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As a newcomer to the field, I have the opportunity to cast a fresh pair of eyes over the work of the Responsible Gambling Trust (RGT) – or GambleAware as we will now be known – and the overall arrangements in place for minimising gambling-related harm across Great Britain through research, education and treatment.

On the positive side, the available data suggests that rates of problem gambling have remained broadly stable, and, as a percentage, low in spite of the continued growth of the gambling industry, extensive advertising of its products and easier access to gambling, such as through mobile technology. There is an extensive programme of research improving our understanding of the issues involved, and 30 per cent of the population are aware of the GambleAware website. The treatment providers are sufficiently funded to have manageable waiting lists, and we are able to ensure those who determine they want help to address their problem can be assessed within two weeks. Treatment services are locally accessible across much of Great Britain and our performance data indicates they achieve measurable improvements.

On the other hand however, there are some significant challenges. Low levels of problem gambling across the population mask some much higher levels amongst those who gamble regularly and within particularly vulnerable groups such as the homeless, ex-military and those in the criminal justice system. Also, it is possible that while the rates of problem gamblers are stable the extent of gambling-related harm may have increased. While few can miss the political attention paid to gaming machines in bookmakers, it is important to remember that all forms of gambling carry the risk of being harmful, and prevalence surveys reveal that some, such as the National Lottery’s products, have far more customers and so a relatively low rate may disguise the number of problem gamblers that buy those products. As our recent research into another sector with large numbers of regular players, bingo, showed, there is a worryingly low level of awareness amongst gamblers of where to go to get help if they want to cut down or stop altogether. The wealth of academic research appears only by exception to have been applied in practice. One good example of application is GambleAware’s research into markers of harm on machine play, which is now being converted into algorithms to spot risky behaviour and prompt intervention.
The total number of problem gamblers in Britain is estimated to be some quarter of a million, and of course for each one of those there are family and friends who endure its effect as well, whether or not they spot this hidden addiction. The national network of treatment providers funded by GambleAware is reaching just three per cent of problem gamblers – there is a very large gap to close.

So, while there has been a lot of valuable work to date, laying the foundations for a system which can deliver the results we need, there is a sizeable task ahead for GambleAware. We will work closely with our stakeholders – government, the regulator, operators, campaigners, academics, treatment providers and above all of these, those suffering from gambling-related harm themselves. Everything GambleAware does must pass this test: does it help reduce the harm caused by gambling?

My appointment has been an opportunity to review and revise the organisational structure and processes of GambleAware. It will mean a change of gear and a new phase in the role and work of GambleAware. In doing this as a Board of trustees, we will build on the extensive work done in preparation for this new five-year strategy by my predecessor, Neil Goulden, and GambleAware’s impressive and committed staff.

Neil has led a significant cultural shift across the industry towards social responsibility being seen as a cornerstone of the way businesses operate. Leading companies contribute heavily to fund our work, and a large majority of even the smallest licensed businesses now make regular contributions. Doing so is now widely accepted as the right thing to do. Neil volunteered a great deal of his time and energy to RGT, and I know my fellow trustees would wish to put on record our gratitude to him for all that he accomplished.

GambleAware’s structures protect the impartiality of the research it funds, but we cannot ignore the risk of perceptions being that the industry may seek to influence our work. So I was pleased that the Charity Commission was prompted to conduct a rigorous review of the way in which GambleAware manages potential conflicts of interest and concluded, unequivocally, that conflict was well managed within the charity.

Among the organisational arrangements where we are making changes are:

- Name change – given that raising awareness of GambleAware is critical to our success in helping people find the advice and treatment they need, operating as the Responsible Gambling Trust was both confusing and meant we lost many opportunities for earned-media promotion of the website and our support services, so trustees have agreed to rename the trust as simply “GambleAware”.

IT’S NEVER TOO SOON TO BeGambleAware®
• **Appointment of new trustees** – we intend to have more independent members of the Board. While those with connections to the industry bring both their network and knowledge, they will be selected first and foremost for what they can offer as trustees rather than as appointed representatives of a particular sector of the industry.

• **Committee structure** – we will be re-balancing work across a new set of sub-committees which advise the full Board, including a new Audit and Risk Committee.

• **Executive team and premises** – while it is important to keep our own administrative costs to a minimum, GambleAware needs a leadership team sufficiently resourced to deliver the organisation’s burgeoning agenda, and that means we’ve recently outgrown our office and have now moved to a new space with improved facilities.

The emphasis will be on working as efficiently as possible to understand the nature and causes of gambling-related harm and to deliver practical and sustainable solutions for minimising that harm.

As a charity, we have no intention of becoming a political, campaigning organisation, but we will say what we see. GambleAware will seek to interpret the research it funds to make firm recommendations for action to treatment providers, the industry, the Responsible Gambling Strategy Board (RGSB), the Gambling Commission, politicians and others in a position to help us reduce harm.

Our research will be increasingly focused on practical application. We will always ask of our researchers, “so what?”. We will look for specific recommendations for action as a result of the research we fund.

Working closely with the Gambling Commission, we will seek to ensure that all parts of the wider gambling industry and all licence-holders contribute their fair share to the work of GambleAware. It strikes me that asking for just one tenth of one per cent of gross profits is an extremely modest request – so at the very least, we must expect all operators to meet that commitment in full, without hesitation. And indeed, if we can make the case that we need more because our efforts to raise awareness of sources of help lead to greater demands on treatment services, then we will not hesitate to do so, and will expect the industry to rise to that challenge. While we see a very strong case for maintaining the voluntary system of funding for research, education and treatment, our first priority has to be providing sufficient help for all those who seek it, so we would not hesitate in supporting the commencement of the statutory levy if the voluntary system fails to deliver.
We intend to maintain a rolling five-year strategy and will review this document annually, taking into account any changes to the strategic priorities set out in the National Responsible Gambling Strategy, 2016-19, published by the Responsible Gambling Strategy Board and endorsed by the Gambling Commission.

While we will continue to engage with the gambling industry to ensure secure funding, sharing of information vital to our research work, and the testing and implementation of solutions to minimise gambling-related harm, we are an independent charity charged with advancing the prevention and treatment of gambling-related harm and that will be our overriding concern.
2. Overview

2.1. Commercial gambling in Great Britain is a highly regulated and popular form of entertainment. It is estimated that 65 per cent of adults aged 16+ in Great Britain participate in some form of gambling at least once a year.

2.2. All those who provide commercial gambling as well as all those who choose to gamble are expected to do so responsibly. However, while the vast majority of adults appear to gamble with enjoyment and without causing themselves or others any lasting harm, there are a significant number that do suffer gambling-related harm either directly or indirectly.

2.3. The latest estimate of the number of problem gamblers is 250,000 with a further 470,000 at moderate risk of problem gambling\(^1\). Not all problem gambling behaviour incurs harm, and not everyone incurring gambling-related harm is a problem gambler.

2.4. Our core strategic aim is to help minimise the level of gambling-related harm in Great Britain 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.

2.5. We are primarily accountable to those suffering from or at risk of gambling-related harm.

2.6. Funding priorities are guided by the National Responsible Gambling Strategy, 2016-19 published by RGSB and endorsed by the Gambling Commission (Appendix 1). We will develop our commissioning plans in collaboration with RGSB and the Gambling Commission. These arrangements are underpinned by an ‘assurance and governance framework’ agreed between the three parties and rely on openness, transparency and partnership to deliver results. This Statement of Intent was published in August 2012 (Appendix 2).

2.7. Funded through voluntary donations by the gambling industry, it is vitally important that we maintain the confidence of all stakeholders in the work that we undertake, and in particular the research that we commission. We aspire to set and maintain the highest standards of governance and transparency in all aspects of our work, and are open to constructive criticism intended to improve our work.

\(^1\) 2012 English and Scottish Health Surveys
2.8. We have independent and eminent trustees, who oversee our research activities via a Research Committee, and a Treatment Expert Panel who advise trustees in relation to these aspects of our work.

2.9. Our current organisational strength and financial stability gives us the confidence to be ambitious about how we develop as a grant-making and fund-distributing body during the next five years as we strive to be a respected and trusted independent voice and catalyst for minimising gambling-related harm and promoting responsible gambling behaviour.

**Commissioning treatment and harm-minimisation services**

2.10. We are a commissioning and grant-making body, not a provider of services. We believe that separating commissioning from provision drives efficiency, coherence and accountability which would otherwise be lost if multiple organisations funded research and treatment independently.

2.11. We are committed to continuing to build on the excellent and trusted partnerships that currently exist.

2.12. We will be careful to offer funding that is affordable and sustainable, maximising our impact within the resources we can reasonably predict will be available to us.

2.13. We will seek to broaden the range of services and activities we support and work 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 online self-help and mutual-aid initiatives.

2.14. We will adopt best practice aspects of commissioning such as needs assessment, service planning and outcomes reporting to support our role as a commissioner and grant-funder of effective, evidence-informed, high-quality gambling-related harm support services.

2.15. We are actively consulting on the development of an effective treatment services model to inform our future funding decisions and we will seek to work with local commissioning authorities to encourage improved integration.

2.16. Our commissioning role is underpinned by a commitment to monitoring and evaluating services to ensure on-going and continuous quality improvement of the commissioning and grant-making process.
2.17. 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 (DRF), which was introduced by us and implemented by GambleAware-funded treatment providers in April 2015.

2.18. We are committed to developing effective means to secure service user engagement in the evaluation of our commissioning and funding decisions.

**GambleAware website**

2.19. Originally launched by our predecessor, the Responsibility in Gambling Trust (RiGT) in 2008 and subsequently re-launched by RGT in 2013, GambleAware is a web-based resource promoting responsible gambling behaviour.

2.20. GambleAware is now well-established as the most well recognised specialist website for those seeking advice about gambling responsibly or help in dealing with problem gambling in Britain. During 2015, there were 2.2 million hits on the GambleAware website, 1.8 million of which were unique users. Visits to the site have increased to over 6,000 per day and a recently commissioned YouGov poll reported 30% of people stating, when prompted, that they had heard of GambleAware.

