

Community Resilience Fund

**End of programme evaluation report
December 2025**

A report prepared for GambleAware by Ipsos.

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Executive summary: end of programme evaluation report

Programme overview

The Community Resilience Fund (CRF) was launched by GambleAware in the summer of 2022. It was the organisation's first open grant-funding programme, designed to test new approaches for addressing inequalities for those experiencing gambling harms, particularly those exacerbated by the cost-of-living crisis. The programme aimed to:

- Increase the capacity and understanding of gambling harm among community-based organisations.
- Increase the number and types of organisations working to reduce gambling harm.
- Build referral pathways from community-based organisations to specialist treatment and support.

Initially, 21 organisations were funded for 12-month projects, selected from over 100 applications. The selection process prioritised organisations with a clear case for intervention, existing reputation within their target communities, and proposals that went beyond awareness-raising. In 2023, the programme was extended, with eleven organisations receiving funding for one or two additional years. In total, the CRF provided £2.26 million in funding over three years.

The rationale for the programme was twofold. It was a rapid response to the cost-of-living crisis, which disproportionately affected communities already at higher risk of gambling harms. For GambleAware, it served as a strategic opportunity to fund new organisations outside of its traditional network of specialist providers, using a 'test-and-learn' funding approach.

The funded projects were diverse in size, location, and target audience, delivering activities across England, Scotland, and Wales. This included:

- **Projects with a national or regional focus:** organisations like the Prison Radio Association (broadcasting in England and Wales), Simon Community Scotland (operating across Scotland), and Mind Suffolk (focused county-wide).
- **Projects with a place-based focus:** organisations like Shama Women's Centre in Leicester, Al-Hurraya in Nottingham and Derby, and the Cedarwood Trust on the Meadow Well estate in North Tyneside.
- **A diversity of target audiences,** including Black, Asian, Minority Ethnic and Refugee communities (Al-Hurraya, IMO Charity), foodbank users (Blackburn Foodbank), people experiencing homelessness (Alabaré, Simon Community Scotland), and individuals in the criminal justice system (Prison Radio Association).

Interventions were mapped across three levels of prevention:

- **Primary prevention (all 21 projects):** Preventing harm before it occurs through awareness campaigns, financial education, and staff training.
- **Secondary prevention (20 projects):** Reducing the impact of existing harm through early interventions like brief conversations, counselling, and signposting.
- **Tertiary prevention (10 projects):** Addressing ongoing harms through recovery support, peer groups, and specialist workshops.

Evaluation overview

In January 2023, Ipsos was appointed as the evaluation and learning partner for the programme.¹ The evaluation focused on identifying and sharing lessons from the funded projects. A mixed methods process evaluation was conducted, drawing on data from funding applications, project reports, evaluation interviews, observations and annual learning events. Detailed case studies were developed on a sample of funded projects. The limitations of the evaluation include the variability in project-reported data, which made it difficult to report on reach and impact consistently. Additionally, interviews with service users were not conducted, meaning their perspectives are not included in the case studies.

Key findings: engaging with local systems and communities

Funded organisations engaged with local systems and communities through four interconnected types of activities: raising internal awareness, forming local networks, raising public awareness, and providing direct support. The evaluation found that projects were most successful when they pursued these activities in a multi-layered, mutually reinforcing way.

Initially, most projects planned to create new, distinct services focused on gambling harms. However, they quickly learned that stigma, shame and low public awareness were significant barriers to engagement. Consequently, a more effective strategy emerged: integrating gambling harms support into projects' existing services. This allowed them to begin to address the issue alongside interconnected problems like mental health, debt, and domestic abuse.

“When you are sitting in their group talking, just having a casual conversation [...] they feel more relaxed talking about anything and everything. They talk about the gambling [...] But they talk about other issues as well. So, when they talk about other issues like the domestic issues, alcohol and any substance, that goes directly to our different projects”. Staff interviewee

1. Raising internal awareness and upskilling

Since most organisations were not gambling harm specialists, building staff capability was an important first step. The eleven projects which were funded long-term reported reaching

¹ Ipsos worked in partnership with NPC for the first year of the programme.

approximately 2,185 staff and volunteers with upskilling activities. The key learning was that one-off training is insufficient. Effective upskilling required a systematic approach: regular training integrated into staff inductions, reinforcement through resources and team discussions, and embedding screening questions into standard processes. The involvement of people with lived experience in training was highlighted as particularly powerful for illuminating the reality of gambling harms.

“I talk to people all the time about addictions, mainly alcohol and drug and substance. But I don't really think we knew how to engage people about gambling addictions [...]. That was a lot of work we did to start off with, looking at how to have those conversations.” Staff interviewee

2. Forming local networks

Organisations recognised the need to connect with other local services. This enabled funded projects to establish referral pathways and create a more holistic approach to support. However, progress was often hampered by low awareness of gambling harms among partners and, in some cases, a reluctance from statutory bodies (like the NHS or local authorities) to work with GambleAware-funded organisations due to the politics around its perceived links to the gambling industry.

“[If I could do my time again] I would have probably started to do more with the leads in the faith and community organisations. More training work targeted to them.” Staff interviewee

3. Raising awareness among people at risk

The eleven extended projects reported reaching over 55,000 people with awareness activities (a figure inflated by the Prison Radio Association's listenership). The funded projects used a mixed approach of passive methods (leaflets, posters) and active engagement (workshops, screening questions). This allowed information to be offered discreetly while also normalising the topic by integrating it into everyday conversations about health and wellbeing.

“When I go to these community and social groups, people are engaging with them, engaging with me, which is good. But in the beginning it was not like that. People were not interested in discussing. They were listening, but they were not engaging.” Staff interviewee

4. Providing direct support

The extended projects reported directly supporting approximately 2,200 people using a range of interventions. It included light-touch support (wellbeing walks, brief interventions) and more intensive therapy. A key finding was the importance of providing dedicated support for ‘affected others’. While awareness-raising saw high engagement, the uptake of formal, direct support was lower than anticipated. This suggested that for many, light-touch information or support, or addressing more pressing needs like housing or debt was sufficient or a necessary first step.

"It's a slow burn. [...] if you present it in that way where I'm coming to you, we're doing a workshop, the attendance might not be great because [...] it could be too on the nose for people that are suffering from gambling harm. So it does make a difference when you make things informal and take the time to gradually work your way in." Staff interviewee

Key findings: outcomes

1. Outcomes for individuals

Increased awareness: All projects reported that their activities increased awareness of gambling harms and available support, evidenced by growing engagement levels. This was most effective when activities were made relatable by involving people with lived experience and were culturally and linguistically tailored.

"It's not just a case of translating materials to other languages, but actually there's cultural nuances in how gambling is perceived in certain communities and a translated message won't necessarily be helpful to certain communities." Partner organisation interviewee

Uptake of specialist support: While projects acted as a "bridge" to specialist services for individuals not ready to engage directly, a lack of data sharing made it impossible to track actual uptake from referrals.

"A lot of people, we found they weren't ready to take the next step into that therapeutic work. [We assume it's] because they've done just about enough by coming to one organisation, now going to another organisation to relay their story again, it was too much." Staff interviewee

Improved health and wellbeing: Projects offering formal, longer-term therapeutic support reported improved mental, physical, and social wellbeing, often measured with validated tools like CORE-10 or WEMWBS.

Additional outcomes: Three outcomes, not anticipated in the programme design, were observed.

- **Reduced isolation:** Peer support opportunities (delivered through group sessions and mentoring) were reported to reduce isolation and created a sense of being understood.
- **Employment opportunities:** Several projects created employment pathways for people with experience of gambling harms by recruiting and training peer support volunteers and staff with lived experience.
- **Improved financial resilience:** Education workshops on budgeting and digital literacy provided practical life skills for both prevention and recovery.

“One of our most impactful strategies was financial literacy education. Teaching young people how to manage their finances, avoid financial scams, and build healthy financial habits became essential”. End of project report

2. Outcomes for funded organisations

Increased staff knowledge and skills: Staff reported increased knowledge and confidence in addressing gambling harms, though this was not universal and required ongoing focus to embed.

“I think the biggest thing that I took from the training was to just start having those conversations [...] I wouldn't say I'd have the confidence to support someone who's gambling just now. I would have to have a closer look at the resources. But I definitely had the confidence to just ask straight ahead and just be curious.” Staff interviewee

Increased organisational capability: Some organisations embedded gambling harms support into their core operational processes by adding screening questions and integrating training on gambling harms across the organisation. This was most successful where there was strong leadership commitment.

“It's changed me because now it's something I'll be talking about when I first meet someone, you know I'll be doing an assessment and I'll be talking about drink and drugs. But now I'm talking about gambling addiction as well. it's more at the forefront of the way that I work.” Staff interviewee

Established relationships: Projects built new local collaborations, increasing their profile and creating a wider network of organisations raising awareness of gambling harms. However, the sustainability of these changes without dedicated funding remains uncertain.

“We are able to signpost much more directly into support services as we've got strong partnership links now with other support services that previously weren't as strong.” Staff interviewee

3. Outcomes for GambleAware

Diversified provider base: The CRF increased the number and type of community organisations working on gambling harms.

Applied learning: GambleAware used learning from the CRF to improve the design of its subsequent funding programmes, including how it built-in learning support and opportunities for local system collaboration.

Generated intelligence: The programme provided valuable 'on-the-ground' insight about the experiences of specific communities, reinforcing evidence from GambleAware's other research and innovation portfolios.

“If we hadn't received any funding [...] it probably wouldn't have maybe been on our agenda, as high as it should have been. [...] We would never have made a loud noise around it.” Staff interviewee

Key findings: GambleAware's role

The evaluation identified the following lessons about GambleAware's role as a funder, offering insights for the future national commissioners (OHID and the NHS).

1. The funding model

GambleAware's trust-based, flexible grant-making approach was valued by the funded organisations for enabling new ways of working. It gave organisations a framework within which to experiment, adapt their approaches based on learning, and dedicate time for building trust.

2. Building sector capabilities

The funded organisations' experiences illustrate that an important role for a national funder is to act as a central convenor for knowledge sharing. GambleAware facilitated this through funding additional training, convening learning events and networking opportunities. This should be embedded from the start to ensure organisations do not 'reinvent the wheel' by developing their own training and resources. A more coordinated approach with centralised resources could create greater efficiency.

3. Building a collaborative system

A challenge identified by the funded organisations was the fragmented nature of the gambling harms support sector and the external perceptions of GambleAware's funding source. Some statutory partners were hesitant to collaborate, and a sense of competition among providers hindered integration. Successful collaboration often required dedicated project budgets for partnership activities. The uncertainty around the transition to the new commissioners affected momentum and decision-making.

Funded project case studies

1. Al-Hurraya

Al-Hurraya offers culturally sensitive services to minority ethnic and refugee communities in Nottingham and Derby, addressing issues such as addiction and trauma with a culturally diverse team. Funded by the CRF and GambleAware's Improving Outcomes Fund (IOF), Al-Hurraya focused on raising awareness of gambling harms within minority communities and providing support within broader well-being conversations. Over three years, the project expanded from embedding gambling harms focus within their own services, to system-building, where Al-Hurraya became a cultural advisor to other organisations. Project outcomes included improved financial stability and mental health for participants, and improved knowledge and confidence of staff. Learning from this project illustrates that building trust is essential for engagement on gambling harms. A community-based approach and employing staff with lived experience was effective for

establishing relationship-based services that address stigma and shame. The organisation learnt that complexity of gambling harms and its hidden nature demanded nuanced and long-term engagement approaches, working alongside other local organisations.

“As an organisation, I would say we are known for a safe space to come without judgment and stigma... We are the safe spot to go to if you needed that help. And amongst the youth as well [...] they’ve got somebody to talk to and there’s no judgment behind it.” Staff interviewee

2. The Big Issue

The Big Issue works with people experiencing homelessness and poverty, enabling them achieve economic self-sufficiency through magazine sales and providing other support services. The project aimed to integrate gambling harm awareness and support into vendor interactions, focusing on their large community of Roma vendors. The project developed over three years from awareness-raising through leaflet distribution to integrating gambling harm screenings into holistic vendor support. Learning from this project illustrates that organisational culture change to embed a new focus on gambling harms is slow. Training must be reinforced by aligned processes that integrate gambling harms screening and support with related social issues.

“Through everyday conversations, you can see where doors are being closed, where there’s a conversation they don’t want to have with you. But at the same time, we’ve spent a lot of time building that trust up and getting in a position where we can have conversations.” Staff interviewee

3. Simon Community Scotland

Simon Community Scotland supports people experiencing homelessness through accommodation and other, trauma-informed and person-centred support services. With CRF funding, the project aimed to embed gambling harm awareness across the homelessness and housing sector and influence systemic change. The project included internal and external capability building, direct support, and policy advocacy. With additional funding from the IOF, it developed additional women’s-only services. The project increased staff awareness leading to meaningful client conversations about gambling harms, and new partnerships with gambling harms-specialist services. Learning from this project illustrates that training isn’t enough to change practices; integration into daily operations is crucial and establishing external relationships is needed to improve referral pathways.

“People have conversations about gambling, but it’s about embedding that in everyday practice here... you’ve got to chip away and just keep it in people’s psyche all the time, which then gives people the confidence to start having these conversations with people they support.” Staff interviewee

4. Yellow Scarf

Yellow Scarf provides culturally tailored mental health support to Eastern European communities in Worcestershire. Funded by both CRF and the IOF, Yellow Scarf delivered multilingual support

addressing gambling harms in culturally sensitive ways. The project reported high recovery rates from people accessing their counselling and peer support programmes. Learning from the project is that delivery of support in native languages enhances accessibility. Integrating practical and psychological support and expanding support to family members supports recovery.

“There are no other places like us, where people can just come in and receive professional treatment in the language they speak and feel in.” Staff interviewee

Implications and recommendations

The evaluation concludes with recommendations for future funders and for community-based organisations.

1. For future funders

Recommendation	Rationale from programme learning
Award multi-year funding	Non-specialist organisations need time (often the first 12 months) to mobilise, build staff awareness, and engage communities. Short-term funding hinders trust-building and sustainability.
Support a diversity of community-based organisations	Gambling harms are interconnected with the wider determinants of health. Integrating support into existing services (mental health, debt advice) reaches people who may not self-identify with gambling issues. Coordinating resources and convening organisations regionally and locally can avoid duplication and enable sharing of expertise.
Ringfence funding for underrepresented communities	A flexible, tailored approach is needed to meet the nuanced needs of diverse communities, which mainstream services often fail to reach. This requires investing in organisations with existing trust and credibility.
Invest in evaluation to generate evidence	There is still a need to build evidence on what works. Funders should support proportionate evaluation, focusing on quality and long-term impact, not just short-term output targets.
Take a system-wide view beyond funding individual services	System change requires more than just funding new services. It requires investment in partnership working, policy activities, and the infrastructure that enables collaboration. This includes opportunities for collaboration across England, Scotland and Wales, and making connections between research, and prevention and treatment services.

2. For community-based organisations:

Recommendation	Rationale from programme learning
Explore the service user journey	There was a gap between high engagement in awareness activities and lower uptake of direct support. Organisations need to better understand whether there are barriers preventing people from accessing more specialist help. Developing clear referral pathways in and out of services and building local system networks can improve collaboration between services.
Integrate gambling harms support into core services	Embedding screening and support into existing services (such as welfare advice, domestic abuse support) makes conversations more natural and less stigmatising.
Equip the organisation to address root causes	Harmful gambling is often a symptom of more complex issues. A holistic approach that addresses underlying trauma, debt, or mental health is more effective.
Embed a culture of demonstrating impact.	To secure future funding, organisations must strengthen their data collection. This includes using recognised tools to measure change and being transparent about data limitations.

About this report

Ipsos was commissioned in January 2023 by GambleAware to work as evaluation and learning support partners for the Community Resilience Fund (CRF) programme. The programme ran for three years, from January 2023 to January 2026. The main aim of the evaluation was to identify and share learning with GambleAware and the funded organisations. As such, emerging evaluation findings were shared annually with the funded organisations and GambleAware. This report brings together the evaluation findings from all three years of the programme to address the evaluation objectives and questions set out in the original tender (these are described in section 1.5 below).

The report is structured as follows:

- 1** Programme and evaluation overview, to summarise the rationale for the programme and what was funded.
- 2** Evaluation findings, drawing together insights from the project reports and evaluation activities to explore the three overarching evaluation questions:
 - a.** To what extent have projects engaged with their local systems and communities?
 - b.** To what extent and for whom have funded projects contributed to the planned outcomes?
 - c.** What support has GambleAware provided that has worked well in supporting grantee organisations to execute their projects and become more 'grant ready' for the future?
- 3** Implications and recommendations for future funders and for the funded organisations.
- 4** Case studies of four of the funded projects, and more detailed summaries of all funded projects, are included in the appendices.

The report uses illustrative quotes and project examples throughout.

Definitions of key terms used in this report

Term used	Definition, as used in this report
Affected other	A person who experiences harm as a result of the gambling of someone else.
Black, Asian and Minority Ethnic and Refugee communities	This term is used in the report when the funded organisations use it in their reporting to describe the ethnic and cultural groups their organisations support.
Community-based	Something that is organised and takes place locally.
Local communities	A group of people living in a common location.
Local systems	The local actors that influence and are affected by a specific policy.
Marginalised groups	Marginalised groups supported by the funded organisations include people experiencing homelessness, people from Traveller and Roma communities, migrants, refugees and asylum seekers, people who speak and read limited English, and people with physical and mental disabilities.
People at risk of gambling harms	<p>The Problem Gambling Severity Index (PGSI) is used as a screening tool for measuring problem gambling prevalence. This measures the following:</p> <ul style="list-style-type: none"> – PGSI score of 8 and over represents problem gambling by which a person will have experienced adverse consequences from gambling and may have lost control of their behaviour. – PGSI score of 3 to 7 represents moderate risk gambling by which a person may or may not have experienced any adverse consequences from gambling but may be at risk if they (or someone they are close to) are heavily involved in gambling. – PGSI score of 1 to 2 represents low risk gambling by which a person is unlikely to have experienced any adverse consequences from gambling but may be at risk if they (or someone they are close to) are heavily involved in gambling. <p>The term 'at-risk' can apply to anyone who has a PGSI score of 1 to 2 or 3 to 7.</p> <p>Harmful gambling is related to health inequalities as it is associated with people who are unemployed and live in more deprived areas. There is an increased risk of gambling harms among people with poor health, low life satisfaction and wellbeing.</p> <p>Women and people from minority communities are underrepresented in current gambling harms treatment services, suggesting they are at great risk of harms being exacerbated by unmet support needs.</p>
People experiencing gambling harms	Harm to an individual from their own or someone else's gambling. Harms can encompass loss of employment, debt, crime, breakdown of relationships, deterioration of physical and mental health, loss of life from suicide. This definition does not delineate between individuals participating in gambling directly, or 'affected others.'

1 Programme and evaluation overview

This section provides an overview of the rationale for the programme, outlining some of the assumptions and contextual factors that influenced whether and how the programme achieved its objectives. It provides detail on the funded organisations and the projects which have been delivered, and an overview of the evaluation approach.

1.1 Overview of the funding approach

The Community Resilience Fund (CRF) was launched in summer 2022. Its stated aims were to:

- Increase the capacity and understanding of gambling harm among community organisations.
- Increase the number and types of organisations working towards reducing gambling harm within communities.
- Build referral pathways from community organisations to treatment and support.

It was GambleAware's first open grant-funding programme² forming part of the organisation's new 'innovation' funding portfolio. While GambleAware was an established commissioner of gambling harms prevention, support and treatment services, these were delivered by commissioning services from a network of specialist providers, to address a specific service need rather than a more open funding process. It was established as an opportunity for GambleAware to test and learn from new approaches for addressing inequalities in gambling harms. It invited community-based organisations it had not previously funded to apply for up to £100,000 for 12-month projects. Applications encouraged organisations to put forward ideas for how their organisations could use 'short-term funding to address inequalities experienced by disadvantaged communities across Great Britain, which have been exacerbated by the cost-of-living crisis'.³

The programme initially funded 21 organisations. These organisations were selected from over 100 applications. The assessment panel included internal and external reviewers from GambleAware staff, trustees and lived experience advisors. Decisions were based on:

- Organisations demonstrating a clear need for their proposed project in their applications. This included setting out national data about gambling harms, but more commonly

² This refers to a grant funding process in which the funder invites applications from any organisation that met their basic eligibility criteria, rather than through an 'invitation only' process. The eligibility criteria were mapped to GambleAware's charity governance and specified that the impact of the funded activity should be in England, Scotland, and/or Wales; the activities should not include evangelising or proselytising or be party political; the organisations must be incorporated with a board of trustees or directors; activities must be in line with GambleAware's charitable objectives (developing awareness and understanding of gambling harms; increasing access to services and reduce gambling harm inequalities; building capacity among health and community services to respond better to gambling harms; improving the coherence, accessibility, diversity, and effectiveness of the National Gambling Treatment Service); and organisations could not request more than 50% of their previous year's turnover.

³ GambleAware, Community Resilience Fund: Q&A Session, 13 July 2022.

applications cited anecdotal reports and observations from front-line staff that gambling harms were a growing issue for people accessing their services.

- The bidding organisation’s pre-existing relationships and a track record of successfully working with its target community, with expertise that could be credibly applied to focus on gambling harms.
- Proposed project activities that would go beyond awareness-raising by using the existing organisational infrastructure and experience to offer tangible support, such as training, peer-support, or counselling.

In the summer of 2023, GambleAware announced that the programme would be extended and organisations were invited to apply for up to two further years of funding. Following another assessment process in September 2023, GambleAware selected three organisations to fund for another year, and eight for an additional two years. This assessment was based on the projects showing promising outcomes and the organisations’ activities addressing existing gaps in provision.

In total across the three years of the programme, it provided £2.26m funding to these organisations. GambleAware also provided additional funding for learning activities. This was to cover costs associated with training and visiting other organisations to share best practice. See Appendix A: detailed overview of funded projects for a list of funded organisations and the funding allocations.

1.2 Rationale for the programme

The original programme rationale as set out in 2022 was closely linked to the cost-of-living crisis and the need to act quickly to enable support for people on-the-ground. GambleAware had conducted in-house and commissioned research to understand issues driving inequality in gambling harm. This showed ethnicity, gender and deprivation all played a role in accentuating gambling harms, with intersectionality across these issues exacerbating harm further.⁴ Other research indicated that people in more deprived areas were less likely to have accessed treatment and support than more affluent groups.⁵ GambleAware recognised that many of the communities disproportionately affected by gambling harms were among those most likely to be affected by the cost-of-living crisis, and that it could do more to enhance support for these communities.

At this time of anticipated high need, the CRF sought to create new opportunities by providing 12-months of funding for trusted community-based organisations, with good reach to vulnerable groups, to focus on gambling harms. The assumption was that organisations with established

⁴ Dinos, S., Windle, K., Crowley, J., & Khambhaita, P. 2020. Treatment needs and gap analysis in Great Britain: Synthesis of findings from a programme of studies. GambleAware. <https://www.begambleaware.org/media/2186/treatment-needs-and-gap-analysis-in-great-britain-a-synthesis-of-findings.pdf>

⁵ Office for Health Improvement and Disparities. 2023. Gambling-related harms evidence review: summary. <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>

reach and trust within their communities would be well-positioned to mobilise projects quickly to raise awareness, reduce stigma, and improve access to support. GambleAware's research agenda at the time was focussed on understanding the barriers for certain communities that affected engagement with more 'traditional' support services. The CRF presented good alignment with this overall strategy.

There was an internal driver for bringing new organisations into the sector; at the time of launching the CRF, GambleAware was restructuring how it commissioned its existing treatment and support services as separate providers. This resulted in the launch of the National Gambling Support Network (NGSN). This is a diverse group of third sector organisations that are specialist gambling harms support providers that work across England, Scotland and Wales. They were commissioned by GambleAware to provide free treatment, advice and support for gambling-related harms. The restructure was a major change for these organisations. It was designed to improve referral routes between local providers with a 'regional first' approach and focus on early intervention.⁶ To allow these organisations time to focus on this review and redesign, and as part of a new strategic aim to fund new organisations, GambleAware used the CRF to fund organisations outside of the NGSN.

Internal operational factors also influenced the decision to fund organisations for an initial 12-month period. While the CRF provided an opportunity to encourage a rapid 'test and learn' approach – to enable organisations to pilot and experiment with new approaches to engaging marginalised communities – it was also a pragmatic and tactical solution to an internal strategic decision to disburse funds quickly.⁷ The decision to extend the funding was based on GambleAware's assessment that the funded projects showed potential and needed more time to develop and embed their approaches. However, the strategic context influencing funding decisions and programme management changed substantially during the programme's lifecycle with prolonged uncertainty about its future. The decisions of what to continue to fund and for how long were connected to the uncertainty around the future funding through the statutory levy and future of GambleAware.

1.3 Funded projects

GambleAware set out to support and learn from a diverse portfolio of projects through the CRF. The funded organisations varied in size and delivered activities across England, Wales and Scotland, with different geographical spreads. In the first year of the programme, the portfolio included four nationally focused organisations (the Big Issue and EPIC Restart Foundation

⁶ GambleAware, 1 April 2024. GambleAware launches newly commissioned National Gambling Support Network <https://www.gambleaware.org/what-we-do/news/news-articles/gambleaware-launches-newly-commissioned-national-gambling-support-network/>

⁷ This was connected to GambleAware's funding model and governance approach. They were funded by a voluntary levy on gambling operators, as such their income was unpredictable.

operating across GB, the Prison Radio Association which broadcasts in England and Wales, and Simon Community Scotland which operates across Scotland). It included four regionally focused projects including Mind Suffolk, Reframe, focused on delivery in Norfolk, and Derbyshire Alcohol Advice Service. The majority of projects (13) were place-based. Of these, some were city-wide, such as Shama Women's Centre in Leicester, and Al-Hurraya in Nottingham and Derby. Others focused on specific wards and districts, such as the Azad Kashmir Welfare Association, operating in Alum Rock in east Birmingham, Coram's Fields, in Camden in London, Age UK Westminster and the Cedarwood Trust in the Meadow Well estate in North Tyneside.

