GambleAware: Our impact
2022-2023
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Introduction

GambleAware is the leading charity and strategic commissioner in prevention and treatment services for gambling harms. Against a challenging backdrop of uncertainty in the face of delays to the Government White Paper, the team have worked hard over the past year to ensure we are delivering against our Organisational Strategy to meet our vision of a society safe from gambling harm. I am proud of what we have achieved and this Impact Report serves to provide an overview of some of those accomplishments.

In our role as strategic commissioner, we take it upon ourselves to set the strategy based on an understanding of the needs of the British population with regards to preventing gambling harm.

While gambling harms can affect anyone, we know some communities are more at risk of experiencing gambling harm than others, with people living in more deprived areas three times more likely to experience gambling harms than those living in the least deprived.

We also know that stigma can be a significant barrier for people when opening up about gambling or accessing support and treatment services. Addressing the stigmatisation of gambling and gambling harms in research, interventions and in the public eye, is vital.

With the charity’s four commissioning objectives at its heart, GambleAware has adopted a public health approach in all its work. This has been evidenced through the launch of three national public health behaviour change campaigns, the expansion of the Gambling Education Hubs across Great Britain following a successful pilot in Scotland and the commissioning of workforce training across 9 new groups. Furthermore, ensuring people have the support and treatment they need is vital and we have expanded the National Gambling Support Network to reflect this alongside supporting the expansion of the Primary Care Gambling Service.
I was delighted to see the impact and reach of this work as part of our annual brand tracking study, which showed that GambleAware is the leading charity in the sector for recognition, with almost three in five (56%) of the British public recognising the GambleAware brand when prompted.

As a charity, delivering value for money across all our commissioned work is essential. We do this by utilising the full spectrum of appropriate mechanisms including procurement and in-kind partnerships. The development of partnerships to prevent and reduce gambling harm across the population with a focus on reducing inequalities is key moving forward.

As leaders in this space, we are able to champion and support the development of the third sector to ensure specific population needs are met. This ensures anyone at risk of gambling harm knows where to go for support should they need it, and that it can be tailored and specific to them. With this knowledge and collaborative approach, we are able to plan a range of interventions against population specific outcomes.

To be successful in this, engagement with stakeholders and people with lived experience of gambling harms is key in order to determine priorities, allocation of resource and develop outcomes for us to commission against. I am delighted that this year we launched our new Lived Experience Council. The involvement of people with lived experience of gambling harm is essential and we look forward to the Council informing GambleAware’s future strategy and direction.

As you will see from this Impact Report, we have been working hard to deliver against our objectives to achieve better outcomes for those we are working to support. I look forward to continuing our work and collaborating with those in the sector over the next year.

Zoë Osmond
CEO
1. Transforming services and systems

In September GambleAware published its commissioning intentions for “The transformation and development of GambleAware’s early intervention, support and treatment services.”

The Commissioning Intentions set out an ambitious transformation of GambleAware’s current commissioning arrangements and follow a strategic review process of the existing National Gambling Treatment Service (NGTS). In the 9 months prior to publication GambleAware, with the support of an independent organisation, undertook in-depth engagement with gambling harm treatment providers, lived experience representatives, local authorities and partners in the NHS which resulted in a new Outcomes Framework and Service Blueprint. At the heart of the transformation is a regional first approach across England, Scotland and Wales, which will enable all partners to deliver more targeted support to greater numbers of people in need.

Below gives a broad overview of the changes to the system and what it means for people.

<table>
<thead>
<tr>
<th>The infrastructure changes</th>
<th>What does this mean for people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the services?</strong></td>
<td><strong>Provide holistic support</strong></td>
</tr>
<tr>
<td>Range of national contracts, encompassing residential care and the helpline</td>
<td>Helping people find the right support for them, from advice and tools you can implement yourself, through to therapy and residential treatment</td>
</tr>
<tr>
<td>Increased focus on regional and community support and services, with clear counselling remit</td>
<td>Providing support for people worried about their own gambling, or the gambling of a loved one</td>
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<tr>
<td>A diverse range of national and regional providers</td>
<td>Support that’s embedded in the community, actively reaching out to provide relevant support</td>
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<tr>
<td>Increased focus on wrap around/holistic care</td>
<td></td>
</tr>
<tr>
<td>People experiencing gambling harms directly, as well as people who are experiencing harm from someone else’s gambling</td>
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</tbody>
</table>

**Where can you access services?**

| Maintain GB delivery | Across GB we will find the right support for people, delivering a consistent, high-quality service that’s easy to access |
| Increased focus on ensuring a smooth handover between service providers, so there is “no wrong door” |

**Quality or provision**

| Developing clear quality standards | Maintain the high quality of care and the positive impact for people |
| Proactive quality management to ensure consistent quality delivery of care | Maintain c. 92% of people seeing improvements in their PGSI score |

This approach puts GambleAware in a new role with more accountability as a strategic commissioner of services. It also enables GambleAware to have a much more significant influence over the services provided and control of provision over the quality of provision. For most providers, it will enable them to have a more direct relationship with the commissioner, will see them better resourced for the range of their provision, and held to account for their delivery. It will prioritise their investment and integration in local systems.

The new arrangements went live on 1 April 2023 and as part of our launch we will have new branding to replace the old NGTS brand. Key principles of the new set arrangements are that as an integrated service that:

1. Understands them
2. Are experts in what they do
3. Meets people where they are

So people can feel listened to, welcomed and encouraged on their journey
So people trust in the process and are confident it can help them to maximise user outcomes
So people have the choice to contact it however they need, and are reassured that they will receive what is aligned to their needs

GambleAware sets robust standards for the management of commissioning activity and funds. It does this in four ways:

<table>
<thead>
<tr>
<th>Scheme of Delegation and Trustee oversight</th>
<th>Procurement and Programme Management</th>
<th>Executive Management Team Oversight</th>
<th>Monitoring, Assurance and Performance</th>
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<tr>
<td>We operate within a scheme of delegation agreed by the Board of Trustees (BoT). This sets the authority the BoT delegates at different levels for approving activity and associated spend. This ensures outcomes are achieved and risk managed.</td>
<td>The Procurement and Programme Management Team oversees standards for procurement, programme and contact management. Work is defined through a Strategic Planning and Delivery process. Governance is set based on defined criteria (cost, risk, effort, impact). Procurement processes follow tested public sector principles.</td>
<td>The Executive Management Team (EMT) oversee the annual plan. All activity over £100k is defined through a Business Case and approved by the EMT. In cases where the costs exceed £500K this is sent to Trustees for ratification. Regular updates on progress against the plan are presented to Trustees.</td>
<td>Monthly portfolio reports are presented to the EMT with a Red, Amber, Green rating for all activity. Any changes to scope budget and timelines are also monitored by a change control process. Regular reviews are organised with providers and performance updates are discussed at a monthly EMT meeting.</td>
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2. Lived Experience

GambleAware's organisational strategy clearly sets out a vision for the meaningful involvement of lived experience throughout all our work. Currently, the team is working to further develop and strengthen the infrastructure and practices to ensure that individuals with lived experience can inform and be part of all its charitable activities. We work alongside three organisations, the Lived Experience Council, the Gambling Lived Experience Network (GLEN), and the Affected Lived Experience Research, Treatment and Support Group (ALERTS).

**Lived Experience Council**

To ensure the voice of lived experience can shape the charity's development on a strategic level, GambleAware published the intention of establishing a Lived Experience Council (LEC).

Following robust recruitment, the Council is comprised of 10 members with direct lived experience of gambling harms as well as those impacted by others’ gambling harm. Members reflect a variety of communities and backgrounds and a second recruitment wave will take place in 2023. The member-elected Chair of the Council also represents the group at GambleAware Board of trustee meetings.

The purpose of the Council is to ensure those from the lived experience community can provide expert advice to GambleAware's activities, programmes and strategic development.

The role of the Lived Experience Council is to:

- Represent the views of affected groups;
- Provide strategic advice based on members’ own lived experience of gambling harms;
- Make recommendations which will inform and contribute to the strategic planning and development of GambleAware (GA). These will be shared with the GA Board of Trustees; Act in pursuance of GambleAware Charitable Objectives.

The LE Council also support GA Board of Trustees (BoT) and the wider GambleAware team by:

- helping identify and understand GA’s audiences;
- providing insight and understanding of what resonates with LE community;
- horizon-scanning of challenges and opportunities of the constantly evolving landscape GA operates in, while remaining within the remit of GA’s charitable objectives.

Ben Howard, Chair of the LE Council, said:

“The launch of the LE Council is testament to the commitment of GambleAware to use the expertise and experience from the lived experience community among all aspects of strategic approach and best practises to align with its charity objectives. The Council to date represents a wide range of affected groups, and has delivered on recommendations on strategy, scope of the charity, assisted in identifying areas of need as well as processes, which have informed the Board of Trustees’ conversations and decisions.

It is a pleasure to chair and be a part of such a diverse group of amazing individuals with important and valued views, bringing them all together, and fantastic that GambleAware have Incorporated this with such importance and prevalence.”
Gambling Lived Experience Network 2022-2025

The Gambling Lived Experience Network (GLEN) allows for anonymous participation from within the Lived Experience community and of the less represented and underserved communities. It is also:

- the only network with a representative diversity and democratic infrastructure allowing it to speak with a representative voice in Great Britain.
- the largest network of its type, with approximately 125 members.
- an independent network representing the community itself, representing the whole lived experience community, with all members of this community able to join, and participate in, the network.

The grantees are Expert Link and the Gambling Lived Experience Network (GLEN). The grant will fund the network’s ongoing development and support GLEN as it builds capacity and infrastructure to operate entirely independently of a development partner after this period.

The outcomes of the continued funding will include aiding GLEN in:

- the production of publications, tools, and resources,
- researching and developing position statements and
- the development of a Consensus Statement.

The grant will also allow GLEN to continue its

- policy and advocacy work,
- responding to consultations,
- taking part in political discussion and discourse,
- amplifying membership’s voice and publications.

ALERTS

ALERTS is an independent Lived Experience group made up of individuals who have experience of gambling harms and who have been through treatment within the National Gambling Treatment Service (NGTS). The core aims of the ALERTS service are to:

- Ensure there is a representative voice for people with lived experience of gambling harms at the National Clinicians Network Forum, who have experience of the treatment services across the network.
- To assess gaps across the treatment provision to influence GambleAware on future design and commissioning of treatment and support services.
- To improve links with other parts of the system (e.g. GP’s and HR services at places of employment) and to identify barriers to access and therefore increase access to treatment.
- To support and safeguard each other, recognising that all members are in recovery or are an affected other and there will always be some level of vulnerability.

GamFam facilitates and administers the GambleAware grant and has responsibility for the management of the project finances and oversight of Safeguarding, Policies and Governance.

Since the inception of ALERTS in 2020, the service has established itself on the prevention landscape. Many of the providers across the system have expressed, as part of their application for recommissioning, a significant role for ALERTS’ in supporting them to embrace the voice of lived experience within their service. Alerts will continue to support providers where gaps have been identified and will also play a key role in the implementation of a CQC Inspection regime for the sector and will provide an enhanced method to GambleAware’s approach to quality assurance to ensure consistent safe and high-quality service delivery.
3. Primary Prevention

GambleAware takes a public health approach to gambling harm. Primary prevention is understood as the promotion of a safer environment for everyone.

Behaviour change campaigns can play an integral role in raising awareness of the potential harms from gambling, boosting the use of preventative tools, as well as increasing engagement with support and services. Our approach applies the principles of behavioural science to established marketing processes to encourage and support changes in behaviour at-scale. As one part of a network of interventions to best support people, our behaviour change campaigns are designed to complement and integrate with the other levers that we commission to provide holistic support.

Case Study 1: Men’s Prevention World Cup Campaign

Since 2018, GambleAware has run the Bet Regret campaign, focused on raising awareness of gambling harms among young men aged 18-34 who gamble regularly on sport mainly online.

The campaign has been through three different phases:

Phase 1: The initial launch was focused on the universal feeling of regret many sports bettors experience when they make a bet they wished they hadn’t, the moment they have made it. The goal is to drive self-reflection and help their friends and partners recognise the warning signs of Bet Regret.