2.21. Our ambition is to increase significantly public awareness of GambleAware, and to ensure that the website becomes a highly effective ‘signpost’ to support services for those suffering gambling-related harm.

2.22. To this end, we will continue to rationalise our various brands (RGT, InfoHub, National Gambling Helpline, and GambleAware) by focusing on GambleAware as the single unifying brand-name. In this document, we refer to our organisation as ‘GambleAware’.

**Independent research and evaluation**

2.23. We are committed to be at all times ‘evidence-based’, both from the point of view of what causes harm and also what harm-minimisation and treatment measures are most effective.

2.24. Our research remit is to explore the nature of gambling and gambling-related harm, with the aim of preventing people from experiencing such harm and helping those who do experience difficulties to address them effectively.
2.25. We are committed to delivering a balanced research programme that shifts the focus beyond the individual to include the gambling environment and products in line with a public health approach.

2.26. We have put in place robust governance arrangements to protect the independence of the research we commission, and have published a Research Governance and Commissioning Procedure as agreed with RGSB and the Gambling Commission.

2.27. The British gambling industry is introducing many harm-minimisation initiatives of its own, and we will continue to encourage and assist these where possible, including commissioning independent evaluation of such initiatives to enable the identification and sharing of best practice, and the optimisation of their effectiveness. We welcome the increased engagement and co-operation from the industry in support of our research programme, for example, by making systems data, venues and customers available to researchers.

Fundraising

2.28. Our fundraising for the 12 months to 31 March 2016 exceeded £7.6 million and we received donations from more than 80% of British-licensed gambling operators.

2.29. Our ambition is to establish a sustainable financial model in which income and expenditure are equally balanced at a level of at least £10 million per annum. Income levels will be determined in the light of what is required of us in the National Responsible Gambling Strategy as well as additional activity that we consider necessary to meet our charitable objects.

2.30. On the basis of the industry statistics reported by the Gambling Commission for the 12 months to 31 March 2015, an industry-wide contribution of 0.1% of gross gambling yield would amount to circa £11 million.

2.31. 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

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3 “Gross gambling yield” means all gross gambling-related income, gross win or gross gambling profit, i.e., total customer stakes less total customer winnings plus fees, commissions, rake, royalty, share or other income from gambling activity (all calculated before the deduction of gambling duty and costs of the operation).
and media. We will be working hard to encourage these sectors to get more involved in supporting our work in the future.

2.32. Also, we will seek to extend our fundraising effort to include collaborations with other funding bodies including the Big Lottery Fund, social research companies and foundation trusts.

2.33. The rationale for our strategy to cover five years is to accommodate commitments to funding agreements that may extend beyond the current National Responsible Gambling Strategy and to identify the likely levels of funding that may therefore be required to ensure an affordable and sustainable business model.

**Partnership-working**

2.34. Effective partnership-working with a wide range of stakeholders is at the heart of our strategy.

2.35. We are committed to working in partnership with the Gambling Commission and its independent advisers, the Responsible Gambling Strategy Board, to help to deliver the National Responsible Gambling Strategy, 2016-19.

2.36. We are committed to working in partnership with the gambling industry. We believe that a voluntary system can be effective in minimising harm by engaging gambling operators and the wider industry in a shared endeavour. The inclusion of trustees who work in the British gambling industry helps to facilitate confidence in and support for our work as well as help us understand the perspective of the industry. However, we will keep under review the precise nature of our engagement with the industry to ensure that it does not undermine confidence in the credibility of our independence and we will reduce the proportion of trustees with a direct interest in the gambling industry to a minority.

2.37. Specific advantages of this approach include:

- Access for researchers to industry premises and staff
- Access for researchers to industry data
- Opportunities for trials, tests and pilots within the industry
- Access to best practice responsible gambling initiatives developed by the industry
- Access, subject to appropriate protections, to customers
- Better understanding of and willing engagement in harm-minimisation measures by the industry.
2.38. We are committed to working in partnership with treatment providers, service users, researchers, academics, and all those who have a legitimate interest in our work.

2.39. Also, whilst we hold the view that it is right that the gambling industry stands first-in-line to contribute to research, treatment and harm-minimisation, we think that national and local government authorities and agencies have a role to play in providing harm-minimisation and treatment services for those that need help, particularly where problem gambling is only one part of their need for support, or it has become so severe as to require qualified clinical treatment.

2.40. Gambling-related harm is an issue that can impact on health and well-being, social care and the criminal justice system, and solutions require multi-disciplinary responses from a range of agencies involved in education, public health, primary care, social care and welfare, mental health and criminal justice.

Key principles

2.41. We are committed to raising the profile of gambling-related harm amongst national and local government authorities and agencies and to encouraging the use of public funding to provide a broader and a more joined-up response to minimising gambling-related harm.

2.42. We believe that a voluntary system can be effective in preventing harm by engaging gambling operators and the wider industry in a shared endeavour.

2.43. We seek to minimise harm without interfering with the legal rights of responsible gamblers and responsible gambling operators.

2.44. Whilst the work we fund should inform regulation and policy, we are not a political campaigning body, nor are we aligned politically.

2.45. It is for Parliament, or those to whom it delegates powers, to determine the legal and regulatory structure within which gambling takes place in Britain.

2.46. Within these constraints, we will campaign in support of our charitable objectives, for example to secure wider involvement by public bodies in the protection and relief of those in need due to gambling or for more education about responsible gambling.
Delivery

2.47. We are an independent charity, however our work is guided to a very large extent by the National Responsible Gambling Strategy, 2016-19 published by the Responsible Gambling Strategy Board, endorsed by the Gambling Commission, and we work closely with both in the delivery of our agreed joint objectives.4

2.48. We are responsible for fundraising and commissioning activity to deliver the National Responsible Gambling Strategy, subject to the availability of funds.

2.49. An agreed ‘assurance and governance framework’ (Appendix 2) enables the Gambling Commission to assure itself, and therefore Government, that the combined work of RGSB and GambleAware, and thus the voluntary system as a whole, is working successfully, both to contribute to minimising the level of gambling-related harm in Britain and to ensure that effective treatment is available to those who require it. This is achieved by RGSB setting substantive priorities for funding and GambleAware generating funds and commissioning work to give effect to RGSB’s priorities – including in the generation of evidence that will better inform decisions about the regulatory framework.

2.50. These arrangements are predicated on all three parties working together openly and in active partnership with an overriding commitment to transparency and engagement with all stakeholders – and it is this transparency and engagement that will underpin trust and credibility in the current arrangements.

2.51. The overarching theme of the National Responsible Gambling Strategy, 2016-19 is the minimisation of gambling-related harm and it identifies five objectives together with 12 priority actions that are set out in Appendix 1.

2.52. RGSB acknowledges that defining and measuring gambling-related harm is fundamental to assessing the actions necessary to minimise harm and to measuring the success of such actions.

4 The National Responsible Gambling Strategy is published in full via http://www.rgsb.org.uk/
3. Treatment Services

We will commission a range of cost-effective, evidence-based treatment and support for those experiencing gambling-related harm, ensuring that appropriate provision matches demand, while continuously evaluating its overall and relative effectiveness.

Strategic objectives:

3.1. To build the quality and capacity of treatment through a redesign of the problem gambling treatment system. (Supporting National Responsible Gambling Strategy Priority 9)

3.2. To broaden the range of services and activities we support and work with in the future. (Supporting National Responsible Gambling Strategy Priority 9)

3.3. 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. (Supporting National Responsible Gambling Strategy Priority 9)

3.4. To increase service user involvement in the development of our treatment, harm prevention and harm minimisation activities. (Supporting National Responsible Gambling Strategy Priority 12)

Background

3.5. Our 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.

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

3.7. We will adopt best practice aspects of commissioning such as needs assessment, service planning and outcomes reporting to support our role as a commissioner and grant-funder of effective, evidence-informed, high-
quality gambling-related harm support and treatment services. Our 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.

3.8. We will be careful to offer funding that is affordable and sustainable, maximising our impact within the resources we can reasonably predict will be available to us. 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 we introduced and was implemented by GambleAware-funded treatment providers in April 2015.5

**Evidence of Need**

3.9. The latest estimate of the number of adult problem gamblers in Great Britain is 250,000, with a further 470,000 thought to be at risk of problem gambling.

3.10. It is likely that there are many more individuals suffering gambling-related harm as a result of someone else’s gambling problem.

3.11. Problem gambling may be associated with particular vulnerable groups, such as young people, the homeless or the unemployed. Socio-demographic factors such as gender, age and deprivation appear to be correlated with rates of problem gambling. Many problem gamblers have comorbid issues, for example substance abuse or mental health difficulties.

3.12. In 2015-16, over 45,000 contacts were made with the National Gambling Helpline, and 7,700 clients were referred to GambleAware-funded problem gambling treatment service providers. These numbers have increased annually in recent years, which is likely to be due to a number of factors, including increasing awareness of the services available.

**Current commissioned system**

3.13. We currently commission a system consisting of a Helpline and web-based help, community-based psychosocial interventions for problem

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5 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/](http://about.gambleaware.org/commissioning/treatment-and-harm-prevention/)
gamblers and ‘significant others’ impacted by another’s gambling problems, and a residential rehabilitation unit.

- The National Gambling Helpline provides a multi-channel, confidential help and listening service, information, assessment, and brief interventions, from 8 am 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 which provides moderated on-line discussion sessions.

- The community-based psychosocial interventions commissioned include up to 12 week/sessions of psychosocial or counselling support. GamCare provide services in London and online. 15 ‘GamCare Partners’ (subcontracted by GamCare) include a range of organisations (from those comprising of groups of independent counsellors to organisations who provide gambling treatment plus other addiction or mental health services). CNWL NHS Foundation Trust via its National Problem Gambling Clinic provides individual and group work-based treatment-based in London.

