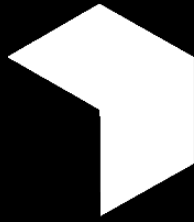


The role of self-directed tools and strategies in reducing gambling harm

Final report



January 2026



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Acknowledgements

We express our gratitude to all research participants who shared their experiences and views on using self-directed tools or strategies (SDTS) to manage, reduce or quit gambling. Their openness is greatly appreciated.

We also want to thank the academics and experts from the gambling support space who shared their views on our research approach and provided feedback on our recommendations. Experts were consulted on specific topics; therefore, the views expressed in this report are those of the authors and do not necessarily reflect the perspectives of all contributors.

- Amy Bussey, Head of Insight and Innovation, Ygam
- Daniel Bliss, Executive Director of External Affairs, Ygam
- Lauren Campbell, Treatment Manager, Beacon Counselling Trust
- Mark Conway, Operations Lead, Gambling Lived Experience Network
- Tessa Corner MPhil, CEO, StreetScene Addiction Recovery
- Professor Sally Gainsbury, Director, Gambling Treatment & Research Clinic, and Professor of Psychology, University of Sydney
- Janine Maddison, Insight and Innovation Officer, Ygam
- Zoe Martindale, CCO, StreetScene Addiction Recovery
- Simone Rodda, Associate Professor of Psychology and Neuroscience, Auckland University of Technology
- Pavlos Tosounidis, Psychotherapist, Breakeven
- Colin Walsh, Lived Experience Manager, GamCare
- Matt Zarb-Cousin, Co-Founder and Director, GamBan

Finally, we would like to thank the members of the Lived Experience Advisory Panel, who provided invaluable insights and feedback throughout all our research activities: Calvin Findlay, Rebecca Lunn, Suhail Patel, Thomas Powe, Philip Price, Lydia Silentium, and Stephanie White.

This report was funded by GambleAware. GambleAware is a wholly independent charity and has a framework agreement with the Gambling Commission to deliver the National Strategy to Reduce Gambling Harms within the context of arrangements based on voluntary donations from the gambling industry. GambleAware commissions research and evaluation to build knowledge of what works in prevention and reduction of gambling harms that is independent of industry, government and the regulator.

The authors alone are responsible for the views expressed in this article, which do not necessarily represent the views, decisions or policies of the institutions with which they are affiliated.

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Executive summary

Introduction and background

This report presents the findings of a project aimed at understanding the experiences of people using self-directed tools and strategies (SDTS) to manage, reduce, or stop gambling. Its purpose is to identify the key barriers people face in taking up and using these tools and strategies, and to develop actionable recommendations for sector stakeholders.

This research addresses a gap identified in previous studies. While SDTS offer an accessible, private, and often preferred alternative to formal treatment, their potential remains unrealised. Evidence shows that people's uptake and sustained engagement remain low. This report investigates the reasons for this disconnect, analysing the systemic, behavioural, and design-based barriers that prevent people from finding, adopting, and maintaining the use of this self-directed support.

In this project, we used a multi-phase research design to understand why and how people engage with SDTS: a literature scan, expert interviews, 30 in-depth reflexive interviews, a diary study, a large-scale survey, and co-design workshops.

A Lived Experience Advisory Panel (LEAP), composed of people who had experienced gambling harm themselves or as an affected other (individuals who experience harm as a result of someone else's gambling), was integral to the project's shaping. This panel provided guidance by co-developing the research scope, co-designing materials, assisting in the analysis of findings, and helping to prioritise and co-design the final recommendations and solutions presented in this report.

Analysis approach

The research used a barrier-focused analysis approach, arranging findings around the key cross-cutting barriers people face when using SDTS. This approach was chosen to reflect the systemic nature of barriers across multiple tools and strategies. Organising findings around these barriers provides deeper insight into the fundamental challenges of self-directed change than tool-by-tool descriptions.

Barriers to using SDTS

The research identified ten significant, cross-cutting barriers that people¹ face throughout their journey of self-directed change. These challenges demonstrate that the primary issue is not a lack of tools and strategies, but a complex and fragmented prevention and support ecosystem that is difficult for some people to navigate effectively.

Challenges when starting to use tools and strategies

At the outset, people may face barriers to accessing support:

1. **Limited awareness:** People are unaware of the full range of available tools and strategies, especially informal or offline options.
2. **Difficulty finding support:** The support landscape is fragmented, with information poorly signposted. This makes it difficult for people to locate new or appropriate tools.
3. **Not recognising the need for help:** People may not perceive their own gambling as harmful, viewing support tools as necessary only for those in serious crisis.
4. **Stigma:** Fear of judgement or shame is a key deterrent, preventing people from seeking help or discussing their gambling.

Challenges while using tools and strategies

For those who adopt a tool or strategy, challenges to sustained engagement emerge:

5. **Selecting unsuitable support:** Due to limited awareness and difficulty navigating options, people often pick the only tool or strategy they know, which may be inappropriate for their specific needs or goals.
6. **Poor tool design:** People are demotivated by tools perceived as poorly designed, easy to circumvent (especially in land-based venues), or inaccessible (e.g., language barriers).
7. **Internal urges ("Hot states"):** People struggle against the impulsivity to gamble ("hot states"), which is often compounded by mental health challenges, boredom with support, or gambling being deeply integrated into daily routines.

¹ The term 'people' is used throughout the report to refer to individuals who gamble and experience some level of harm and have an interest in reducing, managing or stopping their gambling.

8. **External triggers:** The 24/7 availability of online gambling, ubiquitous advertising, and the normalisation of gambling in social circles create constant triggers that make sustained engagement with SDTS difficult.

Challenges with recovery

Finally, the recovery process itself presents further barriers:

9. **Unexpected ups and downs:** The journey towards ongoing recovery is rarely linear. People experience unexpected setbacks and unintended side effects (like substituting one gambling product for another), which can be demoralising.
10. **Adjustment challenges when reducing gambling:** The process of restriction, as a self-directed strategy, can lead to negative personal impacts, such as frustration, or social impacts, like feeling isolated from friends, which can weaken resolve.

The current support ecosystem does not fully account for this non-linearity, often framing recovery as a one-time event, which can lead to people feeling a sense of failure if they lapse.

Key recommendations

To address the core barriers of fragmentation and challenging navigation, this report recommends three primary co-designed solutions:

1. **A universal self-exclusion scheme:** A single, centralised system to allow people to self-exclude from both online and land-based gambling channels, addressing the current fragmented and easy-to-circumvent schemes.
2. **A centralised support hub:** An independent, one-stop-shop for all gambling support information. This hub would consolidate resources, simplify navigation, and present options in an easy-to-understand, filterable format.
3. **An enhanced self-evaluation questionnaire:** A tool that moves beyond simple risk-scoring to provide people with personalised, actionable recommendations for specific tools and strategies based on their goals and circumstances.

Beyond these specific interventions, we also recommend relevant sectors (including support and treatment, prevention and education, and other adjacent sectors, such as financial services providers) to adopt broader, behaviourally informed strategies to improve the entire support ecosystem. A key recommendation is to 'formalise' informal strategies by providing guidance, toolkits, and structured advice on approaches people already employ, such as avoiding triggers or setting personal budgets. This would validate these methods and improve their credibility.

Further recommendations include minimising information overload by redesigning user journeys and choice architecture to be simpler and less cognitively demanding. The sector must also reframe support as a proactive, preventive measure for managing low-level harm, not just a crisis response. Critically, all resources must be designed to empower people to manage setbacks, normalising the non-linear nature of recovery and providing clear plans for managing triggers and periods of no longer being abstinent.

Many of these recommendations involve minor adjustments to the strong resources that already exist across these sectors and could be implemented over time by organisations, in line with current resource constraints.

The findings demonstrate that the primary issue facing people is not an absence of support, but rather the complexity of the system where that support resides. The current fragmented landscape can inadvertently place an extra cognitive burden on people, potentially complicating the process of seeking help. Streamlining navigation, personalising guidance, and building in support for a non-linear journey will be key to reducing barriers to access, encouraging sustained engagement, and ultimately facilitating better outcomes for the millions of people and families affected by gambling harm.

Introduction

Background

Gambling-related harm takes many forms, ranging from financial difficulties to mental health issues and deteriorating personal relationships. It can impact people, families, and communities alike, with 15% of those who gambled in the past four weeks reporting experiencing negative consequences.² Despite the levels of harm experienced, only a small fraction of those who gamble (9%) seek support, treatment, or advice³, which are often seen as a last resort.⁴ Self-directed tools and strategies (SDTS) can offer an accessible and effective alternative to formal support for many people.⁵

Scope of SDTS in gambling harm reduction

SDTS represent a broad and varied range of interventions intended to help people manage and reduce their gambling behaviour with minimal or no professional support. For the purposes of this report we have defined SDTS to include:

- **Tools:** Any offers by gambling charities, operators or other stakeholders (e.g. banks) that can help people manage or reflect on their gambling behaviour with no or very limited involvement of a professional. Such tools include, for example, [GambleAware's Spend Calculator](#), [Gamstop self exclusion scheme](#), [GamBan's blocking software](#), [GamblersAnonymous](#), gambling blocks offered by banks, or limits available on operator websites.
- **Strategies:** Self-management techniques, such as recognising and avoiding triggers that may lead to gambling, talking to family members about gambling in a goal-oriented manner, or goal setting to stop or reduce gambling. These approaches might or might not be supported by tools

² The Gambling Commission. (2025). *Understanding the adverse consequences of gambling*. <https://www.gamblingcommission.gov.uk/report/understanding-the-adverse-consequences-of-gambling>

³ Gosschalk, K., Cotton, C., Chamberlain, Z., Harmer, L., Bondareva, E. & Mackintosh, J. (2025). Annual GB Treatment and Support Survey 2024. https://www.gambleaware.org/media/5mpnibc4/gambleaware_2024_treatment-and-support_report_v60.pdf

⁴ GambleAware. (2023). GambleAware: Segmentation 2023. Available at <https://www.begambleaware.org/sites/default/files/2024-01/GambleAware%20-%20Audience%20Segmentation%20-%20Report.pdf>

⁵ Alma Economics. (2023). *Self-help strategies for reducing gambling harms: A scoping study*. Available at <https://www.begambleaware.org/sites/default/files/2023-12/Self-help%20strategies%20-%20Final%20report.pdf>

outlined in the previous bullet point, such as, for example, through online information or workbooks.

There is a growing preference for SDTS, with people wanting to take direct action as a first step towards changing their gambling behaviour. It has been suggested this preference may be driven by the easier to access nature of this type of support, as well as the enhanced privacy offered.⁶ This is believed to have been of particular relevance to more diverse communities,⁷ given the additional stigma experienced and barriers to accessing more traditional treatment. However, as an earlier scoping study into SDTS⁸ (commissioned by GambleAware) highlighted, engagement with SDTS remains low, suggesting there may be additional barriers to their use.

The promise and challenge of self-directed approaches

The diversity in the provision and delivery of SDTS means that some have been better studied than others. So far, there has been more research conducted on the use and effectiveness of tools compared to strategies.

Studies have mapped the facilitators of tools use, such as having concerned friends and family, self-discrepancy, and experience with past tool use, as well as barriers to it, including shame, stigma, and structural issues.⁹ However, no such overviews have been produced for strategy use, making this form of self-help¹⁰ much less understood by researchers and practitioners.

Time and deposit limits are one of the most widely-spread forms of SDTS. Gambling operators in GB are required to provide customers with deposit limits¹¹, and many offer further tools, such as 'reality checks' warning users about the time they spent on the website. A review of evidence found little empirical evidence for the positive

⁶ GambleAware. (2023). GambleAware: Segmentation 2023. Available at <https://www.begambleaware.org/sites/default/files/2024-01/GambleAware%20-%20Audience%20Segmentation%20-%20Report.pdf>

⁷ Dowling, N. (2018). Development and Evaluation of an Online Gambling Self-Directed Program: Effective Integration into Existing Services. Victorian Responsible Gambling Foundation. Available at https://responsiblegambling.vic.gov.au/documents/348/Development_and_evaluation_of_a_n_online_gambling_self-direct_help_program.pdf

⁸ Alma Economics. (2023). Self-help strategies for reducing gambling harms: A scoping study. Available at <https://www.begambleaware.org/sites/default/files/2023-12/Self-help%20strategies%20-%20Final%20report.pdf>

⁹ Alma Economics. (2023). Self-help strategies for reducing gambling harms: A scoping study. Available at <https://www.begambleaware.org/sites/default/files/2023-12/Self-help%20strategies%20-%20Final%20report.pdf>

¹⁰ Reporting note- self-help is used interchangeably with self-directed throughout the report

¹¹ The Gambling Commission. (2021). Remote gambling and software technical standards (RTS). <https://www.gamblingcommission.gov.uk/standards/remote-gambling-and-software-technical-standards/1-RTS-introduction>

impact of such voluntary tools, mainly due to low uptake rates and limitations in previous studies.¹² Further evidence also highlighted low comprehension and awareness of the tools currently offered.¹³

Self-exclusion schemes, where people request to be excluded from certain forms of gambling, are a more well-researched type of self-directed tool. Evidence suggests that these schemes are effective in improving outcomes related to well-being, mental-health, financial satisfaction, and gambling harms severity,^{14 15} albeit they are not widely known by those who gamble.¹⁶ Despite their potential, they also have nuances and challenges. First, people may breach exclusion.¹⁷ Second, they might also find the design of tools inappropriate, for example, those experiencing gambling harms often perceive self-exclusion periods as too short, while simultaneously viewing unlimited exclusions as excessively restrictive.¹⁸ Research also suggests that people's gambling behaviours following self-exclusion vary depending on the length of the exclusion period, with shorter periods being shown ineffective in changing long-term behaviours.¹⁹ Furthermore, it also matters when outcomes are measured: short-term changes observed immediately after self-exclusion do not

¹² Delfabbro, P. H., & King, D. L. (2021). The value of voluntary vs. mandatory responsible gambling limitsetting systems: A review of the evidence. *International Gambling Studies*, 21(2), 255- 271. <https://doi.org/10.1080/14459795.2020.1853196>

¹³ Behavioural Insights Team (2024) Gambling management tool survey results. <https://www.bi.team/publications/gambling-management-tool-survey-results/>

¹⁴ Matheson, F. I., Hamilton-Wright, S., Kryszajtyś, D. T., Wiese, J. L., Cadel, L., Ziegler, C., ... & Guilcher, S. J. (2019). The use of self-management strategies for problem gambling: a scoping review. *BMC Public Health*, 19(1), 445. <https://link.springer.com/content/pdf/10.1186/s12889-019-6755-8.pdf>

¹⁵ Lischer, S., Schwarz, J., Wallimann, H., Mustafić, M., & Jeannot, E. (2024). The effect of exclusion on subjective well-being indicators and problem gambling in Swiss casinos. *International Gambling Studies*, 24(3), 398-418. <https://www.tandfonline.com/doi/pdf/10.1080/14459795.2024.2321170>

¹⁶ Bijker, R., Booth, N., Merkouris, S. S., Dowling, N. A., & Rodda, S. N. (2023). International prevalence of self-exclusion from gambling: A systematic review and meta-analysis. *Current Addiction Reports*, 10(4), 844-859. <https://link.springer.com/content/pdf/10.1007/s40429-023-00510-6.pdf>

¹⁷ Håkansson, A., & Komzia, N. (2023). Self-exclusion and breaching of self-exclusion from gambling: a repeated survey study on the development of a nationwide self-exclusion service. *Harm Reduction Journal*, 20(1), 107. <https://link.springer.com/content/pdf/10.1186/s12954-023-00822-w.pdf>

¹⁸ Kraus, L., Bickl, A., Sedlacek, L., Schwarzkopf, L., Örnberg, J. C., & Loy, J. K. (2023). 'We are not the ones to blame'. Gamblers' and providers' appraisal of self-exclusion in Germany. *BMC Public Health*, 23(1), 322. <https://link.springer.com/content/pdf/10.1186/s12889-023-15117-9.pdf>

¹⁹ Hopfgartner, N., Auer, M., Helic, D., & Griffiths, M. D. (2023). The efficacy of voluntary self-exclusions in reducing gambling among a real-world sample of British online casino players. *Journal of Gambling Studies*, 39(4), 1833-1848. <https://link.springer.com/content/pdf/10.1007/s10899-023-10198-y.pdf>

necessarily predict longer-term patterns, though evidence for the reasons behind this is limited.²⁰ This suggests that the effectiveness of self-exclusion may change over time and depends on a range of factors, though further research is needed to understand the mechanisms behind these varying outcomes.

Strategies within SDTS, such as coping skills (e.g., mindfulness), self-directed cognitive behavioural therapy, and personalised feedback on gambling behaviour, also show positive outcomes, although with substantially less evidence.²¹ However, combining SDTS with traditional treatment, such as motivational interviewing, has not always been found to improve outcomes.²²

Therefore, there is a need for a better understanding of a wide range of SDTS and consider how the uses of multiple self-help options interact with each other, as well as the common user journeys experienced by people wanting to change their gambling behaviour. Research gaps have also pointed to more actionable solutions to support providers, regulators, and gambling operators alike, moving beyond mapping barriers and facilitators of tools use. The current study was designed to fill these gaps.

Role of user experience within this project

This project was deliberately designed to move beyond the categorisation of SDTS and to investigate the 'why' and 'how' of user engagement. This focus aimed to allow both for greater understanding of the key barriers for uptake, particularly for marginalised communities, and for actionable recommendations to be developed.

A key component of this project has been the involvement of people with lived experience of gambling harm throughout, through the creation of a lived experience advisory panel (LEAP), who helped guide the research aims and informed the development of various materials. Subsequent engagement with people came through primary data collected through interviews, diary studies, a survey and workshops. All data was centred on the lived experiences of people who had either considered or attempted to change their gambling behaviour using SDTS.

²⁰ Caillon, J., Grall-Bronnec, M., Perrot, B., Leboucher, J., Donnio, Y., Romo, L., & Challet-Bouju, G. (2019). Effectiveness of at-risk gamblers' temporary self-exclusion from internet gambling sites. *Journal of Gambling Studies*, 35(2), 601-615.

<https://link.springer.com/article/10.1007/s10899-018-9782-y>

²¹ Alma Economics. (2023). *Self-help strategies for reducing gambling harms: A scoping study*. Available at <https://www.begambleaware.org/sites/default/files/2023-12/Self-help%20strategies%20-%20Final%20report.pdf>

²² Brazeau, B. W., Cunningham, J. A., & Hodgins, D. C. (2024). Evaluating the impact of motivational interviewing on engagement and outcomes in a web-based self-help intervention for gambling disorder: A randomised controlled trial. *Internet Interventions*, 35. <https://www.sciencedirect.com/science/article/pii/S2214782923001070>

The overriding aim of the LEAP, throughout the study, was to share their experiences, understand more around the barriers and enablers to SDTS use, using feedback to inform recommendations to promote greater effectiveness and engagement.

Research aims and objectives

There were three broad aims of this project:

- Understand the experience of people who gamble using SDTS to manage, reduce or quit gambling and the barriers they face.
- Identify ideas and recommendations for how GambleAware and other stakeholders can better support the uptake and use of SDTS.²³ This included recommendations for improvements to existing support options, as well as ideas about new tools and strategies.
- Understand, in particular, the experiences in relation to self-directed change of those from marginalised groups. This term included any group of people who might face specific barriers or have specific, unmet needs in relation to gambling support due to, for example, their ethnicity, religion, gender, sexual orientation, or age.

We also sought to incorporate the insights of those who had been affected by someone else's gambling, such as friends and family members.

This project built on a 2023 scoping study commissioned by GambleAware, summarising the existing evidence surrounding self-help strategies to reduce gambling.²⁴

There were four broad phases to this project: scoping, exploratory research, solution development, and reporting. The design of the project was iterative, allowing for findings from each phase to help inform the direction of the subsequent phase, and for the LEAP to feed in, with regards to decision making and design.

