theory of Change and
the Logical Framework

D. Theory of Planned
Behaviour

E. Methodology for
developing this framework

1 PRINCIPLES FOR EFFECTIVE GAMBLING EDUCATION AND PREVENTION

When delivering gambling education and prevention work, it is important it is both safe and effective. This document introduces a framework of 10 principles to follow when creating and delivering a programme for gambling education and prevention.

The 10 principles are divided into three groups:

- Foundation principles
- Delivery methods
- Content and theoretical foundation

Background context

This framework has been established by the Gambling Prevention Education Forum. This comprises organisations either delivering gambling prevention education to children and young people or training practitioners to do so, such as GamCare, Fast Forward and YGAM. These organisations pledge to deliver education in line with this framework, and to act as ambassadors of best practice to others wishing to, or already engaging with, gambling prevention education.

Who the guidance is for

This framework is aimed at anyone who is planning to implement gambling education and gambling harm prevention sessions or programmes with children and young people (aged 7–24) across a variety of settings.

It is aimed at organisations, practitioners, educators or other individuals who are planning to design, develop and/or implement gambling education and prevention sessions, either as gambling-specific prevention programmes¹ or as part of broader interventions or curricula aimed at addressing a variety of risk factors or 'difficult subjects'. Even if you're not a gambling prevention specialist, this framework may be relevant.

The document sets out principles that are relevant for those working across a variety of settings (including formal and informal education settings) and addressing the needs of children and young people across the life-course.

The framework was developed to respond to needs identified within the UK context. However, most of the principles outlined in this document are universal principles for effective education or prevention. Although it does not cover gaming, some of the elements and principles will be relevant and transferable.

¹ Integrated within the wider context and/or curriculum

1 PRINCIPLES FOR EFFECTIVE GAMBLING EDUCATION AND PREVENTION

This guidance is produced in line with the PSHE Association Guidance (at time of writing) on how to address gambling through PSHE education. The PSHE Association Guidance is aimed at:

- teachers and other members of staff within formal education settings
- schools in England
- those delivering gambling education as part of Personal Social Health and Economic (PSHE) education and in line with Relationships, Sex and Health Education (RSHE) statutory requirements.

How to use this document

This document includes content on: 1) evidence base and models of change, 2) effective content planning, 3) how to implement sessions, and finally 4) the principles. The relevance of each section will depend on your role and the settings you may be working in. Although we recommend reading the whole document, below is an indication of which sections may be particularly relevant for whom.

Content	Who is it relevant for?		
	Within formal education settings	Within informal education settings	Within institutional contexts, such as Pupil Referral Units, Children's Homes or youth custody settings for children and young people at risk
Evidence base / models of change	Programmes director / Independent practitioner	Service head (or similar)	Service lead or commissioner
Effective content planning	Programme manager / Independent practitioner	Youth centre manager (or similar)	Operations manager
'How to' implement	Programme / outreach officer / facilitator / Independent practitioner	Youth worker (or similar)	Case worker
The Principles	All	All	All

1 PRINCIPLES FOR EFFECTIVE GAMBLING EDUCATION AND PREVENTION

Funding of activities

Before implementing any forms of education or prevention activities, it is important to have a full understanding of how funding and involvement may (or may not) create bias. For this reason we recommend the following:

- 1. Transparency:** always declare sources of funding that underpins work clearly, especially when these are coming directly or indirectly from the gambling industry.
- 2. Independence:** if receiving funding indirectly from a source, exclude influence of that source over your programme's aims, objectives and content.



2 THE PRINCIPLES

The principles in focus

The principles reported below were drawn from the available body of evidence in the field of gambling prevention and education. It is important to read these principles in the context of the continuum of prevention (See Appendix B) and to consider harm reduction approaches where relevant and appropriate.

The principles are grouped under three headings: 'Foundation principles', 'Delivery methods' and 'Content and theoretical foundation'. For each principle we also provide recommendations (or sub-criteria) and comments to put each principle into context. In addition, we highlight where specific principles are particularly relevant for universal or targeted contexts:

Universal contexts: This can include sessions or programmes implemented within school or informal community settings (such as youth clubs or similar) with non at-risk children and young people.

Targeted contexts: This can include implementation of sessions, programmes or interventions with groups at risk or who are experiencing harm, within school settings, community settings (such as youth services) or in institutional contexts (such as Pupil Referral Units, Children's Homes or within youth custody settings).

2 THE PRINCIPLES

FOUNDATION PRINCIPLES

Principle 1: Needs-led ²

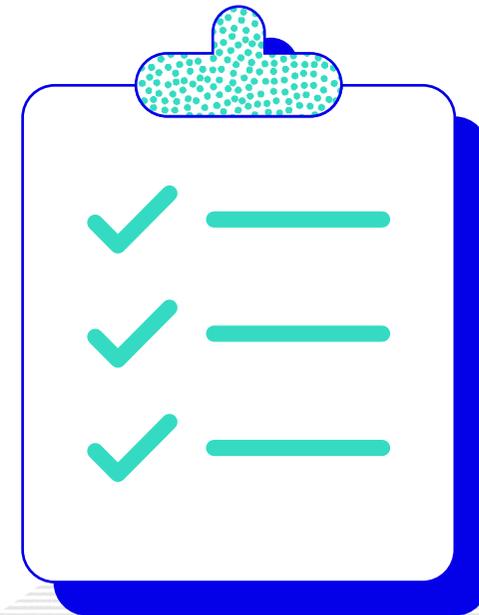
Recommendations:

- **Have clear objectives informed by a needs assessment**
- **Take into account the delivery context and the related objectives**
- **Be young person-centred and involve children and young people in shaping the learning**
- **Include relevant and realistic examples**

Contexts: Universal and Targeted

Interventions must be designed to address the individual needs of children and young people taking into account the community, cultural norms and demographic background of the target population, as well as the different developmental stages they are in. Failure to do so risks provision of irrelevant information or the development of inappropriate skills (in relation to the life stage or context of reference). For this reason, not only is it important to undertake a needs assessment prior to designing a programme, but also to involve children and young people in the programme development and planning where possible.

Example: Before you decide whether to design or implement an education programme, you need to consider where children and young people are in relation to their awareness, skills and knowledge, as well as what is relevant to them. To do this, you must undertake a needs assessment.



² Dickson L., M., et al, The Prevention of Gambling Problems in Youth: A Conceptual Framework, Journal of Gambling Studies, 2002

2 THE PRINCIPLES

FOUNDATION PRINCIPLES

Principle 2: Adapted to the life-course of a young person³

Recommendations:

- **Adapt resources, techniques and approaches to match different stages of children and young people's development**
- **Use practical approaches for effective differentiation to tailor the sessions to the needs of specific individuals or groups⁴**

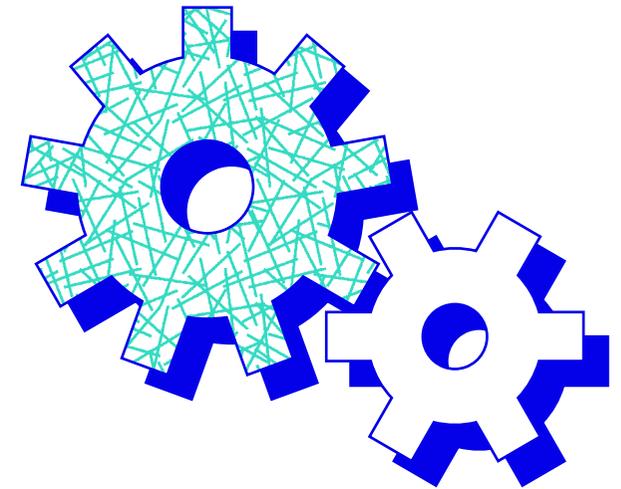
Contexts: Universal

Programmes and interventions need to be appropriate to the developmental stage of the child or young person, and to the context of reference. Gambling prevention should start early (under 10 years old), using classroom behaviour techniques to support the personal development of children.⁵

Research indicates that behaviour management strategies have significant positive outcomes later in life, such as: 1) supporting individuals' mental health

and wellbeing (with some interventions significantly reducing suicide ideation), 2) reducing aggressive and anti-social behaviour and 3) reducing alcohol and other substances use.⁶

Example: Consider adapting different techniques and approaches across the life-course of a young person. Remember to take into consideration learning preferences and needs based on individual skills, abilities, age, gender, cultural norms⁷ and special needs or disabilities.