- Gordon Moody Association is the sole provider of commissioned residential rehabilitation and provides residential assessment and a 3-month residential programme for men.

3.14. Also, we have recently commissioned a range of pilot projects, which include:

- ‘Gambling Risk and Harm-minimisation’ pilots which ended in 2015, providing gambling problem awareness raising, education and brief interventions in areas of Wales, Scotland and the West Midlands.

- A service delivered by Citizen’s Advice to increase the screening and provision of brief interventions to individuals seeking advice from non-problem gambling support agencies who may have difficulties with gambling.


- An educational project aimed at professional sports men and women.

- Screening and brief intervention for use in homelessness services.

- A model of respite residential care for women with gambling problems provided by the Gordon Moody Association.
Commissioning intentions

3.16. We intend 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 a 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 we support and work 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 online self-help and mutual-aid initiatives.

Future commissioned system

3.16. The commissioned system will 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.

3.17. It is expected that service users will receive the least intensive interventions to meet their needs at treatment entry. The system will develop coherent care pathways, which will demonstrate the stepped care approach that will be used, including how service users can move up or down the pathway in response to their changing needs and achievement of treatment goals.

3.18. The system will 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.

3.19. We are committed to co-production of treatment services. Service user involvement will be a key element of the future commissioned system. Service users will be involved in the design and delivery of services. This
will include roles as peer mentors or peer delivery of services. Mechanisms for ensuring regular service user feedback at operational and strategic levels will be developed.

3.20. 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.

3.21. The National Gambling Helpline (which we intend to rename the GambleAware Helpline to aid awareness under a single brand) will be promoted as the first point of access to the service, but providers will aim to be available and accessible to all, operating under the principle of ‘no wrong door’.

3.22. The system will be embedded in local health, social care and criminal justice systems, and have links to primary care and mental health services.

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

3.24. All providers will support the continuing development of the Data Reporting Framework to enhance the evidence base in the field.

3.25. All providers will be encouraged to develop innovative and evidence-based solutions to support a recovery-focused approach.
### Commissioned model

3.26. We intend to commission the services outlined in Table 1:

<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</td>
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<tr>
<td></td>
<td></td>
<td>Self-help provision</td>
</tr>
<tr>
<td>Tier Two</td>
<td>Helpline</td>
<td>Advice, information and signposting</td>
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<tr>
<td></td>
<td></td>
<td>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</td>
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<td></td>
<td></td>
<td>Aftercare</td>
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<td></td>
<td></td>
<td>Mutual aid</td>
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<tr>
<td>Tier Three</td>
<td>Community-based problem gambling services</td>
<td>Care-planned treatment e.g. psychosocial interventions from brief interventions through to psychiatric care</td>
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<tr>
<td>Tier Four</td>
<td>Residential rehabilitation – short term and respite care</td>
<td>‘Sandwich’ model of residential and outpatient care</td>
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<td></td>
<td></td>
<td>Short term (&lt; 2 weeks) rehabilitation</td>
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<tr>
<td>Tier Four</td>
<td>Residential rehabilitation – long term care</td>
<td>Long term (&gt;12 weeks) rehabilitation</td>
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3.27. Projects required to support the commissioned model are as follows:

- Common Screening Tool – an agreed screening tool to assist providers at all tiers to identify the preferred client pathway
- Models of brief intervention and extended brief intervention
- Self-help materials (online and offline)
- Data collation and analysis systems.
Treatment by other public bodies

3.28. In Britain, almost all treatment explicitly for problem gambling is funded by the gambling industry via GambleAware. Apart from a £150,000 annual contribution-in-kind to the GambleAware-funded National Problem Gambling Clinic, the NHS itself does not fund gambling treatment specifically, nor does it consistently measure those receiving treatment for problem gambling as a comorbidity when being treated for another condition e.g. depression.

By comparison, the tobacco industry gives little direct funding for the treatment of the diseases it causes, with the state funding this with a contribution from the tax income derived from tobacco products. Taxes from gambling do not specifically support any state-funded treatment.

Frequently, GambleAware-funded treatment providers have clients who present with comorbidities and much of the treatment the industry funds helps address problems well beyond the bounds of problem gambling.

To an unknown extent, the state does already treat gambling indirectly as a consequence of clients presenting with other conditions e.g. depression, stress, alcoholism, and substance abuse.

Aside from the funding concerns, this situation may mean that treatment is less effective and more costly to both the GambleAware and the state.

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 a component of the public health system
• Improve reporting of the extent of problem gambling
• Work with the NHS and other statutory providers to try and expand the volume, range and sophistication of treatment.

3.29. We will campaign to raise the profile of problem gambling across the wider public health community, and raise awareness of the GambleAware-funded treatment, particularly amongst GPs and other health professionals.

3.30. We will work with government departments to make a case for treatment to be integrated better with existing NHS and other statutory provision –
not to divert resources, but to ensure that treatment is offered on an integrated basis and the “hidden addiction” of gambling is not overlooked when treating other conditions.

2016-17 actions:

3.31. Extend treatment to include online self-help and relapse prevention.

3.32. Complete a tender process for 3 year contracts for treatment services from April 2017 with decisions made by January 2017.

3.33. Establish a basis for pump-priming other Tier 3 services via local commissioning agencies.

3.34. Invite further funding proposals to implement harm prevention activities.
### 2016-21 Key Performance Indicators

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<tbody>
<tr>
<td><strong>Self-help workbook completions</strong></td>
<td>n/a</td>
<td>100</td>
<td>250</td>
<td>600</td>
<td>1000</td>
<td>1500</td>
</tr>
<tr>
<td><strong>Referrals received</strong>*</td>
<td>7,700</td>
<td>9000</td>
<td>11500</td>
<td>14000</td>
<td>18000</td>
<td>21000</td>
</tr>
<tr>
<td><strong>% clients offered assessment within 7 days</strong></td>
<td>n/a</td>
<td>80%</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>% recovered clients PGSI</strong>*</td>
<td>n/a</td>
<td>55%</td>
<td>60%</td>
<td>65%</td>
<td>70%</td>
<td>75%</td>
</tr>
<tr>
<td><strong>% recovered clients CORE-10</strong>*</td>
<td>n/a</td>
<td>55%</td>
<td>60%</td>
<td>65%</td>
<td>70%</td>
<td>75%</td>
</tr>
<tr>
<td><strong>Sustained behavioural change at 12 months post-treatment</strong></td>
<td>n/a</td>
<td>35%</td>
<td>40%</td>
<td>45%</td>
<td>50%</td>
<td>55%</td>
</tr>
</tbody>
</table>

* Indicates number of people being referred into services offering a range of interventions, from Brief Intervention to Residential Care.

** Percentage of clients moving from ‘caseness’ (i.e. being classified as a problem gambler) to ‘non-caseness’ at end of treatment.
4. Harm-minimisation and Education

We will endeavour to minimise gambling-related harm through a targeted education and awareness program, and undertake and evaluate initiatives to minimise gambling-related harm.

Strategic objectives:

4.1. As annual fundraising extends sustainably beyond £7 million, to direct the additional money available, in the main, towards harm-minimisation activities including education. (Supporting National Responsible Gambling Strategy Priority 5)

4.2. To fund effective awareness-raising and early intervention work, particularly among young people and other vulnerable groups. (Supporting National Responsible Gambling Strategy Priority 8)

4.3. 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). (Supporting National Responsible Gambling Strategy Priority 2)

4.4. To support the establishment of a culture of independent evaluation across the gambling industry. (Supporting National Responsible Gambling Strategy Priority 3)

GambleAware Website

4.5. Originally launched by RiGT in 2008 and subsequently re-launched by RGT in 2013, GambleAware is a web-based resource with five stated purposes:

- to promote responsibility in gambling behaviour
- to provide information to help people make informed decisions about their gambling behaviour
- to help people to find out more about gambling and what responsible gambling means
- to understand and recognise problem gambling behaviour
• to show people where to go for further information, help and support should they need it.

4.6. GambleAware is now well-established as the most well recognised specialist website for those seeking advice about gambling responsibly or help in dealing with problem gambling. During 2015, there were 2.2 million hits on the GambleAware website, 1.8 million of which were unique users. Visits to the site have increased to over 6,000 per day and a recently commissioned YouGov poll reported 30% of people stating, when prompted, that they had heard of GambleAware.

4.7. Our ambition is to increase significantly public awareness of GambleAware, and to ensure that the website becomes a highly effective ‘signpost’ to support services for those suffering gambling-related harm.

4.8. To this end, we will continue to rationalise our various brands (RGT, InfoHub, National Gambling Helpline, and GambleAware) by focusing on GambleAware as the single unifying brand-name.

4.9. A separate “GambleAware Strategy 2016-17” has been agreed by trustees. Specifically,

• GambleAware will be refreshed to ensure the website is modern, technically responsive, and focuses on its core purpose

• We will seek to promote GambleAware, going beyond relying on its inclusion in operator’s advertising⁶, specifically seeking to raise its unprompted and prompted awareness levels across the population as a whole and particularly within vulnerable groups and young people

• We will review the branding, supporting taglines and content to align the user experience with its goals and better integrate with other campaigners, advice and treatment providers

• GambleAware will be a cross-industry portal for sector based self-exclusion schemes (Supporting National Responsible Gambling Strategy Priority 7).

Harm-minimisation

4.10. The gambling industry, through the Industry Group for Responsible Gambling (IGRG), has already initiated a number of initiatives in harm minimisation:

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

4.11. Where it is consistent with our charitable objects, we will support these and future initiatives with both direct funding (Supporting National Responsible Gambling Strategy 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.

4.12. Also, we will continue or incept initiatives to minimise gambling-related harm among young people and vulnerable groups.

