

GambleAware Organisational Strategy

2021-26



Foreword

In Great Britain, almost half of the adult population gambles. This comes with risks that can impact individuals, their families, communities and wider society. GambleAware's commissioned research has revealed that more than one in three people with a gambling disorder do not have access to any treatment or support, as highlighted in the Annual GB Treatment and Support survey¹. Possible barriers to accessing such services include lack of awareness of available services, social stigma, and a reluctance to admit gambling problems. It is also evident that the impact of COVID-19 has only served to exacerbate health and social inequalities.

It is against this backdrop that we set out GambleAware's objectives for commissioning prevention and treatment services over the next five years. Our vision is a society where everyone is protected from gambling harms, and that a greater proportion of those with gambling disorder will receive the right treatment with sustained recovery at rates comparable to other addictions and behavioural problems.

To help make this a reality, it is essential to ensure gambling harms are clearly understood. It is also vital that the mechanisms for effective prevention are in place, and those who are experiencing harms are able to access the advice, support and treatment they need.

Effective prevention of gambling harms requires a coherent and coordinated 'whole-system approach', involving partnerships with the NHS and healthcare providers, public health agencies, local authorities, and voluntary sector organisations. This will help to ensure appropriate prevention messages, referral routes and care pathways are in place for individuals in need of support, and will enable individuals to receive the right intervention at the right time.

Some progress is being achieved with a 10% increase in usage of treatment services

amongst 'problem gamblers'² since 2019. But there is still a great deal to be done, and a clear need to strengthen and improve the existing treatment and support on offer, to develop routes into treatment and to reduce barriers to accessing help.

Achieving this is the central aim of GambleAware's new five-year plan. This document articulates in detail the charity's strategies for commissioning prevention and treatment services, for commissioning research and evaluation, and for commissioning harm prevention campaigns. The need for flex and change in response to the COVID-19 pandemic is considered, and the impact of the proposed changes to the NHS in England³ and the newly published proposals for the public health system⁴ have been built in as part of the lifetime of the strategy.

Working with those with lived experience is also essential in designing and promoting access to services, as well as helping to prevent relapse. The Treatment Needs and Gap Analysis report makes clear how important it is to engage community institutions, including faith groups, to help make more people aware of the options available to them and ensure no one feels excluded from services.

This document must be seen as a compass for us all to follow. It will guide us in our decision-making as we allocate funding and will provide us, and our partners, with a clear direction of travel and a benchmark by which we can be assessed.

Finally, on behalf of my fellow trustees, I would like to thank all those who have helped to inform this strategy and the plans that support it. GambleAware looks forward to continuing to work with you in the future as together we seek to prevent gambling harms across Great Britain.

Kate Lampard CBE
Chair of trustees

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Executive Summary

Introduction

GambleAware is the leading commissioner of prevention and treatment services for gambling harms in Great Britain. It is an independent charity guided by a Board of trustees, the majority of whom work in the health sector. This Executive Summary provides an overview of GambleAware's new Organisational Strategy for 2021-26.

As part of the new strategy, GambleAware has defined its vision of **a society where people are safe from gambling harms**. This vision is based on a whole-system approach, which acknowledges the many other organisations, networks and individuals, including those who have lived experience of gambling harms, that already play a key role across the system, or that have the potential to do so in the future. GambleAware is able to develop this five-year organisational strategy due to new funding certainty following the commitment of the four largest gambling operations in Great Britain to provide £100 million to the charity until 2024. Despite this support, GambleAware continues to support a mandatory levy to ensure continued funding certainty for the future.

Gambling in Great Britain

More than half of all adults in Great Britain participate in gambling. For many, it is a leisure activity that does not cause any adverse problems, but for some, gambling can cause negative effects on people's health and wellbeing.

The World Health Organization (WHO) classifies gambling disorder as an addictive behaviour, whereby the pattern of gambling behaviour results in significant distress or significant impairment in personal, educational, occupational or other areas of life. It is

referred to as the 'hidden' addition, and the outward signs can often go unnoticed to family and friends, and also health and advice professionals, until a person reaches crisis point.

Gambling harms exist in the context of often complex lives and reflect social and health inequalities. Harms are often experienced, not just by gamblers themselves, but by partners, children, parents, friends, as well as wider society. Furthermore, inequalities exist in relation to the propensity to experience harms, and in the accessibility of support and treatment. The impact of COVID-19 has only served to deepen these health and social inequalities with those who are considered 'problem gamblers' having increased their gambling during the pandemic.

Gambling treatment and prevention

Reducing gambling harms requires a prevention approach to be considered through a population health lens. This describes a way of thinking about health that includes the whole range of determinants of health and wellbeing. It can include things like civic planning or education, which are separate from traditional health services, while enabling a collective sense of responsibility across organisations and individuals. GambleAware is working to ensure a population health approach to preventing harm is adopted in Great Britain and is guided by the framework for harm prevention, as set out in the [National Strategy to Reduce Gambling Harms](#).

A clear need to strengthen and improve the existing treatment and support on offer was highlighted in GambleAware's Treatment Needs and Gap Analysis report. The need to develop routes into treatment, and reduce existing barriers to accessing help was also identified. To achieve this, coordinated action is required between a range of agencies and with community members and those

representing communities of people who have lived experience of gambling harms. Whilst legislation for regulation is principally a matter for government, politicians and regulatory bodies, there is a need to empower individuals with appropriate support. Specifically, a whole-system approach is required, involving partnership with the NHS, public health agencies, local authorities, and the voluntary sector.

Strategic priorities

In order to best meet this challenge, GambleAware has set four overarching strategic priorities for the next five years:

- Accelerate engagement and awareness to deliver targeted activity to raise awareness, reduce stigma and encourage engagement with information and advice, support, and treatment services.
- Transform capacity and capability by collaborating with the NHS, public health agencies, local authorities, and voluntary sector organisations across England, Scotland, and Wales to support growth of an integrated system of prevention provision.
- Increase equity and champion diversity to understand and address inequalities in experiences, access to services and outcomes for those experiencing gambling harms. We will take a collaborative approach working with a diversity of communities to ensure that support, services, treatment, and pathways to these services are accessible and effective.
- Deliver best-in-class commissioning with a focus on improving processes and systems to enhance good governance, maximising transparency and value for money. We will include the voice of those with lived experience in the co-production of awareness-raising, support, and treatment services.

Following detailed consultation, GambleAware has identified the current gaps in universal, selective and indicated prevention. There has emerged a clear need for GambleAware, and other organisations, to work together to:

- Improve awareness that gambling carries risk
- Reduce the stigma related to seeking help for gambling and gambling harms
- Improve the ability to identify and respond to those experiencing gambling harms
- Reduce inequality
- Develop an integrated, place-based, whole-system approach to treatment.

In five years, the charity anticipates the successful implementation of this strategy will ensure these goals are achieved. A key measure of success will be that the National Gambling Treatment Service (NGTS) is widely understood to represent a broad coalition of services and prevention activity that is commissioned and delivered cooperatively by the NHS, public health agencies, local authorities, and voluntary sector organisations. Ultimately, it will mean fewer people experience gambling harms, with those that do receiving timely and effective support, and that these changes will be sustained beyond the five-year term of this strategy.

Commissioning objectives

To get to where GambleAware expects to be in five years, the charity must focus on delivering four commissioning objectives to be effective at helping to prevent gambling harms:

- Increase awareness and understanding of gambling harms.
- Increase access to services and reduce gambling harm inequalities.
- Build capacity amongst healthcare professionals, social prescribers, debt advisers, faith leaders, community services and others so they are better equipped to respond to gambling harms.
- Deliver effective leadership of the commissioning landscape to improve the coherence, accessibility, diversity, and effectiveness of the National Gambling Treatment Service.

To deliver these objectives, the five-year strategy lists more than 50 core activities, across research, education, and treatment to support safe gambling behaviour and provide the right support at the right time. These include new activities such as investment in the development of lived experience networks; the development of resources and toolkits to raise awareness and establish partnerships; targeted localised prevention and treatment campaigns; promoting the National Gambling Treatment Service to those who work in public-facing settings; and working with the NHS and others to implement effective referral routes and care pathways. Building on the knowledge and expertise of those with lived experience of gambling harm will be key to help inform GambleAware's commissioning approach to ensure the charity is accountable to the very communities its commissioning activity serves.

Research, data and evaluation

Supporting the Organisation Strategy is a comprehensive Research, Data and Evaluation Strategy to build the evidence of 'what works for whom' at the three levels of primary, secondary and tertiary prevention of gambling harms. This will support and inform education and early intervention approaches, along with treatment and support service design and commissioning and contribute to knowledge generation for the wider system. As well as building evidence, GambleAware is committed to ensuring that evidence-based learning and knowledge is disseminated to colleagues working at all levels of prevention across the range of roles and sectors.

A Strategic Framework for Evaluation and an Evaluation Protocol has also been developed to create a robust framework for evaluation. These will monitor and measure the progress of interventions in reducing gambling harms, and build the evidence base to inform future commissioned work.

Knowledge creation will also be delivered through a commissioned research portfolio, a commissioned evaluation portfolio, an evaluation hub, and a PhD grant programme for universities to build knowledge of specific harms. There will also be a comprehensive system of annual surveys and data collection to support and inform service development and commissioning of activities at a local, regional and GB level.

Business and communications

Communications will be used to support the delivery of the organisation's objectives. Namely, this will be done by working to increase awareness of gambling harms and how to access treatment and support services.

A tailored approach will be applied to all communications, in particular through the differentiation of BeGambleAware and GambleAware. While the GambleAware brand will be corporate facing, BeGambleAware will continue to be promoted to consumers as a source of information for treatment and support, while encouraging those in need to seek help. This will be achieved through the delivery of campaigns such as the Safer Gambling Campaign Bet Regret and the awareness-raising campaign promoting the National Gambling Treatment Service. A transparent and collaborative approach is needed to achieve impact and change, and this understanding will be reflected across all activity monitoring and reporting.

Finally, annual implementation plans will be published each year to reflect the constantly changing environment in both funding and service provision. The plans will focus on GambleAware's shared vision to increase awareness that gambling can be harmful and the understanding that gambling disorder is a recognised health condition. Going forward, plans will also reflect key treatment outcomes, including, but not limited to, a greater proportion of people with gambling disorder receiving the right treatment and having a sustained recovery, at a rate that is comparable to other addictions and behavioural problems.

Introduction

Gambling harms

Over half of all adults in Great Britain participate in some form of gambling⁵, and for many this is a leisure activity that does not cause any adverse problems. For some, however, gambling can cause negative effects on people's health and wellbeing. These include financial difficulties, breakdown of relationships and mental and physical health problems. Harms associated with gambling are often experienced not just by gamblers themselves, but by partners, children, parents, friends, communities, and wider society.

The Problem Gambling Severity Index (PGSI)⁶ is the commonly used tool for measuring the risk and severity of gambling problems in the general population in Great Britain. It is a self-completion questionnaire which uses scores as 'cut-offs' to assign respondents to one of four categories of severity. These range from 'non-problem gambler', through to 'low-risk', 'moderate-risk', and 'problem gambler'.

It has been argued that those scoring 1+ on the tool (low-risk or higher) may be experiencing some level of gambling harm. Recent research also shows that 12% of adults across Great Britain are scoring 1 or more on the PGSI scale, with just over 2% experiencing 'problem gambling' (scoring 8 or more on PGSI scale)⁷. Harms related to gambling have been found to affect all types of individuals across Great Britain. However, evidence suggests that certain communities can be disproportionately affected by gambling harms.

Gambling harms exist in the context of often complex lives and will inevitably reflect social and health inequalities. The negative impacts of gambling are commonly associated with comorbidities of both mental and physical health conditions, and disproportionately impact those who are disadvantaged socially and economically. There are inequalities both in relation to the propensity to experience harms, and in the accessibility of support and treatment.

Gambling harms experienced by individuals draw upon the resources of a range of health and social infrastructures⁷ including health care, criminal justice, housing, welfare, and employment. Whilst estimating the cost in economic terms is difficult, it has been suggested to be between £260 million and £1.16 billion annually⁸.

Gambling disorder is classified by the World Health Organization (WHO) as an addictive behaviour whereby the pattern of gambling behaviour results in significant distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning. The pattern of gambling behaviour may be continuous or episodic and recurrent⁹.

WHO separately classifies 'hazardous gambling' as a pattern of gambling that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around this individual¹⁰. The increased risk may be from the frequency of gambling, from the amount of time spent gambling, from the neglect of other activities and priorities, from risky behaviours associated with gambling, from the adverse consequences of gambling, or from the combination of these. The pattern of gambling often persists despite awareness of increased risk of harm to the individual or others.

Referred to as the 'hidden addiction', the outward signs of gambling disorder often go unnoticed by family and friends. They are also largely 'hidden' from health and advice professionals. This is usually because neither gambling disorder nor the wider harms arising from gambling are well understood nor regularly screened for.

As with many potentially addictive behaviours, there is a spectrum of engagement which ranges from recreational gambling to gambling which causes significant problems and distress. There is also a growing body of evidence that many people may be experiencing gambling harms without meeting the criteria for 'gambling disorder'¹¹.

GambleAware is guided by the following framework for harm prevention as set out in the National Strategy to Reduce Gambling Harms¹²:



Primary prevention

Universal promotion of a safer environment.



Secondary prevention

Selective intervention for those who may be 'at risk'.



Tertiary prevention

Indicated, or targeted support for those directly affected.

Prevention of gambling harms

GambleAware supports the proposition that effective prevention of gambling harms requires a coherent and coordinated whole-system approach. This involves partnership and collaboration across a wide range of agencies – including national governments, regulators, the NHS and healthcare providers, public health organisations, local authorities, private, and voluntary sector organisations. It is also informed by evidence from research and evaluation, alongside the expertise of people with lived experience of gambling harms.

Improving population health in relation to gambling also requires a harm prevention approach, considered through a population health lens¹².

The phrase 'population health' is used to describe a way of thinking about health that includes the whole range of determinants of health and wellbeing. Many of these, such as civic planning or education, are quite separate from health services¹³. It is about creating a collective sense

of responsibility across many organisations and individuals, in addition to public health specialists¹⁴. The more traditional phrase 'public health' may incorrectly convey that this work is only the responsibility of public health professionals. Nonetheless, 'public health' has become a recognised part of the terminology around gambling harms. The COVID-19 pandemic has heightened awareness of the public health approach to improve and protect health and the need to work collaboratively across and within populations¹⁵. This is an approach embraced not only by GambleAware but by service providers and academics, who have supported the adoption of this approach for more than two decades¹⁶.

While there appears to be a consensus on the need to work together to reduce gambling harms, the need for a population health approach to preventing harm has not yet been widely or effectively translated into action in Great Britain^{17 18}. This is something GambleAware is working to address.

The role of GambleAware

GambleAware is an independent charity registered with the Charity Commission for England and Wales and the Scottish Charity Regulator (OSCR). Its charitable objectives are:

- 1** The advancement of education aimed at preventing gambling harms for the benefit of the public in Great Britain, in particular young people and those who are most vulnerable, by carrying out research, by providing advice and information, by raising awareness, and by making grants; and,
- 2** Working to keep people in Great Britain safe from gambling harms through the application of a public health model based on three levels of prevention: primary – universal promotion of a safer environment; secondary – selective intervention for those who may be ‘at risk’; and, tertiary – direct support for those directly or indirectly affected by gambling disorder, by carrying out research, by providing advice and information, by raising awareness, and by making grants for the provision of effective treatment, interventions and support.

Established in 2002 in response to an independent review of gambling in Britain commissioned by the Home Office²⁰, GambleAware has grown from being a small grant-funding body to a leading commissioner of prevention and treatment services for gambling harms. It provides these functions across England, Scotland, and Wales, and its work is underpinned by high quality research, data, and evaluation. The charity today is independent and guided by an expert Board of trustees, the majority of whom work in the health sector²¹.

In the absence of any other organisation dedicated to the commissioning of prevention and treatment services across Great Britain, GambleAware has served in this role for a period of nearly twenty years.

Since 2011, the charity has focused on funding and improving the pre-existing treatment infrastructure. This consists of a national gambling helpline; a network of counselling and treatment services across Great Britain, coordinated through GamCare; a residential treatment service delivered by Gordon Moody; and the National Problem Gambling Clinic in partnership with Central and North West London NHS Foundation Trust. A second NHS service which was jointly commissioned by GambleAware and NHS England, opened in 2019. This is being

delivered by Leeds and York Partnership NHS Foundation Trust. GambleAware has sought to draw these services together to form the National Gambling Treatment Service across Great Britain. It is a quality assured service which is free at the point of delivery.

GambleAware has worked to broaden the suite of services and work that make up the National Gambling Treatment Service by working in collaboration with a network of organisations – statutory and voluntary – to tackle gambling harms. The work covers research, education, prevention, and treatment. Through this, GambleAware is working to encourage a whole-system, community-based response to gambling harms, including awareness-raising, early intervention, and referral routes into treatment.

Trustees are mindful of the challenges in attempting to bring together diverse prevention and treatment services, which are directed at differing audiences and situated variably in three nations under a single brand i.e., the National Gambling Treatment Service. A measure of future success will be good public understanding of a wide range of prevention and treatment services, which are commissioned and delivered cooperatively by the NHS and healthcare providers, public health organisations, national and local government authorities, and voluntary sector organisations.

Examples of the charity’s collaborations are:



National campaigns

GambleAware produces national public health campaigns to support local services, as well as leading awareness and behaviour change campaigns such as Bet Regret. This preventative campaign encourages regular sports bettors to ‘tap out for time out’ to avoid risky, impulsive bets. GambleAware also continues to run a campaign which signposts people to help and promote the National Gambling Treatment Service.



Resources for professionals

GambleAware has published a ‘brief intervention guide’ and an ‘e-Learning’ package for professionals who are non-specialists in the treatment of gambling disorder. In addition to this, the charity is currently working with the University of Bristol’s Personal Finance Research Centre to produce resources which focus on preventing gambling disorder across the financial sector.



Primary Care Competency Framework

GambleAware has commissioned The Hurley Group, an NHS Partnership which also delivers the Primary Care Gambling Service, to develop a competency framework for gambling treatment in primary care, setting out the skills and experience needed by practitioners to deliver effective interventions. The competency framework has been endorsed by the Royal College of GPs.