We distilled the overall aims into the following research questions:

1. What tools and strategies do people use to manage their gambling?

²³ The landscape for commissioning research, prevention and treatment services for gambling in Great Britain is undergoing a structural transition following the [2023 Gambling Act Review White Paper](#). Effective from April 2025, a mandatory statutory levy has replaced the previous voluntary contribution system. The new commissioning bodies include NHS England, Office for Health Improvement and Disparities (OHID) and UK Research and Innovation (UKRI), with GambleAware undergoing a managed closure by March 2026. We believe findings from this project are relevant for these new stakeholders and would encourage them to consider the recommendations discussed.

²⁴ Alma Economics. (2023). *Self-help strategies for reducing gambling harms: A scoping study*. Available at <https://www.begambleaware.org/sites/default/files/2023-12/Self-help%20strategies%20-%20Final%20report.pdf>

- a. What are the reasons for using/ not using particular strategies and tools?
2. What are people's experiences with these tools and strategies, and what challenges do they face when trying to use them?
 - a. Do some communities face additional challenges when using tools or strategies?
3. Are some tools and strategies more effective than others?
4. What improvements do people suggest for existing tools or recommend for new ones?

In answering each of these questions we sought to be led primarily by the people involved in the research, as well as the broader insights available from the available evidence, and from experts as designated points. We then included additional commentary and insights from ourselves within the analysis and interpretation of the findings, providing additional context to ideas where appropriate.

Defining SDTS

As outlined above, for the purposes of this report, SDTS are defined as:

- **Tools:** Any offers or resources by gambling charities, operators or other stakeholders (e.g. banks) that can help people manage their gambling behaviour with no or very limited involvement of a professional.
- **Strategies:** Self-directed management techniques which are used to manage, reduce or stop gambling. They may include other people or resources, but the activity itself requires the people to act.

As part of our scoping phase we conducted desk research to map the SDTS available in Great Britain (GB), including tools provided by gambling support organisations, gambling operators, tools provided by other organisations, such as banks, and the strategies that people informally employ to better manage their gambling. This mapping exercise helped us better understand the types of SDTS available in GB, going beyond a categorisation based on providers:

1. **Tools and strategies that stop people from gambling**, such as gambling blocks and limits
2. **Tools and strategies that provide education and better understanding**, such as self-assessment questionnaires
3. **Tools and strategies that support ongoing healthier living**, such as creating an action plan for how to avoid and overcome triggers in the environment

We note that some tools combine these approaches, for example, an app to support gambling management, may include education elements, as well as more long-term support e.g. guidance on action plans.

We used this categorisation to introduce the concept of SDTS to research participants and to clearly define the scope of our primary research.

Limitations of this research

This research was methodologically designed to capture the cross-cutting barriers across uptake and engagement with SDTS. This imposed several limitations.

- **Tool Effectiveness:** The study does not provide comparative effectiveness assessments of different tools or definitive conclusions about which intervention works best for whom. This would require a different methodology, such as randomised control trials or extensive user-testing. Thus, there is limited evidence to answer our third research question on comparative tool and strategy effectiveness conclusively. We chose to keep the research question in our final reporting rather than removing or changing to uphold the principles of research transparency and integrity.
- **Strategy Detail:** Due to the abstract and informal nature of self-directed strategies, the research could not capture their long-term usage patterns or the full nuance of their implementation in as much detail as formal tools.
- **Experiences of marginalised communities:** Our qualitative research found limited comparative data on the experiences of different marginalised communities with SDTS due to difficulties in recruiting a broad-ranging sample.
- **Unintended Consequences:** This research did not explore what the unintended consequences of our recommendations for tool and strategy design may be, e.g., consequences of mandatory identification requirements. This would require further research as part of a more detailed user testing, which was out of scope of this project.

Report structure

The rest of this report is structured as follows: Section 2 outlines the research methodology, section 3 provides an overview of SDTS use and the simplified user journey, section 4 discusses cross cutting barriers to use, and section 5 presents the solutions introduced by participants. Section 6 provides commentary on the ideas discussed as well as implications for the sector, with a final conclusion in section 7. The appendix includes additional detail on the methods, materials and analysis.

Methodology

Research Design

The project consisted of four distinct phases, each informing the next to build and strengthen the findings iteratively. The initial Scoping phase aimed to provide a detailed understanding of the 'universe' of SDTS through a literature scan and expert interviews. The Explore phase consisted of a mix of qualitative and quantitative research activities, focussed on exploring the key barriers and facilitators to the uptake of and engagement with SDTS. In the Co-Design and Recommendations phase, we developed recommendations and interventions to address these identified barriers, and finally, the Reporting phase involved synthesising evidence and findings across the research process.

Lived Experience Advisory Panel

In line with our commitment to ensuring the meaningful involvement of people with lived experience of gambling harm throughout this project, we formed a Lived Experience Advisory Panel (LEAP) to provide input and guidance across the lifecycle of the project.

The LEAP consisted of 7 people who had experienced gambling harm either themselves, or as an affected other. The LEAP was invited to gather, act on, and share feedback with the research team throughout the project. They were also involved in deciding the focus and design of different research activities across each phase. Our LEAP activities included:

- **Co-developing research scope:** Members were involved in early discussions regarding the planned research activities, the sample design and recruitment of participants, and the tools and communities of focus within the research.
- **Co-designing research methods and material:** Members supported in the design of materials — reviewing and feeding into information sheets and interview topic guides.
- **Involvement in data analysis:** Members provided feedback, reflections, and critique on our research findings, ensuring their relevancy and usefulness.
- **Co-designing recommendations:** Members guided our focus for the solutions phase of the project, helping us prioritise the key challenges and barriers that required solutions. They were also involved in the prioritisation of recommendations and co-designing these interventions to ensure they were as relevant as possible to the target groups.

- **Reporting and dissemination of results:** Members were asked to review outputs throughout, including the final reporting, and be involved in the dissemination of results.

Workshops and sessions with the LEAP were conducted online, with all members being compensated for their time in line with the NIHR's Centre for Engagement and Dissemination recommendations (see appendix A for more detail on the LEAP).

Phases of Research

Scoping phase

The key aim of this phase was to agree on the 'universe' of SDTS that were then considered during subsequent phases of this project. We mapped out the existing tools and strategies available to people in GB, then narrowed down to focus on specific groups of tools and strategies most relevant to the research.

In this phase, we also recruited and onboarded our LEAP members and developed our research protocol with the support of their input.

We conducted the following activities:

1. **LEAP research design workshop:** We conducted a half-day workshop with the LEAP which had two main aims: (1) for the LEAP and project team members to get to know each other and to build mutual trust; (2) to discuss the high-level research approach, including activities, sampling and considerations around the involvement of people from the lived experience community. These outcomes of this workshop shaped our language use in subsequent research materials, our engagement with qualitative research participants (e.g. questions asked in interviews), and further engagement with the LEAP.
2. **Expert interviews:** We conducted 6 interviews with academic experts and experts from relevant prevention treatment organisations within gambling and other relevant sectors (such as alcohol use, substance use, and mental health challenges). These interviews were directed at understanding their view on SDTS, as well as their views on the barriers and facilitators to access or uptake of this support and of self-directed change.
3. **Literature scan:** We conducted a short scan of the available literature on (1) the barriers and facilitators to the uptake of self-directed tools, including among marginalised communities; (2) the barriers and facilitators to the uptake of other forms of treatment, including among marginalised communities; (3) effectiveness of existing SDTS, looking only at studies that

have been published since the Scoping study.²⁵ This involved conducting a targeted review of relevant findings from peer-reviewed academic studies within the field of gambling and related contexts as well as research reports published by gambling regulators, charities, and other reputed organisations in the UK and abroad. The focus of this literature scan was to provide an overview of previous evidence our research builds on and to identify any additional evidence not captured within the scoping study commissioned by GambleAware in 2023, rather than to produce a comprehensive literature review.

Based on the evidence and insights gathered during the scoping phase, we developed our research protocol to guide the research during the subsequent Explore phase. The protocol outlined in detail (1) the research questions; (2) the data collection methods, including sampling and recruitment; (3) the analysis approach; and (4) ethical and safeguarding considerations.

Before starting any research activities, the project underwent BIT's standard ethics approval process, which meets the criteria set out by the UK Government's Social Research (GSR) Unit²⁶, the Market Research Society (MRS) Code of Conduct²⁷ and the Economic and Social Research Council's (ESRC) guidance on governance arrangements for research ethics committees.²⁸ Trained staff members outside the project team reviewed the project plans, the risks and potential safeguarding concerns identified, and the proposed mitigations. All research activities received approval from the reviewer.

Explore phase

Our Explore phase consisted of a mix of qualitative and quantitative research, taking the form of three separate research strands: 30 reflexive interviews, a diary study with 8 participants, and a quantitative survey with approximately 2000 adults in Great Britain.

²⁵ Alma Economics. (2023). *Self-help strategies for reducing gambling harms: A scoping study*. Available at <https://www.begambleaware.org/sites/default/files/2023-12/Self-help%20strategies%20-%20Final%20report.pdf>

²⁶ *Ethical Assurance Guidance for Social Research in government*. (2011). GOV.UK. Available [here](#).

²⁷ MRS Code of Conduct (May 2023). Available [here](#).

²⁸ *Governance arrangements for research ethics committees* (n.d.). UK Research and Innovation. Available [here](#).

Qualitative research

Reflexive interviews

We conducted reflexive interviews at two time points over the course of two months with a sample of 30 participants.²⁹ The majority (n = 25) were people currently gambling who were interested in reducing, stopping, or managing their gambling behaviour. The remainder were people who no longer gambled. The longitudinal interviews allowed us to capture any changing perceptions of what was working well or not, how tool use changes over time, and the evolution of user journeys.

Participants included a mix of SDTS users (n = 26) and non-users (n = 4). We also spoke to a diverse range of participants, including those from marginalised identities relating to gender, ethnicity, religion, age, and digital skills.³⁰ Details on our sample and recruitment approach can be found in [Appendix B](#).

Participants were interviewed twice. In the Time Point 1 interviews, they were asked questions regarding their:

- Gambling behaviour, such as the types of gambling they engage in and their frequency of gambling
- Awareness and knowledge about tools and strategies
- Motivations and views on tools and strategies
- Barriers and facilitators in taking up and using tools and strategies
- Experiences and impacts from these tools and strategies

Time Point 1 data was analysed using the Framework approach (details can be found in [Appendix B](#)). Based on these findings, we identified gaps in the evidence and areas requiring further analysis.

In the Time Point 2 interview, questions focussed on:

- Exploring if participants underwent any changes with respect to their gambling since the first interview
- Sense-checking our findings with the participants
- Asking participants to reflect, check and challenge our findings from the first wave, and share any additional ideas these generated

We then conducted analysis of the Time Point 2 data, clarifying, expanding, and contextualising our findings from the first set of interviews.

²⁹ We interviewed 30 participants in Time Point 1, and 26 participants in Time Point 2.

³⁰ Participants were primarily recruited on the basis of wanting to reduce, stop, or manage their gambling behaviour, followed by whether they used or did not use SDTS. We did not collect information on whether they also used formal support, but it is possible some may have.

Diary study

In between Time Point 1 and Time Point 2 interviews, we conducted a diary study with a subset of our sample from the reflexive interviews who were actively using SDTS. A diary study collects data from participants over a period of time, asking them to record data at specific intervals. This methodology helps us surface insights on routines and regular experiences, which may be difficult to recall in an interview alone.³¹ Furthermore, as barriers to use of a tool may be complex, this method provides participants with the time and space needed to reflect on and articulate them.

We recruited eight interview participants to maintain a diary for a month, using the online platform FieldNotes, where we asked them to:

- Regularly note down their experiences of using tools and strategies
- Reflect on their gambling behaviours over this period

These findings were then analysed using the Framework approach, and combined with the data from the reflexive interviews.

Procedures working with participants experiencing gambling harm

As our qualitative research included people with lived experience of gambling harm, we ensured adherence to the following procedures:

- All participants were compensated for their time, in line with industry standards/ the requirements of the communities, as well as to recognise their valuable contribution their lived experience can bring to a project.
- Where appropriate, the team consulted with partners at lived experience based organisations ahead of any research activities, asking them to review materials used to ensure we did not ask anyone inappropriate questions.
- The team shared detailed information with participants ahead of any research activities outlining the research aims, what to expect if they participated and their rights to their data. We also collected consent prior to starting the research activity to digitally record and/or take notes.
- Following each research activity, the team signposted support options to participants. If required, interviewers also discussed any concerns with the appropriate safeguarding lead after the interview and took appropriate steps based on their advice.

³¹ Bolger, N., Davis, A., & Rafaeli, E. (2003). Diary methods: Capturing life as it is lived. *Annual review of psychology*, 54(1), 579-616.

Quantitative research

Survey

Informed by our qualitative findings, we conducted an online survey, gathering data on the prevalence of different tools and strategies, motivators and drivers of tool use, barriers to uptake and perceived effectiveness of different tools and strategies.

We sampled approximately 2,000 adults in GB who had gambled in the past 12 months and who currently, or have previously wished to spend less time or money on gambling, or reduce their gambling in some other way.

We calculated descriptive statistics for all survey questions. The gender and ethnicity of respondents were not representative of the general population of people who gamble. Therefore, we weighted the data gathered through the survey by these characteristics to ensure our sample was representative of those for whom these tools and strategies are available. To do this, we applied a “raking” algorithm, which adjusted weights for gender and ethnicity. These calibrated weights were then used in all descriptive analyses. For subgroup analyses (by gender and ethnicity), we conducted logistic regressions, including the following covariates: age, above median income, degree dummy (capturing whether someone had a degree or not), employment status, location, PGSI category.³² Only the unweighted means were used in the subgroup analysis.

Table 1: Gender and ethnicity distribution in the survey data and the weights used to represent the general population among those who gamble

Gender	Original data	Weighted data
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³² The Problem Gambling Severity Index (PGSI) is a measure to estimate people's risk of experiencing problems from gambling ('problem gambling'). Based on their responses, people are categorised as follows:

- PGSI score 0 = people engaging in no-risk gambling
- PGSI score 1 to 2 = Representing low risk gambling by which a person is unlikely to have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.
- PGSI score 3 to 7 = Representing moderate risk gambling by which a person may or may not have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.
- PGSI score 8 or more = Representing 'problem gambling' by which a person will have experienced adverse consequences from gambling and may have lost control of their behaviour. Involvement in gambling can be at any level, but it is likely to be heavy.

More details can be found here: <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

Women	50%	42%
Men	50%	58%
Ethnicity	Original data	Weighted data
Ethnic minority	37%	18%
White British	63%	82%

Co-discovery workshop with LEAP to prioritise solution focus

The subsequent phase of this project aimed to generate recommendations and ideas to inform the work and offering of gambling support organisations, including GambleAware. We aimed to focus our solution exploration on the most important challenges and barriers identified in our Explore phase.

The LEAP was key in helping us determine this focus. We conducted an online workshop with members of the panel to gather their input on:

- (1) the findings and insights collected so far and identified challenges, and
- (2) where to narrow our attention for solution development.

We shared a written summary of our Explore findings with the panel ahead of the workshop. During the workshop, we presented the key challenges and barriers emerging from our qualitative research, followed by a series of activities to identify our areas of focus for the co-design and recommendations phase.

Co-design and recommendations

The aim of this phase was to (1) develop interventions to strengthen the uptake and use of existing tools and strategies based on the barriers raised in the explore phase; and (2) develop ideas for additional tools or guidance/ support for strategies. Interventions could also include behaviour-change messaging to improve uptake.

This phase consisted of using the lessons learnt on different tools and strategies from the Explore phase, and building on these through a mix of (1) desk work by the research team; (2) developing low fidelity prototypes of the intervention ideas ; (3) two workshops with people from our target populations to refine these prototypes; and (4) collating feedback from relevant organisations on feasibility of implementing these ideas.

Desk work and prototype development

We developed the initial longlist of intervention ideas and recommendations based on findings from the Explore phase, prioritisation by the LEAP, input from GambleAware, and the relevant behavioural science/ academic literature.

Of the longlist of ideas, three ideas were prioritised for low-fidelity prototyping to develop further, based on a combination of factors, primarily:

- **High interest and area of focus for the LEAP:** The three ideas were identified by the LEAP as priorities and considered far reaching in addressing the various barriers identified.
- **Potential impact in terms of reach:** The three ideas discussed had the greatest potential to support a high number of people and offered variety in terms of supporting different gambling experiences.
- **Potential to adapt existing ideas:** The three ideas had strong foundations in existing resources, allowing the focus to be on iterations rather than creating completely new resources. Given the breadth of tools currently available, participants had reflected that improving access and helping people navigate all the available resources should be a priority. This was reflected in the chosen ideas.³³

We do not report on other ideas from the longlist, because we did not gather feedback on them or develop them further.

User testing workshops

We conducted two user testing workshops: 1) with people who had lived experience of gambling harm, and 2) affected others. We collected direct input on our three prototypes, with participants being asked to focus on:

- Usability (how easy the ideas would be to use)
- Desirability (whether participants would like these ideas to become reality), and
- Feasibility (how easy it would be to turn these ideas into reality, so people could think more about optimal design and delivery)

The aim was to elicit feedback on the optimal design, duration and delivery modes of these intervention ideas to support self-directed change. The feedback gathered was used to further develop our prototypes so they could be shared with relevant organisations (such as providers of tools).

³³ App-based feature exploration was de-prioritised to avoid duplicating the existing efforts of the GambleAware project focused on the development of their new support tool app.

Workshop with people who have lived experience of gambling harm

This workshop involved the participation of five people. The workshop was two hours long and was conducted online to maximise accessibility and minimise research burden. Group-based setting was selected as it is an ideal format to elicit suggestions of this nature because of the role of group interaction in stimulating ideas and provoking thought.

The workshop consisted of (1) a summary of the key challenges and barriers to the uptake and use of self-directed support from the Explore phase; (2) an overview of the three prioritised solutions. Participants were then asked to discuss and provide feedback on these ideas.

Workshop with affected others

Recognising the unique perspectives and experiences of affected others,³⁴ we conducted a separate online workshop with six participants on our prioritised solution ideas. The purpose of this workshop was to elicit feedback on how these ideas can be tailored to support affected others. It followed a similar format to the other user workshop.

Feedback from relevant organisations

Once we developed the prototypes of solutions, we shared these with seven relevant organisations to gather feedback on the feasibility of implementing these solutions. These organisations were selected based on their relevance to the ideas discussed and their involvement in the sector and the research. Experts from these organisations who wished to be named on this report are listed in the [Acknowledgements section](#), along with their affiliations. Feedback was gathered using prompts that focused on technical questions, implementation challenges, and overall feasibility.

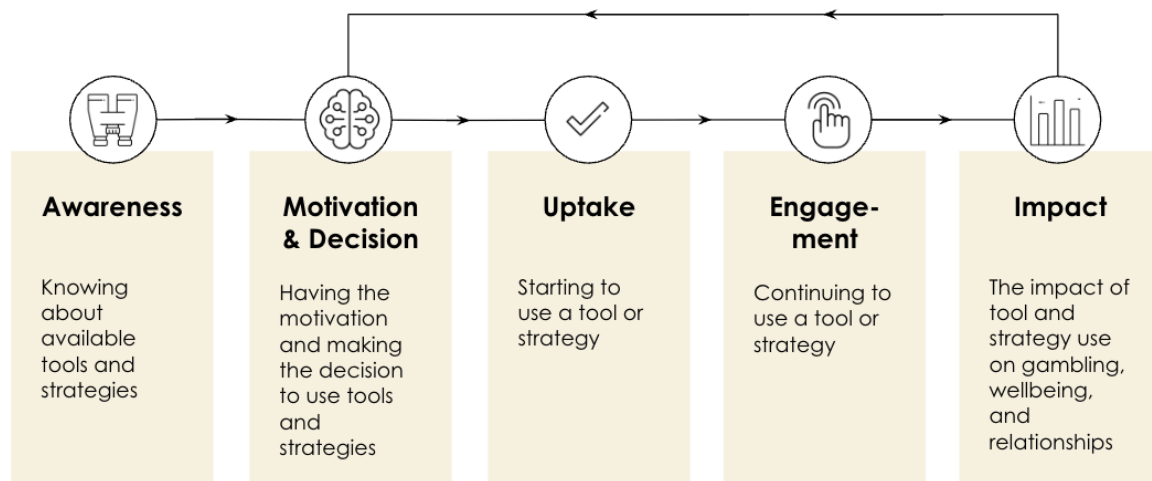
Feedback from these organisations was used to further refine and finalise these prioritised solution ideas, providing additional insights into their implementation and feasibility. They are presented in section 5.

