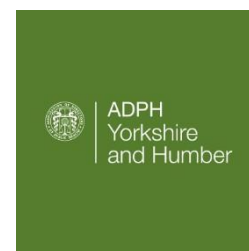# Yorkshire and the Humber Gambling-Related Harms Programme (2021-2024)

**Communication and marketing recommendations for gambling-related harm resources:
Findings from a web-based mapping review**

April 2023

Contents

1. Overview and purpose of document

Gambling-related harm has increasingly become a public health priority in the Yorkshire and the Humber (Y&H) region. Following the Public Health England (PHE) evidence review on gambling-related harm, recent figures have shown rates of gambling activity at 60.8% in the Y&H region, with 3.6% at-risk and 0.7% problem gambling (Public Health England, 2021). The proportion of people gambling at low-risk levels has increased since 2016 (from 1,094,066 in 2016 to 1,213,830 in 2018), with a recent 2023 evidence update estimating around 1.76 million people in England having a level of risk attached to their gambling participation (Office for Health Improvement & Disparities, Jan 2023).

Data showed the highest rates of participation in gambling activities are by those with higher academic qualifications living in relatively less deprived areas. However, as gambling risks increase so does gambling-related harms (GRH) and the socio-demographic profile of gambling individuals. This includes people more at risk of gambling harms, such as those living in areas of higher deprivation, being unemployed and living with poor mental health.

With the rise in online gambling and increased exposure to gambling-related activities and advertisements, it is important that information and support resources (including treatment options) are evidence-based, non-stigmatising and clear in facilitating timely access to support for people who gamble and Affected Others (family, friends or wider support networks).

Following the establishment of a regional Harmful Gambling Network in Y&H to support addressing gambling-related harm, a successful bid was made to the Gambling Commission to fund a 3-year gambling-related harms programme for the region (2021-2024) on behalf of the Yorkshire and the Humber Association of Directors of Public Health (Y&H ADPH). The aim of the programme is to reduce and prevent gambling-related harm across Y&H, to raise awareness of risk of gambling activities to health and to support earlier intervention to gambling support resources and services.

The two strategic arms of the programme are:

- education and awareness-raising to prevent and reduce gambling-related harms

- improving access to information, support and treatment.

A communication and engagement strategy is embedded throughout the programme. To support this, a web-based mapping exercise to identify sources of gambling support and

information was conducted to review existing resources, identify areas of best practice and/or improvement to feed into future communications.

The purpose of this document is to provide recommendations based on findings from the mapping review to guide practice around communications and marketing for gambling-related harm support and information resources for people who gamble, Affected Others and the wider public (including health professionals).

In the first instance, the findings of this review are aimed to shape future communications and marketing work as part of the regional programme. This report will also be shared with regional gambling leads and relevant stakeholders to guide communications on gambling-related harms.

2. Mapping review: methodology and results summary

2.1. Methodology

This web-based mapping review consisted of an online search and analysis of gambling support resources and information in the UK to review content and messaging, and to identify best practice and areas for improvement. The focus was on resources targeted at people who gamble who may seek information on gambling-related harms (how they present and signs to be aware of) and sources of support, with an aim to understand the accessibility and range of information available. (To provide a holistic overview of current web-based information on gambling support, sources targeted at Affected Others and professionals working in frontline services which may support people who gamble were also included.)

The review was conducted online via Google and Bing search engines in November 2022 (with some sources included additionally in January and February 2023) and included information provided by the 15 local authorities within the Y&H region. A snowball technique was used to identify additional resources within sources, and searching was stopped once saturation was reached (i.e. where no additional themes than those already identified were found).

Figure 1 outlines the review criteria used as an analysis framework for this mapping exercise. The criteria were defined following extensive discussions with people working on gambling-related harm, including gambling leads and public health consultants. Alongside the reviewing criteria, overall positive and negative aspects of sources were noted which further contributed to the resulting recommendations.

Search terms

To note, search terms used for this review were focussed around phrases of 'gambling support' and/or 'information', including 'gambling support resources', 'support for people gambling' and 'gambling support information' in an aim to find sources of relevance to this review.

Source location and format (webpage, flyer etc)

Intended audience (people who gamble, Affected Others, professionals)

Author/Lead Organisation
• including whether they are industry funded?

Accessibility of access to information

Call to action

Referencing

Any gaps/missing information

Figure 1: Criteria for the mapping review.

2.2. Results Summary

In total, **79** web-based sources (some of which contained multiple webpages of information) were identified and included in the review. (This figure includes resources found on the 15 local authority websites in the Y&H region.)

Overall, there were:

- **78** resources targeted at people who gamble

- **33** resources for Affected Others

- **13** resource locations for health professionals

- and **3** resources where the target audience was unclear.

A full list of sources included in this review can be found in Appendix 1.

All sources - except one - were website based. (One resource was provided in a Word Document by a public health specialist within the region). Some websites included additional downloadable materials which may be used offline.

Each source was analysed against the criteria outlined in Figure 1, with additional overall comments given to provide a holistic overview of an individual source. Key themes were pulled together which shaped the final recommendations included in this report.

Summary of findings

Overall, the review highlighted a number of key themes. Findings highlighted marked differences in the format, content and narrative of gambling support and information resources with variations in levels of referencing and signposting.

Sources ranged in the use of terminology when describing people who gamble, using phrases such as 'problem gambler' or 'gambling disorder, and sometimes interchangeable use between such terms. Narratives varied between sources, with some placing greater individual responsibility on people who gamble to 'control' their actions, whilst others made reference to the impact of the gambling industry's influence on gambling behaviours, using more compassionate and understanding language.

Formatting and accessibility of resources varied greatly. Full page accessibility tools (such as page translation and screen modifications) were included within webpage functions in a small proportion of sources. Sites varied in their overall formatting and methods of information delivery, with the majority providing information solely in text formats and few incorporating the use of visual methods such as the use of videos or images, or offline materials such as downloadable flyers.