Responding to gambling harms in advice settings

GambleAware has commissioned Citizens Advice in England & Wales, and in Scotland, to develop systems and training to enable those working in advice settings to identify and respond effectively to gambling harms amongst those accessing their services.



Fast Forward

GambleAware has commissioned Fast Forward to make it possible for every young person in Scotland to have access to gambling education and prevention opportunities. Resources for teachers, parents and carers are also available online following work with Demos, the PSHE Association and ParentZone.



Lived Experience Programme

GambleAware’s Lived Experience Programme currently comprises two key areas of work. It includes facilitating a special interest group for people who have been through treatment for their own gambling harms; in addition, GambleAware has awarded a grant to a partner to establish an inclusive GB-wide membership network representing the voice of all heterogeneous communities who have experienced gambling harms.

Sustaining and extending collaborations such as those above will require action beyond GambleAware’s purview. In meeting its remit, GambleAware recognises it will play its role by working in partnership with others to build

and sustain a national approach to reducing gambling-related harms to empower both individuals and community-based organisations with appropriate support from national and local agencies.

Case study

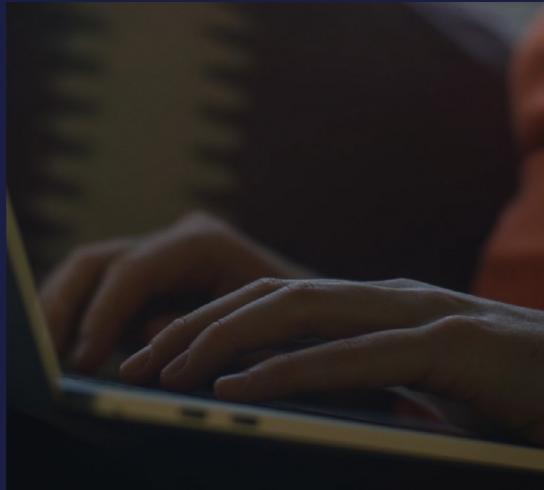
Leeds Gambling Treatment Service

The Leeds Community Gambling Service is a collaboration between Leeds City Council, Leeds and York Partnership NHS Foundation Trust, GamCare and other voluntary sector organisations.

This community-based service offers a range of short- and longer-term support for gamblers, alongside those who are affected by the gambling behaviour of a family member or friend. This support is provided face-to-face, online or over the phone.

Support and treatment plans are personalised to ensure individuals and families get the right support at the right time. The service is also free and confidential.

Referrals to this service can be made from any professional in Leeds who is working with individuals who are adversely affected by gambling. In addition, the service offers monthly training to professionals wanting to find out more about gambling harms.



The Leeds Community Gambling Service²² represents a good example of how a place-based, whole-system approach can operate. It demonstrates how this approach could be delivered in other parts of Great Britain, to build local awareness, capacity, and community resilience to reduce gambling harms.

The project fits with the NHS comprehensive model of personalised care – specifically, the concept of social prescribing and the importance of community capacity-building i.e., building relationships with voluntary organisations and referring people to non-clinical local support services where appropriate²³.

The importance of the community approach is underlined by the NHS mental health framework, which advocates a place-based community mental health model, supporting the development of Primary Care Networks (PCNs), Integrated Care Systems (ICSs) and personalised care²⁴.

Moving forward, the inclusion of GambleAware as an NHS England partner in relation to the NHS's commitment of opening 15 specialist problem gambling clinics over the next four years²⁵ represents a significant opportunity for the charity to support social prescribing and local capacity-building in conjunction with NHS England. The Leeds Gambling Treatment Service can be used as a benchmark for this.

Case study

Tackling gambling-related harm: a whole-council approach

In 2018, with support from GambleAware, the Local Government Association published guidance to all local authorities to provide an overview of problem gambling, and to explain how councils can begin to try to help residents who are impacted by it.

It encouraged 'local government and health services to do more to ensure that people experiencing harms from gambling are identified – whether through primary or secondary care, or through council services – and signposted to support and treatment.'

The advice made clear that 'public health teams can play a strategic role in relation to harmful gambling and should consider the overlaps between problem gambling and other local public health issues, given the high levels of comorbidity with mental health problems and the negative financial, health and relationship impacts of harmful gambling on problem gamblers and those around them.'



gambling harm within local government and health services. By directly referencing gambling harm alongside other local public health issues, it encourages local services to signpost to the support and treatment available.

As demonstrated, GambleAware works to inspire and convene shared responsibility for ensuring the prevention and treatment of gambling harms has parity with addressing the harms arising from other risky behaviours.

The above case study is a good example of the impact a whole-council approach can have on improving and raising awareness of

Our vision: A society where everyone is safe from gambling harms.

Our purpose

GambleAware aims to:

Ensure that gambling harms are clearly understood

Collaborate to deliver a whole-system approach to prevent gambling harms

Enable people to access the advice, support and treatment they need

Build and disseminate evidence-based learning and knowledge

Our values

Our values guide our behaviour and shape everything we do. We are committed to:

Independence: We act with independence in commissioning projects which are in the interest of preventing and treating gambling harms

Integrity: We act fairly and with integrity

Equality: We strive to achieve equality of access and outcomes for people experiencing gambling harms

Being evidence-based: We are conscientious in ensuring our work is evidence-based and in the absence of evidence, we will apply the precautionary principle to fulfil our charitable purpose

Strategic priorities

The overarching strategic priorities for GambleAware for the next five years will be to:

- **Accelerate engagement and awareness** through targeted activity to raise awareness, reduce stigma and encourage engagement with information and advice, support and treatment services.
- **Transform capacity and capability by collaborating** with the NHS and healthcare providers, public health organisations, local authorities, and voluntary sector organisations across England, Scotland, and Wales to support the growth of an integrated system of prevention provision.
- **Increase equity and champion diversity** to understand and address inequalities in experiences, access to services and outcomes for those experiencing gambling harm. We will take a collaborative approach working with a diversity of communities to ensure that support, services, treatment and pathways to services are accessible and effective.
- **Deliver best-in-class commissioning** with the focus on improving processes and systems to enhance good governance, maximising transparency and value for money. We will meaningfully

involve and include the voice of those with lived experience in the co-production of awareness-raising, support, and treatment services. This will intersect with our working with these communities in establishing representative networks that allow their voices to be amplified, and therefore to be reflected in our commissioning.

Funding

Under the current arrangements in place for the regulation of the gambling industry, GambleAware is funded exclusively by the gambling industry via a voluntary donation system.

This system requires operators licensed in Britain to donate funds which support research, prevention, and treatment of gambling harms. However, there is no stipulation as to how much ought to be donated and on 1 January 2020 the Gambling Commission published a list of several organisations to which operators may direct their annual financial contributions²⁷.

In June 2020, the Betting and Gaming Council, on behalf of the four largest gambling operators in Great Britain, pledged £100 million to GambleAware over the four years to 2024²⁸.

The voluntary nature of the current arrangements results inevitably in uncertainty of funding year-to-year and to significant variations in cash flow within the year. This unpredictable funding model represents a significant challenge given that a key function of GambleAware as a commissioning body is to provide assurance to funded services about recurrent income streams so that expert

clinical teams can be established and sustained to provide treatment and support for those who need help.

Trustees have established a robust, independent, and accountable system of governance processes and procedures to ensure the gambling industry has no influence over the charity's commissioning decisions. However, the voluntary nature of the current funding arrangements permits the industry to make deliberate choices about the extent of its funding and where its funding is directed, which may not always be in the best interests of pursuing a coherent and coordinated whole-system approach to preventing gambling harms. It is for these reasons that GambleAware advocates for a statutory levy to fund research, prevention, and treatment services.

In the meantime, the charity intends to focus on establishing a range of pilot and 'proof of concept' projects to demonstrate 'what works best for whom' with the intention that the NHS and other statutory bodies are increasingly encouraged to take the lead in commissioning prevention and treatment services in the future, albeit supported by the voluntary and private sectors.

Impact of the COVID-19 pandemic

The pandemic has presented huge challenges for communities, individuals, service providers and the statutory sector. Whilst many areas have seen swift change and mobilisation in response to new demands, and people have often connected in new ways, some people may have missed out on receiving support due to service changes. Others may have developed new needs that remain unmet. The long-term effect of the pandemic is likely to be felt for many years, affecting people's finances, mental health and potentially exacerbating inequalities particularly for those who are disadvantaged either socially, economically or both.

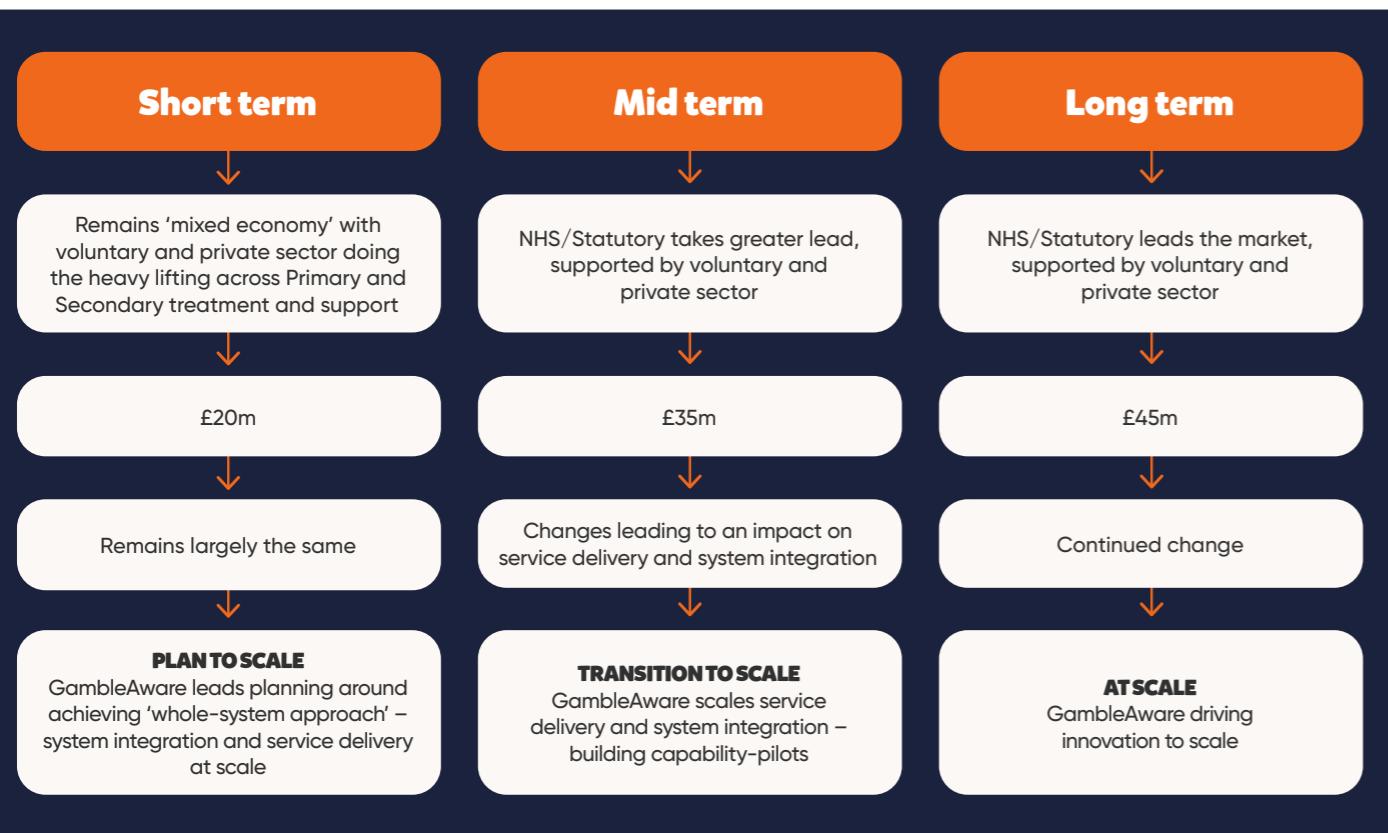
Effective commissioning should always be responsive to changing needs. The longer-term impact of the pandemic means both GambleAware and the wider system will have to plan for uncertainty, including in relation to the nature and landscape of statutory agencies. The Commissioning Strategy has accompanying annual implementation plans to allow for flex and change during the lifetime of the strategy.

A five-year Organisational Strategy

At the core of this Organisational Strategy is a Commissioning Strategy. This sets out the charity's four commissioning objectives and identifies 44 high-level actions to prevent gambling harms, although not all actions will be implemented at once. Instead, delivery of the Commissioning Strategy will be phased, informed by priority and resource availability with a focus on delivery of continuous improvement alongside the introduction of game-changing new initiatives.

Alongside the Commissioning Strategy is a Research, Data, and Evaluation Strategy that is intended to respond to, inform and underpin commissioning of prevention and treatment services in the future.

Other documents included are a Communications Strategy, and a Business Plan.



1 Commissioning Strategy

Prevention of gambling harms through awareness-raising, education, and treatment

April 2021 to March 2026

Background and Context

Purpose

This document sets out GambleAware's key commissioning objectives to prevent gambling harms through awareness-raising, education, and treatment services for the period of five years ending 31 March 2026. It explains why these are our priorities, what we intend to do to address them, and how we will measure progress in achieving our goals.

The Commissioning Strategy is part of a suite of documents that taken together form the Organisational Strategy for GambleAware, 2021-26.

GambleAware's approach to commissioning

This Commissioning Strategy takes forward GambleAware's vision for the prevention of gambling harms (see page 14). It is based on a whole-system approach which acknowledges the many other organisations, networks and individuals who already play a key role across the system, or who have the potential to do so in the future.

Strategic commissioning by GambleAware involves understanding, planning, and delivering better health outcomes.

The process for this includes:

- Assessing and forecasting needs
- Linking investment to agreed outcomes
- Considering options
- Planning the nature, range and quality of future services
- Working in partnership to put these processes in place.

The charity seeks to adopt best practice in commissioning to bring together research knowledge, subject matter expertise, and engagement with communities of people who

have lived experience and their representatives. This includes those who are harder to reach, socially excluded and have the most complex and compound needs. This allows GambleAware to design and secure both prevention and treatment services through a population health lens, ensuring no communities are left behind.

Figure 1 (see page 20) illustrates the commissioning cycle, showing how the core functions of prevention and treatment are underpinned by research and data, to deliver improvements. Central to the model is the concept of partnership building and joint working involving national and local government, providers of services, and communities, especially those people with lived experience. The model is one of meaningful involvement that includes, not only consultation with individuals, but ensures that there are mechanisms for the participation of all communities of people with lived experience of gambling harms. This is achieved through elected representatives and spokespeople, allowing for participation of those who have historically not been able to contribute to processes of partnership building and commissioning.

A recent evaluation of the GambleAware-funded treatment system²⁹ illustrated that a whole-system approach is best delivered by improving system effectiveness through collaboration on a spectrum of activity. This includes sharing best practice (to enhance system design and to develop evidence-based interventions), as well as co-location and integrated services.

As mentioned in the introduction, 'The role of GambleAware' (see page 10), the charity is working to support the Department of Health and Social Care (DHSC) and the NHS "to ensure the best use of available funding, and to support alignment, integration and the expansion of treatment services across the system so patients get the right treatment at the right time."³⁰

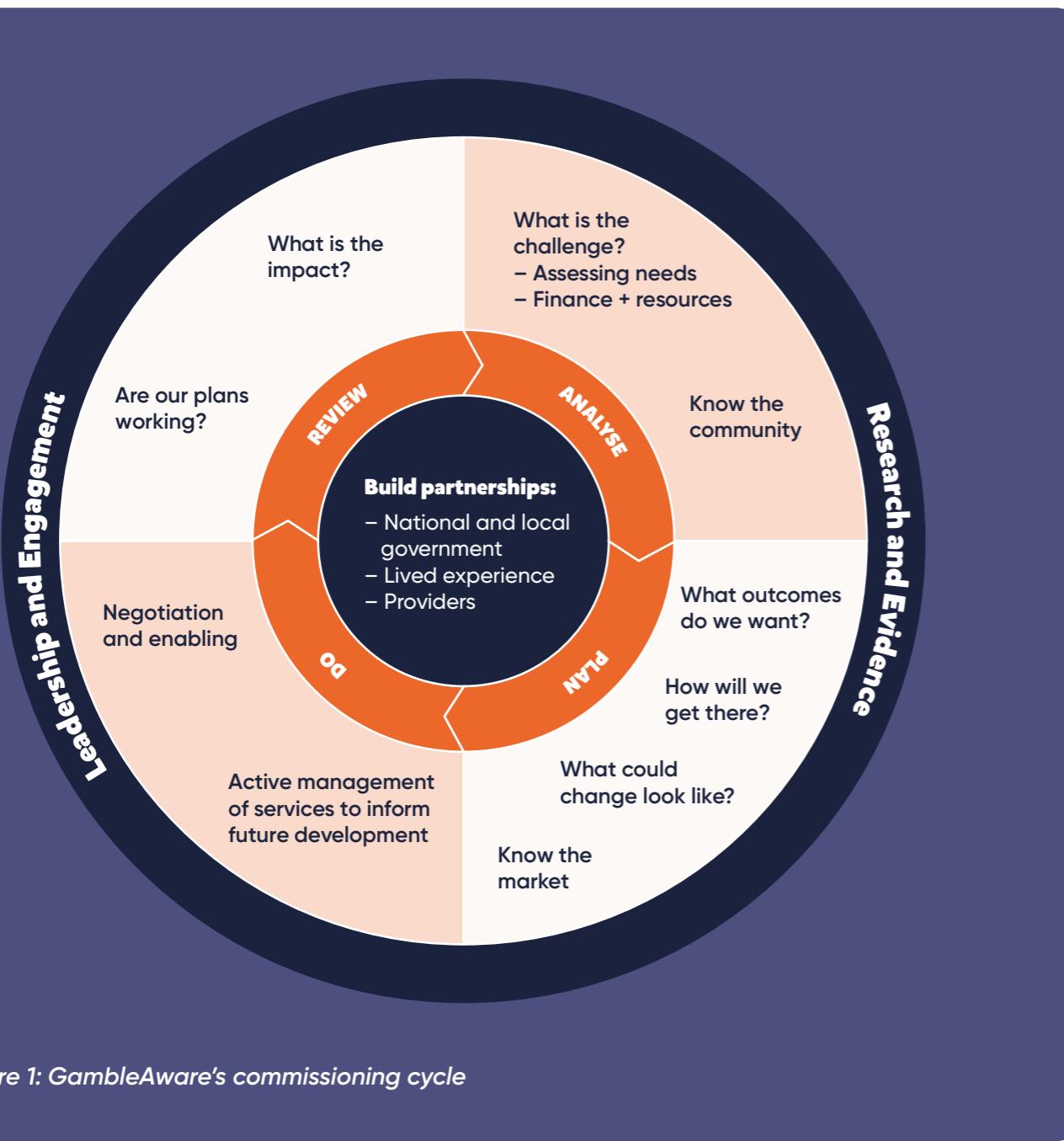


Figure 1: GambleAware's commissioning cycle

This collaborative approach is acknowledged in the NHS Mental Health Implementation Plan, 2019-24, where GambleAware is recognised as an NHS England partner in relation to the NHS commitment of opening 15 specialist problem gambling clinics over the next five years³¹. It is also referenced in the National Strategy to Reduce Gambling Harms³², and in the Annual Report by the Chief Medical Officer for Wales for 2018/19³³. The newly created Office for Health

Promotion³⁴ within the English Department for Health and Social Care, as well as the review initiated by the Minister for Health in Wales, offer further opportunity for collaborative working. These partnerships help GambleAware keep abreast of national policy developments and the opportunities to contribute to a whole-system approach to keeping people safe from gambling harms – at a national, regional and local level.

