What Do They Say They Are Doing? :

A Mixed-Methods Analysis of Swedish Gambling Operators' Duty of Care Action Plans

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Outline

- Background
    - The context for the research
    - Purpose and goals
- The document analysis process – methodology in brief
- Findings
    - Quantitative: duty of care alignment in numbers
    - Qualitative: duty of care thematic narration and framing
- Discussions
- Concluding remarks

Background

- **Pivotal change that led to the current gambling market in Sweden**
  - Monopoly to the license gambling environment – 2018
    - **2 to 60** operators **overnight**
    - Currently about 80+ operators

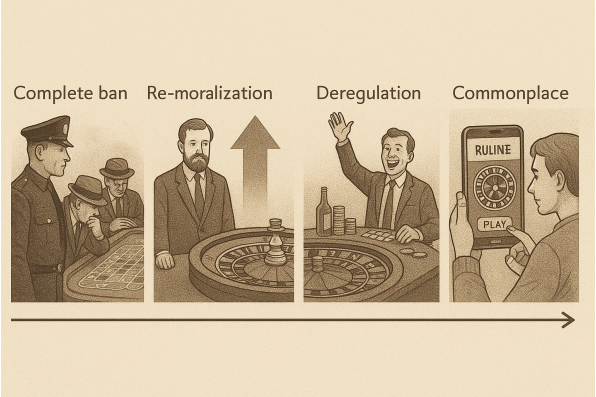
- **Swedish Gambling Authority (SGA) as an institution**
  - *'Government agency responsible for ensuring the **legality, safety, and reliability of the gambling market** in Sweden' (SGA web source)*
  - **Sets** a 'duty of care' agenda and oversees **compliance**
    - All licensed gambling operators in Sweden actively work to prevent and reduce gambling-related harm
    - Authority to impose sanctions (e.g., fines)

Background

- **Duty of care agenda requirements based on the 2018 Gambling Act**
  - **Monitor behavior**: track gambling patterns.
  - **Assess risk**: Evaluate and determine risk.
  - **Implement intervention**: provide feedback, set limits, or restrict access, . . .
  - **Follow up**: Assess the effectiveness of interventions and make necessary adjustments
- **Action plans (AP)**
  - Operators must **develop and maintain an action plan** detailing how they will fulfill their duty of care responsibilities.
  - Requirements over the years:
    - ***Operators claim***: **never fully understood** duty of care requirements **expectation**
    - SGA has been more 'specific' to make it more than 'guidelines'

Background: Historical context of the Swedish gambling market

Gambling and Duty of Care Framing



- **Gov't** directly taking **responsibility**
  - Complete and partial banning of gambling
    - Banned since in the 1840s to protect 'vulnerable'
    - Re-introduced partially 1900s (e.g., horse racing)

- '**Re-moralization**' of gambling since the 1980s (Alexuis, 2017)
  - Through state monopoly gambling operators
  - Industry expected to operate 'ethically' as state institutions
  - **Responsibility** has always **framed** along with **vulnerable customers**

- The **'Ethos' of the Nordic welfare system**: Delicate 'balance' between 'social resilience and individual autonomy'

  - ***Maintaining the status quo***: *paternalistic approach (e.g., gambling monopoly) or reliance on 'good citizenship' (Hellman, 2021)*

Objective and goals

The current study

- SGA requests in 2020
    - As a follow-up to securing a license, operators were asked to submit APs
    - Obtained 52 licenced gambling APs upon request

Research objective

- Examine how **gambling operators interpret and implement** duty-of-care obligations
- **Identify** dominant **narratives** and **gaps** in the AP strategies

