GambleAware

COMMISSIONING PLAN 2017-19

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1  GAMBLEAWARE’S ROLE IN RESEARCH, EDUCATION AND TREATMENT

GambleAware is an independent national charity, committed to minimising gambling-related harm in Great Britain. GambleAware commissions education, prevention and treatment services and funds research to broaden public understanding of gambling-related harm. The aim is to stop people getting into problems with their gambling, and ensure that those that do develop problems receive fast and effective treatment and support.

GambleAware aims to raise a minimum of £10 million each year in voluntary contributions from the gambling industry operating in Great Britain. This donation-based system was proposed under the Gambling Act 2005 and is prescribed by the Gambling Commission in its Licence Conditions and Codes of Practice.

GambleAware works closely with the Responsible Gambling Strategy Board (RGSB), the Gambling Commission’s independent adviser on research, education and treatment under the terms of a joint ‘statement of intent’, published by the Gambling Commission, RGSB and GambleAware in August 20121. This sets out the current arrangements for prioritising, commissioning, funding and evaluating services in relation to minimising gambling-related harm.

The ‘statement of intent’ enables the Gambling Commission to assure itself, and therefore Government, that the combined work of RGSB in setting substantive priorities for funding, and GambleAware in generating funds and commissioning work to give effect to RGSB’s priorities, is effective. Furthermore, that the voluntary donation-based system is working successfully to contribute both to minimising the level of gambling-related harm in Great Britain and to ensuring that effective treatment is available to those who require it.

RGSB is responsible for generating an independent, unbiased, evidence-based strategy for research, education and treatment. It published the latest National Responsible Gambling Strategy 2016-19, which was endorsed by the Gambling Commission, in April 20162.

GambleAware is responsible for fundraising and commissioning activity to deliver specific priorities identified in the National Responsible Gambling Strategy, subject to the activities being compatible with GambleAware’s charitable objects and to the availability of sufficient capacity and funding.

This document sets out GambleAware’s commissioning intentions for the period from 1 April 2017 – 31 March 2019, within the context of a five-year strategy published in November 20163.

2  COMMISSIONING RESEARCH AND EVALUATION

GambleAware is intent on providing evidence that supports the development of effective public policy, prevention, harm-minimisation and treatment. This is because GambleAware exists for those who

1 http://about.gambleaware.org/media/1216/statementofintent.pdf
3 https://about.gambleaware.org/media/1343/gambleaware-strategy-2016-final.pdf
experience problems with gambling or gambling-related harm, which means everything GambleAware does must pass the test: does it help reduce the harm caused by gambling?

GambleAware is committed to delivering a balanced research programme that shifts the focus beyond the individual to include gambling products and the environment in which gambling occurs in line with a public health approach. This is consistent with the National Responsible Gambling Strategy.

Problem gambling acts to entrench and exacerbate socioeconomic disadvantages by disproportionately affecting individuals on low incomes and those experiencing other health and social problems, young people and some ethnic minority groups. GambleAware’s research programme will give particular consideration to vulnerable communities.

Robust and reliable research governance arrangements ensure the independence of GambleAware’s research programme. Research is conducted under the terms of a ‘Research Commissioning and Governance Procedure’ formed in 2016 between the RGSB, the Gambling Commission and GambleAware. Under this agreement, RGSB sets the priorities and objectives for research, and GambleAware is responsible for commissioning research to achieve these.

Within GambleAware, decisions on research are governed by its Research Committee, consisting only of trustees independent of the gambling industry and observed by RGSB, the Gambling Commission and the Department of Culture, Media and Sport (DCMS).

At all times, GambleAware’s research commissioning aims to be transparent, to follow the highest standards of research governance, to ensure research is of high quality, to represent value for money and to be influential in minimising gambling-related harm. This involves the following practices:

- **Transparency:** publication of this commissioning plan; research project briefs set by the RGSB; public invitations to tender (ITTs); transparent scoring criteria and process for bid evaluation; and, publication of research reports.

- **Quality:** experts to advise on particular projects and form steering committees to oversee research where appropriate; checks built into the commissioning and contracting process and ensuring compliance with best practice in research ethics and with data protection; and, an independent research oversight panel consisting of respected academics based outside of the UK, to provide independent evaluation of bids and peer-review of research reports.

- **Impact:** making use of established best practice in enabling impact from research, including clarity of objectives; engagement with the public and those who need to apply the research; and, effective communication of research findings.

- **Flexibility:** drawing on established best practice in commissioning of research as a skilled activity; and, making use of the range of types of tenders and competition, as appropriate to the scale and nature of project.

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The charity’s governance processes ensure there is no opportunity for the industry to inappropriately exert influence on the awarding, conduct, outcome or publication of research projects. However, within this governance framework, trustees believe there is a role for industry. Specifically in offering:

- Access for researchers to industry premises and staff
- Access for researchers to industry data
- Opportunities for trials, tests and pilots within the industry
- Better understanding of and willingness to engage in harm-minimisation measures by the industry
- Access, subject to appropriate protections, to customers.

RGSB has published its Research Programme for 2017-19, setting out its view of the priorities for research to be commissioned in that period. In response, GambleAware sets out below its plans for commissioning research and evaluation in the period April 2017 to March 2019.

2.1 Cross-cutting themes

There are three cross-cutting themes within this research commissioning plan for 2017-2019:

- **Securing legacy through establishing infrastructure for research:** This includes scoping the potential for establishing a repository of problem and non-problem player behaviour data and acting to establish this, and setting up a longitudinal study. This will require commitment to funding beyond the two years of the current programme. In addition, in line with the RGSB research programme, the ambition includes designing the means to monitor, measure and track, over time, gambling-related harm.

  Establishing an independent repository of player behaviour data for harm-minimisation and research purposes is clearly a complex task. But this would contribute efficiencies and benefits to researchers, industry, regulators, policy-makers and consumers, through enabling multiple research projects from datasets, limiting the necessity to recruit participants to studies, and enabling insights from data that extend beyond individual operators and sectors. Specifically:

  - Investigation of the practical challenges to establishing an independent central repository, potentially housed in a university, with a common minimum data set contributed to by terrestrial and online gambling operators.
  - Establishing a framework to enable access to or generation of additional data for specific research projects, which could then also potentially be housed in the repository for future analysis.
  - Ensuring compliance with data protection, best practice in research ethics and protection of commercial interests.

- **Children, young people and families/affected others:** Children and young people are disproportionately affected both by problem gambling (relative to rates of participation) and by the impact of the gambling of others. In particular, consideration will be given to what works to prevent

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the formation of harmful behaviours in individuals in early life and what gambling and gambling-related harm might look like in the future. Families are key to working with children and young people. They are also a concern in their own right, given that gambling-related harm is experienced within the context of familial and social relationships and will often affect other individuals who are not themselves gamblers.

- **Online environment**: Online and mobile gambling is the fastest growing industry sector and accounts for almost 50% of gross gaming yield in Great Britain. Developments such as gambling on eSports, the intersection with social gaming and social media, ‘in-game’ betting and virtual currencies require attention, not least because this increasingly represents the technological and social environment in which young people are being introduced to and experiencing gambling.

In line with the RGSB Research Programme 2017-19, all projects will also consider:

- **Public engagement** - gamblers, including those who experience harm and their families and friends, have important insights, and research projects ought to find ways to gain these insights; and,
- **Horizon scanning** - new products and new ways of engaging customers are always emerging and so research projects will make the most of opportunities to identify risks that may emerge in the future.