³ Ives, R. Evaluation of GambleAware's Harm Minimisation Programme: Demos and Fast Forward Projects, 2018, Educari. ⁴ Useful resources, tips and differentiation techniques available on www.sec-ed.co.uk. ⁵ Ives, R. Evaluation of GambleAware's Harm Minimisation Programme: Demos and Fast Forward Projects, 2018, Educari. ⁶ Barrish, H.H. et al, Good Behaviour Game: Effects of individual contingencies for group consequences on disruptive behaviour in a classroom, JOURNAL OF APPLIED BEHAVIOR ANALYSIS, 1969, 2, 119-124 and O'Connell et al. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities, 2009 and National Institute on Drug Abuse, Behavior Game Played in Primary Grades Reduces Later Drug-Related Problems | National Institute on Drug Abuse (NIDA) 2010. ⁷ Some groups may be more at risk due to their own cultural backgrounds – e.g Chinese communities may have more belief in the power of luck in comparison to other cultures. It is important to address this when developing and implementing an education and prevention session to representatives of this group.

2 THE PRINCIPLES

FOUNDATION PRINCIPLES

Principle 3: Evidence-based

Recommendations:

- **Have a clear Theory of Change in place that identifies desired aims (long-term), goals (medium-term) and objectives (short-term) and that clarifies how knowledge, skills and attitudes can be changed**
- **Your Outcomes Framework (or Logical Framework) should include realistic and measurable outcomes, plus clear indicators to inform a Monitoring, Evaluation and Learning Plan**
- **Be informed by evidence-based theories or models of behaviour change or prevention**
- **Your chosen theories and models should be informed by, and fit with, needs assessment findings**

Contexts: Universal and Targeted

Any intervention should be based on theoretical justification with solid evidence from empirical research.⁸ Professor Gill Valentine published a research review on children and young people's gambling, which includes evidence of what we currently know about prevention and treatment of young people's harmful gambling. Additional information and support on theory-based programme formulation and design can be found in the European Drug Prevention Quality Standards Manual and supporting toolkits.

Example: Before formulating a new intervention, access existing research to have a full understanding of the approaches that are considered as effective. You should also look for existing evidence-based interventions that may be suitable and adaptable to your context. Then use the Theory of Change and Logical Framework model (See Appendix B) to design your programme and plan its implementation and evaluation.

⁸ Oh et al, A review of educational-based gambling prevention programs for adolescents, Asian J Gambl Issues Public Health. 2017; 7(1): 4.

2 THE PRINCIPLES

FOUNDATION PRINCIPLES

Principle 4: Embedded within wider approaches⁹ and work holistically

Recommendations:

- **There should be clear links, overlaps and collaborations between the programme and the wider community (e.g. parents, local authorities, other service providers or educators from different settings)**
- **Include stakeholders and leaders within the delivery context**
- **Your programme should be multi-component and use multi-dimensional approaches (e.g. it brings together or is part of a set of multiple coordinated initiatives)**
- **Use diverse education methods**

Contexts: Universal and Targeted

Evidence shows that the most successful interventions are those that work in a holistic way through a multi-dimensional approach, acting on different environments and spheres of influence, such as school, family and community. For instance, community intervention strategies that focus on strengthening families and educating them about the ways to create positive domestic environments are likely to be effective in addressing children and young people's harmful gambling.¹⁰

Providing targeted approaches to children and young people whose family members (parents or siblings) are gamblers or people who have gambling issues¹¹ or who are concerned with other risky behaviours (such as substance use, bullying, knife crime, etc.) could help them develop appropriate skills and attitudes.¹²

Example: When formulating a new programme, it is important to think about components and activities that may affect different environments and spheres of influence, such as school, family and community. For instance, would your educational programme for young people be more effective if it included parental education?

⁹ Dickson L., M., et al, The Prevention of Gambling Problems in Youth: A Conceptual Framework, Journal of Gambling Studies, 2002. ¹⁰ Scholes-Balog et al 2014 in Valentine, G., Children and young people's gambling: research review, 2016, The Responsible Gambling Trust, London. ¹¹ Dickson L., M., et al, The Prevention of Gambling Problems in Youth: A Conceptual Framework, Journal of Gambling Studies, 2002. ¹² Ives, R. Evaluation of GambleAware's Harm Minimisation Programme: Demos and Fast Forward Projects, 2018, Educari

2 THE PRINCIPLES

FOUNDATION PRINCIPLES

Principle 5: Assess and evaluate the delivery and impact of your programme¹³

Recommendations:

- **Build on activities that demonstrate and assess what has been learned and inform future planning**
- **Consider and evaluate possible unintended consequences of the programme**
- **Have a clear procedure to monitor the implementation of the programme**
- **Collect and review outcome and process data regularly to inform programme adjustments when necessary**
- **Have a clear plan for a process evaluation**
- **Have a clear plan for an outcome evaluation comparing the situation before and after the delivery of the programme (where appropriate and relevant)**

Contexts: Universal and Targeted

Additional information and support on theory-based delivery, monitoring, impact evaluation and learning can be found in the European Drug Prevention Quality Standards Manual and supporting toolkits, as well as on the NCVO website.

Example: Start from your Theory of Change and develop a Logical Framework to inform both process and impact evaluation. See Appendix B for more information and related links.

Considering the similarities in risk and protective factors for alcohol and other substance use and gambling, it is advised that practitioners and educators pay close attention and build upon learning from programme testing and evaluations of substance use prevention interventions.¹⁴

¹³ Nation et al. (2003) and Weissberg, Kumpfer, and Seligman (2003), in St-Pierre, R. A., Temcheff, C. E., Derevensky, J. L., & Gupta, R. (2015). Theory of planned behavior in school-based adolescent problem gambling prevention: A conceptual framework. *Journal of Primary Prevention*, 36, 361-381. doi: 10.1007/s10935-015-0404-5.

¹⁴ Dickson L., M., et al, The Prevention of Gambling Problems in Youth: A Conceptual Framework, *Journal of Gambling Studies*, 2002

2 THE PRINCIPLES

DELIVERY METHODS

Principle 6: Implement continuous and repeated sessions¹⁵

Recommendations:

- **Create a comprehensive programme with follow up and booster sessions**
- **Ensure each individual session builds on, and reinforces, concepts and learning from previous sessions consistently**

Contexts: Universal and Targeted

Behaviour change is a long process that requires time and ongoing support; for this reason prevention efforts have to be sustained and enduring. In fact, effective prevention requires extensive, coordinated and enduring efforts between effective policy initiatives and effective educational initiatives.¹⁶

While in the UK there aren't many 'off-the-shelf' programmes with robust evaluation available, there may be some international examples. If a practitioner decides to take up an 'off-the-shelf' programme it is advised that they work closely in partnership with the programme developer to effectively plan programme adaptation and translation to meet the needs and requirements of the new cultural, social and educational contexts. Once the programme has been adapted, and an evaluation designed with the support of the programme developer, then it is important

that the intervention is delivered with fidelity. Fidelity of implementation (including number of sessions, content covered in the session, and educational approaches used) is fundamental for increasing likelihood of effectiveness.¹⁷

However, there are UK resources, such as the Demos materials, that are not designed as prescriptive 'programmes'. These are intended to be implemented and adapted by practitioners on the basis of their professional judgement, in consideration of curriculum context and other constraints.¹⁸

Example: Avoid one-offs: continued and repeated prevention work is more effective than individual and isolated sessions. If, as an external practitioner, you are asked to deliver only one session, try to explain that it is likely to have no effect, and possibly even have harmful effects if done in isolation.

¹⁵ Keen, B., et al, Systematic Review of Empirically Evaluated School-Based Gambling Education Programs, J Gambl Stud. 2017 Mar;33(1):301-325. doi: 10.1007/s10899-016-9641-7.

