

GambleAware[®]

keeping people safe from gambling harms

Research Publication Guidelines

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About Us

GambleAware is an independent, grant-making charity commissioning prevention and treatment services across England, Scotland and Wales in partnership with expert organisations and agencies, including the NHS, across three areas:

- Commissioning the National Gambling Treatment Service
- Producing public health campaigns on a national scale and providing practical support to local services
- Commissioning research and evaluation to improve knowledge of what works in prevention.

Regulated by the Charity Commission for England and Wales, and the Scottish Charity Regulator, GambleAware is wholly independent and has a framework agreement with the Gambling Commission to deliver the National Strategy to Reduce Gambling Harms within the context of arrangements based on voluntary donations from the gambling industry.

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Background

GambleAware commissions national research to improve knowledge of **what works for whom** in prevention, education, treatment and support services including **proportionate evaluation** of all funded activity. Our research is independent, and is undertaken with a view to informing policy, facilitating evidence-based discussion, and supporting the commissioning of services for people experiencing harms associated with gambling. GambleAware follows Research Council policy regarding research ethics, encouraging and funding open access publication in academic journals and data reuse, and has been approved by National Institute for Health Research (NIHR) as an NIHR non-commercial partner. Further information can be found here - <https://about.gambleaware.org/research/research-commissioning-governance-procedure/>

Authors and researchers may well already be aware of some (or many) of these approaches already. Though some guidelines may seem obvious, GambleAware has composed this document in order to promote quality and consistency across research programmes. This need to ensure consistency is in a context of commissioning and funding a wide range of research undertaken, in turn, by a wide range of institutions, researchers, and academics.

Please ensure that reports submitted follow the structure and style outlined below.

We will only review work which adheres to these guidelines.

Report Structure

Title Page

The title page should include the title of the research as outlined in the brief, the names and titles of those involved in the research project (affiliations should be present either here or on the acknowledgements page) and the date of submission for publication.

Contents, Figures, Glossary

All reports must have a contents page that is automatically produced in Word and driven by Word Styles headings. The contents page should be formatted to be automatically updated for changes to page numbers and section titles.

Where papers contain figures, maps, and/or tables, lists should be included.

If you have used acronyms, abbreviations or referred to complex terms, ensure you include these in a Glossary.

Executive Summary

The executive summary is the section most likely to be read by those who do not have the time to read the full report, or those who are not familiar with the subject or research

publications. The executive summary should be accessible. It should provide a clear and concise overview of the research. It should be easily understood, using accessible language and terms, and not be overly long. We anticipate a maximum of 900 words or at most five typed pages, although this would only be appropriate in exceptional circumstances where the report summarised is of considerable length and analytical depth. The summary should not contain large quantities of material copied from the body of the text.

An executive summary must include:

- The aims and hypotheses of the project and a brief overview of the research methodology.
- The research questions, which must be identical to those stated on the original brief.
- All the important findings, analyses and conclusions.
- Recommendations where appropriate.

Main Report: Introductions, Methods, Findings and Analyses, Conclusions

The report should be succinct, concise, and organised so that it is easy to read. Tables and figures should be clear and well explained within the body of text. The main report should include the following sections (although it will probably also contain subsections for ease of flow and navigation):

Introduction

The introduction must include aims of the project, hypotheses (these can be included in the aims), and research questions, where appropriate. As noted above, research questions must be identical to those agreed in the original brief. The background and context of the research should be included in the introduction, and should include information on the legislative-, policy-, sociocultural-context where appropriate.

Methodology

The focus of the paper is on findings and analyses, rather than process. A methodological section should be an overview, and the detail of methodology should be included in an appendix. Only where methodological approaches give rise to complex considerations, decisions, and ethical concerns, should they be included in the main body of the report.

Results/ Analyses/ Key Findings

It is often best to structure findings around the themes which emerge rather than around the methodological timeline. Themes may well emerge through the analytical process itself, but this will be down to the methodological approach.

Conclusions and Recommendations

This section is where we answer the question: “so what?”

Conclusions should never include new material, findings, or analyses that have not been fully presented in the main body of the report. They should, where possible, refer to policy developments in the area, and have relevance to policy and legislation.

Conclusions should include, where possible, clear recommendations. These must be empirically grounded and come from interpretation of the evidence, being linked back to specific findings (either primary or secondary). Recommendations should never be speculative or driven by guesswork.

Appendices

Appendices should include:

- Any detailed technical information.
- Further details on the methodology used, such as equations or sampling methods.
- Any tables, figures, and datasets that – for reasons of flow and aesthetics – are not included in the main report but are useful for the reader to refer to. If they provide important additional information, consider carefully whether they should be in the main body of the report.
- Questionnaire templates, topic guides, and other template field documents.

Bibliography, References, Citations, and Sources

All assertions made in the text must be driven by evidence, either primary or secondary data. All those that are driven by secondary data must be cited clearly. Referencing must be clear and consistent throughout.

Please use referencing that is well-suited to your discipline, ensuring that you use your chosen method consistently. We would prefer that you use either an author-date approach like Harvard style referencing, footnote or endnote referencing.

