



www.reducinggamblingharms.org

National Strategy to Reduce Gambling Harms

**GAMBLING
COMMISSION**

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Contents

2



Foreword	4
Approach	6
Delivery of the strategy	8
Strategic Priorities:	
Prevention and education	10
Treatment and support	14
Enablers:	
Regulation and oversight	18
Collaboration	20
Evaluation	22
Research to inform action	24
Conclusion	26



3

Foreword

4

We want to make better and faster progress to reduce gambling harms – that is the sole and critical aim of this National Strategy for the next three years.

To drive this faster progress, we are putting the full weight of regulation behind this strategy by taking on ownership of it from our advisers, now named the *Advisory Board for Safer Gambling*.¹ We welcome the positive contribution that their previous strategy had on ensuring that gambling harms are recognised as a public health issue.

Building on that contribution, there is now a real opportunity to move faster and go further to have a positive and significant impact on reducing the harms that gambling can cause to individuals, families, and society.

Reducing gambling harms will not be without challenges, not least because we need to know more about where and how those harms are felt. We know a great deal about how much gambling takes place, and we have a reasonable picture about the numbers of problem gamblers. We certainly know that the harms associated with gambling can have significant impacts on health and wellbeing, relationships, families, and society – at its most serious it can be a factor in suicide. However, we do not have a full understanding of how these harms are experienced and how best to protect against them.

That is why a central action within the strategy is to implement the framework that we published with our

partners last year to understand and measure gambling harms.

Real progress requires all of us to change our mindset about the risks associated with gambling – we need to move away from solely counting problem gamblers towards understanding the harms that are being experienced and ensure widespread adoption of measures that work to protect against those harms.

This change in mindset will take time to implement fully. This is because we will need to gather new datasets and indicators of success. We will need to increase public understanding of the risks associated with gambling and how to protect against them individually, as families and as a society. However, that does not mean that we should wait before we take action.

Significant progress can be made now. The Commission will help to drive this by using our regulatory powers to the full, and by working in partnership with a wide range of stakeholders.

There are some very encouraging developments from our partners to recognise gambling harms as a public health issue and to take action. One of the most significant is perhaps the announcement in the NHS Long Term Plan for England of an investment to expand NHS specialist provision to help more people with serious gambling problems, and working with partners to tackle the problems at source.

There is now a need to build on these positive steps to ensure that progress is made at a faster pace and at a national level.

5

Delivering the strategy will depend on sufficient and consistent funding. The UK Government indicated in its Gambling Review that it would consider alternative options, one of which might be a mandatory levy, if the gambling industry fail to provide sufficient resources under the current voluntary arrangements. The Gambling Commission is committed to pushing industry to meet their responsibilities in this space, but we have also publicly stated our support for an appropriate levy as provided for in the Gambling Act 2005 which would be a significant part of providing a greater consistency of funding based on need.

Of course, funding is only one part of the picture. Successful delivery of the strategy will also require collective effort and engagement from a wide range of stakeholders across Scotland, England and Wales in the health and social care, financial, education and charitable sectors. In shaping this strategy, we have reached out to a broad range of people and organisations who have an interest and a voice in reducing gambling harms. We are reassured that, across that spectrum of stakeholders, there is a clear appetite and desire to work together.

Importantly, that engagement places the voice of consumers, especially those with lived experience of gambling harms, often referred to as ‘experts by experience’, right at the heart of developing this strategy. As we and others turn the strategy into action there will be a continuing commitment to keep listening to those voices and involving consumers in the dialogue on how to move forward.

We are committed to using the full range of our regulatory powers to play our part in making this strategy a success and call on all those who also have a role in making gambling safer to play their part in reducing gambling harms.

We will share our collective progress through a new website dedicated to the implementation of the strategy www.reducinggamblingharm.org

William Moyes
CHAIRMAN
GAMBLING COMMISSION



¹ Previously known as the Responsible Gambling Strategy Board (RGSB), authors of the strategy’s predecessor, the National Responsible Gambling Strategy.

Approach

6

This strategy sets out the approach needed across a range of stakeholders and delivery bodies to have the maximum impact on reducing gambling harms.

In developing this strategy, we have considered the views and experiences of everyone who engaged with our public discussion document, from consumers, to charities, academics, treatment providers, gambling businesses, health bodies and others and these views have shaped this approach.

The aim of the strategy was almost unanimously supported by stakeholders – that is to reduce gambling harms²; *‘the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.’* This can include loss of employment, debt, crime, breakdown of relationships and deterioration of physical and mental health. At worst, gambling harm can contribute to loss of life through suicide.

This approach is similar to that taken in a range of other public health or regulatory areas; to **define the problem**, **identify risk and protective factors**, **develop and test prevention strategies** and **ensure widespread adoption of good or best practice**.

Reducing gambling harms means taking a broader focus than simply encouraging individuals to gamble responsibly, and this strategy sets out collectively how we can adopt a public health approach to reducing gambling harms. A public health approach to reducing gambling harms in this context is not solely – or even primarily – about health care provision. It is about adopting practices that bring benefit at the population level, as well as at the individual, in order to prevent gambling harms from occurring. It means recognising that a broad range of measures must usually be taken by different people and organisations to address what can often be a complex mix of harmful consequences.