GambleAware currently commissions to prevent gambling harms by:

- Funding training and the development of resources
- Delivering awareness-raising and public health campaigns
- Funding advice, support, and treatment for those experiencing gambling harms.

The majority of GambleAware funding is currently invested in providing treatment via the National Gambling Treatment Service. The National Gambling Treatment Service is the name given to the suite of services and work which is jointly commissioned by the charity, the NHS, and a network of organisations (statutory and voluntary) to prevent and treat gambling harms.

The work covers research, education, prevention, and treatment to provide a whole-system, population health response to gambling harms. The network of service providers that are part of this has grown organically over more than two decades. GambleAware has sought to connect more disparate and informal groups with the NHS, local authorities, and other expert organisations to create the network it is today. As a result, the National Gambling Treatment Service now offers a strategic, quality assured and high-profile response to preventing gambling harms across Great Britain.

As a commissioner of clinical services, a key element of GambleAware's function is providing not just money but security about regular, recurrent income which enables expert teams to be established and sustained. For this reason, GambleAware's expenditure profile can vary from its income profile. It is widely acknowledged that more emphasis should be placed on preventing gambling harms. In line with the renewed emphasis on prevention at a government level³⁵, GambleAware will use its resources to promote population health enabled by increased investment by the NHS³⁶, and the commitment by operators to raise payments under the voluntary levy system.

Gambling harms across Great Britain

Social and health inequalities

Gambling harms exist in the context of often complex lives, reflecting social and health inequalities. The negative impacts of gambling are commonly associated with people experiencing mental and physical health conditions. They more commonly impact on those who are socially and economically disadvantaged³⁷. The inequalities occur both in relation to the likelihood of experiencing harms, and in the accessibility of support and treatment.

Despite the high prevalence of harms associated with gambling in Great Britain, one in two people with a gambling disorder have not accessed any treatment or support. This was highlighted in the first ever Treatment Needs and Gap Analysis in Great Britain³⁸, commissioned by GambleAware and published in 2020, which also identified the barriers to accessing treatment and support. These include a lack of awareness of available services, social stigma, and a reluctance to admit gambling problems to one's community as well as services and healthcare providers.

Evidence indicates that there are certain sociodemographic groups that may be disproportionately affected by gambling harms. However, in most circumstances, while the data shows a link between being part of a certain group and experiencing harm, it does not indicate this is a cause of that harm.

Overview of sociodemographic correlates of gambling harms

Gender	<p>Males are both more likely to gamble and more likely to be defined as a 'problem gambler'⁴⁹.</p> <p>Females are more likely to experience harms due to someone else's gambling (i.e., be an 'affected other')⁵⁰.</p>	Health status	<p>Gambling harms often occur alongside mental health problems⁴⁹, and some conditions share common risk factors with gambling disorder, for example anxiety and depressive disorders⁵⁰. One in three (34%) gamblers with a PGSI score of 1+ were prompted to seek treatment, support or advice due to mental health problems (including feeling anxious or concerned) (2020 T&S data).</p> <p>Just over half (54%) of female gamblers with a PGSI score of 1+ had any co-existing health condition. Among male gamblers in the same category, 48% had any co-existing condition (2019 data). For both men and women, higher PGSI scores correlated with higher levels of psychological distress.</p>
Ethnicity	<p>People from Black and Asian ethnic groups are less likely to gamble, but those that do are more likely to be defined as a 'problem gambler'⁴¹. This is particularly apparent amongst women from ethnic minority backgrounds⁴².</p>	Other groups	<p>There are strong associations between smoking and alcohol use⁵¹ and experiencing gambling harms. People taking certain medications for conditions such as Parkinson's Disease have been found to be more at risk⁵². There is some limited emerging evidence suggesting that those with learning needs may be at greater risk⁵³.</p>
Age	<p>Gambling is a part of children and young people's daily lives⁴³ and children are thought to be more vulnerable to gambling harms⁴⁴ both as a result of someone else's gambling and their own participation. This is due to their stage of physiological and psychological development, their position in society, and their inexperience in responding to risk.</p> <p>Young adults reaching financial and social independence (e.g., students and those entering the workforce) experience possibly stressful transitions at a period when access to money is increasingly important, which could raise the risk of harms⁴⁵. Regular (weekly) gambling amongst young adults has shown a strong male gender bias, and a greater likelihood of smoking and alcohol abuse⁴⁶.</p> <p>Older people may be more vulnerable due to social isolation or loneliness following bereavement, and the pressures of living on low, fixed incomes. Those experiencing gambling harms are much less likely to access support and treatment than younger people: 6% of those aged 55+ compared with 29% of those aged 18–34 and 15% of those aged 35–54 years have sought treatment, support and advice.</p>	Other groups	<p>Certain employment groups have been identified as being at greater risk of gambling harms, such as professional sportspeople⁵⁴, those working in finance, and those employed in the armed forces or emergency services⁵⁵.</p> <p>Offenders and ex-offenders are more likely to experience gambling harms⁵⁶.</p> <p>Trauma and adverse childhood experiences have been established as risk factors for disordered gambling⁵⁷.</p>
Socioeconomic status	<p>Adults in C2DE social grades are slightly more likely to take part in gambling overall, and slightly more likely to be classified as gamblers with some level of harm (a score of one or higher) than those in ABC1 social grades (13% vs. 11%)⁴⁷.</p> <p>People living in areas of deprivation may be more at risk, which could be due both to the likelihood of experiencing difficult economic circumstances, and to the accessibility of gambling opportunities which has been shown to be greater in more deprived areas⁴⁸.</p>	<p>Note: the term 'problem gambler' denotes a score of 8+ on the Problem Gambling Severity Index (PGSI); vulnerability to gambling harm denotes a PGSI score of 1–7</p>	

Geography

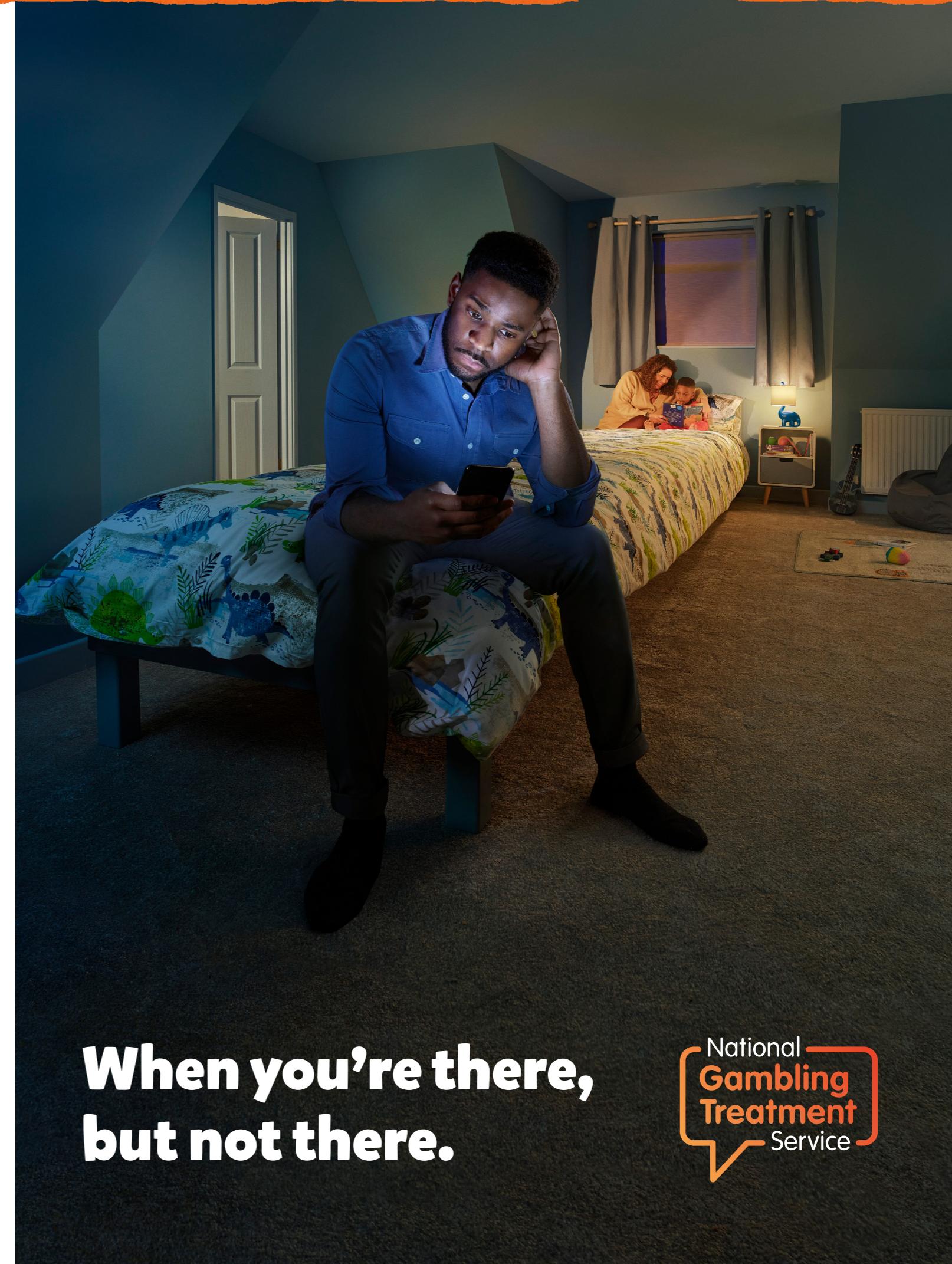
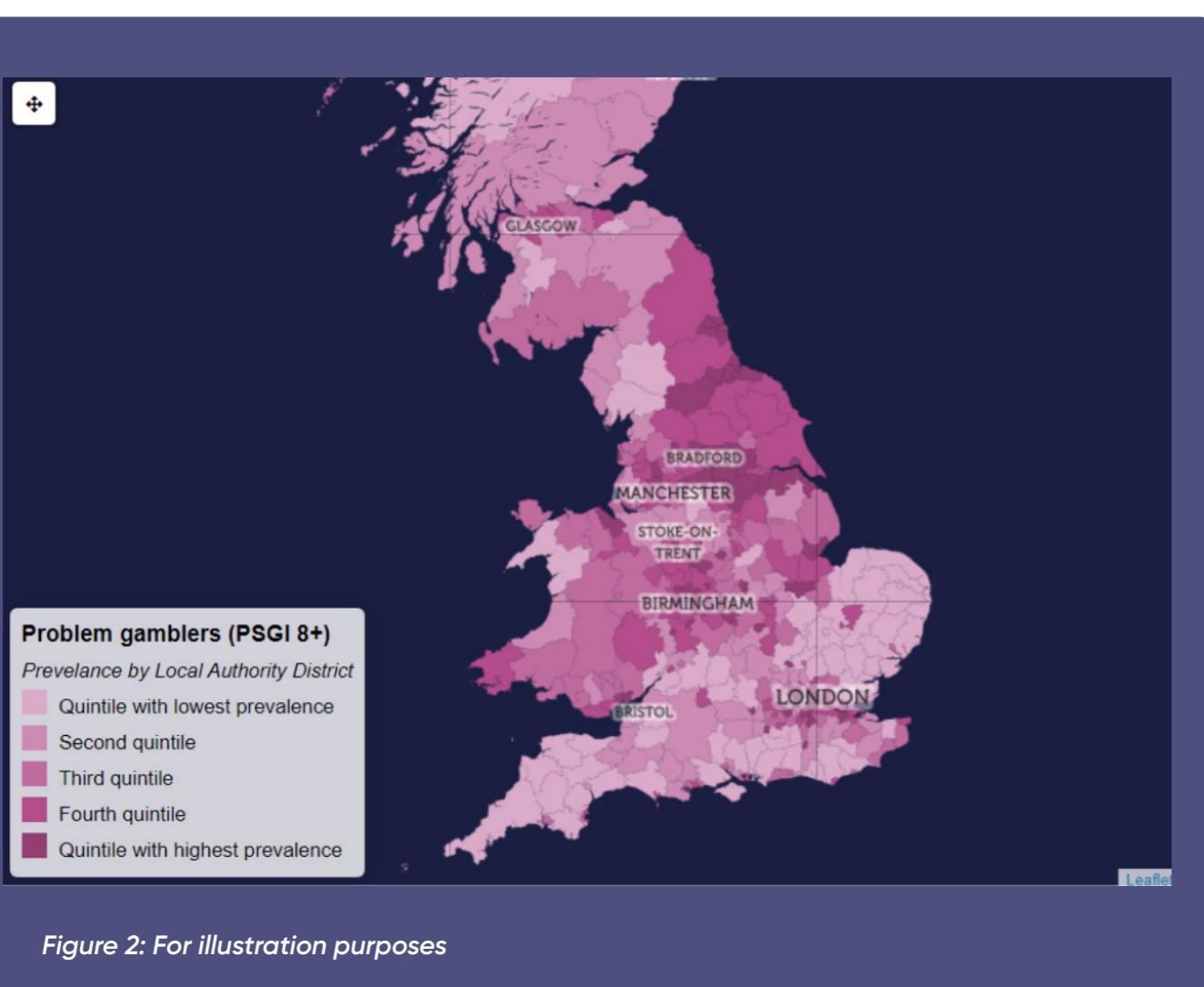
The harms that arise from gambling are not distributed evenly across the GB population; and nor is the demand for treatment, support, and advice to help people manage those harms. The charity's knowledge in this area is limited to the whole population level but is growing.

As a first step to inform GambleAware's commissioning, and to assist local and regional commissioners as well as service providers to respond to gambling harms in their local communities, GambleAware has worked with University College London to produce a series of maps. These estimate prevalence of

harm, and from 2021, levels of treatment and support demand. The figures are based across GB at a local level and are estimated using commissioned survey data.

Mapping problem gambling severity

Alongside other sources of national and local data [these maps](#) are a useful contribution and starting point for strategic planning, both at a national and regional level. They can also act as a potential monitoring tool for identifying changes in gambling harms prevalence as well as take up of treatment, support and advice services over time.



Where GambleAware is now

The existing evidence from gambling studies describes how the mechanisms and product characteristics related to gambling can manifest harm, and the prevalence and consequences of those harms. People experience harms differently, and gambling harms can be considered to exist on a continuum from mild to severe. Certain groups are disproportionately impacted and comorbidities often occur. Evidence shows the wider impact of harms on individuals, their families, and their communities.

The previous table provides a high-level overview of what we currently know, which informs our approach to universal, selective, and indicated prevention. In this section we look at each area of prevention in turn to flag key gaps in the current response, what we do not yet know, and to outline the part that GambleAware will play in making improvements in provision. Note that in this section, data is cited from GambleAware's 2020 Treatment and Support Demand Survey⁵⁸ unless otherwise stated.

What we are currently doing

GambleAware currently works across three areas of activity:

1

Preventing gambling harms by producing national health campaigns.

These campaigns build awareness and encourage behaviour change. They provide support to frontline services and organisations, helping them inform, educate, and where appropriate, deliver brief interventions.

2

Commissioning the National Gambling Treatment Service⁵⁹.

This brings together the National Gambling Helpline and a network of providers across Britain, including specialist NHS clinics, to offer a range of treatment services. It meets a spectrum of need and is delivered in a coordinated way. It is informed by the best understanding of current evidence, while building an evidence base for the future.

3

Seeking to optimise knowledge and provide thought leadership.

Our work on this covers the areas of prevention, addiction, and treatment in gambling via an extensive research and evaluation programme.

What are the gaps?

There is an emerging consensus that gambling harms should be considered through a public health and social inequalities lens. There is also a growing evidence base around the prevalence and impact of gambling harms at the GB population level. However, current knowledge and understanding of the impact and lived experience of gambling harms within specific communities and sub-groups is limited. This is particularly the case for those communities who are subject to greater social exclusion and deprivation. There are still gaps around how to intervene effectively to keep people safe from gambling harms⁶⁰. The Research and Evaluation Strategy gives more detail around these gaps in knowledge and how they will be addressed. **Despite pockets of evidenced, impactful interventions, there are also gaps in provision within each level of prevention:**

Gaps in universal prevention provision:

Preventative education targeted at young people.

In September 2020, the Department for Education introduced a new personal, social, health and economic education (PSHE) curriculum. This required secondary school pupils in England to learn about the risks of gambling in relation to online harms. However, Scotland and Wales do not yet have a mandatory curriculum requirement in relation to gambling. Also, no curriculum in Britain requires children of primary school age to be introduced to an understanding of risk and resilience in relation to gambling.

Gaps in selective prevention provision:

Services for individuals experiencing the greatest inequalities.