Phase 2: Still focused on Bet Regret, but a new behaviour change technique was introduced encouraging people to pause and reconsider before they place a bet they may regret (i.e., to Tap Out, take a moment, and avoid Bet Regret).

Phase 3: A campaign with a refreshed creative to coincide with the Football World Cup to offer football fans practical advice for how they can enjoy the tournament without experiencing ‘Bet Regret’ (the sinking feeling after placing a bet you wish you hadn’t). The call to action was widened to seek advice, tools and support from BeGambleAware.org rather than just tapping out.
The latest, and sixth, burst of the campaign was live between 14 November to 18 December 2022, in line with the Men’s Football World Cup in Qatar. Below is an overview of some of the impact measures collected through the holistic campaign evaluation, which took place in February 2023. The full report will be published in the coming months.

**Outcomes and Impact**

**68% campaign recognition**
Campaign recognition of the latest burst for the World Cup reached a new high among the campaign target audience with 68% recognising the assets. There were also new highs in recognition among key overhear audiences of affected others (68%) and members of the general public (44%).

**58% taking out key message**
Around three in five took out the key message of visiting GBA if you need advice, tools or support for your (or someone else’s) gambling. The assets also helped build empathy among the general public, with key messages of being easy to get carried away whilst betting during the World Cup (55%) and that gambling harms can affect anyone (42%) especially high.

**76% taking action due to campaign**
This has translated into behaviour change, with over three quarters of the campaign audience recognising the campaign claiming to take action, such as visiting the BGA website, thinking differently about their gambling, and taking steps to reduce/limit gambling.

**74% uplift in website traffic**
This impact was also seen within other data sources, with almost 1.2m visits to the GambleAware website during the campaign period (a 74% uplift on the baseline period).
In January 2022, GambleAware launched the first ever gambling harms awareness campaign focused on women. The women’s prevention campaign aims to reach those at risk of experiencing gambling harms (PGSI 1-7), encourage them to look out for the early warning signs of harmful gambling (e.g., losing track of time and money whilst gambling), and direct them to the BeGambleAware.org website for free advice and support.

The latest, and second, burst of the campaign was live between 15 September to 31 October 2022. Below is an overview of some of the impact measures collected through the holistic campaign evaluation, which took place in December 2022.
Outcomes and Impact

✓ **57%** campaign recognition

Campaign recognition of the latest burst for the women’s campaign built on the residual awareness from the first burst, with almost three in five recognising at least one element of the campaign. There were increases among key overhear audiences of affected others (55% to 64%) and members of the general public (36% to 45%).

✓ **49%** taking action due to campaign

This has translated into behaviour change, with almost half of the campaign audience recognising the campaign claiming to take action, such as thinking differently about their gambling, taking steps to reduce/limit gambling, and talking to others about gambling.

✓ **78%** taking out key message

Over seven in ten agreed that the ads showed where to go for advice and support to stay in control of gambling (78%), the risk of losing track of time/money when gambling online (75%), and the benefits of advice and support to keep in control of gambling (70%).

✓ **128k** visits to the campaign website page

This impact was also seen within other data sources, with 933k pageviews on the website over the women’s campaign period, 128k of which went onto the refreshed women’s campaign landing page.
Case Study 3: National Gambling Treatment Service Campaign

The National Gambling Treatment Service (NGTS) campaign first launched in February 2020 and aims to reach those experiencing gambling harms (PGSI 8+) and encourage them to seek support through the National Gambling Helpline and/or the NGTS. The campaign draws upon the insight that people experiencing gambling harm feel disconnected from their family and friends and is based on promoting confidence that treatment is easy to access and will help them overcome their struggles with gambling.

The latest, and fifth, burst of the campaign was live between 22 March to 10 May 2022. Below is an overview of some of the impact measures collected through the holistic campaign evaluation, which took place in June 2022.
Outcomes and Impact

✓ 52% campaign recognition
Around half of the target audience recognised the campaign, with a quarter (24%) of the general population also recognising the assets. It is worth noting that this cannot be compared to previous campaigns due to a change in the evaluation approach / sample.

✓ 61% taking out key message
Around three in five agreed that the ads showed you may need support if gambling is always on your mind (61%), where to go if gambling is always on your mind (60%), and that those who are experiencing problems from gambling are not alone (57%).

✓ 49% motivated to take action due to campaign
Around half indicated that the ads increased their knowledge of where to start to get help with gambling problems (49%) and motivated to go to the NGTS to help themselves if needed (49%).

✓ 83% taking action due to campaign
This has translated into behaviour change, with over four in five of the campaign audience recognising the campaign claiming to take action, such as talking about / recommending the NGTS (26%) or contacting the NGTS (22%).

✓ 60% uplift in visits to the campaign website page
This impact was also seen within other data sources, with 1.6m pageviews on the website over the NGTS campaign period, 400k of which went onto the NGTS campaign landing page.

Case Study 4:
The BeGambleAware.org website

The BeGambleAware website is the go-to source on gambling harms advice with over 6 million visitors the website from April 2022 to March 2023. Of these visitors, a quarter were aged 18 to 24, a quarter aged 25 to 34 and over a third (37%) were female. Most users (72%) visited from a mobile device.

The content on the website that was most engaged with was advice to reduce your risk when gambling, how to self-exclude or install blocking software, case studies from lived experience, how to find the right support, and how to help someone who gambles.
4. Secondary Prevention

In a public health approach, secondary prevention is understood as selective interventions for individuals or communities who may be at greater risk of experiencing gambling harms.

Gambling Education Hubs

In 2021-22 GambleAware awarded £2.5m to establish Gambling Education Hubs in England and Wales, and recommissioned the Scottish Gambling Education Hub, delivered by Fast Forward, for an additional three years.

Following a competitive tendering process, the grant was awarded to GamCare, in partnership with YGAM, ARA, Aquarius, Beacon, Breakeven and NECA (to establish the English Gambling Education Hub), and by Adferiad Recovery (to establish the Welsh Gambling Education Hub).