2 The strategy defines gambling harms in this way, as set out in the measuring gambling harms framework for action.

7



This strategy sets out how, by focusing combined efforts on two strategic priorities of **prevention and education** and **treatment and support**, we can collectively have the most impact on reducing gambling harms.

- **Prevention and education:** To make significant progress towards a collective and clear prevention plan applying the right mix of interventions.
- **Treatment and support:** To make significant progress towards truly national treatment and support options that meet the needs of current and future service users.

These inter-related strategic priorities are delivered through four enablers; **regulation and oversight**, **collaboration**, **evaluation** and **research to inform action**.

Delivery of the strategy

8

This is a three-year strategy, but the two strategic priority areas of *prevention and education*, and *treatment and support* will continue to drive activity to reduce gambling harms over the life of the strategy and beyond.

Throughout this strategy we have highlighted the importance of partnership working to deliver progress towards reducing gambling harms.

The Gambling Commission has led the development of this strategy, based on the advice and views of a broad range of stakeholders with an interest or role to play. Over time, it may become clear that some elements of the strategy would benefit from leadership or increased responsibility by other bodies, and we will work closely with all partners to put in place the right governance arrangements to ensure effective delivery of the strategy.

An implementation plan for the strategy will be published early in the first year, setting out roles and responsibilities and enabling actions to deliver the

strategic priority outcomes. Advice on progress against the strategy’s implementation plan will be given by the Advisory Board for Safer Gambling, on an annual basis, and the implementation plan will be refreshed and updated over the course of the strategy to reflect progress made.

This approach will require strong co-ordination and collaborative action with a range of partners including national and local government, health and social care bodies, gambling businesses, experts by experience, third sector organisations and many others if the strategy is to succeed.

9



Strategic Priority:

Prevention and education



10

Towards a collective and clear prevention plan applying the right mix of interventions

An effective prevention plan must seek to identify the right mix of interventions to be applied at both the population and individual level.

It must also deliver a clearer understanding of activities which are less effective, or counterproductive, and should be stopped.

'Prevention' of gambling harms will include a broad spectrum of measures at population level, such as regulatory restrictions on product, place and provider. This priority also includes reference to public health messaging and education programmes, and to specific work with individuals who are at risk of harm.

A future prevention plan will need to consider the range of possible approaches, including:

Universal measures: for the benefit of the whole population	Regulatory requirements/restrictions on product, place and provider
	Point of sale safer gambling messaging
	Population-based safer gambling campaigns
	Gambling management tools
Selective measures: for the benefit of at-risk groups	Targeted population safer gambling campaigns
	Workforce education programmes for relevant sectors and professionals
	Education programmes for children, young people and other vulnerable groups
Indicated measures: for the benefit of at-risk individuals	Self-exclusion
	Financial gambling blocks
	Customer interaction by gambling staff
	Brief interventions and online support by frontline staff in treatment, healthcare, debt advice and other settings

Many prevention measures are already in place, whilst others are being developed. However, not enough is known collectively about which of these activities and programmes designed to prevent gambling harms should be extended or applied in order to achieve maximum impact. Equally, there is evidence from other fields of addiction that prevention activities, if not done properly, can have little or no impact or carry the risk of unintended consequences.

- At the **universal level**, gambling businesses are required to offer safer gambling information to customers and a range of preventative tools to limit time or money spent or to take time-outs from gambling. Our understanding of how consumers use these tools and how to increase take-up is developing but still at an early stage.
- For **at-risk groups**, campaigns and workforce education can be applied across a wide range of environments from healthcare and education professional settings to those in the third sector, such as debt advisers. It is as yet unclear what the long-term effects on behaviour and attitudes of some education programmes such as those currently being delivered in schools will be, though care has been taken to align to the curriculum and set learning objectives.
- Regulatory requirements apply to the identification of **at-risk individuals** by gambling businesses, but the Commission is driving further progress, and consideration is being given by financial, public health and third sectors on how to develop further means of identifying these individuals and applying measures to prevent harm.

11

Together, these and other activities designed to prevent gambling harms may have a positive impact, but there is further work to be achieved on co-ordination and evaluation.

At the moment, it is difficult to evidence how effective any or all of these are at reducing gambling harms. Therefore, in order to measure how effective these activities are, a key action will be to progress the framework for measuring harms under the Commission's research programme. We will also need to align this work to that being carried out by others. This includes: the work which has been commenced by Public Health England and the National Institute of Health Research to conduct evidence reviews on gambling harms; the work being undertaken in Wales, building on the Annual Report 2016/17 by the Chief Medical Officer for Wales, *Gambling with our health*³, and the work in Scotland to scope, develop and implement a whole population approach to prevention and reduction of gambling harms being progressed by the *Scottish Public Health Network*⁴.