In addition, there was a lack of referencing on statistics, or use of additional references (such as questionnaires), with statistics or other external materials being included without being referenced. This created a lack of clarity in where information had come from.

Differences in signposting also varied, with some sources largely referencing to industry funded resources or information. There were also inconsistences in the availability of specific information and support for Affected Others and information for professionals.

The findings from this review gave five key recommendations.

3. Recommendations

Following analysis of each source using the reviewing criteria (Figure 1), key themes were identified and collated into five recommendation areas for future gambling support resources.

These recommendations are aimed to initially shape elements of the communications and marketing strategy of the Y&H programme, as well as identifying general areas of improvement for the information and resources available to support people who gamble and their Affected Others. This is to strengthen support avenues where people can find appropriate advice and information that is clear, accessible, non-stigmatising and independently evidence-based. We hope this will increase the consistency of information and advice on gambling-related harms across the region.

Although initially targeted to shape communications as part of the funded programme, we hope these recommendations will also be useful for partners in the wider health system (and more broadly) who work to prevent and reduce gambling-related harms, and in the joint development of bespoke regional resources.

To note:

Whilst references have been made throughout this section to illustrate helpful formatting and accessibility considerations, this does not indicate that all content included in sources is recommended.

When signposting to gambling harms advice or information, users of this guidance should ensure that information does not originate from the gambling industry or its partners.

3.1. What does good look like?

Overall examples of best practice within resources were highlighted at the time of the mapping review. A list of general areas is included below.

Please note: this list is based on sources included in the timeframe stated for this mapping review, thus, there may be additional resources and information that may not be included as part of this guidance.

➢ Terminology is **consistent** with the use of 'gambling-related harm' in communications

➢ Narrative is **not** 'individual responsibility' focussed; (i.e. framing blame solely on individual behaviours.) Messaging is **compassionate and understanding.**

➢ **Language is inclusive** and is not prescriptive of gender and pronouns where possible and encompasses cultural considerations.

➢ Information is clearly presented and **text is complemented with audio, images or videos.**

➢ **Accessibility is embedded throughout**; i.e. use of translation tools and web-page adjustment features.

➢ Information is referenced using **independent evidence-based resources** and provides statistics (where available).

➢ Stories or examples of **lived experience** are included. (Where possible this may also include the co-production of materials).

➢ Signposting options are **varied and clear for specific groups.**

3.2. Language

Key Messages:

- be consistent in terminology

- avoid an 'individual responsibility' narrative and use a balanced view of risk

- use inclusive language.

For some (either people who gamble or Affected Others) engaging with an online resource or webpage may be the first access to support or information on gambling-related harm. Thus, it is important that language and narrative is clear, inclusive and compassionate.

Suggested guidance:

- *Use '**gambling-related harm'** and be **clear and consistent** with terminology*

The review highlighted inconsistences in terminology and sometimes the use of stigmatising language (i.e. the use of 'problem gambler', 'gambling addiction' etc). Although 'problem gambler' has been used as part of screening tools to assess gambling risk its use can be stigmatising. Using 'harms' highlights the areas where gambling activities can have an effect (e.g. financially or breakdowns in relationships).

Where using terminology, consider the use of descriptions to explain potentially unfamiliar or new concepts. For example, you may want to include a definition of gambling-related harm or outline contributing activities.

- ***Avoid** an 'individual responsibility' narrative*

A number of sources focussed a narrative on personal control in relation to gambling, using words and terms such as 'responsible' or 'safer gambling', implying that participation in gambling can be safe. In addition, phrases such as:

> *"However, for around [x number of people] gambling becomes a problem or an addiction"*

further add to the narrative that only a small group of people are at risk to gambling harms.

This type of messaging places responsibility on an individual without acknowledging the influence the gambling industry can have (such as targeted marketing and advertisements encouraging the use of gambling products) and can be stigmatising.

The below example taken from a support page included in the review is clear in explaining the influence industry can have on people gambling and its effects.

How does gambling start?

It is easy. It can happen to anyone. The gambling industry has been very successful in exploiting basic learning principles to encourage people to place a bet and then keep them hooked. In 2019, UK gamblers lost over £14 billion.

To start with, you may have seen gambling as just another form of entertainment. You may have watched family members bet for fun, or you may have placed a bet because you were out with friends and it seemed like an enjoyable shared activity, or you picked up on advertising at sporting events which promotes gambling as a 'cool' and 'fun' thing to do.

Figure 2: Use of objective and non-stigmatising language in describing gambling.

(Source: West Midlands Gambling Harms Clinic)

Language should be compassionate and show understanding of conflicting or difficult emotions.

A positive example highlighted in the review is:

"If someone you care about has a gambling problem, you are likely to have many conflicting emotions"

A population health approach narrative should be used with messaging that gambling-related harm can happen to anyone, and across the spectrum of gambling activities.

For example, **avoid** narratives such as the below:

> *"[gambling activity] is firmly on the soft end of the spectrum of gambling activities rooted in the social arena"*

A note on framing and narratives:

In addition to the recommendations above on using consistent and non-stigmatising terminology, being mindful of the overall narrative when describing gambling harms is also important.

Information sources affiliated with the gambling industry frame gambling associated harms largely on the responsibility of the individual. From a public health standpoint, it is important to use messaging that reframes gambling harms as something than can happen to anyone, which avoids minimising the effects gambling harms can have.

The below research supports this, and provides further information on framing/narrative as guidance with recommendations:

- Livingstone, C, Rintoul, A, de Lacy-Vawdon, C, Borland, R, Dietze, P, Jenkinson, R, Livingston, M, Room, R, Smith, B, Stoove, M, Winter, R & Hill, P. *(2019) Identifying effective policy interventions to prevent gambling-related harm, Victorian Responsible Gambling Foundation, Melbourne.* (pages.119-121)

- Van Schalkwyk MCI, Maani N, McKee M, Thomas S, Knai C, Petticrew M (2021) *"When the Fun Stops, Stop": An analysis of the provenance, framing and evidence of a 'responsible gambling' campaign. PLoS ONE 16(8): e0255145.*

You may also find it useful to refer to further resources on the Gambling Related-Harms section of the Yorkshire and Humber Public Health Network site, which can be found here.

