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CHAIR’S FOREWORD

Kate Lampard CBE
Chair of Trustees

Our overall aim is to reduce gambling-related harms in Britain. We hope to achieve this by broadening public understanding of gambling-related harms, in particular as a public health issue; advancing the cause of harm prevention so as to help build resilience, in particular in relation to the young and those most vulnerable to gambling-related harms; and, helping those who experience gambling-related harms get the support that they need quickly and effectively.

In November 2016, trustees published a five-year strategy. We have reiterated our strategic priorities for funding research, education and treatment (RET) with the publication of a two-year delivery plan in July 2018. The purpose of this document is to review the work of the charity in the 12 months to 31 March 2018.

In Britain, it is estimated that 430,000 people have a gambling problem and another 2 million are at risk of developing one. This is a public health issue that requires a broad array of organisations to work collaboratively to help reduce gambling-related harms. The fact that fewer than 2 per cent of problem gamblers are receiving treatment represents a significant gap in the provision of specialist services.

The Gambling Commission reports that 370,000 11 to 16-year-old children gamble with their own money, and 25,000 are problem gamblers. 10% of 11 to 16-year-old children ‘follow’ gambling companies on social media. There is a need for significant investment in education and harm prevention activity, particularly in relation to children and young people. In the meantime, trustees have made clear that in the absence of evidence of harm to children and young people it is right to apply the precautionary principle.

We welcome the Gambling Commission’s review of the current arrangements for RET funding. We hope it will lead to an increased and more reliable source of funding for our commissioning of the core elements of the National Responsible Gambling Strategy, and will allow for additional, innovative contributions from other third sector and government bodies.

Our priority is to ensure that sufficient core funding is raised through the current voluntary system and is strategically allocated in accordance with the priorities set by the Gambling Commission, as advised by the Responsible Gambling Strategy Board. In the 12 months to 31 March 2018, GambleAware raised £9.5 million in donations and received £5 million in regulatory settlements. This has allowed us to spend £8.3 million for a second consecutive year. Over the next two years we plan to double our annual funding for RET. This assumes that we will receive a minimum of £10 million in voluntary donations in the current year (2018/19).

We would welcome additional funding towards RET as a whole, and we are excited by the prospect of working alongside, and in collaboration with, the multiple organisations it will take to deliver this at greater scale. However, our essential task is to ensure the core requirement is delivered, and to set the standard for quality across all three areas of RET.

In the last two years, we have demonstrated our independence, strengthened governance arrangements, increased capacity, and sharpened our focus. We now have a solid foundation to deliver our commissioning plans more efficiently and more effectively. The goal is to close the gap between the number of those getting treatment and those who need it by increasing the range, quality and quantity of early interventions and treatment, and by preventing people from getting into difficulty in the first place.
The estimated number of alcohol-dependent adults in England potentially in need of specialist assessment and treatment is estimated to be around 595,000, equivalent to 1.4% of the 18+ population. This compares to an estimated 300,000 problem gamblers in England, equivalent to 0.7% of the 16+ population. Of the 595,000 alcohol-dependent adults in England, just 80,000, or 13%, are receiving treatment, funded by the state.

Research published by Public Health England reports that not all of those who could potentially benefit will necessarily seek treatment or perceive the need for it, and further, some will remit from alcohol dependence without formal intervention. We understand this to be generally similar for problem gamblers.

The same research says it is necessary to establish an indication of the proportion who might be amenable to treatment at a given time and to scale service provision accordingly. The suggested ‘rule of thumb’ in England is that there should be sufficient capacity for 15% of the prevalent alcohol-dependent population.

On this basis, the fact that the treatment services currently funded by GambleAware reach less than 2% of the prevalent problem gambling population across Britain serves to illustrate the potential gap in service provision.

VISION, MISSION & VALUES

VISION

Our vision is that fewer people in Britain suffer from gambling-related harms.

MISSION

We work to achieve our vision by making it our mission to:

• Broaden public understanding of gambling-related harms, in particular as a public health issue;
• Advance the cause of harm prevention so as to help build resilience, in particular in relation to the young and those most vulnerable to gambling-related harms; and
• Help those who do develop gambling-related harms get the support that they need quickly and effectively.

We aim to deliver our mission by working to become the primary national ‘knowledge hub’ in relation to gambling-related harms, and an independent thought-leader and trusted expert, using evidence to speak truth to power, and giving voice to lived experience. Specifically, we will:

• Invest in research that makes a positive and practical difference to reducing gambling-related harms in Britain;
• Invest in education, prevention and the most effective interventions to reduce gambling-related harms in Britain within the resources available;
• Provide information and advice about the nature of gambling, the risks associated and where to go for help if needed;
• Reach out to vulnerable groups and communities to reduce the risk of gambling-related harms;
• Work in partnership with other organisations, agencies and experts to help reduce the risk of gambling-related harms;
• Contribute to the development of public policy and raise awareness of the challenges of reducing gambling-related harms.

VALUES

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

• Act with integrity – we will always seek to behave with honesty, fairness and decency;
• Be evidence-based – in the absence of evidence we will apply the precautionary principle when appropriate to fulfil our charitable purpose;
• Maximise impact and value for money – we will always seek to work positively and strategically with stakeholders to maximise impact and value for money.
GambleAware broadens the understanding of gambling-related harms as a public health issue, and improves our knowledge of what works in prevention, education and treatment.

GambleAware aims to improve the evidence base around 'what works' in terms of understanding the nature and impacts of gambling, prevention of gambling-related harms, and provision of effective services. In so doing, we wish to continue the shift of focus beyond the individual to include products and the broader gambling environment, in line with a public health approach.

GambleAware’s research activity is guided by the Responsible Gambling Strategy Board Research Programme, and supports the National Responsible Gambling Strategy. Its independence is ensured by the Research Governance and Commissioning Procedure agreed with the Gambling Commission.