¹⁶ Griffiths, M., Youth gambling education and prevention: Does it work?, Education and Health, Vol.26 No.2, 2008. ¹⁷ United Nations Office on Drugs and Crime International Standards on Drug Use Prevention 2015. ¹⁸ Ives, R. Evaluation of GambleAware's Harm Minimisation Programme: Demos and Fast Forward Projects, 2018, Educari

2 THE PRINCIPLES

DELIVERY METHODS

Principle 7: Delivered by trained practitioners

Recommendations:

- **This should be a practitioner with specialist gambling harms knowledge¹⁹**
- **Or a non-specialist practitioner with the skills and expertise to engage with young people and with the support of clear learning objectives²⁰**
- **Or a gambling specialist with some educational understanding with supervision by a trained practitioner for safeguarding purposes**

Contexts: Universal and Targeted

All educational programmes need to be implemented by a professional with the necessary skills to assess the needs of children and young people, and adapt the content, activities and educational approaches to the different needs and developmental stages of each young person in the room.

Whether delivered by a gambling harms specialist, or by a practitioner with no gambling harms expertise, it is important that this individual has appropriate training to be able to respond to the needs of children and young people and the confidence to seek additional support where experience is lacking.

Whilst some evidence indicates that interventions delivered by gambling specialists or trained developmental psychologists may be more effective in reducing misconceptions, erroneous

perceptions, and superstitions,²¹ a non-specialist practitioner can deliver effective education and prevention programmes if supported by the guidance of clear learning objectives.²²

If a practitioner is asked to provide gambling education as an external provider (in formal or informal youth community settings), they should work with the teachers or youth workers to agree the aims and objectives of the lessons, co-produce the content on the basis of children and young people's existing knowledge, and ensure the teacher's or youth worker's support in creating a safe environment throughout the session.

Example: If you do not have access to appropriate Continued Professional Development and specialist training, consider reaching out to a specialist to either implement the programme or advise you in developing the learning objectives and related activities.

¹⁹ Donati et al. (2014), in Oh et al, A review of educational-based gambling prevention programs for adolescents, Asian J Gambl Issues Public Health. 2017; 7(1): 4. ²⁰ PSHE Association, How to address gambling through PSHE education, 2019. ²¹ Donati et al. (2014), in Oh et al, A review of educational-based gambling prevention programs for adolescents, Asian J Gambl Issues Public Health. 2017; 7(1): 4. ²² Keen et al (2017), in Wybron, I., Reducing the odds: an education pilot to prevent gambling harms, 2017

2 THE PRINCIPLES

DELIVERY METHODS

Principle 8: Use interactive and participatory techniques ²³

Recommendations:

Participatory techniques can include:

- **Role play, small group discussion and other peer-to-peer interaction supervised by a practitioner**
- **Interactive resources that can be tailored to different needs**
- **Engaging and participatory video presentations that may use humour to address misconceptions**
- **Online peer support (carefully supervised and moderated by specialists)**
- **Visualisations to understand abstract concepts, such as chance, probability and luck**

Contexts: Targeted

Some evidence indicates that role playing and supervised interactive tasks around chance outcomes can be effective in teaching children and young people to identify errors in their reasoning and gradually learn to use their knowledge to overrule their emotions. This technique seems to be more effective with children and young people already experiencing harm from gambling and is effective if appropriate and timely feedback is provided.²⁴

Online peer support also has some benefits if carefully supervised and moderated by specialists²⁵ – with caution to avoid unintentionally inspiring or instructing risky behaviours.

Example: Consider whether your programme is allowing enough opportunities for all children and young people in the group to actively participate and be engaged in the sessions.

²³ United Nations Office on Drugs and Crime International Standards on Drug Use Prevention 2015 and Wybron, I., Reducing the odds: an education pilot to prevent gambling harms, 2017.

²⁴ Delfabbro, Lambos et al. (2009), in Valentine, G., Children and young people's gambling: research review, 2016, The Responsible Gambling Trust, London. ²⁵ Valentine, G., Children and young people's gambling: research review, 2016, The Responsible Gambling Trust, London

2 THE PRINCIPLES

CONTENT AND THEORETICAL FOUNDATION

While the approaches outlined below have been identified as effective, interventions should be composed of a combination of these, in order to effectively address knowledge, attitudes, skills and behaviours.²⁶

Principle 9: Build protective factors and reduce risk factors

Recommendations:

- **Challenge gambling misconceptions and increase knowledge and awareness (cognitive approaches)²⁷**
- **Teach age-appropriately, including new and complex information such as randomness and statistics where relevant²⁸**
- **Use life-skills based approaches to build resilience and coping mechanisms. Interventions should integrate educational approaches and activities that allow children and young people to learn and practice a range of personal, emotional and social skills including coping, decision-making and resisting peer pressure.**

²⁶ Dickson L., M., et al, The Prevention of Gambling Problems in Youth: A Conceptual Framework, Journal of Gambling Studies, 2002 and PSHE Association, How to address gambling through PSHE education, 2019 And United Nations Office on Drugs and Crime International Standards on Drug Use Prevention 2015. ²⁷ Keen, B., et al. How learning misconceptions can improve outcomes and youth engagement with gambling education programs, Journal of Behavioral Addictions 8(3), pp. 372–383 (2019). ²⁸ Keen, B., et al. How learning misconceptions can improve outcomes and youth engagement with gambling education programs, Journal of Behavioral Addictions 8(3), pp. 372–383 (2019).

2 THE PRINCIPLES

CONTENT AND THEORETICAL FOUNDATION

Contexts: Targeted

Some evidence suggests that, within targeted settings, selective or indicated prevention interventions that highlight how the long-term costs of gambling outweigh perceived benefits may motivate young people to change behaviour, encouraging them to gain similar benefits from less harmful activities. This should be only one component of a treatment plan.²⁹ The same literature review also outlines that understanding of chance and randomness seems to be effective with young male gamblers receiving selective or indicated prevention interventions.³⁰

Universal and Targeted

However, mathematical skills and cognitive approaches are only likely to be effective if supported by life skills development and other approaches aimed at influencing attitudes, intention and subsequently behaviour. As we have already highlighted, “life skills help children, youth and adults to assess risky situations and behaviours and make rational choices in front of everyday challenges. At the heart of life skills education is the learning of life skills, including skills for building self-esteem, setting realistic goals, coping with anxiety, resisting pressures, communicating effectively, making decisions, managing conflict and dealing assertively with risky social situations”.³¹

Example: Interventions should help children and young people develop skills, strategies, attributes and attitudes as well as knowledge that may function as protective factors. In addition to skills, attributes and attitudes, known protective factors include: strong family bonds, family involvement in the lives of the children, successful school experiences, strong bonds with local community activities and a caring relationship with at least one adult.

²⁹ Gillespie et al. (2007b), in Valentine, G., Children and young people’s gambling: research review, 2016, The Responsible Gambling Trust, London. ³⁰ Valentine, G., Children and young people’s gambling: research review, 2016, The Responsible Gambling Trust, London. ³¹ Boughelaf, J., ADEPIS, Life-skills based education for alcohol and drug prevention, 2016

2 THE PRINCIPLES

CONTENT AND THEORETICAL FOUNDATION

Principle 10: Based on approaches that influence intention and motivation to change behaviour³²

Recommendations:

Use approaches such as the Theory of Planned Behaviour that aim to:

- **Influence attitudes with focus on decreasing positive attitudes towards gambling instead of increasing negative attitudes**
- **Address and correct individuals' misconceptions over their own perception of control**
- **Challenge subjective and societal norms (normative approaches)**
- **Affect impulsivity and promote delayed gratification**

Contexts: Universal and Targeted

The Theory of Planned Behaviour (included in Appendix C) comprehensively explains how attitudes, subjective norms and perceptions of control influence an individual's intention to act or perform a certain behaviour.

Targeted

Attitudes are what individuals use when they positively or negatively evaluate a certain behaviour. Research shows that gambling-related attitudes independently predict gambling frequency in people experiencing harmful gambling.³³

The same study explains how an individual's perception of control influences both their intentions and their future behaviour, while subjective norms influence their intention to perform a behaviour.

