



# **Evaluation of the Gambling Support Service, England & Wales (GSSE&W)**

## **Final Evaluation Report**

May 2021

Kantar Public

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# Executive summary

## Background

Gambling harm is a serious public health issue that can have adverse effects on the finances, relationships, and wellbeing of those affected. In line with their mission to take a public health approach to commissioning prevention and treatment services for gambling harm, **GambleAware commissioned Citizens Advice England and Wales (CA E&W) to run the Gambling Support Service, England and Wales (GSSE&W).**

The programme, delivered by local Citizens Advice offices (LCAs) in 12 regions across England and Wales between October 2018 and March 2021<sup>1</sup> aimed to:

- **promote a public health approach** to the identification and treatment of gambling harm
- **increase awareness of gambling harm and available support** among frontline service providers and vulnerable individuals
- **develop stronger evidence** about the prevalence of gambling harms.

The programme comprised **three main activity strands**: face-to-face and online training to CA advisers and other frontline professionals; attendance at local and national events; and support for clients, involving screening, advice, and referrals for specialist treatment.

GambleAware commissioned Kantar Public to conduct a process and impact evaluation to capture outcomes from GSSE&W and identify lessons to inform development of the programme and future iterations.

## Process evaluation findings

CA is a network of LCAs, which are independent organisations. Each LCA operated independently from other offices in the 12 delivery regions that were established by GSSE&W.

12 dedicated Project Workers led delivery of the programme, with one assigned to each region. While supported by CEOs and a management structure, **Project Workers were responsible for delivery in their region.** They were committed to the objectives of the programme and activities undertaken aligned with the three activity strands. However, the **breadth of their responsibilities was significant and there was variation in how different Project Workers viewed their role and the aspects they prioritised** considering capacity constraints. A summary of delivery activities for each of the strands is included below:

Training	Events	Client support
Online and face-to-face training was delivered to relevant teams within LCAs and external organisations according to programme plans	Presentations delivered in a range of public spaces (e.g. shopping centres and libraries) and institutions (e.g. universities, colleges, and prisons).	Screening for gambling harm was implemented in 12 participating LCAs, but there was no evidence of it happening in other LCAs.
Activities carried out by Project Workers included identifying and contacting potential training beneficiaries, tailoring materials, delivering sessions, and collecting feedback from attendees.	Contributions made to local and community meetings, team meetings in private organisations and public health forums. Forming relationships with stakeholders was fundamental to facilitate this.	Screening initially delivered as a questionnaire to be filled in before appointments. Due to COVID-19 advisers conducted over the phone, introducing and phrasing questions with varying degrees of flexibility.
CA beneficiaries included generalist advisers; debt, benefits, and consumer issues case workers; and supervisors.	While some LCAs relied on existing networks, others highlighted the importance of early stakeholder mapping and snowballing contacts.	Project Workers established a clear referral pathway and advisers signposted clients who screened positive to support.

<sup>1</sup> A short extension until May 2021 was agreed to account for an underspend across the project.

External organisations included education institutions; community and voluntary organisations; local authorities; military and 'blue light' services; and private organisations

Moving to online sessions due to COVID-19 facilitated reach but created issues adapting and scheduling sessions, as well as ensuring feedback collection.

COVID-19 caused a plateau in delivery as face-to-face events paused, but created opportunities for Project Workers to engage stakeholders through other awareness raising activities (e.g. social media posts, newsletters and podcasts).

Key challenges embedding screening included: advisers' time and capacity constraints, their perception that it would be inappropriate, reluctance to respond on the part of clients.

Many clients interviewed were screened during an existing CA appointment and had positive experiences of the screening and referral process.

### **Facilitators of programme delivery that contributed to successful GSSE&W implementation**

- The suitability of CA E&W to deliver GSSE&W – stakeholders (i.e. those involved in delivery, CA staff and programme beneficiaries) felt CA E&W's expertise in providing client support for sensitive issues along with their respected role in the community allowed them to uncover and support clients at risk of or experiencing gambling harms.
- Alignment of delivery strands with Project Workers' professional skillsets – Project Workers often had expertise in training and first-hand experience of delivering client support, which was crucial given the siloed nature of the role.
- Project Workers' personal demeanour and passion – the programme sought to address a sensitive public health issue and stakeholders (both training beneficiaries and clients) considered the way Project Workers engaged with them to be meaningful and effective.
- Efforts to normalise client screening and perceived uncomfortable conversations about gambling harm – the stigma associated with gambling harm presented a barrier to some clients accessing support, so breaking this down through training was beneficial to overcome concerns and embed screening.
- Ongoing buy-in from LCAs' senior leadership – this facilitated staff training attendance, promoted screening, and ensured lessons that could aid the programme's sustainability were actioned.

### **Barriers to GSSE&W successfully achieving its intended outcomes**

- The broad remit of the Project Worker role, which resulted in capacity challenges and inconsistencies in the way different Project Workers interpreted, prioritised and carried out activities.
- The vast region across which to engage stakeholders, as Project Workers were not as knowledgeable about the needs of training beneficiaries and contextual issues outside their locality.
- Securing buy in from other LCAs in the region, particularly for training and screening activities, who did not wish to engage with or prioritise GSSE&W delivery.
- Embedding screening as a regular advice practice to overcome concerns and resistance from both staff and clients.
- Difficulties interpreting the programme's Key Performance Indicators (KPIs) and challenges with consistently recording data to evidence outcomes.

### **Opportunities to improve delivery and achievement of outcomes**

- Clarifying the remit of Project Workers and considering the scope for additional support to deliver the three activity strands.
- Promoting regional buy in and engagement through National CA and / or GambleAware to encourage networking and positive interactions from other LCAs and external organisations.
- Further embedding screening practices consistently across regions by showcasing positive client outcomes, addressing frontline staff concerns during training sessions and ad hoc support, and considering possibilities for greater flexibility in the use of the screening tool.

- Continuing to promote the programme in the community through different channels to further raise awareness of the support available and increase its likely reach.

### Impact evaluation findings

There was overwhelming support for GSSE&W from those involved in delivery, CA staff and external stakeholders, who viewed it as valuable and needed. Evidence gathered through the research provided **positive indication of the programme's effectiveness in increasing awareness and understanding of gambling harm** in delivery regions and **improving knowledge of support available** within the community.

#### Early outcomes of the programme

- Training, awareness raising activities and screening clients resulted in increased awareness of gambling harm among training beneficiaries, event participants and screened clients.
- Training led to improved knowledge of how to initiate conversations about gambling harms, recognise gambling harms, and signpost clients to support among training beneficiaries.
- Engaging with external organisations interested in tackling gambling harm led to the formation of relationships and plans to further develop partnerships in the future. In a few cases, external organisations requested further training or implemented their own diagnostic tool based on the screening questions, providing evidence of impact extending beyond CA.
- In LCAs where screening was carried out and practised consistently, training fostered confidence among frontline staff to screen clients and provide support to those at risk of or suffering from gambling harm.
- There was evidence of positive outcomes for clients and affected others<sup>2</sup> interviewed, who explained that Project Workers provided an open, non-judgemental, and empowering space to discuss gambling harm, clear tools to limit and stay in control of gambling, and access to further specialist support through partners.
- Recording screening results led to the collation of data about gambling harm among CA clients and contributed to starting to build an understanding of gambling harm in the locality.
- Some stakeholders felt the programme had started facilitating a wider discussion about gambling harms, contributing to reframing it as a public health issue.

While LCAs started putting processes in place to achieve intended programme outcomes, there was recognition that more time and work was needed to realise them fully and consistently. This evaluation therefore identified a **need to ensure sustainability of programme outcomes**, particularly as both those involved in delivery and stakeholders felt that a deeper mindset shift across regions was needed to tackle the perceived stigma associated with gambling harm. Senior leaders of the LCAs expressed a commitment to continuing to prioritise tackling gambling harm, providing a positive indicator for buy-in to achieve sustainable outcomes and potential future impact.

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<sup>2</sup> 'Affected others' are defined as individuals who are negatively affected by another's gambling behaviour.

# 1. Introduction

## 1.1 The Gambling Support Service, England & Wales (GSSE&W)

Almost half (47%) of adults in Great Britain take part in some form of gambling<sup>3</sup> and statistics from 2018 estimated that 0.5% of adults in England were exhibiting signs of problem gambling.<sup>4</sup> For those affected by it, gambling harm can bring about financial problems, disruption or destruction of family and intimate relationships, and physical ill-health.<sup>5</sup> GambleAware, the independent grant-making charity, regard these gambling harms as matters of health and wellbeing and therefore take a public health approach<sup>6</sup> to commissioning prevention and treatment services as part of their overall strategy.<sup>7</sup>

Staff in frontline roles who interact with the public are ideally placed to spot gambling harms, however they are not consistently aware of the issue or equipped with the skills to address it. Guided by a public health model, GambleAware commissioned the Gambling Support Service for England and Wales (GSSE&W). The GSSE&W programme was delivered by Citizens Advice from October 2018, following a successful pilot in Newport, Wales, between 2016 and 2018. The programme was commissioned for two years, initially expected to conclude on 31 December 2020. However, to consider findings from the evaluation of the programme in future commissioning decisions, the grant period was extended by three months and ended in March 2021. The total project funding was £1.5 million.

The GSSE&W aimed to:

- promote a public health approach to the identification and treatment of gambling harms
- increase awareness of gambling harms and harm prevention services amongst frontline service providers and vulnerable individuals
- develop a stronger evidence base about the prevalence of gambling harms.

Key programme activities included face-to-face and online training to Citizens Advice advisers and other frontline professionals to increase their understanding of gambling harms and awareness of support available; attendance at local and national events, providing information about gambling risks and harms, how to recognise problem gambling and how to access support; and support for clients, involving screening, interventions and referrals for specialist support or treatment.

The programme established twelve regional hubs across England and Wales within the Citizens Advice network and relied on twelve dedicated Project Workers based in Local Citizens Advice offices (LCAs) to deliver the programme across each region. An overview of the regions and corresponding offices is included below [Figure 1].

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<sup>3</sup> [Gambling participation in 2019: behaviour, awareness and attitudes. Annual report. 2020.](#)

<sup>4</sup> [Health survey for England 2018. 2019.](#)

<sup>5</sup> [House of Lords Library Briefing, Gambling-related Harm. 2019.](#)

<sup>6</sup> The public health approach is based on three levels of prevention: primary – universal promotion of a safer environment; secondary – selective intervention for those who may be ‘at risk’; and, tertiary – support for those directly or indirectly affected by gambling disorder.

<sup>7</sup> [GambleAware Organisational Strategy 2021-2026. 2021.](#)

**Figure 1. GSSE&W regions and local Citizens Advice offices**

Region	Local Citizens Advice office
East England	Stevenage
East Midlands	Derbyshire & City
London	East End
North & Mid Wales	Denbighshire
North East	Gateshead
North West	Wirral
South & West Wales	Rhondda Cynon Taff
South East	Hampshire
South East	Ox-South Hants
South West	Dorset
West Midlands	Dudley
Yorkshire & the Humber	Calderdale

KPIs and KPI targets for the programme were set by GambleAware and monitored through quarterly progress reports and yearly internal evaluations.

## 1.2 Evaluation aims and objectives

GambleAware commissioned Kantar Public to conduct an independent process and impact evaluation to capture outcomes and learnings from GSSE&W delivery and to improve the programme for future iterations, including the commissioning of a similar programme through the constitutionally distinct organisation, Citizens Advice Scotland. The evaluation was conducted between July 2020 and April 2021.

The overall objective of the process and impact evaluation was to answer the question:

*To what extent does the GambleAware-funded GSSE&W programme, delivered by Citizens Advice, reduce gambling harms amongst clients in England and Wales through early intervention and prevention?*

The specific aims of the evaluation were to:

- Assess the effectiveness and early outcomes of the GSSE&W programme
- Identify lessons learnt and make clear recommendations for areas of service delivery improvement for GSSE&W.

The underlying evaluation research questions, alongside the data collection methods used to answer these questions can be found in [Section 2 – Research approach](#).

## 1.3 Structure of this report

This report presents findings from the process and final impact evaluation.

Section 3 presents process evaluation findings from each strand of the GSSE&W programme (training, events, and client support), exploring context to the twelve regions, activities undertaken as part of the project, and challenges and lessons learnt from delivery. Section 4 presents impact evaluation findings, where we discuss outcomes of the programme and present views and experiences of training beneficiaries, partner organisations and clients. Finally, Section 5 explores implications for the programme, including facilitators, challenges, and opportunities for implementation.

The appendices of this report include the updated programme logic model and further detail on the sample included.

## 2. Research approach

The evaluation was formed of three phases of research: scoping and evidence review, process and intermediate impact evaluation, and final impact evaluation [see Figure 2]. An iterative approach was taken to each of these phases, enabling sufficient flexibility.

**Figure 2: Evaluation method overview**



The underlying process and impact evaluation research questions are summarised below, alongside the data collection methods used to answer these questions.

Research questions	Source of data
<b>Process evaluation</b>	
1. What had to be achieved prior to the resources being made available?	<ul style="list-style-type: none"> <li>Scoping interviews with chief executives (CEOs)</li> <li>Regional case study interviews</li> </ul>
2. What has been achieved since the resources were rolled out?	<ul style="list-style-type: none"> <li>Scoping interviews with CEOs</li> <li>Secondary analysis of administrative data / MI survey</li> <li>Regional case study interviews</li> </ul>
3. What work was planned but not done? Why was this work not done?	<ul style="list-style-type: none"> <li>Scoping interviews with CEOs</li> <li>Secondary analysis of administrative data / MI survey</li> <li>Regional case study interviews</li> </ul>
4. What problems have been encountered in rollout of the intervention? How were these problems addressed (if at all)? If they were not addressed, why not?	<ul style="list-style-type: none"> <li>Scoping interviews with CEOs</li> <li>Secondary analysis of administrative data / MI survey</li> <li>Regional case study interviews</li> </ul>
5. What opportunities have been identified?	<ul style="list-style-type: none"> <li>Scoping interviews with CEOs</li> <li>Secondary analysis of administrative data / MI survey</li> <li>Regional case study interviews</li> <li>Impact reflection workshop with CEOs</li> </ul>

6. What are the implications or considerations for the remainder of the project as well as the extension of the Gambling Support Service to Scotland?	<ul style="list-style-type: none"> <li>• Scoping interviews with CEOs</li> <li>• Secondary analysis of administrative data / MI survey</li> <li>• Regional case study interviews</li> <li>• Client impact journeys</li> <li>• Impact reflection workshop with CEOs</li> </ul>
7. What helps/hinders successful delivery of the GSSE&W?	<ul style="list-style-type: none"> <li>• Scoping interviews with CEOs</li> <li>• Secondary analysis of administrative data / MI survey</li> <li>• Regional case study interviews</li> <li>• Client impact journeys</li> </ul>
8. What learnings about best practice can be applied across regions?	<ul style="list-style-type: none"> <li>• Scoping interviews with CEOs</li> <li>• Secondary analysis of administrative data / MI survey</li> <li>• Regional case study interviews</li> </ul>
9. What do delivery partners need to put in place to enable them to deliver the interventions?	<ul style="list-style-type: none"> <li>• Scoping interviews with CEOs</li> <li>• Secondary analysis of administrative data / MI survey</li> <li>• Regional case study interviews</li> </ul>
<b>Impact evaluation questions</b>	
10. Is the project expected to deliver its overall objectives and specific outcomes by its end?	<ul style="list-style-type: none"> <li>• Scoping interviews with regional CEOs</li> <li>• Secondary analysis of administrative data / MI survey</li> <li>• Regional case study interviews</li> <li>• Client impact journeys</li> <li>• Impact reflection workshop with CEOs</li> </ul>
11. What immediate and longer-term changes, resources, and/or adjustments need to be made in order to achieve the outcomes?	<ul style="list-style-type: none"> <li>• Regional case study interviews</li> <li>• Client impact journeys</li> <li>• Impact reflection workshop with CEOs</li> </ul>
12. Do any changes need to be made to the Theory of Change? If so, what are those changes?	<ul style="list-style-type: none"> <li>• Regional case study interviews</li> <li>• Client impact journeys</li> <li>• Impact reflection workshop with CEOs</li> </ul>
13. Were there any changes to the broader context which have had consequences for the delivery/impact of the initiatives?	<ul style="list-style-type: none"> <li>• Secondary analysis of administrative data / MI survey</li> <li>• Regional case study interviews</li> <li>• Client impact journeys</li> <li>• Impact reflection workshop with CEOs</li> </ul>

## 2.1 Phase 1: Scoping and evidence review

Overall, the scoping phase aimed to gather and review existing evidence through consultation with the main project stakeholders. It aimed to determine the GSSE&W programme Theory of Change, develop hypotheses for further exploration and inform the design of the later research materials. It also aimed to begin to answer the following research questions:

- What had to be achieved prior to the resources being made available?
- What has been achieved since the resources were rolled out?
- What work was planned but not done?
- Why was this work not done?
- What problems have been encountered in rollout of the intervention?

The scoping phase included three elements of research, which were presented to GambleAware via an online workshop in August 2020. The three elements of research included: logic model workshops, interviews with CEOs from LCAs, and a data feasibility review.

### Logic model workshops

To begin the evaluation, Kantar conducted two, two-hour workshops to review the existing programme logic model, including its assumptions, risks, and Theory of Change. Separate workshops were held for each set of stakeholders – the first workshop was held with GambleAware and the national Citizens Advice team. The second workshop was held with GSSE&W Project Workers.

Before attending the workshops, all participants were asked to complete a short pre-task. For the first workshop, participants were asked to complete a stakeholder mapping exercise. For the second workshop, project workers were asked to produce a diary of their daily activities and stakeholder interactions. These were instrumental in providing groundwork for the discussion that followed and informing the research team's understanding of GSSE&W key stakeholders, activities, and expected outcomes. In order to ensure that data was captured for all, those who could not attend the workshop were asked to provide a more detailed response. The workshops involved a series of questions about experiences of the GSSE&W programme and included breakout groups to discuss programme activities, outcomes, and mechanisms of change.

Based on insight from these workshops, Kantar updated the GSSE&W logic model, which itself informed the evidence review, scoping interviews and design of research materials for subsequent phases of the evaluation [see [Appendix A](#) and [Appendix B](#) for overview of programme logic model].

### **Interviews with CEOs from funded LCAs**

The second element of the scoping phase involved telephone interviews with CEOs or senior managers in of the LCAs delivering GSSE&W in each of the twelve regions established by the programme <sup>8</sup>. Each 30-minute telephone interview explored regional context, perceptions of programme delivery and high-level reflections on the programme.