The projects had different target audiences, depending on their organisation's specific focus and service user groups. This included:

- Adults, children and young people from specific ethnic minority groups, such as the work of Al-Hurraya with Black, Asian, Minority Ethnic and Refugee communities in Nottingham and Derby, Yellow Scarf who deliver services for Eastern European migrants in Worcestershire, and IMO Charity's focus on people with South Asian heritage in Blackburn.
- Foodbank users through the Blackburn Foodbank.
- Adults experiencing homelessness via organisations like Alabaré Christian Care and Support and Simon Community Scotland.
- Adults, children and young people living in areas of high socioeconomic deprivation through organisations including Coram's Fields, the Cedarwood Trust and Hull FC Community Foundation.
- Adults involved with the criminal justice system, such as through the work of the Prison Radio Association.

The interventions were designed and developed by the funded organisations in response to GambleAware's call for proposals. The majority (19) had not previously delivered any services specifically on gambling harms, and were proposing to deliver new, gambling harms-specific activities with the funding. Just over half were planning to expand existing services to include a focus on gambling harms. They planned to do this by targeted recruitment and training staff to identify and better understand gambling harms.

As the programme had a strong focus on learning, GambleAware did not specify what activities or interventions projects should deliver. Instead, they invited organisations to define what they planned to deliver to meet set objectives. This recognised that community organisations had better insight into their populations than GambleAware. As a result, the funded projects varied widely and were tailored to the needs of the target audiences and expertise of each funded organisation. For the purposes of the evaluation, the projects have been mapped across the different levels of prevention (illustrated in figure 1 below). They included:

- Primary prevention: All 21 projects were focused on preventing harm before it occurs through targeted awareness-raising directed at specific at-risk groups via community

venues and health and wellbeing events, financial education workshops, and by training for staff and volunteers to initiate conversations and screen for risk of gambling harms.

The range of interventions with a primary prevention focus included:

Public awareness campaigns, including Prison Radio Association's 'Hold or Fold' radio series, broadcast into prison cells and produced as a podcast to raise awareness of gambling harms; match day awareness campaigns delivered by Solihull Moors Foundation and Wigan Warriors; and social media campaigns run by St Michael's Hospice, Cedarwood Foundation and Mind Suffolk.

Information and education sessions, including IMO Charity's educational awareness sessions delivered in mosques and schools, and Hull FC Community Foundation's sport-contextualised education programme to young people.

Staff and volunteer training, including Coram's Field's youth centre staff, Alabaré Christian Care and Support staff working with veterans, and Simon Community Scotland's staff working with people experiencing and at risk of homelessness.

Distributing information materials, including Age UK Westminster distributing leaflets in community venues, libraries, and betting shops, and Big Issue distributing leaflets among its vendors.

- Secondary prevention: 20 of the projects were aiming to reduce the impact and escalation of existing harms through early intervention support. This included brief interventions (short, opportunistic, and structured conversation designed to motivate an individual to change a risky or unhealthy behaviour⁸), one-to-one or group counselling and coaching, and signposting to specialist services.

The range of interventions with a secondary prevention focus included:

Using a short screening tool to identify people experiencing harms as implemented by Blackburn Foodbank and the Big Issue.

Delivering brief interventions and signposting, as delivered by Age UK Westminster whose staff provided one-to-one brief interventions and signposted individuals to specialist support services like GamCare; Al-Hurrayya whose support included assistance with self-exclusion schemes, Shama Women's Centre who provided practical support and internal referrals to domestic abuse support, welfare advice, and counselling, and Simon Community Scotland providing information at drop-ins within support hubs.

⁸ World Health Organisation. (n.d.). Screening and brief interventions for substance use problems. Available from <https://www.who.int/activities/screening-and-brief-interventions-for-substance-use-problems>

One-to-one and group workshops, such as weekly sessions held by Hull FC Community Foundation, Wigan Warriors and Mind Suffolk that addressed gambling harms alongside related issues like debt and mental health.

- Tertiary prevention: 10 projects aimed to deliver activities focused on addressing the impact of ongoing harms through recovery support and education workshops.

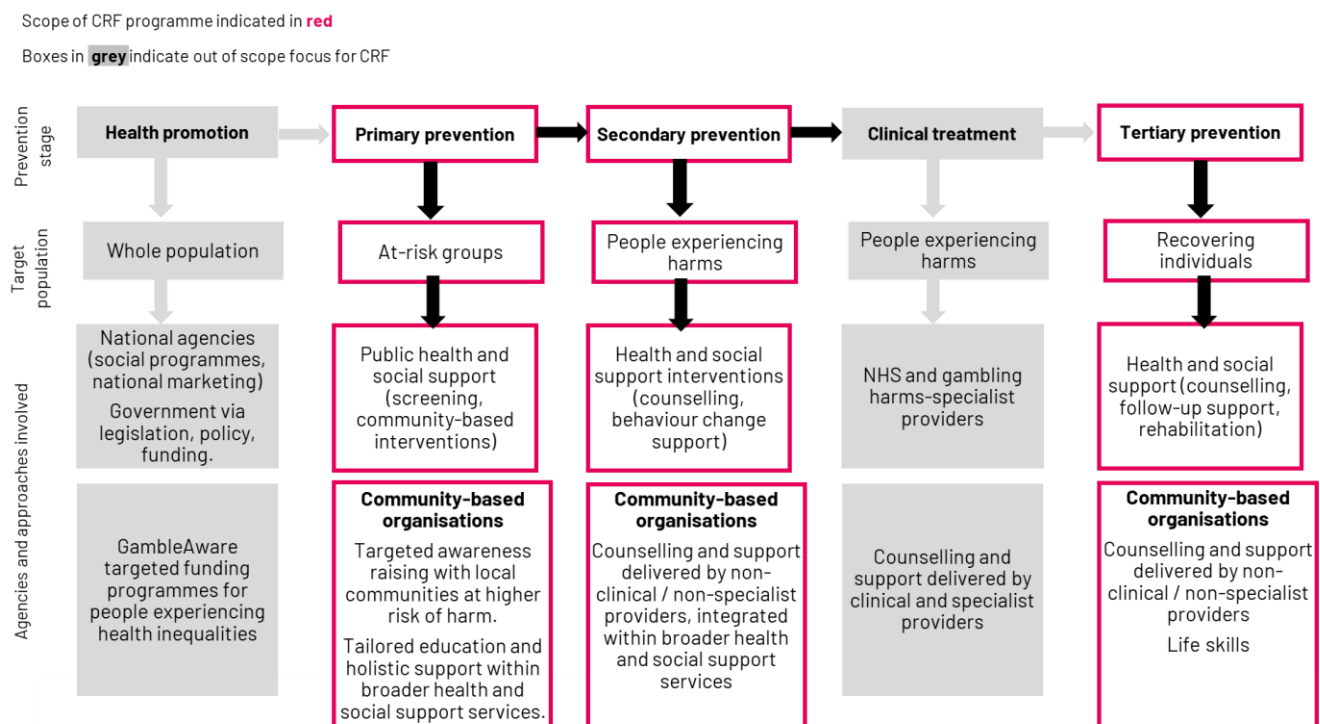
Tertiary prevention activities included:

Specialist counselling, such as that delivered by Yellow Scarf and Al-Huraya in one-to-one and group sessions.

Peer-led groups to support people to develop new connections and interests not related to gambling, such as Al-Huraya's 'mutual aid' group meetings, Shama Women's Centre's peer support group, Simon Community Scotland's co-design groups.

Family-centred support, as delivered by Al-Huraya's family support worker and Yellow Scarf's family therapy

Figure 1 Different phases of prevention, illustrating the scope of the CRF programme



Project examples are included throughout the report and a more detailed overview of the funded projects is provided in Appendix A: detailed overview of funded projects.

1.4 Relevant context for the programme

The programme operated within a complex and evolving landscape for gambling harms support.

GambleAware's strategic outcomes framework

In 2023, prior to the introduction and announcement of the new statutory levy, GambleAware developed an organisational strategic outcomes framework⁹ for the prevention and reduction of gambling harms. It set out five key outcomes for the organisation covering both a coordinated whole system approach and a focus on the impact on and needs of individuals experiencing gambling harms:

1. Increase the awareness and understanding of the risks of gambling and its harms.
2. Prevent gambling harm among individuals and communities at greater risk of experiencing it.
3. Prevent the escalation of gambling harm among those experiencing it.
4. Ensure individuals and communities receive a broad range of appropriate services.
5. Reduce the legacy of gambling harm.

The CRF was expected to play a role in addressing outcomes 1-4.

GambleAware's other funding programmes

After launching the CRF, GambleAware created several other innovation funding programmes for community-based organisations, including the Aftercare Funding Programme, focused on recovery provision, the Improving Outcomes Fund (IOF) focused on women and people from minority communities, and the Mobilising Local Systems Fund, for regional boards to develop new approaches to integrating within their local health systems. GambleAware also commissioned the NGSN to provide one-to-one and group therapy and counselling, peer support, residential treatment and a telephone helpline.

Some organisations funded through the CRF also received funding to deliver projects through these other programmes. While GambleAware required organisations to report on these projects separately, and the programmes funded different activities, the reach and outcomes of the CRF projects were influenced by the additional staff capacity and expertise enabled by the additional funding.

A divided sector

There is not a unified 'sector' of organisations and groups providing gambling harms support.¹⁰ This is influenced by different views on approaches to recovery (between abstinence-only and harm reduction approaches) and tensions about how GambleAware was funded from voluntary levies on the gambling industry. This meant that some organisations (statutory and non-statutory) would not

⁹ GambleAware: Annual Report 2023/24. Available from: <https://www.gambleaware.org/media/11ene1ys/gambleaware-annual-report-2024.pdf>

¹⁰ Office for Health Improvement and Disparities. March 2024 Gambling treatment: assessing the current system in England. Available from <https://www.gov.uk/government/publications/gambling-treatment-assessing-the-current-system-in-england/gambling-treatment-assessing-the-current-system-in-england>

work with organisations funded by GambleAware. This did affect progress of the projects, including how the funded organisations worked with others in their local systems.

Funding changes

The UK government's reform of gambling regulation, laid out in the April 2023 white paper,¹¹ introduced a mandatory statutory levy on gambling operators to be distributed by statutory agencies from March 2026. This led to the announcement by GambleAware in July 2025 of its planned closure by April 2026. Before this announcement was made there was an extended period of uncertainty about the strategic direction for GambleAware. This influenced decision making on its funding programmes.

1.5 Evaluation and learning approach

Evaluation objectives

Ipsos, working in partnership with NPC, was commissioned by GambleAware to be evaluation and learning support partners for the CRF programme in January 2023. This was initially commissioned as a 12-month evaluation with the aim of identifying and sharing learning to enable innovative practice. The evaluation, delivered by Ipsos, was extended to February 2026 in line with the programme extension.

The specific objectives for the evaluation were:

- 1. To identify learning from the funded projects.** GambleAware were particularly keen to understand what is effective, for specific communities, under which circumstances.
- 2. To share learning with GambleAware and between the funded organisations.** The intention was to cultivate a collaborative, learning environment to ensure emerging learning could be used to inform new policies and practice.
- 3. To build monitoring and evaluation capability.** This was an objective for the first year of the programme only. GambleAware wanted to support the funded organisations beyond the initial 12-months of funding by creating opportunities for them to develop their own capabilities, to help them to secure funding in the future.

To achieve these objectives, a realist-informed mixed-methods process evaluation was designed with capability-building and learning support provided alongside. This was considered an appropriate design because of the anticipated diversity of outcomes and the objective to identify learning.

¹¹ UK Government. (2021). High stakes: Gambling reform for the digital age. Available from <https://www.gov.uk/government/publications/high-stakes-gambling-reform-for-the-digital-age>

The capability-building and learning support in the first year was delivered in partnership with NPC. This included facilitated learning events; bespoke, one-to-one and group capability-building sessions on common topics of interest (such as involving service users in programme and evaluation design, communicating findings with impact, building a learning culture); and access to NPC's on-demand training and resources. In years two and three, the capability-building was not continued due to budget limitations. The learning support comprised an annual learning event and was delivered by Ipsos alongside the evaluation activities.

Evaluation questions

GambleAware identified three questions to guide the evaluation enquiry to identify learning and recommendations for funders and delivery organisations:

1. To what extent and how have projects engaged with their local systems and communities?
2. To what extent and for whom have funded projects contributed to the planned outcomes?
3. What support has GambleAware provided in supporting funded organisations?

An additional question in the first year was to consider how GambleAware approached the development and commissioning of this funding programme. Learning from the first year was applied to the design of the ongoing programme and other funding programmes subsequently developed. This included moving away from short-term funding, encouraging more collaboration between organisations, supporting the foundational stages of a project, and factoring time and budget for monitoring, evaluation and learning support. See Appendix E: Implications and recommendations from years one and two, based on emerging evaluation findings for a summary of the findings and recommendations from years one and two of the evaluation.

The evaluation took a mixed-methods approach, drawing on, and generating, a variety of data sources, including:

- Analysis of funding applications.
- Analysis of project reports submitted twice a year.
- Annual in-person learning events with funded projects.
- Depth interviews with GambleAware staff (14 interviews).
- Depth interviews with staff at all 21 organisations funded in the first year.

Development of detailed case studies (8 case studies were developed in the first year.

These were reviewed and updated for 4 of the organisations receiving ongoing funding in years 2 and 3). These four case studies were based on in-depth interviews and focus groups with project staff and local partners (40 individual and small group interviews with 88 people and seven observations of funded activities over the three years of the evaluation.

Data were analysed thematically. This involved identifying patterns and themes across the different data sources to test and refine the initial Theory of Change and underpinning assumptions.

Regular meetings with the GambleAware programme team and with funded project leads at learning events provided an opportunity for the evaluation team to test the emerging interpretations, ensuring the findings were nuanced and collaboratively validated. The evaluation was designed to be proportionate and pragmatic given the test and learn approach of GambleAware's wider programme portfolio, and the initial short-term nature of the funding. By sharing emerging learning with funded organisations and GambleAware through annual reports and designing the case studies collaboratively with the funded organisations, it aimed to provide relevant insights and avoid duplication with evaluations of GambleAware's other funding programmes.

There are some limitations of the evaluation to note. The main limitation is the quality and consistency of the project-reported data. The data collection requirements for funded projects, informed by the initial 12-month funding intention, was not prescribed by GambleAware. As a result, the organisations used different measures and definitions of reach and impact. Given the awareness-raising focus of the interventions, the prominence of brief interventions, and early stage of people's recovery journey, measuring reach and impact was, in general, challenging for funded organisations.

The evaluation planned to conduct interviews with service users as part of case study fieldwork, if appropriate. Funded organisations participating in case studies, who were gatekeepers of service user information, felt that it was not appropriate to include people accessing direct support because of the early stage of their recovery journey. As a result, the case studies are largely informed by interviews with staff and observations of service delivery, lacking direct input from service users.

Finally, funding for the initial 12-months of the evaluation was higher compared to evaluation activities commissioned for years 2 and 3. This reflected the larger portfolio of organisations funded in the first year and the need to share early formative feedback with GambleAware to inform future commissioning decisions. This model enabled both GambleAware and funded organisations to identify and apply learning quickly to inform future programme developments. Evaluation activities in years 2 and 3 were intended to be lighter-touch and focussed on continuing to capture lessons learnt.

The evaluation framework, which provides more detail on the methodology, can be found in Appendix B: evaluation and learning framework.

2 Evaluation findings – engaging with local systems and communities

This section presents an overview of the activities funded organisations delivered to engage with local organisations and professionals within their local systems, and individuals within their local communities to increase awareness of gambling harms and access to support. It addresses the evaluation question ‘to what extent have projects engaged with their local systems and communities?’

2.1 Intended activities for engaging with local systems and communities

The planned activities, as described in the funding applications, included a range of approaches for the funded organisations to engage individuals in their communities at risk of or experiencing harms. These are grouped into four broad categories of activities: 1) raising internal awareness, 2) forming local networks, 3) raising awareness among people at risk of, or experiencing, gambling harms, and 4) providing direct support to people experiencing gambling harms. Experiences from the funded projects highlighted that these activities were interconnected and mutually reinforcing. The organisations that only focused on some of these areas, particularly the organisations funded in the first year of the programme, did not report as wide reach or changes resulting from their activities.

“[If I could do my time again] I would have probably started to do more with the leads in the faith and community organisations. More training work targeted to them.” Staff interviewee

Interconnecting activities for engaging with local systems and communities – project examples

Simon Community Scotland integrated gambling harms awareness and support into its work on homelessness through a multi-layered approach from the very start of the project. It was designed to build capability internally (training staff), engage externally (influencing policy), and provide direct support (drop-in clinics, conversation cafes). They also co-produced resources with individuals who had lived experience. As a result of these activities, the organisation influenced system-wide change by playing a role in national working groups and contributing to research on the links between gambling and homelessness.

Derbyshire Alcohol Advice Service, which only had one year of funding, focused on raising awareness within their local area with radio interviews and leaflet distribution, and referring people to its counselling service. It had low take-up of its support (eight referrals). Its planned referral route into its support from NHS organisations did not happen due to NHS organisations ceasing to refer into GambleAware-funded organisations. The project did not include strategic networking and advocacy with other providers which, as they stated in their end of project report, would have been beneficial.

2.2 Refining and developing approaches to engaging people at risk of, or experiencing, gambling harms

During the first year of the programme (starting in January 2023), the majority of the funded organisations had intended to develop new services to engage people specifically on the issue of gambling harms. They had not anticipated the impact stigma, shame, lack of staff, and low public awareness about gambling harms would have on uptake and receptiveness to this type of support.

“We were probably hopeful that because we were well known for our work with addictions, this is going to be just another way of [reaching out to people]. But what we found was with gambling related harms [...] The stigma is almost exacerbated because you can hide it for so long. [...] Coming out to seek support isn't as straightforward as [saying] I struggle with this, I'm going to go and get help for that.” Staff interviewee

As funded organisations went into the second year of funding (from January 2024), the majority found that focusing on increasing staff awareness and integrating gambling harms support into their existing services was a more effective strategy to engage service users with the project's support. This allowed them to address gambling harms alongside interconnected issues such as mental health, addictions, employment support, debt, welfare advice, relationship breakdown and domestic abuse. Similarly, the majority of the organisations started to involve staff and/or volunteers with lived experience of gambling harms more from year two onwards to improve engagement.

“When I look back at our original targets [...] I'm like, we were naive. [...] How do you address stigma? How do you break down these taboos? And that takes a lot of trust building, a lot of rapport building.” Staff interviewee

The funded organisations' end of programme reporting indicates that, over the three years of the programme, they improved the quality and reach of their activities. This is a result of how they evolved their approaches to delivering these activities based on their maturity of understanding and awareness of gambling harms (for example, their deeper understanding of the complexities of gambling harms, and the importance of trust, cultural sensitivity, and integrated support for engaging people meaningfully). This was also the result of additional funding for their organisations to focus on the topic of gambling harms. This was both from the extended programme funding and, for some, additional funding from other GambleAware programmes to increase their staff and volunteer capacity.

Refining and developing approaches – project examples

Al-Hurraya is a medium sized charity operating in Nottingham and Derby that provides culturally specific interventions for Black, Asian, Minority Ethnic and Refugee communities. In its first year, the project focused on establishing a dedicated gambling harms service within their existing services and networks. They delivered 15 gambling harms awareness workshops to 349 professionals and front-line workers from both statutory and non-statutory organisations, working in health, wellbeing and social support roles across the local area. They also provided

one-to-one counselling to 47 individuals. With additional funding from CRF and the IOF the organisation expanded its team to increasingly focus on health promotion, outreach and family support. By the end of the project, they had delivered 46 awareness-raising workshops for 832 professionals and 28 workshops for 74 community members. They also expanded their outreach to engage people regularly at community hubs and faith settings.

Shama Women's Centre is a medium-sized charity supporting women from Black, Asian and minority ethnic communities and their families in Leicester. In its first year the project embedded gambling harm discussions into other activities to support 41 women experiencing gambling harms and reached approximately 2,000 people through awareness-raising activities including talks at Shama Women's centre and external venues including the local University and hospital. Their learning from (at times subtly) raising awareness of gambling harms within their existing domestic abuse mental health counselling, welfare rights and peer support services, and the conversations and practical support it prompted, highlighted to the project team the connection between gambling harms and domestic abuse, and the additional stigma experienced by Muslim women. With additional funding they expanded their team to include a dedicated domestic abuse worker and community engagement officer to build trust within the Muslim community. By the end of the project, they reported providing direct support to 118 women and 380 family members and reaching over 5,450 women with awareness raising activities.

2.3 Raising internal awareness and upskilling.

The majority of funded organisations were not gambling harms-specialist organisations when they were awarded funding. Therefore, dedicating time to build staff and volunteer awareness and understanding of gambling harms was an important focus of activity.

"I talk to people all the time about addictions, mainly alcohol and drug and substance. But I don't really think we knew how to engage people about gambling addictions [...]. That was a lot of work we did to start off with, looking at how to have those conversations." Staff interviewee

The projects that received funding for years two and three reported reaching approximately 2,185 staff, volunteers, and professional stakeholders with awareness raising and upskilling activities.¹² These activities aimed to increase the capabilities and confidence for staff and volunteers to embed conversations about gambling harms and support into their roles. Projects had generally not anticipated the extent of the activities needed to achieve these changes from the outset. An important finding relevant for future programmes is that one-off training sessions are not enough to increase staff and/or volunteer awareness and confidence. This is a consequence of the complexity of the topic, the stigma attached to it, the low baseline of awareness and understanding about gambling harms, high staff turnover and complexity of demands in busy front-line services.

¹² As reported by 8 projects

“My training has fallen by the wayside. [...] That’s why I was nervous to start the [gambling harms-specific intervention] for so long [as I thought] what do I need to know?” Staff interviewee

The funded organisations’ experiences suggest that staff awareness and understanding can only effectively be developed through systematic training approaches and embedded into ‘everyday’ processes and staff conversations. This describes regularly offered information sessions, integrating training on gambling harms within other training, and reinforcing information with additional resources like leaflets and information booklets. The funded organisations that most effectively improved staff awareness and confidence ensured that gambling harms training sat alongside internal processes like screening questionnaires, discussions at staff meetings and reflective practice. Staff interviewees also highlighted the benefits of lived experience involvement in training as illuminating the reality of gambling harms and having access to an internal expert to provide advice, guidance and a sounding board.

“Lived experience is so important. [...] I’m not just telling you a story based on data, I’m telling you a life story experience which is critical, which is very critical”. Staff interviewee

Raising internal awareness and upskilling – project examples

Simon Community Scotland is a large charity providing services and support to people experiencing or at risk of homelessness. Their CRF project evolved to take a multi-faceted approach to upskilling staff both across their organisation and partner organisations in the homelessness and housing sector. This included formal training resources in the form of a dedicated e-learning module on gambling harms and a Gambling Harm and Homelessness Toolkit. This Toolkit was co-developed with the gambling harms-specialist organisation Fast Forward and people with lived experience of gambling harms. It provided information and guidance about gambling harms and gambling harms and homelessness, and a referral pathway guide. These resources were supplemented by embedding internal expertise with a dedicated gambling harms programme lead, and efforts to develop internal staff champions maintain the profile of the topic beyond initial training. The project involved people with lived experience throughout. These upskilling efforts were reinforced by awareness-raising events with policy and sector representatives and Simon Community Scotland commissioning research on homelessness and gambling harms to influence wider change.

Blackburn Foodbank is a charity providing emergency food and debt advice. The project’s initial plan was to screen clients for gambling harm over the phone. When they found this to be an ineffective approach to overcome barriers to disclosure, they employed a volunteer with lived experience to undertake face-to-face screening. They found this to be more effective for building trust as clients found them more approachable, leading to more honest conversations. To embed the screening systematically within the core service, debt advisers were trained to review credit reports for signs of gambling transactions and initiate supportive conversations, and screening questions were built into all debt and benefit advice sessions.

Another important component of funded organisations’ upskilling was building their understanding about what culturally aware gambling harms-specific service and awareness raising looked like.

This is because of the different cultural attitudes and traditions about gambling, and linguistic nuances to describe gambling in different languages. Interviewees reported that they learnt as an organisation about the nuances of different community languages to accurately describe gambling.

“That word gambling doesn't translate very well [...] So we had to use various words for them to understand.” Staff interviewee

“It's not just a case of translating materials to other languages, but actually there's cultural nuances in how gambling is perceived in certain communities and a translated message won't necessarily be helpful to certain communities”. Partner organisation interviewee

2.4 Forming local networks

The funded organisations recognised the importance of connecting with other organisations to complement and support their CRF project activities. The organisations funded in years two and three collectively reported engaging with at least 80 local organisations.¹³ This encompassed awareness raising and relationship building with referral partners and other local health, wellbeing and social support organisations, as well as the organisations in the NGSN.

This emerged as an increasingly important area of focus for funded organisations. Similarly to the activities focused on raising internal awareness and understanding described above, the low baseline of awareness and understanding about gambling harms among partners in the local system quickly emerged as a barrier to engagement with their project activities. The focus of their local network forming activities was to improve the quality of information and support other organisations could provide to people accessing their services who were at risk of, or experiencing, gambling harms. These activities also aimed to improve how local organisations worked together to refer people accessing their services for specialist gambling harms support, and to improve the availability of holistic health, wellbeing and social support that included gambling harms, aligned with a ‘make every contact count’ approach.