³⁴ Originally, we were aiming to conduct 10 in-depth interviews with affected others as part of the Explore phase. However, due to challenges with recruiting this sample, we pivoted to include their perspectives in the solutions phase (see [Appendix C](#) for more information)

Findings: participant experiences across tools and strategies

Simplified user journey framework

Figure 1: Visual framework for the findings section, representing a simplified user journey of a person taking up SDTS.



In our Explore report, the findings from our qualitative and quantitative research were organised across a simplified user journey of people taking up SDTS. This framework emerged from our analysis, showing the stages people who wish to manage, reduce, or stop their gambling through self-directed support move through: starting with awareness of tools and strategies, followed by motivation and decision-making about whether to try them, actually starting to use the tools, ongoing engagement with them, and the ultimate impact they experience. The journey is a simplified and generic representation designed to capture the commonalities across different groups (gender, age, ethnicity), motivations (e.g. reduce gambling, stop gambling), and PGSI category. This journey also aligns closely with the transtheoretical model of behaviour change.³⁵ Importantly, the journey of using self-directed tools and strategies is not necessarily linear — people might move back and forth between different stages, updating their motivations and decision-making based on previous experiences.

³⁵ Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American journal of health promotion : AJHP*, 12(1), 38–48.
<https://doi.org/10.4278/0890-1171-12.1.38>

In this report, we have drawn out the key barriers people experience across this journey, organised across three key touchpoints:

1. Challenges when starting to use tools / strategies
2. Challenges while using tools / strategies
3. Challenges with recovery

Our rationale for this approach is detailed in the following section. We chose to use the word 'people' in this section to represent the findings from participants within this study.

Rationale for barrier-focused analysis

A key aim of this research study was to understand the barriers and challenges people face to the use of SDTS. This report organises findings around these cross-cutting barriers. This analytical approach was chosen for three key reasons:

1. **Many barriers to self-directed change are systemic, not tool specific.** A core aim of this research was to understand the barriers and challenges people face in using self-directed support. Our analysis shows that most barriers affect people's experiences across multiple tools and strategies. For example, stigma impacts both formal tools and informal strategies. Similarly, difficulties with sustained engagement appear to arise regardless of which specific tool people use. Organising findings around these barriers provides deeper insight into the fundamental challenges of self-directed change than tool-by-tool descriptions.
2. **This approach reflects how people navigate self-directed support.** Our participants were sampled based on their desire to manage, reduce, or stop their gambling, rather than their use of specific tools. This mirrors the real-world situation where people experiencing gambling harm are trying to find support that works for them, often trying multiple approaches simultaneously or sequentially. Our methodology captured this lived experience of navigating the ecosystem of self-directed support, rather than evaluating individual tools or strategies in isolation.
3. **Our research design prioritised breadth of understanding.** We conducted mixed-methods research across approximately 2,000 survey respondents, 30 longitudinal interview participants, eight diary study participants, and four workshops. This approach enabled us to identify patterns across the diverse landscape of SDTS, understand which barriers are most significant, and develop recommendations applicable across the sector. A comprehensive evaluation of individual tool effectiveness would have required a different

methodology — specifically, controlled user testing or efficacy trials of specific interventions — which was not the focus of this research.

This analytical approach means our findings are strongest in identifying systemic barriers, understanding user journeys, and providing sector-wide recommendations. Where participants shared experiences with specific named tools or strategies, we report these insights. However, readers should note that we do not provide comparative effectiveness assessments between different tools, detailed usability evaluations of specific platforms, or definitive conclusions about which tool works best for which person. Any findings regarding specific tools reflect participants' lived experiences and perspectives. Where possible, we have incorporated feasibility and impact considerations, including direct feedback from sector experts and stakeholders, to contextualise these user-generated insights. Such questions would benefit from future focused evaluation studies.

This barrier-focused analysis directly addresses our research aims: understanding experiences with self-directed change, identifying barriers (particularly for marginalised groups), and developing recommendations to improve uptake and engagement across the ecosystem of support.

Participant experiences across categories of tools and strategies

This section synthesises what participants told us about their experiences with different types of tools and strategies, during the interviews, diary study and quantitative survey. For more detailed findings, please see our [Explore report](#).

The tools and strategies we explored across the three research strands are listed below. While these tools and strategies have been categorised as such, in practice, individuals may use them in ways that are cross-cutting (e.g., to both stop gambling as well as support ongoing recovery). Some types of support, like GamblersAnonymous, may be considered a tool by some and a strategy by others - in this research, we have categorised support based on available evidence and steers from our Lived Experience Panel.

- **Tools or strategies that stop people from gambling:**
 - Self-exclusion
 - Bank tools (gamble blocks or limits)
 - Operator tools (time, deposit, spend limits, etc.)
 - Avoiding triggers or exposure to gambling. In the survey, participants were given two examples of this: avoiding areas with betting shops and deleting gambling emails. However, this strategy can also involve actively avoiding gambling venues, deleting gambling apps, asking

friends and family not to bring up gambling, leaving gambling-related social media groups, blocking social media invitations, and avoiding environments where gambling might be discussed or advertised more often, such as pubs, sports radio, football matches.

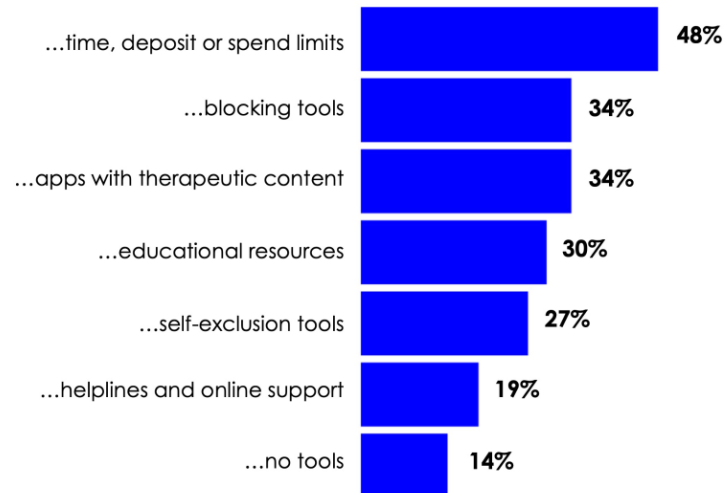
- Using behavioural/environmental controls (opting for web browsers over gambling apps, substituting participation in gambling with spectating, and engaging in alternative activities like exercise or listening to podcasts to occupy time)
- **Tools or strategies providing education and understanding to allow people to take control over their gambling:**
 - Educational resources (YouTube videos, social media, and GambleAware, NHS and operator websites, chatbots)
 - Reflection tools (diaries, participating on Lived Experience panels, watching videos by people who used to experienced gambling harms, apps with therapeutic content such as the [RecoverMe](#) app)
 - Employing psychological techniques (self-encouragement or "pep talks", mindfulness and relaxation strategies)
 - Helpline or online support
- **Tools or strategies supporting ongoing recovery and a healthier relationship with gambling**
 - Support groups (Gamblers Anonymous or online forums), and
 - Financial tools (budgeting or money management tools)
 - Involving people such as a partner or family (engaging partners or family members in financial management or discussing their gambling with them, talking to family or close friends)
 - Setting limits or budgeting (using only cash or leaving bank cards at home, setting personal mental limits on spending, frequency, or time, gradually reducing overall expenditure, and pre-planning budgets for anticipated events involving gambling)
 - Setting aside gambling-free time and/or space

Reasons for uptake

Although people knew about a wide variety of tools and strategies, they generally reported using only a small number of them (see figure 2). Operator tools were the most common tools used, and setting limits or goals was the most commonly used strategy. While a majority of people who wished to manage, reduce, or stop their gambling used some tool or strategy, 14% reported not using any tools, relative to 5% who reported not using any strategies.

Figure 2: Survey results on the types of gambling tools people have used.

**Types of gambling management tools people used
in the past 12 months**
(n = 2,005)



Respondents could choose multiple response options.

Figure 3: Survey results on the types of strategies people have used.



Respondents could choose multiple response options.

Some participants used only a single tool — such as self-exclusion — while others used multiple tools in conjunction with each other — such as limits and educational materials. The main strategies people used were getting someone they trusted (e.g., partner, family) involved in financial matters, avoiding triggers or exposure to gambling, and setting limits or budgeting on their own without the help of a specific tool or platform.

The key factor determining which tools people chose to take up was their self-perceived needs and motivations. For example, those who wanted to reduce or manage their gambling, or simply feel more in control of it, preferred operator tools such as deposit limits, perceiving other tools, like self-exclusion, or using multiple tools as excessive. Tools like deposit limits offered them the ability to set clear, enforceable boundaries and manage their gambling easily.

“*When I first started gambling, [my gambling spend] was more so like over £50. So I kind of thought right, I can't be doing that weekly. It's quite a lot, especially if you've got a lot of losses [...] The money spend limit [deposit limit], which reduces each week how much you spend [...] It is kind of almost like a restriction and puts a block on how much you can spend. So I found that to be really really useful.*

Tool user, aiming to reduce amount of money spent on gambling

In contrast, those who perceived they had a more serious problem or wanted to stop their gambling entirely preferred self-exclusion tools as the highest form of restriction. Similarly, people used strategies such as asking trusted people to help manage their finances because they wanted to control their gambling spend or set limits or goals for themselves to feel more structured and disciplined.

Reasons for uptake for different tools and strategies are listed in Table 2.

Table 2. Reasons for uptake of various SDTS (responses from qualitative and quantitative research)

Type	Tool or strategy	Reasons for uptake
Tools / strategies that stop people from gambling	Self-exclusion	<p>Perception that they had a more serious problem or wanted to stop their gambling entirely.</p> <p>Experiencing a moment of crisis.</p> <p>Other tools like deposit limits failed to help people manage their gambling in the manner they wanted.</p>
	Blocking tools	<p>Perceived effectiveness in reducing or managing gambling, particularly in preventing unwanted transactions.</p> <p>Ease of use.</p>
	Operator tools (Time, deposit, or spend limits)	<p>Ability to set clear, enforceable boundaries and manage their gambling easily.</p> <p>Receiving subtle reminders about their gambling, without feeling overly restrictive.</p>
	Avoiding triggers or exposure to gambling	<p>To reduce the temptation to gamble.</p> <p>Acknowledgement that certain situations or emotions led people to gamble (such as when feeling bored, being alone for long periods of time).</p> <p>After experiencing harm from gambling.</p>
Tools or strategies	Mobile apps with therapeutic content	To gain insight into their gambling behaviour.

providing education and understanding to allow people to take control over their gambling	Educational resources	Accessing relevant information, support and practical advice to self-assess and manage their gambling.
	Helplines or online support	Valuing direct, human interaction, particularly when people felt a loss of control or needed help managing their gambling.
	Mindfulness and relaxation techniques	To improve their overall wellbeing and mental health. To manage stress and anxiety.
	Watching videos by people with experience of gambling-related harm	To understand the impact of gambling on themselves and others. When people felt they were losing motivation to reduce or manage their gambling.
Tools or strategies supporting ongoing recovery and healthier relationship with gambling	Involve others in financial matters	To help control the amount of money people spend on gambling. Wanting someone to hold them accountable and reduce the risk of gambling impulsively. After experiencing financial harm from gambling. When feeling overwhelmed or stressed about money. When needing support to create or stick to a budget.
	Setting aside gambling-free times and places	To establish clearer boundaries around their gambling.

		<p>To help reduce temptation and make it easier to manage their behaviour by limiting gambling to specific times or locations.</p> <p>To set clear limits, rather than to create overall structure or routine in their daily lives.</p>
	Setting limits or goals, including planning how to handle urges and using reminders not to gamble	Help people feel more structured or disciplined about their gambling.

People noted that their motivation to reduce gambling had changed over time. For some, this shift was linked to using tools, for example, starting with a goal to reduce gambling but later deciding to stop completely, or finding it easier to delete gambling apps after self-excluding. For others, motivation changed due to being at a different life stage, with greater responsibilities and a clearer recognition of the benefits of using tools to achieve one's goals.

Differential use of tools and strategies

The quantitative survey showed us that men were more likely to report not using any self-directed tools compared to women (14% vs 11%). This insight is particularly interesting as previous research suggests that men were more likely to use gambling management tools such as self-exclusion compared to women (data from 2020)³⁶ — potentially suggesting that usage may have shifted in the past few years, although further research is required.

Those gambling with no-risk (PGSI³⁷ score 0) were more likely to not use any tools or strategies compared to those gambling with moderate (PGSI score 3-7) and high risk (PGSI score 8+) (37% vs 12% and 5%). No statistically significant differences were found between those who experience no-risk (PGSI score of 0) and low-risk gambling (PGSI score of 1-2), except those engaging in low-risk gambling were significantly less likely to report not using tools (22% vs 37%). This suggests, experiencing gambling-related harm is a likely factor determining the uptake of tools.

We found no statistically significant difference in the uptake of tools among White people compared to people from ethnic minority groups.

Table 3 captures differences in the use of various SDTS based on gender, ethnicity, and PGSI.

³⁶ Gambling Commission. (2021, July 30). *How the consumer engages with safer gambling opportunities*. <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/consumer-protection-throughout-their-gambling-journey>

³⁷ PGSI refers to the Problem Gambling Severity Index which is used to measure the risk of someone experiencing gambling harm. More information can be found here: <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

Table 3. Differences in use of tools and strategies based on gender, ethnicity, and PGSI.

Type	Tool or strategy	Difference by gender	Difference by ethnicity	Difference by PGSI
Tools / strategies that stop people from gambling	<i>Blocking tools</i>	Women were less likely to report using these tools than men (33% vs. 37%) ³⁸	No statistically significant difference.	No statistically significant difference.
	<i>Operator tools (Time, deposit, or spend limits)</i>	No statistically significant difference.	People from ethnic minorities were less likely to report using these tools compared to White people (42% vs. 50%).	No statistically significant differences.
	<i>Avoiding triggers or exposure to gambling</i>	No statistically significant difference.	People from ethnic minorities were more likely to use this than White people (43% vs. 35%).	More likely to be used by those who scored as high, moderate, and low risk from experiencing gambling harm compared to those scoring as no-risk (43%, 39%, 29% vs 21%)
Tools or strategies providing education and understanding to allow people to take control over their gambling	<i>Mobile apps with therapeutic content</i>	Women were more likely to use this tool than men (38% vs 35%).	People from ethnic minorities were more likely to use this tool than White people (46% vs. 31%).	No statistically significant difference.
	<i>Educational resources</i>	No statistically significant difference.	People from ethnic minorities were more likely to use this tool than White people (41% vs. 28%).	No statistically significant differences.
	<i>Helplines or online support</i>	No statistically significant differences.	People from ethnic minorities were more likely to use this tool than White people (26% vs. 17%).	No statistically significant difference.

³⁸ Detailed statistical breakdown and relevant graphs can be found in the Explore report.

	<i>Relaxation techniques</i>	Women were more likely to report using this strategy than men (30% vs. 27%).	People from ethnic minorities were more likely to use these than White people (33% vs. 26%).	No statistically significant difference.
	<i>Watching videos by people with experience of gambling-related harm</i>	Women were more likely to report using this strategy than men (27% vs. 23%).	People from ethnic minorities were more likely to use this strategy than White people (31% vs 21%).	More likely to be used by those who scored as high, moderate, and low risk from experiencing gambling harm compared to those scoring as no-risk (31%, 23%, 15% vs 13%).
Tools or strategies supporting ongoing recovery and healthier relationship with gambling	<i>Involve others in financial matters</i>	No statistically significant difference.	People from ethnic minorities were more likely to use this than White people (32% vs 24%).	More likely to be used by those who scored as high, moderate, and low risk from experiencing gambling harm compared to those scoring as no-risk (35%, 23%, 20% vs 11%).
	<i>Setting limits or goals, including planning how to handle urges and using reminders not to gamble</i>	No statistically significant difference.	No statistically significant difference.	More likely to be used by those who scored as moderate, high, and low risk from experiencing gambling harm compared to those scoring as no-risk (50%, 53%, 38%, vs 36%).
	<i>Setting aside gambling free times and places</i>	No statistically significant difference.	People from ethnic minorities were more likely to use this tool than White people (34% vs. 29%).	No statistically significant difference.

Reasons for not using tools and strategies

Our research sample also included those who chose not to use SDTS. People had a range of views for not choosing this support.

Those who chose not to use any tools cited the following reasons for non-use:

- They did not think their gambling required the use of tools, perceiving these as being necessary only for those with more serious challenges with gambling;
- They did not think the tools would help them manage or reduce gambling — this was particularly salient for operator tools (time, deposit or spend limits), self-exclusion, apps with therapeutic content, and educational resources;
- They thought it was easy to bypass the tools or keep gambling elsewhere (for example, by creating accounts with other operators);
- They worried about how their data would be used, which was particularly salient for operator tools.

“I feel tools — they won't help me. It might happen to certain people, but it's like if I set myself a limit of say £30 a week and I hit my £30 halfway through the week and there are four football teams playing tonight [...] I think a gambler will always make excuses [and remove the limit].

Non-tool user

As highlighted above, most participants used one or more strategies. Even so, there were some who reported concerns or uncertainties that stopped them from engaging with strategies. People noted that they were least likely to use strategies involving support from social networks, relaxation techniques, or watching videos of people with lived experience, with many saying they would be unlikely or very unlikely to try them.

Concerns around involving support from social networks included preferences to manage their gambling and associated finances independently or worries about privacy when involving others. People also reported fear of facing stigma or judgement from others ([further detailed below](#)).

With mindfulness and relaxation techniques people had concerns around their effectiveness. Similarly, people express scepticism about the usefulness of watching videos of people with lived experience.

In the following chapter, we present the barriers people face to self-directed change in detail, starting with the challenges they face when starting to use tools and strategies.

Key Findings: Cross-cutting barriers

From our qualitative and quantitative research, we identified the following key barriers to self-directed change:

Table 4. Overview of barriers uncovered in our research

Challenges when starting to use tools and strategies	Challenges while using tools and strategies	Challenges with recovery
1. Limited awareness of tools and strategies 2. Difficulty finding new tools and strategies 3. Not recognising that one needs help 4. Stigma around gambling	5. Picking the wrong tool for one's needs 6. Poorly designed tools, including language barriers 7. Influence of affective states (e.g., "hot states") on sustained engagement 8. External triggers impacting sustained tool and strategy use	9. Unexpected ups and downs in the journey towards ongoing recovery 10. Adjustment challenges when reducing gambling

Further details on the research insights that informed these barriers can be found in the Explore report.

It is important to note that the barriers presented in this section reflect a degree of consolidation. In some cases, barriers encompass related but conceptually distinct issues that emerged together in participants' accounts or were identified by the LEAP as interconnected in their lived experience. For example, challenges relating to tool design and language accessibility, while distinct in their causes and potential solutions, were grouped together as they both reflect ways in which SDTS may fail to meet users' needs. We acknowledge that a more granular approach would allow for finer distinctions between sub-components; however, our aim in this synthesis report is to present barriers in a way that captures the broader patterns emerging across the research activities, whilst remaining accessible and actionable for stakeholders. Where relevant, we draw attention to the distinct elements within each barrier, and we recognise that targeted interventions may need to address these sub-components separately.