4.13. We will continue to monitor research for indications of other groups which are identified as being at risk.
2016-17 actions:

4.14. Undertake and evaluate harm-minimisation projects:
- Seed-fund industry-wide social responsibility initiatives
- Deliver an independent evaluation service to operators for their harm-minimisation initiatives (at their cost).
- Harm-minimisation initiatives for
  - Young people
  - Homeless
  - Military

4.15. Develop and evaluate the performance of the GambleAware website.

4.16. Develop and deliver a public health harm-minimisation initiative with relevant public bodies.

2016-21 Key Performance Indicators

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</thead>
<tbody>
<tr>
<td>Investment in harm-minimisation</td>
<td>£500k</td>
<td>£500k</td>
<td>£750k</td>
<td>£1m</td>
<td>£1.1m</td>
<td>£1.2m</td>
</tr>
<tr>
<td>Prompted awareness of GambleAware website across the GB population</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>36%</td>
<td>38%</td>
<td>40%</td>
</tr>
<tr>
<td>GambleAware website unique visitors</td>
<td>1.8m</td>
<td>2.0m</td>
<td>2.2m</td>
<td>2.4m</td>
<td>2.7m</td>
<td>3m</td>
</tr>
</tbody>
</table>
5. Research and Evaluation

We will deliver an independently commissioned world-class research and evaluation programme that explores the nature of gambling and gambling-related harm, with the aim of preventing people from experiencing such harm and helping those who do experience difficulties to address them effectively.

Strategic objectives:

5.1. To work collaboratively with academics, clinicians and the industry to understand better how to develop an integrated and effective harm-minimisation framework for the benefit of all those that suffer gambling-related harm.

5.2. To publish an annual research Commissioning Plan setting out the research that GambleAware intends to commission over the forthcoming year, guided by the RGSB Research Programme.

5.3. To invite open tenders for all substantive research proposals and develop ways to share research data with suitable researchers whenever possible.

5.4. To build further capacity for objective and high quality research into how best to promote responsible gambling behaviour and how best to minimise gambling-related harm. (Supporting National Responsible Gambling Strategy Priority 10)

5.5. To enhance the InfoHub web resource as a repository and analysis ‘centre’ for the collation and evaluation of treatment-related data, academic data and evaluation of research. (Supporting National Responsible Gambling Strategy Priority 10)

Independent research and evaluation

5.6. We are committed to be at all times ‘evidence-based’, both from the point of view of what causes harm and also what harm-minimisation and treatment measures are most effective.

5.7. Our research remit is to explore the nature of gambling and gambling-related harm, with the aim of preventing people from experiencing such harm and helping those who do experience difficulties to address them effectively.
5.8. We are committed to delivering a balanced research programme that shifts the focus beyond the individual to include the gambling environment and products in line with a public health approach.

5.9. We have put in place robust governance arrangements to protect the independence of the research we commission, and have published a Research Governance and Commissioning Procedure as agreed with RGSB and the Gambling Commission.

5.10. The British gambling industry is introducing many harm-minimisation initiatives of its own, and we will continue to encourage and assist these where possible, including commissioning independent evaluation of such initiatives to enable the identification and sharing of best practice, and the optimisation of their effectiveness. We welcome the increased engagement and co-operation from the industry in support of our research programme, for example, by making systems data, venues and customers available to researchers.

**Governance**

5.11. GambleAware’s Board of trustees has a majority of trustees with no interest in the gambling industry. As a further safeguard to the independence of the research we fund, the full Board is only involved through setting the total budget for research, which is agreed in consultation with RGSB and is set out in the Five Year Financial Plan (Appendix 3). The Board as a whole has no further involvement in the commissioning, management or publication of research.

5.12. The Research Committee is a sub-committee of the Board of trustees which excludes all trustees who have a direct interest in the gambling industry.

5.13. Beyond this structural measure, all trustees are required to declare any potential Conflicts of Interest, and should any arise within the Research Committee, the trustee(s) concerned are, subject to the Chair’s discretion, expected to withdraw from the discussion.

5.14. The Research Committee is solely responsible for determining GambleAware’s research strategy, for drafting invitations to tender, for selecting researchers or other organisations to conduct the research, and for managing the quality assurance process for the research.

5.15. The Department for Culture, Media and Sport (DCMS), RGSB and the Gambling Commission will continue to be invited to send observers to
Research Committee meetings, whose views will be actively sought during those meetings.

5.16. We have published a Research Governance and Commissioning Procedure as agreed with RGSB and the Gambling Commission, which we are committed to follow.

Content

5.17. While we are an independent charity, under the terms of the 2012 Statement of Intent (Appendix 2) we have agreed that: “RGSB will remain the Commission’s independent adviser on Research, Education and Treatment (RET) and will draw up an independent, unbiased, evidence-based strategy to address RET. RGT will recognise its strategy (as endorsed by the Commission) as the sole authoritative voice on the RET agenda, and will, subject to the availability of funds, commission activity to implement the priorities set out in that strategy.”

5.18. RGSB has responsibility for:

- The establishment and maintenance of a detailed three-year Research Programme - a thematic framework of research questions relating to the priority areas identified within the broader responsible gambling strategy.
- The production and publication, at the appropriate time, of a Project Brief for each significant project or programme within the research programme. Each Project Brief will outline the policy context and need for the research, explain how it fits with the strategic priorities and identify the research questions to be addressed.

5.19. GambleAware has responsibility for:

- Developing, maintaining and delivering its own Commissioning Plan after considering the RGSB Research Programme and seeking to deliver as much of that strategy as possible while meeting the Trust’s overall charitable objects.
- The issue of Invitations to Tender (ITTs) for each major project.
- The evaluation of bids in response to ITTs and the issue of contracts to the successful bidder.
- Ensuring the quality of commissioned research through the establishment of appropriate steering groups of qualified individuals.
- Ensuring a process of robust peer review.
• Publishing research papers.

5.20. The National Responsible Gambling Strategy sets out 12 priority areas for action under its five new objectives.

5.21. Our remit goes beyond the research driven by RGSB, and trustees will also consider independently other research which furthers our charitable objectives. The commitment made by GambleAware in the 2012 Statement of Intent is given great weight when balancing priorities because the mechanism for collaboration with RGSB and the Gambling Commission it defines is critical to delivering GambleAware’s own charitable goals.

5.22. We will develop and publish a research Commissioning Plan at the start of each financial year which will outline the research projects we intend to commission over the next twelve months. This will provide an opportunity for the wider stakeholder community to comment on the research, although, as part of an independent charity with obligations to meet its own objects, the Research Committee will retain overall control as it will still draft the invitations to tender, with the benefit of this input.

General approach

5.23. We will commission research designed to:

• Define and measure gambling-related harm

• Identify the causes of gambling-related harm and mechanisms to mitigate them

• Identify those experiencing gambling-related harm

• Target effective intervention to prevent or minimise gambling-related harm

• Effectively treat those who experience harm when required.

5.24. As a charity, we have no intention of becoming a political, campaigning organisation, but we will say what we see. GambleAware will seek to interpret the research it funds to make firm recommendations for action to treatment providers, the industry, the Responsible Gambling Strategy Board, the Gambling Commission, politicians and others in a position to help us reduce harm.

5.25. Our research will be increasingly focused on practical application. We will always ask of our researchers, “so what?” We will look for specific recommendations for action as a result of the research we fund.
Commissioning

5.26. As a general rule, all research will be commissioned through an open tendering process.

5.27. We have created an Innovation Fund and annually invite proposals that meet our charitable objectives for assessment by the Research Committee without a particular ITT being issued in advance.

5.28. The Research Committee will seek to build additional capability in the field of gambling research.

- This will be a consideration when bids are reviewed, encouraging new applicants and offering feedback to unsuccessful bidders.

- We will conduct outreach events at universities to raise the profile of our research programme and encourage applications for funding from new researchers across a wider range of academic disciplines.

- We will support up to four PhD students annually where their subjects are relevant to GambleAware’s objects.

- We will promote the Research Governance and Commissioning Procedure agreed with RGSB amongst the research community to strengthen confidence in the protections of independence afforded by the processes that have been put in place.

Publication

5.29. Our policy is not to seek to exert influence over the research which we have commissioned except:

- The independent Research Committee may provide feedback on draft reports for the purpose of improving quality.

- We will facilitate independent peer review of all major research projects.

5.30. We include a confidentiality clause within all our research agreements to prevent premature disclosure of results or other information about the research we are funding. This does not extend beyond the publication date of any research, unless certain contractually specified legal issues arise e.g. data protection concerns, which allow only for a short delay in publication.

5.31. Recipients of grants for research retain the intellectual property of their work, but are required to agree a royalty-free, perpetual licence to GambleAware to make use of their research.
Industry Partnerships

5.32. We will, where appropriate, facilitate the involvement of the industry in the research we commission. GambleAware will support researchers in their interactions with the industry, and if necessary defend their independence both informally and formally, by including mutual whistleblowing clauses in all research agreements.

5.33. We include mutual whistleblowing clauses in our research agreements to deter any undue influence from industry over researchers we fund. These clauses allow researchers to cease their work without financial penalty if the industry is found to have sought to influence their work. Equally, if we identify that any researchers we are funding are collaborating inappropriately with the industry, we will terminate without paying any further grant money.

5.34. Evaluation will be undertaken in accordance with the Evaluation Protocol published by RGSB.7

Dissemination

5.35. The InfoHub will be better publicised through a short, targeted marketing campaign, including promotion at all GambleAware events, within tender documents, and on press releases.

5.36. A simple post-implementation review of the InfoHub will be conducted to enable improvements and promote awareness of its latest functionality.

5.37. Wider publicity will be achieved for new research by working with PR advisors to place new material with the mainstream media whenever possible (See separate Communications Strategy).

7 See http://www.rgsb.org.uk/publications.html
2016-17 actions:

5.38. Publish a 2017-18 research Commissioning Plan and seek public feedback
5.39. Deliver the research programme into remote gambling behaviour and effective harm-minimisation
5.40. In collaboration with RGSB, deliver research focused on identifying and accounting for gambling-related harm
5.41. Continue to organise an annual ‘harm-minimisation’ conference to disseminate latest research findings and to act as a forum for shared learning between the industry, regulators, treatment providers and academics
5.42. Launch the clinical e-learning programme on the GambleAware InfoHub™ website
5.43. Establish a new round of PhD funding.

