

# Final Progress Report: National Responsible Gambling Strategy 2016-19

**March 2019**

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## Foreword

1. The objective of the current National Responsible Gambling Strategy, now close to its intended end date, was to reduce gambling-related harms, especially among the most vulnerable.
2. There has been some important progress since the Strategy was published in April 2016. For example:
  - I. Gambling has increasingly become recognised as a public health issue.
  - II. Meaningful work has started to better understand and measure gambling-related harms.
  - III. There has been a significant shift away from the notion that harms can be reduced simply by focusing on promotion of 'responsible gambling' and acceptance that the design of products, the environments in which gambling takes place and other factors can all have a powerful influence.
3. Positive developments over the past twelve months more particularly include, among other things:
  - I. The announcement that Public Health England will be carrying out a review of gambling-related harms.
  - II. Plans by GambleAware and the NHS to establish a regional gambling clinic in Leeds, supported by a local outreach network to encourage people who need support to come forward.
  - III. Explicit recognition of the need for action to reduce gambling harms in the NHS 10-year-plan.
4. The overall verdict on the strategy must, however, be that, we have moved neither far enough nor fast enough. We are still some way from a coherent national approach. We do not yet know enough about what works in harm prevention. We have done too little to test new ideas and evaluate their impact. Treatment is not accessed by many of those who could benefit from it. Eventual outcomes for those that do are unclear. Recognition of gambling as a public health issue now needs to be followed up by effective action.
5. The adoption by the Gambling Commission of responsibility for the successor strategy is an opportunity to progress all of these issues, building on the successes of the last three years and learning lessons from what has worked less well. The Responsible Gambling Strategy Board, under a new name and a new chair, will continue to provide advice to the Commission as the new strategy progresses.



Sir Christopher Kelly  
Chair, Responsible Gambling Strategy Board

## Introduction

6. This report provides the Responsible Gambling Strategy Board's final assessment of progress on the current three-year National Responsible Gambling Strategy. Our two previous end-of-year reports<sup>1</sup> focused on the preceding 12-month period. This report provides a high-level assessment of progress over the entire three years of the Strategy since its launch in April 2016.
7. To produce the report we have drawn on a range of available evidence, including submissions from stakeholders, the Assurance Statements provided by major operators to the Gambling Commission, meetings with operators, and discussions with those affected by gambling-related harms.
8. Our recent advice<sup>2</sup> to the Gambling Commission highlighted a number of lessons from the experience of the past three years which we believe have implications for the successor Strategy. For convenience, the relevant section from our advice is attached as Annex A.

## Assessment of progress

9. The following paragraphs briefly review progress against each of the twelve priority actions identified at the beginning of the strategy period.

<b>PA1:</b> Understanding and measuring harms
<b>Lead responsibility:</b> GambleAware
<b>Aim and indicators of success:</b> The aim of this priority action was to develop a more comprehensive, shared understanding of the nature and extent of gambling-related harms. This would: <ul style="list-style-type: none"><li>• Suggest a range of indicators to assist in its measurement and monitoring,</li><li>• Allow data collection to take place to understand better the impact of, and costs associated with, harmful gambling,</li><li>• Inform the development of prevention programmes.</li></ul>

10. We are still some way from achieving the ambition set. Measuring something as complex as gambling harms was always likely to be challenging. Delays to commissioning effective research meant there was a false start early in the Strategy period which delayed progress.
11. However, the action remains a high priority and we believe that the Gambling Commission is now in a good position to progress it. A framework for measuring gambling harms was published in July 2018.<sup>3</sup> A further report on measuring harms to children will be published by Ipsos MORI in the Spring 2019; and the Commission has appointed a team from the London School of Economics to provide advice on the next steps of data collection. In addition, GambleAware has commissioned research to explore the links between gambling and suicide; and Public Health England is reviewing the evidence on gambling harms.