The overall aim of the three Gambling Education Hubs is to work holistically within local communities to prevent and reduce gambling-related harms among children and young people. This is designed to be achieved through a core activity of early intervention and prevention activity focusing on building workforce capacity among the range of practitioners and other adults who may play a role in supporting children and young people around gambling harm, in order to promote a safer environment for children and young people. The Hubs also look to develop approaches to foster children and young people’s engagement with the topic.
The Hubs are tailored to reflect differences in curriculums, languages, regions, need and demand, and political and other contexts, specific to each nation, and each incorporate input from children, young people, and people with lived experience of gambling harm in service design and delivery.

With children and young people growing up being widely exposed to gambling marketing and advertising, this investment comes at a critical time, and demonstrates GambleAware’s commitment to reducing harm experienced by children and young people.

Gambling Awareness Programme (GAP)
GambleAware have invested £2.8million on a three-year training programme that will engage with leaders from a variety of sectors, equipping them with the tools to better support and identify people in their communities who may be at risk of gambling harms.

The programme will be delivered by GamCare in partnership with regional treatment providers Aquarius, Breakeven and North East Council on Addictions (NECA). Development of content and delivery of training will be in collaboration with lived experience experts and take place over three years.

The GAP programme which aims to reduce gambling harms to the public through early intervention and prevention, will provide bespoke training building on skills to identify harms and guidance on signposting people to the right support services they need.

Training will be accessible to professionals, community leaders and volunteers who work in sectors across England, Scotland and Wales including: faith leaders and cultural and community groups, debt advisors, primary care, social care, occupational health, housing and homelessness services and community pharmacies.

The range of diverse sectors will provide access to a broad range of stakeholders, increasing access to support and advice for the public, supporting a reduction in gambling harms inequalities.
Gambling Support Service (GSS) has been delivered by Citizens Advice Scotland (CAS) in partnership with GambleAware since April 2020. GSS Scotland was initially designed as a two-year pilot project aiming to:

- promote a public health approach to the identification and treatment of gambling harm.
- reduce gambling harms and improve client outcomes by increasing opportunities for early identification and intervention.
- increase awareness of gambling harm prevention services among frontline service providers and the general public in Scotland, and develop a stronger evidence base about gambling harm in Scotland.

GSS Scotland activities fall into three ‘strands’:

- training (advisers in Citizens Advice Bureaux across Scotland, and external workforces).
- awareness raising and engagement
- client advice.

In April 2022 an extension to the GSS project was confirmed for a further three years.

**Evaluation and learning**

GambleAware commissioned Kantar Public to conduct an independent evaluation to explore the experiences of those involved in the first two years of the project, and capture learnings from it.

The evaluation identified the progress made in building capacity among advisers to identify and advise clients about harms related to gambling. Specifically, it identified some concerns and resistance among frontline workers concerning ‘screening’.

Lack of flexibility in the screening questions, limited worker confidence, and perceived stigma resulted in inconsistency in the frequency and format in which the screening questions were asked.

To reduce hesitancy and increase confidence among frontline workers to ask questions designed to enable identification of harms resulting from gambling, the evaluation recommended:

- exploring flexibility in the use of screening questions, to encourage more natural conversations with clients about gambling harms as a regular advice practice.
- development of more thorough training designed to address the issue of

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perceived uncomfortable conversations about harms related to gambling, which includes training around ‘soft skills’ for having sensitive conversations that build good client–worker rapport.

Citizens Advice Scotland are implementing these recommendations in the recommissioned Gambling Support Service.

## Outputs, outcomes, impact

- **2183 professionals trained** through **247** training sessions
- **317** Citizens Advice staff
- **97%** satisfaction rate (among trainees)
- **62%** knowledge shift (among trainees)
- **33** awareness raising events attended and **28** awareness raising presentations delivered
- **183** Citizens Advice clients recorded as receiving advice on gambling harm, **31** of whom received support from specially trained GSS staff

“... I think it’s delivering a great message and it’s something in Scotland that we really need to pick up the pace a wee bit on and come up to speed let’s say with alcohol and drugs...we need to get the word out there and make other organisations as aware as possible.”  
Participant quote

“[Because of the training] more bureaux are aware of gambling related harms and they have a clear and precise way to deal with it which makes all the difference in delivering advice to a client.”  
Participant quote

“All the staff have said they feel more confident talking to people about debt and where it has come from and asking those initial questions to see how they got to that point.”  
Participant quote
5. Tertiary Prevention

Tertiary prevention is targeted support for those directly affected by gambling harms. GambleAware has a strong focus on tertiary prevention, and we allocate 52% of our budget to fund gambling treatment and support providers across Great Britain as part of the National Gambling Treatment Service. The National Gambling Treatment Service provides confidential and effective treatment to all individuals harmed by gambling, whether directly through their own gambling behaviour or indirectly as an individual affected by another person’s gambling behaviour.

We commission academic institutions and research agencies to conduct independent evaluations of the NGTS service to:

- **Understand the level of treatment engagement and need across Great Britain.**
- **Ensure that treatment services are delivering the best treatment to clients.**
- **Understand the effectiveness of treatment on reducing problematic gambling behaviour.**
- **Identify how treatment services can be improved.**

As part of our commitment to monitoring and evaluating the tertiary prevention services that we provide, we collect and monitor data from a nationally co-ordinated dataset, the Data Reporting Framework.
2022 Annual Statistics from the National Gambling Treatment Service

In 2022 GambleAware published the latest Annual Statistics from the National Gambling Treatment Service (NGTS). The annual statistics present summary data of clients across Great Britain who access structured treatment from the NGTS agencies, including both people who gamble and those that are affected by another’s gambling. This includes information on the demographics of clients, their gambling history, gambling behaviour, treatment, and treatment outcomes.

The collection of data on NGTS clients is managed through a nationally co-ordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015. Where clients have provided their consent to do so, NGTS agencies transfer pseudonymised data to the DRF. This allows consistent, comparable annual reporting and secondary research to investigate gambling harms.

The impact of the DRF includes:
• DRF data are used by local authorities and councils to help with local planning.
• DRF data have been used by DHSC and OHID to inform policy.
• the DRF represents the only core data set on treatment for gambling harms.

