



# Consultation Response

## November 2011

### Response to the Department for Education Review of Personal, Social, Health and Economics (PSHE) Education

#### About GamCare

GamCare is an independent charity. Our purpose is to promote a responsible approach to gambling and help those harmed by gambling. We run the national telephone HelpLine and its online equivalent NetLine, and provide help to individuals through face-to-face, online and group counselling and an online Forum and Chat Rooms. We also work with the gambling industry, through GamCare Trade Services, to provide consultancy advice, training and certification to promote socially responsible gambling. Our Annual Review 2010/11 providing more detail about our work can be found at: [http://www.gamcare.org.uk/data/files/GamCare\\_Annual\\_Review\\_2011.pdf](http://www.gamcare.org.uk/data/files/GamCare_Annual_Review_2011.pdf)

#### Why we are responding to this review

We know, from our own experience and from research, that there is an urgent need to raise awareness amongst young people about the risks of problem gambling, and to educate those who might choose to gamble in adulthood to do so responsibly. Our argument is therefore as strong as that which supports the need for education about other risky behaviours such as drinking alcohol, smoking or even taking drugs.

We know that at any one time c60,000<sup>1</sup> 12-15 year olds are problem gamblers - a prevalence rate of 2%<sup>2</sup> which is more than twice the rate for adults. Increased advertising, celebrity promotion and easier access to gambling facilities, together with poor understanding of the risks, make gambling more attractive. We also know that young people are more likely to experiment with gambling than some other types of risky activities such as drinking alcohol or smoking<sup>3</sup>. Yet we also know that only 5%<sup>4</sup> of parents would consider discussing with their children the risks associated with gambling.

The risks for people who start gambling at a young age are significant, it has been reported that individuals who begin gambling at a young age are more susceptible to gambling problems in later life than others<sup>5</sup>. Other studies<sup>6</sup> have shown that problematic gambling among adolescents is

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<sup>1</sup> Ipsos MORI (2009): "British Survey of Children, the National Lottery and. Gambling 2008-09: Report of a quantitative survey", London, NLC

<sup>2</sup> Ipsos MORI (2009): "British Survey of Children, the National Lottery and. Gambling 2008-09: Report of a quantitative survey", London, NLC

<sup>3</sup> Gupta, R., & Derevensky, J. L. (2000). Adolescents with gambling problems: from research to treatment. *Journal of Gambling Studies*, 16, 315-342

<sup>4</sup> Ladouceur, R., Boudreault, N., Jacques, C., & Vitaro, F. (1999). Pathological gambling and related problems among adolescents. *Journal of Child Adolescent Substance Abuse*, 8, 55-68.

<sup>5</sup> Kessler RC, Hwang I, LaBrie RA, Petukhova M, Sampson N, et al. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychol. Med.* 38:1351-60

associated with increased behavioural problems including delinquency and crime, substance abuse, relationship difficulties, truancy from school, impaired academic performance and work activities, low self-esteem, depression, poor coping skills, and self-harm and suicide attempts. This evidence suggests that the overall psychosocial costs to the individual and the socioeconomic costs to society over the lifetime of the person could be highly significant.

Given this, there is an urgent need to fill this knowledge gap by including education about the risks associated with gambling as a core part of the PSHE curriculum. This response sets out our research findings and makes proposals for changes to the PSHE curriculum.

### Methodology for this response

GamCare's work is evidence-based: everything we do is informed both by published research and by the views and real life experiences of our service users. We collect evidence through:

- Qualitative and quantitative surveys about the experiences of our service users
- Events, consultations and conferences
- Working in partnership with others

GamCare has informed the response and recommendations submitted by the PSHE Association. We have responded to the review questions relevant to our expertise and experience.

### Response to the Review

What do you consider the core outcomes PSHE education should achieve and what areas of basic core knowledge and awareness should pupils be expected to acquire at school through PSHE education?

GamCare agrees with the PSHE Association outlined core outcomes for PSHE education, namely;

#### for HEALTH:

- have a sense of self-worth and personal identity
- make healthy lifestyle choices
- take managed risks and stay safe

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<sup>6</sup> Gupta, R., & Derevensky, J. (2008). Gambling practices among youth: Etiology, prevention and treatment. In C. A. Essau (Ed.), *Adolescent addiction: Epidemiology, assessment and treatment* (pp. 207-230). London, UK: Elsevier.

for PERSONAL FINANCE:

- manage their money and finances effectively
- develop as questioning and informed consumers
- understand financial risk and reward

GamCare believes that the following themes expressed as areas of core knowledge and awareness and taught in an age appropriate way, are appropriate across all Key Stages and build upon Early Years Foundation Stage learning

HEALTH: knowing how to maintain physical, mental and emotional health including sexual health; manage risks to health and stay safe, make healthy and informed choices about drugs, alcohol and tobacco, and first aid.