3 Chief Medical Officer for Wales Annual Report 2016-2017 - Gambling with our health
4 Scottish Public Health Network, Gambling Update, July 2018

Strategic Priority:

Prevention and education

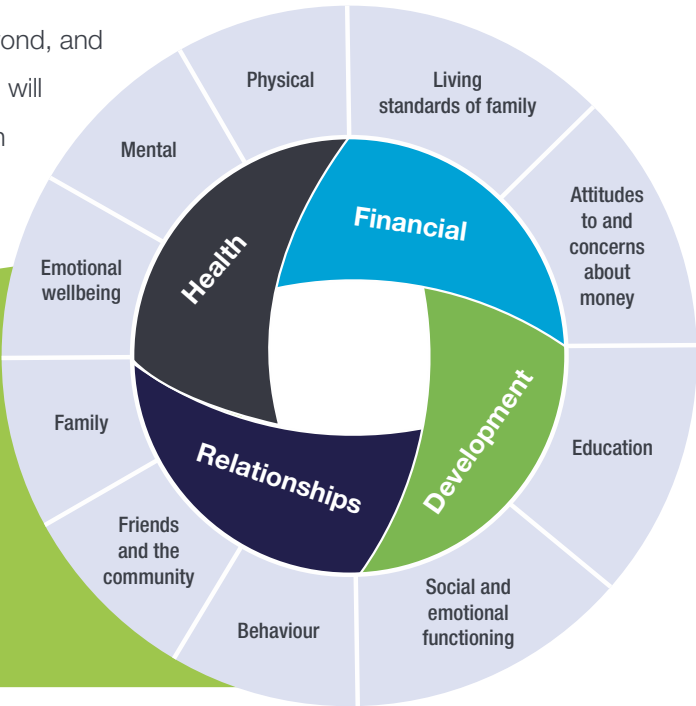
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We must improve our understanding of the impact of prevention activities on reducing gambling harms. Current screening tools that measure the prevalence of people identified as problem gamblers provide a useful insight, and will continue to do so, but they fail to capture the full scale of harms that are caused by gambling.

Progressing the frameworks for measuring gambling harms, is therefore an urgent priority for the strategy. In addition to the adult framework⁵ which was published last year, a specific framework for children and young people⁶ who are likely to experience harms from gambling in different ways, will be published shortly. A better understanding of gambling harms for adults and children and young people will help to *target prevention and education initiatives where they will have most impact*.

This work will span the life of the strategy and beyond, and at each stage new information about these harms will be used to further refine approaches to prevention and education activities.



⁵ Wardle, Heather, Reith, Gerda, Best, David, McDaid, David and Platt, Stephen (2018) Measuring gambling-related harms: a framework for action. Gambling Commission, Birmingham, UK

⁶ Blake, M., Pye, J., Mollitor, C., Morris, L., Wardle, H., Reith, G. (2019) Measuring gambling-related harms among children and young people: A framework for action. Ipsos MORI.

13

Realising the aim

A range of bodies across Great Britain, including Public Health England and Wales, NHS Health Scotland, the Scottish Public Health Network, the Department for Education, and those gambling charities and experts by experience are actively working in the area of prevention and education **and** have a critical role to continue to support this work and help coordinate and target activity.

Work is already underway in England, Scotland and Wales. For example, the National Institute for Health Research (NIHR) assessment of gambling harms, the Public Health England (PHE) evidence review of health aspects of gambling harms, and the NIHR call for proposals to measure the effect of prevention interventions.

Over the life of the strategy, research, expertise and action by all parties will need to be shared to inform the ongoing approach.

This increasing body of evidence will inform a **collective** prevention plan, which will consider appropriate options for delivering a range of interventions, and how they can be delivered most effectively.



Strategic Priority: Treatment and support

14

Significant progress towards truly national treatment and support options that meet the needs of current and future service users

Developing truly national treatment and support options includes availability of the right support, in the right place at the right time.

It means making treatment more accessible and relevant to those who need it, improving existing commissioning and oversight arrangements, improving care pathways via primary and social care, and support for those who have other mental health issues alongside experiencing gambling harms.

The aim is to make significant progress towards an effectively commissioned, comprehensive national treatment and support offer that meets the needs of current and future service users. There are a limited number of services available for people who are experiencing harm from gambling. These are restricted in terms of funding, geographical coverage and reach, compared proportionately to that of other addictions, though waiting lists for access to these services are relatively short. We welcome the commitment in the NHS England Long Term Plan, and the progress being made to develop in partnership the *Northern Gambling Clinic and Leeds Support Hub*⁷.

There is a discrepancy between the numbers of people experiencing harm and might be assumed to be receptive to treatment, and the numbers of people we know are currently accessing some form of formal treatment or support.

- There are around 2 million adults who may be experiencing some level of harm from their gambling, including 340,000⁸ people who are classified as problem gamblers in Great Britain. A significant number who may benefit from treatment or support may either not be aware of the options, or are not accessing those options.
- The majority of specialist services for those affected by gambling harms in Great Britain is currently commissioned and funded via *GambleAware*⁹. This charity receives the bulk of its funds from industry donations which are made as a licence condition to provide funding to support research, prevention and treatment. The amounts and the recipients of these voluntary contributions are not specified, and therefore uncertain. This arrangement is often referred to as 'the voluntary arrangements'.

⁷ This will be the second NHS-hosted clinic commissioned and funded by GambleAware, the other is the Central and North West London Problem Gambling Clinic.

⁸ Statistics from the latest data published by the Commission in September 2018 (which combines data from the Health Survey for England (HSE) 2016, the Scottish Health Survey (SHeS) 2016 and the 2016 Wales Omnibus).