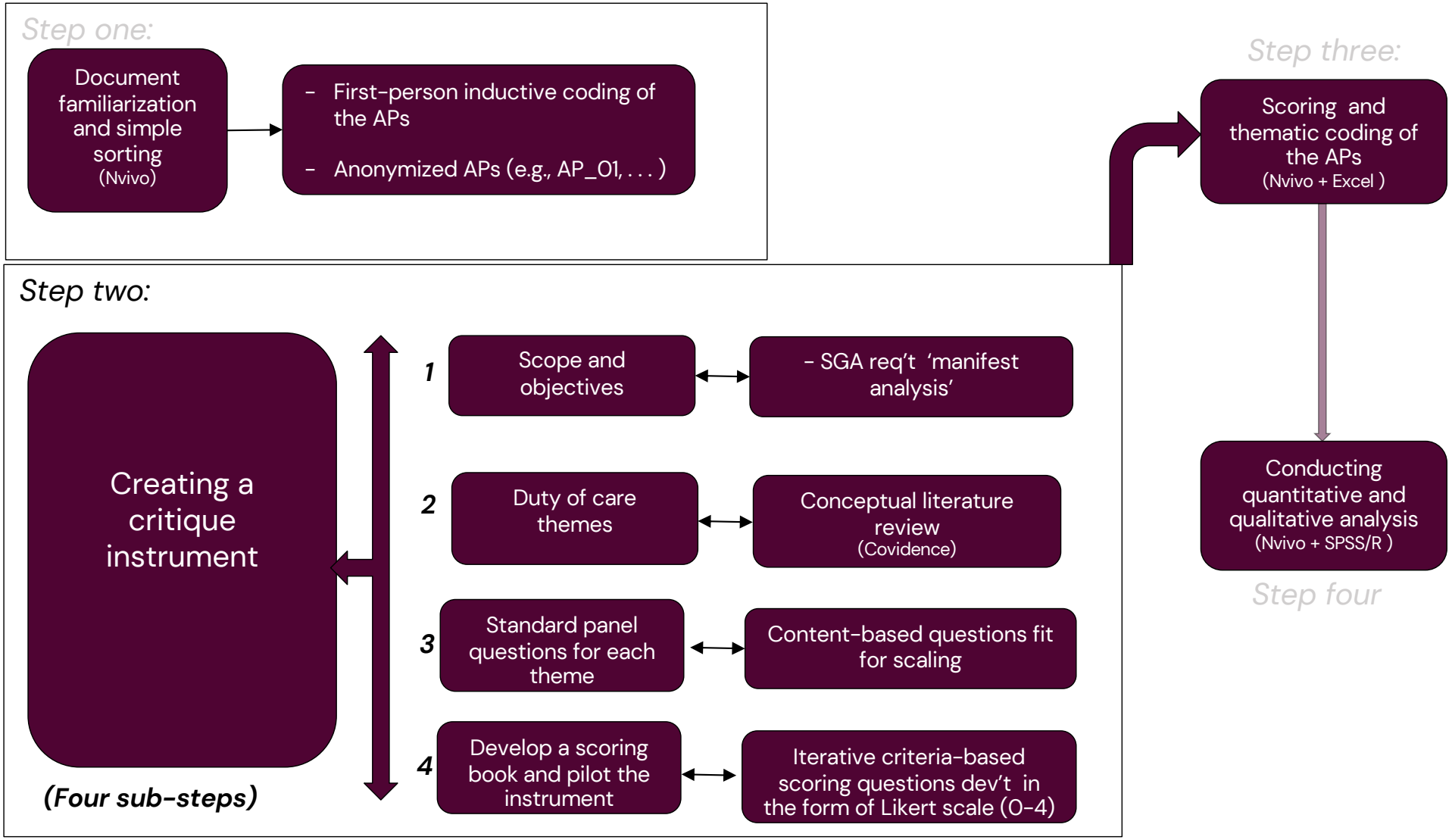
Document analysis process – methodology in brief

General attributes of the documents

- **929+ pages** examined, including appendices
- **52** APs averaged **18 pages** (range: 0.5 to 47 pages)
- **14 of 52 APs** included additional appendices
- Appendix content varied: **email** templates, message logs, **dashboards**, RG proprietary systems **screenshots**, and AML procedures