The following sections offer further detail about the range of research GambleAware intends to commission with reference to the priorities and projects set out in the RGSB’s Research Programme. In practice, commissioning will need to be flexible and adaptive to developments in the gambling market and policy environment, as well as to the resources available.

### 2.2 Understanding, measuring and monitoring gambling-related harm

**Purpose**

RGSB has established the importance of moving beyond estimating the number of problem gamblers, to understanding the nature and extent of gambling-related harm and establishing a mechanism for measurement and monitoring such harm. Developing such a framework will constitute an important advance in helping to focus action and to assess progress.

**Progress**

The first stage of research commissioned by GambleAware explores gambling-related harm in Great Britain from the perspective of gamblers and affected others, and draws on the views of industry and experts. This is complemented by a report on costs to government associated with problem-gambling.

**Projects**

The following projects will be commissioned:

- **Developing understanding of specific areas of gambling-related harm (RSGB Research Programme, project 1.1)**
A panel of experts from other areas of public health and gambling will draw on the research undertaken to date to define a conceptual framework for understanding and measuring gambling-related harm. The intention is that this panel, or subset thereof, constitutes the steering group for this and the next stage of work.

It is likely such a framework will need to take into account:

- Harms experienced at various levels, by individuals, families, children and affected others, communities, employers, the economy, public services and wider society;
- Harms across multiple domains, such as physical and mental health, crime, debt, housing and employment, family, relationships and social inclusion;
- Insight into the interrelationships between gambling-related harm and other health and social factors;
- Measurement of harms experienced by those not classified as problem gamblers i.e. low-risk and moderate-risk gamblers, as well as harm associated with problem gambling;
- Time, as people move in and out of difficulty, harms may last beyond the behaviour and be intergenerational;
- Inequalities in the experience and impact of harms; and,
- Whether separate frameworks are needed for adults and children and young people.

There will be recommendations about what aspects of harm are more or less important to monitor and to measure together with recommendations about how this could be done.

The conceptual framework will assist in identifying where gambling may be thought of as equivalent to other public health issues, and in turn this will help determine what are likely to be fruitful areas of learning from other areas of public health.

- **Measuring and monitoring gambling-related harm (RGSB Research Programme, project 1.2)**
  
  This will design and pilot a mechanism for measuring and monitoring gambling-related harm against the conceptual framework (see above). The intention is to obtain experts within each identified domain of harm to determine what data can be obtained from existing statistics, or additions to these. Once this has been completed, a survey on gambling-related harm can be constructed to address gaps, including cognitive testing and validation. Approaches which produce a multiplier (average direct and indirect harm) per problem gambler, moderate and low risk gambler will also be explored.

  The cost and feasibility of all elements of the measuring and monitoring tool will be considered, along with recommendations about which organisations might take responsibility for the implementation of the measuring and monitoring tool once developed.

  The tool will ideally provide:
  - Tracking of harm over time, including year on year changes to the overall level of gambling-related harm and changes in specific areas of harm;
  - Ability to compare the magnitude of gambling-related harm with other social issues such as mental health or alcohol misuse or dependence; and,
  - Assessment of changes in inequalities.
This project will add to evidence on which other conditions those at risk of or experiencing problem gambling are more likely to suffer from, and which services they are expected to be in contact with, and in what numbers. This can assist in mobilising key services, such as primary care or social work, to address gambling-related harm.

2.3 People, product, place and time

Purpose
In line with a public health approach, GambleAware is committed to delivering a balanced research programme that shifts the focus beyond the individual to include gambling products and the environment in which gambling occurs. Specifically, the move is from a focus on problem gambling as a difficulty of an individual, to understanding the interactions between individual psychological and socio-demographic characteristics, features of the product and the environment in which it is played, and wider social factors. This includes:

- Whether certain forms of gambling and gambling environments may result in greater harm to gamblers and their significant others;
- The mechanisms or pathways via which individuals develop or recover from gambling problems; the interrelationships with other conditions and behaviours; and,
- Why certain groups are at greater risk of developing gambling problems than others, improving understanding of who is more vulnerable to gambling-related harm and the influence of social conditions.

Such insights have a wide range of implications for policy making, prevention and intervention. If there are regulatory changes, before and after studies should be undertaken.

Progress
GambleAware has commissioned a range of studies making use of industry data, in some instances linked to individual accounts and surveys, looking at changes in behaviour over time and exploring innovative techniques for understanding customer interactions with products. Important understanding has been developed on machine play, including in bookmakers, adult gaming centres and bingo premises, from data and research from both GambleAware and the Gambling Commission.

Projects
The RGSB Research Programme 2017-19 sets out several projects to explore how and why people play particular products, how this varies by the location of the product, socio-economic characteristics of players and problem-gambling status, and how people move in and out of gambling and harmful periods of play. The aim is to extend our understanding beyond machine play to other gambling products, and especially in relation to how people gamble online. These projects have important links with each other and it is intended to commission them in such a way to maximise the likely benefits of collaboration between researchers. In addition, these projects will require real play data and will be planned taking into account the aim to establish a repository of industry data.

- Analysis to describe patterns of play on different gambling products and environments (RGSB Research Programme, project 4.2)
The interrogation of real play data to provide descriptive statistics on play across a number of products and where similar games are offered in different environments, how these are played differently (e.g., online, casinos, bookmakers, bingo, arcades, lotteries).

- **Understanding consumer vulnerability by linking data on play with individuals’ socioeconomic background and attitudes to gambling (National Responsible Gambling Strategy, priority 4.3)**
  Linking real play data with individuals, combining account-based data with surveys of players to analyse how people’s play varies by sociodemographic status, attitudes to gambling, and problem gambling status. This includes investigating if any particular forms of gambling are more strongly associated with gambling-related harm, and if there is evidence of a causal relationship. Where loyalty schemes operate both terrestrial and remote products, behaviour of customers across both will be compared. If play data is not systematically recorded (i.e., anonymous, terrestrial gambling) collection may be via methods such as in-venue observational research, interviews with players, self-report gambling diaries, in depth interviews or focus groups with gamblers who participate in a range of venues and activities.

- **Online gambling: The impact of accessibility and the effect of being online in decision making and behaviour (RGSB Research Programme, project 4.4)**
  The aim is to understand the causal or exacerbating role of online accessibility and the perception of anonymity which comes from a lack of face to face interaction with the gambling operator, and the impact on patterns of play and risk and harmful behaviour. It will also explore if there are other features of online play that could lead to harm, such as increased exposure to marketing and in-play betting. This will need to engage with players to understand their interactions with the sector, and may make use of experiments, behavioural science and neuroscience, and approaches from the wider study of online behaviour.

- **Longitudinal study: Why do people move in and out of harmful play? (RGSB Research Programme, project 4.5)**
  This will explore the factors that cause people to start, continue and stop gambling, triggers of harmful play, and factors that lead to recovery and variations by demographics, vulnerabilities and socio-economic status. It would also look at how their gambling takes place across different products and environments (including remote), and the reasons for switching between different forms of gambling. This involves going beyond the individual player to look at the effects of participation in different forms of gambling and identify whether gambling in certain environments or on certain products is more likely to contribute to harm.

Scoping will propose an approach. This should include both qualitative and quantitative elements, make use of online and innovative methods, including to reduce costs. There are also multiple possible samples: a population-based cohort survey; existing research has established several samples of problem-gamblers who could be followed over time; or, recruitment from those who have engaged with treatment. The possibility of linking individuals in the longitudinal study to their real play data will also be explored, as well as the use of longitudinal industry data to explore patterns of emergence and cessation of risky play. This project will extend beyond the two years of this plan (see below).