Gambling is not routinely seen as an issue within services that are provided for people who experience the greatest inequalities. This is despite the individuals who use them being at greater risk of experiencing gambling harms. These services include areas such as the criminal justice system, public health and advice, financial sectors and health and social care.

Gaps in indicated prevention provision:

Treatment of gambling disorder and management of gambling harms within health services.

At the time of writing there are no residential or NHS services designed to treat gambling disorder in Scotland or Wales. In addition to this, there are gaps in terms of perceived ability of health services to identify, prevent and respond to gambling disorder and gambling harms⁶¹. Affected services include those delivered by GPs and mental health practitioners.

Where GambleAware expects to be in five years

In identifying the gaps outlined above, and following detailed consultation with internal and external stakeholders, there has emerged a clear need for GambleAware and other organisations to work together to:

- Improve awareness that gambling carries risk and can cause harm both to the gambler and to others
- Reduce stigma related to gambling disorder
- Improve the ability to identify and respond to those experiencing gambling harms (individuals, communities and people who work with the public)
- Reduce inequality in relation to both experiencing gambling harms and the support and treatment available
- Develop an integrated, place-based, whole-system approach to treatment which offers effective, accessible interventions to all those affected by gambling harms.

A measure of success will be that the National Gambling Treatment Service is widely understood to represent a broad coalition of services and prevention activity that is commissioned and delivered cooperatively by the NHS, public health agencies, local authorities, and voluntary sector organisations. GambleAware must ensure that pathways to gambling-specific treatment and support services are effective and accessible. We can do this through commissioning a 'research-friendly environment' in conjunction with other agencies. Interventions and prevention programmes should be designed in a way that allows data to be captured. This will help

GambleAware develop an evidence base according to what works, while sharing these learnings with other agencies and responding to them collaboratively.

In five years, the charity anticipates that the successful implementation of this strategy will ensure these goals are achieved. Ultimately, it will mean fewer people experience gambling harms, with those that do receiving timely and effective support. The aim is for these changes to be sustained beyond the five-year term of this strategy.

Four commissioning objectives

To get to where GambleAware expects to be in five years and to be effective at helping to prevent gambling harms, the charity must focus on delivering these four commissioning objectives:

Commissioning Objective 1:

Increase awareness and understanding of gambling harms

Commissioning Objective 2:

Increase access to services to reduce gambling harm inequalities

Commissioning Objective 3:

Build capacity amongst healthcare professionals, social prescribers, debt advisers, faith leaders, community services and others so they are better equipped to respond to gambling harms

Commissioning Objective 4:

Improve accessibility and effectiveness of the National Gambling Treatment Service

The activities behind these objectives span all three tiers of prevention (universal, selective, and indicated) and will not be the sole responsibility of GambleAware. There is a need to ensure a broad approach that supports safer gambling behaviour, provides the right support at the right time for people experiencing any level of gambling harm, and that offers every opportunity for those in need of specialist treatment and support to receive it.

This will require collaboration between a range of agencies, community members and those representing communities of people who have lived experience of gambling harms. Innovative service design, which is underpinned by evidence about what works, when and for whom is essential. This will ensure that services continue to meet the needs of people experiencing gambling harms and remain fit for the future.

Commissioning Objective 1:

Increase awareness and understanding of gambling harms

Rationale	Gambling harms are often hidden. There is a low level of awareness that gambling can be harmful, and gambling disorder is not well understood to be a health issue. This may contribute to the stigma associated with gambling harms, which in turn can cause people to feel embarrassment, shame and to be reluctant to talk about their experiences or seek help, and in the most serious cases can result in suicide. We will work to increase awareness and understanding of gambling harms, reducing stigma, and enabling more people to talk openly.
What we are currently doing	<ul style="list-style-type: none"> Providing information about safer gambling through BeGambleAware.org and its associated social channels. Funding the Gambling Health Alliance to promote gambling as a matter of public health. Developing universal prevention resources as well as providing training for schools and youth workers to educate all young people about the risks related to gambling and to support healthy decisions.
What we plan to do next	<ul style="list-style-type: none"> Continue to fund campaigns across a range of media to improve awareness, reduce stigma and encourage people to seek help. Invest further in the brand equity of BeGambleAware.org, providing a single point of reference for all stakeholders about keeping people safe from gambling harms. Continue work to promote gambling as a matter of public health through supporting the Gambling Health Alliance and developing resources and training to support universal prevention activities. Universal approaches will be used with young people in a range of settings and will reach the general public through partnerships with anchor institutions (e.g., General Practice), large employers and trade unions. Explore using innovative and creative methods to raise awareness of gambling harms amongst the public, for example by using well-known ambassadors, and engaging with media to advise on how to ensure a non-stigmatising approach when gambling is the subject of TV or radio programming. Seek to better understand effective stigma-reducing strategies, whilst designing and implementing targeted programmes based on the emerging evidence.
What difference you will notice in five years	<ul style="list-style-type: none"> There will be an increase in awareness that gambling can be harmful. There will be an increase in understanding that gambling disorder is a recognised health condition, and that in the most serious of cases the impacts of the condition can include loss of life. People will be willing to talk about their own experiences of gambling harms without feeling embarrassment or shame. People will feel able to raise the issue of gambling harms with others if they have concerns about their gambling. Employers and relevant public agencies will have policies in place to prevent and respond to gambling harms as part of business as usual.

Commissioning Objective 2:

Increase access to services to reduce gambling harm inequalities

Rationale	Some groups and communities are under-represented within services offering interventions. Gambling harms may disproportionately affect some of these groups. Offering prevention and early intervention targeted to the most at-risk groups, and commissioning services to better meet the needs of currently under-represented groups will reduce inequality in relation to gambling harm.
What we are currently doing	<ul style="list-style-type: none"> Undertaking consultation with young people, including those from minority and marginalised communities, to inform prevention programme development. Developing a national lived experience network that represents all communities with experience of gambling harm. The network's scope and aims will be entirely driven by the diverse membership. The network will allow for a united and democratically representative voice of hugely variable and diverse communities to come and inform all our work. Working with those who work in public-facing settings to raise awareness of gambling harms within settings where those at higher risk might present. These include areas such as primary care, debt advice, housing services and the criminal justice system. Promoting parenting and youth resources to highlight gambling risks which are related to engagement with gaming and emerging financial independence. Developing partnerships with football supporter's associations to target people whose interest in sport may put them at higher risk. Commissioning services which aim to be responsive to local need.
What we plan to do next	<ul style="list-style-type: none"> Invest in the development of lived experience networks, ensuring representative diversity and democratic infrastructure allowing networks to speak with a representative voice and to be sustainable and accountable to their membership. Use the expertise within the network to inform our commissioning approach and ensure we are accountable to the very communities our commissioning serves. Develop a framework or approach to enable the reduction of inequalities, identification of priority groups and communities, and building on the work by Marmot and colleagues (2020)⁶². Informed by the framework, collaboratively develop and deliver targeted and localised prevention and treatment campaigns.

	<ul style="list-style-type: none"> Conduct a review of existing services to identify opportunities for service improvements, making sure they better meet the needs of the priority groups and communities which will be identified by the framework. Work to address the inequalities experienced by these groups by understanding what works and commissioning targeted prevention / early intervention programmes on a national and local level. Encourage cultural competence through all future commissioning, ensuring services can respond effectively to diverse social, cultural and linguistic needs. 		<p>What we plan to do next</p> <ul style="list-style-type: none"> Develop a strategic plan, informed by the framework to enable the reduction of inequalities. This will include identifying which groups of those working or volunteering with the public in a range of capacities, including health and advice, are most likely to be in contact with people experiencing gambling harms when delivering their roles. Use the plan to inform the development and delivery of a comprehensive programme of free training, to be made available via a range of sources (factsheets, toolkits, eLearning, face-to-face training). This should be tailored to the needs and circumstances of each group or organisation, including through partnership with key stakeholders (e.g., professional membership bodies). Work with these organisations, making it clear what impact they can have on their own core outcomes by responding to gambling harms, to develop tools, systems and processes that increase access to support in the places people affected by gambling disorder might present (e.g., including gambling harms as part of standard intake screening and on NHS electronic record systems). Finalise the competency framework for Primary Care and establish similar competency frameworks for other relevant professions. Support this by working to advocate for the inclusion of gambling harms as part of standard training for key professions. Support the uptake of training and organisational support through campaigns targeted at professionals. Work jointly with organisations to raise awareness of gambling harms, and encourage staff to respond, for example by developing partnerships with those delivering mental health first aid training, with the armed forces or emergency services. This could be in the form of a Gambling Health Day, with toolkits and resources made available to support engagement. Promote the National Gambling Treatment Service as somewhere to refer those in need of specialist intervention, encouraging those who work or volunteer in public-facing roles to respond.
What difference you will notice in five years	<ul style="list-style-type: none"> People accessing help services are more representative of the population experiencing harms. Prevention and early intervention services are targeted at those disproportionately affected by gambling harms and impact evaluation is beginning to demonstrate harm reduction in these groups. All services are culturally competent (e.g., language, aware of needs of specific groups, accessible). Specialist services exist offering treatment and support for groups who experience barriers to mainstream provision. 		
Commissioning Objective 3:			
	<p>Build capacity amongst healthcare professionals, social prescribers, debt advisers, faith leaders, community services and others so they are better equipped to respond to gambling harms</p>		
Rationale	<p>People who engage with the public through their work may be aware that gambling can be harmful but feel poorly equipped to respond to gambling harms. This may be due to a perceived gap in knowledge, skills and confidence, a shortage of organisational resources and capacity, or a sense that addressing gambling harms will not support core organisational outcomes. Addressing these structural issues through capacity building work with priority groups of workers – individuals who are trusted by the public to support and advise them in a variety of contexts – will enable better identification and support for those at risk of, or currently experiencing, gambling harms.</p>		
What we are currently doing	<ul style="list-style-type: none"> Training those who work or volunteer in public-facing roles within settings including primary care, debt advice, housing and the criminal justice system to raise awareness and encourage screening. Developing a competency framework for Primary Care. Supporting the finance sector to respond well to those who are vulnerable due to gambling. Training those who work or volunteer in public-facing roles to provide brief intervention. 	What difference you will notice in five years	<ul style="list-style-type: none"> Gambling disorder and gambling harms will be part of standard training for key professions. Those who work or volunteer in public-facing roles will feel able to identify and respond to gambling harms, and by doing so will facilitate earlier intervention. More referrals will be made to the National Gambling Treatment Service by those who work or volunteer in public-facing roles.

Commissioning Objective 4:

Improve accessibility and effectiveness of the National Gambling Treatment Service

<p>Rationale</p> <p>Even though gambling disorder is treatable, a high proportion of those who might benefit from treatment and support do not access it. The work to address stigma, reduce inequalities and build capacity amongst those who work or volunteer in public-facing roles will go some way to encouraging people to seek help from the National Gambling Treatment Service⁶³. These workers and referring agencies also need to be aware of it and to have confidence in the assurance processes which demonstrate the safe, effective delivery of treatment. The services offered need to be delivered in a way which is easy for individuals to access and in which a therapeutic relationship can be readily established. To meet the needs of those experiencing gambling disorder and gambling harms in a holistic way, the National Gambling Treatment Service needs to interface and integrate with a range of other services and organisations.</p>	<ul style="list-style-type: none"> Invest further in the development of the National Gambling Treatment Service as a brand, including promotion via a dedicated website and associated social channels. Review the organisational structure and its coordination in light of the evaluation already undertaken by Leeds Beckett University⁶⁴, and subsequent work which builds on this. Ensure that the clients' journey to treatment is as frictionless as possible, with the principle of 'no wrong door' upheld by all providers. Explore the extension of digital delivery including enhancing current online services and self-help tools. Build in meaningful involvement of lived experience communities and, where appropriate, peer service provision, support and training, to the design and delivery of all National Gambling Treatment Service interventions. Invest in improved capacity within the National Gambling Treatment Service to match levels of demand, including for example, residential rehabilitation. Invest in structured aftercare and long-term follow-up.
<p>What we are currently doing</p> <ul style="list-style-type: none"> Providing information about treatment and support, and encouraging help-seeking, through BeGambleAware.org. Delivering the National Gambling Treatment Service campaign to promote awareness of treatment and how to access it and providing resources for local initiatives to build referral routes. Commissioning the National Gambling Helpline. Commissioning the National Gambling Treatment Service, comprising of extended brief interventions, online access to cognitive behavioural therapy (CBT), community-based care, NHS clinics and residential services, and a pilot of treatment in prisons in Surrey. Conducting a pathfinder programme to embed peer support alongside treatment services. 	<p>What difference you will notice in five years</p> <ul style="list-style-type: none"> There is good brand awareness for the National Gambling Treatment Service, and it is recognised as an umbrella term for a coordinated range of services co-commissioned by the statutory and third sectors in each of the three nations of Britain. The National Gambling Treatment Service will be recognised by the public as the 'go to' service for those seeking treatment for gambling disorder. Effective, co-commissioned treatment pathways will be in place across England, Scotland and Wales, recognising that different structures and systems are in place in each of the countries. People experiencing gambling harms will have access to a range of person-centred services – specifically, services that meet the identified needs of those experiencing gambling harms, demonstrated by service take-up from those currently under-represented in treatment. A greater proportion of those with gambling disorder will receive treatment. Outcome data will indicate that recovery is achieved and sustained for those treated by the National Gambling Treatment Service, at rates comparable to other addictions and behavioural problems.
<p>What we plan to do next</p> <ul style="list-style-type: none"> Work alongside the Department of Health and Social Care (DHSC), the health departments in Scotland and Wales, the NHS, public health agencies, local authorities, and voluntary sector organisations to oversee commissioning strategies which ensure referral routes and care pathways are in place in all three nations of Great Britain. Launch specific local initiatives in conjunction with new NHS clinics, engaging with Integrated Care Systems to promote a place-based approach and help ensure that the full spectrum of need is appropriately met. Strengthen quality assurance ensuring high quality provision and rigorous standards, while developing systems to improve datasets which support audit and performance improvement. Continue to invest in and develop the National Gambling Helpline, establishing its role as a triage service and fostering improved links with the wider National Gambling Treatment Service. 	

Commissioning activity

The table below sets out the commissioning activity that GambleAware will continue to invest in to support each of the four objectives. It also shows the new activity that will be prioritised during the first years of this strategy, mapped against the Universal, Selective and Indicated tiers of prevention.

Commissioning Objective 1:

Increase awareness and understanding of gambling harms			
Activity	Mapped to Prevention Tier		
	Universal	Selective	Indicated
Continuing activity			
Website providing information about safer gambling – BeGambleAware.org.	●		
Website providing information about treatment and support – National Gambling Treatment Service.		●	
Social media campaigns to help keep people safe from gambling harms.	●		
Safer gambling campaigns.	●		
Gambling Health Alliance – promoting gambling as a matter of public health.	●		
Universal prevention resources and training for schools and youth workers.	●		
Investment in the development of lived experience networks.	●		
New activity			
Universal prevention resources and toolkits for large employers and trade unions to raise awareness, and establish partnerships to promote them (possibly through a Gambling Health Day).	●		
Design and implement stigma-reduction strategies.	●		

Commissioning Objective 2:

Increase access to services to reduce gambling harm inequalities

Activity	Mapped to Prevention Tier		
	Universal	Selective	Indicated
Continuing activity			
Invest in the development of lived experience networks.			
Develop partnerships with specific groups e.g. football supporter's associations.			
New activity			
Framework or approach to enable the reduction of inequalities.	●		
Targeted localised prevention and treatment campaigns.	●		
Service review to identify opportunities for improvement using the framework to enable the reduction of inequalities and to encourage cultural competence.	●		
Tools, systems and processes that support non-gambling specialist organisations to respond to gambling harms (e.g., through inclusion of gambling on electronic record systems).	●		
Targeted prevention and early intervention programmes.	●		
Partnerships with key organisations to disseminate toolkits and resources to raise awareness.	●		
Invest in online tools including self-help.	●		

Commissioning Objective 3:

Build capacity amongst healthcare professionals, social prescribers, debt advisers, faith leaders, community services and others so they are better equipped to respond to gambling harms

Activity	Mapped to Prevention Tier		
	Universal	Selective	Indicated
			
Continuing activity			
Invest in the development of lived experience networks.			
Train workers in settings including primary care, debt advice, housing and the criminal justice system to raise awareness and encourage screening, based on a strategic plan informed by the framework to enable the reduction of inequalities.			
Develop a competency framework for Primary Care.			
Support the finance sector to respond well to those who are vulnerable due to gambling.			
Train workers in public-facing roles to provide brief intervention.			
Website providing information about treatment and support – BeGambleAware.org.			
New activity			
Universal prevention resources and toolkits for large employers and trade unions to raise awareness, as well as establish partnerships to promote them (possibly through a Gambling Health Day).			
Targeted localised prevention and treatment campaigns.			
Tools, systems and processes that support non-gambling specialist organisations to respond to gambling harms.			

Competency frameworks with other professional groups (e.g., RCPsych, RCN, BACP and BPS) and advocating for gambling harms to be embedded in core training.

Partnerships with key organisations to disseminate toolkits and resources to raise awareness.

Promote National Gambling Treatment Service to those who work or volunteer in public-facing settings.

Commissioning Objective 4:

Improve accessibility and effectiveness of the National Gambling Treatment Service

Activity	Mapped to Prevention Tier		
	Universal	Selective	Indicated
			
Continuing activity			
Invest in the development of lived experience networks.			
Competency frameworks with other professional groups and advocating for gambling harms to be embedded in core training.			
Website providing information about treatment and support – BeGambleAware.org.			
National Gambling Helpline.			
National Gambling Treatment Service comprising of online access to cognitive behaviour therapy (CBT), community-based care, NHS clinics and residential services.			
Pilot exploring treatment provision in prisons.			

New activity

Improve links between the National Gambling Helpline and wider National Gambling Treatment Service.

Work alongside Department of Health and Social Care (DHSC), the NHS and others to implement effective referral routes and care pathways, ensuring a frictionless journey for clients with 'no wrong door'.

Invest in online tools including self-help.

Embed lived experience, and where appropriate, peer support into the design and delivery of services.

Service review to identify opportunities for improvement using the framework to enable the reduction of inequalities and to encourage cultural competence.