⁹ GambleAware seeks to commission treatment for problem gambling across England, Scotland and Wales, free at the point of delivery.

15

- Based on the data available, in 2017/18 around 8,800 people received treatment through GambleAware-funded services, and the national helpline received 30,000 calls. It is unknown how many people receive support through networks such as Gamblers Anonymous, or through smaller charitable or community support groups. This figure is about 2 per cent of those who are classified as problem gamblers. Treatment may not be needed by all of these individuals, but in contrast early brief treatment or support is often needed by a much wider range of people, such as those at risk of or experiencing moderate harm, or affected others.
- Primary care and other NHS services are currently diagnosing and treating people for co-occurring challenges or conditions such as alcohol dependency or mental ill health, for whom gambling may be a related factor. Limited data on this method of diagnosis and potential treatment is available but is not routinely collected, so it is uncertain how many people have accessed some form of treatment or support in this way, and the extent of the role NHS treatment services already play is hidden.
- While some people will recover without help, this discrepancy between the numbers of people in treatment compared to the potential need raises concerns about underdeveloped referral routes into treatment and support, a potential lack of awareness of the services available, for example by GPs and social workers, and a lack of national availability. There is also a knowledge gap in terms of where the unmet need is, what types of treatment and support are most effective, for whom and in what circumstances.

Strategic Priority:

Treatment and supportContinued

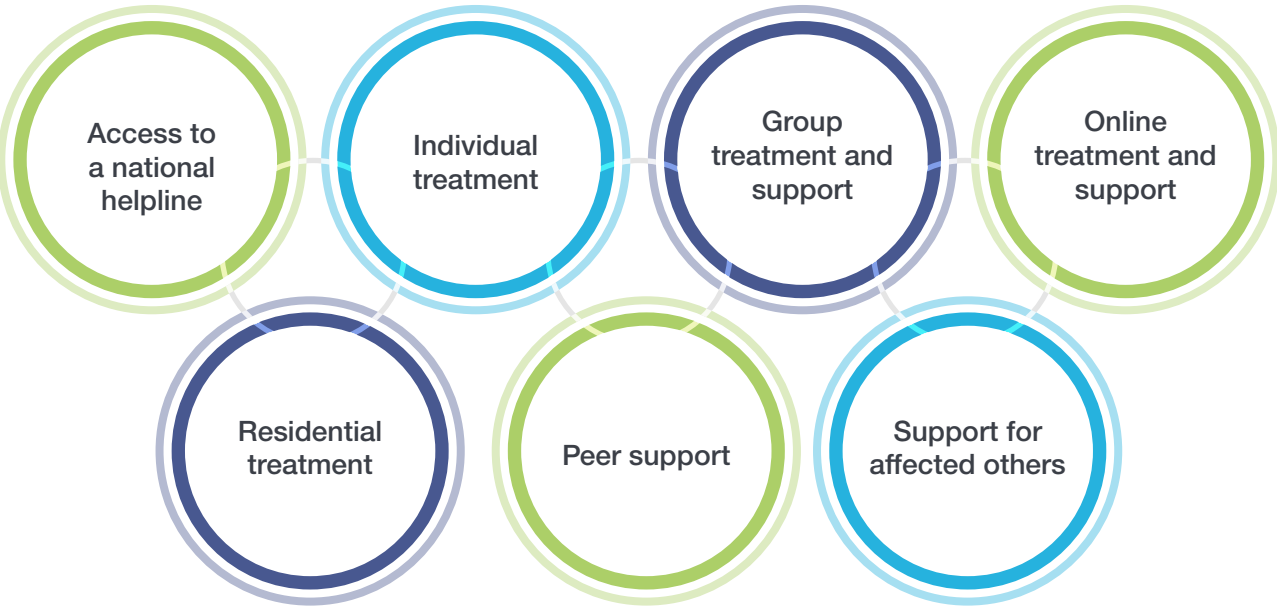
Collectively, we need to understand further the effectiveness of the various treatment methods for those with gambling addiction and those experiencing gambling harms, in order to identify which treatment methodologies and support options best suit different groups.

We also need to understand much more about those who do not access treatment or support in order to identify the barriers to access, such as the stigma that can be associated with gambling addiction, and ways to overcome those barriers.

This will inform and support future work led by others to increase the reach of treatment and for long-term sustainability.

Through our research programme, the Gambling Commission is committed to driving and supporting progress to ensure that current GambleAware-commissioned treatment options are evaluated and that treatment needs are assessed across England, Scotland and Wales to address current geographical barriers to access, increase the numbers receiving treatment and target treatment options to where there is greatest need. This assessment will also consider those who are not seeking treatment, to understand how their needs could be addressed.

Treatment services across England, Scotland and Wales should provide the right mix of a broad range of options that address the identified needs. This should include:



Realising the aim

We support the positive moves by government departments and public health bodies across Great Britain to understand the nature of gambling alongside other forms of addiction, and also the nature and impact of gambling harms. We welcome the commitment by NHS England to extend the reach of treatment. The wider work to reduce health inequalities will also need to continue in order to achieve NHS mental health and wellbeing outcomes, to develop new and strengthen existing partnerships, and to create and maintain effective transitions between mental health services and gambling treatment or care. These strategic partnerships should seek to embed treatment evaluation, oversight and inspection in ways similar to that which applies in other areas of health and social care. There are important lessons from other sectors, especially on how to involve experts by experience in the design and delivery of services.