Forming local networks – project examples

Al-Hurraya identified in its first year of delivering its CRF project, that many services lacked the cultural competence to deliver inclusive services for the communities they served. They recognised that this amplified stigma around gambling in some ethnically diverse communities. In response, Al-Hurraya made professional outreach a core part of its strategy. This entailed delivering awareness workshops for professionals, hiring a new member of staff focused on health promotion and networking, and developing a gambling harms toolkit specifically for community and faith leaders. These activities collectively aimed to increase

¹³ Based on the reports from nine funded projects.

awareness and build relationships with local organisations, ensuring that referral pathways were culturally appropriate and effective.

Hull FC Community Foundation is the charitable arm of a professional rugby league club. The CRF project enabled them to use its brand and sports-based programmes to engage members of its local community who might not connect with traditional statutory services. The organisation recognised that a lack of established referral pathways and shared understanding among local partners was a potential barrier to people accessing more specialised support. They worked with their local partner organisations, which included charities and local statutory services, to expand their reach. They used existing local networks and partnerships to raise awareness and profile of gambling harms, and ensure local partners were working collectively to address the stigma that prevents people from accessing support. This allowed them to embed their project within wider strategic work led by NHS and City Council teams to align gambling harms awareness into wider public health initiatives.

2.5 Raising awareness among people at risk of, or experiencing, gambling harms.

The organisations funded in years two and three reported reaching over 55,000 people with awareness raising activities.¹⁴ This included integration of awareness raising within the organisations' internal services, as well as external-facing events and activities, to reach people beyond those currently accessing their services.

Activities included information that people could engage with passively, such as displaying and distributing leaflets and posters, including information about gambling harms in presentations at health and wellbeing events, and Prison Radio Association's radio and podcast series. It also included activities that prompted more active engagement with people, such as integrating gambling harms questions into screening questionnaires, raising the topic at community drop-ins (like coffee mornings) and running education workshops. This mixed approach allowed the organisations to offer information discreetly at times for people for whom the stigma and shame attached to gambling was a barrier to engaging with support. They also found that integrating awareness-raising of gambling harms into more 'everyday' conversations alongside other support helped to give the topic prominence to combat the hidden nature of its harms.

"With anything, it's when someone's ready to talk. But I feel that we're in a good position that when someone is ready to talk, we're there." Staff interviewee

The funded organisations found that these awareness-raising activities sometimes led to light-touch support, for example through brief interventions. Therefore, funded projects that had more comprehensive internal training and support around the topic were also better equipped to

¹⁴ An estimated total, based on nine organisations' end of project reports. This is inflated by Prison Radio Association's listener figures. Excluding PRA the figure would be 11,700.

integrate awareness raising activities more systematically alongside their other activities because staff felt confident doing so.

“When you are sitting in their group talking, just having a casual conversation [...] they feel more relaxed talking about anything and everything. They talk about the gambling [...] But they talk about other issues as well. So, when they talk about other issues like the domestic issues, alcohol and any substance, that goes directly to our different projects”. Staff interviewee

Funded organisations invested different levels of resource into awareness raising activities, depending on the nature of their services. Those that were seeking to engage people within their local communities who were not already actively coming into their services (for example, via an existing drop-in activity or support offer) dedicated significantly more staff time for community-based engagement via outreach. This then created more opportunities for, and better success in, the local network forming activities described above.

“Our outreach and partnership model worked as intended – consistent community presence, collaboration with trusted local organisations, and informal awareness activities proved extremely effective. However, we learned that progress happens more slowly than expected when tackling a topic that carries both stigma and misunderstanding. Engagement required patience and repeated contact; people needed time to trust us before they were ready to talk openly”.

Funded project report

Raising awareness among people at risk of gambling harms – project examples

Shama Women's Centre, a user-led charity supporting Black, Asian and Minority Ethnic women and their families in Leicester. Their approach to raising awareness of gambling harms evolved after the first year of the programme as they learned that direct, overt campaigns about gambling were less effective. Instead, they adopted a more nuanced strategy, embedding gambling harm discussions into their everyday activities and recruiting a dedicated community engagement officer to focus on building relationships within the Muslim community. These activities resulted in creating safe spaces where disclosures could happen organically, such as during informal ‘chai and chat’ sessions or cooking classes. This enabled them to reach women for whom the stigma of gambling, particularly within Muslim communities, was a major barrier to seeking help. The organisation’s experience suggests that this should be part of a mixed approach. The organisation has also integrated gambling harm screening questions into their standard welfare, counselling, and domestic abuse assessments. This helped to normalise the topic, treating it as another aspect of health and wellbeing.

The Big Issue works nationally to create opportunities and support people out of poverty. The CRF project focused on raising awareness of gambling harms among its vendors, many of whom experience poverty and social exclusion. The project used passive methods to ensure information about gambling harms was widely and discreetly available. They distributed leaflets and posters to vendors to raise awareness of risks. These were translated into Romanian to engage their significant population of vendors from the Roma community. Staff and peer mentors reported that these leaflets were a useful tool for raising

awareness of the issue, and were most effective when used as a way ‘in’ for more active engagement. Staff were trained to initiate conversations during their regular outreach shifts and reported that increasing awareness of the topic through repeated, gentle conversations made vendors more receptive to support.

2.6 Providing direct support.

The projects funded in years two and three reported directly supporting approximately 2,200 people experiencing gambling harms.¹⁵ The direct support provided by funded organisations was rarely a single intervention. Instead, it aligned with a public health approach that addressed the underlying risk factors for gambling harm through a holistic response.¹⁶ This includes informal, light-touch activities that provide early intervention support, such as Al-Hurraya’s ‘women’s wellbeing walks’ and brief interventions at community venues. It also includes more intensive, structured therapy for supporting and sustaining recovery such as Reframe Coaching’s one-to-one sessions with coaches who have lived experience, and Epic Restart Foundation’s workshops and mentoring focused on rebuilding financial resilience after addiction.

“Our ‘Women’s Wellbeing Walks’ proved highly effective. By focusing on a shared, non-gambling activity (walking/nature) in a women-only space, participants felt safer to disclose personal struggles. Of the 68 individuals who attended these walks, 18 proactively requested one-on-one follow-up support—a higher conversion rate than any other activity.” End of project report

The funded organisations learnt that providing support for affected others was just as important as providing support for individuals harmed from gambling directly. For example, Yellow Scarf provided separate group therapy for family members, which was specifically focused on helping them manage anxiety and communication challenges stemming from a loved one’s gambling. Many organisations also created women-only spaces to address the specific needs and experiences of women, as affected others or because of harms from their own experiences of gambling.

“Over 400 family members engaged in support activities, reporting better communication, reduced anxiety, and a stronger sense of unity. This demonstrates the broader ripple effect of treating gambling harm as a family and community issue, rather than an individual one.” End of project report

While awareness raising activities saw higher levels of engagement than the organisations initially expected, they reported a lower uptake of more formal, direct support than anticipated. Staff interviewees suggested that individuals often need to address other, more pressing needs, such as housing, debt, or mental health support, before they are ready to focus explicitly on gambling.

¹⁵ Based on the reports from five organisations

¹⁶ Local Government Association. October 2023. Tackling gambling related harm: A whole council approach. Available <https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach>

Staff also suggested that the light-touch information and practical support provided may have been enough and that some individuals do not need or want more specialist and structured gambling harms interventions.

“[Our project] success has come from embedding awareness within everyday activities – such as ESOL, cooking, and wellbeing sessions – rather than addressing gambling in isolation. These spaces, already seen as safe and welcoming, have become gateways to deeper conversations, with many first disclosures taking place during informal group discussions or one-to-one welfare appointments”. End of project report

The funded organisations’ experiences of developing and delivering direct support underscores the importance of building trust over time and focusing on outcomes in the long-term. Informal, holistic activities were crucial for establishing relationships, creating a safe environment where individuals would eventually feel able to disclose their experiences of gambling harms. It also allowed people to open-up not just about gambling, but about other interconnected issues the organisations could then provide information and support with.

“It’s a slow burn. [...] if you present it in that way where I’m coming to you, we’re doing a workshop, the attendance might not be great because [...] it could be too on the nose for people that are suffering from gambling harm. So it does make a difference when you make things informal and take the time to gradually work your way in. And that goes for the staff as well”. Staff interviewee

These experiences highlight the benefit of GambleAware’s flexible grant funding approach. For organisations delivering this type of holistic support, it is often difficult, and not always meaningful, to measure outputs and outcomes related to gambling. The flexibility in funding allowed them to meet individuals’ most pressing needs first, which is the necessary foundation for effectively addressing gambling harms in the long term.

“One of the things I appreciate is it’s not all about numbers. Sometimes you know, the real work that needs to be done, the numbers are going to come in four, five years down the line because a lot of work needs to do prior to that.” Staff interviewee

3 Evaluation findings – programme outcomes

This section discusses the evidence collected against each outcome in the programme Theory of Change to address the evaluation question, ‘to what extent and for whom have funded projects contributed to the planned outcomes?’ It considers outcomes for individuals at risk of, or experiencing, gambling harms, outcomes for the funded organisations, and outcomes for GambleAware and the wider sector.

The overarching aim of the programme stated by GambleAware in the funding guidance was to support community organisations to address gambling harms in light of the cost-of-living crisis. The programme Theory of Change (included in Appendix C: programme Theory of Change) captured outcomes that were expected to be achieved for 1) individuals at risk of, or experiencing, gambling harms, 2) funded organisations, and 3) GambleAware. Given the focus on organisations testing interventions and learning about how to support their service users, most of the short- and medium-term outcomes in the Theory of Change are for organisations. A smaller number of outcomes were expected for individuals at risk of, or experiencing, gambling harms and GambleAware.

3.1 Outcomes for individuals at risk of, or experiencing, gambling harms

Increased awareness of gambling harms and where to access support (shorter term)

For people at risk of, or experiencing, gambling harms and affected others, all funded organisations reported that their activities increased awareness of gambling harms and the support available. This is evidenced by the projects reporting increasing levels of engagement with awareness-raising activities, and uptake of their internal gambling harms support offers. It is most strongly evidenced in the organisations that sought to systematically embed awareness raising activities with comprehensive staff training, screening tools and information resources, and dedicated staff capacity to support staff and local partner awareness on the topic.

“When I go to these community and social groups, people are engaging with them, engaging with me, which is good. But in the beginning it was not like that. People were not interested in discussing. They were listening, but they were not engaging.” Staff interviewee

This outcome was also evidenced across the organisations’ different target audiences. Projects found that engagement improved when people could relate to the individuals delivering the information. This included:

- When information was conveyed through lived experience testimonies bringing to life the realities and experiences of a diverse range of people.

- Interactions that addressed linguistic and cultural barriers by delivering information in different languages with attention paid to the nuances of translation.
- Information that highlighted the diversity of gambling activities, and how insidious they could be.

Increased awareness of gambling harms – project examples

A good example of this theme is provided by the Prison Radio Association's 'Hold or Fold' radio series which was co-hosted by, and included guests with, lived experience of gambling harms and the criminal justice system. Their annual, in-person, prison wing survey showed that most listeners felt more aware of risks and support services as a result of listening. In a different setting, Shama Women's Centre found that embedding conversations into informal and culturally sensitive sessions within their organisation's existing services led to an increased understanding of gambling harms among their attendees. This integrated approach, where gambling was discussed alongside other health, wellbeing and social issues by people connected to the community and affected by the issue, was found by all funded organisations to be key to building trust, normalising the issue and reducing stigma.

"When you are sitting in their group talking, just having a casual conversation [...] they feel more relaxed talking about anything and everything. They talk about the gambling [...] But they talk about other issues as well. So, when they talk about other issues like the domestic issues, alcohol and any substance, that goes directly to our different projects." Staff interviewee

Increased uptake of gambling harms support (medium term)

The evidence on the extent to which the funded organisations improved uptake of specialist support is mixed. While GambleAware's annual Treatment and Support Survey reported a slight increase in uptake of support and advice for people who experience any level of gambling harm¹⁷, it is not possible to attribute any contributions from the CRF programme to this national dataset. Funded organisations recognised that it could take a long time before someone felt ready and able to access specialist gambling harms support, or it might not be necessary in addition to the other support accessed. Some interviewees also suggested that lack of local, face-to-face or culturally-appropriate provision in some areas was a barrier to people accessing onward support.

¹⁷ YouGov, GambleAware. Annual GB Treatment and Support Survey 2023 (2024) <https://www.gambleaware.org/our-research/publication-library/articles/annual-gb-treatment-and-support-survey-2023/>

“A lot of people, we found they weren't ready to take the next step into that therapeutic work. [We assume it's] because they've done just about enough by coming to one organisation, now going to another organisation to relay their story again, it was too much.” Staff interviewee

However, many of the funded organisations noted in evaluation interviews that they played a role in providing “a bridge” to more specialist support. Staff recognised the value in their services as trusted intermediaries for individuals who were not yet ready or able to contact other services directly but were willing to talk to a community organisation. This included people identified through screening at food banks (Blackburn Foodbank), clients of homelessness services (Simon Community Scotland), and people with low proficiency in English (Yellow Scarf and Al-Hurra). By talking about gambling harms in a safe environment (potentially in different community languages), and sharing information about support choices, funded organisations were able to make referrals or signpost people to specialist services like the (NGSN) or debt charities. A lack of data sharing processes between organisations meant that they were unable to record data on actual uptake, or outcomes from the referrals.

“We are able to signpost much more directly into support services as we've got strong partnership links now with other support services that previously weren't as strong”. Staff interviewee

Improved mental, physical and social wellbeing (medium term)

Funded organisations that offered more formal therapeutic and structured longer-term support through individual and group counselling reported improved mental, physical, and social wellbeing outcomes. These were often measured using validated tools commonly used in clinical and non-clinical settings for measuring mental health and wellbeing outcomes. For example, Yellow Scarf used the CORE-10 tool to assess outcomes of their therapeutic interventions. Hull FC Community Foundation used the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) to measure the impact of their 'Talking Tactics' programme, with the majority of their service users, primarily men engaged through sports activities, reporting improved mental wellbeing. Organisations reported that these outcomes were enabled by delivering interventions over time, through regular, weekly sessions. The interventions were also well-placed to address gambling harms support alongside support for other health, wellbeing and social support issues, in a person-centred and culturally conducive approach.

Additional outcomes for individuals experiencing, or at risk of, gambling harms

Three additional outcomes emerged, which were not captured in the programme Theory of Change and were not necessarily expected or planned into the programme design.

The first related to the outcomes for individuals accessing support from peers. All organisations learned that, whether they were providing informal and light-touch support, or more structured and longer-term interventions, providing opportunities for people accessing their services to connect with peers was a powerful outcome. They reported that this led to reduced isolation and

increased feelings of being understood. This was reported, for example, in Hull FC's 'Talking Tactics' programme, Al-Hurrayya's mutual aid groups, and clients accessing Reframe Coaching's mentoring from people with lived experience of recovery. The funded organisations learned the power of support being provided by someone who has 'been there' and is connected to the community; they could build trust and rapport in a way that professional services sometimes could not. This approach helped break down feelings of shame and isolation, creating a non-judgemental space where individuals felt safe to share their challenges.

The second outcome was improved employment opportunities for people with lived experience of gambling harms. This was reported by four of the funded organisations that recruited and trained peer support volunteers and project staff with lived experience. In doing so, the funded organisations created pathways to employment. This was evidenced by Blackburn Foodbank's project, which employed a person with lived experience to conduct screenings, and Yellow Scarf's project training eight new bilingual community facilitators.

The third outcome relates to improved financial resilience and digital literacy of people accessing education workshops and one-to-one support. This was recognised as being an important component of prevention and most prominent in 10 of the original 21 funded projects that specifically focused on education and life skills workshops for vulnerable and socially isolated populations. For example, Epic Restart Foundation's financial resilience workshops; Coram's Field's workshops raising awareness of online gaming and harms from social media; and Shama Women's Centre providing practical support for women who are victims of economic abuse to open their own bank accounts. This illustrates the benefits of interventions providing practical life skills like budgeting and money management for prevention and recovery.

“We soon realised that awareness alone does not drive behaviour change. Young people struggled to identify the specific behaviours that lead to severe gambling harms and found it difficult to apply preventative strategies in their daily lives. [...] One of our most impactful strategies was financial literacy education. Teaching young people how to manage their finances, avoid financial scams, and build healthy financial habits became essential”. End of project report

3.2 Outcomes for funded organisations

Increased knowledge of staff and volunteers in gambling harms and support available (shorter term) and increased skills of staff and volunteers to identify, explore and address gambling harms with service users (shorter-term).

The programme set out to achieve a range of outcomes for the funded organisations. As the majority did not specialise in support for gambling harms prior to the funding an important outcome was to increase staff knowledge and awareness of gambling harms and the support available, and improved skills to address gambling harms. The majority did report these outcomes, evidenced as a result of the training delivered and staff feedback. However, this outcome was not universally achieved. Given the low level of awareness about gambling harms, some staff

interviewees suggested their increased knowledge was short-lived or they still lacked the confidence to support people appropriately.

“If someone came to me and said, I have an addiction to a specific type of drug, I would feel much more confident in just immediately knowing what to do next... If someone said, I've got a terrible gambling issue, I feel like [I wouldn't know what to do next].” Staff interviewee

This outcome was enabled when organisations developed new, tailored resources specifically designed for the communities they serve. This included Shama Women's Centre translating materials into different languages for South Asian Women, Al-Huraya developing a cultural competence toolkit¹⁸ and Simon Community Scotland producing a homelessness and gambling harms toolkit. Embedding training content through team conversations and connecting with local specialist support services, helped to increase staff confidence. These resources filled a gap that existing generic resources could not by creating culturally and linguistically appropriate materials, and ensured staff had the right, tailored, information.

Staff reported that the training and availability of additional information resources increased the quality and reach of their services. They felt better equipped to raise the topic of gambling harms to address what would have previously been an unmet need, and to address intersecting issues.

“I think the biggest thing that I took from the training was to just start having those conversations [...] I wouldn't say I'd have the confidence to support someone who's gambling just now. I would have to have a closer look at the resources. But I definitely had the confidence to just ask straight ahead and just be curious.” Staff interviewee

“Our gambling work opened doors to wider wellbeing discussions, such as debt, relationships, and stress – showing that gambling harms often sit alongside other life challenges rather than existing in isolation.” Project report

Increased capability of funded organisations to offer support for gambling harms (staff skills, funding, processes, partnerships) (shorter-term) and increased interest of funded organisations to offer support for gambling harms (staff awareness and commitment) (shorter-term)

The funding prompted some organisations to introduce new processes and systems for systematically embedding gambling harms awareness into their core operational processes. This included adding gambling harms screening questions into new client forms (Blackburn Foodbank, Age UK Westminster), and ensuring gambling harms awareness was standard in staff induction

¹⁸ Cultural competence describes a nuanced understanding and respect for the diverse beliefs, values, social norms, and communication styles of different communities

and ongoing training (Shama Women's Centre, Simon Community Scotland). A common feature among the organisations that made most progress embedding these new processes and systems within the funding period was clear strategic alignment between the gambling harms focus and the work of the wider organisation, and interest and commitment from the organisation's leadership to cultivate system change. This is illustrated in the case studies with Simon Community Scotland and Al-Hurrayya (see Appendix D: case studies) in which the gambling harms focus is strategically embedded as an organisational priority. In comparison, the case study of the Big Issue's project suggests that project progress was more reliant on individual champions within regional offices, staff having confidence to act on the training, and local connections being made with specialist gambling harms organisations rather than a clear, organisation-wide, strategic alignment.

"The majority of [the staff team] we talk to, have some level of curiosity to gambling harms - either having a personal connection or have seen it themselves in their job roles. The key is embedding and translating this into everyday practice." End of project report

Reduced stigma about gambling within the funded organisations, and their role to support people at risk of or experiencing gambling harms (medium-term).

An assumption with the programme design is that the funded organisations can continue to prioritise and embed their focus on gambling harms beyond GambleAware's funding once they improve their awareness and understand their role in supporting people experiencing harms. Reflections shared by staff interviewees support this assumption. They reflected that the new knowledge they had gained about gambling and the prevalence and risk of harms has spurred them to do more to address the issue.

"When you take on any work you've got to be fully committed in order to equip your staff to really see the harm. Because sometimes we could do a bit of research on it but you're not really engrossed, you're not really fully committed to that work. [...] It's not until you go on the training and you learn about how it's impacting the South Asian Muslim community [...] that's when you start thinking, wow, how many people in our community are like that? I really want to go and now weed them out. I think it's really important not just to equip yourself with the right tools but to really get that passion going as well." Staff interviewee

The funded projects were giving staff an opportunity to better understand how to embed support for gambling harms alongside their other services. Interviewee feedback suggests that the organisations that had integrated gambling harms alongside other services, and those that were established with local and national networks were further along with this outcome. It is likely that ongoing staff training and support for embedding gambling harms in conversations, and local resources and policies for local system working will be needed for this outcome to sustain.

"It's changed me because now it's something I'll be talking about when I first meet someone, you know I'll be doing an assessment and I'll be talking about drink and drugs. But now I'm talking about gambling addiction as well. it's more at the forefront of the way that I work." Staff interviewee

Established relationships between funded organisations and other local providers of public health interventions (medium-term)

Activities to increase awareness and skills of staff in local partner organisations (such as health and care providers, local authority services, community and faith groups) helped to increase the local profile and reputation of the funded organisations, and the network of organisations raising awareness of gambling harms. This led to new collaborations that enabled the organisations to increase their reach to people experiencing gambling harms. This included Al-Hurraya developing new connections with faith leaders in Derby, Shama Women's Centre developing new relationships with foodbanks and other domestic violence services, and Simon Community Scotland's involvement in Public Health Scotland's working group. While the activities of the funded organisations contributed to this outcome, it was also influenced by factors outside the programme's remit. This included the availability of funding from statutory services and a supportive policy context encouraging a shift to prevention, community-based, integrated health and care services.

The extent to which outcomes will sustain beyond the funded period is unclear. Staff interviewees consistently highlighted the importance of ongoing, and updated, training and information to maintain their confidence, and the development of these resources was funded through the CRF projects. For some staff interviewed, this was considered a short-term change: the training had made them aware of the gambling harms but not fully equipped them to address the topic systematically with people accessing their services. This was most evident in the funded organisations that have wider geographical spread of staff, such as Simon Community Scotland and the Big Issue. These two organisations had very different approaches to training their staff yet similarly reported relatively low levels of confidence and consistency in day-to-day practice for staff. Simon Community Scotland developed a more comprehensive range of training materials with co-designed booklets and regular in-person training for all staff to access. In comparison, the Big Issue's training was light-touch: they created a leaflet and only some staff had access to externally delivered training. However, both organisations have a wide geographical spread of staff and high demands on the staff in front-line roles. These pressures include for example, staff shortages, the need to respond reactively to people in crisis, or supporting people with complex needs. High staff turnover also affected the extent to which the information from training was embedded into daily practice. Interviewees at the funded organisations like Blackburn Foodbank and Shama Women's Centre, who have co-located staff, reinforced the training through screening questions used with service users, and include lived experience involvement in the staff team, suggested that improved staff knowledge and capabilities was a more sustainable change.

While the majority of funded organisations expressed their intentions to continue to embed a focus on gambling harms within business as usual, the project reporting suggests it was unlikely to be as widespread or effective as during the funding period without dedicated staff capacity or the priority given to it while it was a funded project.

“If we hadn't received any funding [...] it probably wouldn't have maybe been on our agenda, as high as it should have been. [...] we would never have made a loud noise around it. [...] I just feel like when you make noise, when you get some of these cases coming through, it will give other people [encouragement to do so too]. The worry is now, when the funding does end [...] eventually the noise might stop.” Staff interviewee

3.3 Outcomes for GambleAware

Increase in the number of community organisations that work with disadvantaged and marginalised communities working on addressing gambling harms (shorter-term) and increase in the number of community organisations that work with disadvantaged and marginalised communities able to be funded to deliver gambling harms services (medium-term)

By providing funding to organisations that had not previously focused on gambling harms, the CRF programme enabled GambleAware to diversify the type and range of organisations delivering gambling harms awareness and support. This sought to benefit the wider sector by diversifying and expanding the type and availability of gambling harms support. Based on the strategic intentions of some of the funded organisations as stated in interviews and end of project reports, at least some of these organisations will remain focused on this topic. This is most likely for the organisations that embedded gambling harms into screening, have integrated awareness and support alongside their other health and wellbeing services, have connected to other gambling harms specialist organisations through regional public health networks, and have secured new funding.

For GambleAware, a key outcome from the CRF programme was the learning it could apply to improve the design of subsequent innovation funding programmes. The high level of response to the initial CRF funding call helped to demonstrate the market interest in the open funding approach, which gave the programme team confidence and internal buy-in for its subsequent programmes like IOF. The learning prompted the team to introduce and develop new processes to sit alongside funding, such as additional ‘learning’ funds, networking opportunities, more guidance on training, and standardised resources on prevalence and risks.

The learning generated from the funded organisations enabled the GambleAware programme team to generate and share ‘on the ground’ intelligence about the experience of specific communities experiencing intersecting harms, such as women experiencing gambling harms and domestic abuse (Shama Women’s Centre and Simon Community Scotland), people experiencing gambling harms and food insecurity (Blackburn Foodbank) and destigmatising approaches that work within the Muslim community (Al-Hurraya, Shama Women’s Centre). The CRF programme learning was reinforced by evidence from GambleAware’s other innovation and research funding portfolios,

such as research on minority communities and gambling harms and the IOF.¹⁹ The programme enabled GambleAware to make new connections with organisations that were not previously focused on gambling harms. This created new opportunities and partnerships to share and increase awareness of national resources and campaigns such as the Support Tool app²⁰ and stigma campaigns.²¹

¹⁹ GambleAware. (n.d.). Minority communities: Gambling harms qualitative and synthesis report. Available from <https://www.gambleaware.org/media/5yib4goo/minority-communities-gambling-harms-qualitative-and-synthesis-report.pdf>

²⁰ GambleAware. (n.d.). Support in your area. Available from <https://www.gambleaware.org/tools-and-support/support-in-your-area/>

²¹ GambleAware. (n.d.). Gambling harm stigma. Available from <https://www.gambleaware.org/our-research/gambling-harm-stigma/>

4 Learning: success factors and barriers for engagement and outcomes

This section brings together learning on how engagement and outcomes are enabled. It addresses the evaluation objective to explore learning about what works for whom, under which circumstances.