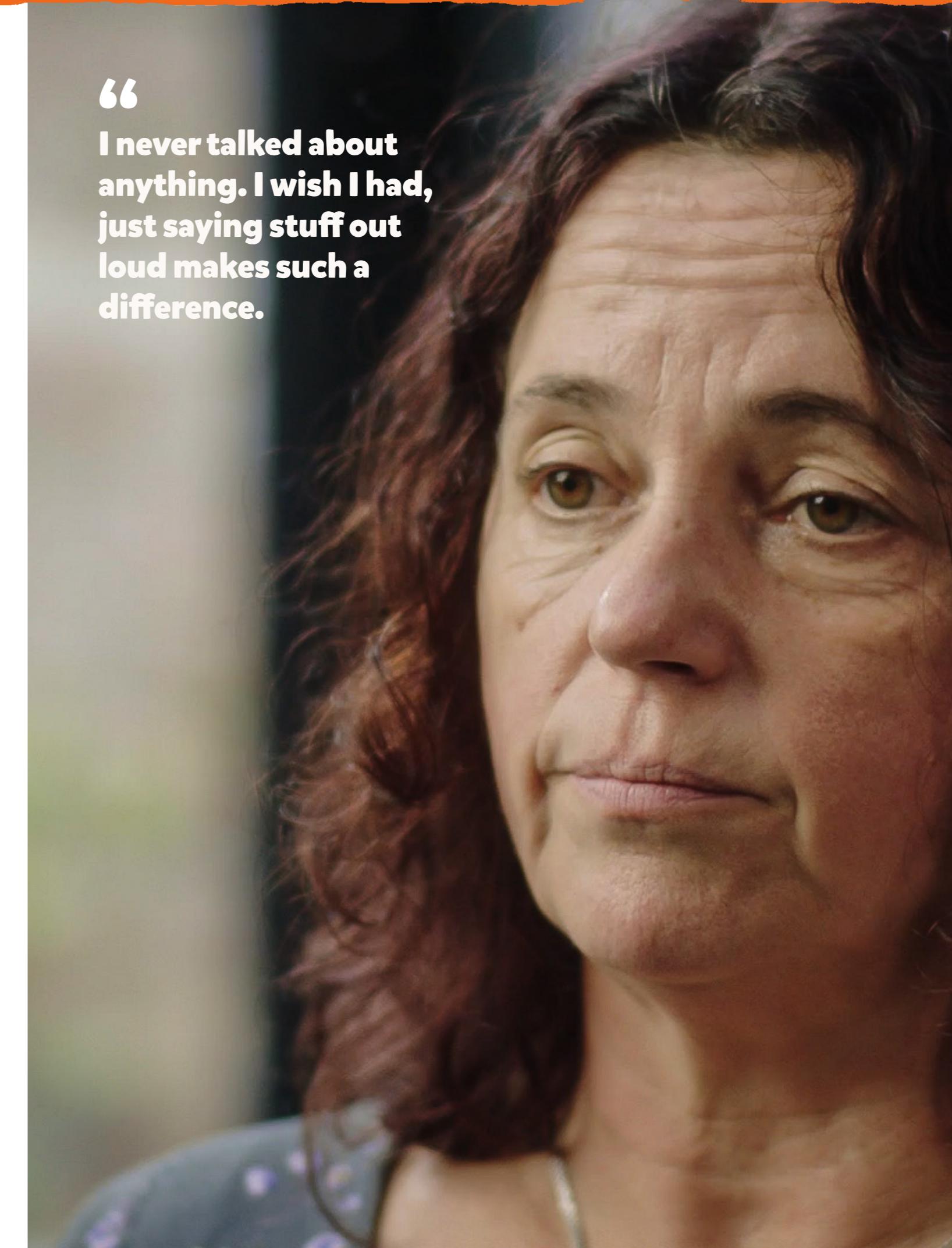
Invest in increased capacity in areas of the National Gambling Treatment Service to match demand.

Structured aftercare and longer-term follow-up.

Invest in data to support audit and performance improvement.

“

I never talked about anything. I wish I had, just saying stuff out loud makes such a difference.



2 Research, Data and Evaluation Strategy

Building evidence and knowledge to prevent gambling harms

April 2021 to March 2026



Background and Context

Purpose

This document sets out GambleAware's research, data and evaluation function in supporting the delivery of the charity's Commissioning Strategy as well as in building knowledge for the broader gambling harms prevention system. It describes the core areas of activity and how these will gradually shift over the medium and long term; and explains the role in monitoring and measuring progress in reducing gambling harms.

The Research, Data & Evaluation Strategy is part of a suite of documents that taken together form the Organisational Strategy for GambleAware, 2021-26.

The research, data & evaluation function

The research, data & evaluation function is how GambleAware builds knowledge that:

- Builds the evidence for our awareness-raising, education and treatment approaches, design and commissioning
- Informs advocacy and influences policymaking at national and local level
- Informs public awareness.

In the context of the wider operating environment, which continues to evolve and change, GambleAware also has a role to play in the short to medium term in supporting and mobilising other partners to undertake research, and to grow research and evaluation capability in the gambling harms prevention field.

Our focus is on building the evidence base of 'what works for whom' in:

- The primary prevention of gambling harms – for example, evidence around what works in educational approaches and public awareness campaigns
- The secondary prevention of gambling harms – for example, evidence of what works in developing workforces to engage and advise people 'at risk' and / or experiencing comorbidities associated with gambling harms
- Tertiary prevention of gambling harms – for example, what works for whom in treatment interventions and services, including types of treatment and service design and delivery.

This will support and be informed by delivery of GambleAware's Commissioning Strategy and objectives across our awareness-raising, education and treatment activity. It will also contribute to wider knowledge generation, providing evidence and data, not just to GambleAware and the agencies and providers it commissions directly, but to the many other stakeholders and agencies working in different ways across the wider system to prevent gambling harms at a local, regional, and national level.

As well as building evidence, we are committed to ensuring that evidence-based learning and knowledge is disseminated to colleagues working at all levels of prevention across the range of roles and sectors. We will do this through our own publication and dissemination activity (see our Communications Strategy) and by supporting the dissemination activity of commissioned partners, including academic publication.

Direction of travel

Since 2020, the original tripartite arrangement between the Gambling Commission, its research advisory group, and GambleAware, in relation to research commissioning, has been superseded by arrangements with a broader range of research commissioners and providers; and GambleAware welcomes this diversity and growth in the sector. At the same time, trustees have sought a closer alignment between the charity's research and evaluation commissioning activity and investment, and the delivery of the organisation's charitable objectives. This has resulted in GambleAware moving away from new research, data and evaluation commissioning that informs industry regulation and policy, and towards the creation of data, knowledge and learning to understand the diversity and current inequalities in experience of gambling harms; and to inform policy which increases equity and supports improved information, advice, support and treatment services to prevent and reduce gambling harms across the whole population. For example, through building knowledge of the impact of gambling harms on vulnerable groups and communities including minority ethnic and minority religion communities and those who experience disproportionate gambling harms.

In addition, the assumption is that over the course of the next five years, as the NHS and other statutory partners take an increasing role in commissioning services to prevent and reduce gambling harms, its research and evaluation infrastructure will play an increasing role too. Consequently, we will be flexible and sensitive to the wider research environment as we develop and grow respective areas of work, anticipating that some activity will gradually be commissioned by statutory bodies and research councils over this period.

The broad direction of travel of GambleAware's core areas of research, data and evaluation work is set out in Figure 3.

Monitoring and measuring progress in reducing gambling harms

GambleAware has developed a Strategic Framework for Evaluation⁶⁵ and an Evaluation Protocol⁶⁶ to create a robust framework for evaluation, to monitor and measure progress of the interventions we commission to reduce gambling harms. We are committed to monitoring and evaluating all awareness-raising, education and treatment activity commissioned by the charity to both inform future commission and to build the 'what works for whom' evidence for the whole-system. The intention is to produce high quality evaluations that are proportionate, undertaken at the most appropriate time and focused on the needs of commissioners and policy makers.

GambleAware also has a key role to play in collaborating with, supporting and mobilising other partners (government, academics, other research funders) to undertake evaluations and build evaluation capacity and capability in the gambling field.

The following three areas are important characteristics of good evaluation:

- **Measures consequential change**
 - generating robust evidence that demonstrates the 'distance travelled' by the project/programme in achieving the intended outcomes.
- **Provides learning to inform service design**
 - producing an understanding of 'what works for whom' and informs decision-making around the shape and design of both current and future gambling harm prevention programmes commissioned by GambleAware and others.
- **Transparent and accountable**
 - communicating the results effectively to all relevant stakeholders across the gambling and wider public health sector, sharing evidence of the impact of the intervention or wider outcomes.

Key:

Status of core work areas over the short, medium and long term



Short Term	Medium Term	Long Term
GambleAware completes all research and evaluation projects to inform industry regulation and policy already in delivery	Evidence building to inform regulation and policy is commissioned by other agencies and organisations. No further role for GambleAware in this area	
New commissioning focuses on building evidence to support and inform GambleAware's commissioning strategy and wider treatment and support policy	New commissioning continues to build evidence to support and inform GambleAware's strategy and wider treatment and support policy	New commissioning continues to build evidence to support and inform GambleAware's strategy and wider treatment and support policy
Providing data and maps to support strategic planning and priority setting data for GambleAware and the whole-system grows	Providing data and maps to support strategic planning and priority setting data for GambleAware and the whole-system continues	Providing data and maps to support strategic planning and priority setting data for GambleAware and the whole-system is taken on and led by other agencies and organisations
Commissioning to create foundation knowledge to underpin GambleAware's strategy and contribute to whole-system knowledge commences	Commissioning to create foundation knowledge to underpin GambleAware's strategy and contribute to whole-system knowledge continues	Commissioning to create foundation knowledge to underpin GambleAware's strategy and contribute to whole-system knowledge is taken on and led by other agencies and organisations

Figure 3: Research, Data & Evaluation Commissioning over the short, medium and long term

Key knowledge gaps

Case study

Surrey Prisons Gambling Service Foundation Evaluation

The Surrey Prisons Gambling Service aims to identify the prevalence of problem gambling in five Surrey prisons by introducing systematic screening, and to assess and treat gambling harms amongst prisoners.

The foundation evaluation of the service has articulated the hypothesised mechanisms of change for these intended outcomes as well as putting data collection strategies in place. This has created the framework for future process and impact evaluations which will inform strategic decisions about commissioning and roll out of the project to other prisons in England, Wales, and Scotland.



The evaluation protocol includes a decision-making framework that is used as a tool to help decide the type and level of evaluation a project or programme receives, and a set of principles for how GambleAware carries out evaluations. These principles include being robust, credible, and useful; independent; underpinned by a clear logic model; and, proportionate: value for money and representing best practice in evaluations.

The GB evidence base around gambling harms continues to grow but there is a lack of evidence across many key areas of knowledge at all three levels of prevention – universal, selective and indicated. Our research, data and evaluation commissioning during 2021–26 will contribute to filling these knowledge gaps, through a range of delivery vehicles.

Universal Prevention

Barriers to seeking help. The main reason cited by adults at risk of gambling harms for not seeking help is the perception that their own, or another person's gambling behaviour is not problematic; and this is generally cited by those with lower PGSI scores who are less likely to be experiencing negative impacts compared with those scoring higher on the PGSI scale. [Low risk (PGSI 1–2): 42%; moderate risk (PGSI 3–7): 43%; problem gamblers (PGSI 8+): 15%]. We know that PGSI scores fluctuate over time and that not everyone scoring PGSI 1+ will need treatment, support or advice in any event; but this highlights the knowledge gap around different perceptions of gambling harms at the individual level, within and between different communities, and between public and professional perspectives.

How to raise awareness of gambling harms. Insights from the Bet Regret campaign (aimed at male, adult sports bettors) reveal the challenges of engaging with what is often very individualised behaviour even within demographic sub-groups⁶⁷. Across GB and internationally however, there is limited evidence on the most effective approaches for awareness-raising and behaviour change interventions at a general population level, and within communities who are disproportionately affected by gambling harms.

Selective Prevention

Distribution of gambling harms. Knowledge of the prevalence of gambling harms across Great Britain, measured by the PGSI, is growing⁶⁸; and along with other indicators is helping to build a picture of gambling harms at a local authority level. We know that gambling severity prevalence is greater in the East and West Midlands and in London, for example.

There is no single framework for identifying and measuring gambling harms that is fit for purpose across all communities, locations and service settings, however, and the most widely used metric for measuring gambling harms at both a population and individual level – the Problem Gambling Severity Index (PGSI) – measures risk of gambling harms not actual harms. These are both limiting factors in building a rigorous view of the distribution of gambling harms.

Understanding the development of gambling disorder. We know very little about how and why gambling harms may develop into gambling disorder and how gambling harms occur and present across the life course. A better understanding of the antecedents of harm would enable the design of effective prevention and intervention programmes.

Understanding marginalised groups. There is limited knowledge about the lived experience of gambling harms amongst specific communities, including the most marginalised groups in our society; for example, individuals who identify as part of LGBTQ communities, migrants, people

of colour and people experiencing domestic violence. Though we know that many of these communities experience disproportionate burdens of gambling harms in Great Britain, we do not have a good understanding of what the drivers of these harms are.

Barriers and facilitators to screening for gambling harms. We know that frontline staff in non-specialist gambling services can face barriers in raising the topic of gambling harms with people seeking help for other issues (for example, when dealing with sensitive situations such as domestic abuse)⁶⁹; and that working with senior stakeholders and policy makers is key to engagement with busy frontline workers working in demanding environments⁷⁰.

Indicated Prevention

Supporting individual recovery. We know that some people recover from gambling disorder without intervention⁷¹. Understanding how what has been termed 'natural recovery' occurs may help the development of improved, new, or potentially fewer intensive interventions.

What motivates people to seek help or support. We know that the primary driver of accessing treatment and support is severity of gambling harm. Gamblers with higher PGSI scores are more likely to use formal types of treatment and support such as mental health services or speaking to a GP. Those classified at the lower end of the PGSI scale are more likely to cite using informal means of support such as speaking to family and friends.

We know that younger gamblers aged 18-34 are more likely to access treatment and support than those in the 55+ age category. Gamblers from minority ethnic communities are twice as likely to access any type of treatment (such as mental health support or a GP) than white gamblers. Men and women are equally as likely to access treatment and support for their gambling. A better understanding of the needs of specific communities in relation to treatment and support,

including any disparities in groups accessing treatment in certain localities, is key to reducing inequalities in service provision and access.

Barriers and facilitators to seeking help or support. For gamblers scoring PGSI 8+, we know that stigma and feeling ashamed or embarrassed is most commonly cited as a reason for not accessing treatment and support. This is more likely to be reported as a barrier by women when compared to men. In terms of 'facilitators', knowing that there are different modes of treatment and support available (e.g., telephone and online chat service), as well as being free of charge and confidential are both cited as being important in seeking help. Our knowledge of the diversity of barriers and facilitators for people in different communities is limited.

Remote and in-person help and support.

We know that amongst gamblers who have accessed treatment and support remotely, most said that it was better or about the same as accessing it face-to-face for reasons such as confidentiality and a general preference for online/remote; and this is largely reported by younger and middle-aged gamblers. For others (a smaller proportion), not being able to read body language or not having a private space to talk were cited as the main issues for remote support being a worse option. This indicates the need for a mixed range of modes of delivery, and for building the evidence base further to support service planning.

The effectiveness of treatment once people get there.

We know that specialist treatment for problem gamblers is effective (measured by a reduction in PGSI score at the start and end of treatment) and that most people who start treatment complete their scheduled programme⁷². We know that currently (2019/20), a quarter of people – generally younger people – drop out of treatment before a scheduled endpoint⁷³. We know that completion rates generally improve with age, but we do not know why that is. Post-treatment, we need to better understand how and why people relapse and how recovery can be supported long term.

[Note: all data references are from YouGov, March 2021⁷⁴ – unless otherwise stated]

Supporting the Organisation Strategy

GambleAware's research, data and evaluation function will support delivery of GambleAware's objectives by curating the existing GB and international evidence base for the organisation, and by commissioning the generation of new knowledge that helps to build that evidence base.

Areas of work that link directly to the four objectives in GambleAware's commissioning strategy are set out in the tables below. In addition, we will help to build datasets and 'foundation' knowledge to underpin and inform all these objectives, which will also contribute knowledge creation for the whole-system.

Knowledge generation to support the four commissioning objectives

Commissioning Objective 1:

Increase awareness and understanding of gambling harms

Public awareness campaigns (NGTS and Safer Gambling)

Research

- To inform strategic and creative campaign development and empirically grounded safer gambling messaging, to effectively promote access to services and resources.

Evaluation

- To monitor and measure both the media performance and impact of campaigns.

Understanding gambling harms

Research

- To build knowledge of stigma and shame, how they drive gambling harm, and how they serve as barriers to seeking and maintaining access to help.
- To understand the lived experience of gambling harms amongst different communities, including those who experience disproportionate burdens of gambling harm, particularly minority ethnic and minority religion communities and women, and those who experience other inequalities linked to poverty and place.
- To understand the impact of gambling harms on children and young people as affected others and as gamblers.

Evaluation

- To monitor and evaluate specific commissioned services and projects aimed at preventing and treating gambling harms.

Commissioning Objective 2:

Increase access to services and reduce gambling harm inequalities

Addressing social and health inequalities

Research

- To establish why different communities are disproportionately impacted by gambling harms.
- To establish why different communities face disproportionate barriers in accessing service provision and help.
- To use knowledge of stigma to build understanding of and remove barriers and increase access to services.

Evaluation

- To conduct 'whole-system' analysis to understand current referral pathways, service delivery, and barriers within and between services in the wider and emerging operating context (e.g., the NHS Integrated Care System in England).
- To monitor and evaluate specific commissioned services.

Commissioning Objective 3:

Build capacity amongst healthcare professionals, social prescribers, debt advisers, faith leaders, community services and others so they are better equipped to respond to gambling harms

Amplifying community voices

Research

- To establish knowledge and evidence-based resources and tools to build the capacity of lived experience communities, their networks and organisations to co-design and deliver peer-driven support and services.
- To build knowledge of the lived experience of different communities using and accessing services.