Commissioned research is peer-reviewed by international academic experts and published via the GambleAware website. We follow Research Council policy regarding research ethics, encouraging and funding open access publication in academic journals and data reuse.

GambleAware is committed to working in partnership with public health bodies in England, Scotland and Wales, NHS Foundation Trusts, and regional and local health commissioning agencies to raise awareness of gambling-related harms as a public health issue.

GambleAware seeks to increase public awareness of BeGambleAware.org and to ensure the website is a highly effective source of advice about safer gambling for the general public and a signpost to services for those suffering gambling-related harms.

GambleAware aims to become a trusted source of knowledge and resources to support others to identify, signpost and address gambling-related harms.

GambleAware is committed to working with other organisations well placed to respond to gambling-related harms. This includes GP practices, advice agencies, debt advisers and mental health services, as well as prisons, the military, professional sports bodies and young people, and other vulnerable groups.

GambleAware aims to help gamblers who develop problems to get prompt access to effective support to meet their needs.

GambleAware commissions a national treatment service for problem gambling. This provides a range of interventions across England, Scotland and Wales, free at the point of delivery. Telephone support is available via the National Gambling Helpline which is also able to direct people to local services provided by GamCare and its partner network, by Gordon Moody Association and by Central and North West London NHS Foundation Trust. Services provide a mix of one-to-one and group work, and include counselling and more intensive interventions. Where individuals are identified as needing treatment for other conditions, such as poor mental health, they are referred to appropriate statutory services.

Outcome monitoring is undertaken to measure the effectiveness of services in supporting clients to achieve behavioural change.

GambleAware is working to triple the number of problem gamblers accessing appropriate services, with a target of 25,000 by 2021.
The current National Responsible Gambling Strategy was published in April 2016 by the Responsible Gambling Strategy Board (RGSB) and endorsed by the Gambling Commission.

The strategy has five priority objectives:

1. To develop more effective harm-minimisation interventions, in particular through further experimentation and piloting of different approaches.

2. To improve treatment through better use of knowledge, data and evaluation.

3. To build a culture where new initiatives are routinely evaluated and findings put into practice.

4. To encourage a wider range of organisations in the public and private sector to accept their responsibility to tackle gambling-related harm.

5. To progress towards a better understanding of gambling-related harm and its measurement.

To achieve these objectives, the following twelve priority actions should be taken:
HOW GAMBLEAWARE MADE A DIFFERENCE

KEY HIGHLIGHTS

- GambleAware featured in 571 reports across television, radio and online
- An increase in prompted brand awareness for GambleAware from 30% in 2015 to 43% by 2017
- Recruitment of Director of Commissioning (Treatment Services) and Director of Education
- Crystal Palace became our first partnership with a Premier League football club
- Raised £9.5 million in voluntary donations
- Entirely independent board of trustees
- Asked by Government to launch a £5-7 million Safer Gambling Campaign
GambleAware distributes funds raised in accordance with the strategic direction provided by the National Responsible Gambling Strategy.

Since 2012/13, GambleAware has doubled its level of expenditure:

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>£4,159,635</td>
</tr>
<tr>
<td>2013/14</td>
<td>£4,619,949</td>
</tr>
<tr>
<td>2014/15</td>
<td>£6,398,929</td>
</tr>
<tr>
<td>2015/16</td>
<td>£6,350,697</td>
</tr>
<tr>
<td>2016/17</td>
<td>£8,262,328</td>
</tr>
<tr>
<td>2017/18</td>
<td>£8,299,321</td>
</tr>
</tbody>
</table>

Please note that GambleAware’s full financial statements are available on the Charity Commission’s website: https://www.gov.uk/government/organisations/charity-commission
GambleAware aims to broaden public understanding of gambling-related harms as a public health issue.

GambleAware commissions research to support the National Responsible Gambling Strategy. We provide evidence to inform effective public policy, education and treatment to prevent or reduce harms caused by gambling.

Robust research governance arrangements ensure the independence of our research.

The experience of gambling-related harms is influenced by factors at multiple levels, from the individual and their family and social networks, to communities and society. The research aims to understand factors at all of these levels, to inform interventions at all levels, in line with a public health approach.

The socio-ecological model for gambling-related harms

Individual
Individual characteristics, life events, personal history and cognitive characteristics that influence the potential experience of harm.
For example: negative motivations for gambling, early gambling experiences, engagement in other risk behaviours that may increase the risk of harm.

Families and social networks
Factors within an individual's closest relationships, such as family, partners and peers that influence experience of harm.
For example: cultures of gambling within family/peer groups or poor social support that may increase the risk of harm.

Community
Characteristics of local areas and cultures within local spaces or broader social groups, like schools and workplaces, that may influence experience of harm.
For example: access and availability of gambling locally, poor social/cultural capital or greater deprivation that may increase the risk of harm.

Societal
Policy and regulatory climates and associated corporate norms and practices that may influence the experience of harm.
For example: ineffective regulation, certain product characteristics, advertising environments or gambling availability that may increase the risk of harm.

Source: http://www.gamblingcommission.gov.uk/PDF/Measuring-gambling-related-harms.pdf
The priority of the National Responsible Gambling Strategy and the Research Programme is understanding and measuring gambling-related harms. The Gambling Commission, RGSB and GambleAware published a framework for understanding gambling-related harms. This is a sea change in thinking about gambling as it recognises that gambling isn’t something that affects just a few individuals but extends far beyond them to affect their families, communities and society.

The Definition

Gambling-related harms are the adverse impacts from gambling on the health and well-being of individuals, families, communities and society.

The Framework


Initiated:

- A comparable framework for children and young people is in development, as their experience of harms is different from adults, supported by Ipsos Mori.
The characteristics of products and gambling environment (e.g. casinos, bookmakers or online sites) interact with consumer vulnerabilities to influence how people gamble. After earlier programmes of research on machines and casinos, the focus moved to how gambling changes when it is online, because of the growth of the remote sector.