The 2022 annual statistics demonstrated that of the 7,072 clients who received structured treatment in the NGTS between April 2021 and March 2022:

✔ 92% demonstrated problematic gambling behaviour as defined by the Problem Gambling Severity Index (PGSI).

✔ 63% completed treatment.

✔ 92% of clients who completed treatment had reductions in PGSI score. 50% of clients were seen within five days of contacting the NGTS.
Case Study 6:
Analysis of Impact of National Gambling Treatment Service Tier 3 and 4 Interventions 2018-2021

GambleAware commissioned Myriad Research to conduct a Longitudinal Analysis of the Impact of Treatment from the National Gambling Treatment Service (NGTS) for Tier 3 interventions. This examined all treatment episodes across the NGTS that qualified for inclusion in the Data Reporting Framework (DRF) with a referral and completion date between 1 April 2018 and 31 March 2021. Statistical methods were used to analyse the longitudinal data to better understand the impact of treatment on gambling and wellbeing outcome measures over the entire treatment journey. This analysis was conducted between winter 2021 and summer 2022.

The impact of treatment on changes in measures of gambling behaviour and wellbeing were examined for 14,462 qualifying referrals with 94,966 attended appointments. Gambling behaviour was measured using the Problem Gambling Severity Index (PGSI) and wellbeing was measured using the Clinical Outcomes in Routine Evaluation (Core-10) measure.

Outcomes of Tier 3 treatment for people who gamble:

- Core-10 and PGSI scores reduced considerably (10.6 and 14.1 points respectively) between first and last attended appointment.
- The biggest difference in Core-10 and PGSI scores for people who gamble was estimated at 14 and 11 attended appointments respectively, but the difference in scores between appointments was small and variable after appointment 6.
- Those who are female, and those who are older had smaller reductions in PGSI scores than those who are male, and those who are younger.
- PGSI domain, behaviour items, such as chasing losses, decreased sharply in the first three appointments before levelling, while PGSI consequence domain items, such as financial problems and feelings of guilt, decreased more slowly and were more variable across the treatment journey.
- The number of attended appointments and treatment completion were strongly related to reductions in Core-10 and PGSI scores.
Outcomes of Tier 4 treatment for people who gamble:

- Tier 4 service users had higher mean PGSI scores than those in Tier 3 at treatment start (21.6 vs 19.5). Scores were higher across all PGSI items except ‘Feelings of guilt’.

- at treatment end, mean PGSI scores for Tier 4 were 1.8 compared to 3.1 for Tier 3, with larger reductions in PGSI behaviour and external consequences.

Impact of treatment on affected others

- 81% of affected others were above the clinical threshold for Core–10. 52% showed clinically significant improvement at treatment end. 29% showed no reliable change or reliable deterioration in Core–10.

- Core–10 scores reduced considerably (8.6 points) between first and last attended appointments, showing large initial change and then smaller more variable change after around 7 appointments.

- the biggest difference in Core–10 score was attained at 15 attended appointments, but the difference in scores between appointments was small after appointment 7.

- affected others with brief referrals were over 75% less likely to have clinically significant improvement in Core–10 compared to affected others with longer referrals.
The Primary Care Gambling Service is a primary care-based pilot service in South East London for adults age 18 or over experiencing harm from gambling. The Hurley Group – an NHS Partnership led by practicing GPs in London – developed and delivers the PCGS. The service integrates primary care and third sector support to provide accessible, consistent and whole patient focused support to people who experience gambling harm. The service works in partnership with GamCare and Gordon Moody. PCGS was funded by a regulatory settlement from the Gambling Commission between October 2019 and March 2022. GambleAware funded the service from April 2022.

GambleAware commissioned IFF Research to carry out a pilot evaluation of the implementation of the PCGS. The evaluation was conducted between November 2021 and April 2022, and involved qualitative discussions with service and partner staff, and patients, analysis of performance and management information and a survey of England-based GPs. The report was published in December 2022.

Key Findings and Recommendations

Experience of patients – Patients are positive about their service experience, in particular praising the easy referral routes, quick support access and friendly/informal staff manner. Experience of follow-up support however varied, with some patients reassured and others who reported having no further contact from PCGS.

Patient outcomes – There is early evidence of good patient outcomes, however the sample size within the pilot was not large enough to confirm outcomes are being achieved.

Sustaining the service – Evidence suggest there is service demand and PCGS can be part of the support network individuals draw upon to manage their gambling harm.

Case Study 7: Primary Care Gambling Service Evaluation

Role of GPs - The evaluation identified how GPs can play a more prominent role in tackling gambling harms. Encouragingly, 82% out of the more than 150 GPs surveyed recognised the need for a service like the PCGS, with 92% agreeing that if they were aware of one in their local region they would likely to refer patients to it. However, only a quarter of GPs reported being aware of gambling harm treatment and prevention services in their area. Fewer than half (40%) recognised signs of problem gambling amongst patients, and a third thought helping patients with gambling harms was a low priority given other NHS pressures. More than 60% of GPs were not confident in initiating conversations about gambling harms.

Referral pathways - Diverse referral pathways were necessary to reach people who wanted to access the service and PCGS mostly serves more complex cases. Out of the six referral pathways evaluated the most common route was through the charity GamCare. As well as focusing on GPs to increase the number of referrals, which was hampered by the Covid-19 pandemic, the report authors recommend promoting self-referrals through the PCGS website and exploring ways to access more referrals via eConsult.

Implementation - The service established strong foundations despite considerable challenge due to the Covid-19 pandemic, which impacted the volume and profile of patients coming into the service, as well as how treatment was offered.

Growing or replicating the model - Maintaining the tailored/personal care was an important aspect of the service, however this necessitates more staff time and capacity. It is therefore key to understand the ideal composition of the staff team needed to deliver the service effectively and efficiently.
GambleAware launched the Community Resilience Fund in response to the cost-of-living crisis to help reduce health inequalities in the most disadvantaged communities.

With research indicating that people in more deprived areas are three times more likely to experience gambling harms compared to those in the least deprived communities, GambleAware sought to provide funding that specifically targeted minoritized and marginalised groups to enhance the support they receive and ensure they have access to the right help and guidance to address gambling harm.