Evaluation

- To evaluate specific pilot projects, create evidence of what works for whom in building capacity in both frontline workers and the community to respond to gambling harms.

Building capacity within existing systems, services and workforces

Research

- To build knowledge about how to fill gaps in service provision; to identify marginalised and invisible communities experiencing gambling harms; to screen effectively and to signpost to help.
- To use knowledge generated through research to build capacity of service providers to fill gaps in service provision and access all communities, especially those with the most complex needs. For example, build capacity in understanding inequalities, co-occurring issues and barriers to seeking help.

Evaluation

- To monitor and evaluate specific commissioned services aimed at building capacity of service providers across the range of settings..

Commissioning Objective 4:

Improve accessibility and effectiveness of the National Gambling Treatment Service

Understanding barriers and inequalities in accessing help across places and settings

Research

- To build knowledge of how stigma serves as a barrier to seeking help in different communities to mitigate and reduce those barriers in prevention services.
- To build knowledge of the lived experience of gambling harms – from own and/or another's gambling – in different communities across Great Britain, including for example, within different minority communities and subgroups of women, to understand the diverse range of prevention support people want and will use, and barriers in accessing it.

Evaluation

- To monitor and evaluate specific commissioned services and projects aimed at improving the accessibility and effectiveness of treatment, support and prevention of gambling harm.

Commissioning and delivery

Knowledge creation relevant to GambleAware's commissioning objectives will be delivered through four different delivery vehicles: our directly commissioned and managed research portfolio and evaluation portfolio, a partnership with an established evaluation hub and through our PhD grant programme.

Commissioned research portfolio – this portfolio comprises grants and service agreements awarded to a range of research partners including social research agencies, academic institutions, and commercial organisations. The focus will be on fewer, mixed methods research programmes using qualitative and quantitative methods which encourage delivery through consortia and collaboration across different teams and organisations. Larger programmes will be typically preceded by an international evidence review so that research briefs build on and use existing knowledge. GambleAware's commissioned research portfolio is suitable for shorter term projects running across three to 18 months.

Commissioned evaluation portfolio – this portfolio comprises grants and service contracts awarded to a range of delivery partners including social research agencies and academic institutions to evaluate GambleAware commissioned prevention services, projects and programmes, across statutory and third sector service providers. GambleAware's Evaluation Portfolio is suitable for commissioned prevention provision from the mobilisation phase of service delivery (foundation evaluation) to establish a robust evaluation framework over three to four months for subsequent impact and process evaluation typically running across three to 18 months.

Evaluation hub – currently at the 'discovery' phase, this new hub would be a formal partnership arrangement with an existing entity that has a strong track record of multidisciplinary evaluation design and delivery including rapid evaluations of health and social care provision. An evaluation hub would

be suitable for delivering impact and process evaluations including rapid, rigorous evaluations of complex service delivery arrangements involving multiple delivery partners across both the statutory and third sector. The hub could also potentially produce high quality synthesis reports and systematic reviews in areas where they do not currently exist.

PhD Grant Programme 2.0 – from 2021, GambleAware's PhD grant programme will be awarded on a quota basis direct to universities. Three years of deep research by a single researcher makes this programme particularly suitable for building detailed knowledge of the experience of gambling harm in very specific communities (e.g., specific cultural or religious groups, age groups, geographic locations, environments); and building knowledge of specific harms identified in the existing data and evidence (e.g., debt, anxiety & stress, suicidal behaviour, relationships).

Annual GB data sets and research

Annual surveys and data collection enables GambleAware and other partners across the system to maintain a current view of the need for awareness-raising, education and treatment services across GB; barriers and facilitators to seeking help; and outcome and demographic data for those using treatment services. These rich datasets inform ongoing monitoring and service development of existing commissioned services as well as planning for future commissioning.

Annual GB Treatment Statistics – this nationally coordinated dataset is collected by individual treatment services in the network of organisations which make up the National Gambling Treatment Service. It has been designed for use by voluntary and statutory organisations and provides consistent and comparable reporting at a national level; statistics are published annually. Until 2019/20, it has covered services at the indicated level of prevention (tier 3 services); and from 2021/22 this will be expanded to include services at the selected level (tier 2 services). Data for the National Gambling HelpLine (tier 1) are managed by GamCare⁷⁵.

GB datasets and research to underpin GambleAware's awareness-raising, education and treatment activity

Annual GB Treatment & Support Demand Survey

Research

- Build knowledge of the demand for treatment and support across different demographic groups and geographic locations (gamblers and affected others), at as local a level as possible to help inform local, regional and national responses to preventing gambling harms.

Annual GB Treatment Statistics

Data collection

- Build knowledge of the scale and severity of gambling harms; of the demographics and behavioural characteristics of those accessing help (gamblers and affected others), and treatment progression and outcomes to inform service improvement and future commissioning.

Enabling secondary data analysis and access to GambleAware commissioned data

Infrastructure

- Move to an open data policy and practice so that knowledge is accessible to all stakeholders, with a view to promoting cross-system collaboration.

Commissioning and delivery

[Annual stats 2018-19](#)
[Annual stats 2019-20](#)

Annual GB Treatment and Support Survey

– YouGov first delivered this survey in 2019 as part of the Treatment Needs and Gap Analysis programme of research published in May 2020 and GambleAware has committed to run it annually, going into the field each autumn. UCL has used the data to produce maps showing the prevalence of problem gambling severity across GB, accessibility to land-based gambling outlets, and the Index of Multiple Deprivation. From 2021 the suite of maps will be expanded to show geographical distribution of other factors (need for treatment and support, for example) reporting at both a ward and Local Authority level.

[Mapping problem gambling severity](#)

[Annual GB Treatment & Support Survey 2020](#)

'Foundation' knowledge creation

Underpinning all GambleAware's commissioning activity is a population health approach to preventing gambling harms; and this is a relatively under-developed area of evidence and research. Helping to build this foundation level knowledge will support our own commissioning objectives as well as adding value to the diversity of activity across the whole-system.

Creating 'foundation' knowledge to underpin GambleAware's awareness-raising, education and treatment activity

Foundation / universal knowledge, concepts and frameworks which are fit for purpose across all contexts and communities

Research*

- Building a gambling harms framework which is fit for purpose across all communities, contexts, locations.
- Building understanding of different perceptions of gambling harms at the individual level, within and between different communities, and between public and professional perspectives.
- Antecedents to harms, the fluidity of gambling harms, when harms become disorder.
- To help build a common language and consistency of approach across the whole-system for those seeking and providing help (as exists in the drug field, for example).

'What works' knowledge to bridge the gap between research and policy

Evaluation

- Building knowledge of 'what works for whom' in prevention provision through co-design and rapid 'test and learn' iteration.

*The scope set out here is illustrative, not fixed, and will be determined through collaboration with the delivery partner.

Commissioning and delivery

Knowledge creation for the whole-system requires multi-disciplinary, academic collaboration over a period of years and is beyond the capacity of GambleAware to commission on a project or programme basis. This pillar of work will therefore be delivered through two new mechanisms: an Academic Research Hub and a 'What Works' Centre.

Academic Research Hub – currently at the 'design' stage this will be a grant award to a single academic institution over three to five years with the expectation that other funding sources will be secured by the hub to grow and build beyond this initial start-up funding. The expectation is that this will be a multi-disciplinary endeavour, based in Great Britain, that builds national and international networks and collaboration. It is suitable for interrogating and developing concepts, perspectives and underpinning theory on topics requiring a multi-disciplinary, multi-sector approach across a large-scale research programme over the longer term.

'What Works' Centre – currently at the 'discovery' stage we are seeking to build on the existing infrastructure and embedded culture of 'test and learn' approaches in an established 'What Works' centre - a single entity working with multiple delivery partners to design, develop and evaluate innovative projects. The 'test and learn' approach deploys a rapid and iterative service design process designed to work incrementally towards a scaled-up service or intervention. The approach is suitable for small scale, new and experimental projects in areas where there is little existing evidence, targeted at a specific group or community. It involves iterative evaluation of short delivery cycles, typically six weeks to six months, to inform both future commissioning and policy.

3 Communications Strategy

April 2021 to March 2026



Background and Context

This document sets out GambleAware's Communications Strategy which supports the delivery of the charity's Organisational Strategy. It is part of a suite of documents that, taken together, form the Organisational Strategy for GambleAware, 2021-26.

The topic of gambling has always been of interest to the media and politicians, but in today's climate it is even more so. Over the years, gambling has shifted from being regarded as just a leisure activity to an activity that requires a serious public health response and appropriate acknowledgment from the media.

During the pandemic, there has been concern about a rise in gambling online. Whilst levels of gambling have broadly stayed the same during the periods of lockdown, our own commissioned research⁷⁶ shows that those who are considered 'problem gamblers' have increased their gambling during this time. This insight, along with the likelihood the effects of the pandemic will be felt for years to come, and existing concerns around social and health inequalities which may prevent people from seeking the necessary treatment and support, demonstrates a strong need for GambleAware to ensure its communications are successful. It is essential the charity's communications aid the effective delivery of the Commissioning Strategy, while also reiterating the charity's overall mission to keep people safe from gambling harm.

Purpose

The purpose of this Communications Strategy is to demonstrate how GambleAware will use communications to achieve its four commissioning objectives. For example, how to increase awareness of gambling harms and access to services in order to reduce gambling harm inequalities. With an estimated two million people in Great Britain experiencing some level of harm, but only five in every eight people with a gambling disorder accessing any form of treatment or support, there is a clear need for communications to increase awareness of the help available.

As part of this Communications Strategy, we will outline the targeted approach for GambleAware's key stakeholders, including BeGambleAware service users, politicians, the media, treatment providers and public health professionals. Alongside this, we will also provide clarity over what communications tactics are needed to support the development and growth of the National Gambling Treatment Service.

Over the years, GambleAware has made a significant contribution to the understanding of gambling harms, from the impact of gambling advertising on children, young people, and vulnerable adults to the effectiveness of treatment provisions. By sharing these impact stories, we will demonstrate the effectiveness of our work, and that of our commissioned partners. This will provide a better understanding of what works in preventing and treating gambling harms.

Section 1: GambleAware

GambleAware's overall aim is to keep people safe from gambling harm. It does this by helping to improve knowledge of the risks of gambling to prevent harms, and by giving people the tools they need to find the treatment and support that is right for them.

To do this, GambleAware advocates for gambling to be understood as a health issue, communicating what works when keeping people safe from gambling harms. It also outlines its plans to commission help for those who need it. All GambleAware's work and public commentary is evidence-based, and in the absence of evidence, a precautionary approach will be applied, if appropriate, to ensure its charitable objectives are met.

GambleAware is an independent organisation and this independence is reflected across everything the charity does. All communications need to consistently reflect this independence and also reassure and remind stakeholders that GambleAware works entirely independently from the gambling industry, including commissioning, delivery and evaluation of all programmes and services.

Gamble
Aware

Keeping people safe from gambling harms

The GambleAware brand

GambleAware

The commissioner of national integrated prevention and treatment services, working in partnership with expert organisations and agencies.

The GambleAware brand takes on the role of commissioner of integrated prevention services on a national scale and in partnership with expert organisations and agencies. Its remit also includes managing BeGambleAware as a destination for those seeking advice, support and help to keep people safe from gambling harms.

The GambleAware brand is aimed primarily at stakeholders with a role or active interest in keeping people safe from gambling harm, including professionals, researchers, education providers, those working within public health, local authorities, voluntary sector organisations and government. It is not consumer-facing, but delivers consumer-facing campaigns under the BeGambleAware brand.

Recent brand equity research has found that well over two in five (44%) healthcare professionals are aware of GambleAware and that over half of these trust the organisation. The research, which is a biannual brand equity survey of both GambleAware and BeGambleAware, also found there has been an increase in the proportion of healthcare professionals saying GambleAware is doing a good job at funding education and prevention initiatives to reduce gambling harms, raising from 28% in 2019 to 45% in 2021⁷⁷.

GambleAware in five years

By understanding how the GambleAware brand is viewed and understood today, we can use this context as a basis to determine where the brand should be in five years. In keeping with the ambitions laid out in the Commissioning Strategy, in five years the GambleAware brand should:

- Be better understood and recognised by healthcare professionals, researchers, education providers, those working within public health, local authorities, voluntary sector organisations and government as the lead commissioner of services to help prevent gambling harms.
- Be the go-to voice on issues relating to gambling harm, education and awareness of gambling as well as the risks and harm that can arise from it.
- Be seen as the primary convenor and facilitator within the ecosystem that is working to keep people safe from gambling harm, by leading the delivery of a coherent, coordinated and collaborative approach amongst key delivery partners and stakeholders.

GambleAware communication objectives

With the above context in mind, key communication objectives have been identified for the GambleAware brand. These are defined as follows:

Support our charitable objectives to keep people in Great Britain safe from gambling harms

- Apply an evidence-based public health approach and promote education and research initiatives.
- Raise awareness of the extent of gambling harms in Great Britain.
- Advocate for a precautionary approach to areas we feel may be contributing to the harm or normalisation of gambling for children.
- Communicate the risks of gambling (e.g., through safer gambling awareness campaigns).
- Promote the available help and support (e.g., National Gambling Treatment Service campaign, engagement with public health professionals at events, etc.).

Promote our commissioning projects across all areas of work

- Disseminate completed research projects alongside unbiased presentation.
- Publicise and raise awareness of commissioned prevention and treatment activities as well as initiatives.
- Engage with key stakeholders (e.g., government, treatment providers, public health professionals and media) ahead of publications.
- Share and communicate progress and work.

Build strategic alliances and in doing so, act as a convenor bringing different stakeholders and groups together to ensure a coherent, coordinated and collaborative approach, to keep people safe from gambling-related harm

- Regularly host events for partners and stakeholders.
- Promote gambling as a public health issue to other organisations, charities and specialist groups and professionals.
- Continue to engage with public health and local government agencies to ensure gambling harms are a priority.

Improve understanding of the National Gambling Treatment Service and its success

- Promote the National Gambling Treatment Service amongst healthcare providers via BeGambleAware materials.
- Ensure consistency of messaging and language across partner organisations, and align messaging or tone of voice with National Gambling Treatment Service providers.

Provide clarity on our role within the gambling ecosystem and in doing so, underline our independence in structure, working practices and government

- Regularly engage with key media and political stakeholders to ensure understanding of GambleAware's responsibilities.
- Engage with treatment providers and lived experience groups to provide opportunities and capacity building which ensure understanding of GambleAware's role.

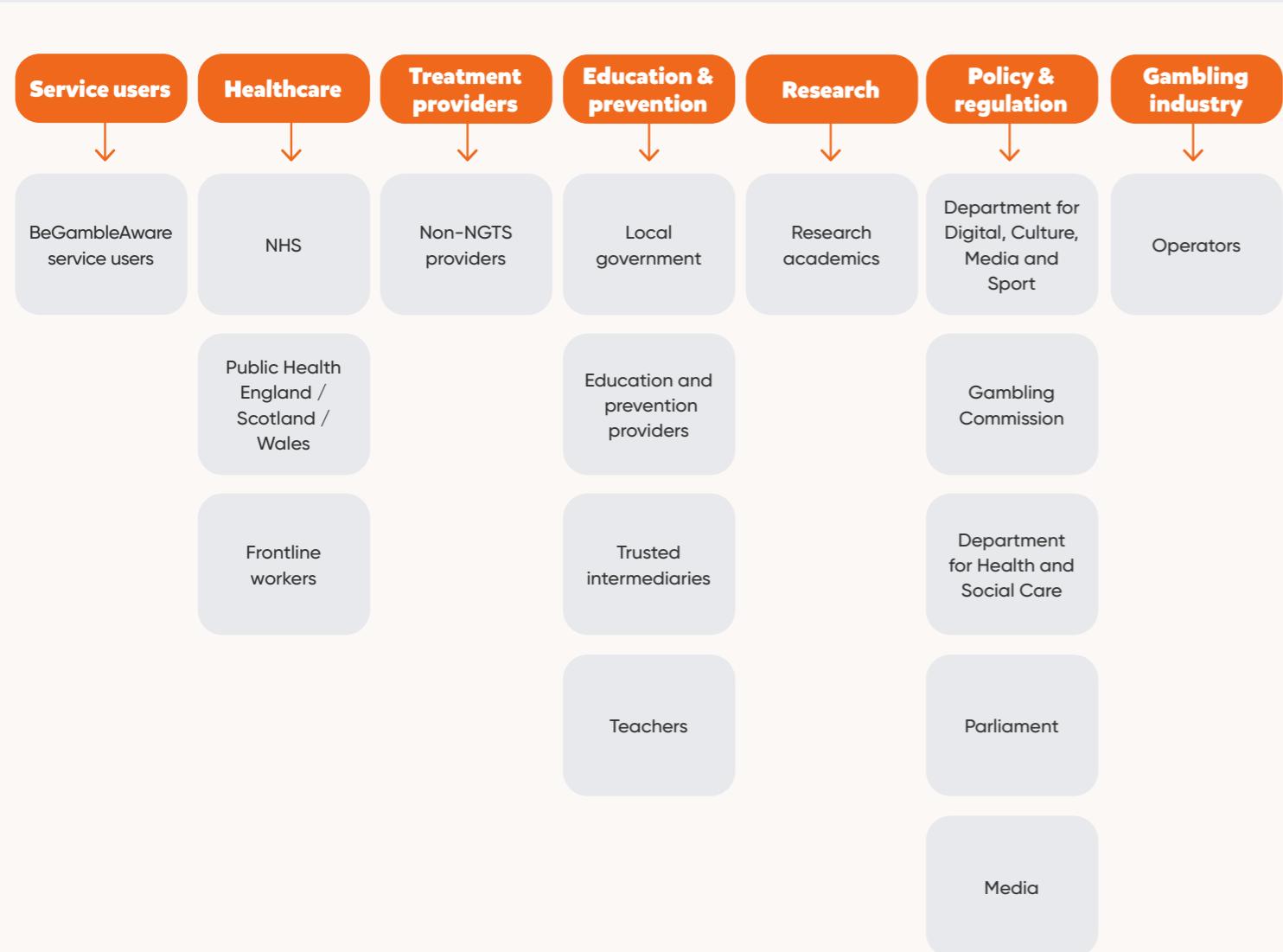
Ensure GambleAware is open and transparent

- Regularly share and promote new publications on our website.
- Maintain regular dialogue with government and others.
- More broadly, take a proactive approach to engaging with stakeholders, sharing information and inviting dialogue.