When considering framing and narratives, it would be beneficial to involve those with lived experience to review materials; a recommendation mentioned in the Feedback section on page 25.

▪ _Use **inclusive language** and **be mindful of gendering and using pronouns**_

Being mindful of pronouns, cultural sensitivities and gendering is important to inclusion. Avoid gendering (i.e. man, woman) or the use of pronouns (she, he) to avoid being binary with terms which not all individuals may identify with, as this can be excluding. Instead, consider using 'a loved one', 'individual' (or 'person') or 'person who gambles'.

Research has highlighted that people who gamble from certain groups (such as those from faith-based backgrounds) may be less likely to access support for gambling-related harm due to fears of stigma within their communities. Making culturally sensitive references acknowledging differences in faith and cultural backgrounds further contributes to being inclusive.

The mention of anonymity and confidentiality throughout support information (but particularly in this case) is important in providing the reassurance people may need when looking to access help.

Below is a positive example of acknowledging this cultural consideration:

> _"For some individuals cultural or faith attitudes to gambling may bring additional shame and stigma and deter them from asking for help."_

An additional area to consider when producing information is health literacy. NHS England describes two components to health literacy; i) the ability of an individual to use and understand information to make decisions on their care, and ii) the complexity of the health care system and information in the wider health context (NHS England, 2023).

In the UK 7.1 million adults read at, or below the average level of a nine-year old with more than 4 in 10 adults having difficulty understanding health information written for the public (NIHR, 2022). It is therefore important that when describing gambling-related health harms that information is written using language that is simple, avoids jargon, and is supported using videos and images. This all supports accessibility and inclusivity to ensure information that is accessed is easy to understand and clear in its message.

3.3. Accessibility

Key messages:

- incorporate accessibility features throughout (e.g. translation and page adjustments)

- use imagery, videos and/or audio to accompany text

- consider the presentation of information

- provide information in a range of online and offline formats.

How information is presented may be the difference between whether an individual chooses to engage or not with a resource and may influence whether they continue onto accessing support. Formatting and layout of online resources plays an important role here, as webpages that are text only and poorly organised with displaying information are likely to be confusing or overwhelming.

Using varying methods to deliver information is important in being inclusive of neurodiversity and acknowledging that individuals process and engage with information in different ways.

Suggested guidance:

- *Embed **accessibility features** throughout any communications or marketing*

For information to be accessible to all it is important that certain tools are included as standard practice - particularly for online resources - to ensure information can be accessed in multiple ways.

This includes the use of translation tools for individuals whose first language may not be English and incorporating text magnifiers and read aloud functions (as a few examples). Considering appropriately sized font and the use of colour is also important.

Best practice resources made accessibility features clear on webpages using icons with the use of 'listen', 'translate' or 'accessibility'.

For translation, the review highlighted 'Reachdeck' (screenshot below) as an effective method of page translation. The tool was easy to access through the accessibility function, offered a variety of language options and translated the webpage at a fast rate.
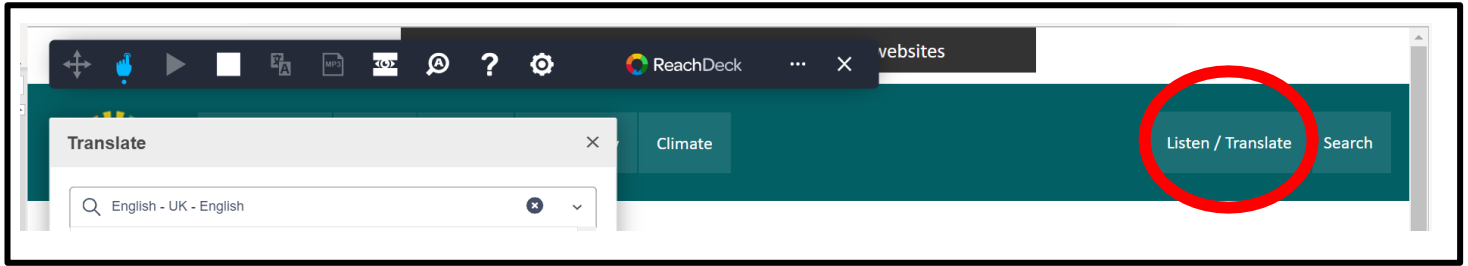
Figure 3: Incorporation of the Reachdeck translation tool on a webpage.

(Source: YourLifeDoncaster, Doncaster City Council)

The use of icons are useful to highlight where accessibility features can be accessed.

Figure 4 (below) from an information page illustrates how the use of an icon (in blue, left) was able to expand presenting a number of accessibility tools shown on the right.
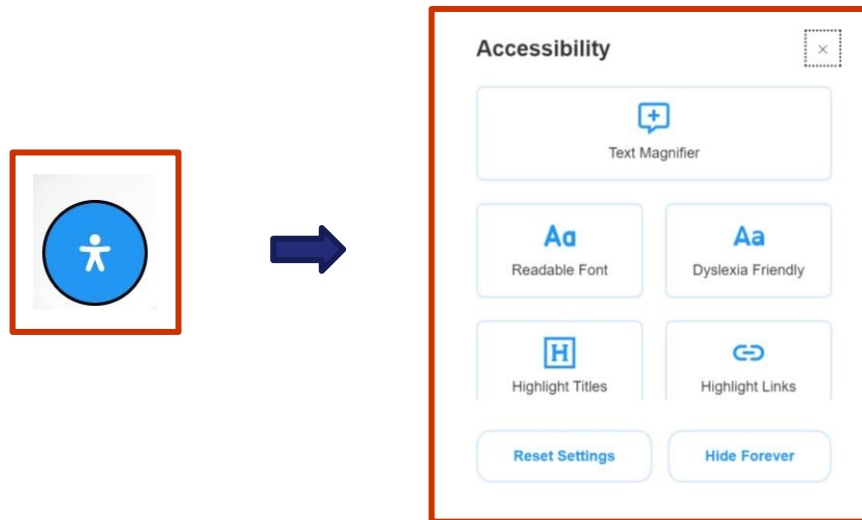

Figure 4: Types of accessibility features

(Source: Rotherhive, NHS Rotherham CCG)

▪ *Include **audio, visual imagery or videos alongside text***

The review highlighted a high proportion of text-only resources. Best practice examples incorporated videos, illustrations, icons or audio to deliver information in an alternative format. Sharing information in different ways is important to be inclusive of neurodiversity, acknowledging that individuals may engage and absorb information in alternative formats outside of text alone, as mentioned at the start of this section.