<sup>1</sup> [One year on: progress delivering the National Responsible Gambling Strategy](#), RGSB, June 2017. [Two years on: progress delivering the National Responsible Gambling Strategy](#), RGSB, May 2018

<sup>2</sup> [Responsible Gambling Strategy Board's advice on the National Strategy](#), RGSB, February 2019

<sup>3</sup> [Measuring gambling-related harms, a framework for action](#), Gambling Commission, RGSB, GambleAware, November 2018

<b>PA2:</b> Engagement with relevant public sector bodies and other agencies to encourage greater sharing of responsibility for delivering the strategy
<b>Lead responsibility:</b> Jointly held by the Responsible Gambling Strategy Board and GambleAware.
<p><b>Aim and indicators of success:</b> The aim of this priority action was to raise the profile of gambling harms as a public health issue to be tackled in a comprehensive way alongside other public health issues. It also sought to:</p> <ul style="list-style-type: none"> <li>• Achieve demonstrable engagement in the implementation of the Strategy by a wider range of public bodies,</li> <li>• Lead to the commitment of resources and the adoption of appropriate policies.</li> </ul>

12. Gambling has become increasingly recognised as a public health issue. Positive illustrations of this change include:
- i. Plans to address gambling-related harms were included in the NHS long-term plan.<sup>4</sup>
  - ii. The Welsh Chief Medical Officer focused his 2018 Annual Report on gambling harms.<sup>5</sup>
  - iii. The Scottish Public Health Network published an updated evidence review to support those working in public health in Scotland to influence local gambling policy.<sup>6</sup>
13. There has therefore been a tangible shift from the situation when the Strategy was launched. However, there is still a long way to go before good intentions and increased awareness are translated into action. The new Strategy provides an opportunity which needs to be taken to create a coherent national public health approach to reducing gambling-related harms.

<b>PA3:</b> Consolidating a culture of evaluation
<b>Lead responsibility:</b> For harm minimisation interventions, the gambling industry, working with the Gambling Commission and supported by GambleAware. For treatment interventions, treatment providers, working with GambleAware.
<p><b>Aim and indicators of success:</b> The aim of this priority action was to encourage operators and other industry stakeholders and treatment providers to develop a culture where every significant new intervention was routinely and robustly evaluated so that lessons could be learnt and shared, and improvements made.</p>

14. This priority action has remained one of the most disappointing areas of the Strategy. Despite some positive work, we are not significantly closer to understanding what works in harm minimisation. Opportunities to evaluate interventions and increase understanding of what works in harm minimisation are being missed.
15. We welcome the greater acknowledgement by most stakeholders of the importance of evaluation. We also recognise the attempts made by operators and trade bodies to put it into practice, including work by the Behavioural Insights Team to test and evaluate

<sup>4</sup> [NHS Long Term Plan](#), NHS, January 2019

<sup>5</sup> [Chief Medical Officer for Wales Annual Report 2016-2017 – Gambling with our health](#), Welsh Government, February 2018

<sup>6</sup> [Gambling update](#), Scottish Public Health Network (ScotPHN), Julie Arnot, July 2018

different approaches to player protection.<sup>7</sup>

16. Many evaluations have not, however, focused sufficiently on explaining the impact on end-users, despite efforts by GambleAware to explain good practice.<sup>8</sup> We would also have liked to see more being done by the Gambling Commission and the Government to evaluate the impact of regulatory action and legislative changes.
17. In the new Strategy, the Gambling Commission will have an important role in ensuring the conditions are created for more widespread adoption of good and proportionate steps to evaluate what works.

<b>PA4:</b> Increased understanding of the effects of product characteristics and environment
<b>Lead responsibility:</b> GambleAware and the Responsible Gambling Strategy Board.
<b>Aim and indicators of success:</b> The aim of this priority action was to increase our understanding of the extent to which product and environmental characteristics contribute towards gambling-related harm, with findings applied to regulatory policy.

18. A number of steps have been taken to provide more data on people's gambling behaviour on online casinos<sup>9</sup> and electronic gaming machines,<sup>10</sup> and to investigate the links between product characteristics and harm.<sup>11</sup> Research has also started on a wider range of online gambling products and on how a data repository could best be established. Research to add to understanding of the effects of advertising and marketing - a key environmental factor - will be reporting shortly.<sup>12</sup>
19. Many online games developers were reluctant at the start of the Strategy period to acknowledge a link between the characteristics of the games they developed and the potential for harm they could cause. This attitude is beginning to change. Some operators are now demonstrating a greater awareness of concerns about product design and have committed to take steps to understand the risks better.
20. In general, however, there is still a long way to go before we can reasonably claim to have achieved sufficient insight into harmful product and environmental characteristics.