Target audiences

The Commissioning Strategy will only be effective if its initiatives are developed and delivered collaboratively with key stakeholders. As a result, GambleAware will continue to foster and build strategic alliances working as a convener to bring different groups together to ensure a coherent, coordinated, and collaborative approach.

Key audiences:



“

**You can sit there and say
you’re in control – but
sometimes you’re not.**

Key messages

We have determined five overriding key messages which will be consistent and present throughout all GambleAware communications. The successful delivery of these to our various key audiences will be essential in ensuring the communications objectives are met, so the delivery of each will be tailored according to the audience.

For the National Gambling Treatment Service and its providers, we will need to ensure consistency of messaging and tone across the service. This will provide further clarity on the purpose and standards of the network. Having

additional continuity of messaging across the network will help identify the aspirations and any gaps within it. This will ultimately provide insight which will contribute to, and aid, GambleAware in its delivery of the Commissioning Strategy.

GambleAware's main communications messages are:

Gambling is a population health issue that requires a whole-system approach to address and help prevent gambling-related harm.

To successfully prevent gambling harms and ensure those who need help access the necessary support, collaboration and partnerships are vital; in particular with National Gambling Treatment Service providers, local government, the NHS and public health organisations is key.

GambleAware is not a campaigning or lobbying organisation, but it does run awareness-raising campaigns to promote support services for gambling harm and encourage awareness of the risks of gambling. It will also submit evidence to consultations when invited to do so.

The research and prevention programmes GambleAware commissions are sector leading and demonstrate the need for a targeted, place-based approach to the commissioning of treatment services in order to reduce gambling health inequalities.

GambleAware is an independent charity that is guided by an independent Board of trustees, the majority of whom work in the health sector, and have long supported a mandatory industry levy to create funding certainty for the future.



**When you're there,
but not there.**

National
Gambling
Treatment
Service

Section 2: BeGambleAware

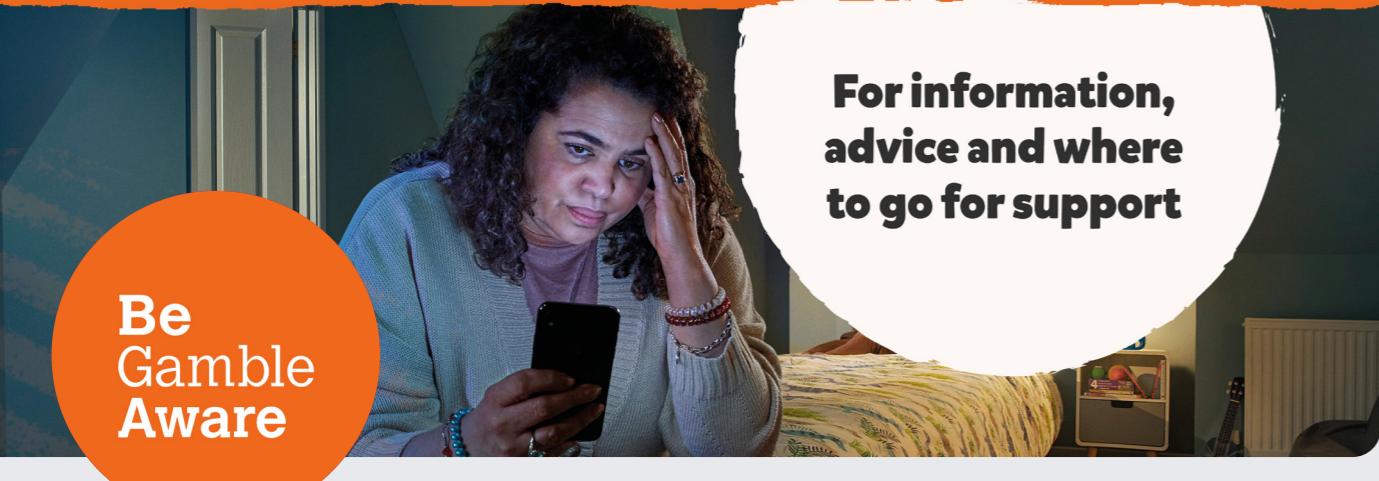
BeGambleAware is a consumer-facing brand, managed by GambleAware, and is often viewed as the public face of the charity, as well as being an integral part of the National Gambling Treatment Service.

The BeGambleAware website is one of the primary tools GambleAware uses to achieve its mission of improving understanding and communicating what works in keeping people safe from gambling harms.

The website is a destination for those seeking advice, support and help in relation to keeping people safe from gambling harms. It also provides information to help people make informed decisions about their gambling by enabling individuals to find out more about gambling and what safer gambling means. It helps them to better understand and recognise the risks of gambling and directs people to further information, help and support should they need it.

BeGambleAware

Provides information, advice and directs people to support in order to help keep people safe from gambling harms.



The BeGambleAware brand

The BeGambleAware brand provides trusted information and advice to enable people to make informed decisions about their gambling. It is consumer-facing and aims to help people understand the risks of gambling. It also directs people on where to go for further information, help and support should they need it. Just under half of the British public are aware of BeGambleAware (49%), with awareness increasing year on year. The brand is also seen to be knowledgeable, approachable and trustworthy⁷⁸.

The BeGambleAware website, which has 3.6 million users and 8 million page views annually, is a key destination for people seeking advice, support and general information on gambling including access to tools and where to go for help. The website is supported by a strong presence on social media, with the BeGambleAware page having more 7,000 'followers' on Twitter and more than 6,700 on Facebook.

It is also a requirement of the Gambling Industry Code for Socially Responsible Advertising⁷⁹ that the BeGambleAware.org website address should be carried legibly on all print and broadcast advertising where it is feasible, practical, and necessary to do so – and is featured on instore marketing material to signpost people to advice and support.

As part of the delivery of the Commissioning Strategy, the BeGambleAware brand will continue to be promoted as a source of information for treatment, support and the encouragement of help-seeking for those who need it. As detailed in the Commissioning Strategy, BeGambleAware will continue to

deliver Safer Gambling Campaigns, which are designed to prevent gambling harm, notably the Bet Regret campaign and also the women's harm prevention campaign (in development at the time of writing). The impact of the campaign on BeGambleAware brand recognition was significant, with 92% of the Bet Regret campaign audience recognising the BeGambleAware brand in audience tracking.

BeGambleAware in five years

The BeGambleAware brand will continue to be promoted as a source of information for treatment, support and information on how to gamble more safely. The brand will continue to sit alongside existing and future campaigns to raise awareness of the risks of gambling and where to go for help. BeGambleAware generally has high recognition amongst the public, but the ambition is for this to continue to grow, with particular focus on the depth of knowledge and understanding of the brand. Over the next five years, the BeGambleAware brand should:

- Be seen as the go-to trusted source for information on how to access help or support for gambling harms, which can be experienced by an individual's own gambling, or the gambling of a loved one.
- Be the main entity that people go to for information to better understand the risks of gambling and how to gamble more safely.
- Be understood as a neutral source of information on gambling harms and how to access help, by consumers.
- Be intelligent with audience targeting for campaigns, by seeking out additional and secondary groups to target or facilitate innovative partnerships for campaign activity.

BeGambleAware communication objectives

BeGambleAware communications objectives have been defined to include its role as an essential part of the National Gambling Treatment Service, and is therefore integral to the successful delivery of the Commissioning Strategy:

Increase access to services and reduce gambling harm inequalities

- Promotion of the National Gambling Treatment Service and National Gambling Helpline.

Build capacity within key groups of frontline workers to be better equipped to respond to gambling harms

- Attendance at events with frontline workers.
- Engagement with MPs and local authorities.

Improve accessibility and effectiveness of the National Gambling Treatment Service

- Consistent messaging between National Gambling Treatment Service providers.
- Campaigns to raise awareness of the service.

Reduce stigma associated with asking for help for gambling harm

- Encourage conversations around treatment for gambling harm.

Raise awareness of practical tips and tools to help prevent gambling harm

- Campaign activity that provides easy to understand information on how to reduce the risk of experiencing harm.

Target audiences

BeGambleAware is the consumer-facing brand of GambleAware and as such is targeted at the public. There are two main campaigns delivered under the BeGambleAware umbrella: one focusing on prevention (Safer Gambling) and the other on treatment (National Gambling Treatment Service).

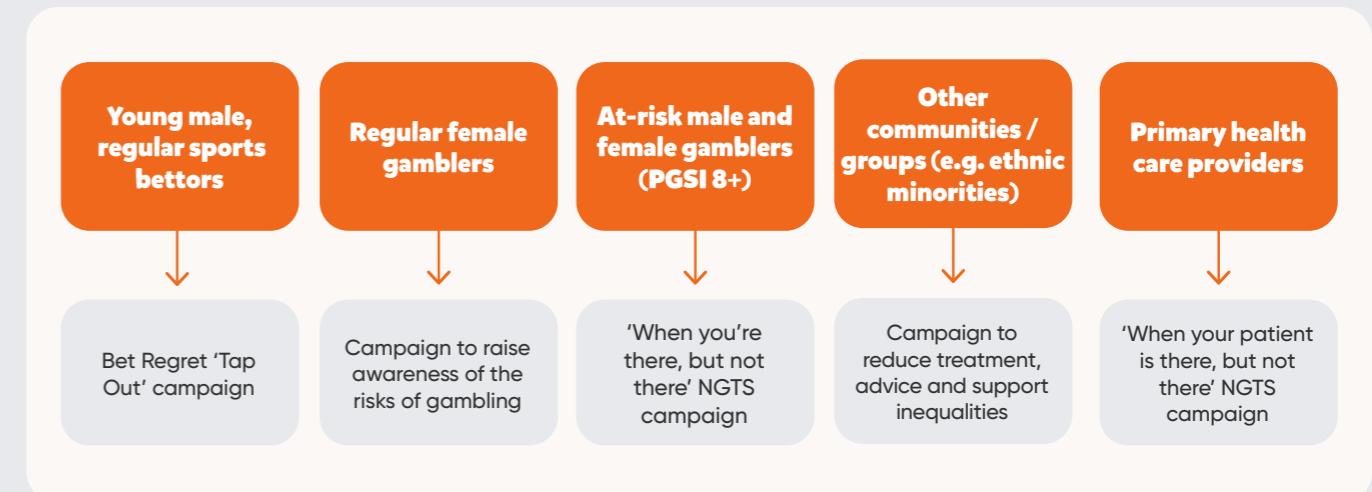
The main Safer Gambling Campaign focus to date has been on young male sports bettors, gambling frequently, mainly online – via the Bet Regret Campaign. This has prompted self-reflection around impulsive bets, with the aim of ‘avoiding Bet Regret’, and latterly seeking to embed the moderation technique of ‘tapping out and taking a moment’⁸⁰.

A second Safer Gambling Campaign, aimed at a broad range of female at-risk gamblers with a particular focus on online gambling, is in development.

The National Gambling Treatment Service (NGTS) campaign, which runs alongside the Safer Gambling Campaign, has a different role to play with a focus on both male and female gamblers at high risk of harms from gambling with a PGSI 8+. Knowledge of the NGTS, both in terms of general awareness and its overall purpose, was low. Evidence into treatment and support for gambling harms, suggests that if there was more awareness of the help available, it might motivate those experiencing gambling harm to seek treatment, advice or support⁸¹.

While each of these campaigns are targeted at separate audiences, it is vital that these campaigns run in tandem to ensure each key audience is being delivered the necessary and appropriate messaging for their specific needs.

Key audiences:



Key messages

The BeGambleAware website should be seen as a key portal of information for people to access help, information and support for gambling. It can be used by both 'regular gamblers' and those who are at-risk of, or are currently, experiencing gambling harm. The difference in messaging for these audiences can be separated across the existing campaign activity in the Safer Gambling Campaign Bet Regret (and planned women's campaign) and the National Gambling Treatment Service awareness campaign.

Overall, the main key messages for the BeGambleAware brand are as follows:

If you are concerned about your gambling, or that of a loved one, visit Begambleaware.org for free advice and information on how to get help or support for gambling.

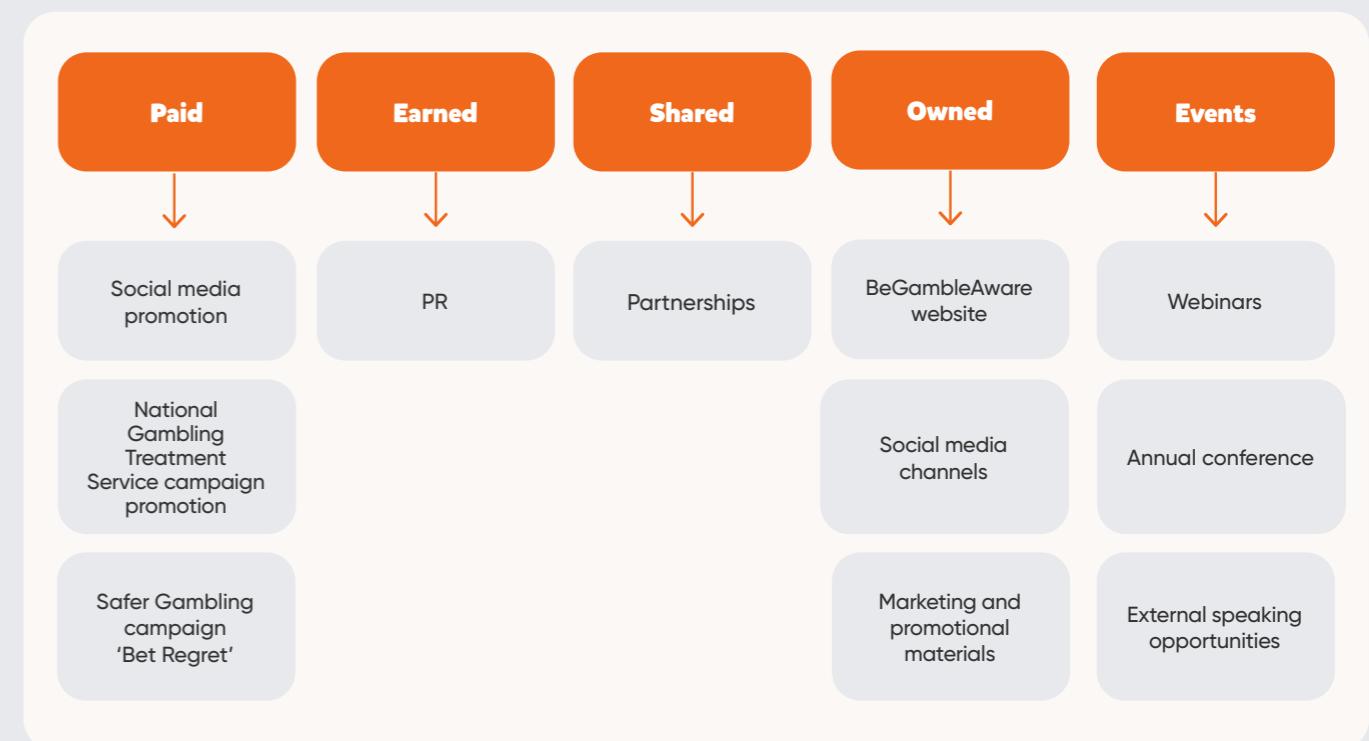
The National Gambling Treatment Service, which includes Begambleaware.org and the National Gambling Helpline, provides a range of free services to help people gain control of their gambling.

The BeGambleAware website provides information and tips on how to gamble more safely.

Certain behaviours can be adopted to help prevent gambling harms, such as 'tapping out', which should be applied when chasing losses, placing impulsive and risky bets, betting on things you do not know about, and betting while drunk or bored.

Key communication channels

To deliver on the objectives identified in this Communications Strategy, a range of communications channels will be used for both GambleAware and BeGambleAware:



Monitoring and evaluation

All activity including campaigns and awareness of GambleAware and BeGambleAware will be thoroughly monitored and evaluated through:

- Tracking studies – brand equity (biannual) and campaign monitoring to report on the progress and impact of the National Gambling Treatment Service campaign and Safer Gambling campaigns.
- Website traffic – Google Analytics reports to understand visitor and service user data and help improve content going forward.
- Regular meetings with key stakeholders – including politicians, treatment providers and industry to share progress and updates.
- Impact stories – sharing examples of when our commissioned services have had a positive effect on people experiencing gambling harm or on the influence of policy decisions to help prevent gambling harms.
- Media coverage – via regular coverage reports and annual reporting on GambleAware messages that achieve cut-through in the media.
- Social media reports – monitoring growth and engagement with the GambleAware and BeGambleAware channels.
- Event feedback – attendee surveys following GambleAware hosted events provide understanding of the value of events for delegates and their interest in future topics.

4 Business Plan

April 2021 to March 2026

Business plan

The Business Plan details the charity's governance, resources and finances needed to deliver the organisational goals and provides detail on monitoring progress with reviews at key milestones. With the pandemic, there are ongoing challenges in adapting to a constantly changing environment both in the workplace and with our partners to find ways of working collaboratively and meet the demands of the changing environment in which we operate. The long-term effects of the pandemic mean that we have to plan around uncertainty and in doing so, remain responsive to the demands of society whilst providing some certainty of funding to partners.

Trustees have established a robust, independent, and accountable system of governance processes and procedures to ensure the gambling industry has no influence over the charity's commissioning decisions. However, the voluntary nature of the current funding arrangements permits the industry to make deliberate choices about where its funding is directed, which may not always be in the best interests of pursuing a coherent and coordinated whole-systems approach to preventing gambling harms, nor do they have the capacity or skills to drive quality improvement in the interest of the beneficiaries. It is for this reason that GambleAware continues to advocate for a mandatory levy to fund research, prevention, and treatment services.

As the charity approaches 2024 and our commissioned partners seek assurance on continued and sustained funding, key milestone dates will be set to review progress and financial assurance. These will form part of our annual implementation plans that will allow for some change during the lifetime of this strategy.

All activity will meet our 4 key strategic priorities:

Accelerate engagement and awareness to deliver targeted activity to raise awareness, reduce stigma and encourage engagement with information and advice, support and treatment services.