In the following sections, we cover each barrier in detail, including insights from behavioural science and broader gambling research to illustrate the key

implications of these barriers for the sector. Section 5 presents three co-designed solutions that emerged from workshops with our Lived Experience Advisory Panel, while Section 6 synthesises all findings into actionable recommendations for the sector.

Challenges when starting to use tools and strategies

In this section, we highlight the key barriers people face in the initial stage of their user journey with self-directed support when they are learning about or deciding to use tools and strategies.

Barrier 1: Limited awareness of tools and strategies

Limited awareness of available support options was the first barrier people faced in taking up self-directed support.

There was a varying level of awareness of SDTS, with some people unaware of this support entirely. In particular, they were:

- More likely to be aware of tools rather than strategies
- Within tools, more likely to know about online tools compared to offline tools (like GamblersAnonymous)
- More likely to be familiar with tools that directly impact gambling behaviour (like a deposit limit) than reflective tools which help people understand why they gamble (like a diary) or to build coping mechanisms (like mindfulness and relaxation techniques)

Of those who did have an awareness of strategies, they could only identify the ones they were currently using and were unable to identify other options. Some used strategies to manage their gambling but did not identify them as such.

“I've not heard of [gambling block and self-exclusion] yet but I've not really looked right into it, if you know what I mean [...] Going forward if I did fall back into [gambling beyond what she could afford] then I would probably look for more things [...] see if there were different strategies or different help out there that can help me and you're saying you can block things and all that. I didn't know any of that.

Strategy user, aiming to reduce how much she gambles

This limited awareness of SDTS aligns with broader research on gambling management tools — for example, an international systematic review and meta-analysis found that just over 1 in 10 people who gamble have awareness of self-exclusion schemes.³⁹ Similarly, awareness of online gambling management tools is not universal and tends to be higher for more visible or less restrictive features, like activity statements, than for tools such as deposit limits or self-exclusion.^{40, 41}

Further, we hypothesise that the particular challenge associated with people's low awareness of strategies may be because strategies are less formalised than tools. Tools such as self-exclusion or deposit limits are tangible — for example, they can be activated or downloaded. In contrast, strategies are more abstract, requiring personal cognitive effort to develop. This distinction has two key consequences.

- Firstly, while the abstract nature of strategies allows for personalisation, it often means they are developed in isolation, without the benefit of the shared knowledge or resources that exist for formal tools.
- Secondly, it creates a perception gap. People taking proactive steps may not recognise their own actions as valid or transferable 'strategies'. As a result,

³⁹ Bijker, R., Booth, N., Merkouris, S. S., Dowling, N. A., & Rodda, S. N. (2023). International prevalence of self-exclusion from gambling: A systematic review and meta-analysis. *Current Addiction Reports*, 10(4), 844-859. <https://link.springer.com/content/pdf/10.1007/s40429-023-00510-6.pdf>

⁴⁰ Gainsbury, S., Angus, D., Procter, L., & Blaszczynski, A. (2019). Use of Consumer Protection Tools on Internet Gambling Sites: Customer Perceptions, Motivators, and Barriers to Use. *Journal of Gambling Studies*, 36, 259-276. <https://doi.org/10.1007/s10899-019-09859-8>.

⁴¹ Griffiths, M., Wood, R., & Parke, J. (2009). Social Responsibility Tools in Online Gambling: A Survey of Attitudes and Behavior among Internet Gamblers. *Cyberpsychology & behavior : the impact of the Internet, multimedia and virtual reality on behavior and society*, 12(4), 413-21. <https://doi.org/10.1089/cpb.2009.0062>.

they are less likely to consciously refine these behaviours or share them with others.

This suggests that lack of knowledge and ease of access present a greater challenge for strategies than they do for tools.

Addressing this barrier requires a range of solutions aimed at improving awareness, particularly for lesser known tools and strategies. We explore specific recommendations in Sections 5 and 6.

Barrier 2: Difficulty finding new tools and strategies

People reported that it can be difficult to find new tools and strategies.

Some suggested it was easy to find tools on gambling websites or apps, while others found it more difficult, e.g., due to limited signposting. Similarly, those who gambled offline found it more challenging to learn about support options — they noted a lack of visibility for support options, such as warning messages and helpline numbers, in land-based settings, and insufficient advertising of tools and support both on TV and in betting shops.

It was also less clear how people first learnt of strategies, though social networks played a key role, e.g., partners bringing up the idea of shared financial management.

“You don't really look out for that sort of stuff when you go into a [betting shop] I suppose. It's almost as if you've got tunnel vision [...] I've been in betting shops before and walked past them numerous times [...] If [safer gambling messages or posters about tools] are a corner in some area no one ever sees, then no one is going to pick up on that.

Strategy user who is digitally-excluded and gambles primarily offline

Different tools were also seen as being more or less easy to locate — for example, tools like self-exclusion tools were highlighted as being hard to locate whereas operator tools like limits were seen as being easy to find.

This suggests there is a lack of ease people experience in learning about tools and strategies, with particular dependences on:

- **Online access** — limiting those who are digitally excluded or have lower digital literacy
- **Information ecosystem a person is in** — such as signposting on ads, or receiving guidance from GPs and social networks — which can be harder for people to control

This suggests that people may remain reliant on tools and strategies they are already aware of — which, as noted above, can be limited for some — resulting in them missing out on available support. This relates closely to [Barrier 5: Picking the wrong tool or strategy that is not suitable for one's needs](#).

Addressing this barrier requires a range of solutions aimed at improving awareness and streamlining user journeys. We explore specific recommendations in Sections 5 and 6.

Barrier 3: Not recognising when one needs help

Another key barrier to the uptake of tools and strategies is that people perceived they were not the target audience for this kind of support — seeing this support as being excessive for their gambling behaviour and only necessary for those experiencing serious gambling-related harms.

This perception was particularly salient for tools such as self-exclusion which was seen as being excessive to manage people's gambling. Similarly, those who only used strategies and no tools assumed their gambling concerns were not serious enough to require formal tools.

“[My gambling] doesn't necessarily cause me major harm in my own opinion. I feel like [tools] are only there for people who are in serious problems.

Non-tool user, who relies on his friend to help him stay in control of his gambling

Our findings suggest that people may see self-directed support as **a reactive crisis-management instrument rather than a proactive preventative measure**, seeking it only after experiencing harm. This view aligns with broader literature on the use of gambling management tools.^{42, 43}

This also implies that self-recognition of harm is a key factor in whether people seek self-directed support for their gambling. However, broader research highlights a 'perception gap' or 'optimism bias' in how people view their own gambling. While they can report significant harm accurately,⁴⁴ people often underestimate their problems, especially for lower-level harms — for example, most people greatly underestimate their financial losses and how often they gamble.^{45, 46} Further, confirmation bias, or the tendency to interpret and recall information in a way that confirms or supports one's prior beliefs or values, may mean that people do not update their self-perception even in the face of contrary evidence.

This suggests that people who do not recognise their harm may not be motivated to seek support. Further, some may be slower to recognise the negative impacts of gambling, including those who struggle to reflect on their behaviours or emotions, or who fear the associated stigma ([see below](#)).

⁴² Gainsbury, S., Angus, D., Procter, L., & Blaszczynski, A. (2019). Use of Consumer Protection Tools on Internet Gambling Sites: Customer Perceptions, Motivators, and Barriers to Use. *Journal of Gambling Studies*, 36, 259-276. <https://doi.org/10.1007/s10899-019-09859-8>.

⁴³ Riley, B., Oakes, J., & Lawn, S. (2024). Gambling Harm-Minimisation Tools and Their Impact on Gambling Behaviour: A Review of the Empirical Evidence. *International Journal of Environmental Research and Public Health*, 21. <https://doi.org/10.3390/ijerph21080998>.

⁴⁴ Newall, P., Rawat, V., Hing, N., Browne, M., Russell, A., Li, E., Rockloff, M., & Dellosa, G. (2024). Does the lived experience of gambling accord with quantitative self-report scores of gambling-related harm?. *Addiction Research & Theory*, 33, 150-160. <https://doi.org/10.1080/16066359.2024.2365177>.

⁴⁵ Heirene, R., Wang, A., & Gainsbury, S. (2021). Accuracy of self-reported gambling frequency and outcomes: Comparisons with account data. *Psychology of addictive behaviors: journal of the Society of Psychologists in Addictive Behaviors*. <https://doi.org/10.31234/osf.io/5hs7j>.

⁴⁶ Muggleton, N. (2024). Redefining harm: The role of data integration in understanding gambling behaviour. *Addiction*. <https://doi.org/10.1111/add.16461>.

“*You're almost trying to kind of hide it from yourself as well. Me thinking I'm not addicted. I'm not addressing the amount of money I'm spending.*

Tool user, aiming to reduce his gambling spend

Supporting people with self-assessing their needs and helping them align these needs with available support is key. In particular, it is vital to help people identify early signs of harm. Further research is needed to understand when people might be most likely to recognise that they might need support, and how to utilise this moment of receptiveness. It is also crucial to clearly explain the benefits of managing gambling proactively to shift the perception of SDTS as a way to react to harm already experienced. As part of this, people need to be shown how they can use self-directed support as a preventive measure. We explore specific recommendations in Section 5.

Barrier 4: Stigma around gambling

Stigma or fear of judgement from others for seeking SDTS was also cited as a significant challenge. This was heightened by the normalisation and acceptance of gambling in people's lives and social environments — wherein gambling was perceived and portrayed as a “fun” activity, making people feel isolated or alone when they experienced harm.

Fear of stigma also produced feelings of embarrassment or shame among people, who then avoided conversations about gambling or their problems with others. It also impacted their motivation to seek out support for their gambling even when they recognised signs of harm in themselves. People were concerned about being seen as having a problem with gambling.

“*The biggest thing that holds people back is the stigma and the fear of speaking openly about it*

Tool user with lived experience of gambling harm

Perceptions or fear of stigma was particularly a challenge with tools and strategies that involved other people — e.g., forums like GamblersAnonymous or involving trusted people in financial matters.

Further, cultural differences — for example, coming from communities where gambling is not culturally acceptable — exacerbated stigma or judgement. This was

particularly salient among ethnic or religious minorities as well as older people, who were more likely to avoid discussing their gambling issues with others due to embarrassment or shame.

“I'm from Muslim community so there gambling is very very stigmatised [...] In my community because we hate gambling, we are not happy to talk about gambling.

Tool user with lived experience of gambling harm

Stigma is well-documented within broader research as a key barrier to the uptake of gambling management support.^{47,48,49, 50} In particular, research also indicates that when people internalise stigma, they can perceive their challenges with gambling as personal failures which can produce a downward spiral, making them even more hesitant to seek out help.⁵¹ This experience of harm can also mean people do not recognise the role of external socio-environmental factors such as marketing and advertisements in causing harm.⁵²

The added complexity of this issue with self-directed support is that social dynamics also play a key role in facilitating the uptake and use of these tools — in this study we also find that intervention by friends and family was a key factor motivating people to take up these tools and strategies. Similarly, sustained engagement with this

⁴⁷ Evans, L., & Delfabbro, P. H. (2005). Motivators for Change and Barriers to Help-Seeking in Australian Problem Gamblers. *Journal of Gambling Studies*, 21(2), 133–155.
<https://doi.org/10.1007/s10899-005-3029-4>

⁴⁸ Leslie, R. D., & McGrath, D. S. (2024). Stigma-related predictors of help-seeking for problem gambling. *Addiction Research & Theory*, 32(1), 38–45.
<https://doi.org/10.1080/16066359.2023.2211347>

⁴⁹ Lloyd, J., Penfold, K., Nicklin, L. L., Martin, I., Martin, A., Dinos, S., & Chadwick, D. (2023). *Stigmatisation and discrimination of people who experience gambling harms in Great Britain: Synthesis report*. GambleAware. https://www.begambleaware.org/sites/default/files/2023-04/Stigmatisation%20and%20Discrimination%20Synthesis%20Report_Final.pdf

⁵⁰ Moss, N. J., Wheeler, J., Sarkany, A., Selvamanickam, K., & Kapadia, D. (2023). *Minority Communities & Gambling Harms: Qualitative and Synthesis Report. Lived, Experience, Racism, Discrimination & Stigma*. GambleAware.
<https://www.begambleaware.org/sites/default/files/2024-01/Minority%20communities%20%26%20gambling%20harm%2C%20qualitative%20and%20synthesis%20analysis.pdf>

⁵¹ Wöhr, A., & Wuketich, M. (2021). Perception of Gamblers: A Systematic Review. *Journal of gambling studies*, 37(3), 795–816. <https://doi.org/10.1007/s10899-020-09997-4>

⁵² Savolainen, I., Roukka, T., & Oksanen, A. (2025). The impact of gambling advertising online: a longitudinal study on exposure and harm. *International Gambling Studies*, 1–18.
<https://doi.org/10.1080/14459795.2025.2548220>

support was facilitated by social networks providing direct encouragement, support, and camaraderie.

Supporting people fearing or experiencing stigma is pertinent to support use of self-directed tools. However, this challenge is unlikely to be addressed in a vacuum. It also highlights the importance of broader destigmatising campaigns —such as the Tackling Gambling Stigma project.⁵³ We explore specific recommendations in Sections 5 and 6.

Challenges when using tools and strategies

In this section, we have highlighted the key barriers people face when starting to use or attempting to sustain their use of SDTS.

Barrier 5: Picking tools or strategies that are not suitable for one's needs.

As highlighted above, one of the ways people choose tools or strategies is based on a self-assessment of their needs, such as whether they think they are experiencing harm or not. However, they face barriers such as:

- They may not be aware of all the tools and strategies available
- They might not fully understand their needs
- They might struggle to match tools/ strategies to their needs

This means, for example, a person might use the only tool they know, even if it is not the most effective one for them.

Further, people partially based their decision to choose between professional and self-directed support on self-identification of harm. However, experts in the gambling support and treatment space highlighted that some people experiencing harm need more formal, intensive support, particularly those with underlying mental health issues or dependency.⁵⁴ There is a risk that people choose to use self-directed support when it is inappropriate for their actual needs.

It is therefore vital to equip people to understand the range of tools and strategies available to them, assess their needs, and choose the most appropriate support option. However, metacognition - or the practice of reflecting on one's own thought

⁵³ More information can be found here: <https://tacklinggamblingstigma.com/>

⁵⁴ We conducted 6 interviews with academic experts and experts from relevant prevention treatment organisations within the gambling and other relevant sectors (such as alcohol use, substance use, and mental health challenges. See the [Methodology section](#) for more details.

processes, assumptions, and biases - can be very challenging. We explore specific recommendations in Sections 5.

Barrier 6: Poorly designed tools and strategies, including language barriers

Lack of effective design was a key barrier to both the uptake and sustained use of SDTS. This was in terms of both a *perception* of poor design as well as direct experiences with poor design.

- **Perception of poor design:** People perceived several tools and strategies as being poorly designed — particularly, seeing them as being easy to circumvent or amend — and therefore, ineffective. This meant they did not think using these tools or strategies would help them achieve their aims to reduce, manage, or stop their gambling.
- **Experiences of poor design:** Some people were directly impacted by poor design — for example, tools being difficult to set up (e.g., requiring a phone call) or only being available online. Some design challenges also had accessibility implications – e.g., people highlighted that available tools and strategies are often described in English, which limited translations across other languages.

A key design challenge was ease of circumvention. Those who were able to circumvent setting up tools and strategies highlighted that the easier the process, the harder it was to sustain engagement with these tools and strategies. People reported this was a particular problem for land-based gambling, where they could bypass self-exclusion schemes in several ways:

- Travelling to venues in different areas not covered by the scheme.
- Taking advantage of staff who struggled to track who was excluded.
- Exploiting inconsistent ID checks in casinos.

“*You just do a singular exclusion with that operator and then you'd go on and do another and you'd have a vicious cycle where you just bounce from one to another to another.*

Tool user with lived experience of gambling harm

This problem also applied to online tools. For example, a person could set a limit on one gambling app, but then simply switch to another app or gamble in person after hitting that limit.

“I would say there was a couple that weren't as effective for me such as the reality checks [...] it only pops up on your screen for 10 seconds and you can just click away and then that's it. But the deposit limits were quite good because they took a day to change. So if you reach your deposit and then you wanted to change your limit, it would take a full day to change. So you had a full day to think about if you really wanted to put more money in or whatever.

Tool user trying to monitor and reduce his gambling

People were more likely to stay engaged with tools that were designed to be difficult to get around, having features such as:

- Built-in barriers to make bypassing them difficult (e.g., Gamstop)
- 'Friction' for deactivation, such as cool-down periods or requiring a conversation with a support agent

Other design challenges associated with tools and strategies are highlighted in Table 5.

Table 5. Design challenges for different tools and strategies.

Type	Tool or strategy	Associated design challenges
Tools / strategies that stop people from gambling	Self-exclusion	<p>Paid nature of tools — e.g., the online self-exclusion tool GamBan has a regular subscription cost which can be inaccessible, and many users lack awareness of its free access route via TalkBanStop</p> <p>Difficulties with finding and setting up the tool — e.g., there being too many different operator-specific self-exclusion schemes, making it a significant effort to find, set up, and track expiry dates.</p> <p>If a person was using multiple self-exclusion schemes, it can be difficult to keep track of renewal requirements.</p> <p>Ease of circumventing these schemes.</p>
	Operator tools (Time, deposit, or spend limits)	<p>Default limits tend to be high. People expressed a lack of awareness of what an appropriate limit to set is.</p> <p>Ease of amending — these tools allow changes without cooldown periods or reset within short intervals like a week.</p>
Tools or strategies providing education and understanding to allow people to take control over their gambling	Helplines or online support	<p>The online nature of these tools can be challenging for those with limited digital skills and experience to access.</p> <p>Concerns around privacy and stigma when it comes to group based support such as online support groups.</p>

	GamblersAnonymous⁵⁵	<p>Meetings can be inaccessible — e.g., not being located on a site that is accessible by public transportation, making people depend on driving a car or having friends and family who do.</p> <p>These meetings can be at difficult times to attend.</p> <p>Concerns around stigma associated with group based support.</p>
	Educational resources	<p>Easy to ignore, therefore having limited long-term impacts on gambling.</p>
Tools or strategies supporting ongoing recovery and healthier relationship with gambling	Setting limits or goals, including planning how to handle urges and using reminders not to gamble	<p>Difficult to estimate how much money has been spent on gambling using bank cards.</p>

⁵⁵ We did not ask participants about their usage of GamblersAnonymous in the survey.

Our LEAP members highlighted that the lack of accessibility of tools and strategies can particularly impact disadvantaged groups. For example, information about tools and strategies tend to be in English, which can be a big barrier for ESOL and non-English speakers.

When tools and strategies are not optimally designed for people, it can inadvertently introduce challenges across various stages of their user journey, impacting their motivation to take up these tools as well as their ability to engage with these tools and strategies long term. This barrier is more salient for tools than strategies as with strategies there is greater scope for personalisation. However, this also means that people's biases, assumptions, or incomplete knowledge can impact the design of the strategy. We explore specific recommendations in Section 6.

Barrier 7: Influence of affective states (e.g., "hot states") on sustained engagement

A key factor impacting sustained engagement with tools and strategies was people's difficulty resisting urges to gamble. Wider research suggests that people who gamble are susceptible to experiencing "hot states" — i.e., states of being where attitudes to gambling soften and behaviour can be triggered more easily,⁵⁶ reducing their ability to maintain engagement with tools and strategies. People spoke about the importance of maintaining strong intentions and commitment to reduce, manage or stop gambling to mitigate this impulse to gamble. However, there were a range of behavioural factors that impacted people's ability to resist the urge:

- **The degree of integration of gambling into daily life.** When gambling was a regular long-standing activity, especially over many years, resisting the impulse to gamble was harder. For example, people described buying scratch cards out of habit or automatically slipping back into the routine of depositing money into their accounts, even when they consciously were trying to avoid these actions.
- **Boredom with tools or strategies.** The effectiveness of tools and strategies could wane over time. Some people reported that alternative activities became repetitive or that support methods, such as attending weekly meetings, started to feel like a burden. This sense of boredom or fatigue made it harder to fight the urge to gamble.