The findings about the reach and outcomes of funded projects provide the following learning about the enablers and barriers of community-based gambling harms awareness raising and support.

4.1 Applying person-centred approaches to awareness raising.

Projects learned that initial strategies for engagement, relying on leaflets and self-referral, were often too simplistic. They found that developing a range of awareness-raising activities, which consider more nuanced, person-centred approaches, were more effective for supporting uptake. This included:

- 1 Moving beyond leaflets and posters to holistic conversations.** Staff and volunteers suggested that leaflets, posters and business cards are a useful starting point for raising people's awareness, and they provide a visible tool to counter the hidden and stigmatised nature of the topic. Staff in transactional and busy front-line services in particular reported that they were effective for sharing information about gambling harms when intensive engagement is not feasible or appropriate. However, the most meaningful engagements with other staff, partners and service users were initiated through conversations. The funded organisations were able to increase their reach and engagement once they started embedding gambling harms content into other activities.
- 2 Providing alternative activities to engage with.** The type of services many funded organisations offered was about connecting people to others in their communities and supporting people to develop interests and engaging in activities other than gambling. For example, Al-Hurraya's weekly walk and talk group provided a regular opportunity for women to leave the house for light physical activity. Simon Community Scotland provided creative activities such as a theatre group and co-designing an animation within their community hubs, Shama Women's Centre offers a 'chai and chat' for people to develop informal connections. These activities both served to raise awareness of gambling harms, and provided opportunities for staff and volunteers to signpost people to support. They were also interventions that could support someone's recovery journey by introducing alternative hobbies other than gambling, and addressing impact of social isolation experienced as a result of gambling harm.

3 Including lived experience in the project team. Funded organisations found that involving staff members, volunteers, or trainers with lived experience of gambling harms enabled them to more meaningfully engage staff and partners in training, and when engaging with people in awareness raising and support sessions. They found that it brought the issue to life and made it relatable. It also helped people to understand the diversity of experiences of gambling harms and facilitated greater empathy and confidence to initiate conversations that they might find difficult. However, organisations reflected that it is not a simple or ‘free’ resource: it requires extra time and resources that must be planned for. Organisations learned that they had a duty of care and needed to put additional safeguards and support structures in place to protect the wellbeing of these individuals. It might also involve reviewing internal organisational cultures and activities, such as ‘sweepstakes’ for major sporting events, and fundraising bingo events. It involved providing supervision for ensuring people are not re-traumatised and are managing boundaries.

4 Increasing the choice of intervention: the diversity of projects funded, and how they integrated gambling harms awareness and support into a range of different services, created more choice for people about the format and environment available for accessing support. The majority of organisations offered support in informal and safe spaces, and some did so alongside more formal therapeutic interventions. For example, Hull FC, Yellow Scarf and Al-Hurraya all provided a choice of activity-based sessions, such as incorporating low-impact physical activity into workshops and through ‘walk and talk’ sessions, as well as providing group and one-to-one counselling.

4.2 Tailoring for different audiences.

Staff interviewees highlighted that the ‘one size fits all’ approach is ineffective. Projects improved their understanding of how to adapt their methods to be more specific to the needs and experiences of the communities they serve. This included:

1 Tailored youth engagement: funded organisations reported having their ‘eyes opened’ to the impact and risk of gambling harms on young people. They learned that the idea of ‘fast money’, gamblification of online gaming, exposure to harmful gambling advertising via social media, and lack of financial awareness, increased risks of gambling harms among some young people in their communities. This prompted organisations to develop activities and develop new partnerships that specifically raised awareness of these issues with young people. They tailored their resources and activities specifically to better meet the needs and experiences of young people. This included Yellow Scarf and Coram’s Fields who delivered financial education and employability workshops, Hull FC who integrated gambling harms alongside other health and wellbeing messages in their physical activity-based sessions, and Shama Women’s Centre and Al-Hurraya who partnered with universities, colleges and other education settings to deliver awareness sessions.

2 Culturally-specific models: For ethnic minority and faith communities, funded organisations recognised that encouraging open discussion about gambling was challenging when it

conflicted with religious or cultural norms. They also identified an 'amplified' stigma for marginalised communities associated with gambling harms. Adapting the language used to describe gambling harms, and making support available in community languages was one step to improve engagement. Organisations learned that some terms did not translate easily or describe the variety of harmful gambling activities someone may experience. This also included the framing of the issue. For example, one organisation learnt that the messages of 'safer gambling' were not appropriate in Muslim communities, where gambling is prohibited. However, the culturally specific support developed by the funded organisations went beyond translating information into different languages. They learned that the deep-seated cultural and religious taboo around gambling made disclosure of harms unlikely in large group or mainstream community settings. They reported that embedding 'soft', informal conversations into trusted, regular activities like 'chai and chat' and 'walk and talk' groups created safe spaces for people to disclose harm and share their experiences. Involving people with lived experience of gambling harms and with a connection to the community was observed to be a powerful tool for engaging people. It addressed assumptions that it was not an issue that affected their communities, and role modelled open conversations about different experiences.

"Where our support is different is in the sense of, because we look like you, because we know what your community and your religious needs are, we will not be judgmental. We understand absolute stigma you're facing as well". Staff interviewee

However, interviewees observed that this did not work for everyone. Staff found that for some people, particularly within small or close-knit communities, involving others from that same community was a barrier if they didn't trust the confidentiality of the discussion. This resulted in individuals turning down support or disengaging with the organisation. This was reported by the Big Issue working with the Roma community and The Cedarwood Trust within a community centre on a housing estate.

"[Being from the same community] I think they would be more likely embarrassed to say yes, I have a gambling addiction. Because maybe they feel like I would judge." Volunteer

"It's a community where people live and people know each other... for somebody to come and then start talking about gambling, or even to be looking as if they're talking to me about gambling [is difficult]". Staff interviewee

- 3 Women-only spaces. The intersection of gambling harms with domestic and economic abuse emerged as an important theme for some funded organisations. Funded projects recognised that when gambling harms was intertwined with financial abuse and coercive control, it was harder for women to seek help online or in mixed or formal settings. By embedding discussions about gambling harms into purposeful, women-only activities like cooking classes or walking groups, they created safe physical spaces for women to go for support

where they felt “seen, understood, and culturally respected”. It provided women with “breathing space” and cultivated relationship-based, trusting environments allowing sensitive topics to emerge naturally. This addressed the barrier that stigma and shame create for people, preventing them from seeking support. Projects including Shama Women’s Centre, Al-Hurraya and Simon Community Scotland have reported that this led to positive outcomes for women from ethnic minority communities and women experiencing homelessness. These outcomes included women opening bank accounts in their own names, leaving abusive relationships, improving their mental health and wellbeing, and helping other women identify similar harms.

4 People experiencing homelessness and poverty. The funded organisations’ experiences highlight that for individuals in crisis, facing homelessness and food insecurity, gambling is not often perceived as their primary problem. Staff may not feel it is appropriate to raise the topic when someone is in crisis when services may be more focused on more transactional, immediate needs. Learning from the Big Issue and Simon Community Scotland demonstrated that building trust over time, through regular, and non-transactional conversations is possible when the organisation’s services are a regular feature in that person’s life. These organisations provide regular and flexible ‘touch-points’ for people to engage with their support, and the option for this to be relatively informal. This was highlighted by interviewees as being important for people experiencing homelessness who may find it difficult to adhere to rigid schedules. For Big Issue vendors, this meant staff having (sometimes brief) chats over time when vendors come to offices to collect magazines. For Simon Community Scotland, having staff available for ‘drop-in’ conversations at support hubs increases the visibility and access to information about gambling harms alongside the more reactive, crisis-mode support for housing and benefits advice. This suggests that there is value in how community-based organisations can embed conversations as part of an existing, trusted relationship. Achieving this is not without challenges given the complexity of demands on staff time and staff turnover in these front-facing services: the funded organisations had additional staff capacity to ‘ringfence’ time for this.

4.3 Specific support for affected others.

Over the three years of the programme, funded organisations increasingly recognised the value of working with families and raising awareness of gambling harms for affected others. For some organisations, this started as a pragmatic solution to provide direct support: organisations like Shama Women’s Centre and the Big Issue recognised that the people accessing their services might not be gambling themselves but could help to reach those that are.

“It’s not in particularly the [person gambling] that’s coming to us, but we’re getting women coming and speaking to us about it and asking ways [they can] help.”

Staff interviewee

However, increasingly, funded organisations recognised that supporting family members was important in itself due to the ripple effects of gambling harms. The funded projects started to

observe that affected others face a unique set of challenges, including social isolation, financial distress, and emotional turmoil. They observed that the affected others may not recognise the impact of the harm on them or see themselves as needing support in the same way as the person who gambles. The 'entry points' and framing of the support therefore was different. This support focused on creating 'safe spaces' for them to discuss the impact on their own wellbeing, finances, or family life. The services often focused on providing practical information and support on these issues. Shama Women's Centre for example, learnt that women would seek support for domestic and economic abuse, and the connection to gambling harms would be uncovered. Yellow Scarf learned the value of dedicated group support for family members to open up about their own feelings of shame and experiences of relationship breakdown and financial distress. For community-based organisations that provide a range of holistic and inclusive support services, establishing these dedicated spaces for affected others were reported as emerging quite organically. Involving people with lived experience as an affected other was observed to be important for raising awareness of gambling harms on affected others. Supporting people through the process of self-identification was recognised as being important.

4.4 Supporting non-specialist community-based organisations to focus on gambling harms.

The experiences of funded organisations working with marginalised and minority communities suggests that successful engagement and awareness raising of gambling harms benefits from an understanding of cultural nuances and intersectionality. Many projects included staff and volunteers with lived experience of gambling harms and from the communities in which the organisations are based. They recognised that this helped them to connect with people and address the stigma and shame persistently reported by people experiencing gambling harms. This highlights the importance of collaboration with community-based organisations that work with and for different communities.

However, the evaluation has not included an assessment of the quality of these interventions or the unintended consequences of the funded organisations increasing their focus on gambling harms. For example, the evaluation team observed that staff and volunteers did not necessarily understand a harm reduction approach for gambling harms; descriptions some staff and volunteer interviewees used implied that they understood all gambling to be inappropriate. A finding from a minority of projects in the first year of the programme was, when a harm reduction approach was not used or individuals felt threatened by the focus on gambling harms, it led to service users disengaging from their services. A key aspect of quality in this field is the timeliness and ease of access to specialist support. The evaluation did not explore service users' experiences of the pathway into specialist services, and the increased access of informal and non-specialist support provided by these projects affected the uptake of specialist or better-quality support.

4.5 The demand for informal support.

Project reporting shows that a high number of people were reached through awareness raising activities, with a comparatively lower number accessing formal support through funded projects.

This suggests that many individuals did not see themselves as needing treatment, but could see how they might benefit from lighter-touch, preventative support, which these community organisations are well-placed to provide. Delivering this type of support involves integrating gambling harms awareness and support into business-as-usual support and conversations about wellbeing, finances, or family life. This created a tension for some funded organisations. While systematically asking questions about gambling harms was recognised as important by some, others recognised that holistic, person-centred support rarely starts with a direct question about gambling. Some staff and volunteers suggested that the questions jarred with the more positive, asset-based support they offered their clients.

"In general to majority of our projects will be more of an asset-based approach, so we'll go on strength. [This project] was very confusing from this point of view... with this project we try to identify something wrong, and that is not quite right."
Staff interviewee

Learning from the funded organisations suggests that systematic screening works well where a one-to-one assessment process was already in place. For organisations like Blackburn Foodbank or Age UK Westminster working with older people, embedding a standard screening question (like PGSI) was an effective method for normalising the topic and giving staff a clear mandate to ask. For more informal and spontaneous engagements, like Big Issue staff engagements with vendors and Simon Community Scotland's creative hubs, leading with a screening tool would be a barrier. However, they learned that they could embed conversations about gambling into their practical support offers, like digital skills and employment support, giving staff agency to introduce gambling when trust has been established. The learning is that the right approach depends on the nature of the service and the relationship with the individual. Successfully integrating gambling harms support and information therefore requires ongoing staff training, integration with operational processes, and partnerships with specialist providers and local experts.

"How often do you talk about gambling? Hardly ever. We talk about wellbeing."
Learning event attendee

4.6 Centrality of trust for addressing gambling harms

For a stigmatised topic, funded organisations recognised that trust is not built overnight. One organisation offering one-to-one support noted that the breakthrough in conversations often does not happen until "after session 5 or 6." It can also take time for someone to feel ready to reach out for or accept support. This reinforces the value of long-term, consistent contact over one-off interventions. This learning highlights that the method of engagement matters: organisations where people visited for other purposes (such as the Big Issue) built trust over repeated, incidental contact, while those conducting proactive outreach (such as Al-Hurraya's outreach in Derby) required a different skillset and level of resource to overcome initial barriers. This includes longer-term partnership building and establishing trust and familiarity with people through persistent presence at community events.

“When you visit different groups, you start building a rapport with them because we meet them continuously. And then they start putting faith on you, trust on you. Then they know you, and that this is the work we are doing.” Staff interviewee

4.7 Enabling local system collaboration

The programme design was underpinned by an assumption that funded organisations could work with other local organisations. However, the experience of funded organisations highlights challenges with local system collaboration. This includes the perception that GambleAware is “industry funded”, which stopped some local authorities and NHS partners engaging with the funded organisations. Collaboration was also made difficult by a sense of competition from some established providers. Addressing this barrier involved staff developing good relationships with other organisations through networking events and supporting the other organisations’ initiatives (characterised by an interviewee as ‘a give and get’ approach), establishing two-way referral pathways based on organisations understanding each other’s strengths, giving choice to people accessing services, and having dedicated budgets for partnership activities (such as through the MLS programme).

“It wouldn't work if I just attended one event or one workshop. I had to support them with their initiatives so that they would really look into what I was raising awareness on gambling harms and spend a bit of time with them.” Staff interviewee

5 GambleAware's role (and learning for the future national commissioner)

This section considers GambleAware's role in the programme. This addresses the evaluation question 'what support has GambleAware provided that has worked well in supporting grantee organisations to execute their projects and become more 'grant ready' for the future?'

The following section summarises learning from funded organisations and the GambleAware programme team about GambleAware's role as a funder, offering insights for OHID as the future national commissioner of prevention services.

5.1 The funding model

A trust-based, flexible approach

As a result of its 'trust-based' grant making approach,²² GambleAware enabled organisations to create new ways of working to address gambling harms. This was characterised by GambleAware seeking expertise from community-based organisations to design solutions, giving them flexibility to adapt based on their learning, providing multi-year funding when possible, and not dictating measurement tools and targets. This has benefited the gambling harms sector for the opportunity it created for learning from different ways of working, and developing organisational capacity and interest in addressing gambling harms in adjacent but new service areas. The funding approach allowed organisations the freedom to experiment, adapt their strategies based on real-time learning, and invest the necessary time in building systems and trust within their communities.

"It takes an awful lot of time [to build trust with different community leaders]. And when people have only got short-term funding, they want to do things that they're going to get quick wins out of because their funding is going to run out. So what's the point in starting work that's going to take three years?" Partner organisation interviewee

Establishing a 'market' of providers

While this open funding approach increased the number of organisations focused on gambling harms, the programme learning suggests that funding individual organisations will not build a sustainable market of providers. Funded organisations are dependent on others in their local system having capacity to engage, complement and support their services. The funded projects

²² Habitat for Humanity UK. (2023, September). Trust-based philanthropy. Available from <https://www.habitatforhumanity.org.uk/blog/2023/09/trust-based-philanthropy/>

have had limited reach, and momentum was affected by staff turnover, organisation change and security of the organisations' core funding. Furthermore for a minority of the funded organisations, they were dependent on GambleAware's funding as their majority funder, limiting the extent to which a resilient and sustaining system of organisations addressing gambling harms has been built.

Striking a balance between supportive partner and funding test and learn projects.

As the evaluation consistently reported, funded organisations valued long-term funding that was not focused on outputs. This enabled them to spend time establishing trust with individuals and local partners, offering longer-term job security for project staff, and embedding new ways of working. However, GambleAware also had an ambition to test and learn from innovative approaches and use this learning to stop funding projects demonstrating more limited progress and impact. Learning from the CRF highlights two important challenges with this model. Firstly, it involves funders making early assessments of success based on partial data. Secondly, there is a tension with the relationships needed with the funded organisations. So while this grant-making approach benefits from trust-based relationships between staff in funder and funded organisations, it also needs staff within the funder organisation to make dispassionate decisions to stop funding projects that lack evidence of progress or success. Given GambleAware's plans to cease operations, the decision to stop funding some organisations while continuing to fund others, was not one it had to take. However, it is a tension future commissioners will need to consider if they follow this model of innovation funding.

5.2 Building sector capabilities

Learning from the programme suggests that an important function for a national funder is to act as a central convenor, enabling knowledge sharing and upskilling within and across funded organisations.

Throughout the programme, GambleAware created opportunities for funded organisations to come together to network and share learning. This was enabled through additional funding for organisations to visit other organisations, attend in-person learning events and access additional training, as well as through grant managers who brokered connections between organisations. These activities resulted in cross-fertilisation of practice and sharing resources and experience such as funded organisations making connections with lived experience speakers to deliver training; funded organisations connecting to organisations within the NGSN; and funded organisations sharing learning about how they introduced screening tools.

However, these activities were not initially embedded. As a result, in the programme's first year many organisations ended up 'reinventing the wheel' by developing their own resources and training. While GambleAware later introduced national training and resources that provided an entry point for new staff and ensured a baseline quality, feedback from staff interviewees suggested that their availability and uptake were inconsistent. This gap led the majority of funded organisations to develop their own service-specific or culturally-tailored materials, such as

multilingual leaflets, animations and unique training formats. While these bespoke resources were valuable, this approach created inefficiencies and missed opportunities for collaboration. For example, some projects reported challenges engaging with Roma and Eastern European communities, which was a strength of others in the portfolio. This duplication of effort raises questions about long-term sustainability, as bespoke materials will likely require updates that may be difficult without dedicated funding. A more joined-up approach to standardised training and resources could create economies of scale and improve consistency. This might include, for example, more consistent access to external training covering the 'basics' of gambling harms and a centralised system for sharing and adapting resources that are service or community-specific. This becomes more important the more varied the set of funded projects are.

5.3 Building a collaborative system

An assumption underpinning the programme design was that funded organisations could effectively collaborate with other local services and organisations to improve uptake of gambling harms support. However, this proved to be a significant challenge. One of the reasons was the external perceptions of the funding from GambleAware. Several organisations reported that potential partners, including local authorities and NHS bodies, were hesitant to collaborate due to GambleAware's perceived connection to the gambling industry. As noted above, the broader landscape of gambling harms support services is fragmented and siloed, creating a sense of competition among some established providers and a lack of clear referral pathways. This made it difficult for new organisations to integrate into the existing system, particularly in the first year of delivery. Successful collaboration was often facilitated by dedicated project budgets for partnership activities and additional funding to support the development of regional structures for local systems working, such as through the MLS fund. More should be done to ensure the groundwork is in place for individuals and organisations to work more holistically as a system to increase capabilities and access to funding. This could include more 'top down' support to address system-wide workforce capabilities and regional collaborations. This might include supporting local organisations to co-create shared vision and goals for addressing gambling harms, providing dedicated budgets for partnership activities and infrastructure for collaboration, funding joint pilots to test and establish collaborative ways of working, developing standardised training resources for staff and undertaking a skills gap analysis to identify gaps and opportunities for organisations with a range of expertise and experience.

6 Implications and recommendations

This section reflects on learning to present implication and recommendations arising from the programme evaluation. It includes practical suggestions regarding how to put recommendations into action.

The learning from the CRF programme presents the following insights to take forward within the new commissioning landscape. Recommendations are for future funders – specifically the NHS as treatment commissioner and OHID as prevention commissioner – and for community-based organisations that may deliver future services.

6.1 Implications for future funders

Recommendation	Programme learning from which this recommendation emerges	How to put into action
Consider awarding funding for multiple years and ensure funding periods include reasonable time and expectations around service mobilisation.	<p>Funded organisations, many of which were non-gambling harms specialist, took most of the initial 12-months of funding to mobilise their new projects. This included activities to increase awareness among staff of gambling harms, increase awareness among local partners of their work on gambling harms, and start to sensitively engage their communities.</p> <p>This time was necessary, despite funded organisations already having established reach within communities at risk of experiencing gambling harms, and should be factored in as an expected.</p>	<ul style="list-style-type: none"> - Provide multi-year, flexible funding that allows organisations time to build trust and navigate complex community dynamics. Recognise that informal, light-touch support provided over time has intrinsic value, even if it does not lead to formal referrals. - Be realistic about outcomes that can be achieved in the short-term funding period. Funded organisations suggested that outcomes may come 3–5 years later, or longer considering the long-term and changing nature of recovery. More clearly defining, and supporting the collection of, proximal outcomes such as short-term improvements in awareness and

Recommendation	Programme learning from which this recommendation emerges	How to put into action
	<p>Despite good engagement with projects' awareness-raising activities, this did not automatically translate to high uptake of direct support. This gap highlights that trust is built over time and that conversion to support is a long-term process.</p>	<p>understanding, wellbeing, social connection, uptake of specialist support.</p> <ul style="list-style-type: none"> - Factor in time for mobilisation and ensure this is reflected in grant agreements. Proactively support funded organisations to mobilise by providing standardised training and education resources to upskill staff and create connections with other providers in the system. - Ensure funding is sufficient for structural changes needed within organisations (refresher training to reflect the evolving gambling landscape, internal processes to embed brief interventions and recording data about interactions, analysis of local data on potential need).
<p>Continue to support a diversity of community-based and non-gambling harms specialist organisations to integrate gambling harms awareness raising into broader policy and public health agendas.</p>	<p>Gambling harms is interconnected with wider determinants of health and can be a symptom or coping mechanism for other harms and traumas. Projects aimed to embed gambling harms support alongside other support areas and services. This included for mental health or financial support. This enabled them to reach service users who may never have recognised gambling harms as an</p>	<ul style="list-style-type: none"> - Harness the shift in commissioning responsibilities as an opportunity to integrate gambling harms prevention activities into existing adjacent agendas. This might include incorporating brief gambling harms screening into debt advice and social support programmes, or including awareness modules on gambling harms (and how it affects and manifests for different people) in mental health or addiction support programmes. - Adjust the focus of existing activities, such as adding gambling harms within the remit of existing public

Recommendation	Programme learning from which this recommendation emerges	How to put into action
	issue for themselves or known how to access support.	<p>health programmes, rather than developing new, more resource-intensive and siloed structures.</p> <ul style="list-style-type: none"> - Consider behavioural addictions holistically to commission work that addresses a range of potentially interconnected addictions rather than tackling each in isolation. - Set clear expectations for funded organisations around screening, particularly those that are non-specialist and work in adjacent areas e.g. if screening should be included in all services, ensure that is part of agreements and reporting requirements.
Ringfence funding to maintain a priority on communities underrepresented in mainstream support, creating opportunities for interventions that enable tailoring of support to the needs of different communities.	CRF projects targeted a diverse range of groups within society, recognising that they were amongst those most likely to be disproportionately affected by gambling harms, and/or for whom mainstream interventions or providers did not have good reach. Projects generated nuanced learning about the needs of their service users in relation to raising awareness and delivering support. This learning was enabled through the flexibility afforded by	<ul style="list-style-type: none"> - Invest in organisations that have strong existing links into specific priority communities and allow sufficient flexibility. - Consider the power dynamics between ‘the funder’ and ‘the funded’ needed to ensure learning is generated and openly shared. Strong supportive fund managers on the commissioning side should spend time establishing working relationships with organisations to build trust and understand their support needs.

Recommendation	Programme learning from which this recommendation emerges	How to put into action
	the funding for projects to tailor support to user groups and the context in which it was offered.	<ul style="list-style-type: none"> - Support a diversity of lived experience organisations to contribute to projects.
Continue to invest in exploratory programmes, from a wider range of providers, and ensure this includes a focus on evaluation to generate evidence and learning about effective gambling harms interventions and approaches for different communities.	<p>The programme was not prescriptive about interventions and was designed to enable projects to pilot and learn from new approaches. Investing in evaluation enabled the learning and impacts associated with different approaches to be captured. The evaluation is limited by its focus on learning from the CRF programme, rather than considering the wider portfolio of funding programmes and other factors affecting implementation and outcomes.</p> <p>There remain challenges to gathering evidence about light-touch awareness raising activities and preventative interventions (specifically considering what would have happened in the absence of the preventative activity). A lack of baseline data further compounds this.</p>	<ul style="list-style-type: none"> - Ensure that monitoring and evaluation requirements from community organisations are proportionate. Consider applying systems-and complexity-informed evaluation approaches to explore the wider factors influencing implementation and change, as well as exploring unanticipated or negative outcomes. Provide resources such as training or analytical support where needed. - Focus on measuring quality, including the impact of light-touch support and long-term trust-building, not just outputs and outcomes. Work with community organisations to develop a formalised framework to define quality of support delivered, and test usability

Recommendation	Programme learning from which this recommendation emerges	How to put into action
<p>Take a system-wide view of the 'solutions' that should be commissioned to address gambling harms beyond individual services. This might include policies, processes, ways of working, ways of accessing and sharing information to provide necessary infrastructure to support and enable success of direct support services.</p>	<p>The extent of the reach of funded projects suggests that funding individual organisations to deliver new services will not generate system change for preventing gambling harms. For people experiencing gambling harms, pathways into specialist support (if required or sought) are not always straightforward, or sought. Learning from the programmes suggests that more should be done to address the processes and ways of working into these services and the choice and supply of services available. Funding new services should be one of many levers that national funders should consider.</p>	<ul style="list-style-type: none"> - Take a strategic approach to funding, using levers beyond funding new services. This may include funding to enable increased partnership working, as well as policy activities such as education in schools and legislation on marketing and social media. - Engage the market broadly, consulting with a wide range of organisations to explore the most innovative and effective solutions.