The UK government's referral to the National Institute for Health and Care Excellence (NICE) to consider treatment guidelines for England and Wales will be critical to inform future treatment and support, and partnership working will be key to embedding the guidelines as they progress.

Over time, clinical guidelines can work in tandem with effective standards to enable inspection of treatment services. An appropriate route for such inspection would need to be identified, along the lines of that provided by Care Quality Commission (CQC) in England, Healthcare Improvement Scotland and Healthcare Inspectorate Wales for other treatment services.

Primary care practitioners may be largely unaware of the impact of gambling harms on mental health, so education and training for the healthcare workforce will play a key role in raising awareness of gambling harms when assessing those presenting with stress or other mental health or addiction related disorders. Health Education England, NHS Education for Scotland and Health Education and Improvement Wales have a role to play in highlighting workforce needs for this population.

Professional bodies, including the Faculty of Public Health, the Royal Society for Public Health, the Royal College of General Practitioners, the Royal College of Psychiatrists and the Royal College of Nursing are well placed to shape the public health response by raising awareness of gambling harms, and educating the workforce.

Enabler:
Regulation and oversight



Purpose: Widespread adoption of best practice through regulatory frameworks

Regulators and other accountable bodies (such as those who provide oversight or inspection of treatment services) have a key role to play to deliver progress across the strategy.

Regulation and oversight reinforces the public health approach, by making the most of increasing evidence through research and evaluation, facilitating the sharing of good practice, and enabling widespread adoption using existing regulatory frameworks.

The Gambling Commission has a statutory licensing objective to protect children and vulnerable people and has committed to work to prevent harm to consumers and the public from gambling. We apply a range of regulatory tools and levers to make gambling safer, which include both requirements for and restrictions on product, place and provider, from the start of the customer journey.

Working in partnership

Regulators have a range of tools available to facilitate the adoption of best practice, including stopping provision or practices based on evidence of harm. Other bodies also have an interest in reducing gambling harms, and effective partnerships with regulators and other public bodies are essential to harness the potential of regulatory frameworks and standards to reduce gambling harms. Regulators and other public bodies have a role to assess, understand and evaluate existing practices to find evidence of what does and doesn't work, and take action to prevent harmful practices where evidence exists.

Actions

To work with and support regulators and other bodies

Regulators such as the Advertising Standards Authority or the Competition and Markets Authority have a continued role to prevent unfair practices and inappropriate advertising which present an increased risk of harm to vulnerable consumers.

As the system for treatment services develops and expands, the role of oversight/ inspection will become increasingly important.

The Commission will continue to work with these regulators and will further develop working relationships with a range of other bodies.

To support effective local regulation

Licensing authorities have a co-regulatory role.

The Commission will continue to support the important work of licensing authorities to implement an effective regime of premises inspection and enforcement to ensure operators are protecting young and vulnerable persons.

This work includes developing *and actively applying* statements of licensing policy on how they exercise their functions. These statements allow licensing authorities to reflect locally specific gambling concerns and set out clear expectations for local gambling operators to protect consumers and the wider public.

The Commission as the national regulator plays a key role to make gambling safer and reduce gambling harms, as outlined in the Commission's corporate strategy *Making gambling fairer and safer*¹⁰. However, the regulation and oversight of activity to reduce gambling harms also goes beyond the Gambling Commission's remit. It ranges from the shared regulation of gambling premises with Licensing Authorities, to work with other national regulators in areas such as advertising and other industries that facilitate gambling, such as financial services.

Gambling Commission actions

This strategy forms the basis of the Gambling Commission's safer gambling priorities. We will expect gambling operators to demonstrate how they are supporting and delivering the strategy through raised standards in compliance, including evidence of ongoing trials and evaluation of safer gambling activities, evidenced through the assurance statement process and our ongoing compliance activity.

As set out in the Commission's strategy for 2018–21, we will continue to require operators to assess and improve protections designed to prevent gambling harm and support consumers who need help to manage or control their gambling.

Whilst we expect that over time, the developing framework for measuring gambling-related harms will inform where preventative measures should be targeted, we are committed to other actions to make progress as this work continues. This includes driving live environment trials of preventative interventions as part of the research programme as well as industry-based interventions, such as proactive safer gambling messages to consumers, the design of products and games, and the availability and promotion of safer gambling tools.

