Fundraising, 2019-20

For the 12 months to 31 March 2019 total voluntary donations received were £9.6 million. In addition, GambleAware received £7.3 million in regulatory settlements. Taken together these monies are funding the delivery of our Strategic Delivery Plan, 2018-20.

Our charitable objectives are to: 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 harms; broaden public understanding of gambling harms, in particular as a public health issue; and, help those who do develop gambling harms get the support that they need quickly and effectively.

In this respect, GambleAware is a best in class commissioning body, not a provider of services.

We take a strategic approach to identifying key priorities for the development of initiatives to prevent and treat gambling harms. In funding provider organisations to deliver progress on those priorities, GambleAware exercises the critical commissioner functions of:

- specifying the services to be delivered to prevent and treat gambling harms;
- developing long-term partnerships to transform the delivery of quality services;
- leading the co-ordination of multi-agency teams to promote efficiency and best practice;
- ensuring regular reporting, public accountability and robust evaluation of a coherent programme of work.

GambleAware is at the forefront of commissioning a National Gambling Treatment Service, working with the NHS and others such as Citizens Advice to develop care pathways so that people get the help that they need. The National Gambling Treatment Service includes:

- National Gambling Helpline available via telephone (0808 820 133) and online, delivered by GamCare;
- Specialist multi-disciplinary treatment for gambling addiction at Central & North West London NHS Foundation Trust and coming soon at Leeds and York Partnership NHS Foundation Trust;
- Treatment in a residential setting via the Gordon Moody Association;
- Community-based counselling across Great Britain from a network of local providers, led by GamCare;
- Support programme for families and friends of problem gamblers in collaboration with Adfam;
- E-learning programmes for healthcare professionals, debt advisers and other key workers;
- BeGambleAware.org that signposts 2.7 million a year to a wide range of support services.
Taken together, the National Gambling Treatment Service provides safe, effective treatment and support, free at the point of use, for people across Britain who are addicted to gambling. It meets a spectrum of needs, provides user choice, and supports innovation.

In addition, GambleAware has more than 40 research projects either underway or in the process of being commissioned. Our research activity is guided by the Gambling Commission’s Research Programme, and supports the National Strategy to Reduce Harms.

Meeting our existing commitments will require a minimum of £10 million in the next 12 months. However, we anticipate that our response to the National Strategy will require a significant step-up in funding from April 2020.

We respect the voluntary nature of the current funding arrangements, and we do not expect to monopolise available funding. However, we do believe that funding the National Gambling Treatment Service and the associated prevention activity, with research that underpins this work, lies at the heart of effectively reducing gambling harms across Great Britain. A coherent, co-ordinated and efficient system of prevention and treatment requires strategic commissioning, and this is our primary role.

Our guideline for donations for this year remains a minimum of 0.1% of annual Gross Gambling Yield (GGY), and we ask that all those who profit from gambling in Great Britain to kindly support us as generously as possible.

In the meantime, the recently launched national Safer Gambling campaign titled ‘Bet Regret’ is Britain’s first public health campaign to reduce gambling harms taking a preventative approach. Led by GambleAware the campaign is supported by DCMS and Public Health England, and is aimed at moderating the gambling behaviour of risky sports bettors and focuses on higher risk betting behaviours such as chasing losses, or betting when drunk or bored.

The funding of this campaign is not drawn from the voluntary donation-based system underpinned by the Gambling Commission’s Social Responsible Code Provisions; rather it is subject to a separate commitment to Government by the gambling and broadcasting industries. As our annual accounts will demonstrate when they are published later this year, concerns that ‘RET funds’ are spent on this campaign are misplaced.

Please do not hesitate to contact me directly if you should like to discuss our future plans and the funding necessary to deliver them effectively.

With kind regards and my thanks for your support,

Yours sincerely,

Marc W Etches
Chief Executive