6.2 Implications for community-based organisations

Recommendation	Programme learning from which this recommendation emerges	How to put into action
<p>Explore the experience of service users – from awareness to uptake of support – to better understand barriers that might prevent people</p>	<p>Despite delivering awareness raising activities, evidence of increased support uptake was limited.</p> <p>Projects reported high engagement with awareness raising activities, however numbers accessing their direct support offers were much lower than anticipated. There was also a lack of data and</p>	<ul style="list-style-type: none"> - Map the user journey through qualitative research or consultation with service users, to understand the steps, barriers, and decision points from initial contact to accessing support. Use feedback to determine if the existing support models are suitable and fit for

Recommendation	Programme learning from which this recommendation emerges	How to put into action
within local communities from accessing more specialist gambling harms support and highlight strategies to overcome.	understanding about whether service users accessed other specialist services.	purpose, or if different, lighter-touch interventions are needed.
Integrate gambling harms awareness raising and support into core services offered by the organisation, ensuring that different pathways into support are available.	<p>Project staff reported that harmful gambling was often a symptom of more complex issues. They found that a holistic approach, which addressed other accompanying or underlying issues, was needed. The benefits of funding non-gambling harms specialist organisations were evidenced through the projects' abilities to support individuals with a range of issues linked to harmful gambling.</p> <p>Projects reported the most success when they embedded gambling harms support into their existing services (such as welfare advice, domestic abuse support) but recognised that some tailoring to respond to the specific experiences and effects of gambling harms was needed. This makes conversations more natural, relevant and less stigmatising.</p>	<ul style="list-style-type: none"> - Ensure that staff and volunteers are confident and resourced to address a range of issues or informed to be able to signpost to relevant support. This involves providing training and information resources to all staff to raise awareness about gambling harms and how it intersects with existing issues and services - Ensure refresher training is provided on a regular basis to build and maintain confidence and competence among frontline staff to hold initial conversations, make referrals and signpost to relevant support. Consider including in onboarding training for new joiners to address barriers that staff turnover may present. - Continue to develop links with local communities and build a reputation as a safe space offering peer connection and belonging,

Recommendation	Programme learning from which this recommendation emerges	How to put into action
		<p>factors that are valuable for accepting support and sustaining recovery in the longer-term.</p> <ul style="list-style-type: none"> - Integrate systematic screening for gambling harms by incorporating simple, validated screening questions into standard intake and assessment processes for all services. - Develop pathways into specialist treatment and support services for people at risk of or experiencing harm, as well as affected others.
<p>Embed the importance of demonstrating impact into the organisational culture and invest in strengthening data collection expertise.</p>	<p>Programme reporting requirements enabled projects flexibility to articulate the outcomes they were seeing. However, this resulted in variation in quality and type of data collected. This was exacerbated by a lack of baseline data and the variation across the portfolio in terms of funded interventions making the setting of standardised reporting metrics challenging. As a result, monitoring data demonstrating the effectiveness of interventions to future commissioners is low quality.</p>	<ul style="list-style-type: none"> - Consider collecting baseline data prior to starting interventions, to demonstrate change over time. - Use recognised tools for measuring changes in wellbeing, financial resilience, or gambling severity. - Be transparent about data limitations: clearly articulate what can and cannot be measured and triangulate with other data sources such as high-quality qualitative data.

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Appendix A: detailed overview of funded projects

The following organisation and project overviews are based on data drawn directly from the grant applications and end of project reports submitted to GambleAware by the funded organisations. It does not include data generated by the external evaluation activities. The categorisation of activities into primary, secondary and tertiary prevention was made by the evaluation team.

The information is presented in five tables:

1. Overview of all 21 funded organisations, CRF funding duration and total, page 62
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Table 1 Overview of funded organisations, CRF funding duration and total

Organisation	About the organisation	Location	Target beneficiaries	Funding total	Project duration
Age UK Westminster	A medium-sized charity established in 1947, Age UK Westminster works to promote the wellbeing of older people in its locality, helping them to live independent and fulfilling lives by focusing on services that reduce financial hardship and social isolation.	Westminster, London	Residents of Westminster aged 50 and over, with a focus on people from BAME communities and those living in the most deprived areas of the borough.	£46,504	1 year

Organisation	About the organisation	Location	Target beneficiaries	Funding total	Project duration
Al-Hurraya	Founded in 2014, Al-Hurraya (Arabic for “freedom”) is a peer-led, medium-sized charity providing bespoke, culturally specific interventions for the BAMER (Black, Asian, Minority Ethnic and Refugee) community. It addresses issues such as substance misuse, hidden harm, domestic violence, and mental health.	Nottingham and Derby, East Midlands	BAMER individuals in Nottingham and Derby who have gambling addictions, with a high percentage from the Muslim community, as well as professionals who support them.	£261,984	3 years
Alabaré Christian Care & Support	Founded in 1991, Alabaré is a large charity that provides supported accommodation to tackle homelessness and support vulnerable individuals, including young people leaving care and ex-armed forces veterans	South West England (Wiltshire, Hampshire, Gloucestershire, Devon, Dorset) and Wales	Ex-armed forces veterans who are homeless or at risk of becoming homeless	£30,904	1 year
Azad Kashmir Welfare Association	Established in 1968, the AK Centre is a small charity focused on supporting immigrant and minority communities in Alum Rock, Birmingham. It serves as a central community hub, providing specialist, multi-lingual, and culturally sensitive support to the local Pakistani Kashmiri community.	Alum Rock, East Birmingham, West Midlands	The South Asian immigrant communities in a deprived area of East Birmingham who are experiencing or at risk of gambling harms	£28,748	1 year
Big Issue	The Big Issue Group is a social enterprise and charity that connects people selling The Big Issue magazine with support to help them rebuild their lives and find a pathway out of poverty.	UK-wide, with offices in Bournemouth, Bristol, Cardiff, Nottingham, Norwich, Chester-le-Street, Birmingham, and London	Big Issue vendors who are at risk of, or currently engaging in, harmful gambling.	£296,673	3 years

Organisation	About the organisation	Location	Target beneficiaries	Funding total	Project duration
Blackburn Foodbank and Oak's Money Advice Service	A medium-sized charity, the foodbank provides emergency food parcels and runs The Oaks Money Advice Centre for debt and benefit advice.	Blackburn with Darwen, Lancashire	Individuals and families seeking crisis food parcels and those referred to the money advice service.	£135,461	2 years
Coram's Field	Coram's Fields is a large charity that provides a safe haven for play and a range of programmes to support the development of children and young people in central London	Central London (Camden)	Young people aged 13-19 who are at risk of or already affected by gambling harms, particularly from deprived local areas.	£169,972	2 years
DAAS Derbyshire Alcohol Advice Service	A medium-sized charity with over 30 years of experience in reducing the harm caused by substance misuse, DAAS provides services including BACP-accredited counselling and training across Derbyshire.	Derbyshire	People affected by gambling, their family members, and health and social care workers.	£78,054	1 year
EPIC Restart Foundation	A medium-sized charity established in 2020, led by people with lived experience of gambling harm. The foundation provides practical support to help people restart their lives after gambling addiction, focusing on building recovery capital.	UK-wide	Individuals over 18 in the UK who are recovering from gambling addiction, as well as their family members	£300,000	3 years
Hull FC Community Foundation	Established in 2006, the foundation is a medium-sized charity, the charitable arm of the Hull FC professional rugby league club. It uses the power of sport to improve community health, wellbeing, education, and social inclusion.	Hull, East Riding and North Yorkshire	Vulnerable groups in Hull, including adults in deprived areas, young people (16-24) on work-readiness programmes, and armed forces veterans.	£67,395	2 years

Organisation	About the organisation	Location	Target beneficiaries	Funding total	Project duration
IMO Charity	A BAME-led, grassroots medium-sized charity founded in 2006, IMO Charity addresses the complex needs and inequalities faced by BAME communities in its area, working with over 4,500 beneficiaries each year	Blackburn with Darwen, specifically the deprived neighbourhoods of Audley & Queens Park, Blackburn Central, Bastwell, and Little Harwood	People from South Asian and refugee communities who are experiencing gambling harms	£89,762	1 year
Just B (St Michael's Hospice)	Just 'B' is a specialist emotional wellbeing and bereavement support service within St Michael's Hospice that helps children, young people, and adults.	North Yorkshire	family members and other loved ones (including spouses, partners, parents, and children) of individuals with problem gambling.	£92,579	1 year
Mind Suffolk	A large charity established in 1991 and part of the National Mind Network, its mission is to make Suffolk the best place for mental health care and discussion. They offer a range of courses and support services.	Suffolk	Adult gamblers (18+) and their adult family members who are affected by the addiction.	£99,578	1 year
Prison Radio Association	A prison-based charity established in 2005, the PRA uses radio to improve the lives of people in custody. It runs National Prison Radio (NPR), which broadcasts 24/7 into the cells of over 75,000 people in 110 prisons	England and Wales (prison estate).	People in prison, former offenders, and their families who are affected by gambling.	£177,894	3 years
Reframe Coaching	A small charity formed as a CIC in 2020 by founders with lived experience of gambling-related harm. It uses coaching to support individuals.	Norfolk	Individuals within existing community groups in Norfolk, including both gamblers and their loved ones ("affected others").	£226,157	3 years

Organisation	About the organisation	Location	Target beneficiaries	Funding total	Project duration
Shama Women's Centre	Established for 40 years, this medium-sized charity empowers BAME women and girls, helping over 40,000 women and their families. It is a user-led organisation with a strong track record in improving health and wellbeing.	Leicester and Leicestershire, East Midlands	Black, Asian, Minority Ethnic (BAME) women and their families who are subject to gambling harms.	£254,829	3 years
Simon Community Scotland	A large homelessness charity, established in 1966. They provide a wide range of services from street outreach for rough sleepers to supported accommodation and housing support	Scotland-wide	People at risk of or currently experiencing homelessness, as well as staff and volunteers working in housing and homelessness services.	£264,293	3 years
Solihull Moors Foundation	The charitable partner of Solihull Moors FC, this medium-sized charity was established in 2018 to support disadvantaged people in the community through sport and social activities.	Solihull, West Midlands	Participants of their 50+ community football teams, including children, young people, and adults, particularly those affected by the cost-of-living crisis.	£30,690	1 year
The Cedarwood Trust	An established community anchor for 40 years, The Cedarwood Trust operates a community hub in a deprived area, providing trusted support to improve life opportunities.	North Tyneside (Meadowell Estate, specifically Chirton and Riverside Wards).	Residents aged 18 and over from the Chirton and Riverside wards.	£84,230	1 year
Wigan Warriors Community Foundation	The official charity of the Wigan Warriors Rugby League Club, established in 2009. The foundation delivers physical and mental wellbeing programmes to the local community.	Wigan and Leigh, Greater Manchester	Adult males (18+) and fans of Wigan Warriors and Rugby League.	£17,770	1 year

Organisation	About the organisation	Location	Target beneficiaries	Funding total	Project duration
Yellow Scarf	A small charity founded in 2013, Yellow Scarf supports European Migrants in Worcestershire with substance misuse and mental health conditions. The team is led by individuals with lived experience of recovery.	Worcester and Evesham, West Midlands	Eastern Europeans who are directly suffering from gambling harms, and their close relatives.	£150,000	3 years

Table 2 Summary of planned, and actual activities as reported by funded organisations

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Age UK Westminster	The project will expand an existing Information & Advice service to include a focus on identifying and raising awareness of gambling harms. This will be done through one-to-one appointments, drop-in surgeries in the community, developing communication materials, and building referral pathways with local gambling support services.	Raised awareness through e-newsletters, social media, and leaflet distribution in community venues, libraries, and betting shops. Delivered talks and presentations at sheltered housing schemes and community centres. Trained staff and volunteers on gambling harms and how to initiate conversations. Embedded a screening question about gambling into the organisation's standard initial assessment process.	Provided one-to-one brief interventions and more intensive support and guidance to individuals identified through assessments. Signposted individuals and other organisations to specialist support and training, such as GamCare.	-

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Al Hurraya		Presented to professional networks to raise awareness among partner organisation		
	The project will expand existing services to offer a dedicated gambling addiction service, including one-to-one culturally sensitive counselling (using a self-developed Islamic 12 Step Programme) and weekly mutual aid meetings. It will also involve running workshops for professionals to increase their knowledge of gambling's impact on BAMER families.	Delivered 15 interactive workshops to 349 professionals and frontline workers to raise awareness of gambling harms, particularly within ethnically diverse communities. Distributed over 400 promotional leaflets.	Provided one-to-one culturally specific counselling to 47 individuals. Delivered brief, one-to-one interventions to 30 individuals, including signposting and support with self-exclusion schemes.	Hosted 96 mutual aid group meetings for 36 unique individuals to share experiences and support recovery. Utilised a 12-step Islamic recovery programme within one-to-one counselling and group meetings
	The project will integrate gambling harm support into its 'Homes 4 Veterans' programme. This includes training staff to recognise the signs of gambling, including it in client risk assessments, discussing the topic in house meetings, and supporting veterans to engage with external professional support for gambling and debt issues.	Trained 24 staff members using a brief intervention toolkit to help them identify and discuss gambling harms with ex-Armed Forces personnel. Embedded a gambling-related question into the standard risk assessment for all new residents. Raised awareness of gambling harms and available	Used a brief intervention guide to provide one-to-one support for residents identified as at-risk. Supported residents to self-exclude from local betting shops. Provided one-to-one support sessions focused on budgeting and building resilience.	Facilitated talks from recovery organisations like Gamblers Anonymous at house meetings to raise awareness of recovery pathways.
Alabare Christian Care & Support				

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Azad Kashmir Welfare Association		support during monthly house meetings with residents.		
	<p>This new project will employ a full-time, multi-lingual Advisor to provide tailored advice and support related to the cost-of-living crisis and gambling harms. The Advisor will take a holistic approach, addressing connected issues like debt and mental health, while also working to raise awareness and reduce the stigma of gambling within the community.</p>	<p>Conducted awareness-raising and provided informal advice to over 220 at-risk clients, particularly within the South Asian community in East Birmingham.</p> <p>Engaged with 10 partner organisations to share information and raise awareness of gambling harms within the local community.</p> <p>Organised local information meetings and networked with other organisations.</p>	<p>Provided intensive, holistic one-to-one support to 57 individuals, addressing gambling alongside related issues like finances, debt, and mental health.</p> <p>Signposted clients to other relevant support services as needed.</p>	<p>Supported clients in finding alternative hobbies and pursuits to encourage and sustain long-term recovery.</p>
	<p>The 'GAMES' project will train all Vendor Outreach Workers in problem gambling identification and brief advice. They will provide one-to-one support, screen for harmful behaviours, offer brief interventions, and facilitate supported access to specialist gambling, mental</p>	<p>Distributed informational flyers and posters in English and Romanian to approximately 800-900 vendors to raise awareness of risks.</p> <p>Trained 15 frontline staff members on delivering brief interventions for gambling harms.</p>	<p>Conducted gambling screening questions with 120 vendors to assess risk.</p> <p>Provided supported access to helplines and self-exclusion services (e.g., Gamstop, MOSES).</p> <p>Referred at least 10 vendors into further</p>	-

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Blackburn Foodbank and Oak's Money Advice Service	health, and financial support services.	Initiated conversations about gambling harms with over 400 vendors.	specialist support. Assisted vendors in setting betting limits on their gambling accounts.	
	This new project will gather data to identify and increase the understanding of gambling harms among its clients. It will use a screening tool during assessments, refer clients for counselling where appropriate, and share the intelligence gathered with the local Gambling Related Harms Alliance to inform future services.	All clients were screened for gambling harm using PGSI and LieBet forms. Staff and volunteers received training, and "Safer Gambling" leaflets were distributed.	Clients who were identified as at-risk were offered referrals to Beacon Counselling Trust for treatment. Debt advisers also reviewed credit reports to look for signs of gambling spending and initiate supportive conversations.	-
	The 'Resilient Youth' project will expand the existing Youth Programme by training staff on gambling harms, conducting street outreach, and delivering a three-part approach: engaging young people, running workshops on personal finance and gambling harms, and providing one-to-one casework and mentoring.	Trained all youth centre staff to recognise and address gambling harms. Conducted outreach sessions in community "hotspots" near gambling shops to engage young people. Delivered financial literacy workshops in partnership with NatWest. Facilitated workshops on	Delivered 48 hours of confidential one-to-one support sessions to 16 young people. Provided employability and financial support to 12 young people to reduce vulnerability. Made referrals to specialist organisations such as GamCare and Gambling Harm UK.	-

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
DAAS Derbyshire Alcohol Advice Service		gambling harms for other local youth clubs.		
	The 'GASS' (Gambling Advice and Support Service) project will raise awareness through training for professionals, provide fast-track referrals to a specialist addictions counselling service for individuals and families, and build referral pathways into the wider Derbyshire Recovery network for ongoing support.	Conducted awareness-raising activities including a local radio interview, press releases, and launch events. Distributed 2,000 leaflets to areas of deprivation. Trained staff in Gambling Related Harm.	Operated a telephone hub to provide advice and information, processing 15 calls. Signposted individuals to specialist services like GamCare and the NHS East Midlands Gambling Harms Service.	
EPIC Restart Foundation	The 'Rebuilding Financial Resilience in Recovery' project will deliver expert-facilitated workshops, financial capability training for its lived-experience mentors, online group coaching events, and one-to-one mentoring to help participants manage the financial pressures of the cost-of-living crisis.	Trained four lived-experience staff members in financial capability to build internal capacity. Developed and distributed a 'Money Management' resource pack to 95 people.	Delivered online events and videos focusing on financial resilience, reaching thousands of people.	Hosted in-person workshops and residential events (e.g., 'Thriving in Uncertainty', 'Build a Better Life') focused on recovery, resilience, and developing action plans for those with a history of gambling harm. Provided one-to-one mentoring and coaching support to 152 individuals, exploring financial needs and coping strategies. Referred 40 people to

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Hull FC Community Foundation				specialist debt advice services.
	The 'Talking Tactics' project will use a sports-contextualised education workshop to raise awareness of gambling harms. These workshops will be embedded within existing programmes for adults and veterans, and a social media campaign featuring Hull FC players will promote the message to a wider audience.	Delivered a sport-contextualised education programme on gambling harm and risky behaviours to 96 young people. Embedded gambling awareness workshops into broader wellbeing programmes covering topics like mental health and healthy relationships. Ran a marketing and communications plan, including social media and match-day graphics, to raise awareness.	Embedded 'Talking Tactics' workshops into 'Set Restart', a project for men facing mental health challenges, engaging 111 participants.	Embedded 'Talking Tactics' workshops and activities into its weekly veterans' support programmes, engaging 92 participants in a recovery-focused environment
	This project will establish a new, specialist support service featuring bilingual Gambling Harms Advisors who will provide one-to-one advice in community pop-up clinics. The project will also deliver community awareness sessions, train 12	Delivered educational awareness sessions to 1,924 people in community settings. Held 23 Community Awareness Days, reaching over 3,450 people. Engaged with 40 mosques to deliver talks and raise	Held 42 weekly pop-up advice clinics, engaging with over 880 participants. Answered 412 calls on a multilingual telephone advice and support line.	-

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Just B (St Michael's Hospice)	Community Ambassadors for peer support, and run a promotional campaign on Asian radio and TV.	awareness. Ran promotional campaigns including leaflet drops to 40,000 homes and digital screen ads with 300,000 impressions. Recruited and trained 24 community ambassadors.		
	To expand the existing Just B support service, to provide more specialist support to families affected by gambling related harms through their bereavement and mental health and emotional wellbeing service	Ran social media campaigns reaching over 90,000 people and featured in local newspapers. Delivered awareness presentations in local schools to educate young people on gambling harms. Visited GP practices and health centres across North Yorkshire to promote the service and leave literature. Trained staff and volunteers on the impact of gambling harms on affected others.	Offered bespoke, longer-term counselling and emotional support specifically for the families and friends of people experiencing gambling harms	-
	A new pilot project in partnership with GamFam, 'The Mental Wellbeing and Gambling Support Partnership Project', will provide	Trained a team of 50 staff and counsellors on gambling harms in partnership with GamFam.	Delivered 998 one-to-one counselling sessions to 102 Suffolk residents directly or indirectly	-

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Prison Radio Association	education through courses on mental health, gambling harms, and sleep. It will also offer direct support through fully-funded counselling sessions and a mindful breathing course.	Ran a marketing campaign via social media, posters, and letters to GP surgeries and local organisations.	affected by gambling harms. Offered online courses on mental health, sleep, and mindfulness to 110 residents to build resilience and provide practical support. Referred clients to and received referrals from partner organisations (GamFam, Breakeven).	
	The 'Hold or Fold' project will produce and broadcast two 10-episode audio series on National Prison Radio to raise awareness of gambling risks and support. The series will be produced by and feature former prisoners with lived experience, and will also be made available as a podcast for a wider audience.	Produced and broadcast a 20-episode radio programme, 'Hold or Fold', into prison cells to raise awareness of gambling harms and risks for an estimated audience of 18,800 people. Trained presenters in radio production and interview techniques. Used the radio programme to provide information on and signpost to available support services. Engaged listeners through	-	-

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Reframe Coaching		<p>phone-ins to ask questions and share stories.</p> <p>Featured success stories and interviews with guests who have lived experience of gambling harm and recovery.</p> <p>Highlighted in-prison gambling support programmes to promote recovery pathways.</p>		
	<p>In partnership with Active Norfolk, this project will deliver 50 Gambling Awareness Sessions to existing community groups. It will also provide 100 one-to-one 'Support Coaching Sessions' to help individuals explore their relationship with gambling and identify next steps, including referrals to the National Gambling Treatment Service (NGTS).</p>	<p>Delivered 36 Gambling Awareness sessions to existing community groups in Norfolk, focusing on mental health, homelessness, and addiction.</p> <p>Hosted monthly drop-in sessions at a community hub for informal conversations about gambling.</p>	<p>Delivered 50 one-to-one Recovery Coaching sessions to individuals who self-referred or were referred by partner groups.</p> <p>Referred individuals to the National Gambling Support Network (NGSN) for more intensive treatment.</p>	<p>The one-to-one Recovery Coaching provided a safe space for individuals to work on their recovery journey with a coach who has lived experience.</p>
	<p>The 'Empowering lives and communities programme' will provide a holistic support package. This includes a prevention campaign, training</p>	<p>Raised awareness of gambling harms by embedding the topic within other activities in a 'women only' safe space, reaching</p>	<p>Provided initial assessments and internal referrals for 41 clients to services such as</p>	<p>Provided group peer support sessions for women to share experiences and build connections.</p>
Shama Women's Centre				

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Simon Community Scotland	multi-lingual community ambassadors, and hosting 'Meet the Agencies' events. Practical support will be offered through welfare rights workshops, one-to-one mental health counselling, peer support, and group family counselling.	over 2,000 women and their families. Conducted 14 awareness events and 11 outreach events in the community. Trained staff and volunteers on gambling harms.	counselling, welfare advice, and domestic abuse support. Offered practical support to women experiencing financial and coercive control linked to a family member's gambling.	
	This new initiative, in partnership with gambling harms organisation Fast Forward, will develop and deliver digital training and resources on gambling harms for staff and volunteers in the housing and homelessness sector across Scotland. The goal is to increase awareness, encourage routine enquiries about gambling, and create referral pathways to specialist support	Developed a gambling harm e-learning module and toolkit for homelessness and housing staff. Trained over 60% of its staff on gambling-related harm. Hosted 'Conversation Cafes' and drama group performances to raise awareness and reduce stigma among people experiencing homelessness. Hosted public events for professionals on the links between gambling harm and homelessness.	Facilitated a monthly Gambling Harm Drop-In Clinic in partnership with The RCA Trust, offering brief interventions and advice. Established a clear internal referral pathway for staff to signpost individuals to support.	Co-produced a video animation and other resources with individuals who have lived experience of both gambling harm and homelessness.

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Solihull Moors Foundation	The 'Kick Out Gambling' project will raise awareness of gambling harms by having a Project Lead deliver workshops at team training sessions. Coaches will be trained to identify signs of harm, and a qualified Mentor/Counsellor will be funded to provide one-to-one and group support to individuals who are referred for help.	Engaged over 1,500 people through match day pop-up events and community outreach to raise awareness. Delivered mental health and gamble-aware training to 37 staff and volunteers. Delivered money awareness courses to 39 young people. Distributed over 2,000 themed newsletters on topics like safe gambling strategies and cost-of-living support.	Provided bespoke one-to-one wellbeing support and mentoring to 15 individuals at risk of harm. Offered a weekly drop-in service for ad-hoc advice, guidance, and signposting.	-
The Cedarwood Trust	The 'Strive To Thrive' project will deliver five 10-week motivation and behavioural change programmes. This will use a blended approach of group activities (such as bowling, music, art) and one-to-one sessions with guided workbooks to identify and address the unmet emotional needs that can lead to gambling.	Engaged 300 individuals in one-to-one sessions using a Gambling Harms workbook designed to educate and encourage reflection. Hosted 10 information stalls at community settings to raise awareness. Engaged the community through social media, newsletters, and outreach promotions	The workbook and one-to-one sessions were designed to nudge individuals from pre-contemplation to seeking action and support.	-

Organisation	Planned activities (based on application)	Activities delivered in year one, as reported by the organisation		
		Primary prevention	Secondary prevention	Tertiary prevention
Wigan Warriors Community Foundation	The project will expand the existing 'Offload' men's mental wellbeing programme to include specific gambling support. This will involve weekly sessions with presentations from past professional sports role models who have lived experience of gambling addiction. The project will also run matchday campaigns to promote responsible gambling and support services	Made gambling harm information available at an information stall in the 'Fan Village' on match days. Delivered information sessions on gambling harms to 125 players and coaches across various club teams. Provided training to all staff on the internal process for supporting someone who presents with gambling harms.	Delivered a mental health support group ('Engage' programme) that included themed sessions on gambling and other risk factors. Provided one-to-one support and signposting to specialist services like Beacon Counselling Trust.	Encouraged participants to join a social touch rugby session following the support group to build friendships and support wellbeing.
	The 'Win your own game' project will establish weekly therapy groups for people struggling with gambling, as well as separate weekly groups for their family members. One-to-one sessions will be available for more serious cases, and the project will also host workshops on budgeting, employment, and benefits advice.	Organised 14 skill-improving workshops on topics like budgeting and employment advice for 317 attendees from the Eastern European community.	Provided tailored one-on-one counselling sessions to address individual challenges.	Ran weekly therapy support groups for 47 people directly harmed by gambling and 72 family members, fostering peer support and community solidarity.