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<sup>7</sup> [Can behavioural insights be used to reduce risky play in online environments](#), Behavioural Insights Team, October 2018. The random control trials used in this evaluation will not necessarily be suitable or proportionate to all situations where evaluation is required. But their focus on real player behaviour and impact stands out compared to many other evaluations carried out over the period of the Strategy.

<sup>8</sup> [Resources to help the industry to do evaluation](#), GambleAware

<sup>9</sup> [Analysis of play among British online gamblers on slots and other casino style games](#), D Forrest, I McHale, March 2018

<sup>10</sup> [Cross-venue machine data](#), Gambling Commission, February 2017

<sup>11</sup> [Key issues in product-based harm minimisation](#): Examining theory, evidence and policy issues relevant in Great Britain, J Parke, A Parke, A Blaszczyński, December 2016

<sup>12</sup> [Research projects](#), GambleAware

<b>PA5:</b> Improving methods of identifying harmful play
<b>Lead responsibility:</b> The gambling industry, both collectively and at the level of individual businesses, with support from GambleAware.
<b>Aim and indicators of success:</b> The aim of this priority action was to establish protocols across the industry to identify potentially harmful play, so that appropriate responses can be made to protect players.

21. A lot of work has taken place on methodologies to detect harmful play. Most major operators are now using algorithms involving a variety of markers of harm to identify play which should be of concern– although the proprietary nature of some methodologies make it difficult to assess exactly how they work. The Remote Gambling Association (RGA) has published guidelines on best practice for online operators.<sup>13</sup>
22. Recent Gambling Commission enforcement cases suggest, however, that more effort is needed to embed the identification of harmful play into operators’ systems, processes and culture. Sophisticated data analysis methodologies are of little value unless they are acted on appropriately. Examples of failure to identify and act on harmful play include:
- i. £14 million in penalties paid by three online gambling operators in November 2018.<sup>14</sup>
  - ii. Penalties of £7.8 million paid by a large online operator in August 2017.<sup>15</sup>
  - iii. Penalties of £6.8 million paid by another large operator in February 2018.<sup>16</sup>
23. The industry now has many of the tools required to detect warning signs of harmful play. But operators need to use them more systematically and to follow them up with more effective action, using interventions of proven efficacy.

<b>PA6:</b> Piloting interventions
<b>Lead responsibility:</b> The gambling industry, both collectively and at the level of individual businesses, with support from GambleAware.
<b>Aim and indicators of success:</b> The aim of this priority action was to encourage operators to trial and test different ways of protecting players from harm – including new ways to intervene once harmful play was detected. We also expected to see: <ul style="list-style-type: none"> <li>• Operators working in collaboration with each other,</li> <li>• Trials using robust evaluation to understand impact,</li> <li>• Findings being shared.</li> </ul>

24. The Strategy originally envisaged that operators would work independently to identify new ways of protecting their customers from harm. We realised early in the Strategy period that more co-ordination would be required. The lack of a clear implementation plan has inhibited progress – a key lesson for the successor strategy.
25. There has been some interesting experimentation on which to build:

<sup>13</sup> [Behavioural Analytics: RGA publishes good practice guidelines](#), February 2018

<sup>14</sup> [Gambling Commission takes widespread regulatory action against online casino operators and senior management](#), Gambling Commission, November 2018

<sup>15</sup> [Gambling firm 888 to pay over £7.8million for failing vulnerable consumers](#), Gambling Commission, August 2017

<sup>16</sup> [William Hill to pay £6.2million penalty package for systematic social responsibility and money laundering failings](#), Gambling Commission, February 2018

- i. Reductions in deposit limits for certain 'at-risk' age groups (for example, people aged 18-21) and at night, when harmful play is more prevalent.
  - ii. Testing facial recognition technologies in concert with Think 25 policies to improve prevention of under-age play.
  - iii. Exploration of ways to increase awareness and use of gambling management tools.
  - iv. Gambling website blocking software.
  - v. Action by banks so customers can block spending with gambling operators.
26. Our overall assessment is, however, that insufficient experimentation has as yet taken place in this area, given the importance of finding effective ways of protecting players.