Mixed-methods document analysis

- Combined quantitative scoring and thematic analysis
- **Four-step analysis process**
  - Inductive reading & initial sorting
  - Develop a tailor critique tool
  - Score each doc. using rubric scaling
  - Quantitatively & qualitatively synthesis
- Each AP evaluated as a unit of analysis in scoring and analysis


Step one:
Document familiarization and simple sorting (Nvivo)
- First-person inductive coding of the APs
- Anonymized APs (e.g., AP_01, . . .)
Step two:
Creating a critique instrument
(Four sub-steps)
1
Scope and objectives
- SGA req't 'manifest analysis'
2
Duty of care themes
Conceptual literature review (Covidence)
3
Standard panel questions for each theme
Content-based questions fit for scaling
4
Develop a scoring book and pilot the instrument
Iterative criteria-based scoring questions dev't in the form of Likert scale (0-4)
Step three:
Scoring and thematic coding of the APs (Nvivo + Excel)
Conducting quantitative and qualitative analysis (Nvivo + SPSS/R)
Step four

Conceptual literature review result example – Duty of care themes

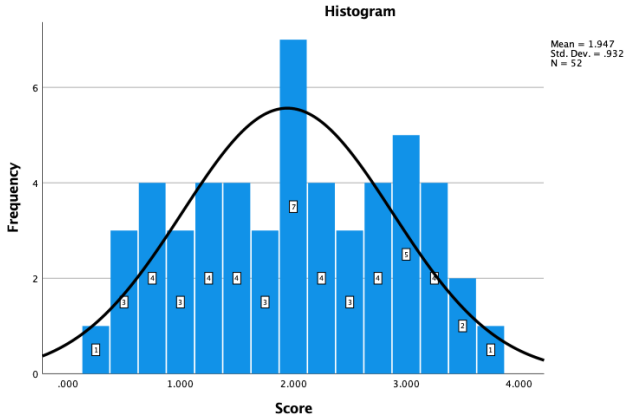
Duty of care Themes/Dimensions	Description	Sub themes	Key Concepts and Markers	Example of implementations
Risk Identification and Monitoring	Risk identification and monitoring in the gambling context require analyzing player behavior to detect signs of problem gambling.	▪ Pre-determined Risk assessment procedures ▪ Individual tailored assessment, profiling, and inferring mechanism of gambling risk ▪ Behavior tracking systems ▪ Risk detection tools ▪ Real-time tracking	Behavior/product use Patterns: Frequency, intensity, active days, gambling duration, bet amounts, playing speed, trajectories in gambling frequency and intensity, and chasing loss. Financial Indicators: payment markers, Deposit amounts and frequency, total wagered, largest losses and associated created variables, bet, withdrawal, account depletion, number of credit cards. Communication and Interaction: request to RG settings, email communication/content	Routine screening, tracking transactions, behavior analytics (session, frequency, stake amounts), real-time prediction models, periodic survey assessments, automated risky gambling assessment systems
Players' protection and safeguards	Self-exclusion, Credit ban, Age verification, One-time bonus, Active stake/bet amount choice, Moderation in advertising gambling products, Safeguard Players fund			
Limit setting and control	Login session limit, Game specific limits, Account-based time limit, Limit automated alerts, Bet and withdrawal limits			
Proactive engagement	Encouraging self-assessment and reflection, Feedback and active contact based on behavior, Education and public message, Personalized notifications/warnings			
Access to information and Awareness	Storing relevant information at all time, Information on winnings, Information on losses, Log-in duration information			
Follow-up interventions and escalation of severity levels	Follow-up communication and contacts, Follow-up plan of RG measures , Referral to Clinical care			
Product offering selection strategy and transparency	Mechanics and feature restriction/modification, RG game design principles, Game selection criteria , Game information in RG pages			
Training and customer service readiness	Staff training to address/recognize risky behavior, Staff training on customer contact and talking points, RG skills across customer service staff			