*GamCare proposes that gambling should be added to this list.*

PERSONAL FINANCE: being able to manage personal money (and understanding its link with public finance), budgeting, saving and borrowing, managing financial risk (both positive and negative) and dealing with debt.

*GamCare believes that an understanding of the ways in which gambling activities operate including probability and risk management should be built in to this element of the PSHE curriculum.*

**Have you got any evidence that demonstrates why a) existing elements and b) new elements should be part of the PSHE education curriculum?**

In 2010 the Gambling Commission published the British Gambling Prevalence Survey, updating information on gambling participation and problem gambling amongst adults (aged 16+) in Great Britain. This has shown that 73%<sup>7</sup> of adults gamble (cf 68% in 2007), and that the number of adult problem gamblers has increased, from 265,000 (0.6%) in 2007 to 451,000 (0.9%) in 2010. Whilst there has been no new research into problem gambling by 12-15 year olds (still estimated at 2% or c 60,000) the latest figures for adults over 16 increases our estimate of the total number of problem gamblers under 18 from 85,000 to c100,000. We also know that only 5%<sup>8</sup> of parents would consider gambling as a risk-taking activity on which they should offer guidance to their children, and that many adult problem gamblers started their gambling in adolescence.

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<sup>7</sup> Heather Wardle, Alison Moody, Suzanne Spence, Jim Orford, Rachel Volberg, Dhriti Jotangia, Mark Griffiths, David Hussey and Fiona Dobbie. (2011). British Gambling Prevalence Survey 2011. London: National Centre for Social Research, 2011

<sup>8</sup> Gupta, R., & Derevensky, J. (2008). Gambling practices among youth: Etiology, prevention and treatment. In C. A. Essau (Ed.), Adolescent addiction: Epidemiology, assessment and treatment (pp. 207-230). London, UK: Elsevier.

The upward trends in participation and problem gambling are not surprising: opportunities to gamble have increased, and will continue to increase, significantly, both online and on the high street. At the same time - as allowed by the changes in legislation brought in by the Gambling Act 2005, implemented in 2007 - there has been a significant increase in advertising (allowed on broadcast media for the first time) television sponsorship and celebrity endorsement of gambling products. All of this increases the pressures on young people to gamble and the opportunities for them to do so, within a society where gambling is normalised as an acceptable leisure pursuit. Yet there is no coherent strategy to inform or educate young people, teachers or parents about the risks of gambling, and virtually no provision for providing help or treatment for young people who are problem gamblers. We reviewed the evidence for this in our strategy document "Beating the Odds", published in September 2010 ([http://www.gamcare.org.uk/data/files/Beating\\_the\\_Odds.pdf](http://www.gamcare.org.uk/data/files/Beating_the_Odds.pdf)) which brings together national and international research on young people and problem gambling.

The Department for Education report, 'Specialist drug and alcohol services for young people - a cost benefit analysis'<sup>9</sup>, published in February 2011 shows that the long term benefits of treatment are a lower likelihood (and therefore lower expected cost) of young people developing substance misuse problems as adults, and improved educational attainment and labour market outcomes. It highlights the need for specialist services for young people with addictions and the financial advantages of having specialist treatment services in place, the major difference being that drugs and alcohol treatment and awareness programmes will be funded by the taxpayer, whereas problem gambling is not, yet the need is in many ways greater because of the widespread lack of knowledge of this area. We have estimated, based on research into the costs to society of problem gambling in the USA, that every adult problem gambler in Great Britain represents an annual cost to society of c£8,000<sup>10</sup>. Given that there are an estimated 450,000 adults problem gamblers, this represents an annual cost to the British economy of £3.6 billion. Our aim is to stop problems before they start and hence reduce the social and economic impact caused by problem gambling.

In February 2010 GamCare conducted a consultation exercise involving young people, teachers and youth workers, which was designed to explore their understanding of gambling and the risks associated with it, and their views on how to raise awareness of young people and teachers about problem gambling. The consistent message from the responses demonstrated a significant gap in knowledge and awareness of the risks associated with gambling within institutions and amongst those working with young people as well as amongst young people themselves<sup>11</sup>. The consultation also confirmed that the current educational and treatment provision is inadequate in meeting the specific needs of young people who gamble.