**Published:**

- **Getting grounded in problematic play: using digital grounded theory to understand problem gambling and harm-minimisation opportunities in remote gambling, Sophro and University of Lincoln.** This report provided insight into how moving online can contribute to problem gambling by providing unlimited access to vast opportunities to gamble at any time and bet continuously. It provides new ideas to make remote gambling safer.

- **Analysis of play among British online gamblers on slots and other casino-style games, University of Liverpool.** This found that as with offline play, most gambling is at a modest level but there are a significant number of customers who are heavy spenders. Heavy spending occurred over a sustained period, or in a short burst. This means operators and others need to address the risk of potentially severe harm as a result of play over only a few days.

Next a large programme of research will, over a time, cover patterns of gambling across the entire industry. This will help to more precisely identify where risk lies, so policy-makers and industry know where to focus to make gambling products and environments safer to protect the vulnerable.

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**ONLINE GAMBLING BEHAVIOUR**

- **Laptops remain the most popular device for online gambling**

- **Use of mobile phones has increased for gambling (39% in 2017)**

- **97% of online gamblers play at home**

- **Those aged under 35 are more likely to gamble outside of the home**

- **22% of online gamblers aged 18-24 gamble at work**
The large amount of data in the remote sector provides new opportunities for operators to identify when people may be developing risky play.

**Published:**

- Remote Gambling Research Phase II: using industry data and behavioural analytics to identify risky play, PwC. This research has informed the Remote Gambling Association good practice guidance and ongoing development of good practice by operators.

Operators need to know how to make gambling safer for everyone, as well as effective action to take to stop risky or harmful play. Research is helping to define best practice and to develop and test innovative ways industry can reduce harm.

**Published:**

- Developing gambling industry best practice for harm-minimisation Phase I. Collaborative Innovation: Identifying good practice and inspiring change, Revealing Reality. This report was produced in cooperation with industry across sectors and showed how culture change is needed so that safer gambling is at the heart of any gambling business.

- A scoping investigation of eye-tracking in Electronic Gaming Machine play, Bangor University. This is the first study to use eye-tracking to improve understanding of how machine players pay attention to roulette and slot games. It can help optimise the timing, placement and content of harm-minimisation messaging.

**Commissioned:**

- Remote Gambling Research Phase III: developing and testing interventions, Behavioural Insights Team. This will provide evidence to inform best practice for the remote industry to engage with customers when they identify risky play, including providing principles, tools and resources to support execution.

**Initiated:**

- Developing gambling industry best practice for harm-minimisation Phase II: developing, testing and evaluating three innovative interventions, Revealing Reality and Behavioural Insights Team. This will support the development of good practice for industry in the areas of product information, safer gambling messaging and staff training.

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The average number of online accounts is 4

6% of respondents had bet on eSports (last 12 months)

1 in 4 online gamblers have bet in-play (last 4 weeks)

Advertising and marketing impacts the public’s attitudes, perceptions and motivations for gambling and in this way has a general influence on gambling. Specific kinds of marketing can impact on vulnerable people. GambleAware provided rapid reviews:

- Consideration of the impact of immediate calls to action within gambling advertising
- Live odds in-sports betting and time limited special offers
- Tipping point: When public opinion triggers changes to policy

**Initiated:**

- The effect of gambling marketing and advertising on children, young people and other vulnerable people, consortiums led by the University of Stirling and Ipsos MORI. This is to provide a much more nuanced understanding of which specific exposure, content and techniques in gambling marketing and advertising have the most effect on which vulnerable group. This is important so those aspects which pose the most risk can be addressed. The project is using innovative techniques to understand targeting of people based on their online behaviour and the role of social networks.

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**Annual Review 2017/18**

- **51%** of people have seen a gambling advert on TV in the past week
- **53%** of gamblers have been prompted to gamble by adverts
- **20%** of gamblers like gambling companies on Facebook
- **12%** of gamblers follow gambling companies on Twitter

### Building the quality and capacity of treatment

A stream of research is supporting improvement and expansion of treatment.

**Initiated:**

- **Systematic review of effective treatment for gambling problems, University of Huddersfield and Flinders University.** This will look across published and grey literature and include brief to extended interventions, with an emphasis on recovery-orientated approaches and innovative use of technology, to inform the development of gambling treatment.

Projects are being developed to assess the needs for treatment, in relation to current demand and supply, and to evaluate the treatment services currently provided.

### Widening and strengthening the research field and improving knowledge exchange

GambleAware provided funds for PhD students to build research capacity in gambling studies:

- The role of neuromodulation, cognitive processing and behavioural inhibition in problem gambling
- Problem gambling and family violence - A life course analysis
- Gambling on civvy street: Assessing the impact of gambling-related problems on UK armed forces veterans and their families
- Impact of social media upon gambling behaviour.

### Self-exclusion

Following from small scale evaluations, we are now embarking on evaluation of all Multi-Operator Self-Exclusion Schemes, which will give a better understanding of people’s experiences of using the schemes and the role self-exclusion plays in helping to manage difficulties with gambling.

GambleAware was pleased to fund a new PhD student, Scott Houghton at Northumbria University, with a supervisor – Richard Cutter – whose PhD was also funded by GambleAware.

This shows how investment in PHDs can build centres with an interest in gambling studies. The new PhD will assess the impact of social media upon gambling behaviour and the potential for social media to be used to promote positive gambling behavioural changes.

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![Statistics Image]

EDUCATION & HARM PREVENTION

GambleAware aims to promote education about gambling-related harms, in particular for young people and others who are vulnerable, and to support harm prevention services delivered by public and third sector organisations.