The aims of this stage of the research were to:

- Gain a fuller understanding of region-specific context including what was achieved prior to the resources for the GSSE&W programme being available
- Gather top-level views and experiences of implementing the GSSE&W programme, including inputs, activities and challenges to delivery
- Understand the extent to which the project was expected to deliver its overall objectives and specific outcomes by its end in March 2021.

Interviews were steered by discussion guides developed by Kantar. These guides informed participants of the independent nature of Kantar, the purpose of the data collection, how information would be used and reported, and confirmed that all their views would not be attributed to any individuals in reporting.

The findings from the CEO interviews formed part of the overarching scoping phase findings as well as contributing to the decision regarding which four regions would take part in the next phase of the research as case studies.

### **Data feasibility review**

The third element of the scoping phase comprised a data feasibility review to assess the quality of existing data related to the programme and to map these against the evaluation framework and research questions.

GambleAware and National Citizens Advice shared monitoring information (MI) documents they had produced over the course of the programme so far. The documents included regular project progress reports and updates, the project guide and training tools used by project workers, and data collected by a survey administered at the end of the first year of delivery.

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<sup>8</sup> In cases where CEOs were unavailable to take part in the research, Kantar spoke to senior leaders from their organisation on their behalf

Kantar reviewed the MI data to improve our understanding of the programme and inform the other aspects of the scoping and evidence review. We used a framework to identify which data sources would help to answer each of the research questions. These included KPIs such as number of training sessions delivered; number of attendees in each training session; number of events attended; number of clients screened and referred to treatment partners. Kantar then identified any questions that could not be answered by the existing MI data that had been shared (e.g. the types of organisations Project Workers had delivered training to) to inform the design of the data collection tools we created as part of the Phase 2 activities.

## **2.2 Phase 2: Process and interim impact evaluation**

The second phase of the process and interim impact evaluation built on the findings from the scoping phase. It aimed to:

- Understand how GSSE&W was being delivered across the regions
- Identify lessons learnt to improve programme delivery in the future
- Map out evidence of early outcomes and impacts

There were two elements of research in this phase: regional case study research and collection and analysis of secondary data.

### **Qualitative case studies with four of the twelve regions delivering GSSE&W**

The qualitative case study research comprised of interviews with a variety of stakeholders across four regions involved in the GSSE&W programme. Criteria were developed to ensure a variety of regions took part and that findings reflected a range of experiences. Criteria included the following: location, organisation structure, levels of success in project delivery, and extent of collaboration with partner organisations.

Internal stakeholders included GSSE&W project workers and colleagues from their LCA. External stakeholders included people from organisations that had received GSSE&W training or who were working in partnership with Project Workers in the gambling space [for further detail on stakeholders that took part in this phase of the research, see [Appendix D](#)]. Each case study involved five to six telephone interviews lasting from 30 minutes to one hour.

Participants were recruited through the Project Worker for each region, who were asked to put forward a range of potential internal and external stakeholders, with a mix of exposure to and views on the programme, after gathering their consent to take part in the research. The project team aimed to ensure a spread of roles, level of involvement and experience in selecting them for recruitment. Collection and analysis of secondary monitoring and information management data

Kantar used three sources of secondary monitoring and management information during phase 2 of the research: quarterly and annual progress reports; an extract of data from the Citizens Advice case management database 'Casebook'; and a data collection tool designed by Kantar to collect additional MI.

### **Quarterly and annual progress reports**

These documents primarily reported aggregated data that was used by Citizens Advice to illustrate progress against project key performance indicators (KPIs) across all regions to GambleAware, quarterly and annually. KPIs included targets for: number of training sessions delivered; number of attendees in each training session; number of events attended; number of clients screened and referred to treatment partners. Where KPIs were introduced part-way through the programme, or were adjusted to account for changing circumstances, trends are not available for the full lifecycle of the project.

### **Citizens Advice Casebook extract**

A key element of GSSE&W was screening clients for gambling harms. The ideal process was that Citizens Advice clients would be asked whether they had gambled in a casino, bookmaker, online, at a sports venue, by buying scratch cards, visiting arcades or bingo halls, or other similar activities in the last 12 months. If they had participated in any of these activities, they were screened for gambling harm using the four question GAST-G screener.<sup>9</sup> Each response was given a score between zero and three. Clients scoring one or two were offered advice or local support by a staff member. If a client scored three or more, they were offered a referral to specialist support.

Citizens Advice started recording screening activity, outcomes, and further actions in Casebook in June 2020. They provided Kantar with an anonymised data extract of 3,257 cases from Casebook for clients screened for gambling harm between June and September 2020.

This data has been used to provide insights into screening behaviour across the regions and how well the process has been implemented.<sup>10</sup> However, as Casebook was not consistently completed for all clients, some assumptions were made in order to clean and analyse the data. Where data fields had been left blank, these were filled in if the appropriate response could reasonably be inferred from the completed fields. Any clients who did not appear to have been asked any of the screening questions were removed from the extract to ensure that analysis was based on those who had been screened for gambling harm.

### **Bespoke data collection tool**

Based on the findings of the data feasibility review and conversations with GambleAware and Citizens Advice staff, Kantar designed a data collection tool in Microsoft Excel requesting additional data from project workers. The survey focussed on the project KPIs and aimed to collect additional details, including the breakdown of internal and external events and the format of awareness-raising activities, which were not available as part of the standard monitoring tools.

Due to absences among some project workers, Citizens Advice were not able to provide all the additional data requested. In these cases, the national Citizens Advice office shared raw data from their standard monitoring which, where possible, Kantar used to complete the form.

As much of the additional data was missing for at least some months across most regions, we have not attempted to draw conclusions from this data across the whole project. Instead, we have used the additional data to feed into the case studies and strengthen findings.

## **2.3 Phase 3: Final impact evaluation**

The final phase of the evaluation enabled the team to consolidate knowledge of the programme's outcomes and impact and identify key lessons to inform recommendations for future programmes. It comprised two research stages: exploring and journey mapping GSSE&W clients' experiences of the programme; and a final impact reflection workshop with CEOs and senior managers from the funded LCAs.

### **Client impact journeys**

This stage included qualitative interviews exploring experiences and outcomes for three clients and two affected others<sup>11</sup> (i.e., individuals such as partners or family members who were affected by gambling

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<sup>9</sup> GAST-G questions. In the last 12 months, have you: 1. Bet more than you could really afford to lose? 2. Been criticised for your betting, or been told that you have a gambling problem? 3. Felt guilty about the way you gamble, or what happens when you gamble? 4. Been affected by someone else's gambling?

<sup>10</sup> Data from one region was not provided by national Citizens Advice as it was inconsistent with data provided by other regions. Therefore, it has not been included in the analysis.

<sup>11</sup> Inclusion of a greater number of clients in the research was desirable, however not feasible due to the limited sample of support recipients available and the smaller number among them who agreed to be contacted about the research. Furthermore, those actively in treatment at the time of fieldwork were excluded.

behaviours of someone close to them) who accessed the service since its inception. An initial 60-minute interview was carried out to understand clients and affected others background and experience of support, from initial touchpoints with Citizens Advice to referral to further services.

Initial interviews followed by a two-week online diary delving deeper into outcomes of support and day to day impact. For one of the respondents, who was digitally excluded, this was replaced by two 30-minute interviews over the course of the two diary weeks.

A final 20-minute closing interview was conducted to capture clients' and affected others' final reflections on the GSSE&W programme and the support received.

Participants for this stage were recruited through the Project Workers, who gained their consent to be contacted by Kantar for the purposes of the evaluation before their details were securely shared with the research team. Participants' ongoing consent was sought at each step of their involvement. Furthermore, the research excluded any clients who were in treatment at the time of fieldwork and only included clients who had completed treatment. This reduced the sample size available for participation.

### **Impact reflection workshop**

To close the evaluation, Kantar held a two-hour workshop with representatives (i.e., CEOs and senior managers) from 9 of the funded Citizens Advice office (12 were invited).

The session allowed the research team to gather strategic-level reflections on the programme's implementation, and outcomes from the funded LCAs' perspective. At the workshop, Kantar shared interim findings from the evaluation with attendees and led discussion to explore CEOs' and senior managers' views and regional experiences. Topics covered in the discussion included GSSE&W outcomes and achievements, barriers and facilitators to delivery, and lessons learnt to improve programme implementation via breakout groups.

A balanced judgement on progress towards GSSE&W objectives was achieved through contribution analysis. The Kantar research team triangulated data from different stakeholders and regions with the monitoring data alongside the logic model to understand the range of activities and outcomes enabled by the programme to date.

## **2.4 Limitations of the research**

Given the limited sample available for quantitative measures, this evaluation adopted a primarily qualitative approach to assess the effectiveness of GSSE&W to achieve intended outcomes. The evaluation draws conclusions based on indicative outcomes achieved across the regions. Despite limitations related to quantitative measurements, exploring respondents' experiences of GSSE&W qualitatively allowed the research team to uncover softer outcomes related to attitudes and social values, enabling assessment of programme's effectiveness by comparing different stakeholders' perspectives.

Caution should be taken when interpreting findings from the client impact journeys due to the small sample size. The primary research in this study with clients and affected others began to identify and explore variation across experiences. Further research with these audiences would be important to understand the generalisability of the findings.

The context in which the research took place should be considered when interpreting findings in this report. This evaluation found positive indication that the GSSE&W programme contributed to increased awareness and understanding of gambling harm as a public health issue. However, there are other wider influences (e.g., changes in gambling habits due to COVID-19 restrictions or changes in the wider gambling environment) that may have determined shifts in attitudes and behaviours of programme stakeholders and clients. This evaluation attempted to understand the interaction of these factors as much as possible though a theory-based approach, but a clear causal link cannot be attributed.

# 3. Process evaluation findings

## 3.1 Regional context and activity related to gambling harm prior to GSSE&W delivery

This section explores the context in which GSSE&W was set up including the understanding of gambling harm prior to the programme starting.

### Background to the GSSE&W LCAs

The size and structure of the LCAs delivering GSSE&W was varied. While some were set up as independent offices, others were formed of multiple offices under one organisational umbrella. In a few cases, LCAs were structured as a consortium of several offices.

It should be noted that the classification of Citizens Advice offices in England and Wales by geography into 12 'regions' was introduced by and for the programme. Regardless of set up, LCAs operated independently from other offices within their region as each Citizens Advice is a separate organisation. LCAs had little regular engagement with other offices and interactions were mostly limited to transferring clients between nearby offices.

*"I'd say that we interact [with other offices in the region] in a limited or an accidental sort of way."*

- Citizens Advice staff

Citizens Advice provide advice, guidance and direct support to clients accessing their services across a range of issues beyond gambling harms. Participants reported that there were three main areas that LCAs provided advice on: money issues, debt, and benefits, although other areas included employment, pensions, housing, consumer issues, food poverty and healthcare access. Variation existed in the incidence of specific issues depending on the demographics of the area served (e.g., isolation or digital exclusion was more prevalent in rural areas). Prior to the COVID-19 pandemic, advice and support were delivered primarily in-person and over the phone, although this transitioned to phone and, where relevant, online in line with social distancing restrictions. All hubs relied on a mix of paid frontline staff and volunteers.

*"Debt and benefits form the vast majority of what we see coming through."*

- Citizens Advice staff

Participants described LCAs taking part in a range of funded projects across their key areas of work, including support on claiming benefits, housing, domestic abuse, homelessness, financial scams, energy efficiency, active inclusion, pensions, and social prescribing. The proportion of work covered by funded projects varied across different offices.

### Understanding of gambling harm and provision of support before GSSE&W

Citizens Advice staff that took part in the research reflected on their level of understanding of what constitutes gambling harm and how to spot it before GSSE&W, and reported that it was low prior to the programme. While it was acknowledged that gambling could lead to harm, this tended to be associated with extreme cases, and there was limited understanding of how to identify individuals at risk of or suffering from gambling harm and the support available. This was also the case among staff in external organisations engaged by the programme.

*“Any awareness [of gambling harm] previously was almost non-existent, probably the same for most offices. I don’t think it was on the radar collectively.”*

*- Citizens Advice staff*

Before GSSE&W, little gambling-specific training had been delivered to staff at Citizens Advice or other external organisations, who had limited knowledge about the issue, aside from cases where it was a key focus for the organisation or stakeholders were exposed to it in their personal life. For example, a small number of LCAs had received training on gambling harms as part of the GSS Newport pilot.

*“In our organisation there was virtually no understanding of [problem] gambling at the start of the project.”*

*- LCA senior leadership*

Many reported being unsure of how to intervene if they were approached by a client affected by gambling harm and did not know about different types of support available. Some frontline workers felt that they would have been able to find out what support was available if they took time to do some research but did not feel that they knew about an obvious source to refer to. Some felt that support was completely missing in their local area.

*“As much as we were experienced advisers, we didn’t know about it [gambling] because we weren’t asking the right questions”*

*- LCA senior leadership*

Across regions explored in the case studies, prior to the programme, there was limited understanding of the prominence of gambling harm in their area. This was due to two main reasons: no data was being collected about individuals at risk or suffering from gambling harm prior to GSSE&W screening, and because of the independent nature of Citizens Advice offices, they did not have a clear picture of demographic information and issues affecting other localities. As is explored further in this section, a lack of baseline data on gambling harm sometimes made persuading stakeholders of the need for investing time and resources in the programme difficult for Project Workers. However, it also provided an opportunity for the programme to fill a relevant knowledge gap.

### **Applying for GSSE&W funding**

LCAs applied to national Citizens Advice for GSSE&W funding via a competitive tender process.

Interviews with CEOs and senior managers in phase one and case study research revealed that LCAs generally felt that GSSE&W would complement other existing projects well given the holistic nature of the Citizens Advice support offer. They felt that given the issues their service tackled, which included debt and money issues, and the complex interconnected relationships between them, a programme focussing on gambling harm could help to uncover and address a hidden issue they had anecdotal knowledge of. Some also drew parallels with other projects aimed at supporting clients with root causes of superficial harm or trouble such as domestic violence, which they felt put them in a good position to deliver GSSE&W support.

*“We’ve got a number of funded projects at the moment that I feel really closely match with the Gambling Support Service particularly because of Citizen Advice’s very general and holistic approach.”*

*- LCA senior leadership*

*“We know [gambling harm] is a problem with our client base, so [the programme] is a great fit.”*

*- LCA senior leadership*

Given this, LCAs felt that their participation in GSSE&W presented multiple potential benefits. From a strategic standpoint, they felt that application to receive GSSE&W funding highlighted their recognition of

gambling harm as an issue affecting their clients and a commitment to address it. They also saw it as an opportunity to influence policy and practice in the gambling space, build relationships with other organisations in the area, and lead on an issue that fitted well with Citizens Advice's service profile.

*“For me, strategically that is really positive. My vision is that in five years' time that we'll have 10 or so organisations in the [area] providing gambling support. There's more awareness now.”*

- LCA senior leadership

From an operational standpoint, the service was seen to respond to a demand for specialist gambling support services. Referrals related to problem gambling being made prior to GSSE&W were not always felt to be the most appropriate service (e.g., referring to mental health services) and participating in the programme provided an opportunity to deliver relevant interventions and make a difference in the local area by tackling the root cause of clients' issues – a key part of Citizens Advice's mission. They felt that empowering frontline staff to be able to talk about gambling to clients was an effective approach, enabling them to identify signs of gambling harm and refer them for support if needed.

*“I felt that it was a gap in the service that we needed to bridge.”*

- LCA senior leadership

However, those involved in GSSE&W delivery recognised that the programme did not provide Citizens Advice with the resources to deliver treatment, which was out of scope, only to direct clients to further support. Some felt that being able to offer full-service support would facilitate an even more holistic provision.

### **3.2 Understanding of GSSE&W objectives and activities**

#### **Role of the Project Worker**

Project Workers were generally very aware of, committed to and aligned with programme aims and objectives. They saw the key goals of the programme as raising awareness of gambling harms, enabling frontline staff to identify risk behaviours and provide advice, and raising awareness of support services available for gambling harm. Locally, they wanted to identify clients at risk of or suffering with gambling harms and to provide support to them.

While supported by senior leadership and a line management structure, Project Workers were effectively solely in charge of delivering key parts of the programme in their region. They took ownership of all elements of the three strands: training, awareness raising and events, and client support. Input from GambleAware and National Citizens Advice included information and training materials and a personal induction.

*“In terms of delivering the project it's just me. I market the service, I have engagement with the key stakeholders who are external, I organise and deliver the training and feedback, same with all of the awareness events.”*

- Project Worker

*“The role is so diverse, one minute you could be in a county delivering training the next you could be at a stand in a county across the region.”*

- Project Worker

This level of ownership was a challenge for Project Workers given the spread of areas within each region. Some reported expecting to receive a greater level of support upfront and have more regular contact with National Citizens Advice to counter the siloed nature of the role. They found interacting with other Project Workers to be valuable as they could share resources and prevent duplication of efforts in some instances.

*“In previous training projects I've been involved in, there's always been a team of trainers.”*

There was also some variation in the way individual Project Workers understood their role, which determined the different emphasis they put on specific activities. Project Workers came from different backgrounds (e.g., advice, training, marketing) and, in some cases, this influenced their focus. For instance, one of the Project Workers interviewed saw their role as primarily about training and concentrated their activities on this strand of work; another interpreted the objective to raise awareness of gambling harms more innovatively, delivering several GSSE&W training sessions supporting staff wellbeing by educating them about gambling harms, as opposed to solely focussing on frontline staff.

There were also different approaches to referrals from the service across LCAs, with some Project Workers adopting a more hands-on approach (for example, by making themselves available to frontline staff for referrals for all positive screens) as opposed to others who relied more heavily on advisers to handle client support (for example, working to empower frontline staff to provide advice to clients and refer them to further support independently).

These differences in approach were significant because they resulted in regional variation in delivery. On the one hand they meant that Project Workers could adapt programme delivery and 'play to their strengths' to achieve results, but on the other it could lead to some activities being considered less of a priority. As variations in how the role was carried out appeared to be a consequence of the breadth of the role and autonomy of Project Workers, it could be balanced with a clearer job specification or support filling skill gaps.

### **Awareness and understanding of GSSE&W across Citizens Advice**

Engagement of and commitment from Citizens Advice frontline staff (such as paid and volunteer advisers and case workers), managers, and training officers were key to successful delivery of the programme. Project Workers carried out significant internal engagement, initially to promote its purpose and need within their office to get buy-in, and then to initiate training, awareness raising, and screening activities.