Table 3 Overview of projects funded in years two and three

Organisation	Years 2/3 target audience	Year 2/3 planned activities	How this builds on year 1
Al Hurraya	The project targets individuals from ethnically diverse communities experiencing gambling harms, along with their families (partners and children). It also aims to educate professionals and community/faith leaders.	The organisation plans to continue its culturally specific one-to-one counselling using a self-developed Islamic 12 Step Programme. It will also offer weekly mutual aid meetings, run workshops for professionals, and develop a gambling harms toolkit for community leaders. A key expansion is the hiring of a new Health Promotions/Networking Worker to increase awareness and a new Family Support Worker to provide holistic support to families	The first year of the project revealed that the two existing staff members were stretched across all duties. In response, the plan is to expand the team to allow staff to specialise in core areas, thereby increasing efficiency. They also recognised a significant need to support the family members of those with addictions, which has led directly to the creation of the new Family Support Worker role.
Big Issue	The primary beneficiaries are Big Issue vendors who are at an increased risk of gambling harms due to poverty and social exclusion. There is a specific focus on engaging the Roma community and vendors in new regions with a high prevalence of at-risk gamblers.	The project will scale up by distributing gambling harms information packs to an additional 150 vendors in the new regions. A major new activity is the introduction of the 'Equal to Equal' peer mentoring programme to engage the Roma community, which will use bilingual materials in English and Romanian. They will continue to offer screenings to identify harmful behaviours and make referrals to specialist services.	The organisation learned that information packs were a highly effective tool for engagement, which is why they are expanding their distribution. They identified that Roma vendors were reluctant to engage in conversations about gambling. This insight led to the development of the 'Equal to Equal' peer mentoring programme, a model that has proven effective in other Big Issue initiatives for breaking down language and cultural barriers.

Organisation	Years 2/3 target audience	Year 2/3 planned activities	How this builds on year 1
Blackburn Foodbank and Oak's Money Advice Service	<p>The beneficiaries are clients of the foodbank, who are among the most deprived and unequal residents in the borough. This includes people facing financial crisis, those from ethnic minorities, and families on very low incomes.</p>	<p>The project will continue its research by completing gambling screening questionnaires (PGSI and LieBet) with all foodbank clients. A key goal is to secure funding for the debt advisers who provide interventions for those identified as at-risk. They will also continue to employ and mentor a staff member with lived experience to conduct face-to-face screenings, train more volunteers, and place information cards about gambling harms in every food parcel.</p>	<p>The initial research data revealed that residents in the area may be gambling at a rate 20 times higher than the national average, providing clear evidence of the need to continue and expand the work. The project also learned that conducting screenings over the phone was ineffective due to 'phone fatigue'. This led them to switch to a more successful model of using a staff member with lived experience to conduct screenings face-to-face, a practice they will continue with the new funding.</p>
Coram's Field	<p>The project focuses on vulnerable young people in Camden who are affected by or at risk of gambling harms. This includes those experiencing homelessness, involvement in crime, or who are not in education, employment, or training (NEET). The project also targets youth workers from other local organisations.</p>	<p>Activities are divided into systemic and frontline work. Systemic work includes developing and delivering workshops for both young people and youth workers to build knowledge and referral pathways. A 'Young Leaders' programme will provide employment opportunities for young people with lived experience. Frontline activities involve outreach to gambling hotspots, one-to-one mentoring, co-produced group work, and expert-led workshops on topics like financial management.</p>	<p>The first year highlighted a lack of knowledge about gambling harms among both young people and youth work professionals, which directly informed the plan to create tailored workshops for both groups. Outreach work also revealed that the cost-of-living crisis was pushing more young people towards gambling, reinforcing the need for continued prevention and frontline support.</p>

Organisation	Years 2/3 target audience	Year 2/3 planned activities	How this builds on year 1
EPIC Restart Foundation	The main beneficiaries are adults at all stages of recovery from gambling harm. The project also aims to support key workers and staff at community support organisations to build their capacity to help those affected by gambling.	The project will expand its focus from purely financial resilience to a more holistic approach that includes building self-worth. It will continue to offer one-to-one coaching and mentoring while shifting its in-person events to fewer, more in-depth residential workshops. A significant expansion is the 'Outreach and Advocacy' programme, which will deliver knowledge-sharing workshops to other community organisations to build grassroots support networks.	The organisation learned that financial hardship is often compounded by isolation and stress, which prompted the shift to a more holistic resilience model. They also observed that while one-day events were challenging to fill, their residential programmes were regularly oversubscribed, leading them to adjust their delivery model accordingly. A growing demand for their expertise from other organisations directly led to the creation of the new Outreach and Advocacy workstream.
Hull FC Community Foundation	The project targets residents from population groups facing socio-economic inequalities, including young adults (18-24), middle-aged men, veterans, older people, and those living in low-income households in deprived city wards.	The Foundation will scale up its 'Talking Tactics' programme by expanding its "Wellbeing Hubs" into two new deprived community areas. These hubs combine physical activity with discussions about gambling harms. They will also embed their gambling harm workshops into other Foundation programmes targeting middle-aged men and older people, and develop a more focused one-to-one support offer.	A successful pilot intervention with middle-aged men demonstrated that 77% of frequent gamblers learned new skills to manage their behaviour, leading to the decision to embed this workshop into similar programmes. A pilot of one-to-one support was also well-received, as participants felt more comfortable speaking with a Foundation staff member in a community setting rather than a clinical one; this has led to the formal expansion of this service.

Organisation	Years 2/3 target audience	Year 2/3 planned activities	How this builds on year 1
Prison Radio Association	The primary audience is people in prison affected by gambling. The project also aims to reach former prisoners, their families, and the general public.	The core of the expanded project is to develop the existing 'Hold or Fold' radio series into a public-facing podcast, with 20 new episodes produced per year. This content will also be broadcast on National Prison Radio. Additionally, they will create 36 shorter features that respond directly to listener questions, which will be aired on other flagship radio programmes to increase visibility.	Evaluation from the first year showed the project was having a very positive impact, with 94% of surveyed listeners saying it made them more aware of available support services, confirming the need for continuation. The organisation's success with a previous public-facing podcast, 'Life After Prison', provided a proven model and the confidence to expand "Hold or Fold" into a podcast to reach a much wider audience.
Reframe Coaching	The project currently supports individuals in existing community groups across Norfolk (those focused on mental health, homelessness, and wellbeing). The plan is to expand this to make support accessible to anyone in the region.	The project will continue to build on its partnerships with community groups to deliver awareness sessions and drop-ins. A major expansion will be making their one-to-one Recovery Coaching sessions accessible to the general public, not just those within partner groups. They will also introduce peer-led Recovery Coaching support groups and increase their project staffing to better manage partnerships and evaluation.	The organisation found that building partnerships and managing data collection was challenging with limited staff resources, which is why they plan to increase their project coordinator and support roles. They also had to decline requests for support from individuals and organisations outside their project's initial scope due to a lack of resources. This demonstrated a clear, unmet need and is the primary reason for their plan to expand their one-to-one coaching and make it a publicly accessible service.

Organisation	Years 2/3 target audience	Year 2/3 planned activities	How this builds on year 1
Shama Women's Centre	The project is aimed at BAME women and their families who are affected by gambling harms, often due to the gambling of a family member. A key new focus is to better engage Muslim women, who have been harder to reach.	The centre will continue to offer its holistic support services, including counselling, welfare rights advice, and domestic abuse support. The project will be expanded by recruiting an additional part-time domestic abuse worker and, crucially, a new community engagement officer. This new officer will be tasked with building trust and breaking down barriers to support within the Muslim community.	The project's first year highlighted a strong correlation between gambling harms and victims of domestic abuse experiencing financial and coercive control. This led to the plan to hire an additional domestic abuse worker. They also found that referrals from Muslim women were low due to the stigma and shame associated with gambling in their culture. This learning was the catalyst for creating the new community engagement officer role to conduct targeted outreach with Muslim organisations.
Simon Community Scotland	The project targets people at risk of or currently experiencing homelessness. It has a specific focus on the unique challenges women face and also aims to upskill staff in homeless charities and housing associations.	The organisation will complete and roll out an e-learning module on gambling harms for frontline staff across the homelessness sector. They will embed a dedicated staff member in their new women's centre in Glasgow to provide gender-specific support and build a peer network. A key goal is to facilitate research and build an evidence base on the links between gambling and homelessness in Scotland, while also expanding support services into Edinburgh.	The first year of work uncovered a "shockingly high" prevalence of gambling harms among the people they support, particularly women. This critical insight has directly shaped the plan to create a gender-specific response within their new women's centre. They also identified a lack of research and political leadership on this issue in Scotland, which has driven their new strategic priority to champion the issue and facilitate the creation of a robust evidence base.

Organisation	Years 2/3 target audience	Year 2/3 planned activities	How this builds on year 1
Yellow Scarf	<p>The project targets members of the Eastern European community, including adults directly harmed by gambling, their family members, and young adults engaging in gambling-like activities such as loot boxes and cryptocurrency trading.</p>	<p>The organisation will increase its capacity by adding another therapy group for adults directly affected by gambling. It will also launch two new pilot activities for young adults: a workshop on financial resilience and a 'walk and talk' therapy group. The plan included training 2-3 dedicated gambling-harm counsellors and expanding the service to Birmingham</p>	<p>The organisation learned that it had significantly underestimated the scale of gambling harm in the community, as their initial therapy groups filled immediately and an 80-person waiting list quickly formed. This clear evidence of need is the primary driver for expanding the number of groups. They also recognised that young people required a different approach, which led to the design of the two new pilot groups.</p>

Table 4 Summary of end of project reach, as reported by the organisations

Organisation	Overall summary	Primary prevention	Secondary prevention	Tertiary prevention
Al Hurraya	The project was based in Derby and Nottingham and worked with diverse ethnic communities, especially women and young people. The project started with general community outreach and grew into a model led by women that was sensitive to different cultures. This built trust and created long-lasting positive habits.	The project ran 46 workshops for 832 professionals and 28 workshops for 74 community members. They also ran campaigns at community centres, places of worship, and cultural festivals, reaching hundreds of people. Sessions were held in schools and colleges, and a "Gambling Harms Toolkit" was developed for professionals.	The project included one-to-one counselling and mentoring for 106 people. They also held informal 'Walk and Talk' sessions and coffee mornings, which led to 18 people seeking more formal help. By building strong relationships with faith leaders and community groups, 19 people were referred directly by faith leaders	The project provided support focused on recovery. This included 48 mutual aid sessions and peer mentoring.
Big Issue	This project focused on embedding gambling harm support within services for Big Issue vendors, including those from Roma communities and individuals experiencing homelessness and poverty.	Activities included training 30 staff members and 13 peer mentors to initiate conversations about gambling harms during outreach shifts and drop-in sessions. Awareness was raised through 1,950 conversations and leaflet distributions, and by integrating gambling harm information into financial health and digital inclusion support.	The project conducted 304 gambling harm screenings and provided brief interventions. This led to 48 referrals to specialist treatment services and provided mental health or addiction support to 395 vendors.	-

Organisation	Overall summary	Primary prevention	Secondary prevention	Tertiary prevention
Blackburn Foodbank and Oak's Money Advice Service (funded for 2 years) Coram's Field (funded for 2 years) EPIC Restart Foundation	<p>This project focused on identifying and addressing gambling harms among clients of a foodbank and advice centre in a deprived area of Blackburn.</p>	<p>All clients were screened for gambling harm using PGSI and LieBet forms, with 2,579 surveys completed. Staff and volunteers received training, and over 900 Safer Gambling leaflets were distributed. The project employed a staff member with lived experience of gambling harm to conduct screenings and connect with clients, helping to reduce stigma and build trust to encourage engagement with support.</p>	<p>Clients who were identified as at-risk were offered referrals to Beacon Counselling Trust for treatment. Debt advisers also reviewed credit reports to look for signs of gambling spending and initiate supportive conversations.</p>	-
	<p>This project, run by a Camden-based youth organisation, aimed to prevent and reduce gambling harms among vulnerable young people.</p>	<p>The project delivered gambling awareness workshops to 119 young people and financial literacy sessions to 67 participants. It also conducted outreach to 146 young people and shared resources with six other local youth organisations.</p>	<p>One-to-one support was provided to young people most affected by gambling harms, and referral pathways to GamCare were established. This includes support to affected others</p>	<p>A young leader with lived experience was employed to help organise and deliver the programme.</p>
<p><i>No end of year report submitted on the CRF project (reporting via NGSN)</i></p>				

Organisation	Overall summary	Primary prevention	Secondary prevention	Tertiary prevention
Hull FC Community Foundation (funded for 2 years)	This project delivered the 'Talking Tactics' programme through wellbeing hubs in Hull, targeting at-risk groups including young adults, middle-aged men, and unemployed individuals.	The project ran 136 workshops within its Wellbeing Hubs, combining social activities, physical exercise, and gambling harm awareness to engage 237 unique participants. It also delivered CPD training on gambling harms to 19 staff and volunteers.	Targeted one-to-one support was offered where a need was identified, along with signposting to local health services and GamCare.	The project focused on helping residents manage their behaviours and improve their wellbeing, with participants reporting increased confidence and knowledge to manage their habits.
Prison Radio Association	This project delivered a radio programme and podcast aimed at people in prison and those with experience in the criminal justice system who are affected by gambling harms.	The 'Hold or Fold' programme raised awareness of gambling harms through interviews, themed specials, and social media campaigns, reaching approximately 33,600 people in prison and achieving over 10,000 public podcast downloads (as of Dec 2025).	The programme actively signposted listeners to support services like Gamblers Anonymous and ARA. One episode focusing on women and gambling led to a guest appearance on national television, which helped connect viewers to the Beacon Counselling Trust.	The podcast provided stories of recovery by featuring in-depth interviews with guests who have lived experience of gambling harm. It also explored practical recovery techniques and supported its presenters, who also have lived experience, to become confident broadcasters.
Reframe Coaching	No end of year report submitted on the CRF project (reporting via NGSN)			

Organisation	Overall summary	Primary prevention	Secondary prevention	Tertiary prevention
Shama Women's Centre	This project provided holistic, culturally-informed support for Black, Asian, and Minority Ethnic (BAME) women and their families in Leicester, with a later focus on engaging the Muslim community.	Over 90 awareness-raising workshops and outreach events were held at community and faith venues, reaching over 5,450 women. Ten staff and volunteers were trained, and gambling harm screening questions were embedded into the centre's existing welfare and domestic abuse assessments.	The centre provided direct one-to-one and group support to 118 women, with disclosures often arising during informal activities like cooking classes and 'Chai & Chat' sessions.	Support was provided to 380 family members and affected others. The project offered holistic recovery support by combining welfare rights advice, counselling, and domestic abuse services to improve clients' long-term emotional and financial wellbeing.
Simon Community Scotland	This project focused on raising awareness and providing support for people at risk of or experiencing homelessness in Scotland.	The project trained 365 staff members and 862 external stakeholders on gambling harms. It developed an e-learning module and a 'Gambling Harm and Homelessness Toolkit' for professionals and raised awareness through events like 'Conversation Cafes'.	The team provided direct support to approximately 360 individuals and held drop-in clinics that resulted in 81 direct contacts for brief interventions and advice. A screening survey was used to identify the prevalence of harm among service users.	The project collected and shared lived experience stories to reduce stigma and co-produced resources, including a video animation, with women who have experienced gambling harm.

Organisation	Overall summary	Primary prevention	Secondary prevention	Tertiary prevention
Yellow Scarf	This project worked to reduce gambling harms among Eastern European migrants in Worcestershire by providing culturally and linguistically appropriate support.	The project delivered preventive education workshops on topics like budgeting and cryptocurrency to 326 participants. It also ran “Walk and Talk” wellbeing sessions for 120 young migrants and established a training academy that prepared 8 new community facilitators.	Professional one-to-one therapy and counselling were provided to individuals identified as needing early intervention support.	Structured group therapy was delivered to 284 people, and separate targeted support sessions were provided for 412 family members and affected others. The organisation developed a bespoke therapeutic framework tailored to the cultural needs of migrant communities.

Table 5 Summary of end of project outcomes, as reported by the organisations

Organisation	Change for individuals	Change for the organisation	Change for the sector
Al Hurraya	<p>Individuals reported feeling less isolated and more confident to discuss gambling harms and seek help</p> <p>The ability to speak openly in safe, culturally sensitive environments improved self-awareness and stress management.</p> <p>The trust-based model was effective, with participants not only seeking one-on-one support for themselves but also referring friends and family.</p>	<p>The project refined its model to be more culturally competent and effective, developing new engagement formats like 'Walk and Talk' sessions.</p> <p>The development and launch of the Gambling Harms Toolkit and Cultural Competence Training have created a lasting legacy.</p> <p>The project built a network of community and professional partners and received an Appreciation Award from the Derby Health Inequality Partnership (DHIP) for its work</p>	<p>Professionals from health, statutory, and third-sector agencies were trained, improving the sector's ability to identify and respond to gambling harms.</p> <p>By participating in local health forums, the project integrated gambling harm prevention into broader public health and inequality agendas.</p> <p>The project has created a, culturally informed grassroots model and a scalable toolkit that can be adapted by others</p>
Big Issue	<p>Vendors showed greater recognition of gambling behaviours and received guidance on self-exclusion tools.</p> <p>Informal, repeated conversations normalised the topic, reducing shame and encouraging engagement with support services.</p>	<p>Staff reported higher confidence in discussing gambling harms and using screening tools.</p> <p>Developed internal resources combining gambling harm screening with financial health interventions.</p> <p>Enhanced referral pathways with organisations like GamCare and Ara.</p>	<p>The project's integrated approach (embedding gambling support into financial health, digital inclusion, and recruitment) was identified as a replicable model.</p> <p>The partnership with GambleAware enabled contributions to wider campaigns.</p>

Organisation	Change for individuals	Change for the organisation	Change for the sector
Blackburn Foodbank and Oak's Money Advice Service	<p>Clients were screened, offered referrals, and given guidance on self-exclusion.</p> <p>Created an environment for clear and frank dialogue about gambling.</p>	<p>Developed multi-lingual digital screening forms and integrated gambling harm checks into all debt/benefit advice sessions.</p> <p>Employed a person with lived experience to conduct screenings, who was seen as more approachable by clients.</p> <p>Improved staff training</p>	<p>Contribution to academic research</p> <p>Local system engagement in the Blackburn with Darwen Public Health Partnership forum to share work with local stakeholders.</p>
Coram's Field	<p>Young people, including those indirectly affected (affected others), gained a better understanding of risks.</p> <p>Improved financial literacy (participants learned to manage money, track spending, and understand scams).</p>	<p>The youth team gained a greater understanding of the extent of gambling harms among young people.</p> <p>Expanded reach through partnerships to share expertise and engage more young people.</p>	<p>Identified gaps in resources (lack of practical, youth-friendly materials and structured prevention journeys that go beyond initial awareness-raising).</p> <p>Shared expertise with local grassroots youth organisations to better recognise and assist young people.</p>
EPIC Restart Foundation	No CRF project report submitted (reporting through NGSN)		

Organisation	Change for individuals	Change for the organisation	Change for the sector
Hull FC Community Foundation	<p>Participants reported that workshops made them “stop and think” about their habits.</p> <p>Improved skills to manage behaviour</p> <p>Participants reported learning new skills to cope with health and wellbeing issues.</p>	Upskilled staff and volunteers	Strengthened local referral networks
Prison Radio Association	<p>Listeners reported a better understanding of gambling's impacts and risks.</p> <p>The programme helped listeners feel less alone and provided stories of hope and recovery.</p> <p>Raised awareness of available support services.</p>	<p>Practitioners reported that the podcast helped them build a more robust understanding of gambling harms to inform their community work.</p> <p>Collaborated with organisations like Gamblers Anonymous and ARA to reach audiences and bring in expert insight.</p>	<p>The project highlighted gaps in prison support and built a body of evidence to inspire change.</p> <p>Demonstrated that a podcast is a lasting and effective way to share lived experience, raise awareness, and support rehabilitation.</p>
Reframe Coaching	No CRF project report submitted (reporting through NGSN)		

Organisation	Change for individuals	Change for the organisation	Change for the sector
Shama Women's Centre	<p>Increased awareness and reduced stigma. Women engaged in culturally safe spaces leading to increased disclosures.</p> <p>Women regained control over finances, left abusive situations tied to gambling debt, and felt more confident.</p>	<p>Embedded gambling support into core services (welfare, counselling, and domestic abuse assessments)</p> <p>Staff became more confident in having sensitive conversations.</p> <p>Stronger community partnerships with faith-based and community organisations to reach isolated women.</p>	<p>Created a replicable approach for reducing gambling harms in marginalised and faith communities that could inform national initiatives.</p> <p>Identified the need to integrate with the local authority's Gambling Harms Strategy and new NHS treatment services.</p>
Simon Community Scotland	<p>Increased awareness for people experiencing homelessness</p> <p>Improved access to information (distributed toolkits, leaflets, and referral guides through support hubs and outreach).</p>	<p>Increased staff knowledge and confidence</p> <p>New procedures and resources created ("Gambling Harm and Homelessness Toolkit," an e-learning platform)</p> <p>Strengthened partnerships with Fast Forward, ARA, and others on training and events.</p>	<p>Contribution to research and policy (gambling harms and homelessness)</p> <p>System-level collaboration to promote gambling harm awareness at a national level in Scotland.</p>
Yellow Scarf	<p>Participants showed measurable improvements in mood and resilience</p> <p>Reduced stigma and isolation</p> <p>Improved family relationships</p>	<p>Staff received advanced training</p> <p>Created and refined a culturally-specific framework for supporting Eastern European migrants.</p> <p>Expanded organisational capacity</p>	<p>Highlighted service gaps for Eastern European communities</p>

Appendix B: evaluation and learning framework

Objectives

- Identify and learn from projects and local partnerships with potential for effectiveness with a focus on what works, for whom, and in what circumstances.
- Provide learning to the programme team about how to work with new and emerging organisations and contribute to the sharing of learning between grantees.
- (Year 1 only) Build capability of organisations to undertake monitoring and evaluation (M&E) of their work to reduce gambling harms.

Evaluation questions

Three main evaluation questions and sub-questions were specified by GambleAware at the start of the evaluation.

1 To what extent have projects engaged with their local systems and communities?

- a. How do local projects engage with local systems / communities?
- b. What are the critical success factors where this has been done well?
- c. What are the common barriers and how have projects worked to overcome these?

2 To what extent and for whom have funded projects contributed to the planned outcomes?

- a. Improved awareness of gambling harms in local communities
- b. Changes in gambling behaviour
- c. Improved knowledge of organisations regarding where they can access further support and information about gambling harms
- d. Knowledge and skills of staff and volunteers to address gambling harms

3 How has GambleAware supported organisations?

- a. What support has GambleAware provided that has worked well in supporting grantee organisations to execute their projects and become more 'grant ready' for the future?
- b. How could GambleAware improve the way in which it works with grantee organisations?

Evaluation methods

- **Depth interviews** with funded project leads.

- **Case studies** developed to elicit in-depth learning about the outcomes from a sample of four projects targeting different community groups. Evaluation activities were designed collaboratively with the funded projects and included a combination of face-to-face or online fieldwork to make it easier for projects to engage with the evaluation team. Each case study involved observations of activities being delivered and interviews or focus groups with a range of stakeholders, including staff, external partners and volunteers.
- **Collaborative learning sessions** with funded projects capturing insights and learning from across the programme and testing whether relevance of case study findings more widely.
- **Analysis of monitoring information** submitted by projects to GambleAware including information on reported activities, outputs and outcomes.