Organisations were invited to submit their applications for grants up to £100,000, which would allow them to assist their affected communities through education and awareness raising, and providing treatment, interventions, or other support.

Through a rigorous selection process involving a panel of independent experts, including two lived experience community members, a total of £1.24 million was awarded to twenty-two locally rooted as well as nationwide organisations and projects, which have not previously been funded by GambleAware.

The organisations were selected based on their suggested programmes to tackle gambling harms, with many taking new and innovative approaches. These include sport for change approaches, podcast production, projects aiming to reduce stigma and a project collecting data around gambling harms within a foodbank.

The full list of successful projects includes Refugee Access, Wigan Warriors Community Foundation, Hull FC Rugby Community Sports and Education Foundation, Azad Kashmir Welfare Association, Yellow Scarf CIO, Reframe Coaching CIC, Solihull Moors Foundation, Alabare Christian Care & Support, Blackburn Foodbank, Age UK Westminster, Shama Women’s Centre, Al Hurraya, Prison Radio Association, Simon Community Scotland, Derbyshire Alcohol Advice Service, The Cedarwood Trust, Coram’s Field, IMO Charity, Just B (St Michael’s Hospice), Big Issue Foundation, Mind Suffolk, and Epic Restart Foundation. These organisations and projects vary widely in the activity that they will provide and broadly cover themes of:

- Awareness raising;
- Counselling / therapy;
- Group support; and,
- Training of staff and volunteers on gambling harms.

The Community Resilience Fund will be independently evaluated throughout the funding period, with the final evaluation report expected in Spring 2024.
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Where are we funding?

Scotland
Simon Community Scotland

North West
Wigan Warriors, Blackburn Foodbank, IMO Charity

Midlands
Yellow Scarf, Solihull Moors Foundation, Shama Women's Centre, Al-Hurraya, Derbyshire Alcohol Advice Service

England & Wales
Prison Radio Association, Big Issue Foundation, Epic Restart Foundation

North
Just B

North East
Hull FC Rugby, The Cedarwood Trust

East
Mind Suffolk

London
Refugee Access, Azad Kashmir Welfare Association, Reframe coaching, Age UK, Coram’s Fields

South
Alabare Christian Care

C. £5k - £100k grants awarded depending on the need, scope and reach. 22 Community-based organisations and projects funded – allowing to expand reach of support to range of initiatives and communities locally and GB-wide, including those most marginalised and stigmatised.

5 in the Midlands
4 in London
3 projects funded in the North West
3 in the North West
2 in the North East England
2 in the East of England
1 in the South of England
1 in the North of England
1 in the South
1 in Scotland
The Aftercare Funding Programme was commissioned in November 2022 and is scheduled to run from 2023–2026. GambleAware are funding 10 projects across the third sector, investing a total of £2 million. These projects vary both in size and funding length (between 18–36 months), and are located across England, Wales, and Scotland.

The overall aims of the Aftercare Funding Programme are to provide both resourcing for services and opportunities for innovation, as well as to build the evidence base, in what is an emerging and fairly under-invested area. The Programme is specifically aimed at understanding how people who have experienced gambling harm (directly or as affected others) can have sustained recovery.

1. Invest in aftercare provision to increase opportunities for people to access appropriate services and support.
2. Build the evidence about what works for who, and a pipeline of evidence-based interventions to become part of the long-term gambling harm landscape.
3. People who have experienced gambling harm (directly or as an affected other) to have sustained recovery.

The following 10 organisations have been commissioned:

- **ARA - Pathways To Recovery:** The project will build on progress made during treatment to strengthen sustained recovery. The model will include coaching, mentoring and peer support. Also support to affected others through specialist interventions. The Gambling Harms Research Centre (GHRC) at University of Bristol will have an advisory role around data collection and outcome mapping to inform further evaluation.

- **Cyrenians - Aftercare Navigator Support:** Holistic 1:1 and group person-centre and trauma-informed support for the homeless community in Edinburgh to improve their long-term recovery capital. Develop greater in-house knowledge, practice skills and general capacity and then share with broader homelessness sector.

- **Citizens Advice Brighton and Hove (with Breakeven) - Advice and Aftercare for Recovery:** Dedicated advice pathway for people in recovery from gambling harm (including affected others). 1:1 financial casework offering tailored advice in key areas. Single pathway with extended package of support delivered alongside Breakeven’s Green Shoot Recovery Programme.

- **Beacon Counselling Trust (with BetKnowMore) - Restore for the Future:** Delivered in partnership with BetKnowMore. This collaborative project proposes to provide a comprehensive Aftercare model of support to individuals who have previously received treatment via Beacon. The offer includes 1:1 peer support, TREK Therapy, group work, skills development and social integration.

- **Citizens Advice Wirral (with Beacon Counselling Trust) - Liverpool City Region After Gambling Support programme:** In partnership with Beacon Counselling Trust. Specialist advice services and personalised recovery support programme aiming to: improve mental health, increase personal networks of support, improve practical skills and financial resilience, give advice, increase employability and education skills, access to support relevant and tailored to the individual’s needs.

- **EPIC Restart Foundation - Building recovery capital:** Brings together expert facilitators, clinical treatment
providers and those with lived experience of gambling harm to support the development and delivery of transformational programmes.

- GamCare (with Reframe Coaching): Life After Gambling Programme: Using a professional coaching model to support the recovery of people that have experienced gambling harm. Offering six sessions of coaching on various topics, plus follow-up sessions, self-learning opportunities and other resources e.g. mindfulness skills.

- Acta Community Theatre (with ARA): The Long Group: A series of creative sessions of storytelling techniques, theatre games/exercises and other artforms such as writing, photography and visual. This project will be made up of three main elements: Creative participation, Peer support and Professional information, advice and guidance.

- Steps To Work: The LEAFF Project (Learning Evolving Aspiring Future Focus): A comprehensive offer to support the individual in sustaining recovery, enhancing their recovery capital of internal and external assets. The focus will be on employment skills and targeting those experiencing financial hardship.