<b>PA7: Self-exclusion</b>
<b>Lead responsibility:</b> Gambling operators, working with their trade associations and the Gambling Commission, with support from GambleAware.
<b>Aim and indicators of success:</b> This priority action included a call for multi-operator self-exclusion schemes to be supported by evaluations to improve their effectiveness and assess their impact on reducing gambling-related harm – rather than displacing gambling activity between different operators, sectors and products. We also hoped to see improvements in levels of awareness amongst gamblers of the possibility of self-exclusion.

26. Multi-operator self-exclusion schemes have now been established in each of the major sectors of the gambling industry (online, betting shops, casinos, arcades, and bingo).<sup>17</sup> It has been a requirement since 2016 for land-based operators to participate in such schemes. The Gambling Commission will introduce the same requirement for on-line operators once it has received the necessary assurances that the on-line scheme is fit for purpose.
27. Evaluation to ensure that self-exclusion schemes are effective has not, however, yet been completed. So, a number of questions remain unanswered. GambleAware appointed Ipsos MORI at the end of last year to conduct an evaluation of all the schemes.
28. Numbers of self-excluders remained stable at around 6 per cent of respondents between 2015 and 2018. Awareness among those who have not self-excluded increased from 29 per cent to 41 per cent.<sup>18</sup> The introduction of multi-operator schemes, improved promotion by operators, and increased media attention on the failings of some schemes could all have been contributory factors.
29. In addition to self-exclusion, other tools such as website blocking software and financial transaction blocking, could help some consumers. GambleAware are funding free of charge access to website blocking software for those in treatment or who contact the National Problem Gambling Helpline, and some financial institutions are beginning to offer customers the ability to block gambling transactions.

<sup>17</sup> Society lotteries which provide online instant wins will need to become part of the online multi-operator scheme

<sup>18</sup> [Gambling Participation in 2018: behaviour, attitudes and awareness](#), Gambling Commission, February 2019. The Gambling Commission has tracked use and awareness of self-exclusion since 2015. The sample for the online tracker is skewed towards people who gamble online and is therefore not representative of the overall population.



<b>PA8:</b> Education to prevent gambling-related harm
<b>Lead responsibility:</b> GambleAware
<p><b>Aim and indicators of success:</b> The aim of this priority action was to improve our understanding of the potential role of education (for a wide range of population groups) in preventing or mitigating gambling-related harm.</p> <p>The measures of success included the completion of a systematic review of the role of education and decisions taken about how best to follow up its conclusions – either confirming useful steps that can be taken to deliver effective preventative education or demonstrating that this approach does not represent value for money and allowing resources to be allocated to more productive interventions.</p>

30. The systematic review outlined in the Strategy did not take place. A number of projects were instead funded by GambleAware to learn more about the potential role and effectiveness of education. These projects included:

- i. Development of a toolkit for use in schools and other youth settings to reduce harmful gambling behaviour.<sup>19</sup>
- ii. A piloted intervention in schools with 14 to 15-year-olds to prevent harmful gambling, integrated with other education activities about risky behaviours and resulting in a number of educational resources being made available.<sup>20</sup>
- iii. Projects with high-risk groups, including the armed forces, professional sports people and those within the criminal justice system,<sup>21</sup> to raise awareness of gambling-related harms and of the availability of support.

31. Steps have also been taken to help support services working with high risk groups become more aware of gambling-related harms and of how to provide brief interventions and advice. For example:

- i. Following a six-year pilot with Newport Citizens Advice, GambleAware has provided £1.5million funding for a two-year partnership across nine regions in England and Wales to train frontline debt advisors to identify and support people who may be suffering from gambling-related harm.<sup>22</sup>
- ii. GambleAware and the Royal Society of Public Health have launched an e-learning resource targeted at health professionals, debt advisors and probation workers.<sup>23</sup>
- iii. A pilot project has been carried out with homeless people and their support services.<sup>24</sup>

32. Understanding of the role of education and preventative education as part of a coherent approach to preventing gambling harms is, however, still in its infancy.