Universal and Targeted

When developing interventions aimed at addressing children and young people's attitudes, it is important to understand that related activities should focus on decreasing positive attitudes towards gambling, as opposed to increasing negative attitudes³⁴ towards gambling. The latter would naturally lead to scare tactics or scenarios that are too distant for children and young people, which are not effective approaches.

³² St-Pierre, R. A., Temcheff, C. E., Derevensky, J. L., & Gupta, R. (2015). Theory of planned behavior in school-based adolescent problem gambling prevention: A conceptual framework. *Journal of Primary Prevention*, 36, 361-381. doi: 10.1007/s10935-015-0404-5 and Wybron, I., Reducing the odds: an education pilot to prevent gambling harms, 2017. ³³ St-Pierre, R. A., Temcheff, C. E., Derevensky, J. L., & Gupta, R. (2015). Theory of planned behavior in school-based adolescent problem gambling prevention: A conceptual framework. *Journal of Primary Prevention*, 36, 361-381. doi: 10.1007/s10935-015-0404-5. ³⁴ Van der Kreeft, EU-DAP, Unplugged, https://www.eudap.net/Research_Home.aspx

2 THE PRINCIPLES

CONTENT AND THEORETICAL FOUNDATION

When developing interventions aimed at addressing subjective and social norms, it is important to understand whether the young person or their peers are already involved in gambling activities or not. Normative approaches focus on demystifying perception of acceptance of gambling from peers and on fostering prosocial norms.³⁵

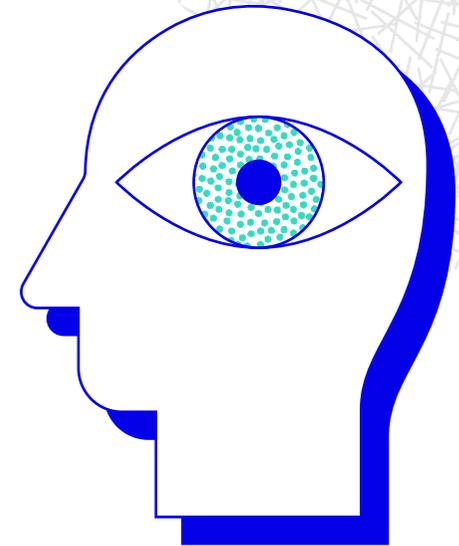
Universal

Within universal settings, interventions fostering positive social norms opposing childhood gambling experience are effective.³⁶ These should be focused on reducing the perception that gambling is a key part of enjoying sport entertainment whilst being careful of neither glamourising, nor stigmatising gambling.³⁷

Targeted

Within targeted settings, especially with young adults with harmful gambling behaviours, brief interventions using the Personalised Normative Feedback (PNF) approach seem to be effective.³⁸ The PNF approach aims to correct misperceptions by highlighting inconsistencies between perceived and actual norms.³⁹ It does so by addressing: 1) the gambling behaviour of the individual; 2) their perception of their peers' gambling behaviour; 3) their peers' real gambling behaviour.⁴⁰

Although evidence presents PNF as an effective, low cost and easily disseminated intervention for reducing at-risk gambling as a harm-reduction preventative strategy, it needs to be implemented with caution. It may, in fact, have unintended consequences when targeting low frequency gamblers by producing a 'boomerang effect'.⁴¹



³⁵ St-Pierre, R. A., Temcheff, C. E., Derevensky, J. L., & Gupta, R. (2015). Theory of planned behavior in school-based adolescent problem gambling prevention: A conceptual framework. *Journal of Primary Prevention*, 36, 361-381. doi: 10.1007/s10935-015-0404-5. ³⁶ Dickson L., M., et al, The Prevention of Gambling Problems in Youth: A Conceptual Framework, *Journal of Gambling Studies*, 2002. ³⁷ PSHE Association, How to address gambling through PSHE education, 2019. ³⁸ Grande-Gosende, A., Derevensky, J., L., Systematic review of preventive programs for reducing problem gambling behaviours among young adults, *Journal of Gambling Studies* 2019. ³⁹ Celio and Lisman 2014; Collins et al. 2002; Lewis and Neighbors 2006 in Grande-Gosende, A., Derevensky, J., L., Systematic review of preventive programs for reducing problem gambling behaviours among young adults, *Journal of Gambling Studies* 2019. ⁴⁰ Grande-Gosende, A., Derevensky, J., L., Systematic review of preventive programs for reducing problem gambling behaviours among young adults, *Journal of Gambling Studies* 2019. ⁴¹ Marchica and Derevensky 2016 in Grande-Gosende, A., Derevensky, J., L., Systematic review of preventive programs for reducing problem gambling behaviours among young adults, *Journal of Gambling Studies* 2019

2 THE PRINCIPLES

CONTENT AND THEORETICAL FOUNDATION

Universal and Targeted

In addition to perception of control, impulsivity and delayed gratification are also factors that need to be given attention. Longitudinal studies suggest that being able to delay gratification at age four is associated with a range of positive outcomes in adolescence and later life. These include: higher educational achievement, better social cognitive and emotional coping in adolescence, and higher sense of self-worth, better stress management, and less illicit substance use later in adulthood.⁴²

Example: Social norms are important: pay very close attention to the resources and materials you use, and be sure not to contribute to normalisation or glamourisation of gambling.

⁴² Wybron, I., Reducing the odds: an education pilot to prevent gambling harms, 2017



2 THE PRINCIPLES

What doesn't work

While it is essential to highlight principles of effective prevention and education, it is also very important to be aware of ineffective or harmful approaches.

Practitioners should avoid:

1. One-time sessions or assemblies, or stand-alone programmes only designed to increase knowledge.⁴³
2. Using non-interactive methods, such as lecturing, as a primary delivery strategy.⁴⁴
3. Scare tactics, including exaggerated dangers, biased presentations or personal life stories told in isolation. This may lead to the audience disbelieving the message and can discredit the educator.⁴⁵
4. Messages of complete abstinence – these are unhelpful and not conducive to discussion.⁴⁶

We acknowledge that it is valuable for individuals with experience of gambling harm to support gambling education and prevention. However, it is important that this is done in line with principles for effective practice and that it focuses on the implementation of a holistic education programme that develops knowledge, attitudes and skills, following a harm reduction approach.

Conclusion

This framework should be used as a starting point for gambling prevention activities. Whilst it is by no means exhaustive, it is intended to set the ground for a systematic and coordinated approach to gambling education and prevention. The framework is intended to complement the public health approach outlined in the National Strategy for Reducing Gambling Harms.

In addition to this document, we highly recommend accessing the resources listed at the back of this document.

⁴³ Drug Education Forum, Principles of Good Drug Education and Wybron, I., Reducing the Odds, An education pilot to prevent gambling harms, 2017. ⁴⁴ United Nations Office on Drugs and Crime International Standards on Drug Use Prevention 2015. ⁴⁵ Drug Education Forum, Principles of Good Drug Education. ⁴⁶ Drug Education Forum, Principles of Good Drug Education.