- **Lottery products – problem gambling and harm-minimisation**
For completeness, and while not prescribed in the RGSB Research Programme, this additional project will explore the portfolio of products offered by the National Lottery and other large-scale lotteries, both online and through retailers to assess the protective measures already in place and identify further opportunities to minimise gambling-related harm. In particular, it will consider the impact of the lower age at which it is possible to purchase these products relative to most other forms of gambling; the differences between online instant win products offered on lottery websites and games found on other remote gambling websites; and the relative penetration of products into vulnerable groups such as those on low incomes, the homeless and unemployed.

2.4 Gambling, young people and families

Purpose
In terms of age group, young people have the lowest prevalence of gambling but the highest prevalence of problem gambling. Attitudes and behaviours established early have implications across the life course. In addition, this group is involved in new forms of gambling or gambling-like activity associated with gaming, social media and other online activities. Families play an important role in influencing and supporting young people and also experience gambling-related harm. For this reason, GambleAware has a focus on researching the relationship between young people, families and gambling. This includes considering socio-demographic characteristics (e.g., low income) and vulnerabilities.

Progress
There are several projects completed or already in progress. These include examining the pathways young people take into and out of gambling and gambling-related harm, investigating the influence of parents on young people’s gambling, understanding the nature of gambling-related harm from the perspective of children and young people, exploring how different members of the immediate and extended family are impacted by and cope with gambling-related harm, and longitudinal analysis of different trajectories of gambling behaviour from adolescence to young adulthood and the causal factors producing these patterns.

Projects
The following projects will be commissioned:

- **The effect of advertising on children, young people and vulnerable people (RGSB Research Programme, project 4.1)**
  An increase in the volume of advertising, combined with advances in technology offering opportunities for increased marketing and advertising, leading to questions about the effect of gambling advertising, including on children and young people. There are other groups, such as those with mental health problems that may also be more vulnerable. As indicated in the critical research review of gambling advertising commissioned by GambleAware, it is important to study the relative impact on various groups of people of different forms of advertising, to differentiate between relatively harmless and relatively risky advertising.

  This research is likely to:
- Provide analysis of exposure, including tone and content and where advertising and marketing take place;
- Assess young people and vulnerable groups’ perception of gambling advertising, and responses to particular messages, especially those which appear to support known risk factors;
- Assess the impact of traditional broadcast versus online or social media messages, sports sponsorship and other forms of marketing;
- Assess the impact on attitudes towards gambling, responsible gambling and gambling behaviour. This includes not only whether young people and vulnerable groups gambling but how they gamble.
- Assess the perceived normalisation of gambling from widespread advertising and its influence on behaviour; and,
- Be placed in context of research on young people and vulnerable groups’ attitudes towards and engaging in other ‘risky’ behaviours, such as alcohol and smoking.

It will require primary qualitative and quantitative research, and will consider participatory research approaches, in order that policy and interventions are founded on the views of young people and other groups at risk of gambling-related harm. Additional projects may be undertaken in the second year, depending on findings from existing projects.

2.5 Evaluation of prevention and harm-minimisation

Purpose
It is important that all initiatives to prevent or minimise harm are informed by existing evidence and evaluated to add to the evidence on effective interventions to reduce gambling-related harm.

Progress
GambleAware has provided reviews of evidence on operator and product-based harm-minimisation, to inform industry interventions. GambleAware will be publishing resources on evaluation for the industry and has established a list of preferred evaluation suppliers. The charity is currently supporting industry evaluations and development of best practice around general and specific messaging and staff interventions, and commissioned a preliminary evaluation of the land-based MOSES self-exclusion scheme on behalf of Senet Group. Evaluation of blocking software, as a customer controlled alternative to self-exclusion, is also being commissioned. All evaluation will be undertaken in accordance with the Evaluation Protocol published by RGSB\(^6\).

In its strategy, GambleAware has committed to broaden harm-minimisation services, including general awareness-raising, education and early intervention work, particularly among young people and vulnerable communities. A range of projects and pilots have been developed, including for the general public, young people, those who are homeless, professional sports players, military personal and prisons and the criminal justice community. All of this work will be subject to evaluation, to inform further development. Details of these projects and the budgets for these evaluation are included in the education and harm-minimisation and treatment and early intervention sections below. In the second year, additional research projects may arise informed by the evaluation of these pilots.

\(^6\) [http://about.gambleaware.org/media/1228/evaluation_protocol_-_april_2016.pdf](http://about.gambleaware.org/media/1228/evaluation_protocol_-_april_2016.pdf)
Projects
The following projects will be commissioned:

• **Evaluation of industry harm-minimisation initiatives: analysis of best practice and lessons learnt (RGSB Research Programme, project 3.1)**
  The British gambling industry is introducing many harm-minimisation initiatives and individual operators are responsible within the research programme for evaluating their own initiatives. GambleAware will continue to encourage and assist these where appropriate. Our focus will be on looking at evidence or evaluation across operators and sectors, to enable the identification and sharing of best practice, and to consider how effectively harm minimisation and evaluation is being carried out by the industry. GambleAware will be involved in the next phase of work on best practice with the Industry Group for Responsible Gambling (IGRG).

• **Self-exclusion: Awareness and barriers (RGSB Research Programme, project 7.1)**
  As well as evaluating the effectiveness of specific schemes, it may also be necessary to understand, across all sectors, consumers’ awareness of self-exclusion and barriers to its use. This could be included in evaluations themselves, but cross-sector research to gain a broader perspective may also be beneficial. The research could explore whether self-exclusion could be positioned more as a play management tool prior to problems emerging.

• **Online gambling harm-minimisation (National Responsible Gambling Strategy, priority action 5 and 6)**
  GambleAware will collaborate with the Remote Gambling Association (RGA), individual businesses, the Gambling Commission, RGSB and other stakeholders to develop and evaluate interventions for the remote sector. This will build on industry initiatives and research the charity has commissioned previously exploring the usefulness of industry-held data and behavioural analytics in the remote gambling sector to indicate markers and patterns of harmful or risky behaviour.

• **How do we know what works in preventative education (RGSB Research Programme, project 8.1)**
  The RGSB Research Programme 2017-19 places an emphasis on preventative education, on the basis that prevention of harm is preferable to treatment, while acknowledging this has proved challenging in other areas of public health.

  GambleAware will commission research to result in a strategic approach to the use of education as a gambling-related harm minimisation tool. The research will seek to learn from comparable areas of public health and examine the techniques most effective with different demographic groups, as well as the current pilot projects already commissioned. It will define what constitutes success in preventative education and how this can be evaluated and measured. This will include establishing what should be delivered in schools, at what age, via what mechanism and whether this should be universal or targeted. It will also consider what preventative education should be delivered for high risk groups and the role of wider general population messaging. It will explore options to embed education about gambling into existing public health interventions, e.g., online safety awareness. The research is likely to consist of evidence reviews and consultation with experts, and will take account of insights from behavioural economics.
In the second year there may be further ‘action research’ activities where pilot initiatives are designed, delivered and evaluated, with recommendations for future delivery.

2.6 Evaluation of treatment capacity and quality

Purpose
GambleAware is committed to evaluate and improve the quality and effectiveness of the psychosocial interventions it commissions. This includes evaluation and improvement as it broadens and innovates what is offered, such as online self-help and mutual aid, relapse prevention and improved integration with other local services to address multiple difficulties people may experience along with problem-gambling.