Critique instrument: duty of care dimension scoring book example

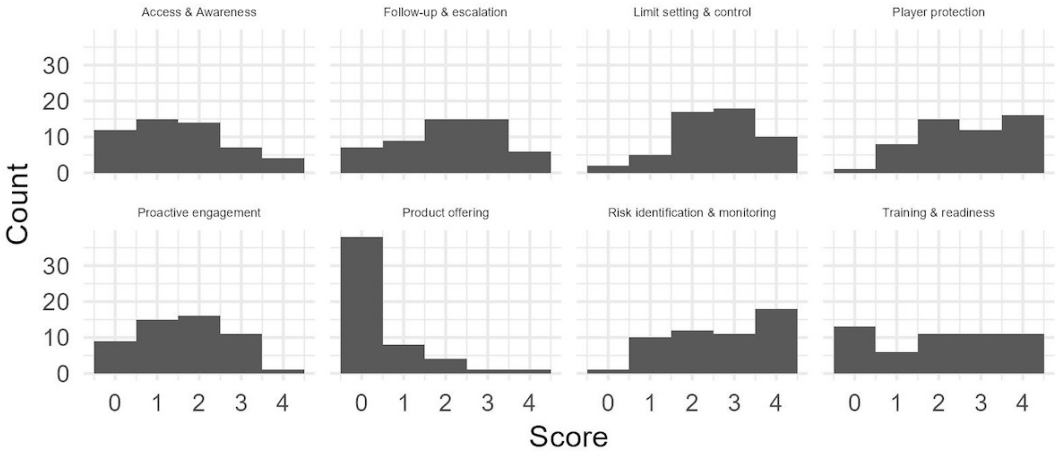
Rubric Dimensions	Explanation	Scoring question	0 = Missing	1 = Poor	2 = Fair	3 = Good	4 = Excellent
Risk identification and Monitoring	Risk identification and monitoring in the gambling context would require analysing player behavior to detect signs of problem gambling. This includes using data analytics and predictive models to identify high-risk patterns and providing real-time alerts to both players and staff. The goal is to ensure early intervention and maintain a safe gambling environment.	To what extent does the action plan have the provision to effectively identify and monitor risk behaviors, has an established mechanisms to mitigate harm, and utilise data analytics and predictive models for early intervention and a safe gambling environment?	The plan does not address strategies for identifying or monitoring risk behaviors and makes no mention of data analytics, predictive models, real-time alerts, or early intervention.	The plan suggests incoherent strategies for identifying and monitoring risk behaviors. There is minimal use of data analytics or predictive models, and real-time alerts or early intervention are absent.	The plan includes basic methods for risk identification, with some reference to data analytics, but lacks detail or specificity. Monitoring efforts are inconsistent, and early intervention strategies are not well defined. There is very minimal efforts to use predictive models or real-time alerts.	The plan outlines clear and actionable strategies for identifying high-risk behaviors, incorporating data analytics and predictive models. Real-time alerts are set up for both players and staff, and early intervention measures are in place to manage at-risk behaviors.	The plan has a comprehensive and systematic approach to risk identification and monitoring, using advanced data analytics, predictive models, and real-time alerts for early intervention. It includes a well-defined, proactive system for player engagement and ongoing monitoring to ensure a safe gambling environment.