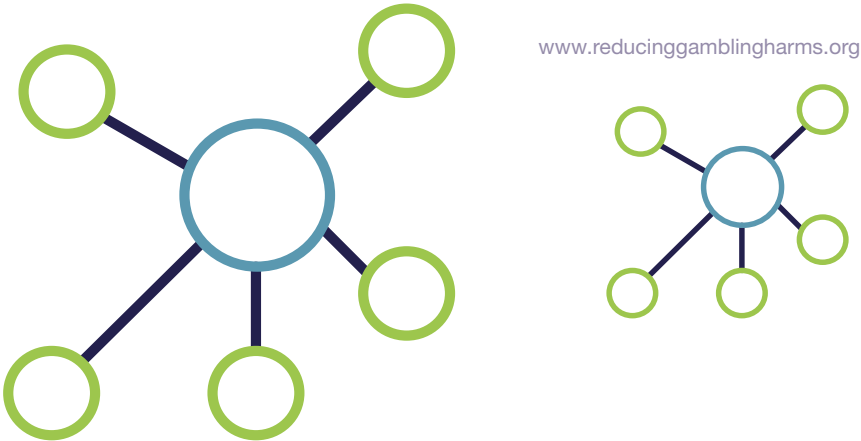
Where there is clear evidence of what works to reduce the risk of gambling harms, the Commission will expect widespread adoption by operators, and we will use the full range of our regulatory tools to deliver appropriate consumer protections.

Where we have concerns about practices which might cause harm, we may adopt a precautionary approach to restrict these practices. Where there is conclusive evidence of practices known to cause harm, which are not being mitigated, we will take action to restrict or prevent these in order to reduce harm.

We will continue to assess the effectiveness of controls and tools to support customers to manage or to cease gambling. This will involve continued work with gambling operators to identify and implement improved information and signposting to help and support. And we will continue to hold to account licensees who do not take sufficient action to mitigate against the harms caused by gambling, or take account of lessons learned, using the full range of our enforcement powers, as evidenced by the increasing levels of financial penalties for regulatory failure.

10 Gambling Commission, Strategy 2018-2021, Making gambling fairer and safer

Enabler:
Collaboration



Purpose: Actions by businesses and other key organisations support the delivery of the strategy and the reduction of gambling harms

Businesses and other key organisations with a role in reducing gambling harms need to work, with their regulators, to continue to develop and improve existing practice, and to identify new ways to reduce gambling harms.

Working collaboratively in a coordinated manner to focus efforts and share more widely what does and does not work, will achieve greater impact than more isolated efforts. The gambling industry is increasingly collaborating on activities to promote safer gambling, and even more can be achieved through active targeting, direction and support for this collaboration by the Gambling Commission as the industry regulator.

Working in partnership

Businesses who actively innovate and collaborate to reduce gambling harms should be recognised and should share good practice for wider adoption.

The importance of collaboration applies not only to gambling businesses. Other key organisations also have a role to play to innovate and identify ways to support individuals experiencing gambling harms.

Actions

To support developments in the financial sector

In financial services, businesses should continue to work together to develop and offer tools and controls to help customers manage the amount they spend on gambling, and work to understand and support vulnerable consumers who are at an increased risk of harm.

To support the implementation of national public health plans, and to provide an evidence-based toolkit for use by local authorities, their public health teams and other organisations

The Gambling Commission and licensing authorities work in partnership through shared regulation of gambling premises and will use the findings and evidence generated through the developing public health model to build on existing toolkits for gambling, using an evidence-based approach. We will also support the evaluation of the impact of public health plans.

To support increased awareness, knowledge and signposting

There is a need for businesses, service providers, charities, and local health partnerships to collaborate to provide better signposting and pathways to the range of treatment and support options. This includes workforce education and development to equip practitioners to identify the signs of harm and collaborate to identify the right pathways to support and treatment to meet an individual’s needs.

Working towards the outcomes in this strategy is by no means restricted to the gambling industry and will require collaboration by all businesses and partners involved in reducing gambling harms. These include national and local health and social care bodies, commissioning bodies, service providers for prevention and treatment programmes, and third sector organisations in order to make real progress.



Gambling Commission actions

The Gambling Commission will support businesses to innovate and collaborate to ensure that activities deliver greater impact on a clearer set of defined priorities.

Collaboration for and by gambling businesses on *prevention and education* and *treatment and support* starts with responsible product and game design, and creating and providing clear information for customers about the risks of gambling and how products behave. It means improving upfront consumer protections

to encourage safer gambling, promoting the use of tools to manage gambling as a measure to prevent harm and developing support mechanisms such as exclusion options and referral processes to ensure people who need to cease gambling have the right tools and support to help them do so.

In our annual business plans and through engagement with operators and trade associations, the Commission will set clear priority areas for operators to focus on in order to raise standards. We will continue

to facilitate collaboration to identify what does and doesn’t work and will look at new and innovative ways to share lessons learned, and to recognise and share best practice to accelerate progress.

We expect collaboration to lead to clear outcomes, and for efforts to understand and develop interventions and practices to reduce gambling harms to have a clear purpose, include testing and evaluation, and for findings and outcomes to be shared more widely to help inform safer gambling practices.

Enabler: Evaluation

Purpose: To understand more about what works to reduce gambling harms

Well-designed and well-delivered evaluation will be a core part of the evidence base for widespread adoption of measures proven to reduce gambling harms.

Good evaluation looks not only at the process, but also the impact on people and behaviour. In order to achieve the overall aim of the strategy, a greater understanding is needed of the impact that interventions and activities have on how people gamble, how they experience harm, and how they respond to prevention and support activities and interventions. This means that evaluation needs to be built in from the beginning of an intervention or project.