33. Education was possibly a misleading term for this Priority Action. It may have given the impression of interest only in its role in protecting children and young people. In fact – as demonstrated by the range of activities set out above - the provision of information about

<sup>19</sup> [Evaluation of GambleAware's Harm Minimisation Programme: Demos and Fast Forward Projects](#), Educari, September 2018

<sup>20</sup> [Resources](#), youth education materials, GambleAware

<sup>21</sup> [Funded projects and funding requests](#), Education, GambleAware

<sup>22</sup> [GambleAware invests £1.5 million in partnership with Citizens Advice](#), GambleAware, September 2018

<sup>23</sup> [RSPH launches free access e-learning – understanding and responding to gambling-related harm: A brief guide for professionals](#), GambleAware, November 2018

<sup>24</sup> [Homelessness and gambling](#), University of Lincoln

the risks of gambling and how to remain safe are relevant to a much wider audience.

<b>PA9:</b> Building the quality and capacity of treatment
<b>Lead responsibility:</b> GambleAware, treatment providers and public health organisations.
<b>Aim and indicators of success:</b> The aims of this priority action were: <ul style="list-style-type: none"><li>• To create a body of evidence about the quality and effectiveness of different treatment options.</li><li>• To understand more about the steps that can be taken to encourage people to seek support through treatment and prevent them from dropping out.</li><li>• To embed the Data Reporting Framework (DRF) fully in funded treatment provision, with independent analysis published regularly.</li><li>• To ensure the learning from these activities actively informed GambleAware's commissioning decisions.</li></ul>

34. We were probably over-optimistic about the length of time needed to achieve these objectives.

35. Significant and welcome steps have, however, been taken by GambleAware to develop its commissioning capacity and the quality of the treatment it funds. It has improved its contracting process and begun to define treatment pathways for clients with different levels of need. It has begun to collect and report data on the immediate effects of treatments (though little is as yet known about longer-term impact); and the governance of GamCare and other subcontractors has improved. An evaluation of GambleAware-funded treatment services is now being commissioned.<sup>25</sup> In addition, after some delay, a systematic review of GambleAware's treatment model is now in progress and a gap analysis has been commissioned to highlight areas of unmet need by geography, client group and type of support requirement.<sup>26</sup>

36. Other GambleAware initiatives include, for example:

- i. A project in Aberdeen exploring the use of mass media to raise awareness of the National Problem Gambling Helpline and other support.<sup>27</sup>
- ii. The development by the Royal Society for Public Health of e-learning resources for professional working in healthcare and other supporting services.<sup>28</sup>
- iii. Plans to create a new clinic in Leeds, in collaboration with NHS England,<sup>29</sup> to be supported by a network of local statutory agencies and community organisations to identify people suffering harm, develop care pathways and make appropriate referrals.

37. Important though these activities have been, a number of key treatment issues are still some way from being sufficiently understood or addressed. As we explained in our advice on the successor strategy, we have come to the view that, despite the progress described above, it is unrealistic and unreasonable to expect an independent charity of the size of GambleAware to develop the scale of expertise necessary to commission specialised services, assure their quality and safety and deal with other issues like low

<sup>25</sup> [Research projects](#), GambleAware

<sup>26</sup> [Research projects](#), GambleAware

<sup>27</sup> [GambleAware launches campaign to promote services across Aberdeen](#), GambleAware, November 2018

<sup>28</sup> [RSPH launches free access e-learning – understanding and responding to gambling-related harm: A brief guide for professionals](#), GambleAware, November 2018

<sup>29</sup> [New NHS gambling clinic for North of England to help thousands at risk](#), NHS Leeds and York Partnership, November 2018

take-up in the most effective way – particularly when much of the relevant framework and expertise on a much greater scale already exists in the NHS.

<b>PA10:</b> Widening and strengthening the research field and improving knowledge exchange
<b>Lead responsibility:</b> GambleAware, working with the Responsible Gambling Strategy Board.
<b>Aim and indicators of success:</b> The aim of this priority action was to create a stronger research base for gambling, characterised by: <ul style="list-style-type: none"><li>• The involvement of a wider range of researchers showing a willingness and interest in tendering for gambling-related research and fewer expressions of unwillingness to do so because of concern about the source of funding.</li><li>• A greater degree of public confidence in the quality and independence of gambling-related research, and a reduction in criticism of the way research funds are allocated and research questions set.</li><li>• Researchers with access to a broader range of funding streams and expertise from other sectors and fields of research.</li><li>• Greater availability and sharing of data and results will be disseminated widely and transparently.</li></ul>