Citizens Advice staff, comprising senior management, Project Workers and training beneficiaries, generally understood the overall purpose of the programme, with established office relationships and training helping to promote awareness of the service amongst colleagues. Those taking part in case study interviews felt that it nicely complemented their offer of support, helping them to build their skills and ability to provide clients with support for relevant issues they may face.

*"[The programme] ties in well with everything we're doing."*

*- Citizens Advice staff*

*"It can provide [clients] with information to help themselves or provide them with more longer-term support [...] It links into the other areas of advice that we give."*

*- Citizens Advice staff*

However, while Project Workers attempted to branch out to other offices in the region, this constituted a significant challenge, as despite being a network of organisations under the same Citizens Advice umbrella, offices were independent organisations with different priorities [for more detail on these challenges, see [Section 3.3 – GSSE&W programme delivery](#)].

Additionally, because of the funding structure where offices delivered multiple externally funded projects, it was sometimes difficult for frontline staff to keep track of all projects and prioritise them. As a result, knowledge and commitment to individual GSSE&W activities varied. Furthermore, ownership of the programme was not always clear for stakeholders, for example it was reportedly referred to by some staff as the GambleAware project.

*“It can be a struggle raising awareness internally, particularly with a new project [...] I think our paid staff and volunteers can sometimes lose track of all the projects we have on the go and forget what they are actually there for.”*

*- LCA senior leadership*

*“I know that there is money put aside for some education around gambling harm awareness and that’s the bit that our service got involved with, that we got the training for.”*

*- Citizens Advice staff*

### **External organisations’ awareness and understanding of the programme**

External partners that engaged with the programme included professional service providers, public health bodies, universities, colleges, prisons, local councils, housing associations, treatment providers, and gambling harm specialists. Key sources of awareness about the programme included public health strategy meetings, community forums, dedicated health initiatives, word of mouth from those who already engaged with the programme, and direct communication from Project Workers (particularly if they were already a partner organisation).

Overall GSSE&W’s purpose was clear to external organisations who took part in the case study research, seen as beneficial and aligned with Citizens Advice’s support offer. They felt it was valuable in highlighting a public health approach to gambling and uncovering a “hidden” issue.

*“I think [GSSE&W] is a very sophisticated response to problem gambling that offers multiple ways for people to manage that effectively.”*

*- External organisation*

*“The figures that are being suggested are potentially the tip of the iceberg, because gambling is so hidden. There needs to be a lot more awareness.”*

*- External organisation*

### **3.3 GSSE&W programme delivery**

This section explores delivery of the three strands of the programme (i.e., training, events and awareness-raising, and client support) and highlights activities, challenges and lessons learnt for each.

As the programme started, the initial focus for Project Workers seemed to be internal awareness-raising and training for staff within their LCA to inform them about screening and client support. Following this, Project Workers generally reported moving onto building up connections to spread awareness externally, and schedule training sessions in the local area and wider region.

Some Project Workers described the way they approached their working week to cover delivery of the three strands, so activities for training, awareness-raising/events and screening were often carried out concurrently. Some activities, such as stakeholder engagement, could apply to multiple strands and Project Workers found that work carried out in one area could also facilitate opportunities in another. For instance, awareness raising activities could lead into training opportunities, and internal training was instrumental to be able to deliver screening and client support.

#### **Training strand**

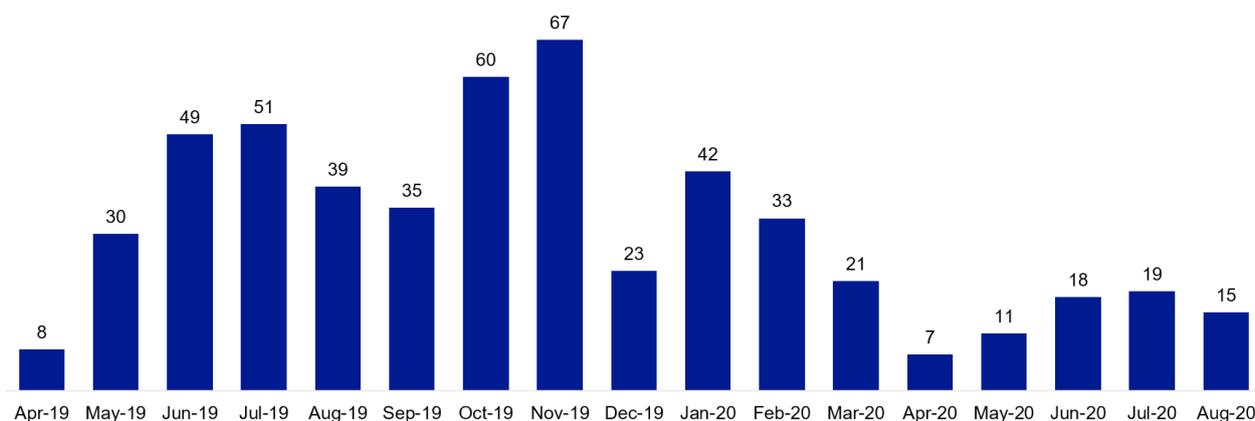
The training strand of GSSE&W included delivery of face-to-face and online sessions to relevant stakeholders (e.g., frontline staff) across their LCA and within external organisations.

According to responses collected through the bespoke data collection tool developed by the Kantar team, as of September 2020, Project Workers had delivered 528 training events [see Figure 3]. According to Project

Progress reports, as of December 2020, 712 training events have been delivered. Project Workers reported that 5,825 attendees participated in these training sessions [see Figure 4].

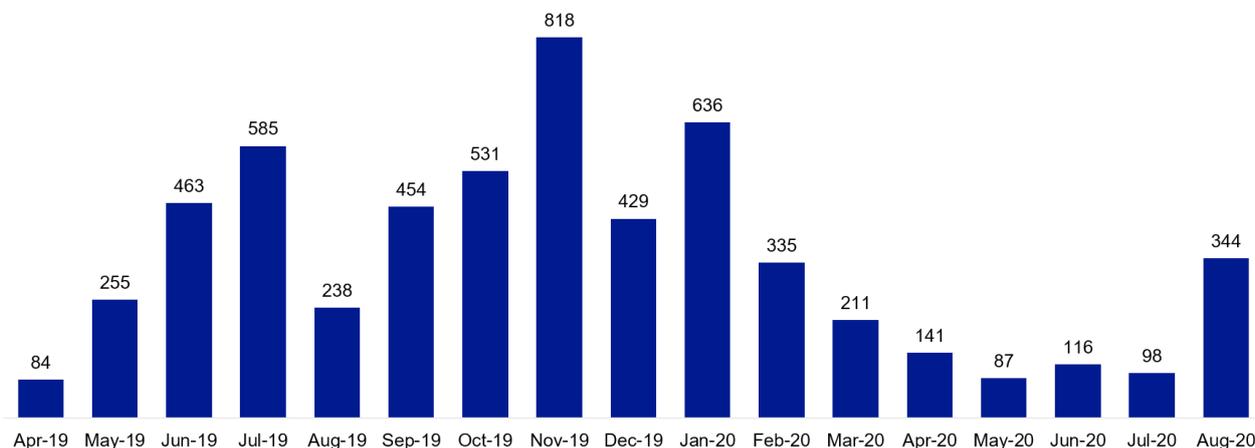
Although training delivery and session attendance appeared to be performing well between May 2019 and February 2020 providing an indication of LCAs being on track to deliver against the overall project targets, COVID-19 restrictions appeared to be at least partially responsible for a fall in the number of training events recorded by Project Workers. However, August 2020 showed an increase in the number of training attendees per session indicating that the move to online allowed for bigger groups so Project Workers could train more individuals at once.

**Figure 3. Number of training sessions by month**



Source: Citizens Advice – Bespoke data collection tool (September 2020)

**Figure 4. Number of training attendees by month**



Source: Citizens Advice – Bespoke data collection tool (September 2020)

### Training preparation and delivery

For Project Workers, delivering training involved several preparatory activities. Engaging potential beneficiaries and ‘selling’ the need for training was of critical importance for successful delivery of training both within Citizens Advice and external organisations. Arranging training sessions with both Citizens Advice and external stakeholders required effort to promote GSSE&W benefits and to guarantee attendance, which was generally a time-consuming negotiation process that could take weeks between making initial contact to

delivering the training. Some found this engagement easier to do internally as they could liaise with managers of frontline staff to achieve buy-in and ensure they had support to schedule the training. Identifying external organisations to offer training to often involved additional research as not all LCAs had consolidated lists of local stakeholders, particularly at the regional level; connecting with external organisations required Project Workers to familiarise themselves with the organisations they were approaching to check the relevance and tailor training if necessary.

*“You need to make the training bespoke. It needs to be relevant for that organisation, therefore doing your background research on that organisation prior to delivery is so crucial.”*

*- Project Worker*

*“The easiest people to sell to are people who perform a similar to service to Citizens Advice.”*

*- Project Worker*

There was a consensus among Project Workers interviewed that engaging other local Citizens Advice offices within their region (outside the LCA) could be challenging. Some of the LCAs were able to conduct training with teams at a few other offices, for instance by personally reaching out to training officers and explaining the need and benefits of the session. However, others, highlighted significant resistance and were not able to train Citizens Advice staff outside the offices affiliated with theirs.

*“Getting someone [from another office in the region] to do a training session is a salesman job. [...] Even though we are all Citizens Advice we’ve still got to find our way in. It’s not that straightforward.”*

*- Project Worker*

These difficulties presented a key barrier to the programme consistently delivering training across the regions and appeared to be due to several factors. Limited regular interaction with other offices meant that solid links and trust between offices were not established, leading Project Workers to have to spend time seeking relevant contacts to speak to the right person and tailor their approach as they would for other external organisations. This could bring further challenges, as Project Workers’ capacity constraints meant they did not always have time to follow up with those who did not immediately engage and where further negotiation was required. Additionally, in a few cases, it also seemed that offices were reluctant to commit resources to GSSE&W activities (i.e., training and screening) they didn’t see as integral to their service, especially as they hadn’t received funding for this particular programme.

Prior to the sessions, Project Workers tailored content and updated training materials to make them relevant for attendees. While all training sessions covered a set of core elements – such as the risks associated with gambling; gambling harm; signs of problem gambling; and the need for a way to identify those at risks or suffering from it – examples were adapted to be more relevant to the audience.

Training attendees viewed the tailoring that Project Workers did very positively, which seemed to foster trust among attendees; for instance, one attendee from an external organisation appreciated that the Project Worker spoke about gaming, described how in-game gambling could develop into addiction, and provided examples from the local area. This was felt to be more relevant and engaging for the younger audience attending the sessions.

*“He [the Project Worker] was able to talk about nightclubs and things in [the local area]... real life scenarios... and just really get on their [the audience’s] level [...] [The Project Worker] was so knowledgeable, so adaptable, so professional... the way he was able to connect was brilliant.”*

*- External organisation*

Specific training on how to use the screening tool, internal referral and support processes, and reporting cases were mostly delivered to Citizens Advice staff in funded LCAs, while other offices and external organisations often appeared to prioritise their core activities or previously arranged training. For instance, a Citizens Advice member of staff working in an LCA in one of the case study regions explained that they had chosen not to receive the client support element of the GSSE&W training because they had decided to prioritise competing training sessions on hate crime and dementia awareness. They felt that the significant, additional detail included on screening for gambling harm would be too much for frontline staff to take in at the time.

Sessions were delivered exclusively face-to-face prior to COVID-19 restrictions, however social distancing measures meant that all training had to be moved online. This presented a challenge for Project Workers, some of whom felt that the move from face-to-face training resulted in a drop in interest and effectiveness of training. However, Project Workers made changes to both the format and length of sessions (e.g., reducing timings, including comfort breaks, and introducing more regular moments of interaction and discussion with attendees) as they attempted to balance training requirements with their audiences' engagement needs. Project Workers had to practise a balance between interacting and presenting the right level of detail for virtual attendees to be able to engage, and one suggested that it was helpful to use a co-host to address any technical issues among attendees and avoid wider disruption to the session. However, it should be noted that technical and moderation support required extra resource, unless Project Workers were able to engage meeting organisers or attendees for this role.

*"I was a fairly strong host when it was virtual because my take in terms of what people can absorb in a virtual environment is quite different to what they can absorb in person and I encouraged [Project Worker] to make them shorter sessions and come back after a tea break with questions."*

*- External organisation*

While shifting sessions to an online format presented challenges, some Project Workers also noted that it resulted in a reduction in the time they spent travelling, which was previously significant. Online training delivery therefore enabled them to free up time for other GSSE&W activities and reach farther locations more easily.

### **Training beneficiaries**

Training was delivered to a range of organisations and staff within them.

**Internal Citizens Advice beneficiaries** included generalist advisers (paid and volunteers); case workers specialising in debt, benefits, welfare, and consumer issues; community support workers' managers; advice supervisors; and training officers. This was mostly in funded LCAs, where Project Workers could weave in GSSE&W training to other mandatory sessions completed by advisers and involve managers to facilitate scheduling. For instance, it was explained that all Citizens Advice advisers have to undergo regular benefits training to make sure they are up to date with latest policy. Mandatory training is also scheduled as part of new members of staff's induction. Project Workers integrated GSSE&W training into these sessions.

In general, engagement with the training did not differ dependent on role, but some Project Workers mentioned that organising training for volunteers could sometimes be difficult as they tended to be in the office less than paid staff. It could also be difficult to guarantee their involvement, as some Project Workers mentioned that their volunteer role meant they were more independent and could decide not to take part.

Some also delivered training in other offices across their region, although the extent of this engagement varied.

**External beneficiaries** included colleges; universities; community and voluntary organisations; local authorities; military and 'blue light' services (e.g., police and fire services) personnel; individuals suffering from addictions; and private organisations. Within these, a range of teams attended training, including public

health teams for strategic partnerships, frontline staff for client engagement, and employees in private organisations for their own wellbeing.

The approach to choosing which types of organisation to engage in training and the focus of internal or external engagement varied across offices. There was a sense that while significant thinking went into the mapping and selection of organisations that may benefit from training, there often was not a structured or systematic strategy in place across regions. For instance, one of the Project Workers interviewed described how after engaging their own office they had focused on conducting training with external organisations within their local area first before collecting and reaching out to other Citizens Advice offices in their region and external contacts in the wider region; they decided to concentrate on their locality first before casting the net wider.

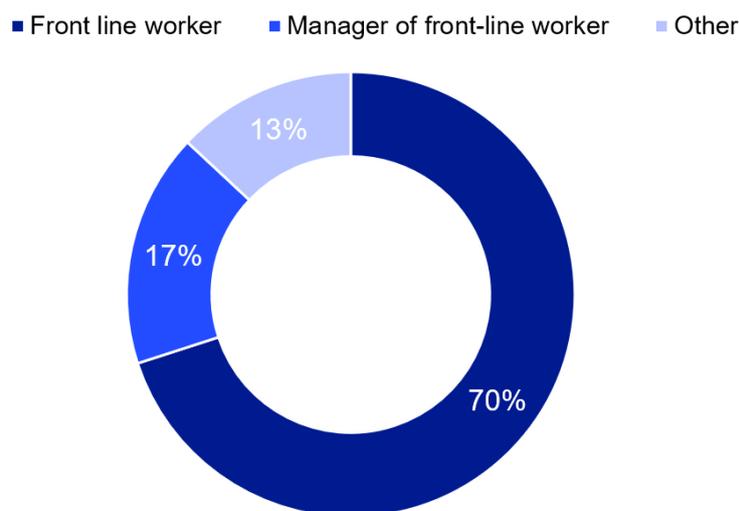
In terms of engagement approach, some Project Workers preferred a “cold” marketing approach reaching out to all relevant organisations they were aware of and could find information about. Others preferred to spend time developing relationships with them and adopted a more tailored approach. Some Project Workers were supported by existing lists of contacts and networks, and they found snowballing contacts to be particularly helpful. Others relied more heavily on desk research of organisations providing similar services to CA (e.g. charities supporting the public on issues that may be linked to gambling harm) and those whose staff may come in contact with individuals at risk or suffering from gambling. They also often relied on interest gathered through awareness-raising activities.

*“At the beginning of the project we had an index or register which outlines all voluntary organisation in the local area. We mapped organisations we thought training would be relevant for and we simply reached out to them. Whether that was in email correspondence or a phone call.”*

*- Project Worker*

The diverse composition of training recipients was confirmed by monitoring data, showing that frontline staff made up 70% of trainees in the first year of the GSSE&W programme, followed by managers and other members of the organisation [see Figure 5]. ‘Frontline staff’ included those from external organisations and comprised those who had day-to-day contact with clients. Subsequent data from the quarterly progress reports showed that the KPI for frontline worker training was met overall by December 2020, with 92% of recipients classifying as frontline workers.

**Figure 5. Percentage of trainees who were frontline workers**



Source: Year 1 Evaluation Survey Results, February 2020 (119 responses)

## Post-training activities

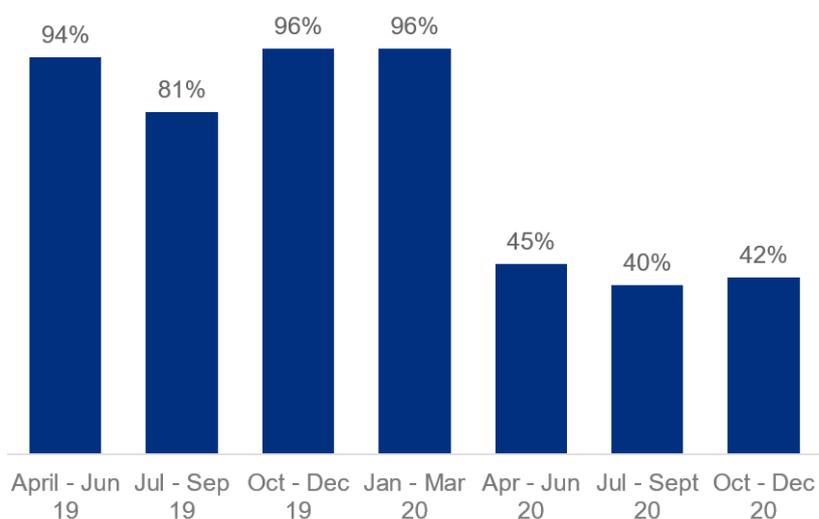
After the sessions, Project Workers collated feedback from training recipients and shared resources and contacts for referrals and further information. Some described how they left posters and cards in interview rooms within their LCA containing screening questions to support client interviews. Some also sent email reminders to attendees, sharing links to articles. This was described as very helpful by several external stakeholders who said it left the door open for further training and engagements in the future.