Transform capacity and capability by collaborating with the NHS, public health agencies, local authorities, and voluntary sector organisations across England, Scotland, and Wales to support the growth of an integrated system of prevention provision.

Increase equity and champion diversity to understand and address inequalities in experiences, access to services and outcomes for those experiencing gambling harms. We will take a collaborative approach working with a diversity of communities to ensure that support, services, treatment and pathways to services are accessible and effective.

Deliver best-in-class commissioning with the focus on improving processes and systems to enhance good governance, maximising transparency and value for money. We will meaningfully involve and include the voice of those with lived experience in the co-production of awareness-raising, support, and treatment services. This will intersect with our working with these communities in establishing representative networks that allow their voices to be amplified, and therefore to be reflected in our commissioning.

Governance

GambleAware is regulated by the Charity Commission for England and Wales, and the Scottish Charity Regulator (OSCR). 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.

Guided by an independent expert Board of trustees, the majority of whom work in the health sector, evidence-informed services are commissioned according to need within a robust and accountable system of governance processes and procedures that ensures the industry has no influence over our commissioning decisions.

Kate Lampard, CBE: Chair of Board of trustees, lead non-executive of DHSC Board

Rachel Pearce: Regional Director of Commissioning, NHS South West

Professor Sian Griffiths, OBE: Chair of the Global Health Committee, associate non-executive of the Board of PHE, non-executive of the Board of Public Health Wales and a former President of the UK Faculty of Public Health and Deputy Chair of trustees and Chair of Safer Gambling Campaign

Paul Simpson: Chief Finance Officer & Deputy Chief Executive, Surrey & Sussex Healthcare NHS Trust

Saffron Cordery: Director of Policy & Strategy and Deputy Chief Executive, NHS Providers

Professor Marcantonio Spada: Professor of Addictive Behaviours and Mental Health at London South Bank University & editor-in-chief of the international peer-reviewed journal, Addictive Behaviours

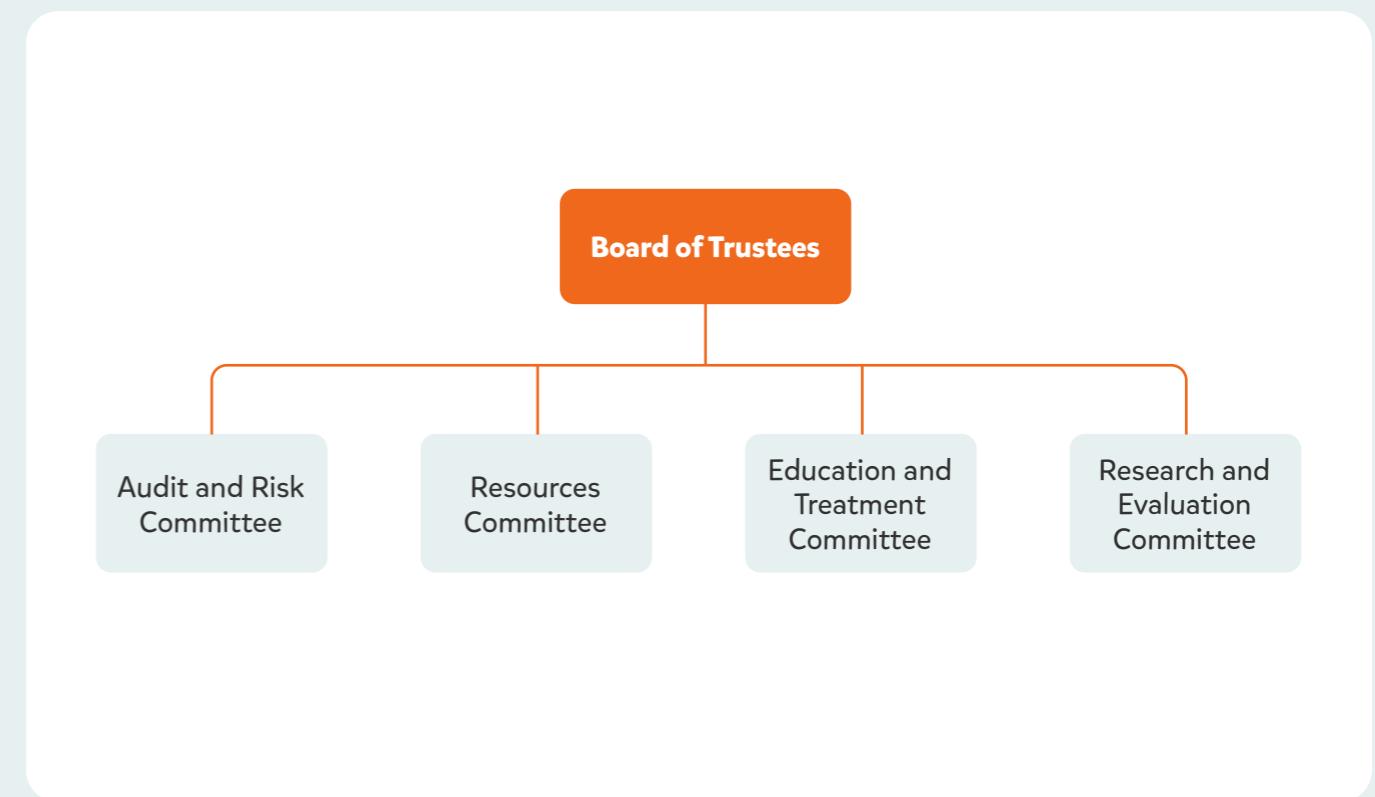
Michelle Highman: Chief Executive, The Money Charity

Professor Anthony Kessel: Clinical Director at NHS England and NHS Improvement; Honorary Professor & Co-ordinator of the International Programme for Ethics, Public Health & Human Rights at the London School of Hygiene & Tropical Medicine

GambleAware is a member of a joint-working group on preventing gambling harms co-chaired by the Department for Digital, Culture, Media and Sport and Department for Health and Social Care, and a member of the National Suicide Prevention Strategy Advisory Group. GambleAware has established advisory boards in Wales and Scotland to guide future commissioning plans in those nations and is an approved National Institute for Health Research (NIHR) non-commercial partner. In addition, GambleAware is establishing an Advisory Group in consultation with other bodies to ensure the best use of available funding, and to support alignment, integration and the expansion of treatment services across the system so patients get the right treatment at the right time.

Trustees have robust and transparent governance arrangements including:

- Ensuring the Board of trustees is wholly independent of the gambling industry and chaired by Kate Lampard, CBE
- Inviting government and statutory agencies to observe committee and Board meetings
- Publishing the terms of reference and minutes of all such meetings
- Adhering to the Charity Governance Code to ensure best practice
- Registering with the Fundraising Regulator, and publishing donation details



Resources: Organisational design

In order to deliver the new Organisational Strategy, there is an urgent need to increase capacity, improve capabilities and introduce a new structure to meet and deliver the detail of the various workstreams outlined in this paper. An external consultant was engaged to design a new matrix configuration to ensure delivery in multi-disciplinary teams allowing for agile working and adaptable to scale. As part of this work, to define new leadership and management changes

required for the new structure to work and provide a detailed competency framework to improve effectiveness and quality of output.

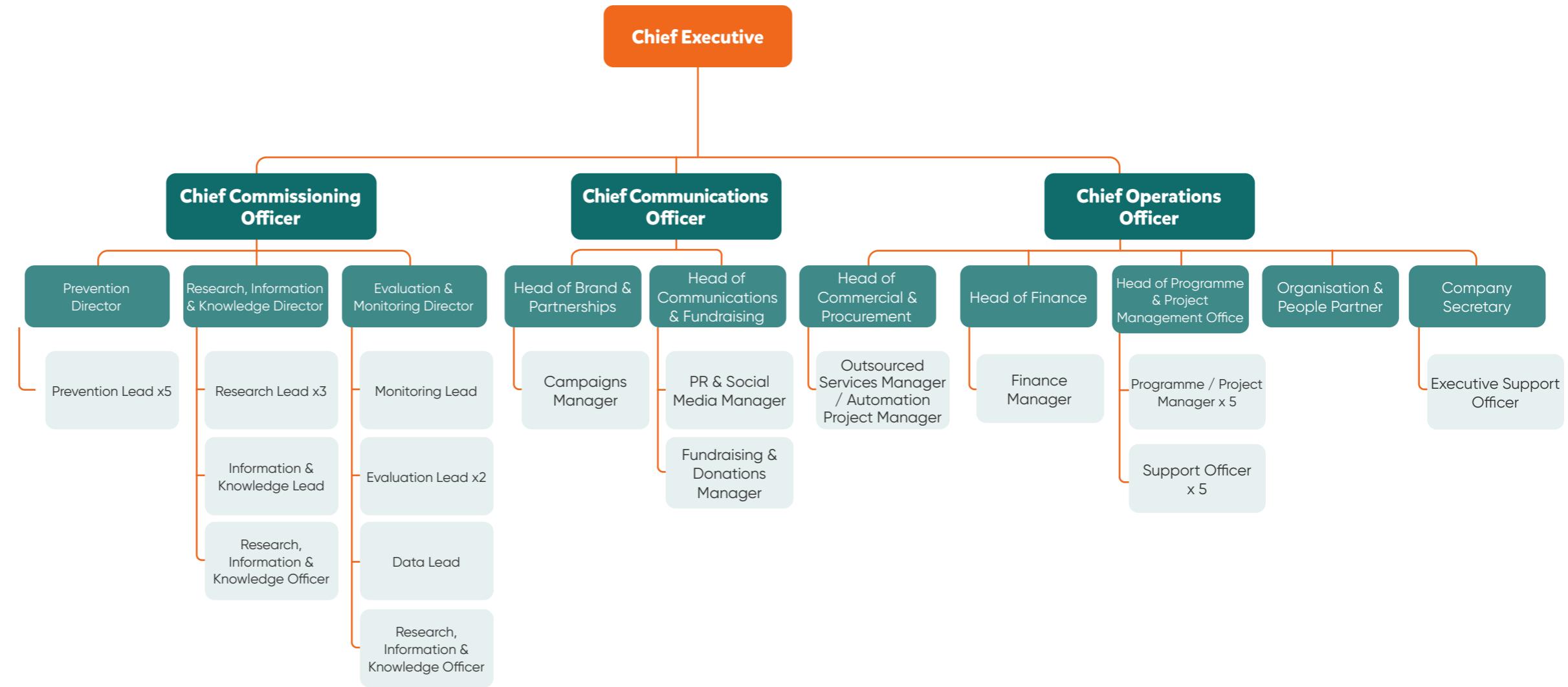
Following a detailed consultation exercise following an organisational design 6-step process, defining workforce resources, capabilities and talent, a new structure has been defined increasing headcount from 25 to 46 employees.

This work includes a detailed organisation development programme including embedding new standards, processes and people policies. Implementation is currently in hand and will be completed by December 2021.

Outsourcing may be required to provide external expertise, manage costs and mitigate risk. These will include agencies to design and deliver awareness-raising campaigns drawing on their insight, skill and competency. All projects will be subject to a detailed tender process and constant monitoring and evaluation, in accordance with best practice.

Key facets of this new structure include:

- New Chief Commissioning Officer and team accountable for end-to-end Commissioning delivery portfolio, including prevention, treatment and research.
- Research accountabilities broadened to include information and knowledge requirements.
- Independent and increased capacity for monitoring and evaluation.
- Chief Communications Officer and team accountable for both BeGambleAware and GambleAware activity.
- Chief Operations Officer and team with commercial and procurement capability accountability for end-to-end activities setting up and managing commissions.
- Finance capacity increased to support donation levels and increased commissioning activities.
- A dedicated Programme and Project management team to underpin and assure the successful delivery of all activities and reporting.



Financial analysis

Three-year financial plan

Income

Commitments received from within the gambling industry for donations over the three years to 2023/24 have provided GambleAware with a solid base from which to continue and grow its funding activities to meet its charitable objectives.

The assumption for this level of forecasting is supported by the press release issued by the Betting & Gaming Council on 15 June 2020:

'The five operators* have already pledged to increase the amount they spend on research, education and treatment (RET) services from 0.1 per cent to 0.25 percent of their annual revenue in 2020, 0.5 per cent in 2021, 0.75 per cent in 2022 and 1 per cent in 2023'.

Additional income continues to be forecast from a wide range of other operators with the betting and gaming marketplace.

Expenditure

In order to manage the resources of GambleAware to maximise the impact of its funding activities, maintain a solid and supported platform from which to do so and guard against the risks of shortfalls in voluntary contributions, the trustees have targeted that 85% of income received should be deployed in funding activities.

Funding allocation

The allocation of funding activities will see a move away from the previous Research, Education and Treatment categorisation and become aligned to the four Commissioning Objectives as detailed above (see page 29).

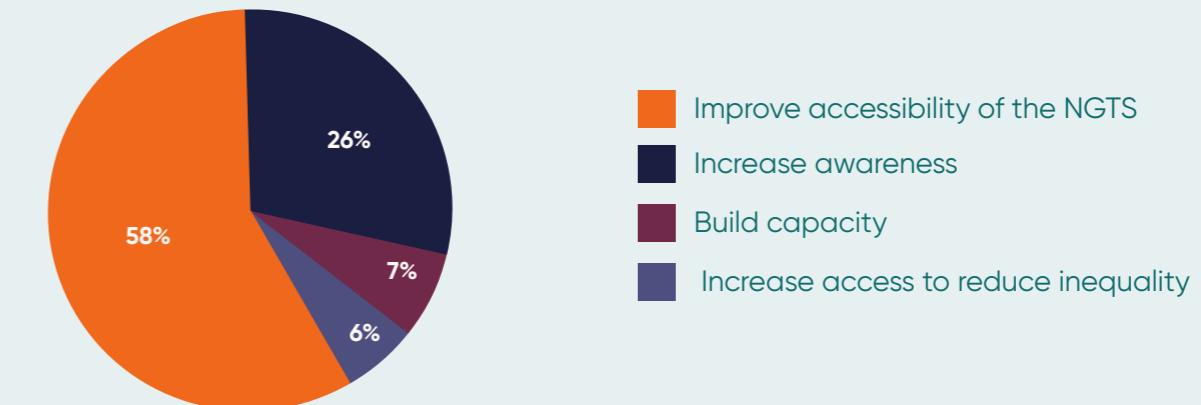
The Funding Allocations for 2021/22 comprise 59% of ongoing projects brought forward from previous years, with 41% being new projects to be initiated within the year. Accordingly, the allocation split for the year largely reflects historical activity. The trustees are currently working with the management team to determine what the allocations should be across the four objectives, in order that a gradual transition can be affected by the end of 2023/24.

Total income 2021/24

2023/24 (forecast)	£39,000,000
2022/23 (forecast)	£35,000,000
2021/22 (forecast)	£26,000,000
2020/21 (estimated)	£28,000,000**

***Includes £8.8m of Regulatory Settlements received that are not forecast to repeat at a similar level.*

Funding allocation 2021/22



* Now four operators (Flutter, Entain, William Hill, Bet365).

Equality, diversity and inclusion

GambleAware is committed to Equality, Diversity and Inclusion – with an EDI group at the core of the charity committed to driving real change throughout the organisation. Our aim is to ensure that our staff, our partners, stakeholders and those who we commission, at all levels, are committed to driving change

for a more equitable society promoting zero tolerance towards inequality, exclusion, racism, and all forms of discrimination through the organisation and our partners. All our actions must be evident, sustainable and capable of measurement. GambleAware will be publishing its EDI strategy separately in May 2021.

Monitoring progress and transparency

GambleAware recognises the need to monitor and report on progress towards the multiple objectives set out in this suite of strategies, in order to provide assurance and accountability, and to drive forward system change at pace to achieve our vision of a society where everyone is safe from gambling harms.

Given the complexity of the whole-system approach required to achieve this vision, it is clear that success will be driven by multiple stakeholders delivering multiple workstreams. Our monitoring and reporting will need to take account of this and recognise that impact and change will be affected by various organisations working together; a transparent and collaborative approach to monitoring progress will be essential.

The table below summarises the difference that stakeholders will see in five years as a result of GambleAware's Organisational Strategy. The increased capacity for monitoring and evaluation being introduced in 2021 through the organisational redesign programme will allow for the development of key metrics and indicators to demonstrate the progress being made towards each of these goals. A baseline set of output and outcome indicators and targets will be developed in 2021/22, with annual reporting against these throughout the duration of the strategy.

What difference will we see in five years?

There will be an increase in awareness that gambling can be harmful.

People will be willing to talk about their own experiences of gambling harms without feeling embarrassment or shame.

Employers and relevant public agencies will have policies in place to prevent and respond to gambling harms as part of business as usual.

Prevention and early intervention services will be targeted at those disproportionately affected by gambling harms, with impact evaluation beginning to demonstrate harm reduction in these groups.

Specialist services will exist to provide treatment and support to those groups experiencing barriers to accessing mainstream provision.

Workers will feel able to identify and respond to gambling harms, and by doing so will facilitate earlier intervention.

There will be good brand awareness for the National Gambling Treatment Service, and it will be recognised by the public as the 'go to' service for those seeking treatment for gambling disorder.

A greater proportion of those with gambling disorder will receive treatment.

There will be an increase in understanding that gambling disorder is a recognised health condition and that in the most serious of cases the impacts of the condition can include loss of life.

People will feel able to raise the issue of gambling harms with a friend if they have concerns about their gambling.

People accessing help services will be more representative of the population experiencing harms.

All services will be culturally competent (e.g. language, awareness of needs of specific groups, accessible).

Gambling disorder and gambling harms will be part of standard training for key professions.

More referrals to the National Gambling Treatment Service will be made by those who work or volunteer in public-facing settings.

People experiencing gambling harms will have access to a range of person-centred services – specifically, services that meet the identified needs of those experiencing gambling harms, as demonstrated by service take-up from those currently under-represented in treatment.

Outcome data will indicate that recovery is achieved and sustained for those treated by the National Gambling Treatment Service, at rates comparable to other addictions and behavioural problems.

5 Appendix



Appendix

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GambleAware Organisational Strategy 2021-26

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About GambleAware:

GambleAware is an independent charity (Charity No. England & Wales (1093910), Scotland (SC049433)) that champions a public health approach to preventing gambling harms. GambleAware is a commissioner of integrated prevention, education and treatment services on a national scale.

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