⁵⁶ Gambling Commission. (2022, February 16). *Understanding why people gamble and typologies*. <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/understanding-why-people-gamble-and-typologies>

Poor mental health also made it harder for some people to manage this impulsivity to gamble. This was compounded by other factors, including loss chasing and believing gambling was the only way to pay off debts.

“*It was also a thing to try and circumvent [tools and strategies] as well because it was just like I just needed some kind of relief from how I was feeling at the time [...] I was depressed and I struggled with anxiety [...] so I never felt like I really could sort of stop [gambling] cuz that was my way of sort of coping with things.”*

Tool user with lived experience of gambling harm

Our explore phase during this study found that there are two key factors that support people's ability to sustain engagement with tools and strategies, especially when faced with the urge to gamble:

- **Integrating tools and strategies into a daily routine** such that use becomes a new normal, e.g., engaging in alternative activities on a regular basis such as running.
- **Staying connected to original motivations and goals** by tracking progress towards self-set goals like saving money, improving relationships, and reducing gambling spend and frequency. Saving for a specific event, such as a holiday or wedding, can be particularly helpful as it provides something positive to anticipate.

We explore specific recommendations in Section 6.

Barrier 8: External triggers impacting sustained tool and strategy use

In addition to behavioural factors, people are exposed to a range of external triggers that can increase their susceptibility to enter into “hot states”. These furthered their risk of disabling tools and strategies or attempting to circumvent them. These external triggers were both structural and situational

Structural triggers

- **Constant exposure to gambling.** People felt overwhelmed by the 24/7 availability of online gambling, the high number of land-based betting shops around them, and the constant stream of promotions and ads, online and offline. Major sports events like Cheltenham and key football matches, as well

as promotions for large jackpots significantly increased the temptation to bet. People found it difficult to avoid these large events and the related conversations about gambling, which prompted them to continue gambling. These events could also have a cascading effect, prompting more betting on other sports too. When multiple large events occurred close together, even strategies like budgeting became difficult to maintain. This led to people no longer abstaining, and, for example, starting to gamble again using a bank account.

We hypothesise that the online nature of various support options also increases the likelihood of exposure to promotions and conversations about gambling. For example, while someone is using their phone to access a support app, they might simultaneously receive push notifications or gambling-related messages from their friends. Investigating this mechanism was outside the scope of this present research.

- **Choice architecture of the gambling environment.** The design of gambling products and venues often encourages higher spending and less conscious decision-making. For example, casino ATMs frequently default to large withdrawal amounts like £300 or £500, making it difficult to choose a smaller sum. Similarly, some games do not require active betting or playing, but simply making a deposit — for example, group-based games like Last Man Standing⁵⁷ — which run in the background and require additional effort from people to exit.

Situational triggers

- **Exposure to gambling via social networks.** While social networks played an important role in facilitating engagement, for example, by providing direct encouragement, support, and camaraderie, they also increased people's exposure to gambling. For example, hearing friends and family discuss their wins or seeing them gamble while watching sports normalised gambling. This in turn, lessened people's concerns about their own gambling and impacted their engagement with support, including SDTS.
- **Negative influence of substances, such as alcohol.** These reduced people's motivation to use support tools (participants did not specify which tools), made it harder to resist gambling, and sometimes caused them to gamble more than intended or bypass their strategies. This effect was stronger when they drank during social events where they already felt pressure to gamble.

⁵⁷ Last Man Standing" (also known as "Survivor") is a tipping competition format where participants select one team to win each round. If the selected team wins, the participant advances to the next round; if the team loses or draws, the participant is eliminated.

“Looking back on the month I had some difficulties mainly during Cheltenham week, I don't usually bet on horses however I got wrapped up in peer pressure and didn't do as well that week [...] Biggest difficulty for me is the peer pressure of gambling and how easy it is to slip back into the routine of putting money back in and spiralling from there

[I was] distracted by casino adverts which is tricky if you want to stop. I watched a few tik toks but that led to more gambling videos of Las Vegas gambling where people claim to have mastered slot machines and record large winnings. This makes you want to have a try.

Tool user's diary study reflections

These external triggers did not impact all types of people equally — e.g., some people said they do not drink much or that alcohol does not affect their gambling, particularly those from ethnic and religious minorities. Similarly, some people spoke about not feeling the pressure to gamble from their social networks.

Thus, it is key to make people aware of and prepared for the level and types of external triggers that might disrupt their engagement with tools and strategies. We explore specific recommendations in Section 6.

Challenges with recovery

Barrier 9: Unexpected ups and downs in the journey towards ongoing recovery

Given the role of internal and external factors highlighted above, people's recovery journeys were not linear, with many experiencing ups and downs in the process — for example, due to external triggers like sports events. When this non-linearity was unexpected, people experienced challenges maintaining use of tools and strategies after seeing progress in their recovery path. These ups and downs included:

- **Unintended side-effects.** Restricting gambling triggered challenging negative emotions like frustration, anxiety, or boredom. These feelings, in turn, pushed people to circumvent support tools or use unregulated websites. Similarly, people reported that restrictions on one type of gambling may lead them to:
 - use new gambling products or channels they might not have used otherwise
 - gamble more than they normally would

- stretch out gambling sessions by playing games with smaller stakes

People attributed these behaviours to cutting down on gambling too quickly. They found this approach was unmanageable and led to more gambling overall. People noted that these kinds of setbacks can be demoralising.

This was particularly difficult for those with existing mental health conditions who used gambling as a coping mechanism. Furthermore, some seemingly "safer" strategies, like only using free bets,⁵⁸ paradoxically motivated and extended gambling behaviour.

“*Using deposit limits can be frustrating and I needed to learn how to control this anger that I didn't have full control to deposit my own money. This led to me seeking alternatives of gambling.*

Tool user's diary study reflections

“*It's like I was spending less money on football betting and stuff and less time, but I picked up maybe the slots and kind of casino games because I would spend less money but more frequently and then I was getting kicked off them. So, the time limits were working, but I'd picked up other habits like maybe spending a bit more time on the casino games cuz they weren't costing me as much money or for instance where I kind of that day in Cheltenham where I bet a bit more than I'd liked.*

Tool user, aiming to reduce the amount spent on gambling

- **A false sense of security.** Some people, after seeing initial progress, prematurely assumed they had recovered and stopped using their tools and strategies. This often led to a period of no longer being abstinent, as they were no longer protected by the support that had been helping them.

As with the previous barrier, people need to be equipped to anticipate, manage, and get through the non-linearity of recovery, without feeling demotivated or discouraged from using tools and strategies. In particular, our findings show that

⁵⁸ The term "free bet" is often considered misleading. Such promotions, along with other promotional offers like deposit bonuses, typically carry complex terms and conditions. These often include wagering requirements or minimum deposits that are not transparently communicated, potentially encouraging harmful or extended gambling.

cutting down too quickly can be counterproductive, leading to unintended consequences like switching to new products and channels of gambling or gambling more. This substitution effect is a result of the underlying psychological factors influencing risky gambling not being addressed. When a primary coping mechanism is removed but not replaced, it can create a vacuum — which can then be filled by other reward-seeking behaviours.⁵⁹

A part of this challenge also relates to the issue of people picking the wrong tools and strategies that are not suitable to their specific needs and circumstances. For example, a person may not be psychologically ready to completely stop all gambling with tools like self-exclusion or the gambling block, potentially resulting in these negative side effects. Instead, a more gradual reduction in gambling through regular lowering of deposit limits may be more effective. We explore specific recommendations in Section 5 and 6.

Barrier 10: Adjustment challenges when reducing gambling

While people reported a range of positive impacts from using tools including reductions in gambling, improved personal wellbeing and improved interpersonal relationships, they also highlighted a range of negative impacts. These included:

- **Negative impacts on personal wellbeing:** People reported negative emotional impacts such as feelings of being snappy, on-edge or frustrated. These feelings were particularly difficult to manage during setbacks, which they linked to the non-linear nature of recovery.
- **Impacts on interpersonal relationships:** People reported negative impacts on their interpersonal relationships after they stopped gambling. These included:
 - losing personal relationships and feeling left out of social activities
 - finding it hard to explain their changing behaviour or discuss gambling
 - experiencing a shift in social identity from being seen as someone who gambles to someone who does not.

This barrier was particularly salient for younger people, for example, if they had to stop meeting friends to avoid gambling.

However, people noted that these negative effects became easier to manage over time. Some also stated they would tolerate these feelings in view of the positive changes to their gambling behaviour.

⁵⁹ Kim, H. S., McGrath, D. S., & Hodgins, D. C. (2023). Addiction substitution and concurrent recovery in gambling disorder: Who substitutes and why?. *Journal of Behavioral Addictions*, 12(3), 682–696. <https://doi.org/10.1556/2006.2023.00046>

“*In the short term it can be a bit annoying where you're missing in pub nights, but overall you're better off and I would say my relationships have got a little bit better”*

Tool user, aiming to reduce the amount spent on gambling

As with the previous barriers, it is key that people understand that recovery is a non-linear process. However, it is also key that they understand, anticipate and prepare for the initial spillover effects on their psychological state and social environment when they enter recovery. Various support options exist to help people navigate these adjustment challenges, such as educational resources or therapeutic content within apps, including from GambleAware. This highlights the importance of not only preparing people for these adjustment challenges, but also proactively connecting them with appropriate support resources that specifically address the psychological and social dimensions of recovery. We explore specific recommendations in Section 6.

In summary, these ten barriers operate at systemic, design, and user levels. Addressing them requires multi-faceted interventions. In Section 5, we present three co-designed solution ideas that emerged from workshops with people who have used tools or strategies, and affected others, each targeting multiple of the barriers presented above. Section 6 then provides broader recommendations for the sector, building on both the barrier analysis and co-designed solutions.

Key findings: Co-Design ideas

This section explores three ideas developed in the Co-design phase. This phase consisted of using the lessons learnt and key barriers of different tools and strategies from the Explore phase, and building on these through a mix of (1) desk work by the research team; (2) developing low fidelity prototypes of the intervention ideas ; (3) two workshops with people from our target populations to refine these prototypes; and (4) collating feedback from relevant organisations on feasibility of implementing these ideas.

More specifically, we sought input and feedback from the following groups:

- We organised a feedback workshop with five people with lived experience of gambling harm;
- We organised a separate feedback workshop with six people who had been affected by someone else's gambling;
- We sought written feedback from experts and organisations who might play a role in developing, designing, hosting, using, or raising awareness of tools. In total, we received expert feedback from seven organisations on one or more of the ideas.⁶⁰

All workshop attendees who provided feedback had not been involved in our research before.

Utilising people's lived experience of gambling-related harms has been invaluable in co-designing practical, acceptable solutions. Insights from various workshop attendees could not have been generated without actively engaging with them. The feedback gathered also helped us build on and complement existing self-directed tools and directly address some of the barriers uncovered in our research.

We present each idea below along with the feedback received. Finally, we include 'Reflections and recommendations' sections with BIT's own assessment of the ideas, how they fit into the current support landscape, and recommendations for implementation. Note that the ideas presented are at an early stage of development and require further research and formal input from experts before implementation. We also use the terms 'participants', 'workshop attendees', and 'experts' in this section to make the distinction between participants of our primary research activities, people who contributed in workshop settings, and experts who provided written feedback.

⁶⁰ Please see the acknowledgment section for full list of those involved

Idea 1: A universal self-exclusion scheme

Description

Participants proposed combining and extending current self-exclusion schemes to cover both online and offline gambling with one tool. This centralised system would allow people to self-exclude from all gambling channels by visiting one website, sending one email, or making one phone call. The service could cover the National Lottery, licensed gambling operators' online platforms as well as land-based premises, including bingo halls, bookmakers at races, electronic gambling machines (EGM), and casinos.

Successful implementation would require the merging of existing self-exclusion services and strengthening land-based self-exclusion. To achieve this, participants proposed the introduction of a National Gambling ID that would be used to enter land-based premises, play on electronic gambling machines (EGMs), or gamble online. This ID would register self-excluded people and make this information accessible to both online and offline gambling operators. The enforcement of self-exclusion could be enhanced by the use of facial recognition in gambling premises.

Barriers addressed

This idea grew directly from interviews and the LEAP workshop as an aspiration for more comprehensive coverage within self-exclusion schemes. Participants' desire for a universal scheme reflects their experience of the current system, characterised by the following barriers:

- Some found it easy to circumvent current self-exclusion schemes that work in siloes, only covering one gambling channel (Barrier 6).
- Recovery and sustained tool use could be disrupted due to the people's affective state (Barrier 7), external triggers (Barrier 8), and unexpected ups and downs in the process (Barrier 9). A fragmented self-exclusion provision makes it easier for these recovery-related issues to lead to periods of no longer being abstinent.
- Finally, we found that self-exclusion schemes focused on one geographical area or gambling channel might have also pushed people to start gambling in other ways or in other areas not covered by the exclusion (related to Barrier 10).

Feedback received from workshop attendees and experts

This section outlines feedback we received on the idea of a universal self-exclusion scheme, including feedback from workshop attendees and various experts. Note

that we separately engaged with the Gamstop Group, operating the UK's national online self-exclusion scheme, Gamstop, and the Multi Operator Self-Exclusion Scheme (MOSES) covering betting shops. We outline the important practical and regulatory considerations raised during our consultations below. We have clearly distinguished the feedback points provided by the Gamstop Group (referred to as 'Gamstop' below) from those of the other experts or workshop attendees. This distinction highlights Gamstop's significant expertise in running self-exclusion schemes, and we view their insights as vital for understanding implementation challenges.

Feasibility

Gamstop highlighted that the implementation of a universal self-exclusion scheme would require significant political will and changes to the current regulatory or legal frameworks. This reflects systemic barriers in developing new types of SDTS. Other experts we consulted shared some similar concerns. For example, they highlighted that operators might be reluctant to take part voluntarily, creating a need for new licensing requirements tied to participation.

Experts were also concerned about the costs and practical implications of the setup, including building an IT infrastructure to ensure secure data storage and handling. Inadequate IT systems would pose various risks: workshop attendees worried about hacker attacks, while Gamstop identified a risk of maliciously excluding others against their will. Therefore, any implementation would need strong security and a robust identity verification to prevent misuse. On the other hand, some experts and workshop attendees worried that extensive identification requirements might put off potential people worried about privacy.

Experts also suggested that this scheme would need to be run independently of gambling operators, preferably by a governmental organisation, to increase its legitimacy. To make implementation easier, they suggested utilising existing models and structures, such as Gamstop and TalkBanStop, and allocating funds from the Statutory Gambling Levy for this purpose.

User choice, preferences, and autonomy

Workshop participants were confident that a universal self-exclusion scheme would be popular and widely accepted. One expert highlighted that it would reduce the current disparity between the availability of tools for online versus offline gambling. Therefore, the tool might have outsized benefits for those gambling offline, broadening their support options.

However, there were also concerns related to the tool's impact on people's behaviours and autonomy. Gamstop highlighted that offering choice (self-excluding from one, two, or all gambling channels) would be more practical than a universal

self-exclusion and preserve user autonomy. This is an important consideration, as some people specifically want to be excluded from certain gambling channels only. This suggests a tiered or modular approach might better serve diverse user needs. Furthermore, both experts and workshop attendees thought that a universal exclusion might motivate people to turn to unlicensed gambling products or other potentially harmful substitute behaviours, such as alcohol consumption.

Finally, Gamstop raised whether some consumers prefer anonymous or cash gambling; a question this research did not explore. This is an important gap for future research, as it would help understand potential unintended consequences of mandatory ID requirements.

Reflections and recommendations

The need for universal self-exclusion is genuine and clear. Our research has shown the frustrations and concerns with fragmented provision: participants shared stories of harmful behaviours that they thought would not have happened had there been a universal self-exclusion available at the time.

“Obviously, I did kind of breach them. I used to go outside the area where my shops weren't [covered by MOSES] and then I would ring up and say 'I went to this place' and add them on.

Participant with lived experience of gambling harm

However, implementation faces major hurdles. The regulatory and legislative changes, the building of an IT infrastructure, and the resolution of data protection and privacy concerns would likely take multiple years.

Despite the practical difficulties, the underlying principle remains valid: self-exclusion should be easy. Participants disliked the effort currently required to sign up to multiple self-exclusion schemes and to keep track of when they should be renewed. These barriers may limit the very positive impact of existing provisions: there is a large body of evidence from behavioural science showing that such frictions can have outsized impacts on behaviour.⁶¹ Therefore, improvements to existing provision, even if incremental, should primarily aim to make self-exclusion from multiple channels easier and circumvention more difficult. This might include increasing user agency by making it easy to choose the channels they want to self-exclude from.

Finally, we acknowledge that the potential unintended consequences require mitigation. First, mandatory identification is likely to contribute to privacy concerns and stigma in some cases. Second, self-exclusion can lead to a substitution of regulated gambling for unlicensed products or gambling-like products (e.g. day-trading). Third, a broad self-exclusion scheme can deter those seeking gradual or partial reduction. To minimise such unintended consequences when implementing broader self-exclusion schemes and to improve existing services (i.e. self-exclusion schemes covering specific channels of gambling), we recommend the following approaches:

- **Conduct user testing** with all potential user groups to make the sign-up and renewal processes frictionless and data sharing implications easy to understand. Ensure there is a robust but quick identity verification process that prevents third-party malicious registration.
- **Clearly outline** which channels and products the self-exclusion scheme covers and which it does not. Signpost to alternative tools and strategies that

⁶¹ Thaler, R. H., & Sunstein, C. R. (2008). *Nudge: Improving decisions about health, wealth, and happiness*. Yale University Press.

help manage gambling through channels not covered by the scheme and using gambling-like products.

- **Let customers flexibly choose** how long they self-exclude for, for example, by using a free text box. People could also be offered a choice about the scope of their exclusion (specific channels or all licensed gambling). Introduce an opt-out auto-renewal.
- **Improve accessibility** by providing a wide range of sign-up options, including online form, email, and telephone, and making the service accessible in foreign languages.

In summary, if pursuing more comprehensive self-exclusion coverage, stakeholders should be aware of the potential trade-offs and tensions between addressing issues around circumvention, satisfying the needs of all user groups, and providing a quick, feasible solution within current frameworks. If maintaining the current structure of separate schemes, the benefits include preserving user autonomy and avoiding legislative barriers, but the challenges of administrative burden and ease of circumvention identified by participants would remain unaddressed.

Idea 2: A centralised hub for gambling harm support

Description

Throughout the Explore phase, interview participants and the LEAP discussed a centralised hub for gambling harm support, collating relevant information about and signposting to the support options available. The hub would cover the offering of various local and national treatment and support organisations, the NHS, as well as the tools provided by banks (e.g. gambling blocks or limits) and operator-based tools. The hub would serve as a one-stop-shop for all kinds of gambling support and resources (both tools and strategies), presenting them in an easy-to-understand, filterable way. Importantly, the hub would be relevant to a broad range of people, including those who do not experience gambling harms, but nevertheless want to find information about how one might go about changing their gambling behaviour, or locating support for themselves (both for those who gamble, and those identifying as affected others).

The hub could also serve as a source of reliable information about the effectiveness of various support options. This could help users identify which support options are most suitable to their needs and most likely to have a positive impact on their desired outcomes. Crucially, this information would need to be curated by independent experts who have extensive knowledge about the academic literature on the effectiveness of gambling support options. Furthermore, effectiveness would need to be comparable across tools, strategies, and other support services, highlighting the need for standardised measures.