According to the monitoring data collected by Kantar in September 2020, before COVID-19 restrictions, the proportion of training attendees who completed feedback forms exceeded the target of 85% in most quarters [see Figure 6]. Progress reports indicate that the proportion of attendees completing feedback forms fell to 42% for the period October-December 2020. While the quarterly progress reports did not provide an explanation for the drop, this may reflect the logistical challenges of getting participants to complete forms after remote training courses.

*"We have seen feedback form completion almost half. We are exploring how this could be increased and are looking at tools such as Mentimeter, a digital, interactive training tool, that could improve both engagement and feedback from training participants."*

*- Citizens Advice quarterly progress reports extract (September 2020)*

**Figure 6. Proportion of training attendees who completed a feedback form**



Source: Citizens Advice quarterly progress reports (December 2020)

Some of the LCAs also noted significant interest from some participants in refresher training and had discussed plans with stakeholders to schedule these or further sessions with other teams within their organisation. However, these were put on hold due to COVID-19 as internal and external organisational priorities shifted.

*"I thought training was really good. There was talk of rolling it out to the wider organisation, but then we got stuck in a pandemic."*

*- External organisation*

## Lessons learnt and opportunities to improve delivery

Key lessons and opportunities related to conveying the value of training to recipients and engaging as wide a range of stakeholders as possible. Based on the research findings, these are summarised below:

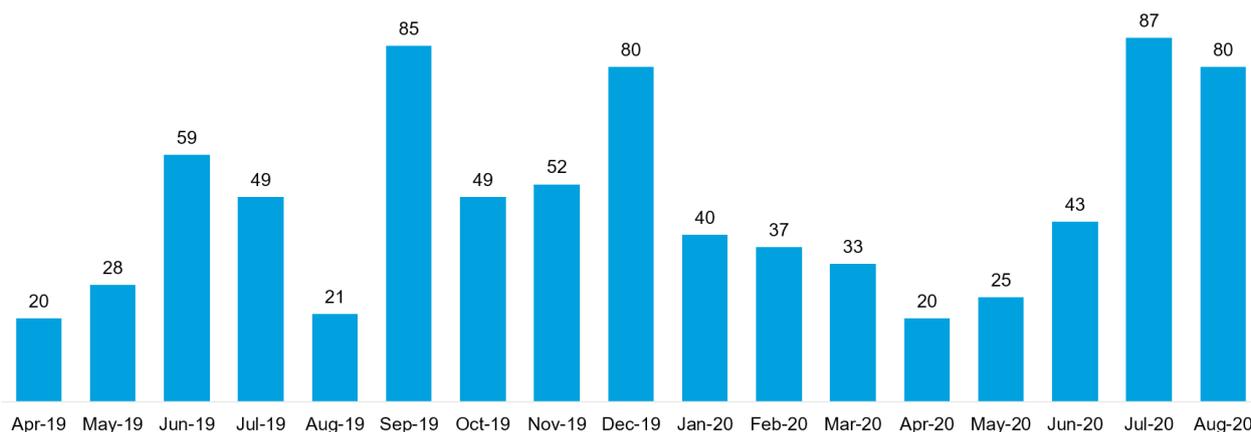
- **Build a positive relationship with internal teams to support training provision:** Project Workers found that building relationships with other teams within Citizens Advice, including their managers, aided them in successfully scheduling sessions and facilitating attendance. Where staff were less inclined to sign up to training or did not feel they had time, Project Workers sought buy-in and encouragement from individuals' line managers. This was mostly within Project Workers' LCAs, although some saw benefits of adopting the same approach in other regional offices.
- **Map organisations that may benefit from training and personalise initial approaches:** Project Workers explained that they found mapping organisations for whom training would be most relevant (e.g. because delivering a service similar to CA's) and tailoring promotion of training based on their work beneficial for engagement.
- **Leverage existing networks and event contacts as a way into training:** snowballing contacts from known organisations was helpful effectively target and engage external training beneficiaries. Project workers also felt that maintaining event connections through continued communications could lead to training sessions being delivered.
- **Consider maintaining online as a format for training sessions:** delivering a combination of face-to-face and online sessions could help save time, freeing up capacity to schedule more sessions, carry out progress monitoring or deliver other awareness-raising activities. Continuing to make use of online sessions where appropriate could also allow Project Workers reach a wider geographically spread audience more easily.
- **Leverage Project Workers' skills to make training more engaging:** enthusiastic, knowledgeable and personable Project Workers were key to training success, particularly as the shift to online required sessions to be interactive to maintain focus.
- **Tailor training content to make it relevant for stakeholders:** training content that was tailored to external beneficiaries' work and priorities was perceived to be helpful in maximising take-up of and engagement with the sessions.
- **Consider factoring in refresher training to maximise continuity of outcomes:** some Project Workers noted interest and plans to update training for teams and organisations they had already engaged with to make sure gambling harm and associated support remained on staff radar. Building the expectation into the programme's design that training would be refreshed could support its continuity and expansion.
- **Support fostering engagement between regional offices:** given difficulties faced by Project Workers introducing other offices in their regions to GSSE&W, there appeared to be a wider opportunity for central, top-down support from National Citizens Advice or senior management teams to help build links with regional independent Citizens Advice offices. It could also be helpful to clarify ownership of the programme among external stakeholders, further raising GSSE&W's profile and firmly connecting it to Citizens Advice's offer.

### **Awareness raising and events strand**

This GSSE&W work strand aimed to raise the profile of gambling harms and promote the programme's offer of support. It comprised a range of activities including Project Workers' participation in conferences, events or meetings to deliver presentations on the risks associated with gambling, signs of problem gambling, gambling harms and access to support services; production and dissemination of accessible resources, such as newsletters, podcasts, radio interviews, blogs entries; and creation of social media posts and videos.

The monitoring data collected by Kantar highlighted significant activity as part of this strand. Between the start of GSSE&W and September 2020, Project Workers had participated in 808 awareness events (including remote events, social media activity and media coverage since COVID-19 restrictions came into place in March 2020), almost achieving the target for the whole programme (820 events) at the time of data collection in September 2020 [see Figure 7]. In the same timeframe, Project Workers had delivered 291 presentations at awareness events, significantly exceeding the KPI of 48 presentations (including remote events, social media activity and media coverage/appearances since COVID-19 restrictions came into place in March 2020) [see Figure 8].

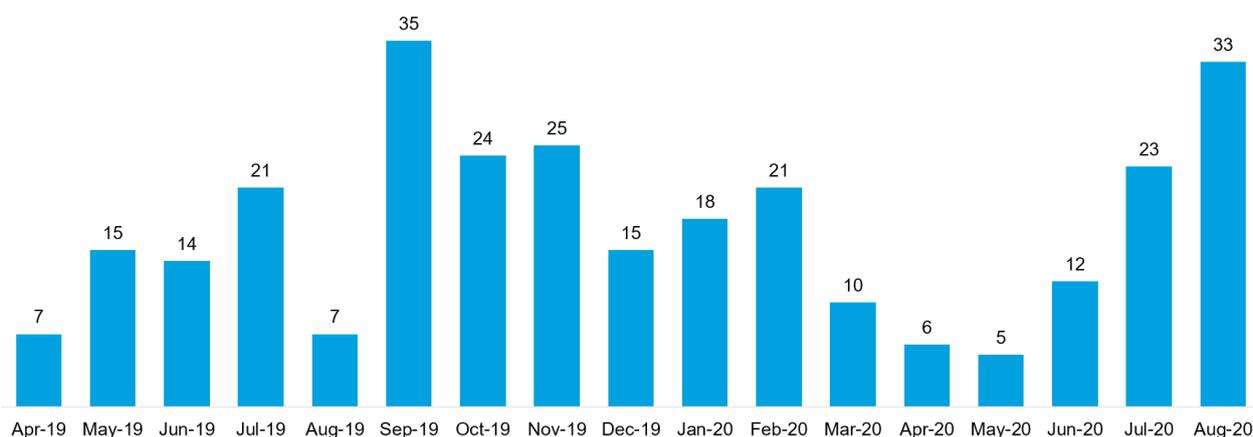
**Figure 7. Number of awareness events attended by month**



Source: Data collection tool (September 2020)

Note: Since March 2020, remote events, social media activity and media coverage/appearances have been included as awareness events.

**Figure 8. Number of presentations given as part of awareness events by month**



Source: Data collection tool (September 2020)

Note: since March 2020, remote events, social media activity and media coverage/appearances have been included as awareness events.

It is important to note that, since the COVID-19 outbreak in March 2020, Project Workers recorded a wider range of activities as ‘awareness-raising events’, including social media activity and blog posts. Discussions between GambleAware and Citizens Advice took place to further refine and ensure clarity on the scope of this KPI.

## Face-to-face awareness raising activities

According to data collected through Kantar's bespoke data collection tool, prior to COVID-19, face-to-face meetings and events made up most of the programme's awareness-raising activities. Physical presence offered LCAs an opportunity to disseminate information about gambling harm and support available through the programme, reaching members of their community who may need support and organisations that could more effectively provide it.

Project Workers were present and delivered presentations in a range of public spaces (e.g., shopping centres and libraries) and institutions (e.g., universities, colleges and prisons). They contributed to local and community meetings, team meetings in private organisations and public health forums. While attendees were often stakeholders, Project Workers were also sometimes able to reach members of the public in the community. For instance, one of the Project Workers produced a presentation for a local college to raise awareness of gambling harm among young people. This was added to their website for all students to access. Another picked up on this initiative and replicated it in their community with similar outcomes and the potential to reach thousands of young people.

*"I'd argue that the awareness events are just as important as the frontline training, because the frontline training sessions stem and come about as a result of you delivering a presentation at a meeting and discussing the GSS even if it's just for ten minutes."*

*- Project Worker*

Events were often complementary to training as they provided an opportunity to build relationships and advertise the training offer to establish relationships and schedule training sessions. They were also an opportunity for Project Workers to share promotional and support resources (e.g., flyers) and update contacts on activities.

Identifying and getting on the agenda of a relevant event was often time-consuming and, because of different strategies adopted by Project Workers on engagement, there was significant variation across the twelve regions. Approaches were often similar to those used to identify and engage training participants. Some Project Workers preferred to introduce the programme to all relevant organisations indiscriminately, while others favoured establishing and nurturing relationships through a smaller number of existing contacts – Project Workers reported success with their chosen approaches. Despite these differences in approaches, many agreed that building on existing stakeholder relationships was valuable to facilitate expanding their reach to new contacts, spread awareness and build partnerships.

Partnerships were instrumental to deliver events and facilitate training sessions. All regions used professional connections with external organisations to deliver these aspects of the programme. Seven regions shared information about the external organisations they had worked with [see Figure 9]. Housing associations or housing charities were mentioned most frequently, indicating that Project Workers had been most successful at engaging these types of organisations with the programme.

**Figure 9. Reported partnerships across regions**

Partner type	Examples
<b>Housing</b>	Housing associations or housing related services
<b>Community and voluntary organisations</b>	Women's services; churches; family or children's centres or charities; neighbourhood watch or other community charities; armed forces or veterans' charities; youth organisations; money or financial advice services; gambling specific services; other addiction services
<b>Education</b>	Schools; universities; 6th form/FE/HE colleges
<b>Health services and charities</b>	Mental health charities; public health services; GP surgeries; other health related charities
<b>Public services</b>	Libraries; blue light services (e.g. police or fire and rescue); JobCentre Plus or other DWP services; Local Authorities or City and County Councils
<b>Other</b>	MPs; solicitors; supermarkets; banks; local media

Source: Citizens Advice Mini Survey (September 2020)

### Virtual awareness raising activities

COVID-19 restrictions put a significant barrier in place to being able to continue with this strand, and some of the Project Workers were initially concerned about their ability to meet the KPI as physical events stopped and they needed to mobilise to deliver in remote settings.

*“It’s not like you can have a virtual stand in a virtual community centre. The forums which are online are hard to get into because they’re already occupied by the people who were in there before.”*

- Project Worker

One of the Project Workers explained that, prior to March, they were participating in a lot of events having got GSSE&W on the agenda, but then saw their activity in this space stagnating over the lockdown period, which they felt was one of the biggest challenges since the pandemic as they worried about their work’s continuity and loss of momentum.

*“Awareness events have changed so we were doing fewer presentations, we attended fewer team meeting and my only concern with that is that we’re not continuing to build upon existing networks. There could be a tendency that the project plateaued ever so slightly and I’m hoping that with our alternative awareness raising events such as newsletters, videos, podcast we can try to mitigate that.”*

- Project Worker

Aside from continuing to attend virtual meetings and events, Project Workers responded to this challenge by adopting creative, virtual ways to reach stakeholders and raise awareness of the service, including regular newsletters, social media and blog posts, videos, and podcasts. Some also noted that COVID-19 enabled them to carry out more targeted networking than before, because due to the reduction in travel time to attend events and training, they found they had more time to dedicate to strategic planning and partnership development.

*“Actually, I think lockdown has given us opportunities to do more things and reach out through other platforms.”*

- Project Worker

*“Ordinarily, it would take me a whole week to speak to 50 people. Now I’m reaching 50 people in one meeting.”*

*- Project Worker*

For instance, Project Workers were interviewed as part of local radio broadcasts, and some LCAs published articles and blog posts, some of which was later shared across National Citizens Advice social media platforms. Many of the LCAs produced newsletters to share with contacts and promote on social media and a couple produced short presentations on aspects of training and other relevant gambling harm topics to use on YouTube and other social media platforms. A few Project Workers also led on the development of a GSSE&W podcast with interviews beginning to take place at the time of fieldwork.

### **Lessons learnt and opportunities to improve delivery**

Contributing to events and building partnerships to spread awareness of gambling harm and support was sometimes challenging, especially as COVID-19 restrictions significantly shifted Project Workers’ plans.

Lessons learnt included:

- **Leverage Project Worker’s networking skills:** awareness raising activities underscored the critical importance of Project Workers’ skills in establishing contacts, forging relationships, and fostering trust in the GSSE&W support offer. This was beneficial not only to enable Project Workers to attend events and meetings, but also to generate further opportunities for training and become a point of reference for stakeholders. Interviews also highlighted the value of Project Workers working together and sharing lessons about their awareness-raising work so that others could apply them to make their engagement efforts more effective.

*“I feel a lot more confident [about support] now that I know [about the project worker] and the careful way the service works [...] It gives me a lot more confidence as opposed to there is some charity out there that will do something.”*

*- External organisation*

- **Snowball from local networks:** Connected to the above, Project Workers found that starting from and cultivating existing contacts and building on them was an effective way to expand their reach and spread awareness, first locally and then regionally. Some LCAs did not have formalised records of partner organisations or other local support services, which could be a useful database to hold in the future.
- **Focus on maintaining relationships to secure longevity of awareness:** maintaining the relationships that Project Workers built with external organisations through GSSE&W could ensure sustainability of the work of the programme. This could be done by keeping in regular contact with partner organisations and training beneficiaries for instance through newsletters, informal catch ups or formal meetings, and sharing case studies of the work done.
- **Use a combination of awareness-raising techniques:** COVID-19 restrictions provided an opportunity to experiment with creative ways to reach stakeholders and raise awareness, with Project Workers expanding their array of activities compared to before the pandemic to produce videos, podcasts, and virtual engagement. These could be maintained to provide a more holistic and wide-reaching strategy for future delivery.
- **Ensure clarity of reporting requirements and consistency of KPIs:** there appeared to be some inconsistencies in the way activities were reported across regions, which was particularly the case during the move to remote working due to COVID-19. This therefore affected the assessment of this strand’s effectiveness. Ensuring consistent KPIs across the programme and that all Project Workers are clear on what is needed for reporting could facilitate consistent data recording in the future.

## Client support strand

The client support strand of the GSSE&W included two key activities: enhanced screening of clients through a dedicated screening tool to identify those at risk of gambling harm<sup>12</sup>; and support delivered in the form of brief advice and interventions for vulnerable individuals, and the referral process for specialist support and treatment (National Gambling Helpline, BeGambleAware.org website or directly to GamCare through the Project Worker).

## Screening activities

Clients were screened for gambling harms in Project Workers' LCAs, however there was no evidence from this research suggesting that screening was happening in other offices in the regions. Data from both the case studies and monitoring data collected through Kantar's data collection tool highlighted that as of September 2020 screening across the wider Citizens Advice network appeared to be inconsistent. Seven out of 10 regions recorded screening in more than one office, however these appeared to be associated with the same local organisation [see Figure 10]. As this section explores, while Project Workers advocated for an identification tool in training, they felt they did not have a strong enough mandate to influence practices at other offices.

**Figure 10. Offices recording screening data across regions**

Region	Offices in the region recording screening data
Calderdale	Citizens Advice Calderdale; Calderdale Telephone Advice Line
Central Dorset	North Dorset Citizens Advice Bureau; Dorchester; Weymouth & Portland; Sherborne
Denbighshire	Rhyl Citizen's Advice Bureau; Ruthin Citizens Advice Bureau; Denbighshire Money Advice Team; Denbigh Citizens Advice Bureau; Denbigh Welfare Benefits and Energy;
Dudley District	Dudley District Projects Office; Dudley CAB
East End	Citizens Advice Tower Hamlets; Citizens Advice Hackney; Citizens Advice Newham
Gateshead	Gateshead Citizens Advice Bureau
Mid Mercia	Derby City; South Derbyshire
Rhondda Cynon Taff	Pontypridd CAB; Mountain Ash
Stevenage	Citizens Advice Stevenage
Wirral	Citizens Advice Wirral; Wirral PCN

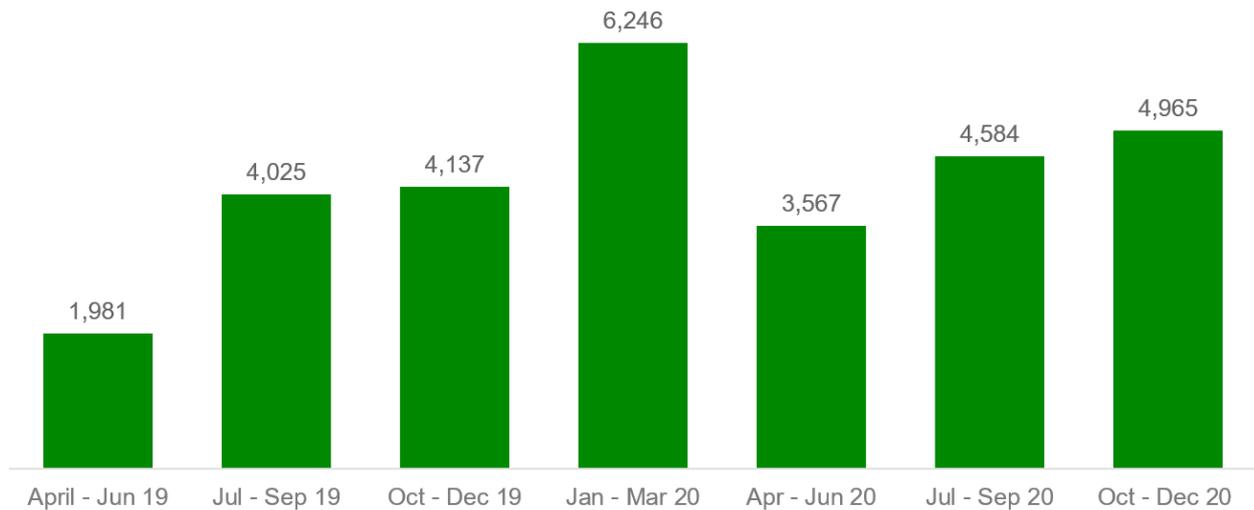
Source: Citizens Advice Casebook extract (September 2020)

As of December 2020, a total of 28,796 clients had been screened for gambling harm through GSSE&W. According to the quarterly progress reports the proportion of clients screened had not met the target of 25%<sup>13</sup> [see Figure 11 and 12].