Progress
GambleAware has established and implemented a core database for the treatment services it funds, the Data Reporting Framework that requires funded services to collect client data including demographics, referral information, gambling history and nature of the gambling problem and outcome data. Investment in the usability of the database is included in the harm-minimisation and treatment plan.

Projects
The following projects will be commissioned:

- **What works in gambling treatment? (RGSB Research Programme, project 9.1)**
  Evaluation will be undertaken to understand the impact of treatment services on different groups and to investigate the quality, effectiveness and value for money of different kinds of treatment (e.g., brief interventions, psychosocial treatment and residential). This will focus on understanding those who present for treatment and then stop using the service, and longer term follow up over 3, 6 and 12 months. It will include consideration of how to build longer term follow-up and understanding of the extent of relapse into the Data Reporting Framework. It can also look at benefits of integration with local services.

- **Treatment: delivery gap analysis (RGSB Research Programme, project 9.2)**
  This research will build a picture of need for treatment services, which can be compared with the services that are supplied. This will analyse what is known about who is affected by problem gambling or gambling-related harm with who uses services. This includes treatment for young people, geographic spread and mix of treatment across the country, and barriers to access to treatment.

- **Opportunities for improving treatment through technology (RGSB Research Programme, project 9.3)**
  Technology could play an increased role in delivering treatment and encouraging people who need it to come forward. Several innovations are being developed in this area by GambleAware (e.g. online self-help) and will be evaluated, with budget for evaluation allocated in the harm-minimisation and treatment plan.
2.7 Innovative bids

GambleAware invites bids for innovative applied research, intended to support original and creative projects that help deliver or extend the National Responsible Gambling Strategy, within the bounds of GambleAware’s charitable objectives. The intention is to issue a themed call for innovative research into new forms of gambling and gambling-like activities online, including eSports, social gaming, skins, etc. The precise brief will be scoped but could consider what gambling will look like for ‘millennials’, now and in the future, the potential risks, and whether this is fundamentally different from dynamics in traditional forms of gambling. The aim is to seek to attract early career researchers, from multiple disciplines, as a means to build interest and capacity for gambling research.

2.8 PhD funding

GambleAware plans a cycle of annual ‘calls for funding PhDs’ to ensure that each year one new PhD student will be funded. This will result in a minimum of three students in the funding program at any one time and is intended to help build future capacity for academic and research interest in gambling-related studies.

2.9 InfoHub and research impact

The plan includes a review of InfoHub and to consider how best GambleAware can communicate research and evaluation findings to policy-makers and practitioners and obtain influence and impact from research. This could include, at minimum, translation of evidence in key areas into usable information for different audiences.

2.10 National and international collaboration

Co-ordination with other funding and research bodies operating in the same space as GambleAware to secure efficiencies, avoid duplication and develop and monitor a strategic, coordinated investment plan in research.

3 RESEARCH BUDGET

<table>
<thead>
<tr>
<th>RESEARCH £’000s</th>
<th>2017/18</th>
<th>2018/19</th>
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<tbody>
<tr>
<td>Repository of industry data</td>
<td>50</td>
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<tr>
<td>Gambling-related harm (Projects 1.1, 1.2)</td>
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<td>130</td>
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<tr>
<td>People, product, place, time</td>
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<tr>
<td>Projects 4.2, 4.3, 4.4 and lotteries</td>
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<tr>
<td>Longitudinal study (Project 4.5)</td>
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<tr>
<td>Gambling, young people and families</td>
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<td>Effect of advertising (Project 4.1)</td>
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<tr>
<td>Evaluation of harm prevention and minimisation (Priorities 3, 5, 6)</td>
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Industry initiatives and self-exclusion (Project 3.1 and 7.1) | 50 | 60
Remote gambling harm-minimisation | 200 | 150
Preventative education (Project 8.1) and young people | 30 | 140
Evaluation of treatment capacity and quality (Projects 9.1, 9.2) | 40 | 75
Innovative bids | 200 | 200
PhDs | 100 | 60
InfoHub/dissemination | 20 | 20
International collaboration | 25 | 25
Investment in research | 1500 | 1500

Research Timeline

<table>
<thead>
<tr>
<th>RESEARCH AND EVALUATION</th>
<th>2017/18</th>
<th>2018/19</th>
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<td>UNDERSTANDING, MEASURING AND MONITORING GAMBLING RELATED HARM</td>
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<td>Building and testing a mechanisms for measuring and monitoring gambling-related harm</td>
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<td>PEOPLE, PRODUCT, PLACE, TIME</td>
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<td>Analysis to describe patterns of play on different gambling products and environments</td>
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<td>Understanding consumer vulnerability</td>
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<td>Impact of accessibility and the effect of being online in decision making and behaviour</td>
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<td>Longitudinal study: Why do people move in and out of harmful play?</td>
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<td>GAMBLING, YOUNG PEOPLE AND FAMILIES</td>
<td>RGSB</td>
<td>Commission</td>
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<tr>
<td>The effect of advertising on children, young people and vulnerable people</td>
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<td>EVALUATION OF HARM PREVENTION AND MINIMISATION</td>
<td>RGSB</td>
<td>Commission</td>
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<tr>
<td>Self-exclusion: awareness and barriers</td>
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<td>Online gambling harm minimisation</td>
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<tr>
<td>Strategic approach to preventative education</td>
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<tr>
<td>Projects arising from preventative education and young people research 2017/18</td>
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<td>Commission</td>
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<tr>
<td>EVALUATION OF TREATMENT CAPACITY AND QUALITY</td>
<td>RGSB</td>
<td>Commission</td>
</tr>
<tr>
<td>What works in gambling treatment?</td>
<td></td>
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<tr>
<td>Treatment: delivery gap analysis</td>
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<tr>
<td>INNOVATIVE BIDS</td>
<td>Start</td>
<td>Engagement</td>
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<tr>
<td>Themed call - millennials and new forms of online gambling</td>
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<tr>
<td>PHDS</td>
<td>Award</td>
<td>Award</td>
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<tr>
<td>INFOHUB/DISSEMINATION</td>
<td>Review/develop research impact</td>
<td>Implement</td>
</tr>
</tbody>
</table>

**4 COMMISSIONING HARM-MINIMISATION AND EDUCATION**

GambleAware has committed to endeavour to minimise gambling-related harm through a targeted education and awareness program, and to undertake and evaluate initiatives to minimise gambling-related harm. GambleAware has published⁷ the following strategic objectives in relation to education and harm-minimisation:

⁷ https://about.gambleaware.org/media/1343/gambleaware-strategy-2016-final.pdf
• As annual fundraising extends sustainably beyond £7 million, to direct the additional money available, in the main, towards harm-minimisation activities including education. (RGSB priority 8)
• To fund effective awareness-raising and early intervention work, particularly among young people and other vulnerable groups. (RGSB priority 8)
• To promote a public health approach to minimising gambling-related harm and engage with Public Health England, NHS Foundation Trusts and local health commissioning agencies to help them recognise that there is a shared responsibility to provide treatment and harm prevention services for problem gambling. We will seek to work in partnership with other organisations that may be well placed to help minimise gambling-related harm (for example, those working with vulnerable people). (RGSB priority 2)
• To support the establishment of a culture of independent evaluation across the gambling industry. (RGSB priority 3)

4.1 Innovative harm-minimisation projects

Purpose
A number of vulnerable groups have been identified which may be at particular risk of being affected by the development of gambling-related harm. GambleAware intends to pilot a range of harm-minimisation projects to build evidence about what kinds of interventions might work for at-risk groups.