3 EVIDENCE BASE

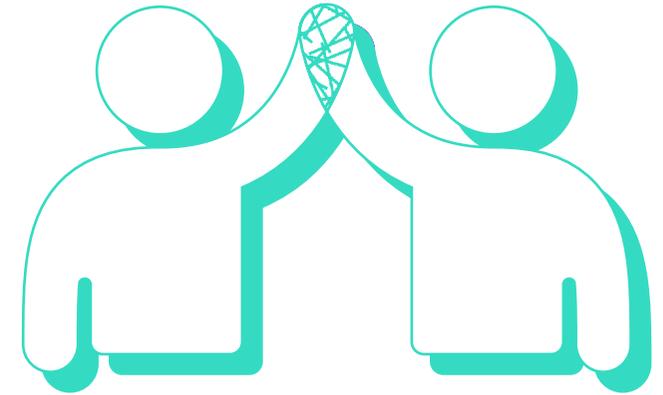
Education and Prevention

This framework draws upon principles of effective gambling education and prevention, within formal and informal education settings. However, before addressing these principles, it is important to understand the broader context:

1. There is a significant difference between gambling education and gambling prevention. While gambling education tends to aim to develop knowledge, skills and attitudes and informs on facts, consequences and social contexts, gambling prevention aims to change behaviours (or potential future behaviours) by developing knowledge, skills and attitudes – to prevent, delay or reduce the harms. Therefore, the intended outcomes of education programmes are generally narrower than the intended outcomes of prevention programmes; and the former are, of course, more achievable.⁴⁷

2. Education programmes are only a small element of a broader prevention plan. The National Strategy for Reducing Gambling Harms outlines a comprehensive approach to implement an effective prevention plan that identifies a mix of interventions to be applied both at population and individual level. In it, the Gambling Commission states:

‘Prevention’ of gambling harms will include a broad spectrum of measures at population level, such as regulatory restrictions on product, place and provider. This priority also includes reference to public health messaging and education programmes, and to specific work with individuals who are at risk of harm.⁴⁸



On the basis of these points, in this framework we outline principles and activities for effective education and prevention, and encourage the implementation of educational activities following a holistic approach. We recognise that, more often than not, individuals or organisations will not be able to address the broader context alone. For this reason, we encourage a more coordinated response among practitioners, educators and other stakeholders.

⁴⁷ Stothard, B. 2006. ‘Developing a national programme: what’s in the mix and why / practice, professionalism, prescription,’ in R. Midford & G. Munro (eds.) *Drug Education in Schools: Searching for the Silver Bullet*. Melbourne: IP Communications. ⁴⁸ The National Strategy for Reducing Gambling Harms – Prevention and Education <https://www.reducinggamblingharms.org/prevention-and-education>

4 CONTENT PLANNING

The role of gambling education in prevention

Evidence from prevention science stresses that many components of effective prevention, such as age-appropriate information, interactive teaching, normative education and social resistance skills, can be incorporated into education.⁴⁹ While gambling education alone is unlikely to bring about behaviour change,⁵⁰ by developing gambling education interventions and curricula on the basis of established principles from prevention evidence, it may be possible to contribute small preventative effects alongside broader educational benefits.⁵¹

Before starting to design a gambling education programme, it is therefore important to reflect on the objectives. What are the reasons we are designing a programme or a series of lessons? What are we trying to achieve? It is very likely that most practitioners' objectives are to ultimately prevent children and young people's engagement in harmful gambling

behaviour, either at present or later in their lives.

In order to select the right approaches, processes and ultimately the right intervention design, it is useful to individually assess the key prevention objectives.

Prevention objectives: what are we trying to do?

As practitioners, every time we design lessons on gambling and the related risks, develop a structured programme to support informed decision-making, or implement an intervention with children and young people who may be at risk of experiencing gambling harm, we are intending to:

1. Improve knowledge and increase awareness
2. Change attitudes towards gambling
3. Correct false cognitions/understandings and erroneous beliefs

4. Increase skills and coping mechanisms that build individuals' resilience
5. Influence behaviour by:
 - reinforcing positive choices
 - preventing or delaying onset of gambling
 - preventing harmful gambling
 - decreasing/reducing excessive gambling
6. Signpost and raise awareness of where to get help when it is needed.⁵²

Improving knowledge and increasing awareness alone is not enough and, at times, may be more harmful than beneficial.⁵³ Information is an essential element of education, but it is only one component of a broader educational and preventative approach. In fact, attitudes, beliefs and skills have a higher influence on behaviour,⁵⁴ and therefore have a stronger preventative effect. Unfortunately, in day-to-day practice, these are often elements that are dropped due to time constraints.

⁴⁹ Dusenbury & Falco, (1995) in Thurman, B., Boughelaf, J., "We don't get taught enough" An assessment of drug education provision in schools in England, *Drugs and Alcohol Today*, Emerald Insight, 2015. ⁵⁰ Dom & Murji, (1992) in Thurman, B., Boughelaf, J., "We don't get taught enough" An assessment of drug education provision in schools in England, *Drugs and Alcohol Today*, Emerald Insight, 2015. ⁵¹ (Dom & Murji, (1992) Thurman, B., Boughelaf, J., "We don't get taught enough" An assessment of drug education provision in schools in England, *Drugs and Alcohol Today*, Emerald Insight, 2015. ⁵² Adapted from Deguire et al. Preventing youth gambling problems, Prevention objectives 2004. ⁵³ United Nations Children's Fund (UNICEF). Life Skills-Based Education for Drug Prevention: Training Manual, 2009. ⁵⁴ See Appendix C – Theory of Planned Behaviour

4 CONTENT PLANNING

We recognise that it may be difficult for all educators and practitioners to be able to effectively influence behaviour with a single education programme. However, it is essential that all lessons, programmes or interventions aim to achieve at least the first four objectives.

To understand the importance of simultaneously addressing knowledge, attitudes, skills and behaviours and highlight the most effective ways to do so, we include here a brief overview of a well-established prevention approach: life skills -based education.

Life skills-based education

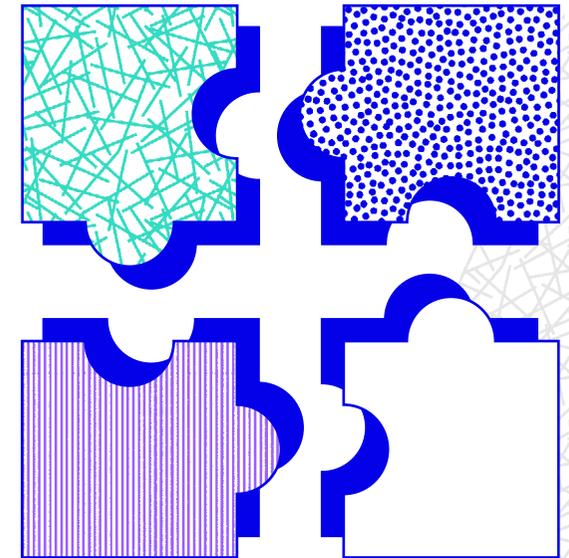
Life skills are “abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.”⁵⁵

UNICEF has defined life skills education as “a holistic approach to the development of values, skills and knowledge in the learner,

which assists children and young people to protect themselves and others in a range of risky situations.”⁵⁶

Life skills-based education promotes mental wellbeing in children and young people, by equipping them with skills that help them to navigate life challenges and difficult situations, and to behave in a prosocial manner.⁵⁷ The learning of life skills for “building self-esteem, setting realistic goals, coping with anxiety, resisting pressures, communicating effectively, making decisions, managing conflict and dealing assertively with social situations”⁵⁸ supports the development of resilience in children and young people.

There is evidence that life skills education programmes generally have a positive impact on increasing children and young people’s knowledge and awareness of risky behaviours, and that those focusing on decision-making processes to make rational choices can have some impact on changing behaviour.^{59, 60}



⁵⁵ World Health Organisation (WHO). Life skills education for children and adolescents in schools, 1997. ⁵⁶ United Nations Children’s Fund (UNICEF). Life Skills-Based Education for Drug Prevention: Training Manual, 2009. ⁵⁷ Prosocial behavior is a social behavior that “benefit[s] other people or society as a whole”, “such as helping, sharing, donating, co-operating, and volunteering”. ⁵⁸ World Health Organisation (WHO). Life skills education for children and adolescents in schools, 1997. ⁵⁹ Please note that this refers to behaviour change and reduction in substances consumption, although some initial evidence is also available in relation to gambling prevention. ⁶⁰ Martin et al.(2013) in Boughelaf, J., ADEPIS, Life-skills based education for alcohol and drug prevention, 2016

4 CONTENT PLANNING

Addressing knowledge, attitudes and skills

The table below presents a simplified matrix of components for a holistic life skills-based educational programme.