**Figure 11. Number of clients screened**

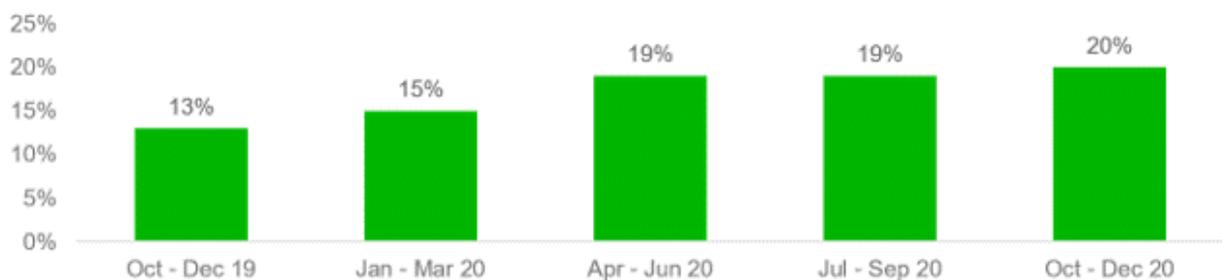
<sup>12</sup> It is worth noting that further research is being conducted to explore the most appropriate screening and trigger questions to identify gambling harms ([kcl.ac.uk/research/identifying-gambling-harms](http://kcl.ac.uk/research/identifying-gambling-harms)).

<sup>13</sup> KPIs and KPI targets for the programme were set by GambleAware.



Source: Citizens Advice quarterly progress reports (December 2020)

**Figure 12. Proportion of clients screened**



Source: Citizens Advice quarterly progress reports (December 2020)

Screening practices across the case studies regional hubs were also not consistent. Two of the offices interviewed as part of the case studies attempted to screen every client (Make Every Contact Count (MECC) approach<sup>14</sup>); another moved to only screening “eligible clients” (i.e. deemed to be those presenting with money issues) a few weeks prior to the fieldwork period; screening was not formalised in the fourth case study region, where although it was expected at every interaction, it did not appear to be happening in everyday practice.

### Asking the screening questions

Prior to COVID-19 restrictions, clients could complete a printed version of the screening tool independently before their Citizens Advice appointment in an LCA. Over the phone, screening was generally administered by advisers at a time they felt to be appropriate; this was often at the end of the call.

While there was a sense among Project Workers that the more active screening approach where advisers actively raised and administered questions (as opposed to letting clients fill in the screening tool form without supervision) had resulted in higher response rates, some felt that direct screening over the phone due to COVID-19 meant that clients were less comfortable to answer because of pressure and the perceived stigma associated with gambling. One of the Project Workers also noted that the LCA was able to collect more information from clients when meeting them face-to-face, as they could more naturally enquire about their background and circumstances. Some felt that this was more complicated over the phone and that as a

<sup>14</sup> [MECC approach](#)

result some of the nuance and more detailed information that would lead them to identify potentially harmful gambling was harder to get.

*“As a result of there being more active screening, figures [of clients consenting to being screened] have dropped, I think they have across the board.”*

*- Project Worker*

*“It’s too early to make inferences on it but I guess if people are completing the form in a face-to-face setting, privately, whilst they are waiting in reception, they’re more inclined to be more truthful. If they’re being rushed on the phone, they have less time to really think and consider their response. But I think that’s an incredibly good learning for the future to identify which channel is best if we’re going to continue with the screening.”*

*- Project Worker*

In training sessions, Project Workers taught and promoted the use of the four formalised GAST-G screening questions to ensure consistency, but in practice there was variation in the way frontline staff asked the questions. Staff adaptations included the way screening questions were introduced (e.g. organically when discussing debt or as a formalised questionnaire to understand prevalence of gambling in the area), the point in the appointment that they brought them up (e.g. introducing the GAST-G tool at the start of their client interaction or waiting for an appropriate time), the wording (e.g. ‘have you played the lottery’ rather than ‘have you gambled’) as advisers attempted to provide everyday examples of gambling to try to make the client engage with the topic and overcome potential avoidance.

In some cases, screening was monitored, and feedback was passed onto advisers to improve practices. Where screening everyone was the approach, there seemed to be buy-in from CEOs or Citizens Advice senior leaders.

### **Challenges to embedding screening**

Engaging with other Citizens Advice offices in the region and securing take up of the screening tool was a widespread challenge. While Project Workers often advocated for the use of the screening tool regionally, they found they had little mandate to effectively make sure this was adopted in other offices, which often prioritised other activities and could be reluctant to dedicate resources to a project they did not get funding for.

However, ensuring consistent screening implementation across their own office was also described as challenging by those in charge of delivery. Project Workers, senior managers, and CEOs noted that embedding screening in their office took longer than expected, involving training, materials and ad hoc information to make sure that internal teams were clear on the correct screening and referral processes and were implementing them.

*“This process has taken time, training, lots of resources for the assessors to use. Like referral pathway showing, FAQ doc, how to record responses on casebook, how to write quick summary.”*

*- LCA senior leadership*

Discussions with Project Workers and Citizens Advice advisers as part of the case studies interviews highlighted barriers advisers faced with regards to screening, which affected their ability and willingness to ask the questions consistently.

Despite training highlighting how gambling harm could be an underlying cause of several of the issues clients presented with (e.g., debt, mental health), advisers sometimes considered the immediate client requirement to be more urgent and prioritised resolving that as an isolated issue, rather than enquiring about gambling harm. Time pressure and limited capacity were key drivers of this behaviour. Some internal stakeholders noted that because of Citizens Advice funding structure, it could be difficult for advisers to

commit enough time to different funded projects and keep GSSE&W requirements front of mind during appointments.

*“Compared to other training projects, the KPIs [KPI targets] are very high, I wouldn't say they are unachievable, but in comparison to other projects that are similar they are high.”*

*- LCA senior leadership*

Time and capacity constraints were further compounded by the number of client appointments advisers had and the need to ask screening questions for other projects too (e.g., energy poverty, domestic violence). Advisers could run out of time and even when they managed to ask the questions, they found they did not often have the opportunity to probe further on responses.

When the appointment issue was sensitive (e.g., domestic violence, mental health, disabilities), advisers sometimes deemed screening questions as inappropriate. More generally, some advisers struggled to introduce the questions when talking about a seemingly unrelated topic. To support advisers with this challenge, Project Workers in a couple of the regions provided additional training and materials. For instance, they shared case study examples of how clients who had presented with issues that appeared on the surface to be unrelated to problem gambling but through screening, gambling harm was identified. They also produced frequently asked questions (FAQ) sheets and guidelines for advisers to use to respond to any questions from clients about the screening.

*“If someone's in tears on the phone, I'm not going to ask them about all that stuff.”*

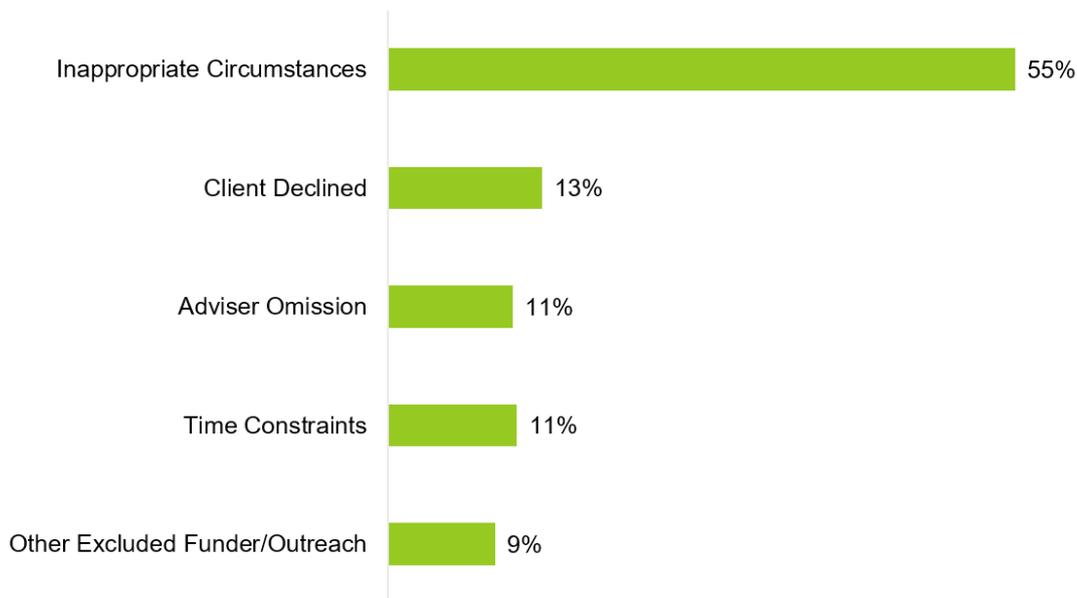
*- Citizens Advice staff*

*“That's understandable, that element of scepticism, because they're coming into the office with one issue and they're subtly being asked about another issue. What we've done to try and mitigate what is connecting gambling-related harm to current circumstances.”*

*- LCA senior leadership*

This was confirmed by data collected through the quarterly progress reports, indicating that advisers' judgement was a key factor in the delivery of screening. Data from Casebook showed that, as of September 2020, in more than half of cases (55%) where it was reported that the client had not been screened, this had been due to the frontline workers feeling that it would be inappropriate under the circumstances [see Figure 13].

### **Figure 13. Reason client not screened for gambling related harm**



Source: Citizens Advice Casebook extract (September 2020)

Clients declining to respond also affected advisers' ability to complete the screening, as some clients did not think the questions were relevant to them or were reluctant to answer, possibly because of the perceived stigma associated with gambling. One of the advisers also noted that when they engaged clients who did not speak English and had to use a translator, they found that the format of the questions did not lend itself to be easily translated and understood by the client.

*"I sometimes find that I start a conversation with a client about gambling and they don't want to answer the question and they shut the conversation down."*

- Citizens Advice staff

*"You cannot force someone to get help before they are ready. All you can do is make sure they are aware that you are there...no matter what the addiction is."*

- LCA senior leadership

In terms of monitoring and reporting on screening, some there was variation between LCAs in the extent to which Project Workers monitored screening practices. Some Project Workers were more consistent in their approach to monitoring screening, with some following up with frontline Citizens Advice staff to understand any barriers colleagues were facing to completing screening, although this did not appear to be consistent across LCAs. Project Workers' extensive remit and activities could prevent them from having time to closely monitor and re-train individual advisers.

Additionally, prior to June 2020, a GambleAware tag needed to be added to the Citizens Advice Casebook management system to report GSSE&W screening during appointments. This created additional burden for advisers when recording whether screening and support was provided and was made easier when it was fully integrated into the system. There was also a sense that it was considered less of a siloed funded project once the need to add the GambleAware tag was removed.

### **Brief interventions and referral to support**

Overall, referral practices were clear among Citizens Advice frontline staff, who felt comfortable and able to signpost clients who identified as at risk of or suffering from gambling harm to support. Project Workers were generally seen as the key contacts for referrals and any queries advisers had. While this research found that some advisers shared advice and techniques at the end of their appointments, there was limited evidence of

brief interventions delivered to clients on-the-spot. In a few instances, referrals for further support were also received from other Citizens Advice offices in the region and external organisations.

Whilst recognising that it was not part of their role, some Project Workers noted that a limitation of the service might be that Citizens Advice was not set up to deliver treatment to clients, which added a step to accessing counselling or specialist support with partner organisations.

*“Sometimes I think I’m going to be creating a problem without providing a solution... it’s a Pandora’s box that they [organisations] are volunteering to open for themselves.”*

*- LCA senior leadership*

While direct provision of support was out of the scope for GSSE&W, the fact this was external had implications for assessing whether the programme achieved its strategic objectives, as Project Workers were not able to follow clients’ progress after they referred them on, or quality assure their treatment.

### **Client experiences of GSSE&W support<sup>15</sup>**

The clients and affected others<sup>16</sup> who accessed GSSE&W and participated in the evaluation research had a different experiences of the process, including how they initially accessed the service and the type of support they received.

Ways in which clients and affected others accessed GSSE&W included coming into contact with the service as a result of pre-existing appointments for debt management at Citizens Advice, where they were then screened for gambling harms; independently attend Citizens Advice offices or events; referrals to Citizens Advice by professionals such as their GP or Housing Support Officer. Generally, awareness of the support Citizens Advice could provide in relation to gambling harm was low, however, clients and affected others had also heard about the GSSE&W at Citizens Advice through awareness raising activities. One client noticed a sign about GSSE&W in the Citizens Advice waiting room and another attended GSSE&W training in a professional capacity – both of these prompted the individuals to attend an appointment with a GSSE&W Project Worker.

*“The reason why I called up was actually to sort out my debt situation. When I got there, obviously we talked, and they discovered most of my debt problems started because of gambling.”*

*- Client*

Project Workers adopted a variety of approaches to raising the topic of gambling with clients and affected others. Beyond asking questions about gambling behaviours, Project Workers conducted activities and reflection exercises to help clients think about their gambling habits and consequences. Clients also highlighted how Project Workers shared their knowledge about gambling, including the scale of gambling, types of gambling and the types of tailored support available to them. Following initial discussions and screening with Project Workers, clients and affected others were given a range of tools and next steps to reduce gambling harms. These included:

- Support to address their immediate issue such as debt or benefits
- Advice during the appointment in relation to gambling, such as how to block certain gambling sites
- Resources to take home (e.g. leaflets, websites)

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<sup>15</sup> Please note that caution should be taken when interpreting these findings due to the small sample size of clients and affected others interviewed. While they provide an indication of experiences and outcomes of client support, they cannot provide conclusive evidence. Further research with these audiences would be important to understand generalisability of the findings.

<sup>16</sup> ‘Affected others’ are defined as individuals who are negatively affected by another’s gambling behaviour.

- Referral to external support either by signposting or Project Worker completing referral process on their behalf. External services included GamCare, Gamblers Anonymous, Addiction Recovery Agency and Aquarius.

Although the timeframe for this support differed for individuals, clients interviewed as part of the research appeared to be satisfied with the time in which their gambling issue was addressed.

Based on the limited number of interviews conducted, the ways in which Project Workers raised and discussed the issue of gambling were positively received by clients and affected others. They described feeling a sense of relief about the gambling issue being uncovered and felt positive about the non-judgemental tone of the discussions. There was a strong sense that the conversations were handled in a professional and sensitive way, focussing on their wellbeing. In terms of how they responded to the screening, clients reported feeling comfortable with being asked the screening questions.

Feedback from the few clients and affected others interviewed on the support provided was positive, with them describing the service as helpful, clear, and empowering. In particular, affected others valued how their perspective was taken into consideration and welcomed the fact that support was also available specifically for them. While there was some awareness of other support services for gambling harm, participants had generally not felt able to meaningfully engage with them before. There was also a sense among clients that support for gamblers was 'reactive' rather than proactive, as they felt that support was only available for gamblers once they had lost large amounts of money. However, they valued the support received through GSSE&W and an open space to discuss their experience without judgement.

*"The experience we got... was so positive. We came out of there... and we were both quite uplifted that we had somebody that was actually listening and could point us in the right direction to the help that we both needed."*

- Affected other

*I think it was a really, really positive experience going in - it was just one appointment, but it was enough to get that ball rolling."*

- Client

### **Lessons learnt and opportunities to improve delivery**

The challenges and experiences of the client support strand enabled the identification of several lessons and opportunities, which are outlined below.

- **Provide support materials as well as training:** sharing resource with advisers, such as support links and FAQ documents, could be helpful to facilitate advisers introducing the screening, answering client questions, and sharing both immediate advice and further support avenues. These could be disseminated both as hard copies in offices and via email and re-shared regularly to invite and remind frontline staff to refer to them.
- **Empower staff to adapt screening questions to fit the appointment:** further to the above, there seemed to be an opportunity to encourage advisers to find a balance between delivering the screening questions in a standardised way to ensure consistency and applying their own judgement on how to best word them based on clients' situations to make sure that they are appropriate. This could benefit from being informed by further research around trigger and screening questions in generalised advice settings (i.e., not just what questions are asked but also how they are asked). This flexibility was particularly important when screening moved from face-to-face to over the phone due to COVID-19.
- **Gain staff buy-in to screening and support objectives:** it was sometimes hard for staff to keep GSSE&W screening top of mind and use the tool consistently during appointments. Clearly communicating and explaining the screening and support objectives to staff could facilitate their

commitment, as well as making sure advisers understand that they are providing a "holistic" service, not just dealing with clients' immediate issues. Regularly refreshing screening and reporting training could be helpful to make the screening more salient, also counteracting fatigue and other priorities creeping in.

- **Ensure regular monitoring and feedback:** enabling additional capacity for Project Workers to consistently monitor and provide advisers with feedback on their performance would be beneficial to consolidate screening practices. Advice supervisors could also support and facilitate screening checks and quick refresher sessions for frontline staff if needed. However, regular monitoring should be complemented by establishing clear expectations on reporting, to ensure that advisers consistently report their GSSE&W activities as required.
- **Show top-down support for GSSE&W client support activities:** it appeared that where the LCA's approach was to screen every client, this had been influenced by high level buy-in at the executive and senior level. Top-down support for GSSE&W activities should be considered across all offices and as outlined for training, it could also help Project Workers to embed screening in other regional offices.