2016-21 Key Performance Indicators

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<tbody>
<tr>
<td>Investment in research</td>
<td>£1m</td>
<td>£1m</td>
<td>£1.25m</td>
<td>£1.5m</td>
<td>£1.5m</td>
<td>£1.5m</td>
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<tr>
<td>New post-doctoral level</td>
<td></td>
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<tr>
<td>researchers significantly</td>
<td></td>
<td></td>
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<tr>
<td>contributing to funded</td>
<td></td>
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<tr>
<td>research</td>
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6. Fundraising

We will endeavour to establish a sustainable financial model in which income and expenditure are equally balanced at a level of at least £10 million per annum. We will fundraise primarily from all organisations that derive an income from commercial gambling in Great Britain and seek to extend our fundraising effort to include collaborations with other not-for-profit organisations that meet our charitable objects.

Strategic objectives:

6.1. To raise sufficient income to meet our responsibilities as identified in the National Responsible Gambling Strategy as well as any additional activity that trustees regard as necessary to meet our charitable objects.

6.2. To raise a minimum of 0.1% of gross gambling yield (GGY) from all gambling operators and manufacturers licensed to trade within Great Britain.

6.3. To secure the full support of the Gambling Commission, RGSB and the DCMS in raising funds through the voluntary system, including directing through us any additional payments – above and beyond the stated fundraising target of 0.1% GGY - made as part of voluntary settlements with the Commission.

6.4. To diversify funding sources, securing new income streams from businesses deriving income from gambling such as commercial broadcasters, online advertising media, professional sports teams and venues.

6.5. To extend our fundraising effort to include collaborations with other funding bodies including the Big Lottery Fund, social research companies and foundation trusts.

Background

6.6. All businesses licensed by the Gambling Commission are required to adhere to licence conditions and codes of practice (LCCP). The LCCP

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8 The Gambling Commission may agree a payment to a third party for an agreed purpose as part of a voluntary settlement with licensed operators following a breach of a licence condition
incorporates a Social Responsibility Code (SRC), which is mandatory and includes a provision (3.1.1) that supports our fundraising objectives.

**Combating problem gambling**

**All licences**

1. Licensees must have and put into effect policies and procedures intended to promote socially responsible gambling including the specific policies and procedures required by the provisions of section 3 of this code.

2. Licensees must make an annual financial contribution to one or more organisation(s) which between them research into the prevention and treatment of gambling-related harm, develop harm prevention approaches and identify and fund treatment to those harmed by gambling.

6.7. The Gambling Commission does not specify how operators fulfil the requirement to fund research, education and treatment in respect of problem gambling (RET) but promotes the fact that most do so by making a donation to GambleAware and suggests that “a contribution to the Responsible Gambling Trust is a straightforward and appropriate way to meet this obligation in full.”

6.8. The Gambling Act 2005 allows for a levy to be imposed to fund RET. However, “the Gambling Commission and the industry have taken a less formal approach whereby making a contribution is mandatory but the value and the recipient are determined by each operator.”

6.9. This voluntary arrangement is the Gambling Commission’s preferred approach so long as there is sufficient funding available for “agreed RET programmes”, which is understood to be the programmes of activities that are set out in the National Responsible Gambling Strategy, 2016-19 published by RGSB and endorsed by the Gambling Commission. We are committed to working with RGSB to establish the costs of delivering those elements of the National Responsible Gambling Strategy that meet our charitable objects and for which we are identified as responsible.

6.10. In addition, there will be other activities that trustees will identify as being necessary to meeting our charitable objects, such as the further

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10 See - ibid
development of the GambleAware website. The costs of these additional activities will be estimated and, together with the costs of delivering the relevant elements of the National Responsible Gambling Strategy, will inform the quantum of annual fundraising that we require to achieve.

**Quantum**

6.11. On the basis of the industry GGY for the 12 months ending 30 September 2015 as reported by the Gambling Commission, an industry wide contribution equivalent to 0.1% of GGY would amount to approximately £12.5 million – see table 2 below:

<table>
<thead>
<tr>
<th>GGY (£m)</th>
<th>Oct 2014 – Sept 2015</th>
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<tbody>
<tr>
<td>Arcades</td>
<td>383</td>
</tr>
<tr>
<td>Betting</td>
<td>3201</td>
</tr>
<tr>
<td>Bingo</td>
<td>691</td>
</tr>
<tr>
<td>Casinos</td>
<td>993</td>
</tr>
<tr>
<td>Lotteries (Remote &amp; Non-Remote)</td>
<td>357</td>
</tr>
<tr>
<td><strong>Non-remote sector</strong></td>
<td><strong>5625</strong></td>
</tr>
<tr>
<td>Remote sector</td>
<td></td>
</tr>
<tr>
<td><strong>Total excluding National Lottery</strong></td>
<td><strong>9261</strong></td>
</tr>
<tr>
<td>National Lottery (remote and non-remote)</td>
<td>3293</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12556</strong></td>
</tr>
</tbody>
</table>

6.12. We fundraised £7 million in 2015/16 (excluding voluntary settlements), which is circa 56% of what reaching an overall target of 0.1% would have achieved. However, if we focus on the total GGY excluding the National Lottery (see 6.18 below) we can say that we achieved circa 76% of the potential full 0.1%.

6.13. Last year, we received donations from more than 80% of British-licensed gambling operators.

6.14. Our immediate objective is to achieve a minimum of 0.1% of GGY from all British-licensed gambling operators as soon as possible, increasing income to over £10 million by 2018/19, which we have agreed with the
RGSB as the sum required to deliver our elements of the National Responsible Gambling Strategy.

**Fundraising strategy**

6.15. GambleAware should seek to achieve its income from each sector in broadly the same proportions as overall GGY. However, it is not straightforward to determine whether this is happening:

- Gambling Commission data does not allocate licensees reported donations to a single sector
- It is not always possible to divide a single company’s donation correctly between sectors
- It is not always possible to divide a single company’s revenues between sectors
- There is a lag in public financial reporting by operators
- Financial reporting lacks GB specific revenue data.

6.16. We will work with the Gambling Commission to find ways to use the data it has available to encourage operators to make their full contribution. For example, the Gambling Commission could publish quarterly figures on the level of contribution to RET made by operators in each sector (in aggregate) as a percentage of GGY.

6.17. We will also ask the Gambling Commission to encourage operators who agree voluntary settlements to choose to give such payments to GambleAware. These will generally be spent in delivering within the priorities of the National Responsible Gambling Strategy, but where appropriate may be more narrowly allocated after discussion with the Gambling Commission and the operator in question, constituting restricted funds for an agreed purpose under charity accounting rules. By doing so, the additional funds from voluntary settlements will be spent within an agreed national strategy, and the Gambling Commission can achieve assurance from GambleAware both that the donation has been made by the operator, and that it has been spent in line with the agreed purpose.

**National Lottery and large society lotteries**

6.18. The proportion of lottery and scratchcard players who are problem gamblers remains low: for example, only 3% of callers to the National Gambling Helpline in 2015/16 mentioned these products. However, lottery products have a very large number of customers so a relatively low rate
of problem gambling may disguise the high absolute number of problem gamblers that buy those products.

6.19. As several major lotteries offer online instant win lottery products, this element of their product portfolio is now less obviously distinguished from online gambling operators.

6.20. The National Lottery operates under a distinct legislative and regulatory regime and specifically does not have the same licence requirement to donate towards the funding of RET, but nevertheless makes a substantial annual donation to our work. While seeking to apply a consistent principle across the whole industry, we have adjusted our target for funds raised from the National Lottery, accounting for good cause funding by deducting it from total stakes along with the prize fund. We do recognise that there are further significant differences such as the way that Lottery Duty is applied which we will discuss with the National Lottery when determining their direct contribution.

6.21. We have also explored with the operator of the National Lottery (Camelot) the opportunities for GambleAware to work more closely with it to benefit from its data, reach and profile. We will be likely to focus on research and harm minimisation initiatives targeting young people, who are able to access lottery products from the age of 16. We will ensure that any relevant research undertaken by GambleAware considers the National Lottery, to identify any similarities or differences with the rest of the gambling industry, so these can be better understood and inform funding discussions.

Social Gaming

6.22. The Gambling Commission has a watching brief for Social Gaming, given the risk of it becoming a gateway product for gambling, or in itself, assumes the characteristics of gambling.

“We would only want to advise government to bring social gaming within the scope of gambling regulation if we consider these risks that could not be addressed by... responsible self-regulation by operators”

Gambling Commission website

6.23. We have maintained a parallel stance. However over the next five years a more proactive position may be required to achieve the requisite level of horizon scanning for this fast-growing area (Supporting National Responsible Gambling Strategy Priority 11).
• We will increase contact with the International Social Games Association which recently launched an advice website similar to GambleAware so there may be an opportunity to act collaboratively.

Additional sources of funds

• 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.

6.24. We will seek to broaden our sources of funds beyond licensed operators to ensure all those responsible for gambling behaviour contribute to our harm-minimisation work:

• Broadcasters feature major betting events. Commercial broadcasters benefit from significant advertising revenue, and in some cases, refer explicitly to bookmakers’ odds with the prime example being horse racing, although commentators on other sports will frequently refer to the favourites, or highlight unexpected wins by outside bets

• We will seek to secure contributions based on the level of broadcast output generated by events where betting is involved

• The online advertising industry also secure significant revenue from gambling advertising and we will approach them for donations

• Sport governing bodies receive extensive sponsorship and broadcast rights income for activity which is at the heart of gambling

• Sport teams also benefit from direct sponsorship and other commercial contracts with gambling business as well as a share of the income secured by governing bodies

• Venues which are not in themselves licensed entities nevertheless make considerable commercial gains from gambling-related activity.