Barriers addressed

In our research, we found that people's engagement with self-directed tools and strategies was limited because:

- They had a limited awareness of tools and strategies (Barrier 1)
- They might have struggled to find new tools and strategies (Barrier 2)
- They might have picked tools or strategies that were unsuitable to their needs (Barrier 5)

A centralised hub for gambling support could help address these barriers by showing people the full range of options in a user-friendly, filterable way and helping them identify the most suitable ones based on their needs and the available evidence. This process could be self-reinforcing, where a good initial experience with the platform could motivate people to spend more time exploring and trying further tools or strategies.

Feedback received from workshop attendees and experts

Overall, both workshop attendees and experts consulted agreed that the current provision of information about gambling support is fragmented. They supported the idea of setting up a new one-stop-shop for gambling harm support, hoping it would make it easier to find relevant information about various types of gambling tools, strategies, and professional support.

Provision

Workshop participants and experts suggested that the centralised hub would need to be run by an organisation that is independent, both of the gambling industry and existing gambling support organisations. They thought that this would help avoid conflicts of interest and create trust in the information.

An independent hub should nevertheless be linked up both with the gambling industry and the support ecosystem: workshop attendees suggested mandating gambling operators to signpost their customers to this hub, and one expert suggested integrating a referral system into the hub to effectively direct people to help. Another expert suggested aiming for a minimum viable product and iterating it based on user feedback. This would make it quicker, easier, and cheaper to launch the hub as a proof of concept, and enable continuous data-driven improvements.

Coverage and functionality

Both workshop attendees and experts consulted agreed that the hub should aim for a broad coverage, going beyond current resources on gambling support organisations' websites. This would create a strong rationale for implementation.

Specific suggestions included:

- Covering tools offered by the gambling industry, such as deposit limits
- Targeted support for groups with specific needs, e.g. those needing foreign-language support, groups at risk of increased stigmatisation and marginalisation, or those affected by someone else's gambling

This latter point was discussed in depth during the workshop with affected others who reflected they wanted their own designated space for support relevant to them. They noted how resources are often centred around the people who gamble and how best they could support them, rather than addressing their personal need for support.

To make such a comprehensive hub easy to navigate, workshop attendees highlighted the importance of good filters and search functionality. One expert warned about the challenges involved in identifying which support options can be safely recommended to people.

Reflections and recommendations

Different organisations, including GambleAware, currently offer valuable resources that help people understand their support options and access further help. Building on these foundations, our participants expressed a desire for a more comprehensive hub that consolidates information across all available support, including support options that organisations currently do not cover, such as tools offered by gambling operators. The recommendations below reflect workshop attendees' suggestions, with feasibility considerations included to recognise both the existing strong work of the sector and the difficult constraints in which they operate.

First, gambling support information hosted by a new, neutral organisation can appeal to a broader audience. Some workshop attendees reflected that support organisations, such as GambleAware, might be associated with serious forms of gambling harm. This was due to their own perceptions or misunderstandings of who these organisations catered for. Therefore, those who do not see themselves suffering from gambling harms might not consider using GambleAware's website. This does not mean that a new hub should crowd out existing information provision, rather, it should aim to appeal to audiences who are more likely to engage with a resource aimed towards everyone who gambles, not just those experiencing harm.

Second, the hub should cover the widest range of support options available. This could include:

- Self-directed tools offered by gambling support organisations, such as

workbooks

- Additional resources such as recommended books, podcasts, videos
- Specialised software, such as blocking tools
- Professional support, such as counselling
- Tools provided by gambling operators, such as limits and time-outs
- Tools provided by banks and fintech companies, such as gambling blocks
- Self-directed strategies, such as tips on how to manage finances
- Support targeted at various subgroups of people, such as those affected by someone else's gambling

Collating all these types of support options would result in a hub with a significantly wider coverage than any existing resources. These options should be defined and categorised in a consistent, easy-to-understand way. We suggest conducting user testing to ensure the categorisation and presentation align with how users want to see and access information.

The information presented in the hub should be easy to navigate and understand. Therefore, we strongly suggest integrating filtering options and exploring personalisation, such as AI-powered chatbots helping to narrow down the information presented. These functionalities would help prevent information overload and suboptimal tool choices (see Barrier 5).

To maximise impact, ensure that the resource is advertised and signposted consistently, including on gambling operator websites and at locations where people might seek financial and mental health support. We also suggest exploring how information be presented and distributed offline. Our research revealed that those with lower digital literacy might struggle to access the support they need, as the vast majority of current support is available and advertised online.

Idea 3: A self-evaluation questionnaire to find relevant support

Description

Participants suggested building on existing self-evaluation questionnaires by moving beyond risk identification and providing personalised recommendations for addressing risks. The questionnaire would ask not only about gambling behaviours, but also personal goals and circumstances, as well as preferences between the types of available support options. This data would then be used to identify specific tools, strategies, and recommendations that are suitable for the user.

Barriers addressed

This idea would help drive the uptake of suitable SDTS. We found that people had:

- A limited awareness of tools (Barrier 1)
- Found it difficult to locate new tools (Barrier 2)
- Used tools unsuitable to their needs (Barrier 5)

Furthermore, some have not recognised that they needed further support (Barrier 3).

Access to personalised and specific recommendations can help address all these barriers.

Feedback received from workshop attendees and experts

Design of the questionnaire

Workshop participants felt the main value of this tool would come from receiving specific recommendations about tools and strategies. Therefore, they thought that the questionnaire should ask a broad range of questions about peoples' preferences and circumstances, balancing length with usability of the questionnaire. They also thought that covering multiple topics, such as finances, urges, goals and motivations, could reduce reliance on potentially inaccurate information: for example, those reluctant to honestly disclose their financial situation might be more open about their emotions or vice versa. Workshop participants affected by someone else's gambling added that the questionnaire should accommodate the support needs of this group as well.

Experts consulted suggested incorporating an AI-powered chatbot to enhance the tool's functionality beyond current self-evaluation questionnaires. Unlike generic AI tools, this chatbot could be specifically trained and constrained for gambling harm reduction, with knowledge of available tools, strategies, and support services embedded into its design. This would enable it to provide accurate, contextualised recommendations rather than generic or potentially harmful advice. It could also be equipped with specific safeguards, including the ability to detect crisis indicators (such as expressions of severe distress or harm), escalate to human support when needed, and flag problematic conversations for review. The chatbot would be optional, recognising that some users may prefer traditional questionnaires or may be wary of AI-based approaches. Experts also emphasised the importance of accessibility, suggesting extensive user testing and translating the tool into various languages.

Experts had two concerns, however. First, potential strategies are too numerous for such a system to reliably navigate. This can limit the accuracy or comprehensiveness of recommendations. This limitation, however, might be addressed by continuous

improvements to the coverage of the system based on user testing, feedback, and real data on what strategy options users are seeking. Second, they warned that a chat-based interface might replace human-to-human support, such as counselling, with potential adverse consequences.

Implementation and use cases

There was disagreement among workshop attendees about which organisations should host or promote this questionnaire. Some workshop attendees recommended signposting to the tool at various key moments, for example, when finishing an online gambling session. Others stressed that this tool should also be promoted offline to widen access, for example, by job coaches. The questionnaire itself might be embedded into existing websites where users might seek help, such as gambling operator websites and the websites of gambling support organisations.

Experts were concerned that the episodic nature of gambling means that one-time use of this tool would limit the accuracy and relevance of recommendations. Some suggested that a well-designed tool should incorporate validated scales and be routinely used across the entire gambling support ecosystem. Note that this broader use case would mean moving beyond matching people to tools and strategies and ensuring that the recommendations are relevant to various stages along the individual's support journey.

Reflections and recommendations

Existing self-evaluation tools play an important role in informally assessing gambling-related harms. Tools such as those offered by various support organisations typically use validated instruments like the Problem Gambling Severity Index to gauge risk levels and provide signposting to support. Our research suggests there may be an opportunity to build on these strong foundations by further reducing friction in the user journey: for example, by providing more personalised recommendations or clearer next steps that reduce the cognitive load on people navigating multiple options.

To complement and improve the current provision of self-evaluation tools, we recommend focusing on matching people to support options, rather than trying to assess the level of harm experienced. While self-assessment and formal diagnoses are important, our participants expressed a need for more actionable and personalised recommendations. Asking about preferences between various support types, goals, and readiness to change their gambling behaviours could help make such recommendations.⁶² The ideas proposed by workshop attendees and experts,

⁶² For inspiration, providers could look to models used by income maximisation services, such as grants portals which assess a user's circumstances to provide a personalised list of eligible financial support (e.g., grants, benefits), rather than simply diagnosing a level of financial

including increased personalisation and the integration of AI-chatbots, also underline this need.

Finally, we recommend conducting further research to identify the optimal moments to signpost to this tool. There is extensive research demonstrating the importance of 'timely' interventions that consider when people might be more receptive to change.⁶³ It is crucial that people provide accurate information about their feelings, circumstances, and behaviours when using self-evaluation tools, and that they are receptive to recommendations. These timely interventions might be linked to the use of other support services (e.g. mental health support), gambling events (e.g. large losses during a gambling session), or private life events (e.g. moving house).

hardship. This 'matching' or 'signposting' approach could be adapted for gambling support, connecting people directly to relevant management tools based on their self-reported behaviours and needs.

⁶³ BIT. (2024). *EAST: Four simple ways to apply behavioural insights*. Revised and updated edition. <https://www.bi.team/wp-content/uploads/2014/04/BIT-EAST-1.pdf>

Synthesis: Implications & recommendations

Key insights

This research highlights that the journey towards self-directed change in gambling is non-linear with people facing multiple systemic and behavioural barriers. While a number of tools and strategies already exist to support people across the harm spectrum, significant challenges remain in ensuring people can find, access, and use the right support for their needs. By exploring these experiences with people, we hope this research will allow better understanding of where to focus efforts in developing the best self directed tools and strategies (SDTS).

A fragmented landscape creates navigation challenges

The self-directed support ecosystem is complex, with a number of support tools and strategies available. However, although this is positive it can create barriers. Support is not always signposted in the most effective way to people, which could lead to information overload, inconsistent messaging, and difficulty distinguishing between options. Awareness of available support is particularly limited for strategies compared to formal tools, and for offline resources compared to online resources. The stigma surrounding gambling harm further adds to these challenges, as people may be reluctant to ask for guidance from others to help navigate the self-directed support system.

This fragmentation means that people often select tools or strategies based on limited knowledge rather than informed choice. They may use the only option they know, even if it does not suit their needs, circumstances, or readiness to change. The risk is twofold: people may choose support that is ineffective for their situation, or they may choose self-directed approaches when more professional support would be more appropriate.

Sustained adoption requires addressing both internal and external pressures

Even when people successfully adopt tools or strategies, maintaining use is challenging. The urge to gamble is often driven by internal factors such as ingrained habits and affective states that contributed to gambling activity in the first place. External triggers include the 24/7 online availability, ubiquitous advertising, promotions during major sporting events, and normalised gambling within social networks. These all create an environment that makes gambling easy. These

pressures can overwhelm well-designed tools, especially during moments like boredom, stress, or alcohol consumption.

Tools and strategies vary in their ability to withstand these pressures. Those perceived as easy to circumvent may struggle to remain effective. Design features matter here: self-exclusion schemes that can be bypassed through different venues or platforms, deposit limits that can be avoided by switching operators, or strategies that require sustained cognitive effort without adequate support structures all risk higher abandonment rates. Alongside this, the continuous evolution of gambling products and marketing means that even effective tools can become outdated, requiring ongoing updates.

A common reflection from people during this research was that recovery from gambling harm was rarely straightforward. They described experiencing setbacks, unintended side effects (such as switching to different gambling products and channels when one was restricted), false confidence leading to early stopping of tool use, and the challenge of negative emotions and social disruption accompanying behaviour change. Without adequate additional support, people might interpret these difficulties as personal failures rather than a normal part of the recovery process.

Some support options are designed as one-off interventions rather than longer-term resources that people can revisit, adjust, or combine as their journey to manage their gambling evolves. Closing this gap between user experience and tool design could help prevent early disengagement and shift a user's perception from pass or failure to sustained help-seeking.

The powerful role of lived experience in solution development

A key feature of this project has been the engagement of people with lived experience of gambling harm: both through the Lived Experience Advisory Panel (LEAP) and the broader research participants. Their contributions have been invaluable not only in identifying barriers but in co-designing practical, acceptable solutions. The enthusiasm and insight they brought to exploring how existing tools could be improved, what new resources were needed, and how support could be better personalised revealed insights that the research team alone would not have identified.

This validates the importance of embedding lived experience throughout the research process: from initial design through to interpretation of findings and development of recommendations. Greater investment in participatory design processes could substantially enhance the relevance, usability, and effectiveness of self-directed support.

Implications for intervention design

These insights point towards several intervention opportunities

1. There is a clear need for better navigation support: helping people understand what options exist, which are appropriate for their circumstances and goals, and providing specific, actionable next steps
2. Tools and strategies should be designed for sustained engagement, such as incorporating features that build them into daily routines, provide positive feedback loops, and to help people manage both internal states and external triggers.
3. Resources must explicitly normalise the non-linear nature of recovery, prepare people for setbacks and difficult emotions, and frame these not as failures but as expected parts of the change process that can be managed and overcome.
4. There is substantial opportunity in 'formalising' strategies; the self-directed techniques that people develop independently. By providing guidance, structure, validation, and best-practice resources around these approaches, tool providers can further enhance their credibility while maintaining the personalisation and autonomy that makes them attractive to people.

The recommendations that follow build upon these insights, turning them into actionable recommendations for the sector. The three co-designed solution ideas presented in the previous section — a universal self-exclusion scheme, a centralised information hub, and an enhanced self-evaluation questionnaire — demonstrate how these insights can inform the development of improved support.

However, the implications extend beyond these specific tools to include broader questions about how the sector presents information, designs user journeys, acknowledges the reality of recovery, and involves those with lived experience in shaping future support.

Recommendations for relevant sectors

This section outlines 8 actionable recommendations for the relevant sectors (including support and treatment, prevention and education, and other adjacent sectors, such as financial services providers) based on the insights from participants and experts, to help improve the accessibility, effectiveness, and sustained engagement with SDTS for reducing gambling harm. They build upon the positive finding that an array of tools and support are already available for people across the harm spectrum and focus more on maximising their potential effectiveness. Note that these recommendations go past the three solutions explored in more detail in section 5, to reflect on the wider points made throughout the research.

We recognise that gambling support, treatment, and educational organisations are operating under significant resource constraints and considerable uncertainty about future funding structures (with consequences for service staffing, resourcing and delivery). These recommendations are designed with flexibility and pragmatism in mind as much as possible. They range from potential enhancements to existing resources that organisations can implement incrementally (such as applying insights from behavioural science to current tools, improving signposting, or formalising informal strategies) through to more ambitious sector-wide initiatives that would require collective action and sustained investment (such as a universal self-exclusion scheme or centralised hub). We acknowledge that these may not be feasible in the current climate or even may reasonably not be deemed an urgent priority compared to questions of funding and resources.

Many of the recommendations do not require building new infrastructure. Several can be achieved through adjustments to coordination, messaging, and design of what already exists, for example: standardising how information is presented, or reducing cognitive load in user journeys. Even the three co-designed ideas build upon and consolidate existing foundations of strong services (e.g. GambleAware, Gamstop, GLEN, and GAMCARE, as well as other information resources and existing assessment tools).

We encourage stakeholders to prioritise based on their capacity, remit, and the barriers most relevant to their user groups. Incremental progress across multiple recommendations may achieve greater impact than attempting one large-scale solution in isolation.

1. Incorporate personalisation where possible

Support organisations, as well as financial services and gambling companies offering gambling support, should ask people for additional information, such as their preferences for certain types of support. This would help provide support options that are relevant to them and their circumstances. Furthermore, these stakeholders should explore the opportunities with increasingly innovative technologies such as AI chatbots and personalised assessments that focus on the type of support a person wants beyond a harm score.

Potential examples of implementation:

- A self-assessment tool, which provides personalised recommendations for tools and strategies (as discussed in chapter 5).

Behavioural science concept	Relevant Barriers addressed
Personalisation: providing services and information that is highly tailored to the user's specific circumstances, needs, and preferences	Barrier 5 (Picking the Wrong Tool): Provides targeted recommendations to reduce the chance of tool mismatch.
Just-in-time messaging: providing info at the right time in the correct format	Barrier 2 (Difficulty Finding New Tools): Streamlines the search process by presenting only relevant options.

2. Minimise choice and information overload

Design user journeys and resources outlining different support options in a way that minimises cognitive demand, particularly for people who may already be in an emotive or distressed state. Resources should allow for easy filtering based on the type of support needed or demographic features. Resources should provide clear next steps and highlight the most important information to reduce friction.

Potential examples of implementation:

- A centralised resource hub for information on tools and strategies.
- Conducting user journey audits of pathways to current resources and information to identify potential barriers to access, and structuring future content with an aim of minimising cognitive demand.
- Tools and strategies should be designed to enable easy integration into user's daily life, with minimal disruptions- for example, default set up of tools during account set up, tools being enabled indefinitely once set up, automatic renewal processes, etc.

Behavioural science concept	Relevant Barriers addressed
Choice Architecture/Simplification: Structuring options to guide better decision-making.	Barrier 2 (Difficulty Finding new tools): Directly addresses the overwhelm caused by a fragmented landscape.
Friction/sludge reduction: Minimising the effort required to understand and access support.	Barrier 6 (Difficulty engaging/digital skills): Reduces the cognitive load of navigating complex digital interfaces.

3. Formalise self-directed strategies

Strategies that are currently informal, such as "involving a partner in finances" or "avoiding specific triggers", could be formalised by providing potential users with

structured information and recommendations about how to employ these strategies. By presenting them as viable, evidence-based support options, and adding guidance, best-practice toolkits, testimonials, and structured advice, their credibility is improved, allowing them to be recognised as valid support approaches by individuals.

Potential examples of implementation:

- When developing resources, consideration should be given to resources for family and friends themselves to help positively reinforce the role they can have in supporting someone they know with their gambling.

Behavioural science concept	Relevant Barriers addressed
Framing: Elevating informal strategies to have the same perceived legitimacy as formal tools for individuals	Barrier 1 (Limited awareness): Increases visibility of informal strategies as genuine support.
Credibility/Social proof: Using user testimonials and 'official' toolkits to enhance perceived effectiveness.	Barrier 4 (Stigma): By formalising a wider array of options, the scope of 'acceptable' support widens.

4. Reduce the asymmetry between online and offline support options

Increase the visibility and improve ease of access for support in non-digital spaces to ensure equity and reach for digitally excluded people.

Potential examples of implementation:

- Standardising and improving the signposting of support options in land-based venues (betting shops, bingo halls, pubs with EGMs) and non-digital media (TV, radio). It is also important to raise awareness of peer-to-peer groups where people can find in person support such as Gamblers Anonymous.
- Ensuring key support options, like helpline advice and self-assessment tools, are available 24/7 and accessible via telephone or print for digitally excluded people.
- Looking for novel opportunities to introduce advice and guidance around SDTS in trusted non-gambling settings, such as GP practices and job centres.

Behavioural science concept	Relevant Barriers addressed
Availability heuristic: Increasing the frequency and ease of encountering support information.	Barrier 6 (Difficulty Engaging/Digital Skills): Provides non-digital access routes.
Cues and context: Placing signposting in non-gambling contexts (GP, Job Centres) where reflection or financial pressure may be salient.	Barrier 3 (Not Recognising Need for Help): Introduces support at the point of need/reflection.

5. Build in positive feedback loops

Ensure positive feedback mechanisms are embedded within support apps, tools, and strategies to foster a natural sense of progress and achievement. This includes progress trackers, reflective prompts, and the option to involve others. The GambleAware app already offers examples of this, and we would encourage other such tools to look for opportunities to embed where possible.