# 4. Impact evaluation findings

## 4.1 Summary of overall programme effectiveness and early outcomes

This section covers evidence of the effectiveness and early outcomes of the GSSE&W programme, drawn from analysis of both performance metrics (from quantitative analysis of management information and data reports) and different stakeholders' views and experiences (from qualitative case studies, and client impact journeys).

Overall, the purpose of the GSSE&W programme was perceived to be clear, valuable, and aligned with the overarching Citizens Advice support offer. There was a sense among Citizens Advice staff that their service was well-suited to delivering the GSSE&W programme as they already offer a trustworthy and confidential environment where clients seek support for issues that may be related to gambling (e.g., debt, benefits, housing, relationships). Some felt that, given the difficulties associated with clients addressing problem gambling, the way in which clients accessed the Citizens Advice service allowed frontline workers to explore and uncover potential gambling harms in a constructive way that could lead to the implementation of support and measures to address the issue.

*"Citizens Advice is a one-stop-shop for everything. People come to us for anything and everything... they come for so many issues... and this allows us to identify gambling issues by asking the right questions."*

- Project Worker

While there was a consensus that some of the expected impact from GSSE&W would take time to fully realise, there was evidence that the programme had been effective in achieving some of its aims, with positive early outcomes for internal Citizens Advice staff, external training beneficiaries, those at risk of or suffering with gambling harms, and their families.

### Short term aims and outcomes

As LCAs set up delivery of the programme, they started working towards achieving key short terms aims to:

- Deliver training to as many teams as possible, including within their LCA, other Citizens Advice offices in their region, and external organisations to: increase recipients' awareness and understanding of gambling harm; enable them to recognise those at risk or suffering from it; and refer them to appropriate support.
- Increase wider community awareness of gambling harms and support available in the locality.
- Develop partnerships with external organisations interested in tackling gambling harm.
- Build internal confidence to screen and support clients at risk or suffering from gambling harm.
- Start building understanding of the incidence of gambling harm in the LCAs' locality through screening.

Participants reported that prior to the establishment of the GSSE&W programme awareness of gambling harms and confidence to recognise and offer support for gambling harms was low. [For more detail on levels of awareness and confidence prior to the GSSE&W programme, see [Section 3.1](#)]. There was evidence that the programme contributed to increasing awareness and understanding of gambling harm and support available for it within the community. When asked about the impact of GSSE&W, stakeholders across the programme focussed on how it had *"improved understanding"* of what constitutes gambling harm or

*“increased awareness”* of the scale of gambling harms. Training beneficiaries, partners and clients generally described how the GSSE&W programme had helped to uncover a hidden addiction and facilitated discussion about it, with some mentioning how it had helped to start reframing gambling as a public health issue.

While coverage was not always consistent across regions, several teams and organisations benefited from GSSE&W training. Attendees described ways in which their understanding and behaviour had changed as a result of it; they reported knowing how to initiate conversations about gambling with clients, recognise potential gambling harms, and signpost clients to support. Both internal and external stakeholders referenced gambling support services in their local area with some forming valuable partnerships to address gambling harms in their region. There were cases where external organisations had requested further training or implemented their own diagnostic tool based on the GSSE&W screening questions, providing evidence that the impact of the programme extended beyond Citizens Advice.

In LCAs where screening was carried out consistently, GSSE&W fostered confidence to screen and support clients at risk or suffering from gambling harm. There was evidence of positive outcomes for clients and affected others interviewed, who explained Project Workers provided an open and non-judgemental space to discuss gambling harm, tools to limit and stay in control of gambling, and access to further support through the treatment network. The programme also contributed to starting to build an understanding of gambling harm in the locality by recording cases picked up through screening.

### **Long term aims and indication of outcomes**

Longer term ambitions of the programme, which built and relied on continued and embedded delivery, were to:

- Enable sustained identification and signposting of clients at risk or suffering from gambling harms by Citizens Advice advisers and frontline staff of trained organisation.
- Develop understanding of gambling prevalence amongst Citizens Advice clients in the region through data collection.
- Empower clients to support themselves and access support independently as needed.
- Build a network of organisations to collaborate on the issue.
- Inform policy through promotion of a public health approach to gambling harms.

While LCAs started taking steps and putting processes and groundwork in place to achieve these intended outcomes, more time and work appeared to be needed to realise them. This suggests a key need to ensure sustainability of programme outcomes, particularly as both those involved in delivery and stakeholders felt that a deeper mindset shift in different domains within the regions was needed:

- Within LCAs and other offices in the regions – to ensure that screening and recording of gambling harm is prioritised and carried out consistently
- Among external stakeholders and partner organisations – to continue developing partnerships and ensure that they internally prioritise work tackling gambling harm e.g., raising staff awareness, conducting screening themselves, and actively participating in engaging the community
- Within the affected community and potential clients – to tackle and overcome stigma linked to disclosing and addressing gambling harms
- Within wider society – to treat gambling harm as a public health issue and challenge unhelpful practices within the gambling industry.

Senior leaders of the LCAs engaged by the research team expressed commitment to continuing to tackle gambling harm, providing a positive indicator for buy-in to achieve sustainable outcomes and potential future impact.

## 4.2 Exploration of outcomes by programme strand

This section outlines the outcomes that were reported across the three strands of the GSSE&W programme: training, events, and client support.

### 4.2.1 Training

Response to the GSSE&W training was overwhelmingly positive with attendees describing the training as a meaningful and “eye-opening” experience. Generally, training attendees felt that the sessions increased their awareness of gambling harms, particularly in terms of how potential problem gambling is defined – they talked about how what they had considered to be harmless behaviours such as playing the lottery or bingo would fall under the gambling umbrella. Attendees also reported increased awareness of the scale of gambling harms and were surprised at the prominence of gambling, especially among certain groups (e.g., women, older people).

*"People were saying... I haven't really thought about it that way before or, I haven't really thought being on a PlayStation and buying players could be gambling."*

- Citizens Advice staff

*"It's only because of the GSS that we're aware of how many people gamble, and just how bad the addiction is."*

- Citizens Advice staff

Attendees from both internal Citizens Advice and external organisations felt that the training had improved their ability to recognise when someone was at risk of or experiencing gambling harm. For instance, one stakeholder explained that after receiving training, they were able to read between the lines when examining bank statements and infer that unexplained expenditure could be because of gambling. Another external training attendee explained how a colleague in their session sat down with their son after it to discuss his behaviour and offer support. Some (mainly internal Citizens Advice staff) also reported feeling more confident in their ability to respond to gambling harms, as after training they started more confidently providing advice and signposting clients to support services available to those at risk. One adviser within Citizens Advice described how, prior to receiving the training, they recognised that they could encounter a client with a gambling issue but did not feel confident to deal with it. In LCAs, training therefore appeared to have contributed to outcomes in screening and client support, as it enabled advisers to confidently discussing gambling harm and refer clients to further support. One external Local Authority also liaised with their local Project Worker to implement screening independently at the time of case studies fieldwork.

*"[Hearing about GSSE&W in the training] gave me a bit of hope, thinking actually there is somebody out there that actually is trying to do something, and is trying to bring about changes."*

- External organisation

Project Workers, senior managers, and CEOs also thought that training had been effective in increasing attendees' awareness of, and ability to respond to gambling harms. They felt that the largely positive feedback on the training sessions demonstrated that their approach was working well. One Project Worker claimed that they very rarely got negative feedback on the sessions another reported that the demand for training in recent months had significantly increased, leaving them with a full training schedule.

*"We rarely, if ever, get negative feedback on the training."*

- Project Worker

This was reinforced by external training attendees who said that the training had been engaging, interactive and useful. In addition to this, almost all feedback recorded in the project progress reports was positive, with a 100% satisfaction rate as of December 2020. Many commented on the structure of the sessions and how the opportunities for discussion were valuable as they enabled reflection on how gambling harms were relevant to them as individuals and as an organisation. Relevancy was strengthened further by Project Workers adapting training materials to suit their localised context (e.g., referencing certain betting shops or clubs in the area). They described how the hard-hitting statistics and facts were also particularly impactful.

*"The training that we had was amazing, and it gave you a completely different insight that we never had before. It was one of the most popular training [sessions] we had last year because it really made people think."*

- Citizens Advice staff

*"It's a very eye-opening training course that I think provoked a lot of thought amongst the people who attended. [...] It did strike a chord with them, even though we don't have metrics."*

- External organisation

**Figure 14: Case study of training outcomes**



The Project Worker delivered a series of training sessions to the apprentice cohort at a local branch of a manufacturing company as part of their training programme. The group of apprentices was made up of mainly young men aged 16-22.

**Outcomes**

The training was delivered remotely to small groups via Zoom and was well-received by attendees and their manager. They described how the training had been **adapted to suit the younger audience** by focusing on things like gaming and how easy it is to become addicted. The relevance of gambling to their own lives was reiterated through **hard-hitting statistics** and by including **reflection points** throughout the session to prompt discussion about personal experiences.

*"[The Project Worker] was so knowledgeable, so adaptable so professional... the way they were able to connect was brilliant."*

The organiser of the training felt that the **local knowledge** of the Project Worker further strengthened the impact of the session, as **references to the local area** made the issues more salient to the attendees.

*"They were able to talk about nightclubs and things in [the city]... real life scenarios... and just really get on their [the audience's] level."*

#### 4.2.2 Events

Project Workers perceived the events strand of the programme to be essential to achieving longer term outcomes of GSSE&W, specifically to raising awareness of gambling harms within the wider community and promoting a public health approach to the issue. Those less involved in GSSE&W delivery (i.e., internal Citizens Advice staff or external stakeholders) appeared to be less aware of the events element of the programme.

As referenced in [Section 3](#), the definition of 'events' was wider-ranging once physical restrictions were put in place in March 2020 due to COVID-19 than earlier in GSSE&W delivery. Across the course of the programme, events included distributing leaflets at a stand, delivering a talk or presentation, displaying posters, or producing social media content.

Project Workers felt that through awareness-raising activities (both events and other conventional marketing channels) they had been able to increase awareness of gambling harms and the support available for those at risk and experiencing harms among the target group of those who in frontline roles who interact with members of the public. They also reported forming connections and valuable partnerships with other organisations in their area. Events had been particularly effective for building networks, whereas posters and social media content served as a helpful reminder to clients that support was available for them.

*“It’s kind of embedded that everybody is aware of the service, and aware that gambling harm exists in our community. And they are aware that there is support and help out there.”*

- Project Worker

*“I don’t think really I understood [problem gambling] particularly well even though I came across it a few times before until I heard [project worker] present about it.”*

- External organisation

*“[GSSE&W has been very good at] bringing together lots of different partners on a shared agenda. Every one of them was engaged in the conversation.”*

- External organisation

In terms of raising awareness, Project Workers reported that events that they hosted or attended were helpful in raising awareness of gambling harms among frontline staff and advocating for a public health approach to gambling harms. In most cases, there was a sense that events were positively received, although engagement was not consistent across the regions [see Figure 15 for examples] and there was little evidence of a strategic approach to engaging specific audiences (e.g., making it a priority to target organisations with reach within communities where harm was most severe) [see Figure 9 for examples of the types of organisations regions engaged with].

**Figure 15: Case studies of opportunities and challenges presented by remote delivery to achieving events outcomes**

Opportunities for event delivery created by COVID-19	Challenges for event delivery caused by COVID-19
<p>The <b>increase in online events</b> since COVID-19 had provided <b>access to larger numbers of people</b>. The Project Worker felt that the shift to remote engagement had led to some positive results, as he could now <b>reach more people in less time</b> and had been approached by external organisations to speak to large numbers of staff (250+).</p>	<p>The level of engagement with events was <b>not always consistent</b> and Project Workers needed to learn on the job. In one instance, a Project Worker tried to deliver an awareness event promoted through Eventbrite but there were <b>no attendees</b>. They had promoted the event on social media but realised in hindsight that there were lots of competitor events in the space.</p>
<p><i>“You can get through to a lot more people in one go... Ordinarily, it would take me a whole week to speak to 50 people. Now I’m reaching 50 people in one meeting.”</i></p> <p>- Project Worker</p>	<p><i>“On further investigation, Eventbrite is saturated with gambling training and events both run by us and other stakeholders.”</i></p> <p>- Project Worker</p>

Project Workers also mentioned the added value of these events in initiating a dialogue about gambling harm and support services with organisations in the area, helping them to build a network of contacts and

access organisations that might be interested in GSSE&W training. Some also used the events to create a list of partner organisations to work alongside in the future.

### 4.2.3 Client support

The client support strand led to outcomes for clients, affected others and frontline staff delivering screening and client support. Evidence of outcomes included:

#### For LCAs:

- Increased confidence of advisers to screen clients, initiate conversations about gambling harms and address clients' issues appropriately where gambling was a contributing factor. Some advisers explained how receiving a positive response from clients increased their confidence to explore possible gambling behaviour with other clients and conduct the GSSE&W screening questions.
- Increased identification of individuals at risk of or experiencing gambling harms as a result of conducting screening and holding discussions with clients about potential gambling harms. This contributed to Citizens Advice's ability to provide holistic advice and support for its clients.
- Increased understanding of support available and referral pathways for those at risk of or experiencing gambling harms. Advisers reported feeling more confident about where to signpost clients for additional support with problem gambling and associated harms.
- Increased understanding of the prevalence of gambling harm in the local area. Recording the incidence of gambling in Casebook gave LCAs a better idea of the scale of gambling harms in their area.

#### For clients and affected others<sup>17</sup>:

- Improved understanding of the scale of gambling harms, which could help to address some of the stigma associated with gambling and encourage them to seek and take up support. Knowing more about the scale of gambling and its effects contributed to realising that they were not alone in their experience.
- Increased awareness of the availability of support for problem gambling, including that it could be offered by Citizens Advice. Before accessing GSSE&W, clients interviewed tended to be unaware that support services existed for problem gambling.
- Increased uptake of referral to further services (e.g. counselling), as clients and affected others who took part in this research had generally either participated in or intended to participate in a longer-term course of treatment.
- A sense that conversations with advisers and project workers had contributed to developing knowledge and understanding of techniques to get back in control of gambling (e.g. blocking websites).
- Indication of changes in gambling behaviour, such as stopping gambling, or limiting gambling to certain forms (e.g., stock trading, scratch cards) while from the type of gambling they had experienced issues with.
- Clients who took part in this research had generally initially approached Citizens Advice for support with their debt, and it seemed that acknowledgment of how gambling had contributed to this and

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<sup>17</sup> Please note that caution should be taken when interpreting these findings due to the small sample size of clients and affected others interviewed. While they provide an indication of experiences and outcomes of client support, they cannot provide conclusive evidence. Further research with these audiences would be important to understand generalisability of the findings.

seeking professional debt advice with this in mind helped them to manage their finances going forward.

- A feeling of improved mental health as clients and affected others interviewed could note an alleviation of stress caused by gambling harm.
- Increased willingness to talk about problem gambling and harm experienced with others, including seeking support from friends and family, from whom they had often hidden the issue.

Although, overall, Project Workers felt that the programme had helped to increase LCA staff's confidence to recognise and provide support for gambling harms, the extent to which client support outcomes had been achieved differed across the regions. This is reinforced by MI data from Casebook. Around half (54%) of clients who were identified through screening as at risk of or experiencing gambling related harms received support. This included receiving brief information or advice, being referred to a GSSE&W Project Worker, being signposted or referred to a gambling specialist, or being signposted or referred to other non-specialist support services [see Figure 16].

It is important to note that this dataset contained a large proportion of empty cells, which indicates that screening was not completed and/or recorded consistently across regions. Therefore, only raw counts are included in Figure 16 and conclusions from this data should be treated with caution.

Of 36 clients who screened positive and who did not decline gambling support (i.e., were open to receiving support), the data indicate that eight individuals were recorded as not receiving any type of support. This highlights a potential for missed opportunities for intervention. However, it is difficult to say this with certainty given the limitations of the data.

Possible barriers to delivering screening are explored in [Section 3 – Process evaluation findings \[Client support\]](#). These include the urgency of clients' presenting issues, the lack of relevancy of gambling support to clients' presenting issues, and time constraints on Citizens Advice members of staff.

**Figure 16. Support offered to clients who screened positive for gambling related harms (84 clients)**

	Yes	No	Blank (no data recorded)
<b>Was the client referred to any form of support?</b> <i>Support is broken down below into the five types that were recorded</i>	45	20	19
<b>1. Was brief information and advice given to client about gambling?</b>	40	26	18
<b>2. Was the client referred to the GSS Project Worker?</b>	14	53	17
<b>3. Was the client signposted/referred to gambling specialist?</b>	16	49	19
<b>4. Was the client signposted/referred to other (external non-gambling)?</b>	7	57	20
<b>5. Was the client signposted/referred to other (internal non-gambling)?</b>	4	58	22
<b>Did the client decline gambling support?</b>	28	36	20

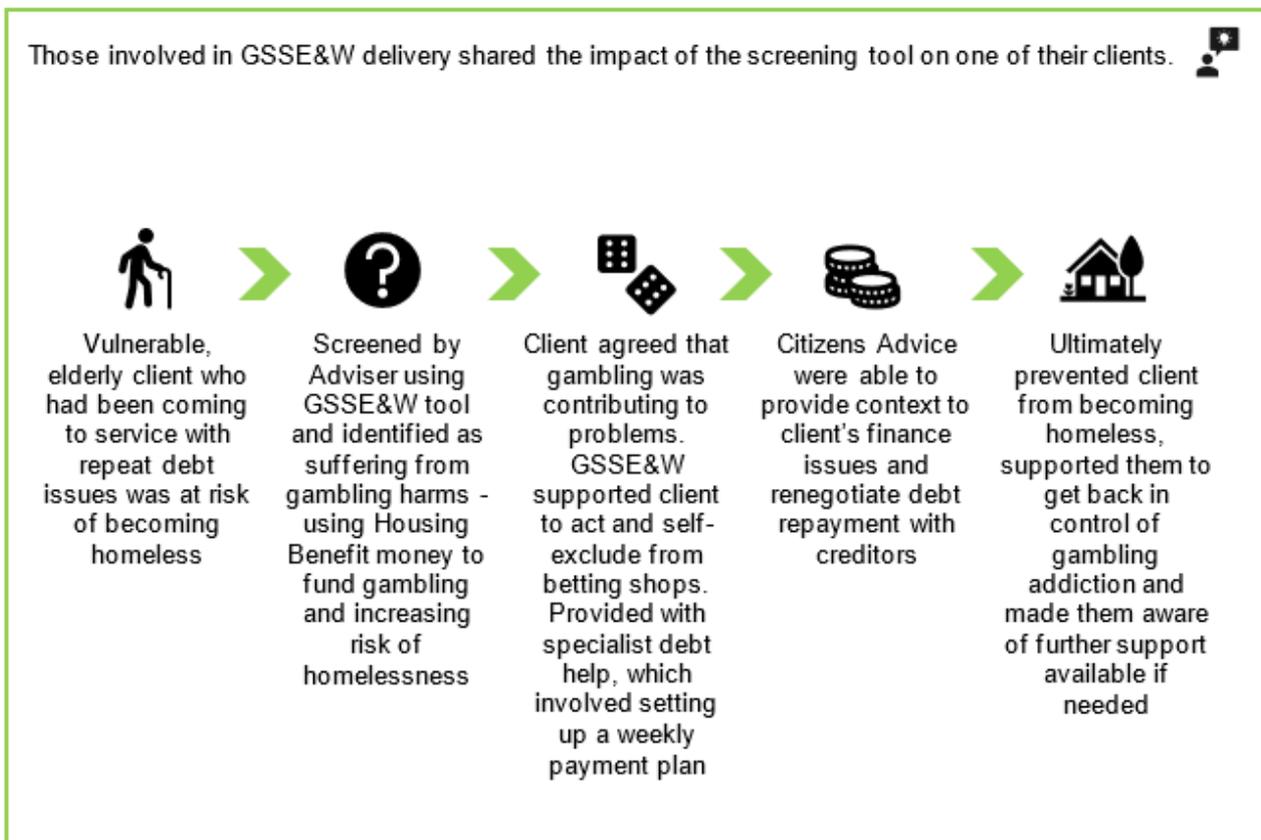
Source: Citizens Advice Casebook extract, September 2020 (84 clients who screened positive for gambling related harms. CAUTION, SMALL BASE SIZE – raw count. Results are indicative only.)