Adapted from UNICEF⁶¹ and PSHE Association⁶²

Content: Gambling-specific knowledge, attitudes & beliefs and skills			Teaching methodology
Knowledge	Attitudes & beliefs	Life skills	Methodology
<p>Including:</p> <ul style="list-style-type: none"> • Gambling risks and harms • Understanding of risk and protective factors⁶³ • Awareness of signs and symptoms of harmful gambling • Understanding randomness and chance • Teaching mathematical principles underpinning them (conceptual change model to learn new complex information such as randomness and statistics) • Understanding of probability, odds, house edge, randomness • Understanding of gambling industry strategies to draw people in and keep them gambling, including those that exploit natural human biases and errors • Information about the antecedents, costs, and benefits of performing the desired behaviour, as well as the connections between antecedents and consequences⁶⁴ 	<p>Including:</p> <ul style="list-style-type: none"> • ‘Known cognitive aspects of harmful gambling’ – including misconceptions and fallacies • Understanding of superstition and other ‘thinking errors’ such as a sense of deservedness • Developmental account of gambling harm formation (as opposed to focusing on harms) • Cognitive techniques: challenging and replacing unhealthy cognitions with more accurate and helpful ones • Subjective norms and positive social norms (where individuals believe their peers and/or family are more approving or more involved in gambling) • Increasing awareness of one’s personal autonomy, intrinsic goals and ethical values • Perception of control: expectations about the facility or difficulty related to performing a specific behaviour⁶⁵ • Sense of purpose (success orientation, motivation and optimism)⁶⁶ 	<p>Including:</p> <ul style="list-style-type: none"> • Social competence, including flexibility, persuasive communication skills, concern for others, and pro-social behaviours⁶⁷; • Self-esteem • Decision-making • Managing risk • Problem solving, including ability to think abstractly and generate and implement solutions to cognitive and social problems • Setting realistic goals • Autonomy, including self-efficacy and self-control • Resisting peer or other influences • Active listening • Managing conflict • Resilience building (Adversity, Belief, Consequences – ABC model) • Emotion regulation skills, including: <ul style="list-style-type: none"> • Coping adaptively with negative emotions • Stress management • Adaptive ways of sensation-seeking 	<p>Including:</p> <ul style="list-style-type: none"> • Group processes • Child or young person-centred • Needs-led • Interactive and participatory • Brainstorming • Role play • Educational games • Debates • Practicing skills with others • Audio and visual activities

⁶¹ United Nations Children’s Fund (UNICEF). Life Skills-Based Education for Drug Prevention: Training Manual, 2009. ⁶² PSHE Association, How to address gambling through PSHE education, 2019. ⁶³ Wybron, I., Reducing the odds: an education pilot to prevent gambling harms, 2017. ⁶⁴ Abraham and Michie (2008), Hardeman et al. (2005), Michie et al. (2008) in St-Pierre, R. A., Temcheff, C. E., Derevensky, J. L., & Gupta, R. (2015). Theory of planned behavior in school-based adolescent problem gambling prevention: A conceptual framework. Journal of Primary Prevention, 36, 361-381. doi: 10.1007/s10935-015-0404-5. ⁶⁵ St-Pierre, R. A., Temcheff, C. E., Derevensky, J. L., & Gupta, R. (2015). Theory of planned behavior in school-based adolescent problem gambling prevention: A conceptual framework. Journal of Primary Prevention, 36, 361-381. doi: 10.1007/s10935-015-0404-5. ⁶⁶ Dickson L., M., et al, The Prevention of Gambling Problems in Youth: A Conceptual Framework, Journal of Gambling Studies, 2002. ⁶⁷ Dickson L., M., et al, The Prevention of Gambling Problems in Youth: A Conceptual Framework, Journal of Gambling Studies, 2002

5 HOW TO IMPLEMENT

Before you start, you may want to think about...

Programme design and formulation

If you are considering the design, development and implementation of a new education and prevention programme, or to provide lessons to complement an existing curriculum (e.g. within school settings), it is fundamental that you take into account the following considerations:

1. The cycle of planning and delivery
2. The Theory of Change and Logical Framework (See Appendix B)

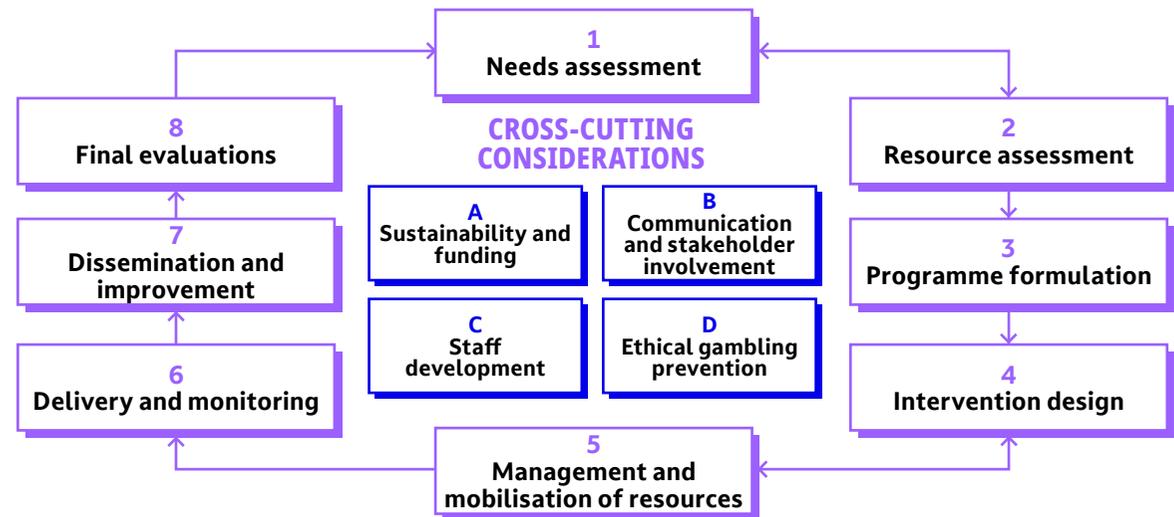
The cycle of planning and delivery

A standard project cycle normally has four major phases: initiation, planning, implementation and closure. At each stage there are additional considerations to include, such as the target group, their needs, existing knowledge and skills, the environment or settings in which the project will be implemented, intended outcomes and related monitoring, evaluation and learning (MEL) approaches.

Below, we report an adaptation of the European Drug Prevention Quality Standards (EDPQS)⁶⁸ project cycle, useful because of its completeness, rigour and inclusion of principles that are relevant and transferable to the prevention of gambling. In fact, gambling (and harmful gambling) behaviours are influenced by a variety of risk and protective factors that are similar to other risky behaviours, such as substance use or misuse. For this reason, it is possible and advisable to learn from preventative approaches and models from

the field of substance use prevention.⁶⁹ In this document we only report the project cycle; however, we highly recommend that practitioners look into the EDPQS as part of their continuous professional development.

As an external practitioner, you need to be aware of the context in which you will be delivering and have a full understanding of how your practice fits with what is trying to be achieved in that particular setting.



⁶⁸ European Drug Prevention Quality Standards. ⁶⁹ Dickson L., M., et al, The Prevention of Gambling Problems in Youth: A Conceptual Framework, Journal of Gambling Studies, 2002

5 HOW TO IMPLEMENT

Evaluation

Evaluation of impact is as important as the other phases in the project cycle, so it's essential that it is effectively designed and planned early as part of the programme formulation, rather than as an 'add-on'. Moreover, considering the relative scarcity of robust evidence in the field of gambling prevention,⁷⁰ it is imperative that you use programmes which are known to be effective.

NCVO offers comprehensive step-by-step advice for planning impact and evaluation assessments. Nesta provides information on how to use The Standards of Evidence model to understand if an innovation is working. Evaluation and assessment should be developed as an integral part of any intervention.⁷¹

When planning and designing a programme evaluation, it is important to go beyond measuring individuals' satisfaction, and focus on measuring change in outcomes. To effectively select relevant project outcomes, we recommend using the

prevention objectives we have presented on page 22 as a starting point.