Potential examples of implementation:

- A support buddy feature which leverages people's social network by allowing them to nominate a supporter within an app to receive relevant updates or prompts could also be explored as an option to help with motivation.
- Equipping people to visually keep track of their progress against their original motivations to create positive feedback loops and help sustain engagement.
- With strategies, resources could provide advice on how to build strategy use into habits-for example, scheduling a weekly conversation with a trusted family/friend to discuss finances, checking budgets at the end of every month.

Behavioural science concept	Relevant Barriers addressed
Feedback Loops: Making progress visible to sustain effort and motivation.	Barrier 7 (Fading Motivation): Directly counters the decline in engagement after initial enthusiasm.
Commitment Devices: Using social accountability (support buddy) to maintain adherence to goals.	Barrier 9 (Non-Linear Recovery): Provides external accountability to help people re-engage after a setback.

6. Reframe support as prevention tools

Marketing and communication campaigns could explore re-framing gambling management tools as proactive, preventive measures useful for managing even low-level harm, rather than only intervention for times of crisis. Messaging could emphasise alternative goals (saving money, improving health) rather than solely focusing on harm avoidance.

Potential examples of implementation:

- Present information in ways that reduce stigma: for example, by framing tools as proactive wellbeing resources rather than crisis interventions and ensuring privacy in how support is accessed and discussed.

Behavioural science concept	Relevant Barriers addressed
Framing: Shifting the narrative from 'crisis' to 'proactive self-management'.	Barrier 3 (Not Recognising Need for Help): Challenges the perception that SDTS are only for "serious problems."
Goal Setting: Leveraging user motivations beyond just problem-solving (e.g., health, money).	Barrier 4 (Stigma): Reduces stigma by associating the tools with positive, socially acceptable goals.

7. Harness reflection as a motivation tool

Participants in this study observed a change in their behaviour as a potential result of taking part in the project. Some participants who initially stated they had no interest in changing their gambling, went on to reduce their gambling after being asked to reflect on their gambling in the initial interviews. This suggests that the process of being asked to reflect has potential as an intervention in itself.

We recommend that future research could focus on the development of targeted reflective resources that are explicitly designed to capture and amplify initial scepticism and subsequent shifts in thinking. This could include creating structured prompts that encourage people to document their current motivations for *not* changing and then revisit these entries after a predetermined cool-down or reflection period. These tools would target those who currently lack motivation to change their behaviours, unlike existing resources, such as workbooks, which are more suitable to those with higher motivation to change. We also recommend improvements in safer gambling messaging from gambling operators to encourage

effective self appraisal and increase people's likelihood of seeing operator tools like limits as effective and relevant for them.⁶⁴

Research could also consider the potential impact of reflective tools that normalise help-seeking and reduce stigma by emphasising that managing gambling proactively is a sign of strength, not weakness.

Behavioural science concept	Relevant Barriers addressed
Cognitive Dissonance: Encouraging people to compare their documented, past attitudes with their current reality or goals.	Barrier 3 (Not Recognising Need for Help): The process of reflection can be an intervention in itself, aiding self-recognition.
Commitment Device: The act of writing down motivations/goals increases the psychological weight of those statements.	Barrier 7 (Fading Motivation): Reflection can help people re-connect with their initial reasons for seeking help.

8. Empower people to manage setbacks and triggers

Develop structured resources that explicitly acknowledge the non-linear nature of recovery.

Potential examples of implementation:

- Provide clear advice on managing high-risk external events (major sports tournaments, payday) and internal states (boredom, frustration).
- Frame returns to gambling as a normal part of the journey, not a failure, and include immediate, structured advice on re-engaging with tools rather than giving up.
- Tools should emphasise gradual, manageable reduction plans over a "cold turkey" approach, which many find unmanageable. This aligns with treatment pathways in other sectors such as recovery from substance addictions such as

⁶⁴ This would require research similar to GambleAware's recent commissioned research on improving safer gambling messaging on operator adverts. See: YouGov. The Behavioural Insights Team, The Outsiders, University of Bristol, Improving safer gambling messaging on operator adverts – Full report (2024) <https://www.gambleaware.org/our-research/publication-library/articles/improving-safer-gambling-messaging-on-operator-adverts-full-report/>

opioids or alcohol, where medical guidance recommends gradual tapering.^{65, 66}

- Encouraging people to also reflect on and address root causes of harm, such as mental health challenges or substance use.

Behavioural science concept	Relevant Barriers addressed
Implementation intentions: Pre-commitment to specific actions when a high-risk trigger is encountered.	Barrier 8 (External Triggers): Provides a ready-made plan for managing anticipated high-risk events.
Normalisation/Framing: Reducing the interpretation of a lapse.	Barrier 9 (Non-Linear Recovery): Provides a clear pathway back to support, counteracting the tendency to quit self-management after a lapse.

⁶⁵ Kral LA, Jackson K, Uritsky T. (2015) A practical guide to tapering opioids. *Ment Health Clinician*. 5(3):102-8.

⁶⁶ University Hospitals Sussex NHS Foundation Trust. (2023). *How to safely reduce your alcohol intake*. <https://www.uhsussex.nhs.uk/wp-content/uploads/2023/09/How-to-reduce-alcohol-intake.pdf>

Conclusions

This research explored people who gamble experiences with self directed tools and strategies (SDTS) for managing or reducing gambling harm. Our goal was to understand the use of SDTS, identify barriers, and provide actionable recommendations to support uptake and sustained engagement.

A core strength of this project was the involvement of people with lived experience of gambling harm and real users of SDTS throughout. Their insights were integral to shaping both the research activities and the interpretation of findings. We also reported demographic- and tool-specific findings that emerged during various research activities. However, a systematic investigation of the potential effectiveness of individual tools and strategies, or the experiences of every demographic group, was out of scope for this project. This study significantly builds on existing work and previous evidence by conducting primary research on informal self-directed strategies, going beyond tools alone, and placing a strong focus on future design and recommendations.

Addressing the research aims

Our findings demonstrate that people attempting to use SDTS face the challenge of navigating a complex and fragmented support environment. The user journey is often non-linear and cyclical, characterised by stages we identified as: awareness, motivation and decision, uptake, engagement, and impact.

People reported barriers across several areas:

- **A knowledge gap:** People have limited awareness of the tools and strategies available, and struggle to find new support options, dispersed across a host of platforms and organisations.
- **The recognition gap:** Many people do not recognise their need for help, perceiving SDTS as being only for people experiencing serious harm from their gambling.
- **Internal and external pressures:** Sustained engagement with tools and strategies can be challenging due to powerful urges ("hot states") and external triggers, such as exposure to gambling advertisements and major sports events.
- **Tool design:** Tools are often seen as easy to circumvent or designed in a way that do not meet the needs of their users, a particular challenge for land-based gambling

Experience of marginalised groups

Where possible, we aimed to capture insights on the different experiences of marginalised groups:

- **Gender:** Male participants were more likely to report using no tools compared to female participants. They were also less likely to use mobile apps or various informal strategies such as relaxation-based techniques.
- **Ethnicity:** While we observed no statistically significant difference in the overall uptake rate of tools between minority ethnic and White participants, we did find a difference in the type of support used. Participants from ethnic minorities were less likely to use operator tools and made greater use of informal strategies, such as involving others in financial matters, purposely avoiding triggers, and seeking support from helplines.
- **People offline/with low digital literacy:** Most tools and information were heavily reliant on online access, resulting in those who are digitally excluded or with lower literacy not using such support. The asymmetry highlighted the importance of improving the visibility and ease of access for such support in non-digital spaces, e.g. GP practices or job centres.
- **Affected others:** Perspectives from those supporting others were two-fold: how best to support someone who is gambling, and the need for their own support. They emphasised that resources were often framed around the person who was gambling, rather than their own distinct needs, necessitating more personalised framing.

Ideas and recommendations for the sector

The recommendations aim to improve the uptake and effective use of SDTS as well as consider the potential future direction of particular tools. Given the role of lived experience within the project, we chose to focus on ideas prioritised by participants. Including the additional, broader recommendations allowed us to explore more ideas through a behavioural science lens.

The co-designed solutions included: a universal self-exclusion scheme, a centralised hub for gambling support, and an enhanced self-evaluation questionnaire to provide personalised recommendations.

Broader recommendations included the formalisation of self-directed strategies, re-framing support as prevention measures (where appropriate), and exploring how best to empower people to manage setbacks and triggers.

Broader implications

The primary significance of this research lies in its finding that the primary issue is not a lack of support, but the system under which the support options and information exist.

- **System fragmentation:** The fragmentation of the different SDTS available increases the cognitive load at moments of likely high distress for people — for example, they might struggle to find, pick, and access the right information and support. This may deter help-seeking altogether.
- **Improving information available:** Information about certain tools, such as spending limits offered by banks or deposit limits, may not always be available, while there is a lack of formal information around strategies entirely. Ensuring clear and accessible information is available around the wide range of STDS is crucial for uptake.
- **Communication:** Our findings also offer insights into how reducing gambling and recovery from gambling harm is communicated. People discussed how framing of tools and strategies should explicitly normalise setbacks and address the unintended side-effects of restriction, such as product substitution.

Our findings indicate that focusing on the provision of tools alone is insufficient; focus should extend to the streamlining and framing of information and options, as well as looking for ways to validate and promote more informal strategies. Given the changing and somewhat uncertain nature of the prevention and treatment spaces, collaboration across the sector and focus on provision of information will both be important in ensuring people can reliably access the support they need.

Future research areas

Based on the findings and limitations of this study, the following areas are suggested for future research:

- **Focus on the effectiveness of different strategies:** Targeted research is needed to gain more in-depth information on strategies. This work should focus on codifying, structuring, and evaluating their long-term use and transferability to enhance their credibility and maximise their potential as a low-friction and low-cost support option.
- **Efficacy of personalisation:** Future studies should design and test the impact of personalised support recommendations (as proposed by the self-evaluation questionnaire idea) on subsequent tool uptake and sustained engagement, particularly focusing on what type of personalisation is most motivating for different user segments.

- **Offline and low digital literacy support:** Focused work is required to develop and test non-digital or low-digital support options, including the presentation and distribution of advice in non-gambling settings (e.g., GP surgeries, job centres) to ensure equitable access for digitally excluded people.

Appendix

Appendix A — The Lived experience advisory panel

This appendix provides a detailed overview of the methodology used to form and operate the Lived Experience Advisory Panel (LEAP), which played a crucial role in informing this research.

Panel Composition

To ensure our research was grounded in a diverse range of views, we aimed to recruit at least six members, with at least one member representing the 'affected other' community. We successfully recruited eight members in total, one of whom was from the affected other community.

The Panel was intentionally recruited to represent diversity across several key demographics, including:

- Gender and sexuality
- Age
- Ethnicity
- People with disabilities and neurodiversity

Panel members had experienced varying levels of gambling harm and displayed a range of experiences, including:

- Prior (successful and unsuccessful) use of SDTS.
- Diverse drivers of harm and barriers to accessing support, such as experiences of stigma.

We chose an eight-member panel size as it was considered appropriate for:

1. Allowing us to hear from a diverse range of participants.
2. Ensuring that meaningful rapport could be established between members and with the researchers.
3. Ensuring every member felt their voice could be heard. Typical attendance at each session ranged from five to seven participants.

Panel recruitment

We used a multi-channel approach to ensure we included a diverse range of voices. We utilised purposeful and snowball sampling to recruit via existing lived experience networks and support organisations. This built on our existing contacts with organisations such as GamCare, BetKnowMore, GLEN, and Gordon Moody.

The recruitment process was as follows:

1. Potential participants completed a pre-screening expression of interest form.
2. Researchers conducted a further screening call.
3. A final decision on suitability was made based on the information gathered, aligned with our pre-defined sampling criteria and project requirements.

Participants were compensated £750 for the time they provided for the project.

Panel Sessions

All LEAP sessions were conducted online, a format chosen over in-person sessions to maximise accessibility by minimising both travel and time burdens for members. Sessions were scheduled at times convenient for the members.

All sessions were facilitated by experienced researchers who specialised in:

- Managing group dynamics effectively.
- Ensuring every member was able to speak and feel heard, recognising that members had differing levels of confidence with online participation.

Appendix B — Explore phase

Target population, sample size, and recruitment

Reflexive interviews

We recruited 30 participants who wished or previously wished to spend less time or money on gambling or reduce their gambling in some other way. The full sampling criteria is presented in Table A1 below.

Our final sampling matrix is below

Table A1: Reflexive Interview sampling criteria. Note that some sampling criteria were not reported by all participants, therefore, the numbers might not add up to 30.

Reflexive interviews sampling matrix		
Primary sampling criteria		N (Time Point 1)
Point in journey in use of self- directed tools (all participants)	Tool or strategy user	26
	Non tool or strategy user	4
Secondary sampling criteria (all participants)		
Experiences with marginalisation	Women	8
	Ethnic minorities	9
	Religious minorities	4
	Young people (18 - 30 years)	5
	Older people (60+ years)	3
	Identified mental health conditions	2
Disability	Disabled (as defined by the Equality Act)	5
Digitally excluded	Digital excluded tool/ strategy people [using Ofcom measure]	3
Educational attainment (all participants)	Secondary school up to 16 years	9
	Higher or secondary or further education (A- levels, BTEC, etc.)	5
	College or university	11
	Post-graduate degree	4

Household Income (proxy for risk of Financial Vulnerability ⁶⁷)	Household income £25,000 - <£35,000 ⁶⁸	22
	Household income < £25,000	3
Employment status	Employed or Self-Employed	21
	Economically inactive: unemployed, retired, student, looking after home or family, long-term sick or disabled, or other	4
Geographic region	London	6
	North of England	4
	Midlands	4
	South East & East of England	1
	Wales & South West	1
	Scotland	3

We recruited participants through two channels:

- **Specialist recruitment agency:** We worked with the recruitment agency Criteria to recruit the majority of research participants.
- **Lived experience networks:** Building on both BIT's and Bournemouth University's contacts, we worked with partners at organisations like GamCare and BetKnowMore to help recruit our sample. These organisations had established Lived Experience networks with strong safeguarding measures in place that we were able to leverage. Their members also represented a range of different communities.

⁶⁷ Household income is not a direct measure of financial vulnerability (which has many other factors contributing to it, including level of debt, savings, etc.). Since this is not a primary criteria, we can use household income as a proxy measure for the risk of experiencing financial vulnerability.

⁶⁸ Median household income in the financial year ending 2020 was £32,300 from [ONS \(2021\) Data and analysis from Census 2021](#)

All recruits received reminders to mitigate against cancellations. We accounted for a level of attrition between Waves and accounted for it within our sample design. We also offered electronic vouchers worth £50 for Time Point 1 interviews and £60 for Time Point 2 interviews, in return for interviews lasting up to an hour at both waves.

Diary study

Those recruited for the reflexive interviews were asked whether they were interested in participating in the diary study as well. We contacted those who expressed their interest, of which 8 chose to participate. This subset consisted of those who were actively using SDTS.

Given the relatively small sample size, we did not set an overly prescriptive or detailed sampling criteria, but we aimed to achieve a spread of participants in relation to:

- How long they have been using the tools: newer and more established users
- Frequency of use: habitual and fluctuating use
- Types of tools and strategies used
- Key demographics

As with the interviews, to reduce attrition and encourage full diary completion, we offered £15 per full week of diary completion, including in-situ responses. Those completing all four weeks received an additional £10 incentive.

Qualitative analytical approach

Data management

Interview recordings and diary study responses were managed using a Framework approach to data management to prepare the data for detailed analysis. This involved first identifying emerging themes through familiarisation with the data. Following this, an analytical framework was created using a series of matrices each relating to an emergent theme and/or interview topic, to allow categorisation of participants and analysis of their characteristics, their attitudes and experience using SDTS. The columns in each matrix represented the key sub-themes drawn from the findings and the rows represented individual participants interviewed. The interview data was then summarised in the appropriate cell, which allowed for themes to be identified in a transparent and structured way. This enabled a systematic approach to analysis that was grounded in participants' accounts.

Thematic analysis

The next step of analysis involved working through the managed data to draw out the range of experiences and views, while identifying similarities, differences and links between them. Thematic analysis (undertaken by looking down the theme-based columns in Framework) identified the range of concepts and themes from across the sample. Between-case analysis (undertaken by comparing and contrasting rows) allowed for comparison and contrast between participants. Within-case analysis allowed us to explore how participants' characteristics, views and experiences interrelated. However, given the small sample size, subgroup analysis was limited.

Verbatim participant quotations and case examples have been used to exemplify themes. As qualitative data can only be generalised in terms of range and diversity and not in terms of prevalence, our outputs have focused on the nature of experiences, avoiding numerical summaries or language such as 'most' and 'majority'. We have aimed to be comprehensive and grounded in the data, while giving each participant's views and experiences equal weight.

Quantitative research - survey design

Gambling Behaviour

Which of the following activities do you tend to do, and how often? (Response scale applies to all activities below)

Activity	Frequency options (Select one)
National Lottery draws or scratch cards - from retailer or online	Everyday or most days / At least once a week / 2-3 times a month / Once a month / Every few months / Once a year / Have done in the past but not in the last 12 months / Never do this
Online slots / instant win	(Same frequency options)
Fruit or slot machines - in a venue e.g. pub, arcade	(Same frequency options)
Virtual gaming machine in a betting shop	(Same frequency options)

Bingo - online or in a bingo hall	(Same frequency options)
Horse or dog racing - online or in a betting shop	(Same frequency options)
Sports betting - online or in a betting shop	(Same frequency options)
Betting on other events e.g. political events - online or in a betting shop	(Same frequency options)
Casino games (e.g. poker, blackjack, roulette) - online or at a casino	(Same frequency options)
Another form of gambling	(Same frequency options)

Thoughts about changing gambling behaviour

In the past 12 months, have you wanted or tried to reduce either the amount of money or time you spend gambling?

- Yes / No

Which aspect(s) of your gambling have you thought about reducing? Please select all that apply.

- Spend less money gambling
- Spend less time gambling
- Stop certain types of gambling (e.g. lottery or casino games)
- Stop gambling for a period of time (temporarily)
- Stop gambling forever
- Other (please say which)

Tools: Use (Overall)

Which of the following gambling management tools have you used in the past 12 months? Please select all that apply.

- Time, deposit or spend limits. These are tools which let people set limits on the time and money they spend gambling.
- Self-exclusion tools, such as GamStop or from the operator directly. These tools allow people to exclude themselves from gambling for a set period.
- Mobile apps or websites blocking access to gambling websites, or gambling transactions from your bank account.
- Mobile apps providing information on self-management techniques or therapeutic content. This could include apps with mindfulness or peer support features (e.g., "buddy" apps).
- Online resources and educational tools. This could include personalised feedback on gambling activity, CBT workbooks and video / YouTube tutorials.
- Helplines and online support (e.g. Gamblers anonymous / other peer support groups).
- I haven't used any tools in the past 12 months.

Tools: Use Frequency

How often do you use time, deposit or spend limits?

How often do you use self-exclusion tools?

How often do you use mobile apps or websites that block access to gambling websites, or gambling transactions from your bank account?

How often do you use mobile apps that provide information on self-management techniques or therapeutic content?

How often do you use online resources and educational tools?

How often do you use helplines and online support?

(Response options for all frequency questions)

- Everyday or most days / At least once a week / 2-3 times a month / Once a month / Every few months / Once a year

Tools: Breakdown by Tool Categories

You said that you use time, deposit or spend limits. Which ones do you typically use?

Please select all that apply.

- Deposit limits
- Loss limits
- Session time limits
- Reality check tools
- Other (please say which)

You said that you use self-exclusion tools. Which types of gambling venues or platforms do you typically self-exclude from? Please select all that apply.

- Adult gaming centres, high street arcades, motorway service areas and family entertainment
- Land-based bingo premises
- Online gambling websites
- Physical betting shops
- Land-based casinos
- Individual gambling operators
- Other (please say which)

You said you often use apps or websites that block gambling or stop gambling payments. Which ones do you typically use? Please select all that apply.