38. A wider range of organisations than before has now received funding from GambleAware to carry out research. This trend has been helped by clearer governance arrangements, by a published research programme, and by GambleAware no longer having any trustees on its Board with an industry background. The fact that GambleAware’s funding is still dependent on voluntary industry donations does, however, continue to deter some potential recipients of research funding and can undermine wider public confidence in gambling-related research.
39. There has also been some limited broadening of potential funding streams. The recent work to develop a framework to measure gambling related harms brought in expertise from a number of different academic fields; and the National Institute for Health Research (NIHR) put out a call for research bids in 2018. But this has not been enough to make a significant difference. As yet, no projects have yet been confirmed as a result of the NIHR call.
40. Availability of industry data still needs to be improved. The need for operator-by-operator negotiation to enable projects to proceed acts as a significant barrier to independent research. The Gambling Commission and GambleAware are exploring options for a national data repository, which would create more opportunities for secondary data analysis. More work is also needed on improving dissemination of findings and their application to policy development.
41. The research programme published in December 2016<sup>30</sup> set out research priorities for the then remaining lifetime of the National Strategy. It was refreshed with an updated version in September 2018.<sup>31</sup> GambleAware-funded research has been published on a wide range of topics, including how people play online, gambling behaviour within families and evaluations of some different approaches to reducing harm.<sup>32</sup> Progress has, however, been slower than we would have liked in some areas, including the measurement of gambling harms. Increased pace and scale of delivery will be required in future years.

<sup>30</sup> [Research programme 2017-2019](#), RGSB, December 2016.

<sup>31</sup> [Research programme 2018 - 2022](#), Gambling Commission, September 2018

<sup>32</sup> [Research publications](#), GambleAware

<b>PA11: Horizon scanning</b>
<b>Lead responsibility:</b> The Gambling Commission, working with GambleAware, the Responsible Gambling Strategy Board and the industry collectively.
<b>Aim and indicators of success:</b> The aim of this priority action was to ensure that the Gambling Commission, government and industry bodies were keeping abreast of technological changes and innovation which had either the potential to increase the risk of harms or provide opportunities to improve prevention or treatment.

42. We are still some way from a comprehensive approach to horizon scanning which would give confidence that new and emerging risks and opportunities were being identified and appropriate action taken.
43. The Gambling Commission, which in practice has the most significant role in this area, has, however, taken several relevant initiatives. Its three-year corporate strategy places a greater focus on risk.<sup>33</sup> A Digital Advisory Panel has been created; and an 'Insights' function established. One early outcome has been engagement with the financial sector to explore how new and existing technologies could be used to carry out affordability checks on gamblers.
44. Most progress has arguably been made in relation to virtual currencies, eSports and social casino gaming. The Gambling Commission has published a position paper to clarify its stance and highlight issues of concern.<sup>34</sup> International action has also been coordinated to prevent computer games being used to provide unlicensed facilities for gambling.<sup>35</sup> Adequate protection of children and young people in this area does, however, remain a key concern.

<b>PA12: Public engagement</b>
<b>Lead responsibility:</b> GambleAware, Responsible Gambling Strategy Board, Gambling Commission and the industry collectively.
<b>Aim and indicators of success:</b> The aim of this priority action was that insights and experiences from consumers of gambling, including those who have suffered harm and those who have not, should be used in the development of harm prevention activities.

45. Some positive, but thus far disparate, steps have been taken to in this area. Examples include:
- i. Consumers provided input to the Competition and Markets Authority and Gambling Commission investigation into unfair terms and conditions.
  - ii. The Gambling Commission has hosted co-creation workshops with consumers and operators to develop best practice in player messaging.
  - iii. The Gambling Commission has established a consumer focus group. The group began by looking at marketing and advertising.<sup>36</sup>
  - iv. GambleAware and Public Health England consulted gamblers in the development of the recently launched safer gambling campaign.