<table>
<thead>
<tr>
<th>Education to prevent gambling-related harm</th>
<th>Youth Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast Forward – A charity providing free training sessions on youth gambling and problem gambling for practitioners working with young people across Scotland.</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>The ‘Gambling Education Toolkit’ was launched online to enable professionals to access resources and to deliver education and prevention activities. The toolkit can be accessed via: infohub.gambleaware.org/resources</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>Fast Forward focused particularly on engaging secondary school teachers through bespoke training. Despite challenges in the uptake, feedback from participating teachers was very positive.</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>Demos – Launched the findings of a 2-year project developing a pilot education programme to teach children about the risks of gambling.</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>Lessons were taught to 650 14-year-old pupils across England as part of the PSHE curriculum. Over 12 months, Demos observed a statistically significant decline in the proportion of pupils playing cards for money and saw the most substantial changes in pupils being able to describe ways to help someone experiencing gambling problems. The results were submitted to government as part of a recent consultation on the content of PSHE lessons and the educational resources produced are available to download via: infohub.gambleaware.org/resources</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>Findings from the report include:</td>
<td><strong>Youth Education</strong></td>
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<tr>
<td>• Prior to starting the programme, just under 40% of pupils surveyed did not agree that gambling was dangerous</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>• 41% of students said they had participated in gambling within the last year</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>• The most common form of gambling amongst those surveyed was using money to place bets (21%), playing fruit machines (17%) and playing cards for money (14%)</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>• 14% of the pupils Demos surveyed had been taught about gambling in school before the pilot</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>• Over the 12 months, Demos observed a statistically significant decline in the proportion of pupils playing cards for money – with a net decline of 7% relative to the comparison group</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>• There was a net 20% increase in the proportion of pupils at participating schools relative to the comparison school being able to describe ways to help someone experiencing gambling problems</td>
<td><strong>Youth Education</strong></td>
</tr>
<tr>
<td>• Demos also saw a net 18% increase in pupils feeling that they knew where to go to talk about gambling problems, an 11% increase in pupils able to describe delayed gratification, and a net 10% increase in pupils understanding the techniques used by the gambling industry to persuade people to gamble.</td>
<td><strong>Youth Education</strong></td>
</tr>
</tbody>
</table>
### Gambling participation

- **12%** have spent their own money on gambling in the past week
- **15%** of boys
- **7%** of girls

**Approx. 370K 11-16 year olds**

### Past week gambling participation: trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>23%</td>
</tr>
<tr>
<td>2012</td>
<td>18%</td>
</tr>
<tr>
<td>2013</td>
<td>15%</td>
</tr>
<tr>
<td>2014</td>
<td>16%</td>
</tr>
<tr>
<td>2015</td>
<td>17%</td>
</tr>
<tr>
<td>2016</td>
<td>16%</td>
</tr>
<tr>
<td>2017</td>
<td>12%</td>
</tr>
</tbody>
</table>

### Most common past week gambling activities

- **Fruit machines**: 4%
- **Private bets**: 3%
- **Scratch cards**: 3%
- **Playing cards**: 2%
- **Lotto**: 2%

### Online gambling

- **3%** spend their own money on online gambling at least once a year
- **7%** have used a parent’s account to gamble online

**Of this 7%**

- **88%** have done so with permission
- **22%** have done so without permission

### Online gambling-style games

- **11%** have played online gambling-style games
- **12%** of boys
- **10%** of girls

### In-game items (in computer games/apps)

- **55%** not aware/don’t know
- **45%** are aware of betting with in-game items
- **11%** have bet with in-game items

### Social media

- **10%** follow gambling companies on social media
- **20%** of boys
- **3%** of girls

### Seen gambling advertising

- **80%** on TV
- **70%** on social media
- **66%** on other websites

### Problem gambling

- **0.9%** are problem gamblers
- **1.3%** are at-risk gamblers

### Approx. 25K problem gamblers

Evaluation of Demos and Fast Forward’s youth education projects by Richard Ives

The two projects aimed to test out different approaches to gambling harm prevention with young people in schools and informal education settings in England and Scotland.

• The projects enabled teachers and other youth practitioners to address gambling issues in the classroom and in other settings and the materials developed were appropriate, practical and generally well-received.

• Demos’ internal evaluation showed an improvement in pupils’ knowledge, skills and attitudes in relation to gambling.

“I genuinely liked the idea of them having to approach a difficult conversation with a friend and how to go about it, they enjoyed trying that.”

Demos Attendee – Teacher

“I’d seen adverts for gambling, so I know how they advertised it. I didn’t really know much about how to help people like getting their mind off it or trying something else. I learnt lots of different ways to try and help someone.”

Demos Attendee – Student

• Fast Forward’s evaluation reported positive responses from practitioners and young people.

“I feel that the toolkit would be useful to be available for high school teachers for Personal and Social Education. It would also be useful for teachers to recognise that young people may be susceptible to developing youth problem gambling or who already currently gamble, thus encouraging discussions with them on how to reduce or stop their gambling should they wish to do so.”

Fast Forward Attendee – Teacher

• One of the challenges of the work carried out by Fast Forward was encouraging schools to engage with the topic, due to time pressures and an already packed curriculum. Although this was not unexpected, it meant that styles of delivery had to be adapted to ensure reach of the programme could be maximised. Fast Forward delivered adapted training sessions, for example during ‘learning lunches’ and at after school twilight sessions.

‘... the uptake from schools was lower than expected... staff didn’t have the capacity to include it in the already full curriculum.’

Fast Forward Report

Future recommendations:

• GambleAware should continue to make the resources available, promote their use and support appropriate actions to sustain and develop their use, e.g. integrating training with other health and wellbeing issues and sharing and promoting best practice.

• Work is needed at the policy level: in schools, with local authorities, and nationally. There may be scope for working with relevant organisations and those concerned with teaching about money management to raise the profile of gambling education.
Education to prevent gambling-related harm

**Armed Forces**

EPIC Risk Management – Delivery of gambling-related harms reduction work across the armed forces, including awareness raising, support pathway signposting and establishment of support groups.