Strategic partnerships

6.25. We will seek to extend our fundraising effort to include collaborations and strategic partnerships with grant-making charities and other funding bodies including the Big Lottery Fund, social research companies and foundation trusts on the basis of mutual interest in minimising gambling-related harm.
Expeditions

6.26. Four international fundraising treks to Mount Kilimanjaro (October 2013), the Sahara Desert (March 2014), The Great Wall of China (April 2015) and Mount Kilimanjaro (February 2016) has involved 100+ participants from more than a dozen companies and together fundraised £235,000. Beyond the fundraising, the other significant success arising from these trekking events is the opportunity to raise the profile of and support for GambleAware among a diverse group of people working in a range of disciplines within the British gambling industry. We aim to arrange further treks on an annual basis.

Service income opportunities

6.27. GambleAware will also seek to generate income from and/or collaborate with organisations which suffer commercially from gambling-related harm, both generally, and potentially for treatment of specific individuals (through our treatment partner network):

- Banks and ‘payday’ loan companies
- Landlords and Housing Associations
- Employers and Employee assistance schemes
- Insurance companies.

Achieving our fundraising target

6.28. Trustees have approved a five-year financial plan which is included as Appendix 3.

- The aim of this financial plan is to increase expenditure gradually to equal income by 2019/20, reducing the balance of funds currently held by GambleAware.

- This balance was created during the first three years of operations when there was a higher degree of uncertainty about the level of income GambleAware would raise. To enable GambleAware to make long term commitments, some income from earlier years was retained to fund payments in subsequent years under contracts already agreed. Successful fundraising made this level of prudence unnecessary with hindsight, creating a temporary surplus.

6.29. We have assessed the cost of the National Responsible Gambling Strategy and asked RGSB to make a recommendation as to the level of contribution to research, education and treatment required by the industry
to ensure this new agenda can be funded without impacting on treatment and harm prevention services.

6.30. We will keep under review what this total fundraising goal requires as a donation from each licensee, calculated as a percentage of GGY, as the demands on our services increase, the plans of RGSB evolve, and the overall size of the industry changes from year to year.

6.31. Table 3 sets out in detail how we will achieve our fundraising goals. It demonstrates that these are achievable with or without a full contribution from the National Lottery, although to do so without such a contribution will require full compliance with the 0.1% of GGY recommended donation from the rest of the industry, and some further funding from new sources of income.

6.32. We have also assumed only 2% per annum average growth in the industry. Sensitivity analysis indicates that if this were to be 6%, then our goals are achievable without the National Lottery’s contribution, or additional sources of income.

6.33. Overall, we are confident that a blend of factors will enable us to meet our fundraising goals:

- Improved compliance with 0.1% target, as well as some increase in funds from the National Lottery
- Industry growth exceeding 2% average
- New sources of income, including voluntary settlements.
Table 3 - Achieving our fundraising target

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<tbody>
<tr>
<td>GGY (2% projected growth pa)</td>
<td>11,247</td>
<td>11,472</td>
<td>11,701</td>
<td>11,935</td>
<td>12,174</td>
<td>12,418</td>
<td>12,666</td>
</tr>
<tr>
<td>GGY completely excluding National Lottery ('NL')</td>
<td>8,015</td>
<td>8,075</td>
<td>8,236</td>
<td>8,401</td>
<td>8,569</td>
<td>8,741</td>
<td>8,915</td>
</tr>
<tr>
<td>Industry GGY (less Primary Contribution)</td>
<td>8,706</td>
<td>8,660</td>
<td>8,833</td>
<td>9,010</td>
<td>9,190</td>
<td>9,374</td>
<td>9,561</td>
</tr>
<tr>
<td>Primary Contribution (good cause fund) + Duty</td>
<td>2,541</td>
<td>2,812</td>
<td>2,868</td>
<td>2,926</td>
<td>2,984</td>
<td>3,044</td>
<td>3,105</td>
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<tr>
<td>Potential funds completely excluding NL</td>
<td>8.0</td>
<td>8.1</td>
<td>8.2</td>
<td>8.4</td>
<td>8.6</td>
<td>8.7</td>
<td>8.9</td>
</tr>
<tr>
<td>Potential funds incl NL less Primary Contribution</td>
<td>8.7</td>
<td>8.7</td>
<td>8.8</td>
<td>9.0</td>
<td>9.2</td>
<td>9.4</td>
<td>9.6</td>
</tr>
<tr>
<td>GambleAware Fundraising Target</td>
<td>6.5</td>
<td>7.3</td>
<td>8.0</td>
<td>9.0</td>
<td><strong>10.0</strong></td>
<td><strong>10.5</strong></td>
<td><strong>11</strong></td>
</tr>
<tr>
<td>Target / Potential completely excluding NL</td>
<td>81%</td>
<td>90%</td>
<td>97%</td>
<td>107%</td>
<td>117%</td>
<td>120%</td>
<td>123%</td>
</tr>
<tr>
<td>Target / Potential (including NL less Primary Contribution)</td>
<td>75%</td>
<td>84%</td>
<td>91%</td>
<td>100%</td>
<td>109%</td>
<td>112%</td>
<td>115%</td>
</tr>
<tr>
<td>Surplus / (shortfall) when completely excluding NL</td>
<td>1.5</td>
<td>0.8</td>
<td>0.2</td>
<td>-0.6</td>
<td>-1.4</td>
<td>-1.8</td>
<td>-2.1</td>
</tr>
<tr>
<td>Surplus when including NL less Primary Contribution</td>
<td>2.2</td>
<td>1.4</td>
<td>0.8</td>
<td>0.0</td>
<td>-0.8</td>
<td>-1.1</td>
<td>-1.4</td>
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Additional potential income sources to mitigate any shortfall:

- Sports teams and venues
- Commercial broadcasters
- Online advertisers
- Voluntary settlements
- Unclaimed prizes
- Foundations and the Big Lottery Fund
2016-17 actions:

6.34. Encourage all gambling industry sectors to make their full 0.1% GGY contribution to GambleAware.

6.35. Work with the Gambling Commission and IGRG to measure and report at summary level RET contributions as a proportion of GGY.

6.36. Develop a strategy to diversify the current fundraising base specifically for commercial broadcasters, the online advertising industry and sports teams and venues.

6.37. Increase the National Lottery contribution towards a target level that aligns it with other forms of gambling.

6.38. Update GambleAware database with the Gambling Commission’s current public licensing records and organise a subsequent mail-shot of all licensed gambling businesses.

6.39. Communicate to all donors our achievements and future plans.

6.40. Publish an annual report demonstrating that money donated from the industry has been spent effectively.

6.41. Establish an industry engagement panel that meets regularly to provide a forum for dialogue with the industry.


6.43. Update the GambleAware fundraising database structure to support strategy.

6.44. Seek strategic partnerships with like-minded grant-making charities and other funders.
### 2016-21 Key Performance Indicators

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<tr>
<td>% of licensed operators contributing</td>
<td>85%</td>
<td>87.5%</td>
<td>90%</td>
<td>92.5%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>% of total industry GGY raised (including National Lottery)</td>
<td>74%</td>
<td>78%</td>
<td>92%</td>
<td>94%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>% of income from licensed operators Fundraising Target</td>
<td>99%</td>
<td>98%</td>
<td>96%</td>
<td>94%</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>£7.7m</td>
<td>£8m</td>
<td>£9m</td>
<td>£10m</td>
<td>£10.5m</td>
<td>£11m</td>
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7. Governance

Strategic objectives:

7.1. To ensure that the Board of trustees is well-regarded and demonstrably independent, principally by appointing an independent chair and by maintaining only a minority of trustees with any direct interest in the gambling industry.

7.2. To recruit and refresh trustees to ensure a diverse Board of trustees reflecting all parts of society, and who bring current academic, therapeutic, personal and professional experience and other relevant skills that extend the collective competence of the Board.

7.3. To be committed to transparency and openness in the way the charity operates and to be guided by the Charity Commission’s ‘Hallmarks of an Effective Charity’ to ensure best practice.

Governance

7.4. GambleAware is an independent charity registered and regulated by the Charity Commission for England and Wales with the following charitable objects:

- the relief of those who are vulnerable or otherwise in need as a result of gambling, in particular but not exclusively by the provision of counselling and advice; and

- the advancement of education for the benefit of the public by research into responsible gambling, the nature and causes of gambling-related harm and the effectiveness of treatments, and the publication of the results of such research.

7.5. Trustees understand the need to generate widespread trust and credibility in the charity’s independence and integrity, particularly in view of the investment of both fundraising and commissioning functions in a single, industry-funded body. Trustees have put in place robust governance arrangements including:

- Appointing wholly independent trustees and maintaining a register of interests for both trustees (published online) and senior management (recorded internally and available for audit)

- Inviting the Government, the Gambling Commission and its strategic advisers, RGSB, to observe GambleAware Board and committee meetings
- Publishing details of how funds will be distributed each year guided by the RGSB’s three-year strategy, as endorsed by the Gambling Commission
- Ensuring research is commissioned via an independent Research Committee in consultation with RGSB and in accordance with an agreed Research Governance and Commissioning Procedure
- Ensuring treatment is commissioned via an independent Treatment Expert Panel in consultation with RGSB
- Publishing ‘minutes’ of Board and Committee meetings
- Seeking advice from external experts in collaboration with RGSB.

7.6. We are also committed to the Charity Commission’s ‘hallmarks of an effective charity’:

**Hallmark 1:** Clear about its purposes and direction - an effective charity is clear about its purposes, mission and values and uses them to direct all aspects of its work.

**Hallmark 2:** A strong board - an effective charity is run by a clearly identifiable board or trustee body that has the right balance of skills and experience, acts in the best interests of the charity and its beneficiaries, understands its responsibilities and has systems in place to exercise them properly.

**Hallmark 3:** Fit for purpose - the structure, policies and procedures of an effective charity enable it to achieve its purposes and mission and deliver its services efficiently.