Founding education principles

All educational programmes and activities need to create a safe learning environment.⁷² A safe learning environment is essential to help children and young people feel comfortable and able to share their ideas, perceptions and values without receiving negative feedback. Supported by the establishment of ground rules, this environment also supports practitioners to confidently manage discussions on sensitive issues and properly handle any concerns raised. The PSHE Association guide on how to address gambling through PSHE education offers a detailed overview and a series of recommendations (transferable to a variety of settings) for effectively creating a safe learning environment.⁷³

It is also crucial that practitioners have received adequate training and can access suitable specialist support when required. An up-to-date safeguarding policy is a solid

basis to address the points highlighted in the recommendations.

It is therefore important to follow these recommendations:

1. Ensure ground rules are negotiated with children and young people
2. Activities are distanced from children and young people's personal experiences (e.g. through relatable case studies and fictional stories) to minimise personal disclosures during open forums and group sessions⁷⁴
3. Explain this to the group at the start of the session and inform them that if anything personal to them comes up, they can find you after for an informal chat. We would also recommend that you liaise with your designated safeguarding Lead
4. Questions, issues or concerns raised are handled safely and by an informed and experienced educational practitioner
5. Suitable, age-appropriate, universally accessible and sustainable support is signposted⁷⁵

⁷⁰ Griffiths, M., Youth gambling education and prevention: Does it work?, Education and Health, Vol.26 No.2, 2008. ⁷¹ NCVO, Planning your impact and evaluation, <https://knowhow.ncvo.org.uk/organisation/impact/plan-your-impact-and-evaluation>. ⁷² PSHE Association, How to address gambling through PSHE education, 2019. ⁷³ PSHE Association, How to address gambling through PSHE education, 2019. ⁷⁴ PSHE Association, How to address gambling through PSHE education, 2019. ⁷⁵ Useful links are available at the end of this document.

6 USEFUL LINKS

Education programmes

[BigDeal Website](#) for young people, professionals and parents

[Fast Forward Gambling Education Toolkit](#) – This is one of the most recent and evaluated free resources designed for the implementation of gambling education and prevention interventions in informal educational contexts

[YGAM Education Resources](#) Free information for teachers and professionals with over 1000 downloadable resources. Aligned to the national curriculum across KS2-5. Winner of the Children & Young People Now Award for PSHE. (2020) www.ygam.org

[YGAM Parent Hub: parents.ygam.org](http://parents.ygam.org)

[YGAM Student Hub: students.ygam.org](http://students.ygam.org)

[Center for Theory of Change](#)

PHSE and other organisations

[Demos Gambling Education Teaching Resources](#) – These are one of the most recent and evaluated free resources designed for the implementation of school-based interventions

[European Drug Prevention Quality Standards](#)

[Trust Me Film and resources](#) – a short film about gambling with free educational resources for young people, teachers and other youth practitioners

[NCVO](#) – Planning your impact and evaluation

[PSHE Association Guidance](#) – on how to address gambling through PSHE education

[UNODC](#) – International Standards on Drug Use Prevention

Signposting

[Childline](#) – 0800 1111 or www.childline.org.uk

[GambleAware](#) – www.begambleaware.co.uk

[GamCare](#) – www.gamcare.org.uk

[The National Gambling Helpline](#) – 0808 8020 133

[Young People's Support Service:](#)
youngpeopleservice@gamcare.org.uk

7 APPENDICES

A: GLOSSARY

Evidence-based interventions:

interventions whose outcomes have been evaluated and proven beneficial, to some extent, in changing target behaviour

Gambling harms:

gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society

Harm reduction:

a set of practical strategies and ideas aimed at reducing negative consequences associated with gambling

Prevention:

a range of public health policies designed to deter the onset of problems or risky behaviours

Protective factors:

conditions or attributes in individuals, families, communities or the larger society that mitigate or eliminate risk in families and communities, thereby increasing the health and wellbeing of children and families

Risk factors:

factors and variables that increase an individual's likelihood to be engaged in a risky behaviour, and a possible pathway to early and more harmful patterns of gambling

System:

a set of components organised for a common purpose that are connected to, and interact with, each other to form an integrated whole

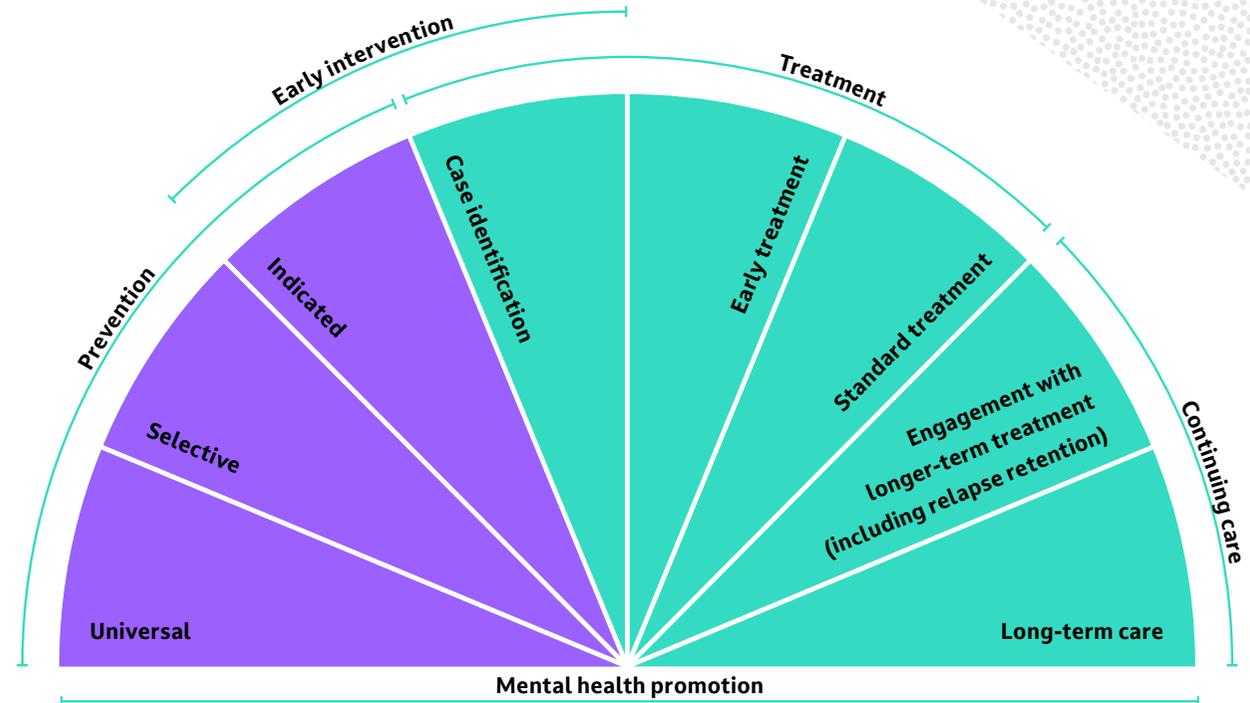
7 APPENDICES

B: UNDERSTANDING PREVENTION (AND HARM REDUCTION)

Below we have adapted the Mental Health Intervention Spectrum. This is essential to understand the continuum in which gambling prevention interventions should be implemented according to different stages of an individual's life-course, target groups and settings.

This spectrum is also very useful to understand how essential prevention is for the promotion of good mental health and wellbeing. In fact, in order to promote positive mental health, it is essential to promote healthy behaviours and coping mechanisms. Gambling, like other risky behaviours such as substance use or misuse, or unhealthy sexual behaviours, may themselves be unhealthy coping mechanisms for existing issues. So when considering the spectrum of prevention and harm reduction, it is important to understand that the ultimate goal is the promotion of positive and healthy behaviours to contribute to a young person's good mental health and over all wellbeing.

While all the areas in the continuum are important for the reduction of gambling-related harms, within this framework we focus on prevention.