When using images, be sensitive to the suitability of its use in support information. For example, images showing people appearing happy or excited around gambling are inappropriate and re-enforce the industry narrative of gambling as 'fun' and 'harmless'.

For example, The National Lottery uses imagery of a person gambling with accompanying language of 'Dream Big' illustrating a positive side to gambling. This may be triggering imagery for some individuals.
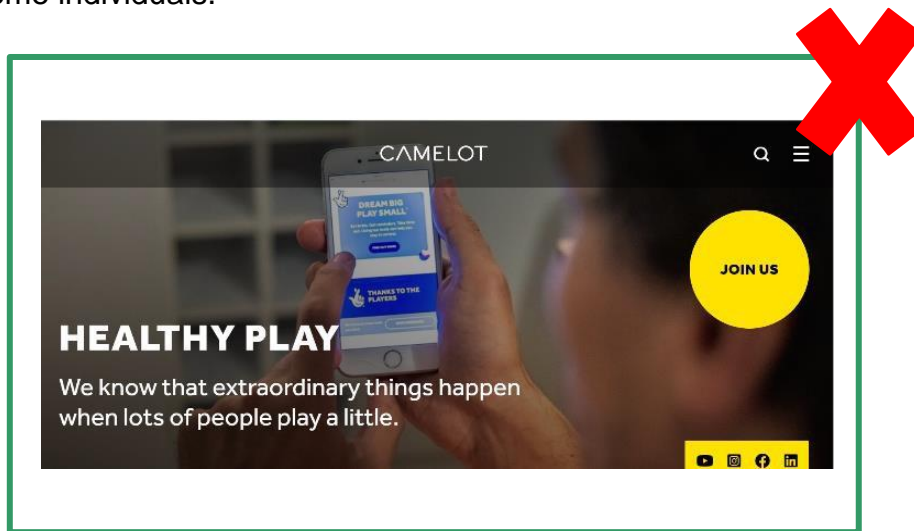

Figure 5: An example of inappropriate imagery used by the National Lottery.

(Source: Healthy Play, Camelot Group)

In comparison, Beacon Counselling Trust (right) uses a more supportive image of reaching out for help which is more appropriate as a visual image of support[1].
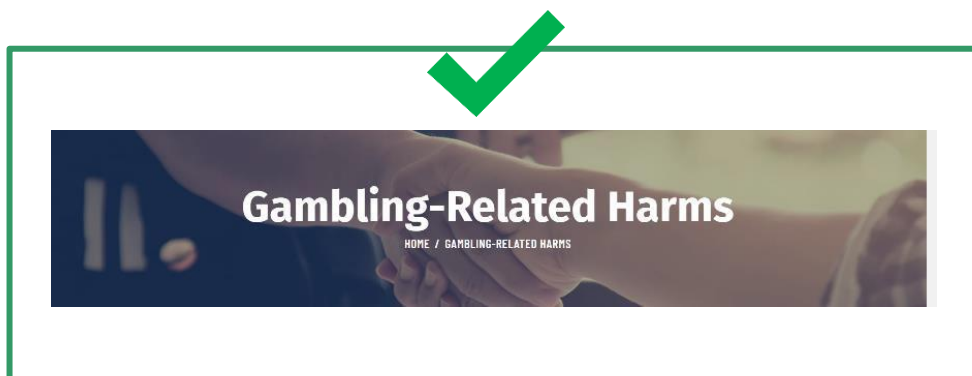

Figure 6: Positive appropriate imagery can show visual signs of support in resources.

(Source: Beacon Counselling Trust)

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[1] Although this reference has been included for its accessibility, please note not all content on this source is recommended due to affiliations with the gambling industry.

▪ *Consider **how information is being presented***

How information is organised on a page is also important in engagement. Consider the use of drop-downs or sub-headings to separate information and potential differences in layout across different devices.

E.g. how is information displayed when accessed on a mobile phone? Can an adapted display format be used here?

Breakeven illustrates the effective use of simple headers separating information based on accessing support or for professional information, and then drops down to specific areas (as highlighted below). This is a positive example of how content can be organised in a structured way so information is easy to access.
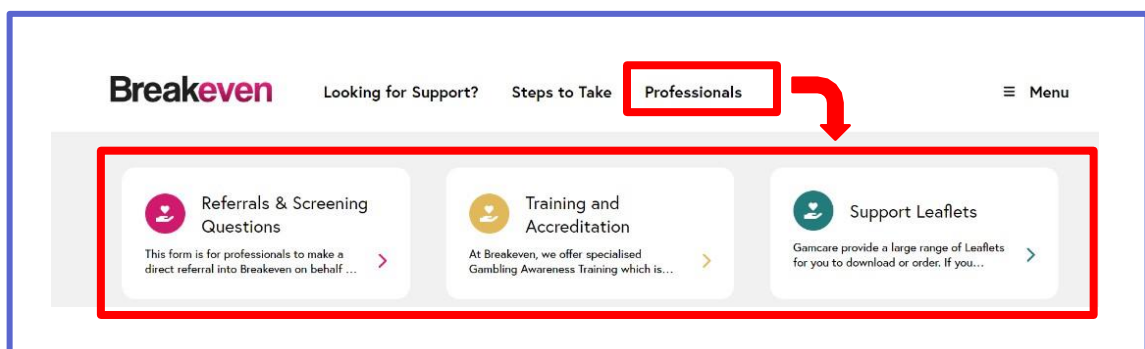

Figure 7: A good example of how information can be organised in a clear and structured way, explaining the content of information on pages so it is clear what the content of pages will include.