**Hallmark 4:** Learning and improving - an effective charity is always seeking to improve its performance and efficiency, and to learn new and better ways of delivering its purposes. A charity’s assessment of its performance, and of the impact and outcomes of its work, will feed into its planning processes and will influence its future direction.

**Hallmark 5:** Financially sound and prudent - an effective charity has the financial and other resources needed to deliver its purposes and mission, and controls and uses them so as to achieve its potential.

**Hallmark 6:** Accountable and transparent - an effective charity is accountable to the public and others with an interest in the charity in a way that is transparent and understandable.
Trustees and Committees

7.7. We are committed to re-establishing an independently-led Board of trustees that consists of a minority of trustees who work in or around the British gambling industry and a majority of trustees that are demonstrably independent of the gambling industry. This properly balances the need to retain the confidence of a diverse industry, vital in the context of a voluntary donation-based system, with the need for robust governance arrangements when commissioning independent research, for example.

7.8. We have established five separate committees/panels to support trustees’ decision-making:

Audit and Risk Committee

7.9. The new Audit and Risk Committee includes at least three trustees. The chair of the trustees may not sit on this committee. It is tasked with oversight of: financial reporting; internal control and risk management; compliance, whistleblowing and fraud; and it arranges the external audit of the charity.

7.10. The terms of reference for the Audit and Risk Committee will be published via the GambleAware website.

Remuneration Committee

7.11. We understand the need to be financially sound and prudent, as well as transparent and accountable, so as to generate widespread trust and credibility in our independence and integrity. The Remuneration Committee operates to review and to make recommendations regarding the salaries and benefits of all management and staff members.

7.12. The terms of reference for the Remuneration Committee are published via the GambleAware website.

7.13. If any trustee benefits from remuneration from GambleAware, this must be approved in advance by all other trustees and is declared in the Annual Report and Accounts.

Treatment Expert Panel

7.14. In collaboration with RGSB, we have established a Treatment Panel of experts with the following duties:

- Critically review and make recommendations to the GambleAware Board about the development and delivery of its strategy and funding plans in relation to treatment and minimising gambling-related harm in light of
available evidence, information and advice, as well as taking account of the RGSB’s rolling three-year strategy

- Consider and make recommendations to the GambleAware Board regarding the resources necessary to deliver the GambleAware’s strategy in relation to treatment and minimising gambling-related harm.

7.15. The full terms of reference for the Treatment Panel are published via the GambleAware website.

**Research Committee**

7.16. All our research activity is wholly the responsibility of our Research Committee, chaired by our Senior Independent Trustee. This arrangement ensures that those trustees who may have a direct interest in any research outcomes are entirely excluded from directing or otherwise influencing any research activity that the GambleAware undertakes to commission.

7.17. The terms of reference for the Research Committee are published via the GambleAware website.

7.18. Also, for each substantial research project commissioned, we have established a panel of independent experts (Independent Research Oversight Panel, IROP) to provide further academic oversight, identified on the GambleAware website. Furthermore, we will publish the final reports for all the research we fund, provided they pass their independent review process.

7.19. The purpose of appointing such a panel of independent experts is to provide the necessary expert and independent oversight and comment on the scientific rigour and methodology to underpin stakeholder confidence in the objectivity and quality of all research outputs. We will keep the composition of both the Research Committee and IROP under review to ensure it has access to sufficient expertise, and if this is not available from within the pool of independent trustees, additional non-voting members may be co-opted to support the work of the Committee.
2016-17 actions:

7.20. The Board of trustees will continue to meet at least four times a year with open invitations to DCMS, the Gambling Commission and RGSB to observe Board meetings and committee meetings.

7.21. Appoint an independent chair of the Board of trustees (Completed).

7.22. Review the role, leadership and terms of reference for each of the sub-committees.

7.23. Ensure a diverse range of candidates is considered for any vacancies which arise on any committees, and invite expressions of interest in serving on these committees through the GambleAware website on an ongoing basis. When vacancies arise, consider the use of professional recruitment consultants to secure a wider range of candidates.

7.24. Publish approved minutes on the GambleAware website of the Board of trustees, the Research Committee (including summaries of the advice from the Independent Research Oversight Panel), the Treatment Panel and the GambleAware Advisory Panel, and other relevant papers and reports, subject to reasonable redactions.

2016-21 Key Performance Indicators

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<tr>
<td>Min % female trustees</td>
<td>18%</td>
<td>20%</td>
<td>27%</td>
<td>27%</td>
<td>36%</td>
<td>36%</td>
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8. Management

8.1. The GambleAware team consists of eight full-time staff:

- Chief Executive
- Director of Commissioning (Treatment and Harm-Minimisation)
- Director of Fundraising
- Director of Operations and Development
- Director of Research and Evaluation
- Operations Manager
- Assistant to Director of Fundraising
- Research and Commissioning Assistant.

8.2. Accounts management services are provided by an external provider via a services agreement based on a maximum of two days every week.

8.3. Role descriptions have been defined for each position which set out the responsibilities of each individual and a personal performance review process is undertaken annually.
Appendix 1 National Responsible Gambling Strategy, 2016-19 (Priority Actions)\(^{11}\)

- Priority action 1: Understanding and measuring harm. This action involves research intended to create a more sophisticated understanding of the nature of harm associated with gambling. Success would help move away from more limited measurement tools, such as simply counting the number of problem gamblers.
- Priority action 2: Engagement with relevant public sector bodies and other agencies to encourage greater acceptance of responsibility for delivering the strategy. This action calls for a broader range of organisations to use their skills, resources and influence to minimise gambling-related harm.
- Priority action 3: Consolidating a culture of evaluation. Evaluation helps improve understanding of what works, and in what circumstances. This action is designed to build on the progress that has been made to evaluate initiatives and use the findings to target the future use of resources.
- Priority action 4: Increased understanding of the effects of product characteristics and environment. This action requires further work to understand the extent that product characteristics (e.g. stake size or speed of play) and environmental characteristics (e.g. premises location or layout) contribute towards gambling-related harm.
- Priority action 5: Improving methods of identifying harmful play. This action calls for continued work to develop methods of identifying patterns of play that are linked to harm. Such methods include algorithms relating to remote or machine-based gambling, as well as other approaches such as training for staff to identify and respond to relevant behavioural patterns.
- Priority action 6: Piloting interventions. It is important that the gambling industry continues to develop and improve ways of intervening when harmful play is identified. This action requires well-designed interventions to be piloted and evaluated. Approaches could include customer interaction, messaging or debit card blocking.
- Priority action 7: Self-exclusion. The establishment of multi-operator self-exclusion schemes is under way. A number of sector specific schemes are already launched or in development. This action requires the completion of this work and increasing the levels of awareness of self-exclusion schemes among gamblers, advice agencies and others so as to improve effectiveness.
- Priority action 8: Education to prevent gambling-related harm. This action calls for better understanding of the effectiveness of steps that could be taken through education to minimise the risk of gambling-related harm.

• Priority action 9: Building the quality and capacity of treatment. This action recommends continuation of effort to ensure that treatment for those that need it is as effective and well-targeted as possible.

• Priority action 10: Widening and strengthening the research field and improving knowledge exchange. This action calls for greater effort to attract a wider range of researchers to fields of research relevant to this strategy. Crucial to success will be a demonstration of the independence and integrity of the commissioning process.

• Priority action 11: Horizon scanning. This action recognises the need to understand how the gambling market, or factors which may affect it, are developing and to identify emerging risks.

• Priority action 12: Public engagement. This action calls for more effort to obtain the views of gamblers when developing initiatives designed to reduce gambling-related harm.
Appendix 2 Statement of Intent

New arrangements for prioritising, commissioning, funding and evaluating research education and treatment

Statement of intent between the Gambling Commission, RGSB and the Responsible Gambling Trust

Introduction, assumptions and principles

1. The tripartite arrangements for the research, education and treatment elements of a national responsible gambling strategy (hereafter referred to as "RET") were established following a review of the previous arrangements in 2008. However, in 2011 it was agreed by all parties that those arrangements were not working and discussions were held about how to reform the voluntary arrangements, building on the successes of the last three years and recognising the lessons. The Minister has acknowledged these new arrangements and will look to their success as a mitigation against the need to introduce a statutory levy at this time.

2. This paper describes the agreed new structure with effect from 1 April 2012; it also highlights the action that will be taken to provide full confidence that the new arrangements will be appropriate, proportionate and effective. All parties start from a renewed position of goodwill, appreciating what progress has been delivered so far and acknowledging that we share the same purpose.

3. That purpose is to establish an agreed ‘assurance and governance framework’ that will enable the Gambling Commission to assure itself, and therefore Government, that the combined work of RGSB in setting substantive priorities for funding, and the Responsible Gambling Trust in generating funds and commissioning work to give effect to RGSB’s priorities is effective – including in the generation of evidence on which to base decisions about the regulatory framework – and thus that the voluntary system is working successfully to contribute to minimising the level of problem gambling in Britain and to ensuring that effective treatment is available to those who require it.

4. We have taken as our guide in formulating these arrangements the key points set out by the Minister, briefly summarised as follows:
   - That voluntary arrangements led by the industry currently remain viewed as preferable to a statutory levy
   - That a key test of any new arrangements is that they can engender trust and credibility across a wide range of stakeholders, including the
industry, faith and community groups, regulators, legislators, academics and other service providers and the wider public

- That the new arrangements need to deliver the evidence that the Commission and Government need to make decisions about regulatory policy – in particular, to provide confidence that decisions to increase or reduce regulatory burdens can be made with the fullest possible understanding of the risks to children and vulnerable people\(^\text{12}\) and how they might be mitigated.