Progress
There are a range of ongoing harm-minimisation ‘pilot’ projects - early intervention and advice services - to which funding has already been committed. These services were selected particularly to address problem gambling in vulnerable groups.

• **University of Lincoln/NatCen**
  **Target group: Homeless**
  This project seeks to address the lack of understanding of the nature of the relationship between gambling and homelessness. The researchers aim to develop both a cognition-based gambling screen to aid in identification and recognition of gambling problems in the homeless population, and a brief cognitive intervention to minimise the gambling-related harm experienced by homeless gamblers.

• **Professional Players Federation**
  **Target group: Professional sports players and the general public**
  The Professional Players Federation (PPF) seeks to ensure that sportsmen and women (typically aged between 16 and 35 years) are made aware that they are an “at risk” group and then provided with improved information on problem gambling and responsible gambling in a player friendly manner. The ultimate aim is to influence athletes’ behaviour through education and information so as to reduce the incidence of problem gambling amongst professional athletes, signpost players needing help with a problem and reduce the harm that this does to everyone affected. This will be achieved by improving the education that the various player associations deliver to their athletes by using an evidence-based approach.

• **DEMOS**
  **Target population: Youth**
DEMOS will design, test, and pilot an intervention in secondary schools aimed at minimising the risks associated with gambling. The pilot will target pupils in Year 10 (ages 14-15) in four secondary schools across the country. They will design lesson materials to be mapped onto existing PSHE curricula in schools and delivered by teachers. As such, the project will fit into the broader work undertaken by schools to promote the wellbeing of pupils, and prevent harmful behaviours.

- **Fast Forward**
  **Target Population: Youth**
  Fast Forward will develop the pilot Youth Problem Gambling Initiative into a phase 2 of the project in year 1 (2016), and a subsequent UK-wide Phase 3 in year 2 (2017). The phase 1 pilot project had the following aims: Help prevent the onset of at-risk gambling behaviour among young people (12-25 years); Increase access to and availability of support and treatment in existing counselling and support agencies. The objectives were: (i) strengthen the role of services, schools and youth agencies in addressing gambling-related issues; (ii) increase capacity of staff to promote greater awareness of gambling-related issues among young people; (iii) increase early detection, assessment and interventions in relation young people at risk of developing gambling problems; and (iv) increase the support and treatment available, in existing services, for young people with gambling problems.

- **Newport Citizens Advice Bureau**
  **Target population: General public and the Citizens Advice Bureau (CAB) workforce**
  This project will tackle issues of problem gambling at its root through education and awareness-building with young people and other vulnerable groups directly as well as via the agencies and statutory bodies who offer help to those groups. In addition the service will provide help for individuals through a number of interventions and make referrals into other established services, should longer term in-depth support be required. The model that Newport CAB proposes integrates awareness, training and support within an advice setting.

- **EPIC Problem Gambling Consultancy**
  **Target Population: Prisons and the criminal justice community**
  **Target Population: Military personnel**
  These two projects will provide education, screening and referral to services for the target populations, and will work with staff to raise awareness about how to identify problem gambling, what to do about it and where to seek additional help and support.

- **BetKnowMore**
  **Target Population: Gamblers in licensed betting offices (LBOs)**
  This project offers community-based interventions for those who may be identified by LBO staff as at risk of developing problems with their gambling. The project offers staff training, awareness raising and a referral mechanism into holistic and individualised brief advice, and where necessary, referral into further specialist support or family services.

**Projects**
GambleAware intends to issue invitations to tender on an annual basis for innovative harm-minimisation projects, allowing organisations to identify and pilot approaches to harm-minimisation in vulnerable
populations that help deliver or extend the National Responsible Gambling Strategy. The precise brief is yet to be scoped but is intended to attract organisations to trial new interventions which may be informed by practice in areas aligned to harm-minimisation (e.g. intervention within drug or alcohol settings).

### 4.2 IGRG project evaluations

#### Purpose
The industry as a whole is seeking to work collaboratively through the Industry Group for Responsible Gambling (IGRG) on a range of harm-minimisation initiatives.

Where it is consistent with our charitable objects, we will support these and future initiatives with both direct funding (RGSB priority 5) and external evaluation. This will not be a substitute for the industry meeting its own costs of business or compliance, but rather seed-funding to encourage the industry to go beyond its regulatory obligations and to work collaboratively in the interests of minimising harm more effectively.

#### Progress
In 2016-17, GambleAware supported IGRG with the design phases of projects covering:

- Product and player messaging
- Social messaging
- Staff training
- Self-exclusion.

#### Projects
In 2017-19, GambleAware will provide resources to support industry-wide project management of the pilot phase for these initiatives and then independent evaluation of the industry’s implementation of their recommendations.

If other such industry-wide projects are developed by IGRG or other bodies, GambleAware will, where appropriate, offer to provide independent evaluation if invited to do so.

### 4.3 Education implementation

#### Purpose
It is important that where education and prevention initiatives are shown to have a positive impact on at-risk groups, either in terms of increasing knowledge and skills in relation to avoiding gambling-related harm but also importantly in changing behaviour in relation to problematic gambling, that these interventions are continued and scaled up appropriately.

#### Progress
Interim evaluation of education projects currently being carried out by GambleAware show promise in improving knowledge and skills around avoiding gambling-related harm in particular at-risk groups.
(e.g. young people). However, longer-term evaluation will help to improve understanding of the impact of the interventions on reducing gambling-related harm.

Projects
Subject to the results from evaluation of ongoing projects, GambleAware plans to commission and evaluate the impact of:

- **Educational materials**: both digital and physical resources and toolkits for use by young people and those who work with them.
- **Training for Professionals**: providing evidence-based training (e.g. face to face or eLearning) for professionals who work with at-risk groups to raise their awareness, knowledge and skills in relation to addressing gambling-related harm.

4.4 Public health (including GambleAware conference)

Purpose
GambleAware believes gambling-related harm ought to be treated as a public health issue. It is in this context that GambleAware expects to build practical working-relationships with a wide range of agencies and experts from a range of disciplines, including the NHS, debt advice agencies, citizen advice bureaux, mental health and other charities.

Progress
GambleAware is committed to engaging with health professionals to position gambling-related harm within public health service commissioning. In particular, it intends to build on its review of the Royal College of GPs training programme that predecessors commissioned to inform future engagement with health professionals about gambling-related harm and GambleAware intends to build on this knowledge in its development of practical working relationships with a range of agencies and bodies connected to the new landscape of public health commissioning. GambleAware has engaged with public health professionals within local authorities and national organisations (e.g. Public Health England) and continues to work to raise the profile of gambling-related harm within these organisations and to encourage them to plan and deliver a response to it.

Projects
**Annual conference and seminars** - we will use our annual conference and ad hoc seminars to raise awareness of gambling-related harm and to explore what can be done to minimise it.

**Campaigning** - we will work to raise the profile of gambling-related harm across the public health community in order to:

- Improve prevention by integrating it with existing public health campaigns
- Direct clients towards more appropriate treatment if they are problem gamblers presenting first to any component of the public health system
- Improve reporting of the extent of problem gambling.
4.5 GambleAware website and brand

**Purpose**
By achieving a high level of brand awareness for “GambleAware”, the charity will be able to convey preventative messaging more effectively and better enable those who need help know how to access it.

GambleAware’s primary channel for providing education to reduce gambling-related harm is the BeGambleAware.org website. The aim is to ensure this website provides clear, relevant and accessible guidance to those suffering from gambling-related harm, and that there is an increasing level of awareness of and understanding about the website.