(Source: Breakeven)

• *Use a variety of **online and offline options** for sharing information*

Individuals that are digitally excluded may not have access to the internet, feel comfortable in their skills or there may be accessibility barriers; all of which can be a barrier to people accessing information online (NHS Digital, Jan 2023).

Alongside the use of online information, consider offline options where people can access health content and information on gambling-related harm. This may include the use of physical materials such as flyers and posters that can be used in physical spaces, including GP surgeries, clinics and other spaces within local communities. Incorporating information on posters and flyers (for example) downloadable from websites offers an inclusive option for information to be displayed in physical spaces to reach a greater number of people.

3.4. Referencing

Key messages:

- include evidence-based statistics

- consider the source - is there industry involvement?

- include lived experience.

Referencing strengthens credibility when including statistics or health related statements and is particularly important in the case of gambling-related harm. Ensuring sources are evidence-based and not derived from industry-funded research or sources (i.e. independently sourced) aids the reliability of information.

This is important as the objectivity and robustness of sources is not always clear with regards to gambling, with certain organisations having affiliations with the gambling industry which is likely to introduce potential bias to any statistics.

Suggested guidance:

- *Include **evidence-based statistics (national and local, where available)***

Providing evidence-based statistics on the prevalence of gambling-related harm adds credibility as well as increasing the trustworthiness of a source. When referencing evidence-based statistics, credible sources such as the NHS, Office for National Statistics (ONS), Office for Health Improvement & Disparities (OHID) are suggested.

Local statistics are helpful in portraying the picture of gambling-related harm and activity on a local geographical footprint.

A resource identified in the review included this element as part of their support information (below):

"In Yorkshire and the Humber gambling rates have been shown as [x%] in the last 12 months"

"In [x], there were [x] number of calls to [x] support organisation"

Where data is used, including a 'last updated' sentence can be helpful in adding further credibility of confirming whether a source includes the latest evidence base.

When including questionnaires or other tools, describing the tool and the reason for its inclusion is helpful background context.
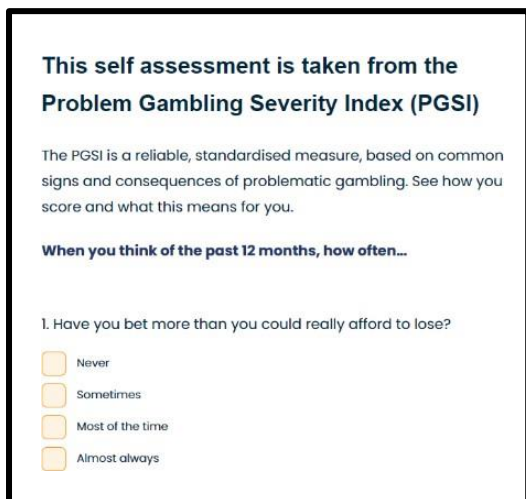
This example gives reasoning behind the use of the Problem Gambling Severity Index (PGSI) questionnaire as an introduction. This is helpful and important to inform individuals around the reason for its inclusion within a resource.

Figure 8: Inclusion of the PGSI with an explainer
(Source: West Midlands Gambling Harms Clinic)

- ***Check your source of information; is it industry funded?***

When including statistics on gambling consider the originating source. As mentioned at the start of this section, the objectivity of sources that are gambling industry affiliated (including with ties to funding) can be called into question due to potential conflicts of interest. Such statistics may seek to frame the prevalence of harmful gambling and potential risks as low.

Aim to steer away from referencing from using these sources overall and stick to trusted sources (such as those mentioned in the previous section above) and where unsure, seek further clarification on the origination of these statistics.

- *Include **lived experience from different perspectives***

Hearing or reading stories of lived experience connects people in their experiences and brings statistics to life. Including stories of lived experience from people who gamble can be powerful in encouraging others to seek help. Including stories of recovery supports positive messages of change and can inspire hope and prompt others to seek in how support may help. Involving Affected Others is also important to acknowledge their own independent experience of supporting a person who gambles.

If you are connected to or work with people with lived experience, consider how you can include their voice in your communications.

As mentioned in Section 3.2., it is important to acknowledge the impact of culture and stigma when considering gambling-related harm.

Beacon Counselling Trust was one of only two sources to make reference to potential increased impacts of stigma in relation to culture. This was done through its video highlighting the impact of gambling in the Asian Community (below).[2]
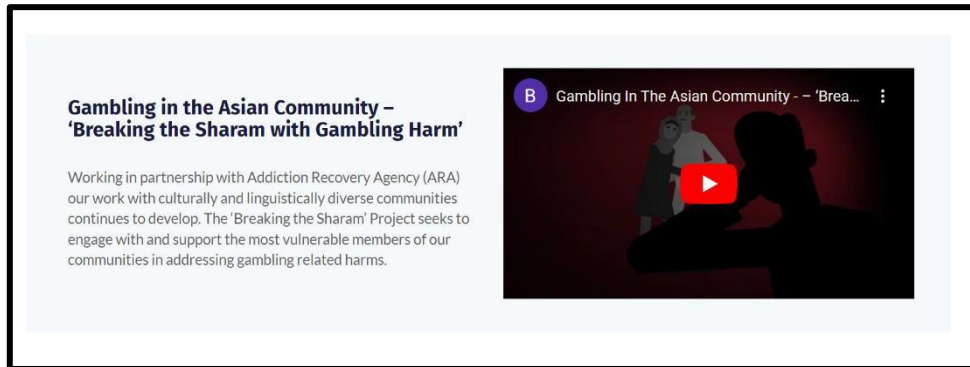

Figure 9: Inclusion of the lived experience of gambling in the Asian Community.