5. At a high level the following structures form part of the new arrangements:

- GREaT and RGF will merge, to become the Responsible Gambling Trust (RGT) – and the Responsible Gambling Fund (RGF) as the previous distributor will not be replaced.
- RGT will be responsible for fundraising and commissioning activity to deliver the strategy that RGSB advises the Commission should be followed (building in feedback from activity and evidence already evaluated by RGT), subject to the funds available. It is acknowledged that practical and/or budgetary constraints might present difficulties in delivering some aspects of the strategy and in this instance discussions would need to take place between RGSB and RGT about would could reasonably be delivered. RGT’s strategic objectives are attached at Annex A.
- RGSB will remain the Commission’s independent adviser on RET and will draw up an independent, unbiased, evidence-based strategy to address RET. RGT will recognise its strategy (as endorsed by the Commission) as the sole authoritative voice on the RET agenda, and will, subject to the availability of funds, commission activity to implement the priorities set out in that strategy. RGSB’s secretariat will be provided by dedicated staff employed by the Commission; the Secretary, although working exclusively for RGSB, will have access to the Commission’s analytical resources.

6. The new arrangements are predicated on the following principles:

- That all parties will work together openly and in active partnership
- That all parties will share an overriding commitment to transparency and engagement with stakeholders – and it is this transparency and engagement that will form the key underpinning of widespread trust and credibility in the new arrangements
- That ‘responsible gambling’ means promoting ‘responsibility in gambling’ and not gambling itself. The aim of all parties is to reduce gambling-related harm through targeted research of the risks associated with

\(^{12}\) As required by section 1 of the Gambling Act 2005.
gambling and what works in terms of education, harm prevention and treatment.

Overall structure

7. In essence the new arrangements are as follows:

Fundraising
8. RGT raises funds from the industry, with advice on the amount necessary provided, as now, by RGSB, taking into account discussions with RGT about what is achievable. For practical purposes, the starting point is that £5m is the minimum necessary to provide credibility, recognising that it had been hoped to have increased to £7m pa by this stage in the tripartite arrangements. By the end of the first year of operation (March 2013), RGSB and RGT will aim to agree a future three year rolling fundraising profile, reviewed annually. RGT remains committed to achieving £7m annually.

9. The industry has successfully raised £5m in 2009/10 and in 2010/11. It is expected that £5m will be raised in the year ending March 2012.

10. However, the fact remains, in RGT’s view, that too few businesses make a donation, and many of those that do contribute do so at a relatively low level. In 2010/11, around 960 businesses contributed donations, of which less than 60 combined to contribute around 85% of the total £5m raised. The total number of contributing businesses may be usefully compared against more than 3,000 businesses licensed by the Gambling Commission.

11. RGT is reviewing the basis on which donations have been sought in the past in an effort to make the formula more transparent and equitable across and within business sectors. There are also a number of initiatives to widen the engagement of gambling operators and service providers including pubs, clubs, lotteries and amusement arcades. A particularly important initiative has been to establish a forum for regular, constructive and wide-ranging engagement with and interaction between trade associations, with a particular focus on fundraising.

Commissioning/distribution
12. RGT will distribute funds on the basis of the strategy that RGSB advises the Commission should be delivered. RGT will publish its “commissioning plan” – a scheme for delivering the strategy – explaining why, if applicable, it has not proved possible to secure credible commissioned work to deliver aspects of the strategy. A similar process will apply to issues that require consideration.
between strategies\textsuperscript{13} – ie RGSB advises the Commission publicly on what is needed and RGT publishes its commissioning plan to meet that need. The discussions will be underpinned by much closer co-operation between officials at RGT, RGSB and the Commission, and there would be room for iteration about what can practically be delivered – but critically such iteration would need to take place transparently. RGT wishes to build on the commissioning framework developed by RGF.

13. Commissioning is understood to be the process of making sure that activity is specified and procured in line with purchaser requirements and that priorities identified in RGSB’s agreed strategy are effectively met. It is a process which should include assessing needs and demand – including those expressed on behalf of the Commission in RGSB’s strategy – prioritising outcomes, procuring value for money products and services, and monitoring and evaluating service provision. The process can be straightforward for small projects, but is likely to be more complex for national projects. Whatever the size of the funded provision, all funded providers must be subject to a common regime for data collection and independent evaluation, to which there can be no exceptions.

14. In developing its commissioning plans, RGT will take into account the need to generate widespread trust and credibility, particularly in view of the investment of both fundraising and commissioning functions in a single, industry-led body. It will do this by:

- appointing wholly independent trustees (that is, independent of the industry, service providers, the regulator and anyone else that may have a vested interest). Three independent trustees will be appointed in the first instance with a view to increasing this number to five.
- inviting DCMS, Gambling Commission and RGSB to observe Responsible Gambling Trust meetings.
- seeking advice from specific external experts and sharing with RGSB the pool of existing experts built up under the previous arrangements. This includes engaging with appropriate groups of experts. These experts will neither be RGT’s nor RGSB’s but will enjoy common recognition and would be deployed in various combinations as required for particular tasks.

**Evaluation**

15. All parties recognise the importance of delivering value for money in distributing the funds raised, and that an important factor in determining whether value for money has been achieved is the extent to which the agreed programme is delivered in terms of the amount and quality of

\textsuperscript{13} Including the need for a process for discussing whether unsolicited bids resonate with the strategy and whether they could be delivered by RGT.
learning to be derived from it. This is of equal importance across all three elements of research, education and treatment – indeed, much of the confidence that the Government and the Commission will need in order to make judgements about the removal or imposition of regulatory constraints will derive from an understanding of the effectiveness of education/prevention in mitigating risk and of treatment in dealing with gambling-related harm where mitigation has been insufficiently effective. Similarly, there is agreement that the costs of evaluation should be proportionate, particularly in view of the scale of the funding to be distributed.

16. RGT is to take the lead on evaluating commissioned projects and programmes, having regard to the learning and outcome requirements specified in the strategy and to the data framework developed by RGF. To provide an example, if the strategy calls for a better understanding of the potential for brief interventions, it would not be sufficient to commission a programme of brief interventions; the programme would be designed from the outset to deliver the data and evidence required to allow for independent evaluation.

17. RGT's approach to evaluation is intended to be project-by-project (but undertaken against agreed frameworks of common standards and data requirements), assembling the right team in the right circumstances. It may, as outlined above, draw on the shared pool outlined above. In every case, evaluation will recognise the need to address actual and potential conflicts of interest, principally by not relying on a provider or one of its competitors to carry out evaluation of what has been provided. And in line with the principle of transparency underpinning the new structures, the results of evaluation will be published.

Strategy development

18. RGSB will be responsible for advising the Commission (and through the Commission, Government) on the research, education and treatment elements of a national responsible gambling strategy. In practice this will mean the development of a three year rolling strategy (with an additional year added each year) that sets out RGSB’s view of priorities for the coming period. This approach will help balance the need for longer term certainty with the need for flexibility. Where possible it will express those priorities in terms of the outcomes, learning and understanding that it expects to be delivered from the strategy and that will help the Commission and the Government make judgements about the level of regulation necessary to manage risk.

19. RGSB would publish its proposed strategy as formal advice to the Commission. The Commission would be free to endorse it in its entirety or to suggest modifications, with reasons. The Commission’s response would be
published. Once adopted by the Commission, the strategy will constitute the statement of the priorities to be pursued by RGT in the formulation of its commissioning plans.

20. The Strategy (as accepted by the Commission) will be determinative, but developed in a collaborative, open manner, with iteration between RGSB and RGT. It is expected that it will be appropriate for there to be dialogue about prioritising and phasing delivery (being guided by budgetary concerns), which will need to be transparent and constructive. RGSB will invite RGT to observe its meetings.

21. It is most likely that issues arise between strategies that will require advice and, from time to time, work to be commissioned that is of greater urgency than that already identified. We propose that the same principles should apply to the handling of such issues as to the strategy overall. However, for illustrative purposes we have focused in this paper on the mechanism for dealing with the strategy.

22. The prime locus for developing and maintaining the strategy and responses to issues that emerge between strategies will be RGSB’s Secretariat. The Secretary will provide dedicated support to the Board, but will be employed by the Commission on the Board’s behalf and have access to the Commission’s analytical capability. The Secretary will take active steps to build an effective working relationship with RGT staff and work in partnership and this approach will be mutual. The Secretary will engage with the board, the Commission (and through the Commission, Government), RGT and others to assist the Board’s development of its draft strategy.

23. An important innovation in the new arrangements is a responsibility on RGSB to consult actively with a broader range of stakeholders to provide an opportunity for engagement as a part of delivering wider public confidence (complementing RGT’s transparent commissioning and evaluation mechanisms). We propose that a convenient mechanism for achieving this would be to reposition the Commission’s prevalence survey advisory group (chaired, coincidentally, by the new Chair of RGSB) as a sounding board for RGSB. The existing advisory group, which has an open and broad membership comprising the community and faith groups, industry and academics, has functioned essentially as a communications tool around the prevalence survey rather than an “advisory” body as such. We see value in broadening its remit to seek a broader range of views around RET and communicating what is being achieved. Consultation with this group will be part of the strategy development process and offer an opportunity for RGT to communicate its plans and progress to a wider range of stakeholders.

**Partnership and engagement**
24. The new arrangements rely much less heavily on structures to deliver results and much more on openness, transparency and partnership. “Officials” of all parties will strive to foster a constructive working relationship and share thinking at an early stage. By the same token, there will be much closer contact at strategic level – for example, regular bi- or tripartite meetings at chair level. We will also seek to build particular co-operation between RGSB and RGT around, for example, commissioning and evaluation arrangements.
## Appendix 3 Five Year Financial Plan

<table>
<thead>
<tr>
<th></th>
<th>£’000</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
<th>2020/21</th>
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<td><strong>Fundraising target</strong></td>
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<td>£10000</td>
<td>£10500</td>
<td>£11000</td>
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<tr>
<td><strong>Treatment funds</strong></td>
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<td>£6294</td>
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<td><strong>Preventative treatment funds</strong></td>
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<td>£1200</td>
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<tr>
<td><strong>Investment in harm minimisation</strong></td>
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<tr>
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<tr>
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<td>£10512</td>
<td>£10994</td>
<td>£11489</td>
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