Outputs of the project include:

- Delivery of 26 individual training sessions reaching soldiers, airmen and airwomen from 32 different regiments, battalions, and squadrons across the UK, ranging from Yorkshire to Northern Ireland and comprehensively across the South of England
- Following sessions, self-referrals from 55 soldiers were received by unit welfare staff
- Delivery of 2 comprehensive programmes with training units in England and Northern Ireland
- 720 serving military across the British Army and RAF engaging directly in the training
- Distribution of 1,000 leaflets
- 30 unit welfare officers engaged in training modules, enabling better understanding and identification of the issue and how to intervene more effectively with problematic gamblers in their units
- Initial engagement with army medical personnel and chain of command to build a sustainable annual training programme for all members of the British Armed Forces
- Assisting in the establishment of 3 support groups within garrison areas.

**Criminal Justice**

EPIC Risk Management – Delivery of a gambling-related harms reduction project, raising awareness both in prisons and across the wider criminal justice sector, providing a route into a pathway of treatment and support.

Outputs of the project include:

- Establishing a recognised programme across both private Sodexo and HMP Prisons in the North West of England
- Group gambling awareness sessions attended by 322 prisoners
- Training sessions completed by 260 operational staff, including all new recruits into Sodexo prisons
- Counselling treatment received by 30 prisoners within the prison environment through partnership work with Beacon Counselling Trust
- 14 service users attending treatment in the community directly resulting from EPIC’s work with the 4 community rehabilitation companies that Sodexo manage
- Requests from 27 prisoners for further conversations directly with an EPIC representative or prison officer
- 108 probation officers trained across Northumbria, Essex, Lancashire & Cumbria and South Yorkshire with comprehensive and anonymous data collected and independently reviewed – direct introductions made to treatment providers for those regions
- 13 successful family sessions conducted across 2 prisons in collaboration with restorative justice and family teams
- 6 documented cases where sessions and engagement have directly influenced parole hearings (leading to release) and re-categorisation through the prison system.
Education to prevent gambling-related harm

Workforce Development

Brief Intervention Guide - Addressing risk and harms related to gambling.

GambleAware has developed a guide aimed at professionals who are non-specialists in the treatment of problem gambling, but who work with potentially vulnerable groups. The guide provides an overview of brief intervention for gambling-related harms. It offers practical tips on identifying a problem, how to talk to someone about their gambling, offering immediate brief support and when to signpost to specialist services.

The Brief Intervention Guide is available to download at: infohub.gambleaware.org/resources

Debt Advice Training

GambleAware has delivered tailored gambling-related debt advice training to a number of organisations, including Money Advice Liaison Group, PayPlan and Shoosmiths LLP. This focused on training staff at all levels, and particularly those in customer contact roles, with information about the nature of gambling-related harms, training on screening and identification, practical tips on delivering very brief intervention and advice about how and where to signpost clients experiencing gambling-related harms for further help and support.

Newport Citizens Advice – Delivering training and awareness raising activities to frontline staff to improve identification and support for those experiencing gambling-related harms.


Support for clients:
- 35 clients seen for 1-6 brief intervention sessions
- 332 clients offered information and brief advice
- 239 professionals supported.

Awareness and training:
- 42 events providing education and awareness
- 51 training and workshops delivered to 700 attendees.

PayPlan - Emma Gibbons, Vulnerable Client Manager:

“GambleAware and PayPlan have been working together for a number of years now. We find their training and subject matter expertise invaluable to helping to raise the profile of gambling-related harm among our advisers. We have clients who reach out to us with debts that are a direct result of gambling and GambleAware’s training helps us to spot the signs, to ask the right questions, as well as help our advisers to better understand and empathise with clients, allowing them to feel more comfortable in talking to us and ensuring we always get the best outcome for them.”

Newport Citizens Advice attendees:

“An opportunity to understand the scale of the problem and useful signposting. I will make customers aware of help available, very useful information to have accessible for customers.”

“Excellent presentation! Very professional and knowledgeable – thank you! I will review training material and incorporate aspects from the presentation. Thoroughly enjoyed the session.”
**Sports Professionals**

Professional Players Federation - Development of educational material aimed at reducing gambling-related harms for professional sports players, who are an ‘at-risk’ group.

The Professional Players Federation launched its well-received problem gambling education resource for athletes in December 2017. The launch at the GambleAware conference was covered by the national and regional media helping to further spread the message about problem gambling. The dedicated website, www.ppfpg.org.uk, offers compelling testimony and advice from both experts and sportsmen to help recognise and reduce the problems associated with gambling. The videos created are intended to be used as part of a group talk or as a standalone online resource.

**Industry and Outreach**

Betknowmore UK - Delivering industry training, an outreach and support programme and community engagement in Islington (London), providing support to 59 Licensed Betting Offices (LBO).

The ‘Don’t Gamble with Health’ project (running from October 2016 – March 2018) provided an innovative approach to reducing gambling-related harms within the Islington community. It has been described as a programme that could transform the whole approach to gambling harm from early identification through to treatment. This project was nominated for the Royal Society for Public Health’s ‘Health & Wellbeing’ Award – ‘Health on the High Street – 2018’.

Outputs of the project include:

- Setting up a rapid referral process, supporting 108 clients in total within a 48-hour window
- Providing tailored support plans to clients presenting with a range of complex needs
- A reduction in scores on the Problem Gambling Severity Index by an average of 17 points for clients who had completed treatment
- 90+% positive outcomes achieved from 138 industry staff members attending workshops
- Regular checks into LBO and wider engagement with the local community and stakeholders.
### Homelessness

University of Lincoln & NatCen - Development of tools to better identify and support individuals experiencing gambling-related problems in the homeless population.

Outputs of the project include:
- An information sheet to inform service providers around gambling behaviour
- The Lincoln Homelessness and Gambling Scale (L-HAGS) screening tool to aid in identification and recognition of gambling problems
- A resource sheet providing immediate support for the individual.