<sup>33</sup> [Gambling Commission Strategy 2018–2021](#)

<sup>34</sup> [Virtual currencies, eSports and social casino gaming – position paper](#), gambling Commission, March 2017

<sup>35</sup> [International concern over blurred lines between gambling and video games](#), Gambling Commission, September 2018

<sup>36</sup> A report on its findings will be published this Spring

- v. Around 200 members of the public responded to the Gambling Commission's consultation on the successor strategy and around 450 to its consultation on age verification.
  - vi. GambleAware and treatment providers convened meetings with service users to explain their experiences and provide input into the development of the successor strategy.
46. More effort is, however, needed to create a situation where the voice of consumers – those who suffer harm and those who do not – and their families are routinely heard in the co-creation of activities and policy to prevent and treat gambling harms.

## Funding requirement

47. In past progress reports we have set out an estimate of the amount of funding required to deliver the National Strategy. We will work with the Gambling Commission to do the same for the new Strategy as its implementation plan is developed.
48. Our existing advice to the Gambling Commission on the new strategy noted among other things that:
- i. The need to improve accessibility of treatment is likely to require an expansion of some services. New forms of treatment may also be needed as understanding of how to help people improves. It would be unrealistic to expect much additional funding for this to come from NHS bodies or local authorities.
  - ii. A comprehensive prevention strategy will require adequate resources – particularly if this involves potentially expensive public education campaigns.
  - iii. Sufficient funds will be required to widen the research base and expand commissioning into a wider range of institutions.

## Conclusion

49. A lot has changed over the three-year period of the current strategy. We were probably over-optimistic about the speed with which some of the changes we advocated could be brought about; and we underestimated the extent to which progress required a more defined implementation plan backed up by greater drive and direction from the centre. As a result, there have been some disappointments.
50. But there have also been some notable successes, especially the beginning of noticeable change in mindset about the need for action on gambling-related harms and the best ways of approaching it. We believe therefore that a valuable opportunity has now opened up for the new Strategy to make a significant step up in delivering the objective of reducing gambling harms.

## Annex A: Lessons learnt

51. Our advice to the Gambling Commission on the successor strategy noted the following lessons learnt from our experience of delivering the National Responsible Gambling Strategy 2016-19:

- i. There were too many priority actions in the existing strategy. It would be better for the new strategy to identify fewer priorities, and to ensure they are effectively actioned.
- ii. More emphasis is needed on the nature of harms and how we achieve harm reduction, and less of a focus on problem gambling rates.
- iii. There needs to be an effective overarching strategy for nationwide delivery of treatment services, and clear ownership of the issue by the GB health departments and public health agencies.
- iv. In retrospect, the approach to prevention was under-specified and too piecemeal. Prevention needs a coherent, overarching strategy of its own, within which it is possible to set realistic and appropriate priorities.
- v. Placing too much emphasis on voluntary action does not achieve the desired impact or pace. The Gambling Commission needs to provide direction and/or guidance to push things forward, with activities coordinated and prioritised.
- vi. Despite the (limited) evidence of some operators piloting new initiatives to reduce harm, there has not been enough meaningful evaluation of what works.
- vii. The arrangements for commissioning research have been significantly improved over the period of the current strategy. But there remain a number of problematic issues – the less than automatic availability of data, the length of time it takes some projects to be commissioned, and funding arrangements which have discouraged some researchers from seeking funding opportunities because of what they see as ethical difficulties and potential or perceived conflicts of interest. Encouragingly, however, GambleAware’s latest call for innovative research proposal elicited 23 bids, including some from institutions and individuals who have not bid before.
- viii. We do not understand enough about specific population groups, for example young adults and minority ethnic groups, nor about how best to support some of those who might be most vulnerable to harm. Though there might be some useful insights about these groups to be gained from areas other than gambling studies.
- ix. Very little research has focused on women and gambling. The number of women who are problem gamblers is lower than that for men. Sample sizes in surveys are therefore often too small for meaningful analysis of gender (or other) differences. It could be wrong to assume that women experience harm in the same way as men, or that they are most effectively supported in the same way. Some treatment organisations, such as Gordon Moody, have recognised the need to develop services specifically designed to meet the needs of women.
- x. The current strategy called for greater public engagement to inform the development of interventions to prevent harm and treat those suffering it. Very little action has been taken to bring this about. In particular, there has been very limited use of ‘experts by experience’ – those individuals, their families and friends who have personal experience and whose voice is critical to finding solutions and co-producing new ways of reducing harms.