The key principles of good evaluation, as set out in the existing protocol are:

Robustness and credibility

Appropriate evaluation generates robust evidence. This includes drawing on quantitative and qualitative data and incorporating the consumer and/or user voice.

Proportionality

Evaluation should be proportionate to the risk and scale of the intervention, so scale should be considered and documented at the outset.

Independence

Independent evaluation is perceived as more objective, robust and credible, but may not be proportionate for all interventions.

Transparency

Evaluations should be as open as possible about the rationale and details of the intervention, the evaluation process, results generated, and conclusions. Transparency increases confidence and credibility and allows stakeholders to think about how lessons learned can be transferred.

Working in partnership

Evaluation has started to take place under the Commission’s independent research programme, to help understand the effectiveness of activities designed to reduce the risk of gambling harms, and working with partners to do so.

Examples include evaluating the impact of reducing friction for customers to encourage setting limits in online gambling, trialing safer gambling messaging on gaming machines in bingo premises, and the work to evaluate the effectiveness of multi-operator self-exclusion schemes.

Actions

To support evaluation across all partners

Evaluation is not confined to what the gambling industry does. It is important to find out what works in wider prevention programmes, and in treatment and support options. The success of the strategy will be reliant on how all parties involved approach and use evaluation to help determine the right mix of interventions and options to prioritise activity and reduce gambling harms. Good evaluation will enable and empower commissioning bodies to base funding and prioritisation decisions on evidence of what does and doesn’t work.

Longer term evaluation needs

Over the longer term, those involved in delivering the strategy may benefit from a more coordinated approach to evaluation. Options to prioritise and coordinate evaluation, including ownership and implementation, will be explored during the life of the strategy.

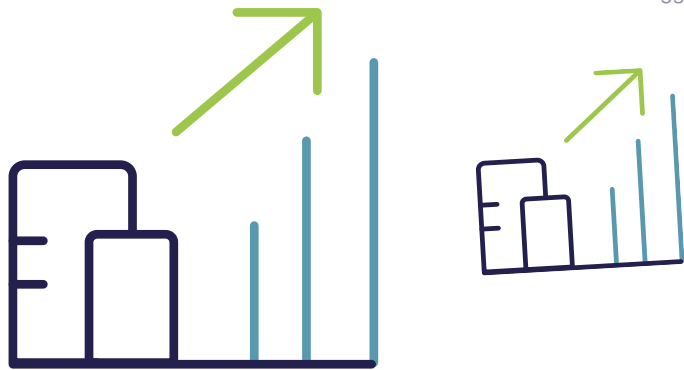
Gambling Commission actions

We will work with evaluation experts, and a range of stakeholders delivering interventions to reduce harm, including gambling businesses, to review and revise the 2016 RGSB evaluation protocol. It may be appropriate to further supplement the protocol and existing guidance with additional or updated practical tools and advice, in order to raise standards in evaluation at the individual operator level and to begin to embed proportionate evaluation into both current practices and at the beginning of new practices.

Crucially, we want to understand what does not work as much as what does, so that we can match our expectations to the most effective methods of reducing harms.

It is important that new measures or programmes are properly evaluated. For the Gambling Commission, this includes monitoring progress of significant new policy initiatives or regulatory changes and measuring progress against the strategy from the start. We will support and encourage other bodies to do the same.

Enabler:
Research to inform action



24

Purpose: To widen the research base and improve links between research and policy

Reducing gambling harms demands a much stronger link between research and policy, supported by a research programme that both informs and is informed by action, involves a wide range of agencies and researchers, and has the right research infrastructure to deliver it.

Historically, barriers to research have included practical considerations around accessing sufficient consistent and useful data on customers’ gambling activities, and ethical concerns about the source of funding for research. The strategy is therefore prioritising steps towards the creation of a central data repository that would enable access to anonymous datasets for research. Over the long-term, this repository would streamline the process for accessing data for research purposes, accelerate the pace of research and open up access to a broader range of researchers.

Working in partnership

The Gambling Commission’s research programme is only part of the emerging picture on research to address gambling harms. It will be important that dissemination of research enables policy makers to take proper account of the research being conducted or planned by public health bodies in England, Wales and Scotland. This will also support the work by these partners to further develop a coordinated approach to research across the public sector.

Actions

To explore a research hub to disseminate policy implications of research

Over time, the body of research to inform – and be informed by – the strategy will grow and create a more comprehensive evidence base to influence policy. An independent research hub to collate and disseminate research, and assess the impact of research on policy, would strengthen this link between research and action. This could include all relevant research related to reducing gambling harms: as part of the Commission’s independent research programme, public health research, international research, and research undertaken by charities, treatment providers, experts by experience, the gambling industry and others. Longer term, it will be important to assess the viability of a hub which is independently coordinated by experts.

Consider the use of one or more National research centres

As the strategy progresses, a clearer picture of how to create a research infrastructure in order to underpin and facilitate high quality research should emerge, and the role of national research centres as part of that infrastructure will be considered.