The tools are already being used by homeless services across the UK, helping to raise awareness and identify gambling problems. The full report and the resources are available via: [infohub.gambleaware.org/resources](http://infohub.gambleaware.org/resources)

### Public engagement

We operate the [BeGambleAware.org](http://www.BegambleAware.org) website, which was launched early in 2017, following consultation with stakeholders. BeGambleAware.org is the most well-recognised specialist website for those seeking advice about safer gambling behaviour or help in dealing with problem gambling in Great Britain.

| 2.7M website users | 9,700 visitors a day |

**Betknowmore UK participants:**

“It was great to hear first-hand experience. It allows me to get a deeper understanding of how a customer with a problem thinks, which will help me review policies and procedures from their point of view.”  
**Training Participant**

“Staff were impressed with the practical approach and with the team’s knowledge of the industry. Sometimes you get a counsellor who has never seen inside of a betting shop and doesn’t really know what it’s like. This was very different. But it’s not just the training offered to our staff, it’s the support service behind it that is the most important part of it all. They can see people quickly, they can have those conversations in the right forums and in the right way.”  
**Head of Retail Compliance, Major Operator**
GambleAware aims to help gamblers that develop problems to get the support and help they need quickly and effectively.

GambleAware funds the national problem gambling treatment service which seeks to ensure that people who need help because of problem gambling get the right support at the right time, in the way that an individual prefers to access it.

The national problem gambling treatment service brings together a National Gambling Helpline and a network of locally-based providers across Great Britain which works with partner agencies and people with lived experience to design and deliver a system which meets the needs of individuals.

This system delivers a range of treatment services, including brief intervention, counselling - delivered either face-to-face or online - residential programmes and psychiatrist-led care. In the 12 months to 31 March 2018, the national problem gambling treatment service helped almost 8,800 people.

Making help easy to access
The National Gambling Helpline and its online equivalent Netline provide the easiest and quickest way for most people to be connected with the service that can best help them. Some people prefer to access all the help that they need via the Helpline and Netline, not least because they can be accessed remotely from 8am to midnight, 7 days a week.

A significant group of people with gambling problems is young men. This is a group that has proportionately less contact with the health service than the rest of the population, so it is important that people can self-refer into treatment and that this option is widely publicised.

We also need to ensure that a wide range of support agencies are aware of the help that is available, so that they can signpost and refer people who come to them. Some of these people may be explicitly seeking help with problem gambling and some may initially approach for another reason. A key development objective is to assist such agencies to identify all who could potentially benefit from help with problem gambling. GambleAware will be promoting this via a mix of national and local initiatives which will start to roll out in 2018/19.

Getting the right help
In 2017/18, the national problem gambling treatment service worked with a team at Sheffield Hallam University to develop two system-wide screening tools. GambleAware Screening Tool – General (GAST-G) is a short version consisting of just 4 questions and is being rolled-out to provide a consistent approach to the initial assessment of who might benefit from help. GambleAware Screening Tool – Specialist (GAST-S) is an extended version in development for use at the outset of treatment, and during it, to understand better the nature of the treatment that someone needs and how they are benefitting. This tool should measure the severity and complexity of the clients’ presenting problems, and as such act as a guide to the type of service from which they might benefit.

GambleAware has recently commissioned research intended to give us more information about the size of the treatment-ready population and its characteristics. In the meantime, the screening tools will play an important role in giving us a clearer sense of where it is most urgent to develop and expand treatment provision.

Future plans
Plans are already in place to triple the number of treatment places in the three years to 2020/21 within existing budgets. GambleAware is also seeking to invest additional sums in the national problem gambling treatment service to improve provision in those geographical areas that are under-served and to expand the suite of treatment options. For this to happen, GambleAware will need donations to increase in line with the expenditure estimates published by the Gambling Commission in its review of RET arrangements in February 2018.

The pilot of the Mixed Model of Care successfully concluded in 2017/18 and the national problem gambling treatment service is now looking at how those lessons learned can be applied more widely. The pilot explored the integration of residential weekends and weekly group work within a single episode of care. Separate cohorts were run for men and women to provide a better understanding of gender differences in effective treatment.
The national problem gambling treatment service includes providers which focus on meeting the needs of people from the Chinese and Turkish communities. There is a need to look at how the service meets the needs of people from all ethnic backgrounds and with any protected characteristics as defined by the Equality Act 2010.

GambleAware funds a psychiatrist-led service provided by the Central and North-West London NHS Foundation Trust. In June 2018 the clinic celebrated 10 years of helping people, during which time it has demonstrated what a valuable service it provides. We can also see that people who live outside London and the South East can have difficulty accessing the clinic, so we are looking at providing a similar service elsewhere. GambleAware is discussing with Leeds and York Partnership NHS Trust how a clinic could be established in Leeds.

The healthcare that is delivered by the national problem gambling treatment service needs to dovetail with the rest of healthcare that is delivered under the NHS if people who need help from different teams are to have care that is seamless. This is particularly true of primary care and mental health services. Supporting someone to stop problem gambling is likely to improve their mental health and vice versa. We know that there is a high level of suicidal ideation among people with gambling problems. Improving links between problem gambling services and mental health services can have an important role to play in suicide prevention.

**Sustaining treatment gains**

Achieving behavioural change as a result of treatment is only part of the story. Those short-term gains need to be sustained in the long term. Aftercare and mutual aid are important in helping people to prevent relapse, and if people should relapse, they can also help limit the extent of relapse and help ensure prompt return to treatment.