Harvard referencing involves citing the name and date of publication in brackets following the pertinent point made (Smith 2019), with the relevant page number/range given “if you are quoting” (Smith 2019: 14).

Footnote/endnote referencing may be preferred where there is a desire not to interrupt the flow of prose.

Reference Lists and Bibliographies

You must present a list of references or bibliography, in which all references should be listed alphabetically, by author surname at the end of the main report. This will not be the case for footnote/endnote referencing, where each note contains the full reference details. The reference list/bibliography *must* include *every* work cited in the report.

For consistency, book and journal titles should always be in italics. Each entry must include all publication details, including author(s) and editors; date; title; journal title; volume number; name of publisher and place of publication; range of page numbers for journal articles and chapters.

Style, Formatting, and Spelling Guide

Style

- Write clearly, using plain and accessible English. Do not use formal or long words when easy or short ones will do.
- Clearly distinguish inferences, conclusions and recommendations from descriptions of findings.
- Avoid jargon. If you need to introduce a technical term make sure you explain it first (or in a footnote), in plain English.
- The first time you use an abbreviation or acronym, write it in full.
- Ensure that you include a glossary of abbreviations, acronyms, non-English words and terms used, and explain complex terms and institutions referred to.
- Cite all sources. All assertions must be either cited or grounded in data collected. This is discussed further above.
- Label figures and tables clearly and adequately.
- Please use British English throughout; for British spelling our reference is the Concise Oxford English Dictionary. For further guidance, you can refer to (for example) *Butcher's Copy-editing: The Cambridge Handbook for Editors, Copy-editors and Proofreaders*.

Structure

- Use headings and sub-headings. These are a good way of breaking up text into easy-to-manage chunks and they help to organise the points you want to make in a logical way.
- Please use Word styles to indicate different levels of headings. Use up to five levels of headings.

Terminology and Language

Language and terminology are important: terms can empower and include, and they can belittle and marginalise.

It is not our role to be prescriptive with regard to terminology. However, we request you use neutral and scientific language wherever possible, avoiding stigmatising terms.

It is good practice to respect respondents' and participants' preferred language when referring to them. Wherever else, however, please use descriptive and dispassionate language.

Avoiding Reductive and Stigmatising Terms

Wherever possible use descriptive terms related to communities and people. Language and terminology should describe behaviour *of* the person. Terms should not reduce the person *to* their behaviour. For example: 'people who gamble' should be used instead of 'gamblers'. 'An addict' should not be used instead of describing the person, e.g. as 'someone with gambling disorder'.

Risk and Harms

We do not specifically recommend the use of one scale or another to diagnose or define people's health, wellbeing, and/or gambling. However, if you refer to a scale or index, do so consistently, using terms and language consistent with the scale in question.

The Problem Gambling Severity Index (PGSI) for example, is a commonly used measure of risk behavior in gambling. The outcome categories are split into low, moderate-risk and problem gambling. When referring specifically to the PGSI it is fine to use these terms.

However, if you use the PGSI (or similar), when you are *not* writing in direct reference to outcome categories of the scale, we discourage the use of terms like 'at risk'. This is because 'at risk' does not convey that people are frequently not *at* risk but are actually *experiencing* harm. GambleAware's position is therefore to use terms that convey that people are actually experiencing harm. We therefore suggest terms like:

- People experiencing low/moderate/high gambling harms/problems.
- Those harmed by gambling.

Gambling Addiction Language

'Addict' and 'addiction' are not diagnostic terms and are not present in The Diagnostic and Statistical Manual of Mental Disorders (DSM) surrounding gambling disorder or, indeed, drug and alcohol dependencies.¹

The term 'addict' reduces someone to their disorder. It is argued by numerous stakeholders to be stigmatising. Though we do not wish to be prescriptive with regard to your chosen terminology, please avoid ever using stigmatising terms; 'addict' should never be used in papers (unless quoting a source or respondent). Instead, you could describe the person using dispassionate and scientific language. e.g.: a person with a gambling disorder.

If the term 'addiction' is to be used (though it is not a diagnostic term), 'person with an addiction' (for example) should be used instead of 'addict'.

Acknowledgements

All published material that results from GambleAware funding should be acknowledged as such. Please use the following wording (or excerpts from it) when acknowledging support of GambleAware:

"GambleAware is a wholly independent charity and has a framework agreement with the Gambling Commission to deliver the National Strategy to Reduce Gambling Harms within the context of arrangements based on voluntary donations from the gambling industry. GambleAware commissions research and evaluation to build knowledge of what works in

¹ The World Health Organisation called for as early as the 1960s that 'addiction' and 'addict' be abandoned as terms, in favour of discussions of 'dependence' and 'disorder'. It should be noted (and the WHO emphasise), however, that 'addiction' as a term is still used by professionals and the general public alike though, as noted, these are *not* diagnostic or scientific terms.

prevention and reduction of gambling harms that is independent of industry, government and the regulator.

The authors alone are responsible for the views expressed in this article, which do not necessarily represent the views, decisions or policies of the institutions with which they are affiliated.”

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