



# Improving Outcomes Fund

## Executive Summary: Learning and Evaluation Report

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## 1. Executive summary

The **Improving Outcomes Fund** (IOF), commissioned by GambleAware, was established to address gambling harms among women and minority ethnic and religious communities across Great Britain. With **£4.3 million** in funding, **25 projects** were supported between **April 2024 and March 2026** to deliver culturally responsive, community-led interventions aimed at reducing the inequalities related to gambling harm among women and people from minority religious and ethnic communities.

The IOF-funded projects address barriers to gambling-related harm support, including **stigma, mistrust**, and a **lack of culturally appropriate services**, by incorporating **lived experience**, fostering **trust**, and integrating **gambling harm support into broader community services**. Many projects were led by or co-designed with individuals with lived experience, and several were founded by those directly affected by gambling harms.

New Philanthropy Capital (NPC), commissioned by GambleAware as the learning and evaluation partner for this fund, conducted an evaluation from September 2024 to October 2025, based on focus groups, learning events, case studies, and monitoring reports. Findings highlight the importance of trauma-informed, trust-based, and locally embedded approaches in building strong community relationships and providing support. However, to some extent, structural challenges, such as short-term funding, fragmented referral pathways, and sectoral divisions, limit the sustainability and reach of these efforts.

**Specifically, this report answers the following broad questions:**

1	What are the drivers of gambling harms for women, religious and minority ethnic communities?
2	What barriers do these groups face in seeking support?
3	How are IOF-funded projects responding with tailored approaches?
4	How are IOF-funded organisations working within the current gambling harm system to drive change?
5	What structural factors affect the success of projects?

Overall, the findings present a complex picture of gambling harms for women, religious and minority ethnic communities, one that is tied up in stigma and feelings of shame. We have found the main drivers of gambling harms for women and minority communities to be:

**Social factors** such as isolation



**Financial factors** such as financial hardship, and the perception of gambling as a means to make money quickly



Gambling as a **coping mechanism** and a way to escape **cultural/gendered pressures** (e.g. of maintaining family units, responsibility for childcare), and **experiences of discrimination** (especially racial discrimination)



With the above being enabled by the **ease of access to gambling** in modern society, in particular in **late-night betting shops or online gambling**.



When it comes to seeking support with gambling and gambling harm, **women and minority ethnic and religious communities** experience numerous **barriers**, including:

- **Stigma and shame**
- **Mistrust** in service providers and treatment options
- **Lack of awareness** about gambling-related harms
- **Lack of gender-specific** and/or **culturally appropriate** organisations and services
- Lack of awareness of or buy-in to the **need for support** from professionals, e.g. health professionals

To help individuals overcome these barriers, projects are employing a number of successful approaches and adaptations. Based on these, we recommend that future initiatives consider the following:

- **Embedding gambling support into broader services** (e.g. running sessions on debt and financial advice, and building in themes around gambling harms)
- **Creating accessible tools** for discreet and informal engagement (e.g. QR codes on leaflets)
- **Co-creating culturally and gender sensitive-approaches** to support communities
- **Building trust** through involving members of communities and people with lived experience (e.g. community champions models)
- **Bringing support to communities** on the ground and in local spaces (e.g. GP surgeries, religious buildings such as mosques and churches).
- **Commissioners providing longer-term**, flexible funding to support the time it takes to build relationships and embed approaches
- **Commissioners prioritising connection building** and bottom-up approaches to reinforce the above

Underpinning all these approaches is community leadership and the embedding of lived experience. This aligns closely with GambleAware's public health approach to tackling gambling harm, which focuses on addressing inequalities, promoting prevention and early intervention, and engaging with the most vulnerable groups through primary care and community networks. Projects identified key elements that promote the success of these approaches, including:

-  **Consistent and visible outreach** to engage community leaders and members
-  Taking time to **build trust and understanding** with communities
-  Capitalising on **existing community relationships**
-  **Co-design / co-production** of services and activities with individuals with lived experience
-  Being mindful of **ethical concerns** around tokenism and the potential harm of asking people with lived experience to share traumatic stories

While there are many examples of successful interventions, in some cases, the ability of projects to provide tailored support is somewhat inhibited by key structural factors including:

- **A lack of sustainable funding** inhibits organisations' ability to embed staff, skills, relationships and connections
- **Unclear referral pathways** leading to the user journey stalling. This is caused, in part, to division in the gambling harm sector which has caused some challenges in collaboration e.g. between established National Gambling Support Network (NGSN) and newer or adjacent sector organisations, and division around organisations in receipt of regulatory settlement, GambleAware or direct gambling industry funding due to perceived conflict of interest.

The IOF-funded projects have invested thoroughly in building relationships with communities and have a deep understanding of the challenges facing the communities they work with. To effectively break down the barriers for people to access support for gambling-related harms, organisations should be trusted and empowered to take forward approaches that are most likely to work in the communities they know best. They should also be supported in sharing this expertise with other organisations through partnerships and connections. This is essential learning for the broader gambling support system. The transition to a statutory levy presents opportunities for further integrating services, for instance, into broader strategies addressing health inequalities, cost-of-living issues. By doing this, future commissioners can ensure that sustainable funding reaches the gambling harms sector.

At the time of writing, however, there remains a degree of uncertainty regarding the specific opportunities that will arise. Indeed, there is a concern among IOF projects that, between the three different commissioning remits of treatment, prevention, and research, there won't be the necessary focus on communities most disproportionately affected by gambling harms. As a result, expertise in community-led and integrated approaches may also be lost.

We suggest that future commissioning prioritise community-led, lived-experience models and focus on reducing fragmentation in the sector through bottom-up approaches, more meaningful inclusion of grassroots and community-led organisations, and increased sustainable funding, to better enable connection, partnership, and learning.



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