To achieve this, GambleAware intends to invest in both the site itself, and its promotion. GambleAware will seek to promote the site through a combination of digital promotion, paid advertising and public relations, continuously evaluating the relative effectiveness of all three, and altering the blend to maximise the return on our investment.

**Progress and Projects**

**Website design and maintenance**
The site was relaunched in February 2017 on a trial basis for six months, with the predecessor website, www.gambleaware.co.uk still operational, but redirecting visitors to the new site. A full evaluation of the new website will be undertaken in September 2017 to assess if the transition should be made permanent.

Given this ongoing exercise, GambleAware does not intend to re-tender the maintenance and development of the website during the next two years, subject to ongoing satisfactory commercial terms with the current supplier. Clearly any transition to a new supplier in future would be a complex exercise with risks and costs. To ensure this remains an option, GambleAware has ensured its contractual relationship with the current supplier facilitates a competitive process in future.

**GambleAware Public Relations and Public Affairs**
In addition to paying directly to promote BeGambleAware, securing free coverage through the media may offer a more cost effective way to raise the profile of the website and the advice and support GambleAware offers. For example, public relations activity in support of the advert ran in February 2017 - see below - secured 2.5m opportunities to see or hear about the services available to the public.

Also, GambleAware regularly meets with Members of Parliament, Members of the Scottish Parliament, Welsh Assembly Members and senior officials at all levels of government to promote awareness of the services available to the public and to encourage extending the role of the NHS in treating more complex cases involving problem gambling.

In April 2017, GambleAware renewed for a second year its contract with an external firm to support this work. That firm was appointed under a competitive tender process early in 2016, and this contract will be subject to competitive tender again by April 2019 at the latest.
GambleAware digital promotion
Since February 2016, GambleAware has been piloting digital promotion, paying for targeted advertisements on a range of social media and monitoring the impact of this investment. Trustees reviewed the return on this investment in March 2017 and determined to continue this activity in 2017-18 on the basis of the value it has already delivered. GambleAware intends to retain the supplier who managed the pilot until March 2018, with a further 12 month extension considered at that point. This contract will be subject to competitive tender for services from April 2019.

GambleAware advertising
GambleAware is currently awaiting an evaluation of the impact of its first direct advertising campaign, which involved the transmission of two films on YouTube, targeted at 15-24 year olds in the Northwest and Northeast of England. GambleAware’s investment in this pilot was significantly augmented by donations in kind from the agencies involved and of additional media spend in the form of free cinema screen-time.

Further investment from within existing funding sources will be subject to the results of the evaluation of this pilot. Subject to satisfactory commercial agreement, GambleAware does not intend to put this activity out to tender during 2017-18, while this remains at an experimental scale, informing trustees’ future decisions about the extent to which such advertising furthers our charitable objects and provides relative value when compared to other options for spending our limited funds.

Following the General Election (June 2017), any new government is expected to continue the gambling review initiated by its predecessor. This includes consideration of policy on the advertising of gambling. GambleAware has made the case for all of those who are involved in gambling advertising to support a public information campaign to warn of the risks of problem gambling and promote the treatment services available. GambleAware has offered its support for any regulatory or voluntary solution which emerges from the review, and this could enable the charity to extend its advertising activities over the next two years.

5 Harm-Minimisation and Education Budget

<table>
<thead>
<tr>
<th>HARM-MINIMISATION</th>
<th>£’000s</th>
<th>2017/18</th>
<th>2018/19</th>
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<tr>
<td>Innovative call for HM projects</td>
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<tr>
<td>IGRG project evaluations</td>
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<td>200</td>
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<tr>
<td>Education implementation</td>
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<td>Education Materials</td>
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<tr>
<td>Training for Professionals</td>
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<tr>
<td>Public Health (including GambleAware Conference)</td>
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<td>Conference</td>
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<td>Campaigning</td>
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<td>Public Relations and Public Affairs</td>
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6 HARM-MINIMISATION AND EDUCATION TIMELINE

<table>
<thead>
<tr>
<th>HARM MINIMISATION AND EDUCATION</th>
<th>2017/18</th>
<th>2018/19</th>
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</thead>
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<tr>
<td><strong>Activity</strong></td>
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<td>Jul, Aug</td>
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<tr>
<td>Digital Promotion</td>
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<tr>
<td>Advertising</td>
<td></td>
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<tr>
<td>Investment in harm-minimisation</td>
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7 COMMISSIONING TREATMENT AND EARLY INTERVENTION

GambleAware has published the following strategic objectives in relation to treatment:

- To build the quality and capacity of treatment through a redesign of the problem gambling treatment system. (RGSB priority 9)
- To broaden the range of services and activities GambleAware supports and works with in the future. (RGSB priority 9)
- To maintain the existing cash levels of funding over five years, but to increase the number of clients accessing interventions through more efficient use of funds and the provision of a wider range of treatment options. (RGSB priority 9)
- To increase service user involvement in the development of our treatment, harm prevention and harm-minimisation activities. (RGSB priority 12)

In May 2014, GambleAware established a Treatment Expert Panel with the aim of reviewing the existing treatment funding framework and making recommendations to GambleAware about how best to

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establish an integrated and effective treatment funding programme that provides medium-term security to service providers (3 to 5 year funding agreements) as well as securing best value and best treatment outcomes. The newly established Treatment, Education and Harm-Minimisation Committee, which includes RGSB members and GambleAware trustees, will build on this work and also consider how best to encourage more involvement from NHS Foundation Trusts and other treatment providers. GambleAware will seek to develop links and partnership opportunities with non-gambling policy bodies and service providers working with those individuals or communities most likely to be vulnerable to gambling-related harm.

In addition, GambleAware will focus on identifying practical opportunities to work with support agencies for children and other groups of vulnerable people.

7.1 Treatment

Purpose
GambleAware’s core strategic aim is to help minimise the level of gambling-related harm by funding effective harm-minimisation strategies and to help those that do develop problems get the support and help that they need quickly and effectively.

GambleAware is a commissioning and grant-making body, not a provider of services. The charity believes that separating commissioning from provision drives efficiency, coherence and accountability which would otherwise be lost if multiple organisations funded and delivered treatment independently. GambleAware is committed to continuing to build on the excellent and trusted partnerships that currently exist.

GambleAware adopts best-practice aspects of commissioning such as needs assessment, service planning and outcomes reporting to support its role as a grant-funder of effective, evidence-informed, high-quality gambling-related harm support and treatment services. GambleAware’s commissioning role is underpinned by a commitment to monitoring and evaluating services to ensure on-going and continuous quality improvement of the grant-funding process.

Progress
GambleAware is careful to offer funding that is affordable and sustainable, maximising its impact within the resources the charity can reasonably predict will be available to it. Identifying how value for money in relation to the funding of treatment services can be improved depends in part on the production of comparable outcome data from across the range of providers using a common Data Reporting Framework, which was implemented by GambleAware treatment providers in April 2015.9

The commissioned model outlined herein is a result of active consultation with current problem gambling treatment service providers, providers of addictions and mental health services, and other related organisations, on the development of an effective model.

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9 Data Reporting Framework: GambleAware’s tool for the collection of data on all clients accessing treatment. Available at http://about.gambleaware.org/commissioning/treatment-and-harm-prevention/
GambleAware intends to:

- Create a commissioned, efficient system where limited finances can be directed to ensure the maximum number of problem gamblers receive the correct level of intensity of treatment for their problem to promote best outcomes and system efficiency.
- Implement the principle of tiered system, and stepped care within a tiered system, ensuring those with greater severity or complexity of problem get treated by higher tier services and those at most risk receive greater priority of interventions or referral to other services.
- Ensure those requiring lower levels of interventions get services suited to their needs and are not taking capacity of services designed to treat those with more severe and complex problems.
- Broaden the range of services and activities GambleAware funds and works with in the future. These will include general public awareness-raising, education and early prevention work, particularly among young people and vulnerable communities, relapse prevention as well as exploring how we might support the development of on-line self-help and mutual-aid initiatives.