Findings: Duty of care alignment in numbers

- **General alignment: middle-to- low-level alignment**
  - 25% of the scores are at or below 1.16 (out of 4) → Low-quality submission
  - Only **10%** scored **> 3.25**; another **10%** scored **< 0.63**
  - Alignment percentage (mean ~48.68%)
  - **Median score: 1.94** → overall low alignment



- **Significant variability across dimensions**



- Inconsistency in regulatory implementation
  - 0.44 (product offering) to 2.67 (risk assessment):
- **Lower scores across** proactive oriented dimensions over-reactive responses
  - Proactive engagement, access to information, and product transparency are less prioritized compared to risk assessment and monitoring

Findings: Thematic narrative of Duty of care (1/4)

• Risk identification and monitoring

- **Risk assessment** was a key focus (35% scored 4); 15 operators used **proprietary tracking systems**
- Most applied **3–4 level risk scoring** (e.g., no risk → Risky → problem gambler); some noted **player or third-party contact**
- Risk detection focused on **matchmaking** between **player behavior patterns and recognizing problem gambling**
- Profiling efforts target behavior anomalies, not product design — reinforcing a 'user-blame framing'
- **Common terms**: 'Vulnerable players', 'problem gamblers', 'at-risk gamblers'

• Limit setting and control

- Most APs scored **2–3**; showing **average implementation** across operators
- **High-scoring APs** offered **diverse, proactive tools** (e.g., pop-ups, cooldowns, default limits)
- **Low-scoring APs** relied on **basic caps** and **reactive contact** after limits were breached
- **Enforcement** of limits is often weak — only applied when customers are **unreachable**

Findings: Thematic narrative of Duty of care (2/4)

- **Player protection and safety procedure**

  - The **second-most addressed** area (30% scored 4)
  - Common measures: **age checks, marketing limits, exclusion tools, popups/alerts, RG help pages**
  - **High-scoring APs** used **interactive, multi-layered safety protocols** (e.g., real-time alerts)
  - **Low-scoring APs** relied on **static info pages**, minimal interaction

Follow-up Interventions and escalation of problem gambling severity levels

- Strong correlation with **risk assessment** (r = .728); most APs scored **2–3**
- **High-scoring APs** used **tiered escalation models** (e.g., limits → exclusion → referral)
- Escalation involved **team hand-offs** (e.g., CS → RG → Legal) and **risk tagging systems**
- **Low-scoring APs** relied on **automated messages** and generic links, with little CS involvement

Findings: Thematic narrative of Duty of care (3/4)

• Proactive engagement

- Most operators scored **below 2** (67%); **9 scored 0**, only **1 scored 4**
- Common approach: **reactive emails** to meet basic requirements
- **High-scoring APs** used **tailored outreach** and **affordability checks** with financial partners

• Product offering selection strategy and transparency

- **Product transparency** scored lowest overall — **73% of APs scored 0**
- Most APs relied on **passive RG pages** and vague compliance statements
- Only **2 APs** scored 3–4, showing **structured game selection** and **demo-based game education**
- Common ‘measure’ of the theme: passive information RG pages and normative statements

Findings: Thematic narrative of Duty of care (4/4)

• Access to information and awareness

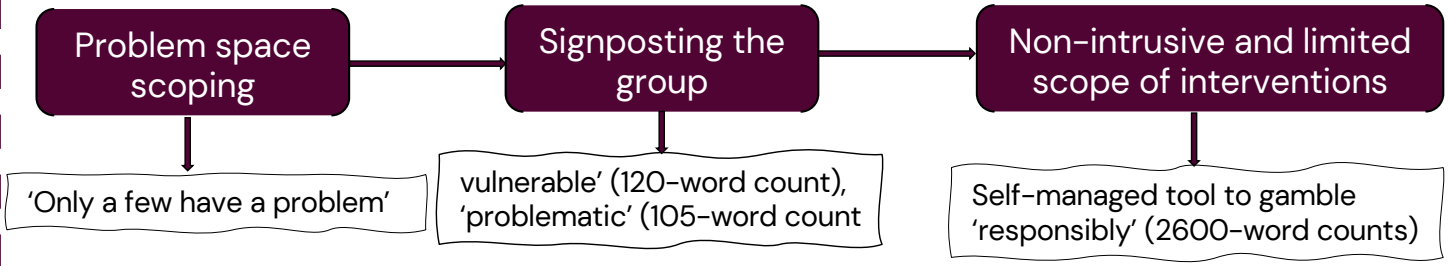
- **78% scored below 2**; **12 APs scored 0** — weak infrastructure and poor data access
- **High-scoring APs** provided **easy account access**, regular updates, and **user-friendly data**
- Some also supported **research collaboration** and **funded RG initiatives**