(Source: Beacon Counselling Trust)

Another positive example is from 'DrugFam' who include an information page specifically for Affected Others, with supportive language and includes a lived experience illustration from an Affected Other perspective:
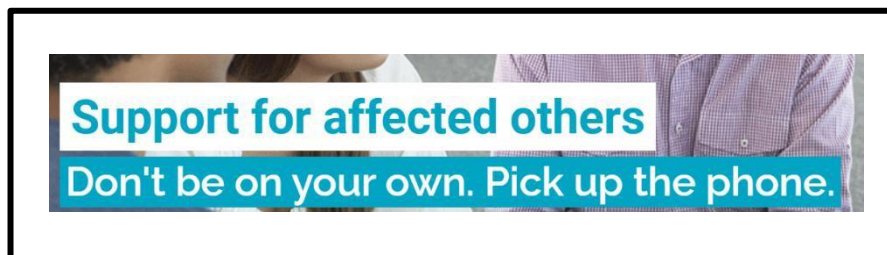

Figure 10: A source referencing specific support for Affected Others.

(Source: Drugfam)

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[2] Although the lived experience elements of this source are suggested, please take caution when considering the use of this source, due to its affiliation with the gambling industry.

3.5. Signposting

Key messages:

- consider *who* you are signposting to

- offer a range of options

- ensure any recommended support tools are based on best-evidence of effectiveness.

Signposting support clearly helps individuals consider the options available to them and how they can access support.

Including a range of options and where possible outlining the format and delivery mode of services, provides people the relevant information to make an informed choice about treatment and support available and how best to access this.

Suggested guidance:

- *Consider **who you are signposting to***

When signposting, consider the following:

> ❖ Where are people likely to **look first** to access support?
> i.e. will you signpost to the NHS as the main organisation?
>
> (*This may be something to consider when requesting feedback on your communications; see Section 3.6. on page 25).*
>
> ❖ Are there **local options** people can access?
>
> ❖ **How much** do you know about the support you are directing people to?
>
> > (*How much follow up information are you able to provide, including on accessibility e.g. opening times, locations etc)*
>
> ❖ **What** is provided?
> (*e.g. What is the type of support provided? Is this online or in person?)*

For regional options, a directory listing options in local areas may work well (as illustrated in Figure 11 below):

Local Support and Contact Details

Barnsley	+
Bradford	+
Calderdale	+
Doncaster	+
East Riding	+
Hull	+
Kirklees	+
Leeds	+

Figure 11: A resource outlining a directory of options for local information and support in the Yorkshire and Humber region.

(Source: MECC, Yorkshire and the Humber Public Health Network)

To ensure there is relevant and appropriate information for different groups, signpost to sources that are specific for not only people who gamble but Affected Others and professionals too.

An example is 'The Six to Ten Project', an organisation specifically offering support for Affected Others:

Support   Meet the team   **THE SIX TO TEN PROJECT** HERE TO HELP THOSE AFFECTED BY GAMBLING HARMS   Who we are   Get in touch
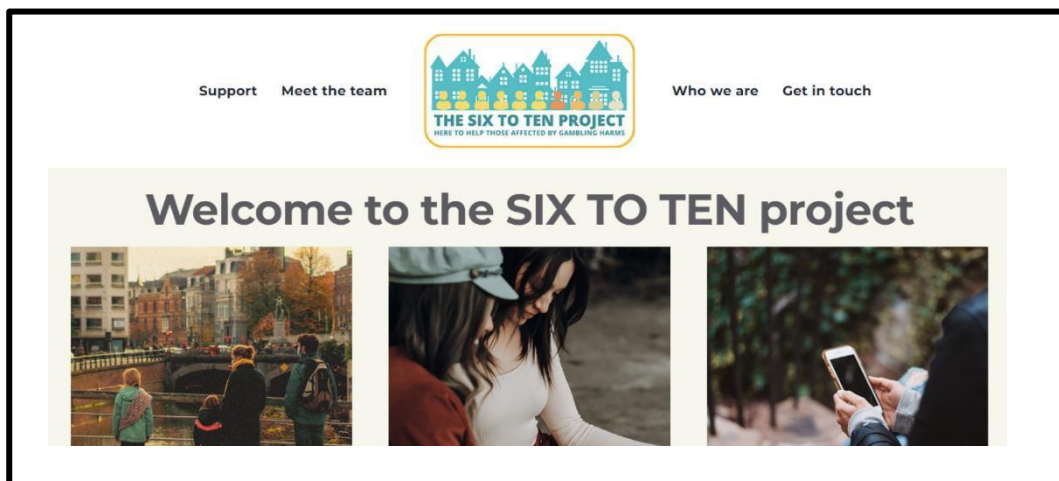
Welcome to the SIX TO TEN project

Figure 12: A support resource catered specifically to supporting Affected Others.

(Source: The Six to Ten Project)

Ara offers information for people who gamble, young people and Affected Others, with information separated into different areas on the website. This works well in directly signposting appropriate information for individuals dependent on their needs[3].
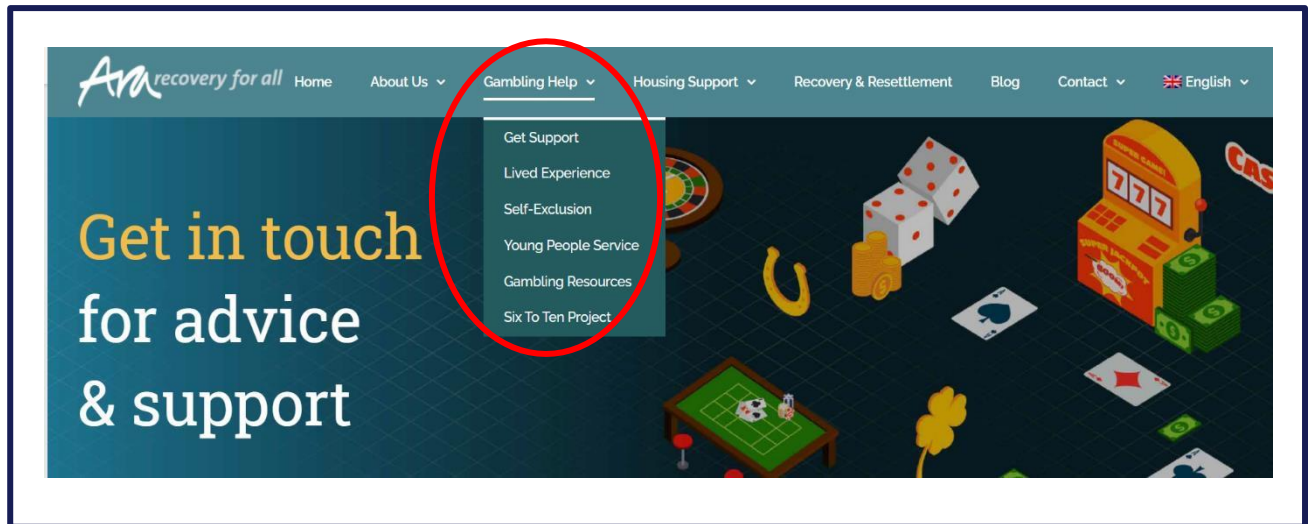