The system will be expected to offer a range of interventions designed to meet the varied needs of a diverse client group, including extending the provision and availability of aftercare (relapse prevention) and mutual aid.

The stepped care approach to service users is intended to ensure that service users receive the least intensive interventions to meet their needs at treatment entry. The system will be expected to develop coherent care pathways, permitting service users to move up or down the pathway in response to their changing needs and achievement of treatment goals.

The system is expected to be delivered by a range of different providers which must each be committed to partnership working, and which will communicate, co-operate, and co-ordinate activities to ensure the most effective care is delivered to its service users.

All service providers funded by GambleAware will support the continuing development of the Data Reporting Framework to enhance the evidence base in the field.

GambleAware has established treatment services specifications that outline the key requirements of treatment services it funds. However, all service providers will have the scope to develop innovative and evidence-based solutions to meet the specification. The use of innovative techniques and delivery methods should be a key component of a recovery-focused approach.

GambleAware has an ongoing commitment to co-production of the services it funds and to service user involvement. Service users should be involved in the design and delivery of services, including as peer mentors or peer delivery of services. Mechanisms for ensuring regular service user feedback at operational and strategic levels should also be included.

The service user will be supported throughout their journey through the treatment system, including facilitated referral and a commitment to reduce the data burden on the service user. The National

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10 [https://about.gambleaware.org/media/1469/gambleaware-treatment-specification-may-2016-final.pdf](https://about.gambleaware.org/media/1469/gambleaware-treatment-specification-may-2016-final.pdf)
Gambling Helpline will be promoted as the first point of access to the system, but providers will aim to be available and accessible to all, operating under the principle of ‘no wrong door’.

GambleAware intends that the system will be joined-up to local health, social care and criminal justice systems, as well as having links to primary care and mental health services.

The overall aim is to provide psychosocial interventions to all those living in England, Wales or Scotland, and to ensure equitable access to services which take account of the service users’ circumstances.

Projects
GambleAware intends to fund the following services outlined in Table 1:

- **National Gambling Helpline**: The helpline, which is planned to be renamed as the GambleAware helpline, will provide a national, multi-channel access point to information, advice, brief intervention and signposting for those adversely affected by gambling. The services will be free to the service user and available at a minimum between 8am and 12pm, 7 days a week. The service will use a Common Screening Tool (to be specified by GambleAware) to identify service users that would benefit from referral to services operating at tiers 2, 3 and 4 and will work as part of a whole system with other GambleAware-funded service providers to develop and maintain an effective and comprehensive National Problem Gambling Treatment Service. The helpline will refer, and where necessary facilitate referrals to a range of other services including NHS Primary Care and mental health services, other advice agencies and third sector organisations.

- **Lead provider tier 2/3 network**: The lead provider will provide leadership of a national network of providers delivering a tier 2 and tier 3 service, which will include: Selection of providers to ensure comprehensive geographical coverage throughout England, Scotland and Wales and high quality service provision; Monitoring and reporting, including collecting, collating and submitting DRF data to GambleAware; Monitoring and/or delivery of CPD; Financial management and assurance; Effective governance, quality assurance and audit; Co-ordination of strategic partnerships between the commissioner, the provider network and for example local government.

- **Tier 2 and tier 3 psychosocial interventions (e.g. counselling)**: These services will provide evidence-based psychosocial interventions for individuals at risk of gambling-related harm, problem gamblers and those affected by the gambling of a family member or significant other. They will work as part of a whole system with other service providers to develop and maintain an effective and comprehensive national problem gambling treatment service. They will provide a free-to-access service to all eligible clients, ensuring that care is provided in such a way that those requiring lower levels of intervention get services suited to their needs and are not taking capacity of services designed to treat those with more severe problems. The services will also use a Common Screening Tool (to be specified by GambleAware) to identify service users that would benefit from referral to other services operating at tiers 2, 3 and 4.

- **Tier 3 treatment**: This service will also provide psychosocial interventions for individuals at risk of gambling-related harm, but also include specialist intervention e.g. psychiatric care if required.
• **Residential care:** Residential services have been commissioned from Gordon Moody Association (GMA) to deliver a mixed model of care, including elements of residential and outpatient care, for clients with severe and/or complex presentations who are not suitable for longer term residential rehabilitation services. GMA will also deliver a programme of longer term (more than two weeks) residential care for clients with severe and/or complex presentations who are not suitable for community-based care or shorter term residential rehabilitation services. In addition, a service (or services) will be commissioned to provide short term residential services (less than two weeks) to clients with severe/complex presentations who require respite or crisis care prior to accessing community-based treatment services.

• **Mutual aid:** All commissioned treatment services will be required to facilitate the availability for service users of mutual aid groups, either online or in person. This may range from providing facilities and support for mutual aid groups to establish and to meet, through to signposting clients to pre-existing groups or online provision.

• **Online treatment:** GambleAware will commission services which can be provided online. This is yet to be scoped but is likely to be a range of provision from self-help materials available for download from the BeGambleAware.org website, through to online CBT programmes available to those who are unable to engage with face to face treatment services.

• **Digital case management:** GambleAware will develop a common system for use by all its providers to manage clients from the initial completion of the Common Screening Tool, through treatment and into after-care.

• **Community collaboration pilots:** GambleAware is working to develop partnerships with Local Authorities and other commissioning agencies (e.g. NHS Clinical Commissioning Groups) to co-finance and commission treatment services for people experiencing gambling-related harm. A key aim of this work is to establish evidence on the impact of treatment services on local public health outcomes, and to develop models of partnership which can be replicated by, and can be used to influence, other Local Authority areas.

### Table 1: GambleAware four-tier treatment system

<table>
<thead>
<tr>
<th>Tier</th>
<th>Services</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier One</td>
<td>Non-problem gambling specific services, e.g. Primary care; drug and alcohol services; food banks; debt advice; employment advice</td>
<td>Screening, Brief Intervention and referral Self-help provision</td>
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<tr>
<td>Tier Two</td>
<td>Helpline</td>
<td>Advice, information and signposting Screening, Brief Intervention and referral</td>
</tr>
<tr>
<td>Tier Two</td>
<td>‘Open-access’ Community based problem gambling services</td>
<td>Brief intervention and Extended brief intervention Aftercare</td>
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Mutual aid

<table>
<thead>
<tr>
<th>Tier</th>
<th>Community based problem gambling services</th>
<th>Care-planned treatment e.g. Psychosocial interventions from brief interventions through to psychiatric care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier Three</td>
<td>Residential rehabilitation – short term and respite care</td>
<td>‘Sandwich’ model of residential and outpatient care</td>
</tr>
<tr>
<td>Tier Four</td>
<td>Residential rehabilitation – long term care</td>
<td>Long term (&gt;12 weeks) rehabilitation</td>
</tr>
</tbody>
</table>

Projects required to support the commissioned system are as follows:

- **Common Screening Tool** – an agreed screening tool to assist providers at all tiers to identify the preferred client pathway. This project was commissioned in November 2016 and is being delivered by Professor David Best. The Common Screening Tool has been developed in partnership with service providers and will be piloted in several sites from May 2017.
- **Self-help materials** (online and offline) – to be available for clients from Summer 2017.
- **Data collation and analysis systems** – the National Drug Evidence Centre (based at the University of Manchester) is working with GambleAware to develop a web-based platform via which data from the Data Reporting Framework can be accessed and analysed by service providers and researchers. This is intended to mirror the National Drug Treatment Monitoring System. In addition to this, an ongoing project is to integrate the work being done to develop the Common Screening Tool, the Data Reporting Framework and the various IT platforms currently being used by service providers. This is to be developed in conjunction with service providers and necessarily requires the procurement exercise to be complete prior to implementation.