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**50M**

16+ population

**2M**

At-risk

**32M**

Gamblers

**1 IN 10**

Men aged 16-34 are at-risk

**0.4M**

Problem gamblers

PROBLEM AND AT-RISK GAMBLING

- 0.8% of respondents identified as problem gamblers
- 3.9% of respondents identified as at-risk gamblers
- 58.3% of respondents identified as non-problem gamblers
- 37.0% of respondents were non-gamblers

According to the full PGSI or DSM-IV screen

According to the Combined Health Survey 2015

Men and younger people are more likely to be categorised as problem gamblers

5.6% of gamblers have felt guilty about their gambling

5.6% of gamblers have bet more than they can afford to lose

3.3% of gamblers have been criticised about their gambling or told that they have a gambling problem

The National Gambling Helpline, delivered by GamCare, provides a multichannel, confidential help and listening service, information, assessment, and brief interventions, from 8am to midnight, 7 days a week. The service also offers a moderated online forum for problem gamblers, their family and friends, and an online chat room that provides moderated online discussion sessions.

29,889 Calls from problem gamblers and affected others answered by the National Gambling Helpline in 2017/18

Age of callers

- **UNDER 18**: 1%
- **18-25**: 23%
- **26-35**: 38%
- **36-45**: 19%
- **46-55**: 12%
- **56-65**: 5%
- **66+**: 2%

8,310 received treatment* for which there was an average wait of 20 days

* By Gamcare and partners

70% completion rate for those who engaged in treatment across the network
GamCare client:

Linda says: “I started gambling in my 30s, and before I knew it, I was preoccupied with gambling”.

Despite attempts to sort it out herself with the help of her husband, she got further into trouble. She says: “I was at the point of taking my own life. It was at this point, after separating from my husband and moving into a rented room, that I contacted GamCare for help.”

Linda received face-to-face counseling from her local GamCare provider. She says: “Talking everything through with the GamCare practitioner helped me understand so much.

My husband attended some of these sessions with me, so he could understand how to help me. We have now reconciled, and he has control of our finances. His love and support is invaluable to me. I have taken this all on board, and I’m in a far better place now – I’m emerging from the depths of depression, and it feels wonderful to live a life without any more secrets. I wouldn’t be here today if it wasn’t for GamCare – I urge anyone gambling compulsively to reach out for the help they need, before you reach a crisis point. GamCare provide excellent support for gamblers and their families, without passing any judgement.”
CNWL NHS Foundation Trust operates the CNWL Problem Gambling Clinic that provides individual and group treatment in London.

547 people referred for treatment*  355 received treatment for which there was an average wait of 150 days

* combination of 1-1 or group sessions

49% completion rate for those who engaged in treatment

CNWL Problem Gambling Clinic client:
D was a long-standing problem gambler, suffering from significant health problems. At the time of referral, D was facing legal proceedings for re-mortgaging her estranged husband’s house. She was very isolated at the time and actively suicidal, so was referred to a mental health team and local services to ensure her safety.

Significant telephone support was given both prior to assessment at the Clinic and in addition to formal CBT sessions, and she was able to abstain from gambling. Work was also done with her husband to help repair the relationship. D left treatment feeling confident that things were going to be all right, and on follow up reported that she had moved back in with her husband and was not experiencing any cravings.

Gordon Moody client:
“I [was] 31 in September 2017 and I have been gambling for about 6 years. I had struggled for two years to stop on my own by going to G.A. meetings, giving up access of my money and counselling.

I only managed to abstain for short periods of time until I found the Gordon Moody female retreat. The GMA retreats have been priceless. Between them and my one to one’s, not only have I abstained since May 2017 but I have become aware of the triggers that made me use gambling as a coping mechanism. They helped me to have a deeper understanding of myself and provided me with excellent tools to deal with my emotions.

Not only do I think this support network has helped me stop permanently but I also believe I now am fully equipped to improve and change my life for the better. I hope and doubt I will ever return to gambling because of this course. I only wish that I could continue to receive the care given, even if it was annually. Please continue to grow and spread the message to as many people as possible.

Many thanks,” S.
Gordon Moody Association (GMA) is the sole provider of commissioned residential rehabilitation and provides residential assessment and a 3-month residential programme for men, and a mixed-model residential and outpatient treatment for women.

### Mixed Model of Care (MMOC) (women’s programme)

- **126** people referred for treatment*
- **36** people received treatment

* residential and remote 1-1 and group sessions

- **77%** completion rate for those who engaged in treatment

### Mixed Model of Care (MMOC) (men’s pilot)

- **10** people referred for treatment*
- **9** people received treatment

* residential and remote 1-1 and group sessions

- **88%** completion rate for those who engaged in treatment

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**Gordon Moody client:**

M was mid-thirties when he arrived into treatment and had been gambling, drinking and taking drugs since his teens. He was very mistrustful of others, confused and angry at the life he had been living and very emotionally cut off from the world around him. Much of his work centred around understanding his own feelings and learning to express them better. With the help of the therapists and the therapeutic community his self-confidence grew along with learning to trust those around him. He relocated away from his home town and the destructive patterns that belonged there, moved into his own home and now works full time for a local charitable trust. For the first time in his adult life he is happy, drink, drug and gambling free!
As a comparison to the services funded by Gamble Aware, the completion rates and waiting times for Improving Access to Psychological Therapies (IAPT) services for the year 2016/17:

**IAPT** 1.4M people referred for treatment

- 965,379 received treatment
- 98.2% waited less than 126 days
- 49% completion rate for those who engaged in treatment


All treatment providers use outcome measures to assess the recovery journey of those presenting for treatment and also the effectiveness of the treatment provided.

PGSI (problem gambling severity index) is the standardised measure of at-risk behaviour in problem gambling. A score of 8 or more on PGSI indicates problem gambling.

CORE (clinical outcomes in routine evaluation) measures the overall level of current distress across a range of common mental health problems such as depression and anxiety and is used at each consultation. A score of 10 or more on CORE indicates at least mild psychological distress.