• Training and customer service readiness

- **75% of APs** included training efforts; **25% lacked it entirely** despite legal requirement
- **Average score: 2.02** — with big variation in depth and quality
- **High-scoring APs** had **detailed training plans**, certifications, regular testing, and cross-department coverage
- Some used **third-party providers** and maintained **dedicated guidance platforms**
- **Low-scoring APs** offered **basic, infrequent onboarding** and used **vague compliance statements** over real skill-building

Discussions (incl. latent thematic analysis)

- Problem gambling and responsibility narration



- Highlights the power of framing in setting duty of care expectations

- Level of compliance

- Operators respond better to clear regulations: where policies are **mandated**
  e.g., age verification, credit bans
- Low to no compliance: proactive/voluntary protections
  e.g., product transparency

- Highlights the need for mandatory requirements across the dimensions

- Legitimacy-seeking strategies

- Referencing prominent researchers to substantiate their action plans
- Devoted considerable attention to outlining plans
  e.g., ' in the future'; 'future improvements we plan'; a project is underway to develop'

- Highlights the need for strong AP reporting/evaluation

Lessons learned

Policy and Regulatory Implications

- **Duty of care framing matters**— it shapes how harm and responsibility are understood (currently: often blames individuals, not systems).
- **Weak enforcement: Lack of legal authority delays meaningful oversight and implementation (Swedish case:** weak legal authority until late 2024).
- Mandates paired with penalties work — operators focus mainly on **enforced requirements** and **financial impact**.

Opportunities for strengthening Duty of Care

- **Mandate referrals:** operators actively channel and support treatment for at-risk players.
- **Enable data sharing**: Support independent research by granting access to player behavior data and allocating research funding.
- **Clarify responsibilities**: Introduce template-based, criteria-driven guidelines to reduce confusion and standardize operator responses.

Monitoring and Cross-Sector Collaboration

- **Researchers**: Translate public health frameworks into operational policy tools (e.g., practical guidelines, system design req't).
- **Broaden responsibility**: Involve game designers, financial institutions, researchers, and civil society in harm reduction.
- **Oversight**: Introduce independent outcome monitoring, measurable standards, and penalties for non-compliance.

Conclusions and future research agenda

- Duty of care directives have a significant potential to influence how **gambling harm is framed** and addressed
  - Regulators must seize the opportunity to **set standards** and use them as a framing tool to **shape the narrative** around gambling.

- Widespread tendency to **shift responsibility onto players**, emphasizing self-regulation over systemic change
  - Integrate **harm reduction-oriented requirements** across dimensions (e.g., mandatory affordability checks).

- **Compliance was stronger** where requirements were **clear and enforceable**
  - For Duty of care to be effective, **clarity, enforceability** along with mechanisms for **evaluation and accountability** are needed

Karolinska Institutet

Tack!

/Nathan

Acknowledgement
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Extra slide: Validity of the critique instrument

- **Inter-rater between the authors:**
  - Cohen's weighted κ as a measure of inter-rater reliability
    - Run on all 8 × 5 ratings, a weighted κ of 0.80 was achieved (95% CI: 0.67—0.93), revealing substantial agreement.

    - Moreover, the average inter-rater difference score across all items and APs was M_{diff}=0.05, with the 95% confidence interval including zero (-0.23—0.3), suggesting no scoring bias in any direction.

- **Content validity**:
  - The instrument was developed through an iterative data extraction process informed by a comprehensive literature review

- **Construct validity**:
  - Pilot testing of the scoring was also conducted to evalute the scaling system and thematic alignment