Further detail on service and quality standards can be found in the Treatment Service Specification11.

### 7.2 Early intervention

**Purpose**

GambleAware understands that in many areas of mental health and addiction, early intervention is key in minimising harm. There is no reason to believe that this is any different in addressing gambling-related harm. GambleAware intends to commission and evaluate a range of early intervention initiatives in order to prevent and minimise gambling-related harm.

**Progress**

There are a range of ongoing harm-minimisation ‘pilot’ projects - early intervention and advice services - to which funding has already been committed which are described in Section 5.1 above. These services were selected particularly to address problem gambling in vulnerable groups. Interim evaluations are contributing to the improvement and development of these projects and it is anticipated

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that, subject to ongoing evaluation, work to implement the models developed by these projects will be undertaken during 2017 – 2019.

Projects

Innovative call for early intervention (preventative) projects
GambleAware intends to issue invitations to tender on an annual basis for innovative early intervention (preventative) projects, allowing organisations to identify and pilot approaches to early interventions in populations will developing gambling problems, and which help deliver or extend the National Responsible Gambling Strategy. The precise brief is yet to be scoped but is intended to attract organisations to trial new interventions which may be informed by practice in areas aligned to early intervention (e.g. intervention within drug or alcohol settings).

Brief interventions
Models of brief intervention and extended brief intervention will be co-developed with providers once procurement of services is complete.

Local Authority partnerships
GambleAware is working to develop partnerships with Local Authorities and other commissioning agencies (e.g. NHS Clinical Commissioning Groups) to develop models of screening and early intervention. A key aim of this work is to establish evidence on the impact of early intervention on local public health outcomes, and to develop models of partnership which can be replicated by, and can be used to influence, other Local Authority areas.

Citizens advice
Following from the work currently being undertaken by Newport CAB (outlined above in Section 5.1) and subject to its evaluation, GambleAware intends to develop a model of working with the CAB nationally to train both its own staff and other professionals to understand, screen for and to signpost those experiencing gambling-related harm.

Homeless implementation
Following from the work currently being undertaken by the University of Lincoln (outlined above in Section 5.1) and subject to its evaluation. GambleAware intends to develop a model of working with homelessness organisations to implement a screening tool and referral pathway for homeless people affected by gambling-related harm.

Prisons and military project implementation
Following from the work currently being undertaken by EPIC (outlined above in Section 5.1) and subject to its evaluation, GambleAware intends to develop a model of working with both the criminal justice system and the military to raise awareness and create a referral pathway for those identified as experiencing gambling-related harm.
## 8 TREATMENT AND EARLY INTERVENTION BUDGET

<table>
<thead>
<tr>
<th>TREATMENT £'000s</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Gambling Helpline</td>
<td>1025</td>
<td>1040</td>
</tr>
<tr>
<td>Lead Provider tier 2/3 network</td>
<td>400</td>
<td>415</td>
</tr>
<tr>
<td>Tier 2/3 Counselling</td>
<td>2570</td>
<td>2630</td>
</tr>
<tr>
<td>CNWL - NHS National Problem Gambling Clinic</td>
<td>360</td>
<td>390</td>
</tr>
<tr>
<td>Gordon Moody (Residential care)</td>
<td>700</td>
<td>720</td>
</tr>
<tr>
<td>New Mutual Aid service</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>New online treatment facility</td>
<td>100</td>
<td>140</td>
</tr>
<tr>
<td>Digital case management system/NDEC</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Community collaboration pilots</td>
<td>150</td>
<td>200</td>
</tr>
<tr>
<td>Contingency</td>
<td>315</td>
<td>247</td>
</tr>
<tr>
<td><strong>Investment in treatment &amp; early intervention</strong></td>
<td>5850</td>
<td>6012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EARLY INTERVENTION £'000s</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovative call for EI(P) projects</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Brief interventions</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Local authority partnerships</td>
<td>60</td>
<td>60</td>
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<tr>
<td>Citizens Advice</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td>Homeless Implementation</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Prisons Implementation</td>
<td>0</td>
<td>80</td>
</tr>
<tr>
<td>Military Implementation</td>
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<td>80</td>
</tr>
<tr>
<td>Contingency</td>
<td></td>
<td>250</td>
</tr>
<tr>
<td><strong>Investment in early intervention</strong></td>
<td>500</td>
<td>1000</td>
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</table>
## TREATMENT AND EARLY INTERVENTION TIMELINE

<table>
<thead>
<tr>
<th>Activity</th>
<th>2017/18</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATMENT - TIER TWO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commission Helpline</td>
<td>Procure</td>
<td>Delivery and ongoing performance improvement</td>
</tr>
<tr>
<td>Commission services which deliver (Extended) Brief Intervention, Mutual Aid and Aftercare</td>
<td>Procure</td>
<td>Delivery and ongoing performance improvement</td>
</tr>
<tr>
<td>Co-develop models of (Extended) Brief Intervention</td>
<td></td>
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<tr>
<td><strong>TREATMENT - TIER THREE</strong></td>
<td></td>
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<tr>
<td>Commission community based problem gambling services</td>
<td>Procure</td>
<td>Delivery and ongoing performance improvement</td>
</tr>
<tr>
<td>Local Authority/NHS pilots</td>
<td>Development discussions</td>
<td>Service Delivery</td>
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<tr>
<td><strong>TREATMENT - TIER FOUR</strong></td>
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<tr>
<td>Commission short-term residential services</td>
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<td></td>
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<tr>
<td>Commission longer-term residential services</td>
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</tr>
<tr>
<td><strong>COMMON SCREENING TOOL</strong></td>
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<td></td>
</tr>
<tr>
<td>Pilot and evaluate Common Screening Tool for GambleAware.org and specialist services</td>
<td>Pilot</td>
<td>Testing</td>
</tr>
<tr>
<td><strong>DATA COLLATION AND ANALYSIS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NDEC - develop a web-based platform for access and analysis of DRF data</td>
<td>Development</td>
<td>Pilot</td>
</tr>
<tr>
<td>Integrate data collection for DRF, common screening tool across existing IT systems</td>
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<td></td>
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<tr>
<td><strong>EARLY INTERVENTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call for Innovative EI Bids</td>
<td>Commission</td>
<td>Pilot</td>
</tr>
<tr>
<td><strong>EARLY INTERVENTION - TIER ONE</strong></td>
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<tr>
<td>Publish Brief Intervention Guide</td>
<td>Development</td>
<td>Testrait</td>
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<tr>
<td>Development of Common Screening Tool for non-specialist agencies</td>
<td>Development</td>
<td>Testrait</td>
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<tr>
<td>Develop (online) self-help guidance</td>
<td>Development</td>
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<tr>
<td><strong>VULNERABLE POPULATIONS</strong></td>
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<tr>
<td>Homelessness Implementation</td>
<td>Testrait</td>
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<tr>
<td>Prisons Implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military Implementation</td>
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