The chart below shows us the average scores on both measures across all treatment providers:
Throughout 2017/18, GambleAware systematically increased its engagement with its diverse range of stakeholders, including policy-makers at all levels of government, treatment providers, researchers, the third sector and the wider public health community, all commercial entities that profit from gambling, and the public at large.

GambleAware followed the Charity Commission’s guidance on campaigning and political activity for charities (CC9). We will advocate and seek to influence policy-makers and others in the context of supporting the delivery of our charitable purpose, and are determined to say what we see, based on evidence or, when it is appropriate, based on the precautionary principle.

In addition, we continued our advertising activity, running a radio campaign, which included digital download services, aimed at young people aged 16-35 living in Wales. As a result, awareness of GambleAware increased significantly from 24% to 38% as compared to wider awareness across the population as a whole, which only rose from 13% to 17% in the same period. When comparing the figures to benchmark figures, the radio advert did extremely well on measures of ‘believability’, ‘standing out from other ads’ and ‘willingness to contact GambleAware if the listener had a gambling problem’. The advert also won a prestigious Arial Award.

In January 2018, GambleAware hosted a policy fair in Parliament, where a range of organisations with an interest in gambling had the opportunity to meet 29 Parliamentarians, including 10 peers and 19 MPs. Addaction, the Advertising Standards Authority, CARE, the Church of England, the Gambling Commission, GamCare, Gordon Moody Association, the Local Government Association, the Methodist Church, the Money and Mental Health Policy Institute, Newham Council and QAAD all participated.

GambleAware also hosted events at the Scottish Parliament and at the Senedd in Wales to discuss gambling-related harms with politicians from devolved nations.

GambleAware spoke at a wide range of domestic and international conferences, sharing its research and concerns with academics, treatment providers, policy-makers and businesses involved in gambling.

GambleAware held the first meeting of an Industry Engagement Panel on the morning of its annual conference, attended by representatives from all parts of the gambling industry.

*Opportunities to see/hear = ABC verified daily circulation, BARB or RAJAR verified daily audience figures and ABC verified daily unique browsers for all GambleAware media coverage between 1 April 2017 and 31 March 2018.

As a first step in its work with professional sport, GambleAware formed a partnership with Crystal Palace Football Club, promoting BeGambleAware.org to fans at Selhurst Park and TV audiences at home.
Working closely with the Gambling Commission, GambleAware seeks to ensure that all parts of the wider gambling industry and all licence-holders contribute their fair share to the work of GambleAware. In addition to what might be thought of as the primary source of funding - that is licensed gambling operators - there are other business sectors that derive an income from commercial gambling including professional sports and media. We intend to encourage these sectors to get more involved with our work in the future.

GambleAware is gaining a better understanding of appropriate treatment provision, and of what an effective education and prevention programme entails. GambleAware is expanding access to existing services and reviewing their effectiveness. GambleAware is providing tools for frontline staff in other services to help identify people at risk of harm and signpost to appropriate services. Consequently, GambleAware agrees with both RGSB and the Gambling Commission that the scale of future funding requirements necessary to deliver core elements research, education and treatment across Britain, in the absence of wider state involvement is significantly greater than the current £10 million minimum target and most likely is several multiples of this amount*.


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**Total Gross Gambling Yield (GGY) of the gambling industry in Great Britain**

![Total Gross Gambling Yield (GGY) of the gambling industry in Great Britain](image)

Based on our five-year strategy published in November 2016, we have recently produced a Strategic Delivery Plan that sets out our priorities and funding plans through to 31 March 2020.

Currently, the NHS does not fund specialised treatment services for problem gambling despite the fact that compulsive gambling is recognised by the World Health Organisation under ICD-11 (International Classification of Diseases, 11th edition) as a Mental and Behavioural Disorder.

GambleAware is the primary commissioner of treatment services in Britain, and we are acutely aware of the need to build the evidence base, including monitoring the outcomes of the existing treatment services we fund. In the meantime, we welcome the fact that the Department of Health and Social Care, working with Public Health England, is considering what scope there is for commissioning further research to better understand the impacts of gambling-related harms on health and well-being. We understand that similar work is emerging in both Wales and Scotland.

Also, we welcome that gambling has been officially referred by NHS England to the National Institute for Health and Care Excellence (NICE) for development of treatment guidance. Having treatment guidelines would indeed promote the earlier identification of harm and addiction and so improve access to help. We look forward to contributing to this work, just as we have collaborated recently with the Local Government Association as they, in conjunction with Public Health England, updated guidance to local authorities about harmful gambling.

Strategic partnership working and collaboration is vital, and in the next two years we expect to announce a range of initiatives with national organisations focused on closing the gap in treatment and on reducing gambling-related harms more widely.

**Gambling-related harms** – Actively promote gambling-related harms as an important public health issue that requires cross-government, multi-agency support for an integrated system of treatment and intervention services established at a local level with local authority and non-governmental organisation engagement.

**BeGambleAware.org** – A national brand for a national issue, raising public awareness about the nature of gambling, the risks associated and where to go for help and advice from a wide range of services.

**Research** – Increase the usability, accessibility and reach of our research, and ensure industry and other data generated by research we fund is available for analysis to all researchers.

**Education** – Lead a national multi-media campaign to raise public awareness of risks associated with gambling, and a programme of specific education and harm prevention initiatives directed at particularly vulnerable groups and communities, including children in particular.

**Treatment** – Triple the number of clients that are treated via GambleAware-funded services and identify new approaches, such as the development of mutual aid networks and online self-assessment, as well as collaborating with other services around mental health, to improve accessibility to effective help and advice.
For further information on how you and your company can champion the work of GambleAware, or if you want to provide feedback on our programme of activities, please contact us at info@gambleaware.org.
Worried about how much you gamble?

For advice about problem gambling and free treatment please contact:

The National Gambling Helpline on Freephone 0808 8020 133
8am - midnight, 7 days a week

or visit BeGambleAware.org

IT’S NEVER TOO SOON TO BeGambleAware®

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