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<sup>9</sup> Department for Education (2011) "Specialist drug and alcohol services for young people - a cost benefit analysis. London Frontier Economics 2011

<sup>10</sup> Grinols EL & Mustard DB (2001) Business profitability versus social profitability: evaluating industries with externalities, the case of casinos Managerial and Decision Economics 22 143-162

<sup>11</sup> GamCare (2011) Young People and Problem Gambling Consultation: Identifying Priorities and Communicating Solutions, GamCare, London, 2011

Our consultation was separated into two parts: one part focussed on those who work with young people, i.e youth workers, teachers, providers of other addiction treatment services and parents, and the second focussed on the young people under the age of 18 across three regions. We found that amongst the young people who participated, there was an overwhelming lack of knowledge (87%) of where to get help for problem gambling and a general lack of recognition that gambling behaviour could be problematic. Part of the problem is because problem gambling is perceived as not having any physiological signs or symptoms. The information young people are given in awareness raising sessions on drugs and alcohol often focusses on visible signs and symptoms. Since some signs and symptoms are hard to recognise in problem gamblers, the young people in our consultation did not recognise problem gambling as a potential addiction, but rather perceived it as a lifestyle choice. This view was also echoed by the respondents working with children and parents, as they were not able to state confidently that they would be able to recognise the risk factors associated with young problem gamblers.

Problem gambling is not just about financial loss, though this can bring with it enormous difficulty for the gambler and their families who often feel obliged to pay the debts; it can be hugely damaging in other ways for the young people who are experiencing it as well. Gambling problems in young people often first manifest in repeated absence from school. Often there is a link to depression and/or to use of drugs or alcohol to cope. For some there is a link to crime to get money to pay off the gambling debts. We know from the 2008 Gambling Commission literature review 'Children and Young people's Gambling'<sup>12</sup> that up to a third of young offenders have been estimated to have a gambling problem and that many crimes go unreported as crimes are committed against family members. Many young people also suffer from physical or emotional neglect as a consequence of living in a family where gambling is a problem. Our literature review also showed that young people whose parents gamble are six times more likely to go on to develop gambling problems later in life<sup>13</sup>.

We have also taken account of the findings of the Responsibility in Gambling Trust's evaluation of the 2005 gambling education materials project produced by Tacade. Materials were produced and sent out to a random selection of schools. The evaluation showed that there was a poor take up of the materials and teachers did not have the knowledge or confidence competently to teach the area. Also as no coherent records were kept of where the materials went, there was no thorough evaluation framework in place to assess the success or otherwise of the project.

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<sup>12</sup> Valentine G (2008), Gambling Commission literature review 'Children and Young people's Gambling', Gambling Commission 2008

<sup>13</sup> Kessler RC, Hwang I, LaBrie RA, Petukhova M, Sampson N, et al. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychol. Med.* 38:1351-60

We also know that very few under 18s come forward for treatment, despite the significant size of the potential target group. In 2009/10 our HelpLine received just 70 calls from under 18s, and only 7 under 18s were treated by our counselling services. Barriers in young people to seeking help are well-documented in the evidence-base<sup>14</sup> and are of considerable concern given the psychosocial reasons already outlined in this paper.

It is for these reasons that we would strongly recommend that responsible gambling be taught as a core element of PSHE education, particularly since it cuts across the themes of health and personal finance.

**How can PSHE education be improved using levers proposed in the Schools White Paper, such as Teaching Schools, or through alternative methods of improving quality, such as the use of experienced external agencies (public, private and voluntary) to support schools?**

GamCare works with agencies through partnerships to spread best practice and offer our expertise. We have been called into schools, prisons, charities and many other youth settings to teach young people about responsible gambling. One of the findings of our consultation with young people was their belief that an expert from an external agency would have more credibility than a teacher informing them about areas such as gambling, drugs and alcohol. Multi agency partnerships are an effective way of working across a range of areas and we recommend that such partnerships should be embedded into the core teaching of PSHE education.

GamCare would welcome the opportunity to discuss our recommendations with DfE Ministers and officials.

GamCare

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<sup>14</sup> Rickwood D, Deane F, Wilson C. (2007) When and how do young people seek professional help for mental health problems? *Med J Aust.* 2007;187(7 Suppl):S35-39.