- Veterans Aid: Aftercare Welfare to Wellbeing: Support veterans who have experienced gambling harm. Includes emergency practical support e.g. food, new clothes, emergency accommodation, as well as supporting them with support with their longer term situation around finances, mental health and help to re-establish connections with family members in order to minimise the chances of relapse.

The Aftercare Funding Programme will be independently evaluated throughout the funding period, with the final evaluation report expected in Spring 2026.

**Where are we funding?**

- **Scotland**
  - Cyrenians

- **England & Wales**
  - GamCare
  - EPIC Restart Foundation

- **London**
  - Veterans Aid

- **Midlands**
  - Steps To Work

- **North West**
  - Citizens Advice Wirral
  - Beacon Counselling Trust

- **South West**
  - ARA
  - Acta Community Theatre

- **South East**
  - Citizens Advice Brighton and Hove
We have awarded a £4 million grant to the University of Bristol to create a world-leading, multidisciplinary research centre on gambling harms – Bristol Hub for Gambling Harms Research. This award was the culmination of a rigorous 18-month process of engagement with universities and academic experts, resulting in proposals from some of the country’s top universities. Proposals were assessed by an independent external panel of experts, using transparent assessment criteria.

The Hub is attached to two University Health Research Institutes, ensuring a public health lens on all research: the Bristol Population Health Science Institute (which includes genomics, clinical trials and healthcare evaluation expertise), and the Elizabeth Blackwell Institute for Health Research (which specialises in interdisciplinarity expertise – including mental health). It will work closely with several other institutes at the cutting edge of research, including the Bristol Digital Futures Institute, the Bristol Poverty Institute, and the Bristol Population Health Science Institute.

The Hub will contribute to GambleAware’s overarching vision of creating a society safe from gambling harms and help deliver the charity’s strategic objective to actively build academic research capacity.

Since its launch in July 2022, the Hub has been delivering its Year 1 work programme which includes five rapid evidence assessments, including one on a public health approach to gambling. Two new projects are already underway while three others in development. The Hub has also been represented at high-profile events including the GambleAware conference; Peers for Gambling Reform round table; House of Lords/Gambling Policy Research Unit Breakfast event. The Hub’s first International Cross-Disciplinary Colloquium will take place on 19 October 2023.
IFF, University of Bristol and GamCare were commissioned as a consortium in summer 2021 to build knowledge about why women in Britain take part in different types of gambling, the effect this has on them and their lives, and their experience of support and treatment services. The existing gambling and gambling harms evidence base tends to focus on men. Research to date shows that women experience gambling in different ways from men, specifically in relation to the types of gambling they participate in and their motivations for doing so. It is therefore important that future research on the lived experience of women in relation to gambling is analysed through a gendered perspective rather than comparing the behaviour of women against that of men. Research focused on women’s experiences of gambling has increased over the last decade but a limited understanding about the experiences and behaviours of different groups of women, how this varies by demographics and geography and how this relates to wider determinants of health remains.

The research has been delivered in three phases, with the final phase and synthesis report due to be published in Spring 2023.

Phase 1 included a rapid evidence review, interviews with Expert Witnesses (e.g., service deliverers, researchers and policy stakeholders), as well as roundtable discussions with Experts by Experience, including women who gamble and women who are affected by others who gamble. Phase 2 explored the views of women in Great Britain experiencing gambling and gambling harms using a combination of individual depth interviews and a five-day long online community, building on the literature and insights collected as part of Phase 1.

Impact
Phase 1 and Phase 2 findings have helped shape GambleAware’s women’s campaign and are also fundamental in shaping services aimed at supporting women who gamble or who are affected by someone else’s gambling.

Phase 1 research recommended the following to enable women to access support for gambling harms and to establish understanding of the different behaviours and needs of different groups of women:

• Women-only services, designed by women that account for the reasons women gamble.
• Community-based, integrated services that make it easy for women to get the range of help they need as gamblers or affected others.
• Better public information and messaging about the signs of gambling harms for women and the support that is available, emphasising confidentiality and anonymity.

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4 https://www.begambleaware.org/building-knowledge-womens-lived-experience-gambling
• Wider interventions that address the socio-economic and socio-cultural determinants of women’s experiences and look to disrupt industry practices that are harmful to women.

Phase 2 research concluded the following:
• Women in GB experience gambling, and gambling harms, differently. Factors which influence different experiences include history of exposure to gambling and level of engagement with gambling, types and frequency of gambling behaviours, relationships with others who gamble and strength of social networks, life-stage and parental responsibilities, and the experience of health conditions.
• Positive childhood experiences and associations with gambling were the most commonly described early experiences of gambling among the women we interviewed. These positive experiences were 1) whole-family experiences or 2) bonding with a parent. Women who gambled also tended to position gambling as a normal activity, with few downsides, at least initially.
• Women who were affected by the gambling of others discussed experiences which differed in some ways from women who had experienced harm from their own gambling. For example, they were more likely to have negative early memories of gambling, with some having experienced harms from gambling of people close to them, from an early age.
• The main barrier to women accessing treatment or support was not recognising that their experiences were harmful. Gambling risks and harms tended to go unrecognised, or at least under recognised, by all women in the research. For example, the belief that available support is not open to affected others, is only for people with ‘serious addictions,’ for gamblers who want to stop gambling entirely or for people where gambling harm is their main issue to resolve. This pervasive view underpinned some women’s belief they were ‘unworthy’ of gambling support or did not meet the ‘threshold of need’ required for support.
• There is no ‘one size fits all’ approach to treatment and support. Yet, six principles were identified that underpin participants’ responses to what good treatment and support for women experiencing gambling harms. This included gambling language that resonates with women (avoid term ‘gambler’), personalised support (targeted at women from different socio-economic groups), easy to access support (low commitment, flexible, private/discreet), free or affordable support, inclusive support (gender and culturally appropriate; intersectional approach) and non-judgemental support (avoid abstentionist focus, reassure disclosing gamble harms will not lead to consequences).
Ipsos MORI, University of Manchester, and Clearview Research were awarded a grant as a consortium in Winter 2021 to build knowledge of the lived experience of minority communities and gambling harms, and about the drivers of gambling harms experienced by these communities. This research is required to ensure that the services and interventions GambleAware - and others - commission prevent and reduce disproportionately high burdens of gambling harms for these communities. There is evidence that burdens of gambling harms are higher amongst minority communities, but when the grant was awarded, we did not know why this was the case in GB. There was also evidence that these communities access specialist gambling services less than White communities, but again the underlying reasons for this had not been explored in existing research.