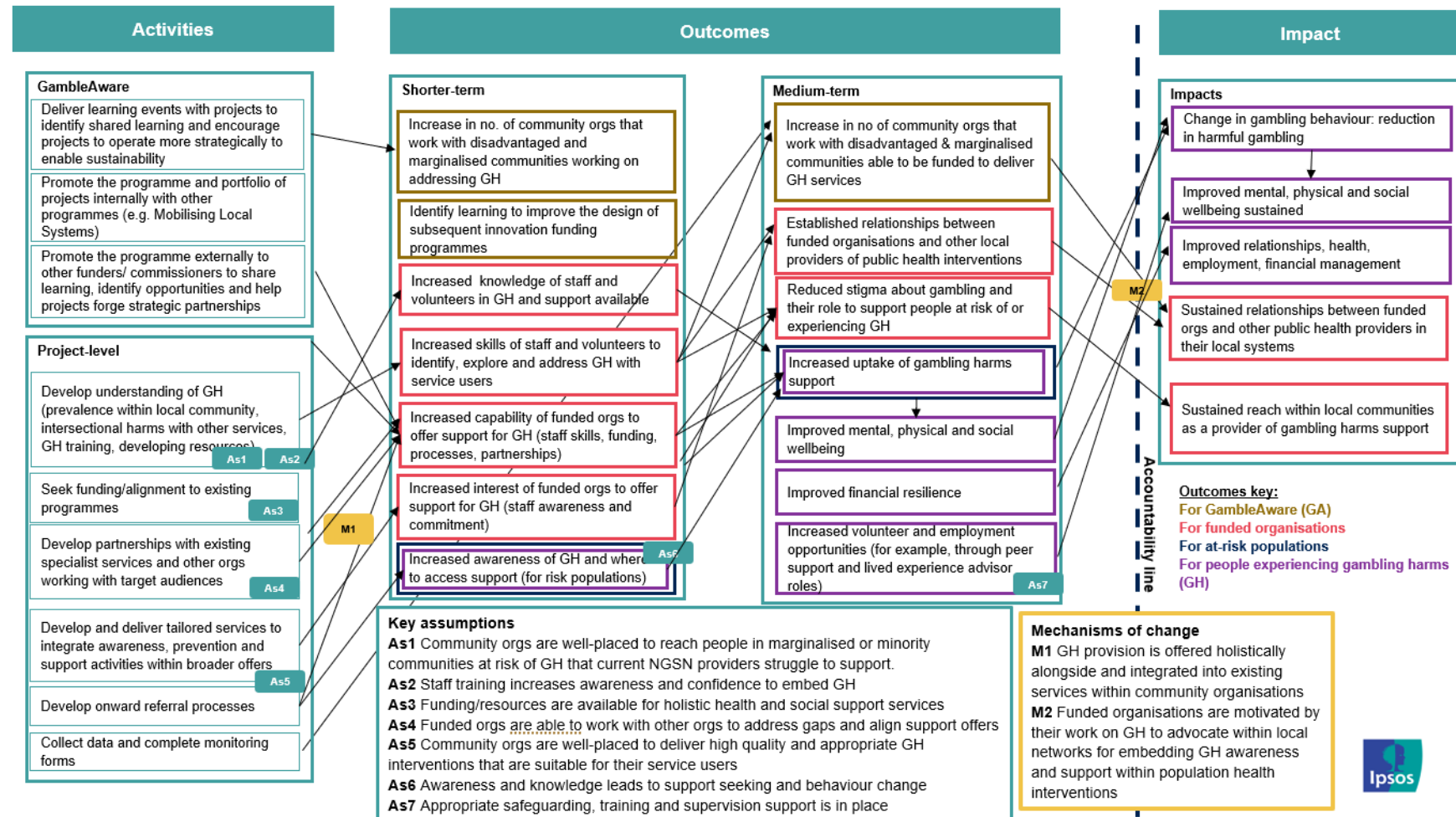
Table 6 Evaluation and learning activities delivered

	Year one	Year two	Year three
Number of interviewees from projects (number of interviews)	33 (21)	2 (2)	1 (1)
GambleAware staff/stakeholders (number of interviews)	13 (19)	1 (1)	6 (3)
Number of interviewees participating in depth interviews/focus groups with staff, volunteers, partners (number of interviews)	25 (19)	19 (11)	41 (15)
Observation of delivery	-	3	4
Learning events	3	1	1
Total interviewees (total interviews)	71 (59)	22 (14)	48 (19)

Appendix C: programme Theory of Change

The programme Theory of Change was developed collaboratively with the evaluation team and GambleAware programme team and iterated during each year based on the end of year evaluation findings. The illustration below provides a summary overview of the Theory of Change, as it is understood at the end of the programme. The evaluation was designed to explore the shorter- and medium-term outcomes.

Figure 2 Programme theory of change, updated Dec 2025



Appendix D: case studies

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Case study approach

Four organisations were selected as case studies in years two and three of the evaluation to explore the experiences and outcomes resulting from the projects in more detail. The selection of case studies was based on the funded organisations that were featured as case studies in year one. The sampling criteria also sought:

- A spread of organisations geographically.
- Representation of different types of activities being delivered.
- Focus on different beneficiary groups.
- Different levels of partnership working.
- Projects identified by GambleAware as doing something novel and showing potential for impact.

Case study fieldwork took place each year. Each case study involved liaising with the project lead to discuss a suitable design for their project. The project leads identified opportunities for a member of the evaluation team to 1) observe project activities, and 2) conduct depth interviews or focus groups with delivery staff and/or volunteers and other project stakeholders. The data from these activities (table 8 below) were triangulated with data from the mid- and end of year project reports and learning events.

Table 7 Evaluation fieldwork informing the case studies

	Year 1	Year 2		Year 3	
	Interviewees (no. of interviews)	Interviewees (no. of interviews)	Observation	Interviewees (no. of interviews)	Observation
Al-Hurrayya	5 (4)	3 (3)	1	10 (3)	2
Big Issue	9 (3)	4 (3)	1	20 (4)	
Simon Community Scotland	11 (4)	3 (3)	1	6 (6)	2
Yellow Scarf	3 (3)	9 (2)	-	5 (2)	-
<i>Total</i>	<i>28 (14)</i>	<i>19 (11)</i>	<i>3</i>	<i>41 (15)</i>	<i>4</i>

Data from the project end-of-year reports are included to provide an indication of scale and scope of project activities. They should be interpreted with caution as the evaluation has grouped and themed activities differently at the programme level to how the organisations reported them at project level. There is therefore some interpretation from the evaluation team involved in this analysis.

Al-Hurraya

About the organisation

Al-Hurraya (meaning “freedom” in Arabic) is a charity operating primarily in Nottingham and Derby in the East Midlands. The organisation provides a range of culturally sensitive and tailored services to people from minority ethnic and refugee communities. These services include peer-led support, one-to-one counselling, mentoring programmes, education workshops, advocacy, and information services, all designed to support individuals through different issues including bereavement, substance misuse, addiction, trauma and domestic violence.

The organisation employs staff with lived experience of the topics they support people with, and their staff team is culturally diverse, mirroring the local communities they serve. Collectively, the team speaks multiple South Asian languages including Hindi, Urdu, and Punjabi, enabling them to serve as what one staff member described as “a bridge between the services and the community”.

What is the project?

The project received £261,984 total funding from the Community Resilience Fund (£61,984 in year one, £200,000 for years two and three). This enabled Al-Hurraya to deliver a range of activities designed to raise awareness of gambling harms locally among their target audiences through events, presentations and community presence, build trust with people at risk of, or experiencing, gambling harms, and deliver direct support with counselling, brief interventions and peer support groups. Their activities were specifically focussed on addressing cultural barriers affecting the way in which minority ethnic and refugee communities engaged with the topic of gambling harms.

The organisation intentionally did not overtly foreground gambling harms in their community engagement activities. Instead, staff maintained consistent physical presence in everyday community spaces, such as GP surgeries, shops, community centres, cafés, local events, and faith venues (including temples, gurdwaras, mosques, and churches). Their experience was that this created non-stigmatising touchpoints for engagement where gambling harms support could be embedded within broader wellbeing conversations.

“It's important that the gambling harms focus isn't front and centre. While this work is enabled through the GambleAware funding, it isn't necessarily about gambling harms. It's about giving people something to look forward to, to talk about what they want to talk about, to do something for them, an escape from things at home.” Staff interviewee

How did the project evolve over the funded period?

The three-year funding period allowed Al-Hurraya to significantly evolve its approach to addressing gambling harms. The first year enabled it to develop a dedicated gambling harms service within their Nottingham service and begin initial community engagement to build trust and establish credibility to discuss a highly stigmatised and hidden topic. The second year of funding enabled it to expand preventative activities to target younger populations, strengthen

partnerships with other services, and expand into Derby. Their approach increasingly took on a 'system building' outlook which describes a focus on developing collaborations, capacity-building and influencing a narrative shift. The organisation moved beyond direct service delivery to become a resource for the wider system, providing cultural competency advice to other organisations and developing toolkits for non-specialist services. Staff reported developing a deeper understanding of intersectional barriers, including language, cultural stigma, and socioeconomic pressures, with this knowledge informing the development of interventions.

Project activities and reach

Over the three-year funding period, Al-Hurraya delivered a range of activities primarily delivered in-person, including one-to-one and group therapeutic support, community engagement events, professional development, and system capacity building. This capacity building involved providing cultural competency training to other organisations, developing a gambling toolkit for non-specialist services, strengthening referral pathways between agencies, and training professionals across sectors to recognise and respond to gambling harms within diverse communities. The approach ranged from light-touch awareness raising to long-term counselling.

Activity type	What this means for this project	Total reach
Prevention: Awareness raising and outreach to people at risk of gambling	Community awareness workshops at places of worship and community centres	74 community professionals and members (28 workshops)
Prevention: Awareness raising and outreach to people at risk of gambling harms	Walk and Talk groups and café mornings	8-10 regular weekly attendees
Prevention: Awareness raising and outreach to people at risk of gambling harms	Outreach at community hubs including Pakistani Community Centre and Safe and Sound	100+ women per week per session
Prevention: Awareness raising and outreach to people at risk of gambling harms	Cultural events engagement	630+ people (Diwali: 300, Eid: 30, Cultural day: 300)
Prevention: Awareness raising and outreach to	Launch and distribution of Gambling Harms Toolkit	Launched and widely distributed

people at risk of gambling harms		
Early intervention/treatment: Direct support for people experiencing gambling harms	One-to-one counselling, family support, mentoring and brief interventions	106 people
Early intervention: Direct support for people experiencing gambling harms	Mutual aid meetings for continued engagement with individuals accessing counselling	48 sessions delivered (68 total planned by March 2026)
External capability building	Professional / partner training and awareness sessions	822 professionals (330 in depth training, 420 awareness raising) across 46 workshops
External capability building	Networking events with local partners to strengthen referral pathways and collaboration	35 networking events attended

Outcomes

1. People accessing services

The project reported outcomes for participants including improved financial stability, reduced stress and anxiety, and abstinence from gambling. These outcomes were assessed through case management and wellbeing charts. Project staff reported that participants particularly valued the speed and accessibility of the support.

“I was stunned by the speed of the service. They got back to me the next day and I had an appointment booked within the week. The initial sessions helped me acknowledge that I had an issue and started to help me understand my own personal relationship with gambling.” Service user, cited in the end of year project report

However, the informal nature of much of the engagement meant that outcomes were not always captured, nor would it have been appropriate. For example, using formal outcome measurement tools at their informal walking group would potentially have undermined the intentional informality that made the intervention effective.

2. Staff

Staff across Al-Huraya reported enhanced knowledge and confidence in addressing gambling harms. This included both deepening understanding among those with existing knowledge and building capability among staff who primarily focussed on other issues. Staff interviewees reported that the integration of the topic into broader service delivery meant they could identify and respond to gambling harms encountered through domestic violence work, substance misuse support, or general counselling.

The monitoring reports received from Al-Huraya indicate that over 80% of professionals who attended training sessions felt better equipped to support their service users as a result, with several organisations now embedding information about gambling harms into their safeguarding and wellbeing protocols.

3, Organisations

At an organisational level, Al-Huraya already had a reputation locally as a trusted community resource and cultural bridge. The organisation reported winning awards for community engagement work in Derby and that they were increasingly being recognised as the go-to source for cultural competency in addressing gambling harms. This meant that other services regularly sought their advice on engaging ethnic minority communities, with staff providing consultation on how to work with diverse communities and keep them engaged.

The organisation successfully embedded gambling harms work within its broader service offering, with referrals coming from a range of sources including safeguarding leads, parents, social services, police, and other voluntary sector organisations.

A potentially negative, unintended outcome is the strain on existing services the gambling harms service created due to the complexity of the case work it resulted in.

“The complexity of issues faced by beneficiaries, including trauma and financial instability, requires intensive support, which can stretch our resources.” Staff interviewee

At a system level, the project described how it had contributed to shifts in how gambling harm is discussed within ethnically diverse communities. In Nottingham, gambling harms are now integrated into mainstream partnership discussions through established networks like the Nottingham Recovery Network and Women’s Centre, with referrals flowing through professional pathways. Progress in Derby was slower, but the organisation had established footholds in previously closed communities where gambling harms was previously an entirely taboo subject, potentially creating foundations for future work.

“What I feel like we're most proud of, not just planting those seeds, but leaving a legacy in terms of having that face in the community and empowering our youth to be able to have open conversations in the future. To not feel that they have to brush it under the carpet, alleviating the conversations of the elephant in the room.” Staff interviewee

Learning

1. Establishing trust with people experiencing gambling harm is essential and takes time. The organisation's experience across Nottingham and Derby illustrates that culturally sensitive community outreach cannot be rushed. Building the trust necessary to uncover and address hidden gambling harms requires sustained physical presence, consistency, and staff who can meaningfully and sensitively connect with members of the community. In Nottingham, with 11+ years of established presence, Al-Hurraya leveraged existing credibility to deepen relationships, formalise referral pathways, and embed within mainstream networks like the Nottingham Recovery Network and Women's Centre. This foundation enabled more open conversations about gambling harms and revealed hidden patterns – examples cited by staff interviewees included women spending £20 of £100 weekly benefits on lottery tickets without viewing it as gambling, or the vulnerabilities of postpartum women, single mothers, and domestic abuse survivors. In Derby, after 2-3 years, the service remains in a foundational trust-building phase. Gatekeeping created additional barriers within faith communities, with leaders citing that there was no problem to address. Progress requires different tactics: coffee mornings and walks rather than formal workshops, word-of-mouth rather than professional referrals, and avoiding official branding that triggers fears about authorities. Progress occurred in small steps but represented months of patient relationship-building. The evaluation found that impact could not be meaningfully captured through reach metrics. While direct support numbers remained relatively stable across the three years, the nature of engagement deepened. As trust grew, people began presenting with increasingly complex, interconnected issues spanning addiction, housing, budgeting, and family relationships. Successful engagement with faith networks was the result of years of relationship-building. Their Derby 'walk and talk' sessions exemplify how informal, non-threatening spaces can enable deeper engagement than formal services. However, dependence on relationships for engaging with people raises questions about sustainability when funding ends and funding for the dedicated staff roles is lost.

“I run a WhatsApp group for the walk and talk for the ladies, and I've received all these beautiful appreciation messages from them... Some of them are the service users and others just come because they like coming here... It leaves them motivated and inspired.” Staff interviewee

2. The offer from community-based organisations is unique and different to statutory commissioned services. The evaluation observed that the project's outreach and engagement activities in Derby resonated with their audiences as a result of the informality and flexibility of their approach. For example, in the 'walk and talk' sessions and awareness sessions at faith settings, by not presenting gambling harms as the primary focus, and building trust with

community partners through a reciprocal approach (by supporting at their events, and in return being invited to talk about the gambling harms project). Additionally, staff interviewees noted that people engaged with their services because they were offered something to look forward to – an escape from home life and a safe space – not necessarily because they were seeking formal gambling harms support. The employment of staff with lived experience proved to be particularly powerful. Several team members working as volunteers or paid staff were former service users, demonstrating both the effectiveness of support and creating relatable role models for current service users. Service users reported that they valued Al-Hurraya's immediacy (no waiting lists), person-centredness (not one-size-fits-all), and a strengths-based approach. This quality would potentially be lost if the organisation delivered via an output-focused contract, and highlights the importance of measuring quality of services as much as outcomes.

“As an organisation, I would say we are known for a safe space to come without judgment and stigma... We are the safe spot to go to if you needed that help. And amongst the youth as well. in Derby especially they've got somebody to talk to and there's no judgment behind it.” Staff interviewee

3. Hidden gambling harms are prevalent. Staff interviewees highlighted that their experiences suggest extensive hidden harm, particularly among women. For example, they described supporting someone who reported spending a significant portion of benefits on lottery tickets without recognising it as gambling. They reported that vulnerable groups – postpartum women, single mothers, domestic abuse survivors – face particular risks such as financial, social and emotional vulnerability but are among the least likely to seek help. This required patient, sustained engagement to shift perceptions and provide appropriate support. Staff also highlighted a need to adapt the approaches they took to raise awareness among young people based on learning about evolution in youth gambling to include gaming loot boxes and cryptocurrency trading.

“In some communities, especially among women and Islamic communities, there's initial reluctance to engage due to fear of judgement or gossip as gambling issues are considered family matters rather than community concerns.” Staff interviewee

Big Issue

About the organisation

The Big Issue Group is a social enterprise, working with people experiencing homelessness, poverty, and/or marginalisation to provide them with opportunities to gain economic self-sufficiency. Its most well-known initiative is the Big Issue magazine. This magazine is sold on the streets by individuals who are homeless, at risk of homelessness, or facing other forms of social and economic disadvantage. These sellers, known as vendors, buy the magazine and sell it to the public, earning an income through their own enterprise.

The CRF grant was to the Big Issue Changing Lives Community Interest Company (CIC). This arm of the organisation provides direct, frontline support for Big Issue vendors. It combines practical sales support with wider social support for issues like housing, health, debt, and employment. These services are delivered by frontline staff who engage with vendors during magazine sales activities and through targeted outreach efforts. The organisation operates on a national level and has offices in London, the Midlands, the South East of England, the South West of England, East of England, North East England, Scotland, and Wales.

“Through everyday conversations, you can see where doors are being closed, where there's a conversation they don't want to have with you. But at the same time, we've spent a lot of time building that trust up and getting in a position where we can have conversations.” Staff interviewee

What is the project?

The organisation received a total of £296,673 over three years from GambleAware's Community Resilience Fund. The project aimed to raise awareness of gambling harms and provide opportunities for vendors to access information and support if experiencing or at risk of gambling harms. The Big Issue has a particularly strong reach into the Roma community, making it well-placed to raise awareness and provide support on gambling harms to a community that other services often find difficult to reach.

The funding enabled Big Issue staff and peer mentors (called 'Equal to Equal mentors') to be trained by partners like GamCare to understand risk factors and provide support. Activities evolved from distributing leaflets to integrating gambling harm screenings into holistic support like financial health check-ins and digital inclusion work.

How did the project evolve over the funding period?

The initial 12-month funding allowed the organisation to train staff and undertake awareness-raising with vendors. With ongoing support for a further two years, the organisation's aim was to expand and systematically embed gambling harm conversations into vendor outreach and support. The organisation reported starting to embed gambling harms support into new funded projects,

such as financial health and digital inclusion projects, and alignment with their recruitment service, Big Issue Recruit.

Project activities and reach

The organisation's support was delivered face-to-face, largely through informal staff or peer-led conversations with Big Issue vendors. Big Issue vendors include people living in poverty and with experience of homelessness. The majority of vendors are from the Roma community. The following activities provide an estimate of reach and uptake. As most interactions were light touch, they are estimates only and possibly under-report the number of conversations had.

Activity (as reported in end of year project report)	What this means for this project	Total reach
Prevention: Awareness raising to people at risk of gambling harms	Conversations started, leaflets distributed	1,950
Prevention: Awareness raising to people at risk of gambling harms	Gambling harm screening	304
Early intervention: referrals to specialist gambling harms support	Vendors referred for further support	48
Early intervention: financial, mental health, addiction support to an 'at risk' cohort	Vendors accessing specific financial and mental health brief interventions	791 (financial support), 395 (mental health/addiction support)
Internal capability building: training to staff and peer mentors, partnership development	Delivered by GamCare	30 staff, 13 peer mentors

Outcomes

1. Vendors and peer mentors

The project cited good vendor engagement with awareness-raising efforts, but it did not lead to high numbers of referrals to specialist gambling harms support. .

The most tangible outcome observed from the project was the creation of a professional development pathway for its peer mentors. The "Equal to Equal" mentor role provided vendors with

training and an opportunity to apply their skills in a formal capacity, building confidence and potentially increasing their employability.

“It's been really great to see people take the skills that they learn... the skills that they already had... and then putting them into a different place with a lot of confidence. It's something that is just fantastic to see.” Staff interviewee

2. Staff

Reports from staff interviewees and project monitoring both cite increased awareness of gambling harms among staff. This led to changes in the types of conversations that staff and mentors had with vendors, meaning that coverage of gambling harms was more present alongside discussions about other issues.

“It's changed me because now it's something I'll be talking about when I first meet someone. I'll be doing an assessment, and I'll be talking about drink and drugs. But now I'm talking about gambling addiction as well. it's more at the forefront of the way that I work.” Staff interviewee

While staff reported that the organisation had previously delivered staff training on gambling harms before the CRF project, they described it being not as focussed or comprehensive. The activities delivered as a result of the CRF funding changed staff's perspectives and understanding of gambling harms as an issue. This applied not only to their interactions with people accessing their services but also among their friends and social networks.

3. The organisation

The funding gave the topic of gambling harms prominence within Big Issue, which led to shifts at a practice-level within certain teams. This prompted more proactive conversations with vendors about gambling harms. While the project team started to make connections across other services within the Big Issue Group (such as their recruitment arm), the focus on gambling harms was not embedded strategically and organisation-wide across processes and practices by the end of the project, suggesting that this outcome is unlikely to sustain without funding.

The connections made with GambleAware through the funding led to a new national partnership between Big Issue and GambleAware to support the roll-out of a gambling harms support app.

“We weren't really having those conversations prior to the project launching. And it's definitely, there's been a real kind of push on us making that a priority for the team and the service users.” Staff interviewee

Learning

1. Organisational culture change takes time. Learning from Big Issue's project provides useful insight into the extent of culture and process changes needed within organisations to ensure staff and volunteers at community-based organisations are able to confidently initiate and embed

discussions about gambling harms. Some staff reported that they still did not feel confident in their understanding of gambling and gambling harms, reflecting that one-off training is not enough to develop understanding and confidence sufficiently, especially as a result of the ever-changing gambling and gaming landscape, and people's unique and complex experiences of gambling harms.

Staff interviewees recognised that the organisational structure, and different regional priorities and operational pressures, made it difficult to disseminate project information consistently. The Big Issue is a national organisation, with operational and geographical silos, and different funded projects being delivered in various locations. As a result, there was diversity in the capacity, capability and processes across their different offices to engage with and implement this project. The organisation also underwent a significant restructure during the life of the project, which affected staff and leadership momentum to embed it. As a result, the evidence shows that integrating gambling harms awareness and support systematically across the organisation has not yet been achieved.

2. The pervasive challenge of stigma affecting engagement. Like other funded organisations, Big Issue staff and peer mentors reflected that the stigma around gambling harms made it more challenging to engage vendors on the topic. They reported that meaningful engagement often only occurred when a vendor reached a crisis point, making preventative work difficult.

“[The expectation is that peer mentors would be] handing out leaflets and having the beginning of a guided conversation about gambling, but that doesn't actually happen. What does happen is more that mentors are trying to make a safe space for people to talk about gambling, it's never gone as far as having a conversation”. Staff interviewee

However, staff recognised the potential for the organisation to engage people proactively, and in a culturally-sensitive way. They therefore shifted their project's focus on having explicit conversations about gambling harms, to trust-building on the topic and creating safe spaces for people to engage when they were ready. The Big Issue occupies a unique position in that they work with people who 'fall through the cracks in the system'. They work with people for as long as they are vendors, providing an opportunity to build trust with and provide long-term support for individuals, both informal and formal support. In doing so, they can act as a trusted bridge to other services. Their ability to engage with the Roma community is a key strength that other services lack.

Staff reported that leaflets were useful for engaging with vendors on the topic of gambling harms; they helped to increase visibility of the topic and initiate conversations with a small number of vendors experiencing gambling harms that were receptive to accessing additional support.

“When I first started, it was about building confidence within myself. So even though it seems a small gesture just handing out those leaflets, it brings it up to the surface a little bit. And then next time you might mention something. It’s building up that confidence to have those conversations. I think that’s the most difficult bit. Once you start having those conversations, it’s a lot easier.” Staff interviewee

3. Adapting engagement alongside other support offers. The project evolved its engagement strategy from handing out leaflets and recruiting peer mentors to initiating conversations specifically about gambling harms and integrating conversations using more holistic tools (such as wellbeing surveys and financial check-ins). While leaflets were felt to be a useful, low-pressure starting point, the team learnt that they were not sufficient as a standalone engagement method and adapted their practice. The most effective engagement happened within the context of other support, such as during financial check-ins for fuel vouchers, where gambling could be discussed as part of a larger conversation about finances. They recognised that the peer mentor role needed to be holistic rather than single-issue focused. Staff experiences suggest that it is not always straightforward to adapt engagement models to integrate gambling harms messaging. One staff interviewee suggested there was a tension with this project, noting that Big Issue’s usual approach is asset-based (focusing on strengths), but the gambling project required them to identify an issue.

4. Opportunistic vs deeper support. Staff reported that the unique position of the Big Issue is that staff have regular, informal engagements with vendors when they buy the magazines, allowing them to build trust with people over time and embed conversations opportunistically. However, staff recognised the complex interplay of gambling harms alongside other issues for their vendors. This meant that conversations and support for gambling harms could prompt support needs on other topics, which can be time-consuming and challenging for staff.

“How best to address individual addiction issues and harms is still a long and ongoing individual conversation, and impacted heavily by other issues in people’s lives, such as poverty, other addictions, mental health problems, family crisis and other chaotic life situations.” End of year project report.

Staff expressed a desire for more specific training on how to hold these conversations and get someone to disclose a hidden problem. This indicates a need for ongoing training beyond initial awareness sessions, focusing on conversational techniques for sensitive topics to build confidence.

Team capacity can also be a challenge for going beyond transactional, opportunistic and brief conversations with vendors. The drop-in nature of the service – where vendors speak to whoever is on duty who have varying amounts of time available around other demands – makes it difficult to consistently embed support conversations.

“I’ll admit, when we’ve been really busy because we’ve had staffing issues, it’s been a matter of just handing out the leaflets rather than engaging in any form. So, the engagement has been the leaflet rather than a conversation that goes with it.”