25

The Gambling Commission’s governance and commissioning arrangements for its independent research programme have already broken the link between funding and commissioning research, and consideration will be given to the long-term research structures that are necessary, including the potential role of one or more research centres. There is however a need to facilitate better application of the body of evidence to policy decisions. The Commission will be supported and challenged to do so by its independent advisors, the Advisory Board for Safer Gambling. An independent research hub would enable an ever-increasing evidence base for policy, and therefore drive more effective action. It would also help map the needs for future research. Interim steps by the Commission to share the evidence under its independent research programme will be critical, alongside working with partners to develop the longer-term approaches to a hub.

Gambling Commission actions

The Gambling Commission’s independent research programme separates the setting of priorities for research, from the funding for research, and is designed to support delivery of the strategy. As we learn more, the research programme will adapt and respond to continue to provide the evidence we need to find out what works to reduce gambling harms. We will work with partners to establish a central repository of anonymised data to inform research. To support the foundations for the data repository, the *patterns* of play research project will pilot the process of researchers identifying what data from online gambling should be collected to allow maximum benefit to inform action, and the Commission will drive progress with the industry to deliver that data. This early step towards a data repository will also be set alongside the results of a scoping exercise currently underway about how further phases could be implemented, and what governance arrangements should be put in place to do so. As a first step towards a research hub, the strategy microsite will host key research, and for projects delivered under the Gambling Commission’s research programme, be the home of research briefs, published reports and an assessment of key policy implications that arise. In the first year of the strategy, the Commission will lead work to further embed the harms framework, published in July 2018, through the research programme. This framework will help to develop a clear understanding of the hidden harms – and costs – of gambling, on resources, health and relationships. Whilst we place a particular emphasis on the harms work to inform where preventative measures should be targeted, we are committed to other actions to make progress. These include driving live environment trials of preventative interventions as part of the research programme. Where these are industry-based, such as more proactive safer gambling messages to consumers, the design of products and games, and the availability and promotion of safer gambling tools, the Commission is well-placed to apply our regulatory powers to make progress and to work with those with lived experience on how best to achieve these goals.

Conclusion

This strategy outlines what can be achieved within the current governance arrangements for research, prevention and treatment, and alongside the strategy the Gambling Commission is taking steps to maximise the current funding arrangements to ensure that funds donated voluntarily fully support the delivery of the strategy.

While the strategic priorities will not change, how the outcomes are delivered are likely to adapt to reflect learning along the way, the evolving partners involved, as well as changing attitudes, behaviours and the environment. The implementation plan for the strategy will reflect these changes but will remain grounded in the core strategic priorities and outcomes.

Successful delivery of the strategy will require collective effort and engagement from a wide range of stakeholders. In shaping this strategy, we have reached out to a wide range of people and organisations who have an interest and a voice in reducing gambling harms, and in delivering the strategy we will continue to do so.

We encourage our full range of partners, including regulated businesses, to play their part in reducing gambling harms. Further information and details of how to stay in touch, are available on a new website dedicated to the implementation of the strategy www.reducinggamblingharms.org

AIM

The sole aim of this three-year National Strategy is to move faster and go further to reduce gambling harms.

A wide range of partners will need to play their part.

WHY

Strategic priorities to help achieve our goals

Prevention & education



Towards a collective and clear prevention plan applying the right mix of interventions

- Universal measures: for the benefit of the whole population
- Selective measures: for the benefit of at-risk groups
- Indicated measures: for the benefit of at-risk individuals

Treatment & support

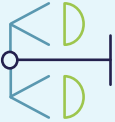


Significant progress towards truly national treatment and support options that meet the needs of current and future service users

- Access to a national helpline
- Individual treatment
- Group treatment and support
- Online treatment and support
- Residential treatment
- Peer support
- Support for affected others

HOW

Enablers to ensure priorities are met



Regulation and oversight

Widespread adoption of best practice through regulatory frameworks



Collaboration

Actions by businesses and other key organisations support the delivery of the strategy and the reduction of gambling harms



Evaluation

To understand more about what works to reduce gambling harms



Research to inform action

To widen the research base and improve links between research and policy

WHAT & WHO

What we need to work on for each of our enablers to achieve our aim

To be supported by a full implementation plan

Working in partnership

- Work with and support regulators and other bodies.
- Support effective local regulation.

Gambling Commission actions

- Require gambling operators to demonstrate support for the strategy through raising standards.
- Ensure widespread adoption of what works to reduce gambling harms.
- Hold to account operators who fail to protect consumers.

Working in partnership

- Support developments in the financial sector.
- Support increased awareness, knowledge and signposting.
- Support the implementation of national public health plans, and provide an evidence-based toolkit for use by local public health bodies and other organisations.

Gambling Commission actions

- Support gambling businesses to innovate and collaborate to achieve greater impact on the priorities which the Commission sets.
- Facilitate collaboration on what works, and recognise and share best practice to accelerate progress.

Working in partnership

- Support evaluation across all partners.
- Consider longer term evaluation needs.

Gambling Commission actions

- Review the existing evaluation protocol and develop tools and resources to help embed proportionate evaluation.
- Monitor progress of new policy initiatives and regulatory changes.

Working in partnership

- Explore a research hub to disseminate policy implications of research.
- Consider the use of one or more National research centres.

Gambling Commission actions

- Support the foundations of an independent data repository through the patterns of play research and scoping exercise.
- Lead work to further embed the gambling harms framework for both adults, and children and young people.