This research has taken a mixed-methods, multidisciplinary and multi-sector approach to achieve the aims of the research programme. Research includes depth interviews, ethnographic methodological approaches, all underpinned by reviews of secondary research and academic literature. Research has ensured that communities of people with lived experience of gambling harms are central to this research, and these communities were represented in co-design teams, informing the direction and undertaking of the research.

Case Study 12: Building Knowledge of Minority Communities’ Lived Experience of Gambling and Gambling Harms across Great Britain: 2021–2023

The first quantitative publication entitled Minority Communities and Gambling Harm, Quantitative Report: Lived Experience, Discrimination and Stigma has been published. This has demonstrated:

- White British Majority group participants (48%) are more likely than Minority group participants (31%) to have gambled in the past 4 weeks.

- Minority groups are more likely than White British Majority groups to view gambling as a coping mechanism (18% vs. 6% of those who gamble in each group), as a means with which to deal with challenges and difficulties in life.

- The research has demonstrated evidence of a link between experiences of discrimination and racism, and likelihood to gamble and/or experience gambling harms. This is the first time this has been demonstrated in GB.

- People from Minority backgrounds who were experiencing gambling harms (defined as scoring one or more on the Problem Gambling Severity Index (PGSI)) were more likely to have experienced racism or discrimination than Minority participants with no indication of harms (a PGSI score of 0).

- Nearly half (48%) of Minority group participants with a PGSI score of one or more have experienced discriminatory treatment out in public, compared with around three in ten (32%) of those with a risk score of zero.
The Patterns of Play study was commissioned by GambleAware and carried out by researchers from NatCen and Professor David Forrest and Professor Ian McHale (University of Liverpool). Data from 139,152 online gambling accounts was provided by seven major operators for the period between July 2018 and June 2019.

The data reveals that participation and spend on gaming products such as slot, casino and bingo games are disproportionately concentrated in the most deprived areas of Great Britain. It also revealed that overall the ‘top-10%’ of gambling accounts by volume (amount staked) contributed 79% of operator revenue.

This was the first study of its kind to use data from online gambling customer accounts, in order to understand financial losses due to online gambling and the factors associated with them. It also linked this with a bespoke survey of the customers to look at the relationship between online play, demographic characteristics, and disordered gambling.

The research was able to analyse and assess an unprecedented source of information on how people in Great Britain gamble online. It is among the largest and most detailed data sets from online gambling ever to have been made available for analysis by researchers and has resulted in a greater understanding of online gambling behaviour and the online gambling sector in Great Britain.

**Impact**
The findings have been used by DCMS to inform the Gambling White Paper.

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Looking forward

As we reflect on what has been yet another transformative year, we also want to take a moment to mention two of our priorities for the year ahead.

It is important we recognise that gambling harms are constantly evolving, which is why action is needed on all fronts now to address the impact that gambling harms are having on communities across Great Britain.

Ultimately, this cannot be achieved without the right national leadership, policy and regulation. This would provide a strong prevention framework and appropriate funding for prevention and treatment services. This is the first step to ensuring that gambling harms are seen by everyone as a critical public health issue that can affect anyone.

For the year ahead, we have set ourselves some ambitious goals to ensure that we continue to work towards the vision of a society safe from gambling harm. As part of this, two new major programmes of work will start in the new year:

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The launch of the National Gambling Support Network:

GambleAware has recommissioned the National Gambling Treatment Service. The newly named National Gambling Support Network is designed to meet the needs of those who are experiencing harm from gambling. It is made up of a diverse group of treatment providers across the third sector and has a specific focus on early intervention and a regional led approach. The involvement of lived experience has been central to the design of the new service and will be integral to the network moving forward. The network provides free, confidential support, without judgement, for anyone experiencing problems from gambling, as well as those affected by someone.

The launch of our new stigma programme and campaign:

One of the key barriers to people accessing treatment and support is stigma. That is why we’re excited for the launch of an ambitious, major new public health behaviour change campaign, which will help break down and reduce stigma associated with gambling harm. Launching in Spring 2023, this new campaign will put the stories of people who have experienced harms from gambling at its heart. The fully integrated campaign will run across PR, TV, broadcast video on demand, out of home, radio, digital and social channels. We look forward to taking on this challenge and starting the long-term ambition to reverse the stigmatising beliefs held by individuals and the public on the issue of gambling and gambling harms.

At GambleAware, we will continue to do everything we can to support the provision of high-quality services, run impactful public health campaigns and engage with decision makers to drive the policy change we need. We understand the important role we have to play as strategic commissioners and system leaders in supporting better outcomes. We are committed to playing our part. But partnership between the statutory and third sector is vital in the public health approach. It is also key that we collaborate with those who share the vision of a society which is safe from gambling harms.

This Impact Report serves to provide a snapshot of some of our achievements over the past year. We will be publishing our full Annual Report for 2022–23 later in the year with our audited accounts.

In the meantime, we look forward to seeing the publication of the Government’s White Paper and with that a level of certainty for the sector, so we can move forward and continue to deliver work that helps keep people safe from gambling harm.
GambleAware
Impact Report 2022-23

About GambleAware:
GambleAware is the leading charity (Charity No. England & Wales 1093910, Scotland SC049433) commissioning the transformation of treatment and prevention services, leading public health campaigns and keeping people safe from gambling harms.

Gambling can harm people and their families financially, psychologically and physically. GambleAware works in close collaboration with leading organisations and experts including the NHS, government, local authorities and gambling treatment providers, to ensure that people get the information, support and treatment they need.

Every year GambleAware funds access to free, confidential treatment for nearly 12,000 people and over 41,000 calls to the National Gambling Helpline.

For further information about GambleAware, or the content of this report, please contact info@gambleaware.org.