Staff interviewee

5. The importance of culturally specific approaches for the Roma community. Engaging with the Roma community, which makes up a large proportion of vendors, requires a nuanced approach that goes beyond standard practice. Key barriers include:

- **Internal community dynamics:** Staff and mentors reported that individuals from the Roma community can be closed, preferring to deal with things within their community. Peer mentors also reported gender and generational differences with vendors’ engagement. They observed that men were more reluctant than women to accept leaflets, often perceiving it as an accusation, or that they may not be comfortable having a conversation with a woman about the issue.

“Whoever is the person gambling, especially if they are a man, there does seem to be a desire to not speak to a young woman about it. I think there is something specifically about gender and age that is important within those conversations.”

Staff interviewee

- **Language and literacy challenges.** The project’s reliance on leaflets is complicated by the fact that some vendors lack literacy skills, including in their first language. The team learned that even the word ‘gambling’ can be a barrier. A project lead shared an analogy with a vaccination campaign, where changing the word to ‘immunisation’ dramatically increased uptake. A peer mentor highlighted the need for more bilingual workers and verbal communication to overcome this and working with the community to find culturally appropriate language to discuss gambling harms.

6. Dual benefits of the peer mentor programme. The ‘Equal to Equal’ peer mentoring model was reported to be effective at engaging with vendors as their lived experience of homelessness or addiction enabled them to build trust and initiate conversations in a way that staff sometimes could not. It also created a professional development opportunity for the vendors working in the peer mentor roles, building their confidence and communication skills, providing a tangible pathway towards further employment.

7. More tailored support for affected others. Staff interviewees suggested that some vendors receptive to information about gambling harms was in their experience as an affected other. Staff reflected that the limits of their influence – which is with their vendors rather than with their family members – may have influenced uptake of their support. They also recognised that affected others may be looking for different information and support, which suggests the support and information may need tailoring to best meet the needs of the affected others.

“It’s maybe their partner that has the gambling problem... a lot of the times the partners are not vendors... their focus is like how do I stop my husband from gambling?” Staff interviewee

Simon Community Scotland

About the organisation

Simon Community Scotland (SCS) is a charity operating across Scotland supporting people who are experiencing or at risk of homelessness and are recovering from its harms. Their services include emergency and supported accommodation, community-based hubs, outreach programmes, and support for mental health and wellbeing. Recognising that gambling-related harm was a significant gap in the support offered by homelessness organisations, SCS made addressing this issue a strategic priority. The CRF provided an opportunity for the organisation to embed gambling harms within their support offer. The organisation also received funding from GambleAware's Improving Outcomes Fund.

"We were surprised that, for a lot of homelessness services, there wasn't recognition of gambling harms. Simon Community Scotland were so open and honest [...] that they weren't doing enough to reach people and to tackle this issue." Partner organisation interviewee

What is the project?

The organisation received £264,293 funding over three years from the CRF programme. The initial strategic impetus for this project was driven by a senior leader within the organisation. The goal was not only to integrate gambling harms awareness and support within their own services but also to champion the issue across the homelessness sector in Scotland. The project aimed to do this by:

- **Understanding the issue:** Developing understanding of the prevalence and impact of gambling harms among people affected by homelessness through surveys, lived experience stories and commissioned research.
- **Building capability:** Raising awareness and skills among staff and local partners. They developed a comprehensive training package, including e-learning modules, in-person workshops, online and paper toolkits.
- **External engagement:** Generating momentum for policy change by forming new partnerships and presenting at key conferences and network meetings with housing associations, government bodies, and third-sector organisations.
- **Providing direct support:** offering a range of interventions, from drop-in clinics and informal 'conversation cafes' to creative workshops using photography and drama.

How did the project evolve over the funding period?

The funding received from CRF was complemented by funding received from IOF, which enabled the organisation to develop a gendered approach, creating bespoke services for women. This provided additional capacity and expertise for raising awareness and capabilities and providing support offers to people accessing their services.

Project activities and reach

The project included both online and face-to-face training and events, as well as face-to-face support. Its activities focused on adults experiencing or at risk of homelessness, SCS staff, and external partners in housing and homelessness, and the gambling harms sectors.

Activity	What this means for this project	Total reach
Internal capability building	Equipping the internal team with the necessary tools and understanding to embed gambling harm awareness into their daily work. This included online and face-to-face training sessions delivered internally and with partners like Fast Forward and the RCA Trust, e-learning modules, and senior leadership training. It also comprised creating and promoting internal resources (including a referral guide) and fostering a culture of expertise with a network of internal champions.	385 staff
External capability building	Delivering training to professionals from other organisations, such as Housing Associations and job centres. Influencing policy, practice, and awareness among professionals, partner organisations, and policymakers through events and participating in working groups.	10 specific events and training initiatives, and networking events engaging 862 external stakeholders
Prevention/early intervention support: Awareness raising and direct support to people at risk of gambling harms	Proactively engaging with individuals who may be at risk of or affected by gambling harms but have not yet sought direct support. Focus on reducing stigma, sharing information, and creating safe spaces for conversation. Activities included brief interventions at drop-in clinics, and longer-term interactions through regular 'conversation cafes' and a 6-week	360 people

	creative workshop, and distributing informational leaflets.	
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Outcomes

1. People accessing their services

Interviewees reflected that raised awareness about gambling harms and support options was the main outcome for people accessing their services. This was enabled by staff receiving training that then prompted them to raise the topic with people they supported. Staff highlighted that these conversations would not have happened without the training.

“[After attending training] it led to me having a really candid conversation with one of the women I support, and she disclosed that gambling is something she struggles with but never really knew how to talk about it. Had I not attended your workshop [...] that conversation wouldn't have come up.” Staff member, as reported in the end of project report

The organisation started to embed gambling harms questions into conversations when people first accessed services, which was seen as helpful in prompting meaningful discussions with people early on. It was also enabled by making the topic more visible and normalised in their services with posters and leaflets and through the presence of the gambling harms worker at drop-ins.

2. Staff

The project reported increased awareness and confidence among staff, which had started to influence a change in practice. This included staff who had received training talking about gambling harms more with colleagues and clients, having increased confidence to address the topic, and signposting people to specialist gambling harms support. This was enabled with a multi-faceted and ongoing training approach, forging new partnerships with specialist support providers, developing bespoke resources for staff, and making internal expertise available that staff could draw on.

“The biggest thing that I took from the training was to start having those conversations and just the awareness of it.” Staff interviewee

“Personally, before gambling harms came to Simon Community, I didn't know of any practical support that could be around for people that were struggling with gambling harms.” Staff interviewee

In-person sessions featuring speakers with lived experience were described by interviewees as particularly powerful for helping staff to understand the topic. Ensuring training materials included information on what gambling harms are, and the prevalence for people experiencing homelessness, was observed to be important for enabling staff to better understand where, when and how gambling harms can occur with people accessing their services. However, towards the

end of the CRF, gambling harms was not yet a core part of conversations for all staff. Key challenges included high turnover of staff and reaching time-poor front-line staff working shifts. Staff interviewees highlighted that sustaining outcomes relating to staff awareness and capabilities would involve embedding the focus on gambling harms into everyday practices, and this would take time.

“I wouldn't say I'd have the confidence to support someone who's gambling just now. But I definitely have the confidence to ask straight and just be curious.”

Staff interviewee

“Embedding it is a big part of the puzzle... People have conversations about gambling, but it's about embedding that in everyday practice here... you've got to chip away and just keep it in people's psyche all the time, which then gives people the confidence to start having these conversations with people they support.”

Staff interviewee

3. Organisation and external partners

Before receiving funding from GambleAware, the organisation had identified gambling harms awareness and support as a gap in their existing services and placed it as a strategic priority for the organisation's work. The funding provided dedicated capacity and focus for SCS to take a leading role in influencing system-wide change. The organisation actively influenced policymakers in the Scottish Government and Public Health Scotland through events and played a key role in the Mobilising Local Systems working group, which aims to promote gambling harms awareness nationally. The organisation has benefited from other stakeholders working on the topic, and additional funding from GambleAware to convene system partners in networks.

Learning

1. A comprehensive, organisation-wide approach to training and awareness raising. The project enabled the organisation to develop a bespoke and diverse range of training materials and supporting resources to make the topic accessible and relevant to staff. These focused specifically on gambling harms and homelessness, and integrating interventions within SCS's trauma-informed, harms prevention approach.

“I find gambling being mentioned a lot more in conversations with colleagues, so it's much more forefront.” Staff interviewee

SCS's experiences suggest that training programmes alone are not enough to instigate change. Interviewees reported that they needed to attend more than one training session to increase their confidence in starting conversations with people accessing their services. The e-learning programme was described as being too long, making it difficult to prioritise alongside other training. The high levels of staff turnover meant that delivering training is an ongoing and resource-intensive commitment.

The hidden nature of gambling harms, and urgency of other support needs of their clients, was identified as a reason for why staff may not prioritise raising gambling harms in conversations. The project team introduced new materials and processes to increase its visibility.

“Within homelessness, people present with other issues that are not as hidden as gambling, which means that support workers may forget to ask about gambling. [We’ve learnt to] have something tangible in the room to remind them to ask and for people to approach. This could be a poster, stress ball, toolkit or mug.” End of year project reporting

2. Additional processes and expertise to enable culture change. Having a dedicated gambling harms project lead and embedding lived experience were two factors identified by staff as important for taking information from training and integrating it into day-to-day practice. The project lead provided SCS with dedicated capacity to deliver training and to support staff, and lived experience testimonies fostered empathy and greater understanding among staff. The feeling of being supported by an internal expert was reported by interviewees as giving them confidence to tackle difficult conversations they might have previously avoided.

“I do feel much safer. I do feel like I’ve got backup if I need it.” Staff interviewee

To maintain the momentum and support culture change, interviewees highlighted the importance of embedding gambling harms into formal processes. This would include the core staff training and induction programme, and adding a screening question to assessments. One interviewee suggested creating an ‘alerts’ system, similar to what exists for drugs, to keep staff educated on new forms of gambling manipulation and ensure the issue remains at the forefront.

“We get alerts like there’s a bad batch of drugs... maybe some kind of system like that.” Staff interviewee

3. There is value in creating different spaces for engagement but reach and outcomes are not easily captured. SCS’s project enabled the organisation to introduce a range of activities to bring gambling harms support to people accessing their services. Their approaches had to differ in their different services. For example, people accessing drop-in clinics are often accessing support when in crisis and have a specific need to address. The presence of the gambling harms lead in these clinics was considered helpful by staff for raising awareness of gambling harms and for providing opportunistic support, but the number of people engaged in meaningful conversations was low.

“It’s not about setting up a stall and being like, ‘come and talk to me about gambling’. You’ve got to be quite appropriate with how you go about the conversations. But it does trickle through, and it does trickle through with the staff as well.” Staff interviewee

Regular ‘conversation cafes’ and co-design events in other services provided informal spaces for group support and more in-depth conversations. These creative approaches provided activities

focused on people's skills and potential, and offered people a creative outlet/hobby to support recovery. Outside of co-design activities for the gambling harms projects, these informal spaces integrated gambling harms support within other support making it difficult for staff to quantify reach for people specifically experiencing gambling harms.

4. Local system dependencies. The options that SCS staff can offer people accessing their services who are experiencing more entrenched harms are limited. The extent to which SCS's project activities led to positive outcomes for people experiencing harms was dependent on the onward support they received. Interviewees suggested that more choice and in-person recovery support are needed as the services available to people (particularly outside of Glasgow and Edinburgh) are limited.

GambleAware's funding enabled SCS to develop relationships with other providers as a result of having additional staff capacity to dedicate to networking events and collaborations (from the CRF and IOF programmes) and other providers also having an impetus to work with them due to the Mobilising Local Systems programme. This was highlighted as being a factor in improving referral pathways and enabling more system-wide working.

"The regional board's been really important for us... It means that we've been able to share the work and been invited to other events... it's levelled the playing field for everyone. All the providers are working together. We all know each other well. We all signpost each other." Staff interviewee

Yellow Scarf

About the organisation

Yellow Scarf is a charity that provides mental health and addiction support to individuals from Eastern European backgrounds living in Worcester, Evesham, and surrounding areas. The charity was founded to address a gap in statutory services, specifically the lack of mental health support that is culturally appropriate and linguistically inclusive for people from Eastern European communities. It delivers one-to-one counselling, group therapy, and peer support in clients' native languages, including Polish, Russian, Ukrainian, and Romanian.

“There are no other places like us, where people can just come in and receive professional treatment in the language they speak and feel in.” Staff interviewee

The organisation is a well-known presence within the community thanks to its fundraising events and strategic partnerships with local churches, community centres, and the Polish Consulate. This grassroots presence is enhanced by a referral partnership with an immigration advisor and a social worker at the local council.

What is the project?

Yellow Scarf received a total of £150,000 over three years from the CRF. It received additional funding from GambleAware through the Improving Outcomes Fund. The project included activities related to prevention (through community engagement, education and awareness raising), and recovery (with group and individual therapeutic support). It engaged these communities and raised awareness of its activities through local volunteers and interpreters, local advertising, and word of mouth. Its activities were delivered by staff and volunteers who are accredited counsellors, peer mentors and facilitators. Their staff receive clinical supervision, and all facilitators and peer mentors receive bespoke training.

How did the project evolve over the funded period?

The initial 12-month funding enabled Yellow Scarf to expand its existing, trauma-informed multi-lingual mental health support to provide specific provisions for people experiencing gambling harms. With longer-term funding, the organisation recruited and trained additional facilitators (in particular to increase support available in Ukrainian, to respond to the growing Ukrainian refugee population); developed its infrastructure to respond to a growing demand for online support; increased its online marketing to reduce the reliance on word of mouth referrals; and further developed its model of support to engage younger audiences with prevention-focused activities and to integrate family support, community engagement and financial education.

Project activities and reach

The project included both in-person and online sessions. Its target audiences were people from Eastern European communities in Worcestershire, specifically individuals from the Polish,

Romanian and Ukrainian communities. In total the organisation reported reaching over 1,000 people through the project, with particularly good engagement among migrant men.

Activity	What this means for this project	Total reach
Prevention: Awareness raising and outreach to people at risk of gambling harms	Workshops for young people on cryptocurrency, budgeting, employment, benefits advice.	326
Prevention: Awareness raising and outreach to people at risk of gambling harms	Walk and talk groups for young migrants (resilience building and community connection).	120
Early intervention/treatment: Direct support for people experiencing gambling harms	One-to-one counselling and structured group therapy for people experiencing gambling harms	284 people
Early intervention: Direct support for people experiencing gambling harms	Facilitated group support for partners, family members and friends of people experiencing gambling harm	412
Internal capability building	Accredited training for facilitators	8

Outcomes

1. Individuals

The organisation collected information on participation and outcomes through registration data, participant feedback, and facilitator and supervision notes. It used the CORE-10 measurement tool for assessing mental health outcomes. The organisation reported an 80% recovery rate, based on CORE-10 assessment. Participant outcomes included improved mood, motivation and resilience, and reduced stigma and isolation.

The project reported that the demand for gambling harms support was higher than anticipated, suggesting it addressed an unmet need for mental health support within Eastern European communities. It stated that many of its participants reported either no access to previous support or finding English-only services as alienating or unhelpful. It also cited that some participants transitioned to becoming facilitators of peer-led activities, highlighting their recovery progress and engagement enabled through the support they received.

2. Staff and volunteers

The organisation expanded the number of trained facilitators and peer mentors as a result of the funding, providing qualifications and employment opportunities to members of the community, and creating the potential for peer-led support to continue beyond project funding. Staff and volunteers reported feeling more confident and equipped to support those experiencing gambling harms; in particular, staff interviewees highlighted that the project fostered a more nuanced understanding of gambling harms. This was enabled by integrating gambling harms within their internal system of continuous professional development, which included attending external gambling harms training, twice-monthly clinical supervision, and team-building activities. This was highlighted by staff as being particularly important to prevent burnout in what they described as being at times “a hard and lonely job.”

“Being able to recognise people that might be subject to gambling harms. Because it's a very quiet addiction. You don't really see it immediately. I appreciate the skills I was given that allow me to work with others without causing them any further harm. The most important thing in the skill set is being empathetic, a non-judgmental approach, and the ability to focus on recovery and on support.”

Volunteer interviewee

3. The organisation

GambleAware funding significantly increased the charity's income, which enabled organisational growth.²³ This enabled the organisation to develop new prevention and community-based wellbeing activities and expand its reach to younger people and families. It enabled the organisation to develop partnerships with other local voluntary services to offer practical support to people alongside its therapeutic services. Through GambleAware, it also developed a partnership with the national service, BetBlocker, to provide information in Polish.

The growth of online delivery meant the organisation was looking to adjust its delivery model to provide online support outside its local area, potentially opening up new funding opportunities and accessible mental health support for transient migrant populations. However, at the time of writing the charity has not successfully diversified its funding sources through new grants or contracts. This will likely result in a reduction of the charity's services from March 2026, and a mixed payment model for its services in the future.

²³ Its gross income in 2021 was £67.64k. In 2024 it was £220.31k (https://register-of-charities.charitycommission.gov.uk/en/charity-search/-/charity-details/5153245/financial-history?_uk_gov_ccew_onereg_charitydetails_web_portlet_CharityDetailsPortlet_organisationNumber=5153245)

Learning

1. Culturally and linguistically appropriate support. Providing services in people's native languages makes accessing support more accessible. It removes some of the challenges of communicating complex emotions related to trauma and addiction that present when speaking a second language and enables professionals to better understand the specific nuances of people's experiences of gambling harms, mental health issues and trauma that could be lost when translated.

Engaging people in their native languages is also important for awareness raising. Staff interviewees highlighted the lack of awareness people in their communities had about what gambling harms were, and this being an important issue to overcome to make sure people were more aware of risks that they or their families were exposed to.

"Loads of people, they think gambling is in casinos... I think these days you've got loads of possibilities to gamble. And some people just don't understand what's gambling, [and] what's not". Staff interviewee

2. Stigma affects the type of support needed. Gambling harms was described by interviewees as a particularly hidden addiction. They reflected that stigma stops people accessing support, meaning individuals often present later when they are in crisis, for example debt, family breakdown, or employment issues. This makes early intervention support harder to deliver. Project staff experiences suggested that the type of support needed would then be more complex than early intervention support for other addictions.

"Stigma actually blocks the beneficiary themselves from approaching and asking for help. So, this is a big problem because they don't reach out in the early stages, but as they try to self-manage and the problem grows within them, then it's becoming more and more of a crisis before they actually reach out." Staff interviewee

3. Interventions enable people to develop social connections. The project's approach was guided by its philosophy that "addiction is the opposite of connection". It found that its group therapy model and additional group and community-based activities helped maintain motivation and increased participants' social networks. This model gave people an opportunity to connect with others, countering the isolating experience of gambling harms. Learning from the project highlights how recovery from harms is not just about stopping a behaviour, but about rebuilding belonging, helping people to feel understood, supported, and connected.

"We actually have this motto, that I'm such a fan of, that essentially addiction is the opposite of connection. So when you have people that are using addictions as coping mechanisms, you need to introduce them again so that they can connect to others and be a part of something bigger." Staff interviewee

4. Integrating practical and psychological support to enable recovery. Yellow Scarf adapted its mental health support to better suit the needs of people experiencing gambling harms by

expanding its education and wellbeing activities and partnering with other local charities to provide social support through housing, employment and welfare advice. This allowed the organisation to support people with interconnected issues like poverty and immigration status.

Staff interviewees described how they learned that awareness-raising on its own is unlikely to be effective, without also empowering people with financial management skills and tools for mental health resilience and behaviour change and providing opportunities to develop social connections and build their local networks. The organisation reported that providing the complementary offer of professional and peer-led therapy, wellbeing and education was a more effective, responsive model to improve participation and recovery outcomes.

5. Expanding support for affected others. The organisation increased its services to develop separate support groups for families. It recognised the importance of creating a safe space to enable affected others to process their own trauma and learn how to support their loved one's recovery. Facilitators recognised this as important for sustaining recovery beyond their interventions.

“If you're destroying something for, let's say, five years, you're not going to rebuild that in a week. So, you build trust and you give them the trust. But what about their families? What do you do to go beyond the individual?” Staff interviewee

6. Barriers to onward referral. While the organisation recognised there was value in its non-clinical, community-based approach, the organisation reported persistent barriers in engaging with local authority and NHS organisations. As a result, they did not have referral pathways established with local statutory services, potentially limiting smooth transitions to onward support and specialist support services. Staff interviewees reflected that this created a challenge for the facilitators to end their support for people, or for people to have the choice of recovery support.

7. The importance of on-going training and supervision for staff and volunteers. The organisation's structured supervision, team meetings and training programmes for staff, and growing the pipeline of peer-led volunteers was considered important for sustainability and staff and volunteer wellbeing. This recognised that the facilitator role could be challenging at times, and it was critical that they felt supported to process the complex cases they handle.

The organisation's experience suggest that on-going training and professional development rather than one-off training is needed to create opportunities for staff and volunteers to maintain and continuously evolve their practice. The combination of internal training and development being offered alongside externally available training (such as Beacon Counselling Trust's 'Bet You Can Help' training) was highlighted as particularly useful by staff interviewees for providing a comprehensive understanding of the issue.

Appendix E: Implications and recommendations from years one and two, based on emerging evaluation findings

This section summarises the findings reported in the evaluation reports at the end of year one and two which influenced the development of GambleAware's innovation portfolio.

Commissioning for sustainable and effective projects

- Provide long-term funding: Move away from short-term funding cycles which cause staff turnover and hinder relationship-building. Long-term funding allows for dedicated staff time and continuity. (Year 2)
- A funding model to shift from siloed to collaborative work: Interventions addressing gambling harms should be funded within other health, wellbeing, and social support programmes to promote a holistic approach. (Year 1). Action is needed at local, regional, and national levels to align initiatives and integrate services, creating a comprehensive support system. (Year 2)
- Shift to localised commissioning: Move away from 'top-down' national funding decisions towards regional and local system-based commissioning to empower local partnerships. (Year 1)
- Fund foundational and scoping work: Provide funding for the initial stages of projects, allowing organisations to test assumptions, build collaborations, and leverage existing community assets. (Year 1)
- Prepare for the change of commissioner: Funded organisations should be encouraged to familiarise themselves with new funders and commissioners to better tailor future applications. (Year 2)
- Continue to address stigma: The funder should maintain a strategic focus on addressing the stigma around talking about gambling and the lack of awareness of its harms. (Year 1)

A collaborative and integrated system

- Integrate gambling harms holistically: Interventions are more effective when woven into an organisation's existing services, rather than being singled out as a standalone issue. (Year 1)
- Expand existing services: Organisations should be encouraged to expand their current services to include gambling harms, rather than creating new, gambling-specific initiatives. (Year 1)
- Build on existing relationships: Organisations should align with other projects and providers that already have established 'touch-points' with local communities. (Year 1)
- Bridge local and national efforts: Connect grassroots insights and local work with larger national campaigns to drive system-level change. (Year 2)

- Address barriers to information-sharing: A coordinated, strategic effort is needed to resolve incompatible infrastructure for information sharing and referrals that hinders collaboration. (Year 2)

Inclusive and culturally sensitive service delivery

- Building trust with marginalised communities: Trust can be built through culturally and linguistically tailored interventions and by including people with lived experience. Embedding culturally sensitive approaches (in prevention, treatment and recovery services) ensure services meet diverse needs effectively (Year 2)
- Use trusted messengers: Involving people from the local community and lived-experience ambassadors as part of existing outreach and support activities can help to build trust and challenge assumptions about gambling harms. (Year 1)
- Maintain a broad focus: Services should support a wide range of people, including affected others (family and friends), and avoid narrow definitions of who can access support. (Year 2)
- Understand the local landscape: Organisations must take time to understand the specific prevalence and impact of gambling harms in their community, involving other local groups and people with lived experience in this process. (Year 1)

Design considerations for community-based organisations

- Plan for long-term integration: Organisations should plan to embed gambling harms awareness and support into their core services beyond the life of specific project funding. (Year 2)
- Develop internal capability: Provide a range of training and resources to staff and volunteers to build their understanding, awareness, and confidence in addressing gambling harms. (Year 1)
- Allocate resources strategically: Organisations should capitalise on their strengths and avoid spreading limited resources too thinly across too many activities. (Year 2)
- Use screening tools: Incorporating screening questions (like the PGSI) into standard assessments can help sustain focus on the issue consistently and without significant additional resources. (Year 2)
- Maintain an iterative and adaptable approach: Projects must remain flexible and agile to respond to the evolving needs of service users as they are uncovered. (Year 2)
- Plan the user's journey through your support: It is important to consider and plan for the onward referral or exit point for individuals receiving support. (Year 1)

Data, evaluation, and learning

- Explore long-term evaluation approaches: Evaluation methods must recognise that system change takes time and should consider meaningful shorter-term outcomes, especially when traditional data (like PGSI scores) is hard to collect. (Year 2)

- Proportionate data collection: Data collection should be meaningful, integrated into existing services to avoid unnecessary burden, and designed to be recorded accurately. (Year 2)
- Data infrastructure: The funder should provide funding and guidance to help organisations improve their infrastructure for data collection and holistic outcome measurement. (Year 1)
- Factor in the time for monitoring, evaluation and learning support and capability building: The capacity and budget needed for organisations to engage in monitoring, evaluation, and learning support and peer learning should be factored into project contracts from the start. (Year 1)
- Foster networking and peer communications: Hold in-person meetings and provide a shared communication channel to help funded organisations connect and support each other. (Year 1)
- Provide ongoing, flexible monitoring, evaluation, and learning support: Regular monitoring, evaluation, and learning capability-building 'drop-in' sessions to give grantees ad-hoc support throughout their programme. (Year 1)

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ISO 9001

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Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet. This is a government-backed, key deliverable of the UK's National Cyber Security Programme. Ipsos UK was assessed and validated for certification in 2016.



Fair Data

Ipsos UK is signed up as a "Fair Data" company by agreeing to adhere to twelve core principles. The principles support and complement other standards such as ISOs, and the requirements of data protection legislation.

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About Ipsos Public Affairs

Ipsos Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.