Figure 13: Ara separates support specifically for different groups.

(Source: Ara)

- ▪ *Include a **varied format** of support options*

Consider how you can signpost to a range of support options; e.g. online forums, face to face meetings or support groups and helplines.

People will have a preference of how they are most comfortable accessing support, so consider how you are inclusive of this when signposting. Including testimonies from those with lived experience and offering descriptions of services may provide helpful insight into what people might expect when accessing services.

Figures 14 and 15 are from the Scottish Gambling Education Hub Fast Forward[4], which includes a range of resource options in its designated 'Family Area' such as videos, reports and infographics, and other downloadable resources. These resources may be useful for advertising in places of interest in local areas, such as community centres and clinical spaces for example. This is particularly important when considering digitally excluded groups who may not be able to access information online.

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[3],[4] Although these references have been included in reference to their signposting accessibility features, please note not all content on these sources is recommended due to affiliations with the gambling industry.

Figure 14: Downloadable options of flyers and poster information resources located on the Scottish Education Hub.
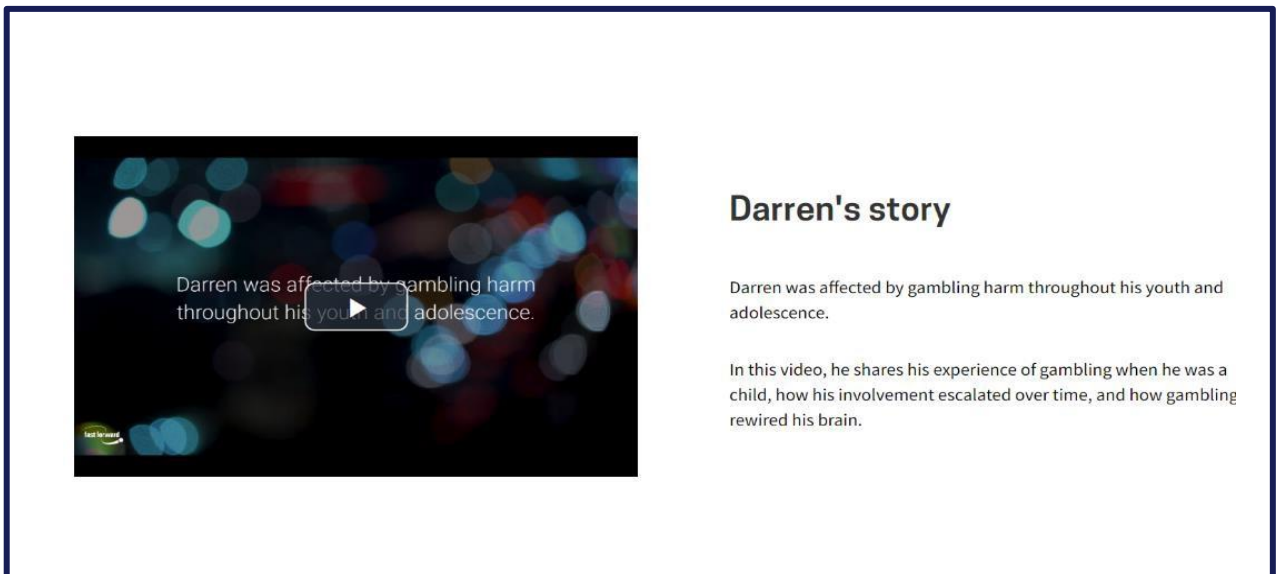
(Source: Fast Forward; Scottish Education Hub)

Figure 15: A lived experience story shared in video format on the Fast Forward website.

(Source: Fast Forward; Scottish Gambling Education Hub)

3.6. Feedback

Key messages:

- gain feedback on your communications from a range of groups.

Gaining feedback can help identify areas of potential improvement and offer an external lived experience perspective that can strengthen communications.

If you are connected to a lived experience network, group or panel in relation to gambling-related harm consider how they may be able to input into your communications.

- ***Be clear*** *in the ask*

When asking for feedback, be clear in the ask. You may be asking about the suitability of the resource overall, but at other points it may be useful to be more specific.

For example, are you looking for feedback on messaging? Or whether information is presented clearly?