Despite screening inconsistencies across and within LCAs, there was a perception from some Citizens Advice staff that the increased confidence to recognise gambling harms and provide support had reduced the number of clients they saw coming to the service with repeat financial issues. Advisers provided examples of clients that were identified as suffering with gambling harms via the screening tool and ultimately avoided court fines or homelessness as a result of intervention from Citizens Advice [see case study in Figure 17].

*"[Training on the screening tool] has made [advisers] more confident. They know a lot more now and they're more aware of it than they were before so they're more confident in going in and saying to the client 'we now have this project, are you happy to answer these questions for me?'"*

- Project Worker

**Figure 17: Case study example of client support outcomes**



*"I'm not sure we'd ever identified a client with a gambling issues before [...] It's now on people's radar. More than 150 clients have taken information about gambling help. Even if a handful of them take it up, it will have a positive impact on their lives hopefully."*

- Project Worker

*"In two years prior to delivering this role I was involved in the frontline delivery of advice and I know gambling never came up for us. But since we started asking the questions we've got a really high response, with people saying: 'yeah actually, I have been affected by gambling'."*

- Project Worker

Clients and affected others interviewed also shared positive experiences of support received through the service and early positive outcomes for their wellbeing, which are outlined in the client impact journeys in Figures 18 and 19.

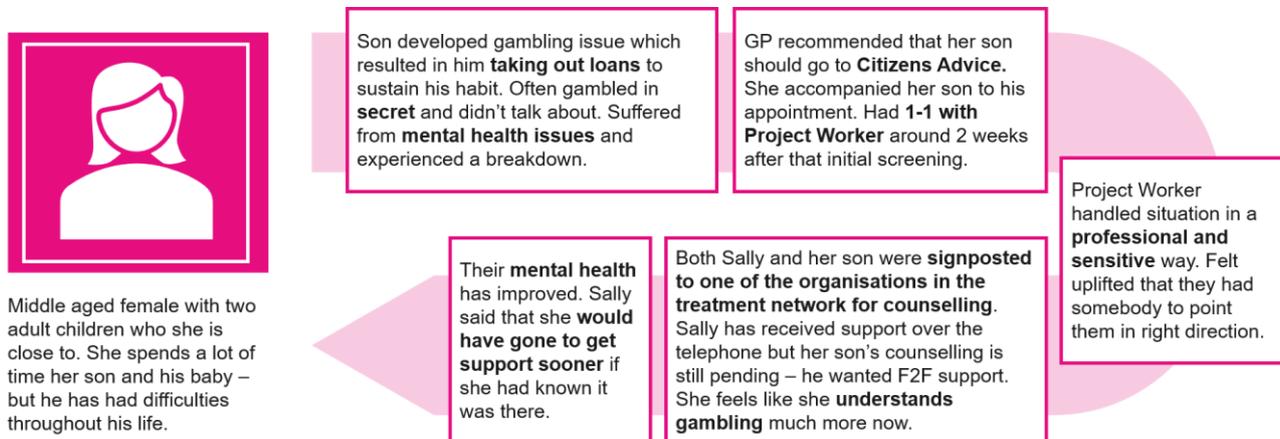
**Figure 18. Client impact journey**



*"I found myself opening up to him [Project Worker] more than I opened to anyone, I felt like it's because I didn't know him... he didn't need to say much, but I was able to pinpoint where things got worse, why they got worse, and why I'd been in this spiral, and because I was able to pinpoint it, I was able to change it."*

- Client

**Figure 19. Affected other impact journey**



*"The experience we got... was so positive. We came out of there... and we were both quite uplifted that we had somebody that was actually listening and could point us in the right direction to the help that we both needed."*

- Affected other

# 5. Implications and lessons for programme delivery

## 5.1 Facilitators to programme delivery

There were key areas of the programme that appeared to positively influence successful implementation and overall impact. These factors are explored below, and this research suggests that they should be considerations in future iterations of the programme or other similar initiatives.

### **Citizens Advice's suitability to deliver GSSE&W and provide support for gambling harm**

While Citizens Advice structure presented some challenges from consistent regional delivery (explored in [Section 5.2](#)), there was a strong sense among both those involved in GSSE&W implementation and external stakeholders interviewed as part of this research that Citizens Advice LCAs were well placed to run a programme about tackling gambling harm. They felt this was because of their organisational expertise in sensitively supporting clients with difficult issues, as well as their established and trusted role within the community.

CEOs and senior managers in LCAs also felt that Citizens Advice's experience running similar programmes aimed at uncovering root causes of client's issues (e.g., the ASK programme<sup>18</sup>) contributed to their work on GSSE&W, as they were able to apply and share lessons previous work.

LCAs were also mindful of external challenges hindering delivery, such as the impact of COVID-19 on their efforts to engage their communities directly and the stigma associated with gambling harm among clients. However these did not seem to detract from the suitability of the Citizens Advice network to deliver GSSE&W, but rather to suggest the importance of sustaining programme activities to further outcomes.

### **Ongoing buy-in from LCAs senior leadership**

Active engagement and strategic involvement in the programme from CEOs and senior managers appeared to be key in facilitating stakeholder mapping and relationship building within and outside LCAs to make the most of partnerships. They also appeared to play a role in the top-down promotion of screening, taking stock of lessons, and aiding programme's sustainability.

### **Project Workers' professional skills**

The remit of the role was extremely broad. Project Workers with experience relevant to the three strands were generally more successful - e.g., where a Project Worker had expertise in delivering training or those who had held a previous role as a frontline adviser with first-hand experience of client appointments.

### **Project Workers' personal demeanour and passion**

Both training organisers and beneficiaries stressed the positive impact of Project Workers' dedication and enthusiasm to delivering training, building relationships internally (e.g., with advice supervisors to facilitate

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<sup>18</sup> Pilot screening scheme implemented by Citizens Advice from 2013 to identify cases of domestic violence and abuse. The ASK programme involved routinely asking screening questions that gave clients the opportunity to disclose domestic violence experiences and follow up procedures to refer them to appropriate support.

screening) and with external partners, and making clients feel comfortable. They described how the persona of the Project Worker was important to engage programme participants in the topic.

### **Efforts to normalise screening and perceived uncomfortable conversations about gambling with clients**

Focussing on reinforcing this with advisers through multiple channels (e.g., formal training sessions, team meetings, personalised feedback from Project Workers) and enabling the flexible use of screening questions seemed to be beneficial at making them feel more comfortable with asking questions on gambling harm to facilitate identification of at-risk cases.

## **5.2 Challenges to programme delivery**

This section explores five key barriers to GSSE&W successfully achieving its intended outcomes that have been identified over the course of the evaluation. These were interconnected and challenged some of the assumptions underpinning the programme's theory of change, which were developed through consultation with GambleAware and key programme stakeholders at the start of the evaluation and refined throughout [See [Appendix C](#) for the outline of programme assumptions]. These were:

- The broad remit of the Project Worker role
- Engaging stakeholders widely across regions
- Securing buy-in from other offices in the regions
- Embedding screening as a regular advice practice
- Difficulties navigating KPIs and evidencing outcomes

### **The broad remit of the Project Worker role**

The Project Worker role included a wide range of responsibilities and required a breadth of skills to enable effective delivery of training, events and client support, which was not consistent across regions. The role was diverse and allowed for flexibility, and while Project Workers acknowledged that its scope covered three delivery strands, some preferred to focus on areas of their role that they were more comfortable with based on skills they had developed in previous roles (e.g., sales, training, networking, client support) and tended to lean towards their strengths. While this could be an asset, it also meant that Project Workers sometimes overlooked elements of delivery they did not feel as confident in or that they considered of lower priority. These factors resulted in variation in the way the programme was delivered across the regions and subsequent outcomes.

Widespread coverage across the programme's three delivery strands and the regional focus of the programme contributed to a perception among Project Workers that there was a lot of work to be done by one person. This also led to Project Workers prioritising activities; for instance, the time they spent travelling and engaging with external organisations limited their resource for other elements like embedding screening or providing client support.

*"In terms of delivering the project it's just me. I market the service, I have engagement with the key stakeholders who are external, I organise and deliver the training and feedback, same with all of the awareness events."*

- Project Worker

*"One of the most difficult parts of this job (prior to Covid) is the travelling."*

- Project Worker

Not all LCAs felt they had sufficient resources to successfully deliver the GSSE&W programme. Some mentioned that the reporting requirements and communication from the National Citizens Advice team could be clearer and more consistent to better support them.

*"I wanted to go back and ask a thousand questions, but I didn't have the platform to do it."*

- Project Worker

Finally, while there was a recognition among participants that having one dedicated individual championing the programme in its entirety and responsible for delivery was beneficial, this presented limitations for the sustainability of the programme. It was important that the professional connections made by the Project Worker were maintained, but they could be lost in instances of staff turnover.

### **Engaging stakeholders widely across regions**

Funded LCAs generally achieved positive outcomes when engaging stakeholders, delivering training, and participating in events within their local community. While this often took time and not all stakeholders initially viewed the training or GSSE&W's contribution to events as necessary for them, Project Workers were able to make the case for the programme's importance and in a few instances, leverage pre-existing connections and relationships.

However, accessing and engaging potential training beneficiaries or event partners to ensure wider coverage across the rest of their regions was generally more challenging. Strategic leaders, Project Workers and other Citizens Advice staff found that their limited knowledge of the wider GSSE&W region presented a barrier to successful delivery of the programme. They felt they did not know as much about stakeholders and the contextual issues in the wider region, which meant it was harder to achieve the same outcomes as they could nearby.

*"One local office for the whole region... it is a monumental task for us to really get to grips with the context of every single locality in the region. I'd argue that's the biggest challenge of the whole project."*

- Project Worker

Engaging clients across the regions was also a challenge and access to support was not equal. Some clients lived in rural areas that were a long distance from the LCA. Many Project Workers felt that there needed to be more localised support for clients.

*"If I say to someone well you can speak to someone [in another regional area] they start to glaze over. So, having local services, especially in rural areas is very important."*

- Project Worker

### **Securing buy-in from other offices in the regions**

Some Project Workers explained that they had initially experienced resistance to their work within their LCA due to a lack of awareness of how it could support clients or concerns about capacity to attend training or deliver screening. Project Workers had been able to overcome this through training and reinforcement, with support from advisers' managers. However, consistently securing buy-in from other offices in the regions was a common programme-wide challenge.

Project Workers found that they often needed to spend more time and effort than expected convincing other offices of the need for GSSE&W training and screening. While some were successful at delivering training to a degree, this was not consistently prioritised or followed up by Project Workers across all regions and there was limited evidence of screening happening in other offices. Some Project Workers described how they worked in a silo, making it difficult to network and find the right people to target within other offices to achieve buy-in to support training or screening activities.

Project Workers and strategic leaders felt that other offices did not always have the capacity or willingness to introduce GSSE&W activities alongside their own funded projects. This was compounded by the organisational structure of Citizens Advice. Whilst Citizens Advice is a connected network, each office is an independent organisation with individual priorities, which meant that there was little incentive to engage with GSSE&W if it wasn't a part of their strategy.

*"It can be a struggle raising awareness internally, particularly with a new project... I think our paid staff and volunteers can sometimes lose track of all the projects we have on the go and forget what they are actually there for."*

- Project Worker

*"[It has been] so difficult to persuade local offices that [gambling harm] is an issue that is probably quite prevalent."*

- Project Worker

### **Embedding screening as a regular advice practice**

Across funded LCAs, ensuring that screening was done correctly and consistently proved challenging, particularly on a practical and operational level.

Despite attending training and Project Workers advocating the need for identifying clients at risk of or suffering from gambling harm, the high-demand nature of the Citizens Advice service meant that frontline staff did not always feel they had time or capacity to conduct screening with clients. Screening was sometimes perceived to be less pressing than the immediate issues the client was presenting with. GSSE&W screening also competed with similar exercises for other funded projects (e.g., screening for energy poverty or domestic violence), which also required questions to be asked during client interactions. Furthermore, some CEOs mentioned that issues with reporting in Casebook (e.g., steps needed to record cases) slowed advisers down during appointments and could deter them from engaging in screening.

*"I think some of the advisers feel that it is unnecessary to ask the client what they consider irrelevant questions. That doesn't just include the GSS questions, but it includes things relating to our other projects... they are tired of asking clients all of these questions when really all they want to do is deal with the presenting issue."*

- Citizens Advice staff

There was evidence of cases where advisers were more conscious in their decision not to conduct screening. There was a sense among some that screening would be inappropriate if the appointment was about a sensitive, seemingly unrelated subject such as bereavement or mental wellbeing. Some frontline staff questioned the format of the screening questions and often preferred informal lines of questioning, perceiving them to be more appropriate and likely to lead to successful client interactions. There was also a concern, particularly in LCAs when screening was not clearly endorsed and normalised at the senior level, that clients might be disturbed by a line of questioning about gambling harm. It should be noted that there were some instances of resistance from clients to answering the screening questions, particularly over the phone. However, advisers who conducted screening more routinely found that, in their experience, clients were generally responsive to questions, and resistance could relate to ongoing stigma associated with gambling harm.<sup>19</sup>

### **Difficulties navigating KPIs and evidencing outcomes**

The widespread coverage of the programme and capacity challenges experienced by Project Workers resulted in some gaps in delivery across the regions, limiting the reach of overall outcomes. As previously described, diversity in regional context and the organisational structure of Citizens Advice contributed to this. Performance of regions against KPIs was not consistent, suggesting that some needed more support than others. Some Project Workers were also more adept to overcoming challenges than others (e.g., finding

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<sup>19</sup> It is worth noting that further research is being conducted to explore the most appropriate screening and trigger questions to identify gambling harms ([kcl.ac.uk/research/identifying-gambling-harms](https://www.kcl.ac.uk/research/identifying-gambling-harms)).

innovative ways to raise awareness, approaching different organisations for training, or adapting to COVID-19 restrictions).

Some regions found it challenging to respond to changing data requests. They felt the reporting criteria for the programme changed often and they struggled with this. Some also felt that the KPI targets set by the funder were very high. There were also some differences in the way KPIs were interpreted; for instance, when recording their performance in the events strand, some Project Workers appeared to include social media coverage and media appearances in their reporting, not solely virtual or in-person awareness-raising sessions.

In addition to delivery challenges, those involved in the GSSE&W programme faced challenges evidencing outcomes and performance against KPIs. These appeared to be connected to:

- **The timeframe and nature of the programme:** many believed that it was too early to gauge what the tangible outcomes of the GSSE&W programme were. They considered the overarching programme objectives to be long-term as they felt that it would take time to break down the stigma associated with gambling, to shift people's mindsets, and to embed screening in behaviour. Some also felt that the preventative nature of the programme made it difficult to measure overall impact – as the outcomes of preventative work could be obscured by the fact that cases that would have otherwise presented had been averted.
- **How the GSSE&W was incorporated into Citizens Advice:** while advisers had to sometimes prioritise clients' presenting issue during individual appointment, Citizens Advice strives to provide an holistic services for its users. The GSSE&W programme was felt to contribute to this and compliment other work (e.g. housing or debt issues that may be related to gambling). Therefore, in instances where advisers supported clients with multiple matters it could be challenging to disentangle outcomes and attribute them to a single project or intervention.
- **Inconsistency of data collection:** despite working across a regional area with both internal and external stakeholders, data on client impact was only collected by LCAs delivering the GSSE&W programme. This limited the ability to analyse the impact of work elsewhere in the region and directly attribute them to the programme, particularly if external organisations referred clients to Citizens Advice following training, as outcomes like this were not formally captured.
- **Inconsistency of client support process:** although some Project Workers mentioned that they conducted follow-ups with clients who screened positive on the screening tool or had been referred to further support, this was not done consistently. As a result, they were unable to evidence longer-term impacts of work with clients. However, it should be noted that this was outside LCAs remit as part of the programme.

### 5.3 COVID-19 as both an obstacle and an opportunity

It was generally acknowledged that COVID-19 had a disruptive effect on GSSE&W delivery, given that it was intended to be a predominantly face-to-face intervention. As the pandemic hit and social restrictions were put in place, like many organisations, LCAs had to shift their focus to responding and adapting to the circumstances, which in some cases involved Project Workers needing to support other projects due to reduced contribution from volunteers.

However, COVID-19 also provided opportunities to establish new approaches to effectively deliver activities and allowed Project Workers to creatively repurpose time that was previously used up with travel. This section explores how COVID-19 affected each strand of the programme.

#### Scheduling and delivering training

Shifting training online required some adjustments, with implications for delivery and post-session activities. Project Workers had to spend time adapting the sessions to be more appropriate for the new format. This included condensing information to fit into shorter sessions and ensure they could maintain the audience's attention remotely.