Mrazek and Haggerty's model of the spectrum of interventions for mental health problems and mental disorders

Source: Mrazek and Haggerty R (1994). Reducing risks for mental disorders: Frontiers for preventative intervention research, Committee on Prevention of Mental Disorders, Division of Biobehavioural Sciences and Mental Disorders, Institute of Medicine, Washington, National Academy Press

7 APPENDICES

B: UNDERSTANDING PREVENTION (AND HARM REDUCTION)

Prevention interventions are classified into Universal, Selective and Indicated on the basis of the needs of the target population, and the related level of risk. Selective and Indicated prevention are themselves components of what is also known as targeted prevention; that is, prevention which addresses those who are already at risk of harm, or who are actually experiencing harm.

Universal

Universal interventions target the general population and are not directed at a specific risk group. Universal prevention measures address an entire population (national, local, community, school or neighbourhood) with messages and programmes aimed at preventing or delaying engagement in unhealthy behaviours. The mission of universal prevention is to

deter the onset of harm by providing all individuals with the information and skills necessary to prevent the harm.⁷⁶ Universal prevention is a right for every individual, as a citizen, to be able to understand society, existing pressures and challenges.⁷⁷

Selective

Selective prevention strategies target subsets of the total population that are deemed to be at risk (for gambling) by virtue of their membership of a particular population segment. Risk groups may be identified on the basis of social, demographic or environmental risk factors known to be associated with gambling. Targeted subgroups may be defined by age, gender, family history and place of residence, such as deprived neighbourhoods or those with high gambling availability.⁷⁸

Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group.⁷⁹

Indicated

Indicated interventions target those already displaying gambling behaviours or engaged in other high-risk behaviours to prevent harmful gambling or chronic use. The mission of indicated prevention is to identify individuals who are exhibiting risky behaviours and to involve them in special programmes to minimise harm and prevent chronic behaviour.⁸⁰

These preventative approaches exist in the context of broader strategies, policies and practices, which intend to reduce or eliminate risky behaviours (such as gambling or substance use) and related

harm by changing the overall environmental context.⁸¹ Environmental prevention can include regulatory measures (such as opening hours or behavioural norms), physical measures (such as school environment) and economic measures (such as pricing) to promote healthier behaviours and reduce or prevent harmful behaviours.⁸²

Whilst it is important to understand the differences and the interconnection between these different prevention approaches, in this framework we only distinguish between universal and targeted prevention, where relevant, with the understanding that these should be interpreted within the context of the continuum of prevention, including environmental prevention.

⁷⁶ Adapted from the Institute of Medicine Classifications for Prevention. ⁷⁷ Ives, R. ⁷⁸ Adapted from European Monitoring Centre for Drugs and Drug Abuse (EMCDDA) definition. ⁷⁹ Adapted from the Institute of Medicine Classifications for Prevention. ⁸⁰ Adapted from the Institute of Medicine Classifications for Prevention. ⁸¹ Fisher, 1998, Environmental Prevention Strategies: An Introduction and Overview. ⁸² EMCDDA, 2019, TECHNICAL REPORT Drug prevention: exploring a systems perspective.

7 APPENDICES

C: THE THEORY OF CHANGE AND THE LOGICAL FRAMEWORK

A Theory of Change is an illustration of the way, and the reason why, a change is expected to happen in a particular context. A Theory of Change is used to outline the desired long-term goals and then to identify the essential conditions (or outcomes) for the goals to be likely to occur. A Theory of Change not only identifies all the possible outcomes, but also the way these relate to one another causally⁸³

A Theory of Change, alongside a logical framework (or outcomes framework), should be the starting point of the design and development of any programme or intervention

A Theory of Change looks at the bigger picture, summarising work at a strategic level and including a variety of possible 'pathways' to change, while the logical framework outlines only the pathway the specific programme is built upon and dealing with, and allows us to identify indicators that should be used to effectively monitor and evaluate the intervention

Extensive guidance on how to build and use a Theory of Change is provided by NCVO⁸⁴

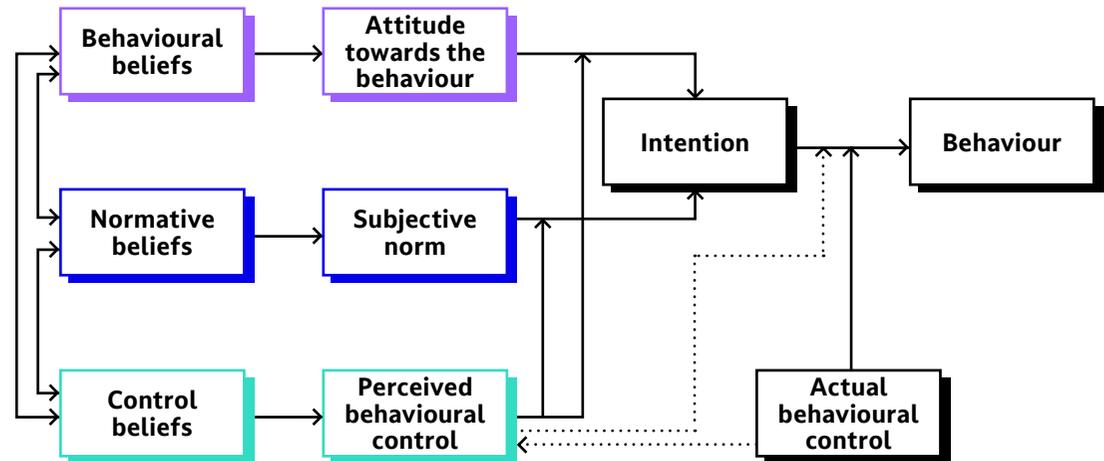
⁸³ Center for Theory of Change <https://www.theoryofchange.org/what-is-theory-of-change/>. ⁸⁴ NCVO, How to build a Theory of Change, <https://knowhow.ncvo.org.uk/how-to/how-to-build-a-theory-of-change> and NCVO, Uses of Theory of Change <https://knowhow.ncvo.org.uk/organisation/impact/plan-your-impact-and-evaluation/identify-the-difference-you-want-to-make-1/uses-of-theory-of-change>

7 APPENDICES

D: THEORY OF PLANNED BEHAVIOUR

As we have seen, a main objective of prevention is to influence behaviour to:

- reinforce positive choices
- prevent or delay onset
- prevent harmful gambling
- decrease/reduce excessive gambling



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An individual's behaviour is determined by a variety of internal and external factors, of which knowledge and awareness are only a minor component.

The Theory of Planned Behaviour is an established framework that is used to explain and predict individuals' behaviours and that is applied as the foundation of a variety of successful psychoeducational and skills-based prevention programmes.

The Theory of Planned Behaviour suggests that an individual's behaviour is influenced by their intention – or motivation – to engage in a specific action or behaviour. The intention to act is itself influenced by attitudes and beliefs, including subjective norms and perception of control. For instance, if a young person has a positive perception about gambling, believes that other people approve of it, and that it is under their control, then they may be more likely to gamble.⁸⁵

⁸⁵ St-Pierre, R. A., Temcheff, C. E., Derevensky, J. L., & Gupta, R. (2015). Theory of planned behavior in school-based adolescent problem gambling prevention: A conceptual framework. *Journal of Primary Prevention, 36*, 361-381. doi: 10.1007/s10935-015-0404-5

7 APPENDICES

E: METHODOLOGY FOR DEVELOPING THIS FRAMEWORK

The development of this framework was undertaken by an independent practitioner with direction from the Gambling Prevention Education Forum, in consultation with the PSHE Association and other experts in the gambling field.

This framework was informed by an initial literature review of evidence in the field of gambling education and prevention, as well as assessment of well-established evidence and transferable learning from the field of substance use prevention.

The development of the framework included the following stages:

1. Literature review: available evidence, including prevention, harm reduction and effective education approaches nationally and internationally
2. Assessment of existing evidence-based interventions aimed at preventing gambling among children and young people (national and international literature) to identify common effective approaches and best practice
3. Assessment of existing education quality standards for the prevention of inter-linked risk factors to understand transferability potential.
4. Consultations with experts in the sectors of gambling prevention, drug misuse prevention and education
5. Consultation with PSHE Association and identification of common principles to be presented in the two documents
6. Presentation of the first draft and collection of feedback from the Gambling Prevention Education Forum
7. External consultation and collection of feedback from experts and external audiences
8. Revision and improvement of the principles on the basis of the feedback provided