The NHS England 'Different ways of working with people and communities' infographic (Figure 16, below) may be useful when considering the most appropriate level of engagement when including members of the public with lived experience.
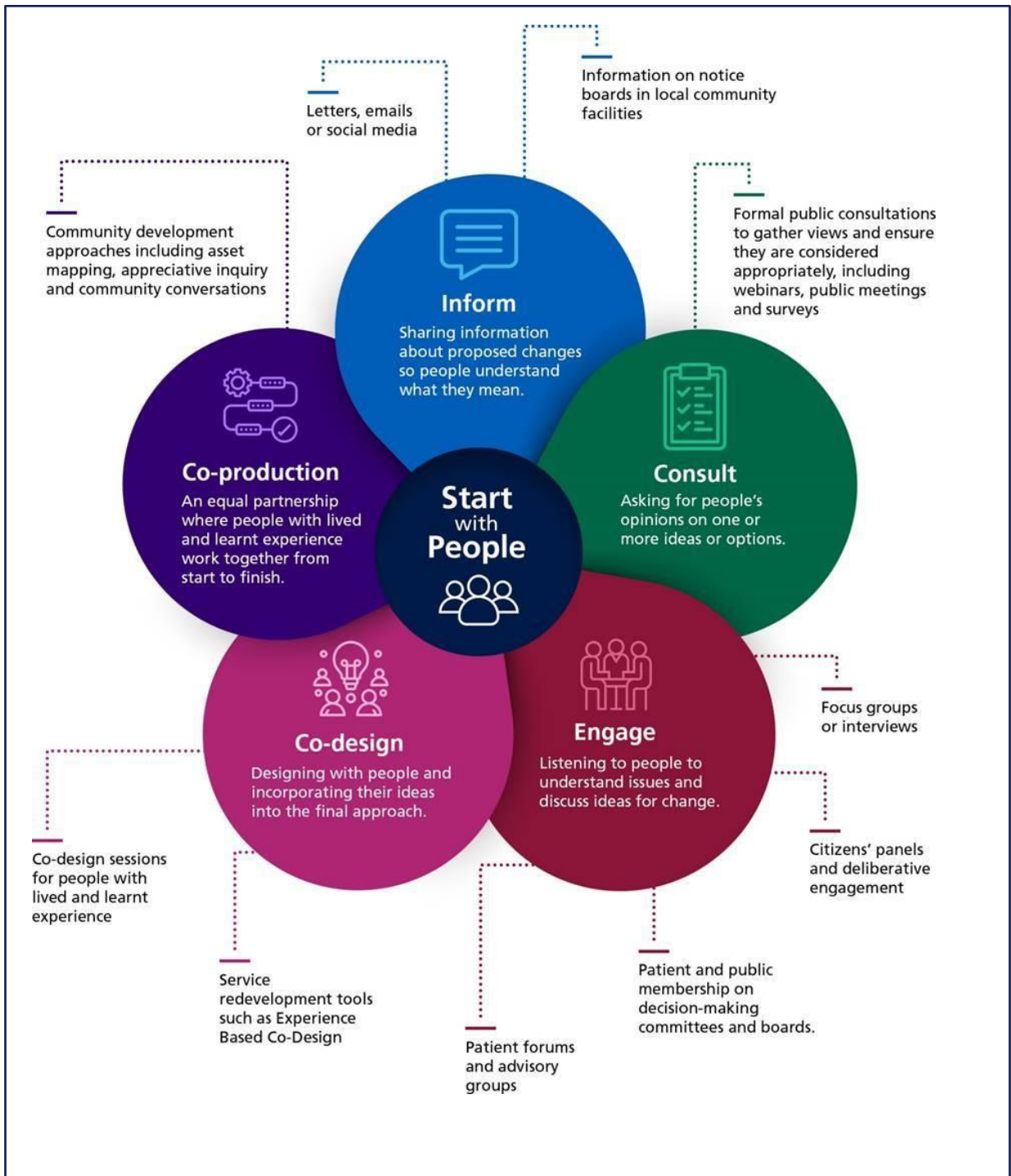
Figure 16: 'Different ways of working with people and communities'

(Source: NHS England, October 2022)

- *Involve a **range of perspectives***

Diversity of voice in feedback can bring fresh perspective in different ways. People who gamble and Affected Others will bring their own experiences in feedback; consider how you may incorporate both of these. Additionally, professionals may also be able to offer feedback in how they find accessing referral forms or other areas of information which may be useful in supporting their day-to-day practice.

When considering accessibility, it may be suitable to gain feedback from a range of lived experience individuals based on certain accessibility features you may include on your online resource. Where capacity and website functionalities allow you may also choose to include an embedded feedback mechanism or tool on webpages, for users to submit feedback directly based on their user experience too.

For example, how accessible are webpages for those who are dyslexic, live with ADHD or require the use of easy read functions? How easy is your chosen translation tool for those who don't have English as first language?

4. Best practice examples

Below are a few best practice examples included in the review that may be useful to explore in more depth (this is not an exhaustive list):

- [West Midlands Gambling Harm Clinic](#)

  (good use of icons, imagery and clear organisation of information)

- [NHS Northern Gambling Service](#)

  (diversity of lived experience stories and compassionate language)

- [Six to Ten Project](#)

  (supportive language, use of videos to accompany text)

- [Breakeven](#)

  (accessibility – separation of information)

- Rotherham Council, [Rotherhive](#):

  (accessibility - organisation of information and use of page modifications)

5. Limitations

A number of limitations are important to note as part of this review.

Firstly, the use of narrowed search terms around 'gambling support' or 'gambling information' means only sources directly related to that term have been included as part of this review, and as a result not all sources may have been included.

In addition, due to the limited number of independent non-gambling industry funded sources of support, some examples of good practice have been included that may have connections to the gambling industry. Footnotes have been included where appropriate in this report as caveats to note this, and for users of this guidance to take caution when accessing these resources outside of the recommended best practice elements suggested.

It is also important to note that due to resourcing capacity, this review was conducted by one individual, thus creating a limitation in the level of objectivity of the analysis of sources.

6. Conclusion

In conclusion, the mapping review highlighted a marked variation in the content, accessibility and overall language used in online gambling-related harm information and support resources.

To work towards ensuring more consistency in communications, the findings of this review were analysed and collated into five recommendation areas on language, accessibility, referencing, signposting and gaining feedback.

The review also highlighted the need to strengthen the quality of gambling-related harm communications by signposting to industry independent sources of support and information.

Although these recommendations are initially to be applied to the Y&H ADPH programme in the first instance, we hope this work will be useful for anyone working in gambling-related harm communications and marketing.

To note

(At the time of writing, national work is currently ongoing reviewing the range of currently available gambling harms information. Findings from this review will follow in addition to this work.)

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This work was conducted on behalf of the Y&H ADPH.

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