Organisational responses to COVID-19 determined a shift in priorities for both Citizens Advice and external organisations, with a negative impact on receptiveness to training and follow-up sessions. Both within Project Workers' LCAs and other offices in the regions, COVID-19 also restricted volunteer involvement as many were not working during the pandemic, reducing the cohort available to deliver training to.

Project Workers were not able to collect feedback on online sessions as effectively as was done for face-to-face training, which determined a drop on the recorded number for KPIs. Previously, they handed out and gathered feedback forms at the end of in-person sessions, making it easier to ensure attendees completed them, whereas Project Workers found that they had less control over collecting online feedback.

However, moving to virtual session was beneficial to reduce travel time and enable wider geographical coverage, suggesting that a mix of face-to-face and online approaches could be beneficial in the future.

### **Organising and participating to events**

Both LCA senior leaders and Project Workers highlighted how COVID-19 restrictions had caused activities in the events strand to plateau, compromising their ability to meet the associated KPI targets.

More generally, LCAs found that they were not able to follow up as planned on some relationships and partnership opportunities they had been building prior to the pandemic as, similarly to the impact on training, adapting to the pandemic took priority for organisations over GSSE&W activities.

However, the restrictions offered an opportunity for Project Workers to be creative and experiment with new ways to engage their audiences, such as creating social media posts, sharing blog posts and interviews, and developing a podcast on gambling harm. There was a sense that online methods had the potential to reach a wider audience (although there was limited evidence of positive impact at the time of fieldwork, possibly due to the limited timeframe in which these new activities had to result in an effect).

### **Providing client support**

As the pandemic hit, responding to and supporting clients required a significant adjustment for LCAs, which initially diverted attention and resources from GSSE&W. Responding to the influx of client issues related to the pandemic (e.g., benefits applications) became the focus for offices, with some Project Workers sharing their time between the programme and in a frontline adviser role.

As Citizens Advice suspended in-person services, LCAs also noted decreased local presence, particularly affecting those in remote areas or digitally excluded individuals. Screening practices also changed. Prior to the pandemic, screening was mostly conducted in-person, with clients filling in a form containing the screening tool as they waited for their appointments to see advisers. Some Project Workers felt that screening clients over the phone – with advisers generally asking the questions at the end of the interaction – had resulted in a decrease in responses, possibly because of increased reluctance from clients to answer 'on the spot'. Some Project Workers also felt less able to check in with advisers to ensure they were asking the screening questions and provide ad hoc support or feedback.

While outside the scope of GSSE&W activities, it is worth highlighting that there was evidence that the COVID-19 context had presented a barrier for some clients to access support. They described how they preferred face-to-face treatment to over the phone and had decided to either postpone or not to received treatment because of this. On the other hand, the lack of social interaction determined by COVID-19 restrictions also forced some clients to stop or limit gambling when they might have continued otherwise as betting shops and pubs were not open.

## **5.4 Opportunities for improvement**

This section draws on findings from the process and impact evaluation to highlight opportunities for consideration in future iterations of the programme or other similar interventions to support achievement of intended outcomes.

### **Clarifying Project Workers' remit and considering scope for additional support**

As the Project Worker role was critical for programme delivery, providing further clarity on expectations of the role and addressing capacity issues could be beneficial. Additional capacity or resources could also enable Project Workers to reach and engage other offices in the regions more effectively.

Opportunities identified related to this are presented below:

- **Develop the job description:** identify fundamental skills for the Project Worker role and develop the role description, including providing clarity on expectations for delivery of each strand.
- **Boost capacity and support:** consider the possibility of increasing funding for additional resource, e.g., splitting responsibilities across more than one individual to support business continuity. This could involve reviewing the structure of GSSE&W delivery within Citizens Advice and identifying the most appropriate avenues for potential support for Project Workers, for instance from managers and other officers.
- **Highlight requirements and priorities:** reflect on how role requirements are communicated to Project Workers and share lessons from previous work to inform their understanding of critical or priority activities (e.g., conducting stakeholder mapping early, leveraging existing connections to snowball contacts or establish relationships, tailoring training to specific audiences, and including examples of lived experiences).
- **Continue developing a support network:** maintain the regular Project Workers forum meetings, as they may be used as an opportunity to discuss common challenges, share lessons learnt, capture delivery or skill gaps, and reinforce progress against common objectives.

### **Promoting regional buy-in and engagement**

As engagement of both Citizens Advice offices and external stakeholders was challenging, particularly at the regional level, there could be a role for GambleAware and National Citizens Advice to help promote the programme and facilitate senior buy-in.

Opportunities identified related to this are presented below:

- **Further embed the programme within Citizens Advice:** consider the scope and structure of the programme and how it converges with the service delivery model of Citizens Advice to promote it more widely, ensuring that understanding of GSSE&W programme objectives and delivery methods are consistent across the regions.
- **Assist engagement:** examine the role that National Citizens Advice and/or GambleAware could play to support networking across other Citizens Advice offices and external organisations within the region. This could include advocating for the programme or helping to develop partnerships of interested stakeholders based on existing networks.
- **Recognise the diversity of regional context:** be mindful of the contextual circumstances of the different regions, including support needs and accessibility in different localities and political issues between different Citizens Advice offices.
- **Showcase relevant lessons:** acknowledge the challenges and lessons brought about by COVID-19 and consider how regions can be supported to maintain momentum and ensure sustainability of GSSE&W activities.

### **Further enabling and embedding screening practices**

Even in LCAs where screening was more embedded in advisers' practices, it took time to encourage and implement consistently. Consistent communications and feedback to advisers could be used to further ingrain the process, reinforce delivery expectations of frontline staff, and identify and overcome barriers as they emerge.

Opportunities identified related to this are presented below:

- **Contemplate scope for flexibility:** consider the option of adapting the screening tool or offering more flexibility with questions, which could facilitate a more natural discussion about gambling harm.
- **Recognise challenges:** acknowledge time constraints during appointments by considering the relevance of gambling harms screening for all interactions. Ensure advisers have a clear understanding of the expectation (e.g., applying their judgement, using a decision tree or screening every time).
- **Tackle advisers' concerns:** build concerns and challenges related to screening into training, for instance through myth-busting (e.g., debunking the assumption that clients will be reluctant to answer or will get upset by being asked about gambling), role play exercises, or sharing case studies of successful interactions.
- **Facilitate reporting:** consider ways in which reporting can be further streamlined so that advisers are not disrupted by it and are more likely to record screening data.
- **Provide top-down support:** contemplate how GambleAware and National Citizens Advice can support Project Workers to boost consistent screening both within LCAs (e.g., through Project Workers monitoring levels of screening and giving advisers feedback) and across the regions (e.g., by reinforcing GSSE&W as a national project and expectations on regional screening practices).

### Signposting clients to the service and further support

GSSE&W support was generally valued by clients and affected others involved in this research, who explained how they found their experiences to be positive and helpful. However, it appears that more time and further work is needed to raise awareness of the support among potential clients and tackle the stigma associated with gambling harm.

Opportunities identified related to this are presented below:

- **Continue community awareness raising:** sustain activities that increase knowledge about what constitutes gambling harm and continue challenging the stigma surrounding it, so potential clients gain awareness and may be more open to discussing it.
- **Develop outreach opportunities:** consider how GSSE&W could be advertised further in order to improve reach and overall impact of the service. Citizens Advice is the main intended point of access for GSSE&W, and there could be potential for individuals who do not use Citizens Advice services to benefit from learning that they could access a dedicated gambling service through Citizens Advice. More communication about the service from National Citizens Advice and GambleAware could be a possible way of raising its profile further (e.g., social media campaigns).
- **Advocate for the provision of longer-term support:** reflect on how the service or its partners can support sustained, longer-term positive outcomes for clients and affected others, for example they may benefit from systematic follow-ups, particularly in the context of easing COVID-19 restrictions. This could also generate more data on the effectiveness of different interventions.

### Considering scope for additional flexibility in project implementation, while clarifying expectations on key objectives

The programme could take advantage of LCAs' expertise in support provision to clients by encouraging their sustained input and feedback to support iterative and systematic programme improvements.

Opportunities identified related to this are presented below:

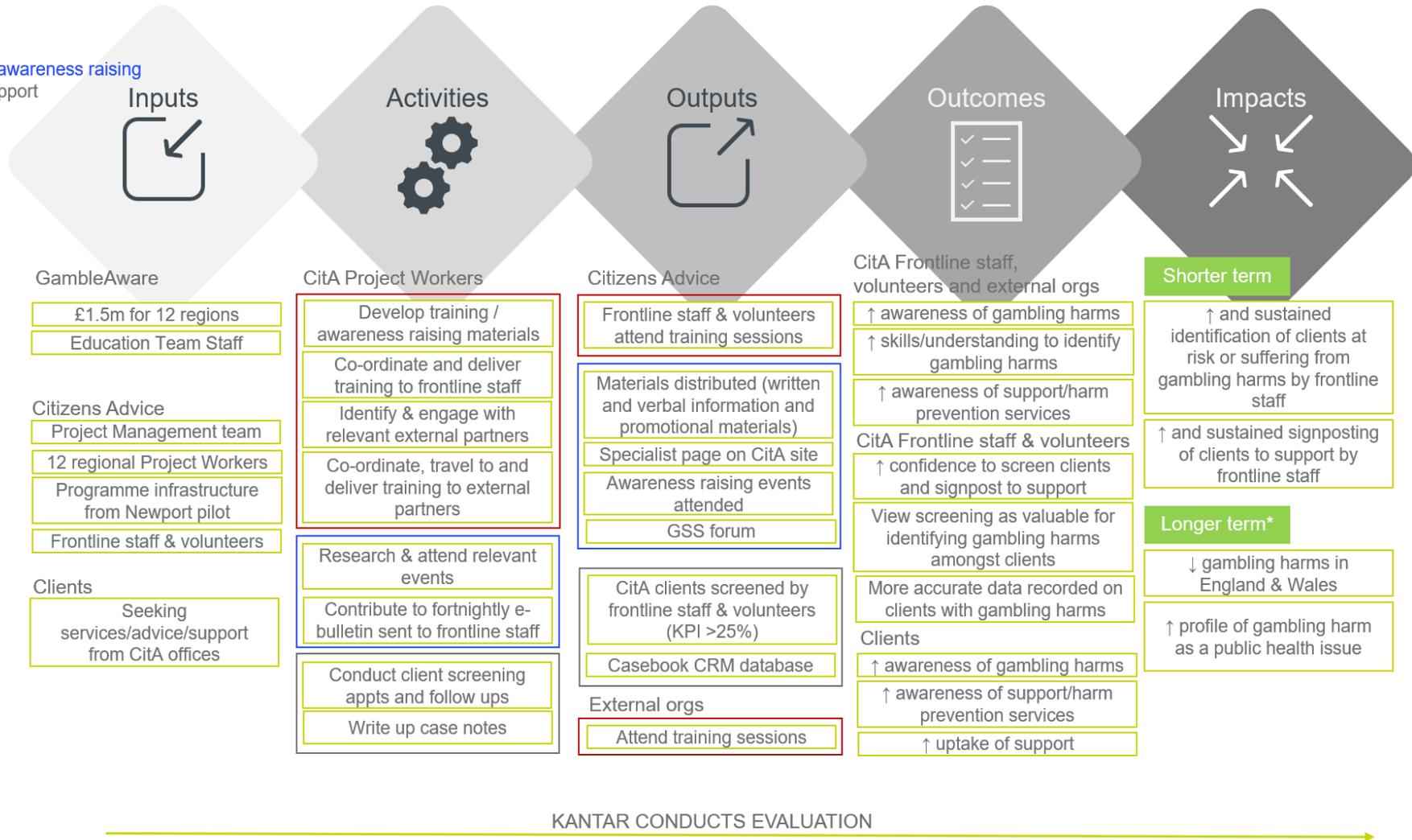
- **Draw on lessons learnt from other programmes:** recognise how lessons from similar successful projects delivered by Citizens Advice at the national level (e.g., ASK programme) could be used to improve GSSE&W and deliver at scale.
- **Consider scope for increased input from LCAs:** consider the feasibility of adopting a more iterative roll-out approach to offices in the wider regions, including engaging in regular discussions

with LCAs' senior leaders and Project Workers about lessons learnt and next steps. These could be done through dedicated meetings or forums, which could be moderated by National Citizens Advice to encourage openness and ensure that lessons are taken forward consistently.

- **Reflect on KPIs:** consider the appropriateness of KPIs and KPI targets to ensure they are clear, aligned and realistic, as well as assessing whether KPIs targets could be flexed to allow LCAs more space to adapt them to their context and community needs without compromising on delivery.
- **Improve data collection:** Reflect on how data collection requests and processes could be improved to ensure consistency and quality of data across the regions. This includes identifying whether there are any skill gaps in regions and addressing them through training.
- **Consider areas for further research:** this could be particularly beneficial to consolidate insight and inform programme design. This could include exploring the most effective way to introduce and conduct screening in client appointments to develop understanding of the impact of a more flexible or a standardised approach. Further research could gather more evidence about the experiences and outcomes for clients and affected others to strengthen findings, given the small sample size available for this evaluation.

# Appendix A – Initial programme logic model

Key:  
 Training  
 Events / awareness raising  
 Client support



\*Longer term impacts may be out of the scope of this evaluation

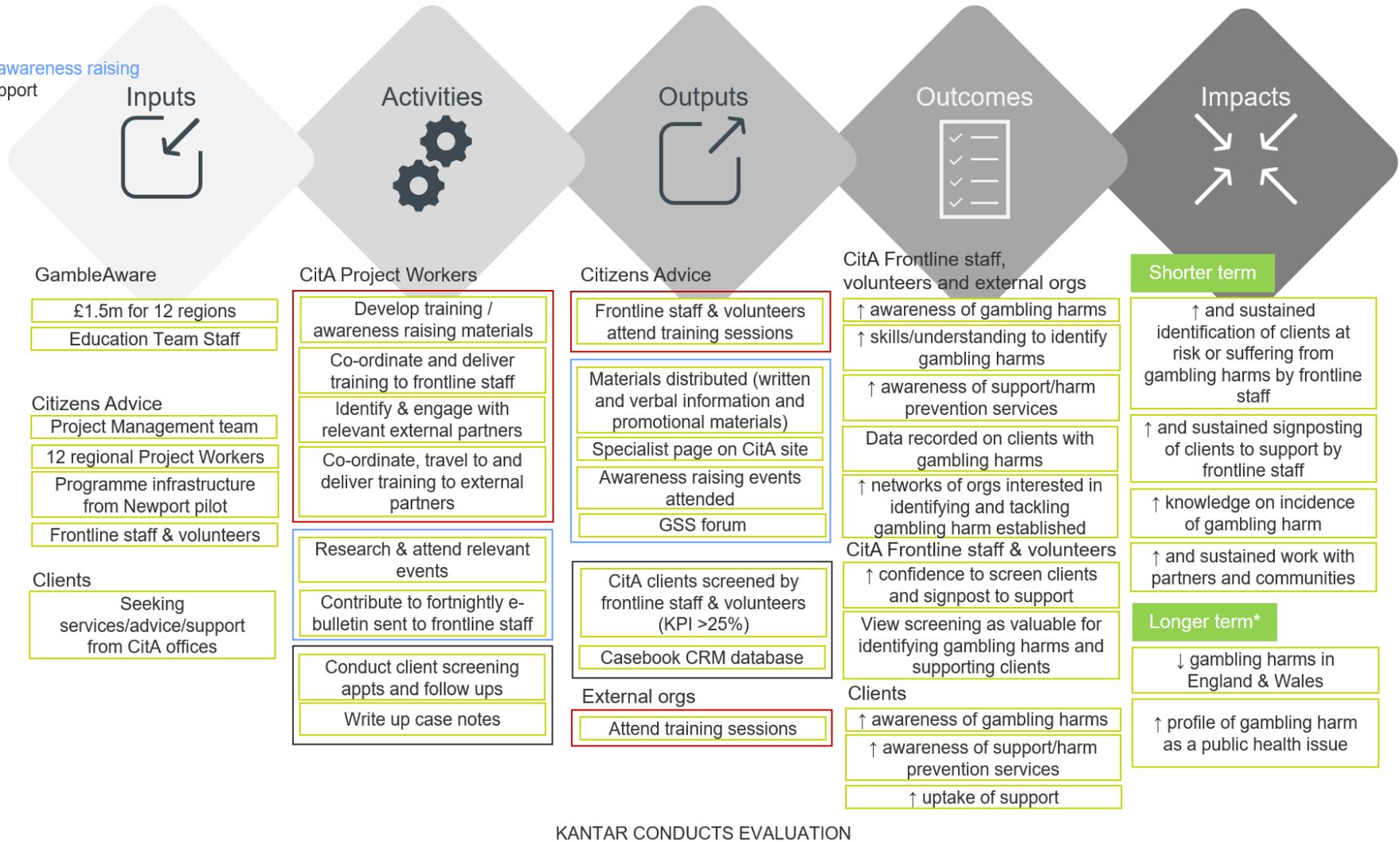
# Appendix B – Updated programme logic model

Key:

Training

Events / awareness raising

Client support



KANTAR CONDUCTS EVALUATION

\*Impacts are out of the scope of this evaluation

# Appendix C – Programme assumptions

**Key:**

Programme assumptions

Outside programme scope

Challenged – opportunity for improvement

Delivering training and attending events is an effective approach to addressing the lack of awareness about gambling harm in England & Wales

There is a shared definition / understanding at all levels of what constitutes 'gambling harm'

Regional Project Workers have sufficient skills, capacity and resources to deliver training, events and client support

Project Workers have access to relevant recipients of training

Training is viewed as worthwhile by training recipients and other stakeholders (e.g. support organisations, local councils)

Participants attending training gain the skills and confidence needed to identify cases of gambling harm

Frontline Citizens Advice staff and volunteers attending training have the capacity needed to conduct screening

Screening questions are appropriate for client interactions and effectively identify cases of gambling harm

Training provides frontline Citizens Advice staff with knowledge of where to signpost people at risk of or suffering from gambling harm to support

People at risk of or suffering from gambling harm are receptive to early intervention and (where applicable) access signposted support

Services signposted to have capacity and skills to support people at risk of or suffering from gambling harm

Flexible nature of approach allows 12 regions to deliver the programme effectively in their locality

# Appendix D - Case studies sample frame

As part of Phase 2, Kantar conducted deep dives with four of the GSSE&W delivery regions. Below is an overview of the roles of those who were interviewed as part of the research for each region:

	Case study region 1	Case study region 2	Case study region 3	Case study region 4
Project Worker	1	1	1	1
Internal Citizens Advice staff	2	2	2	3
External organisations	2	3	3	1
Total	5	6	6	5