- Mobile apps or websites that stop you from visiting gambling websites
- Mobile apps or websites that block gambling payments from your bank account
- Other (please say which)

You said that you use mobile apps that offer advice or support to help you manage your gambling. Which of these do you typically use? Please select all that apply.

- Mobile apps that ask about your gambling and give feedback about your behaviour and risk level
- Mobile apps that use CBT (Cognitive Behavioural Therapy) or ask helpful questions to help you think about your thoughts, feelings or reactions and support behaviour change
- Other (please say which)

You said you often use online resources and learning tools. Which ones do you use? Please select all that apply.

- Online courses. These might cover things like gambling addiction, how to manage risk, or ways to recover
- Downloadable guides. For example, how to deal with triggers, manage debt,

make a budget, or care for your mental health

- Educational programs
- CBT (Cognitive Behavioural Therapy) workbooks made to help manage gambling
- Apps or quizzes that copy gambling choices and give you feedback about your risk
- Guides or interactive tools for young people. These might explain gambling risks, how to spot a problem, and where to get help
- Tools to help adults talk to young people about gambling
- YouTube videos or online forums like GamCare or Reddit
- Other (please say which)

You said you use helplines or online support. Which ones do you use? Please select all that apply.

- Services offering free online support via live chat, forums, and self-help tools (e.g. Gambling Therapy)
- Online groups or meetings where people talk, share experiences, and support each other (e.g. Gamblers Anonymous)
- Helplines that give advice and support for anyone affected by gambling (e.g. National Gambling Helpline)
- Other (please say which)

Tools: Motivations (Why you use them)

You said you use time, deposit, or spending limits. What are your main reasons for using these tools? Please select all that apply.

- I noticed signs that gambling was causing me harm (e.g. chasing losses, worrying about money or time, feeling ashamed or stressed)
- Something happened that made me realise I needed limits (e.g. losing a lot of money or gambling too much during a special event)
- I wanted to spend less time or money on gambling to stay in control or reach personal goals (e.g. saving money, feeling better, using my time differently)
- Talking to friends or family made me reflect on my gambling
- I saw how gambling harmed someone I know and wanted to avoid the same outcome
- Limits are easy to find, set up, and use
- I often get reminders or messages from gambling websites or apps to set limits
- Something else (please tell us what)

You said you use self-exclusion tools. What are your main reasons for using these? Please select all that apply.

- I noticed signs of harm in myself (e.g. chasing losses, worrying about money or time spent gambling, feeling ashamed, stressed, or mentally tired)
- Something happened that made me decide to take a break from gambling (e.g. losing a lot of money or gambling too much at a special event)
- I wanted to spend less time or money on gambling to stay in control or reach personal goals (e.g. saving money, feeling better, using my time differently)
- Talking to friends or family made me reflect on my gambling
- I saw someone I know get harmed by gambling and wanted to avoid the same thing
- Self-exclusion tools are easy to find, set up, and use
- I often get reminders or messages from gambling websites or apps to exclude myself
- Something else (please tell us what)

You said you use mobile apps or websites that block gambling sites or stop gambling payments. What are your main reasons for using these? Please select all that apply.

- I noticed signs of harm in myself (e.g. chasing losses, worrying about money or time spent gambling, feeling ashamed, stressed, or mentally tired)
- Something happened that made me decide to take a break from gambling (e.g. losing a lot of money or gambling too much at a special event)
- I wanted to spend less time or money on gambling to stay in control or reach personal goals (e.g. saving money, feeling better, using my time differently)
- Talking to friends or family made me reflect on my gambling
- I saw someone I know get harmed by gambling and wanted to avoid the same thing
- Blocking tools are easy to find, set up, and use
- I often get reminders or messages from gambling websites or apps to block access
- Something else (please tell us what)

You said you use mobile apps that offer advice or support to help you manage your gambling. What are your main reasons for using these?

- I noticed signs that gambling was harming me (e.g. chasing losses, worrying about money or time, feeling ashamed, stressed, or tired)
- Something happened that made me want to block access to gambling sites or transactions (e.g. losing a lot of money or gambling too much during a special event)
- I wanted to spend less time or money on gambling to stay in control or reach personal goals (e.g. saving money, feeling better, using my time differently)
- Talking to friends or family made me reflect on my gambling

- I saw someone I know get harmed by gambling and wanted to avoid the same thing
- These apps are easy to find, set up, and use
- I mostly gamble online, and using blocking tools helps restrict access across multiple sites or platforms
- I often get reminders or messages from gambling websites or apps to block access
- Something else (please tell us what)

You said you use online resources and learning tools. What are your main reasons for using these?

- I noticed signs that gambling was harming me (e.g. chasing losses, worrying about money or time, feeling ashamed, stressed, or tired)
- Something happened that made me want to better understand my gambling and how to manage it (e.g. losing a lot of money or gambling too much during a special event)
- I wanted to spend less time or money on gambling to stay in control or reach personal goals (e.g. saving money, feeling better, using my time differently)
- Talking to friends or family made me reflect on my gambling
- I saw someone I know get harmed by gambling and wanted to avoid the same thing
- These resources are easy to find and use whenever I need them
- Something else (please tell us what)

You said you use helplines and online support. What are your main reasons for using these?

- I noticed signs that gambling was harming me (e.g. chasing losses, worrying about money or time, feeling ashamed, stressed, or tired)
- Something happened that made me want to better understand my gambling and how to manage it (e.g. losing a lot of money or gambling too much during a special event)
- I wanted to spend less time or money on gambling to stay in control or reach personal goals (e.g. saving money, feeling better, using my time differently)
- Talking to friends or family made me reflect on my gambling
- I saw someone I know get harmed by gambling and wanted to avoid the same thing
- These resources are easy to find and use whenever I need them
- Something else (please tell us what)

Tools: Barriers (Why you do not use them)

You said that you do not use time, deposit, or spending limits. What are your main reasons for *not* using these tools? Please select all that apply.

- I didn't know these tools existed, or how to find and set them up
- I mainly gamble in physical places where these tools are harder to find or use
- I don't have the digital skills to set up these tools online
- I don't think these tools would help me manage or reduce my gambling
- It's easy to bypass these tools or keep gambling elsewhere
- I don't want to be judged for using these tools
- I'm worried about how my data would be used
- Other (please tell us what)

If you'd like, please share any extra details about your reasons below. (Optional question)

- Free text

You said that you do not use self-exclusion tools. What are your main reasons for *not* using these tools? Please select all that apply.

- I didn't know these tools existed, or how to find and set them up
- I mainly gamble in physical places where these tools are harder to find or use
- I don't have the digital skills to set up these tools online
- I don't think these tools would help me manage or reduce my gambling
- It's easy to bypass these tools or keep gambling elsewhere
- I don't want to be judged for using these tools
- I'm worried about how my data would be used
- Other (please tell us what)

If you'd like, please share any extra details about your reasons below. (Optional question)

- Free text

You said you do not use mobile apps or websites that block access to gambling websites, or gambling transactions from your bank account. What are your main reasons for *not* using these tools? Please select all that apply.

- I didn't know these tools existed, or how to find and set them up
- I mainly gamble in physical venues where these tools are harder to access or use
- I don't have the digital skills to set up these tools online
- I don't think these tools would help me manage or reduce my gambling
- It's easy to bypass these tools or continue gambling elsewhere

- I don't want to be judged for using these tools
- I'm worried about how my data would be used
- Other (please tell us what)

If you'd like, please share any additional detail about your reasons below. (Optional question)

- Free text

You said you do not use mobile apps that offer advice or support to help you manage your gambling. What are your main reasons for *not* using these tools? Please select all that apply.

- I didn't know these tools existed, or how to find and set them up
- I mainly gamble in physical venues where these tools are harder to access or use
- I don't have the digital skills to set up these tools online
- I don't think these tools would help me manage or reduce my gambling
- It's easy to bypass these tools or continue gambling elsewhere
- I don't want to be judged for using these tools
- I'm worried about how my data would be used
- Other (please tell us what)

If you'd like, please share any additional detail about your reasons below. (Optional question)

- Free text

You said you do not use online resources and educational tools. What are your main reasons for *not* using these tools? Please select all that apply.

- I didn't know these resources and tools existed, or how to find and set them up
- I find these resources too general or not helpful enough
- I prefer face-to-face support than online support
- I don't think these tools would help me manage or reduce my gambling
- It's easy to get back into gambling
- I didn't want to be seen looking up gambling help
- Other (please tell us what)

If you'd like, please share any additional detail about your reasons below. (Optional question)

- Free text

You said you do not use helplines or online support. What are your main reasons for not using these tools? Please select all that apply.

- I didn't know these resources and tools existed, or how to find and set them up
- I find these resources too general or not helpful enough
- I prefer face-to-face support than online support
- I don't think these tools would help me manage or reduce my gambling
- It's easy to get back into gambling
- I didn't want to be seen looking up gambling help or calling a helpline
- Other (please tell us what)

If you'd like, please share any additional detail about your reasons below. (Optional question)

- Free text

Tools: Barriers to Use (No tools used)

You said you have not used any tools in the past 12 months. What are your main reasons for not using any tools?

- Free text

What would encourage you to use gambling management tools?

- Free text

Tools: Perceived Effectiveness

Please rate how effective you think these tools are at helping you manage or reduce your gambling. (Select one option for each tool)

Tool	Response options (Select one)
Time, deposit or spend limits	Totally ineffective / Ineffective / Effective / Totally effective / Don't know
Self-exclusion tools	(Same response options)

Mobile apps or websites blocking access to gambling websites, or gambling transactions from your bank account	(Same response options)
Mobile apps with self-help tips (such as self-management techniques) or therapeutic content	(Same response options)
Online resources and educational tools	(Same response options)
Helplines and online support	(Same response options)

Please briefly explain why you rated the tools the way you did.

- Free text

Tools: Ongoing Use (Usage Status and Reasons for Stopping)

You said that you have used time, deposit or spend limits in the last 12 months. Do you still use these tools?

- Yes / No

If No, why did you stop using time, deposit or spend limits? Please select all that apply.

- I found it too easy to ignore them
- I found it too difficult to set up or maintain the limits
- I preferred using other tools or strategies (e.g., self-exclusion)
- I forgot to set the limits or didn't think about it
- I didn't fully understand how they worked
- I was worried about how my data would be used
- I thought I could control my gambling without the limits
- Something else (please tell us what)

If Yes, when and why do you tend to use time, deposit, or spend limits, rather than other tools?

- Free text

You said that you have used self-exclusion tools in the last 12 months. Do you still use self-exclusion tools?

- Yes / No

If No, why did you stop using self-exclusion tools? Please select all that apply.

- I found it too easy to ignore them
- I found them too difficult to set up and/ or maintain
- I preferred using other tools or strategies (e.g., blocking apps)
- I didn't fully understand how they worked
- I was worried about how my data might be used
- The self exclusion period ended and I did not renew it
- I thought I could control my gambling without needing to exclude myself for a period of time
- Something else (please tell us what)

If Yes, when and why do you tend to use self-exclusion, rather than other tools?

- Free text

You said that you have used blocking tools, such as mobile apps blocking gambling transactions. Do you still use such blocking tools?

- Yes / No

If No, why did you stop using blocking tools?

- I found it too easy to ignore them
- I found them too difficult to set up and/ or maintain
- I preferred using other tools or strategies (e.g., self-exclusion)
- I forgot to renew or update the blocking tools
- I didn't fully understand how they worked or what they blocked
- I was worried about how my data or personal information might be used
- I thought I could control my gambling without needing to block access to gambling sites or transactions
- Something else (please tell us what)

If Yes, when and why do you tend to use blocking tools, rather than other tools?

- Free text

You said that you have used mobile apps that offer advice or support to help you

manage your gambling. Do you still use such tools?

- Yes / No

If No, why did you stop using these tools?

- I found it too easy to ignore them
- I found them too difficult to set up and/ or maintain
- I preferred using other tools or strategies (e.g., self-exclusion)
- I forgot to renew or update the apps
- I didn't fully understand how they worked or what advice/ support they provided
- I was worried about how my data or personal information might be used
- I thought I could control my gambling without needing these tools
- Something else (please tell us what)

If Yes, when and why do you tend to use mobile apps that offer advice or support to help you manage your gambling, rather than other tools?

- Free text

You said that you have used online resources and educational tools in the last 12 months. Do you still use online resources and educational tools?

- Yes / No

If No, why did you stop using online resources and educational tools?

- I found it too easy to ignore them
- I found it hard to stay motivated or keep using them over time
- I preferred using other tools or strategies (e.g., self-exclusion)
- I forgot about them or didn't think to use them again
- I didn't fully understand how they could help me
- I thought I could manage my gambling without needing educational resources
- Something else (please tell us what)

If Yes, when and why do you tend to use online resources and educational tools, rather than other tools?

- Free text

You said that you have used helplines or online support in the last 12 months. Do you still use helplines or online support?

- Yes / No

If No, why did you stop using helplines or online support?

- I found it too easy to ignore them
- I found it hard to stay motivated or keep using them over time
- I preferred using other tools or strategies (e.g., self-exclusion)
- I forgot about them or didn't think to use them again
- I didn't fully understand how they could help me
- I thought I could control my gambling without needing helpline or online support
- Something else (please tell us what)

If Yes, when and why do you tend to use helplines or online support, rather than other tools?

- Free text

Strategies: Use (Overall)

If you were to reduce or manage your gambling, which of these strategies would you normally use? Please select all that apply.

- Talking to family or close friends
- Getting trusted individuals (e.g., partner, family) involved in financial matters
- Avoiding triggers, such as avoiding areas with betting shops or deleting gambling emails
- Setting limits or goals, including planning how to handle urges (e.g., calling a friend), and using reminders to not gamble (e.g., post-it notes, mobile alerts)
- Setting a gambling-free time and/or space, (e.g., no gambling after 6pm)
- Mindfulness and relaxation strategies
- Watching videos by people who used to experience gambling harms
- Other (please say which)
- I would not use any

Strategies: Motivations & Barriers

Strategy: Talk to friends & family

You said that you talk to friends and family about your gambling. What are the main reasons for doing this? Please select all that apply.

- They're the only people I can be open and honest with about my gambling and how it has affected me (e.g., lost my savings, developed health

- problems, performed poorly at work)
- They talk to me, ask me questions and support me when I'm struggling or things change
 - They help me hold me accountable for reducing or managing my gambling
 - They help reduce my anxiety or stress
 - Something else (please tell us what)

You said that you do not talk to friends and family about your gambling. What are you main reasons for *not* doing this? Please select all that apply.

- I feel ashamed or embarrassed about my gambling
- I don't want to worry or upset them
- I prefer to deal with it on my own
- I don't think they would understand
- I don't think my gambling is serious enough to talk about
- I'm worried about being judged or criticised
- I have tried before and it wasn't helpful
- Something else (please tell us what)

Strategy: Financial involvement

You said that you involve trusted individuals in financial management. What are the main reasons for doing this? Please select all that apply.

- To help me control the amount of money I spend on gambling
- To reduce the risk of gambling impulsively
- To hold me accountable for spending less money on gambling
- Because I've had financial problems due to gambling in the past (e.g. went into debt, lost savings)
- For general financial support, i.e. not related to gambling specifically
- Something else (please tell us what)

You said that you do not involve trusted individuals in financial management. What are the main reasons for *not* doing this? Please select all that apply.

- I prefer to manage my finances independently
- I don't feel comfortable sharing financial information with others
- I don't trust anyone enough to involve them in my finances
- I haven't thought about doing this before
- I don't think it would be helpful
- I've tried it before and it didn't work well
- My finances are already under control
- I don't have someone I can rely on for this
- Something else (please tell us what)

Strategy: Avoid triggers

You said that you identify triggers and make a conscious effort to avoid them. What are the main reasons for doing this? Please select all that apply.

- To reduce the temptation to gamble
- Because I've noticed certain situations or emotions lead me to gamble
- I've learned about the importance of avoiding triggers through support or treatment
- Something else (please tell us what)

You said that you do not identify triggers or make a conscious effort to avoid them. What are the main reasons for *not* doing this? Please select all that apply.

- I haven't thought about doing this before
- I'm not sure what my triggers are
- I don't know how to avoid my triggers
- I don't think avoiding triggers would help me manage or reduce my gambling
- I don't believe my gambling is triggered by specific situations or emotions
- I've tried this before and it didn't work
- Something else (please tell us what)

Strategy: Set limits or goals, or use commitment strategies

You said that you set limits or goals, or use reminders to not gamble. What are the main reasons for doing this? Please select all that apply.

- It helps me feel more structured or disciplined about my gambling
- It gives me a target to work toward or helps me track progress
- It's worked in the past
- Someone I trust or a support service recommended it
- Something else (please tell us what)

You said that you do not set limits or goals, or use reminders to not gamble. What are the main reasons for *not* doing this? Please select all that apply.

- I haven't thought about doing this before
- I don't know how to set effective limits or goals
- I don't think it would help
- I prefer to be flexible rather than set rules
- I've tried it before and it didn't work for me
- I find it hard to stick to my limits, goals, or plans - even with reminders
- Something else (please tell us what)

Strategy: Gambling-free time and/ or space

You mentioned that you set aside gambling-free times or places. What are the main reasons for doing this? Please select all that apply.

- To help create structure and routine in my day
- To reduce temptation or opportunities to gamble
- It gives me clearer boundaries around my gambling
- To protect time for other activities (e.g. family, work, rest)
- I find it easier to manage my gambling when I limit it to specific times or places
- Something else (please tell us what)

You said that you do not set aside gambling-free times or places. What are the main reasons for *not* doing this? Please select all that apply.

- I hadn't thought about doing this before
- I'm not sure how to set up gambling-free times or spaces that I can stick to
- I don't think this strategy would help me
- I've tried it before and it didn't work
- It's hard for me to keep to gambling-free times or spaces
- Something else (please tell us what)

Strategy: Mindfulness & relaxation strategies

You said that you use mindfulness and relaxation strategies. What are the main reasons for using these? Please select all that apply.

- They help me manage my stress and anxiety
- To improve my overall wellbeing and mental health
- I've learned these techniques through therapy, apps, or support services
- They're easy to use when I need them
- Something else (please tell us what)

You said that you do not use mindfulness and relaxation strategies. What are the main reasons for *not* using these? Please select all that apply.

- I am not familiar with mindful or relaxation techniques
- I don't think they would help me
- I've tried them before and didn't find them useful
- I find them hard to stick with or remember to use
- Something else (please tell us what)

Strategy: Watching videos by people with experience of gambling harm

You said that you watch videos by people who've experienced gambling harm. What are the main reasons for doing this? Please select all that apply.

- I find it motivating to hear how others have overcome similar struggles
- It helps me feel less alone in my experience
- I learn practical tips and strategies from people who've been through it
- It helps me understand the impact of gambling on myself or others
- It reminds me why I want to reduce or manage my gambling
- I find real-life stories more relatable than professional advice
- It helps me reflect on my own gambling behaviours
- Something else (please tell us what)

You said that you do not watch videos by people who've experienced gambling harm. What are the main reasons for *not* using these? Please select all that apply.

- I'm not sure where to find videos like this
- I don't think they would be helpful for me
- I find them uncomfortable or upsetting to watch
- I've tried watching them before but didn't find them useful
- Something else (please tell us what)

Strategies: No strategies

You said you would not use any strategies to help you reduce or manage your gambling. What are your main reasons for *not* using any strategies?

- Free text

What would encourage you to use different strategies to help you reduce or manage your gambling?

- Free text

Strategies: Effectiveness & Situational Helpfulness

If you wanted to reduce or manage your gambling, how likely would you be to talk to your friends and family?

- Very unlikely/ Unlikely/ Likely/ Very likely/ Not sure

In what situations do you think it could be helpful to talk to your friends and family about gambling? Please select all that apply.

- When I feel tempted to gamble
- After I have experienced financial harm from gambling (e.g., got into debt,

lost my savings)

- When I feel overwhelmed or stressed about money
- Something else (please tell us what)
- I don't think it is helpful in any situation

If you wanted to reduce or manage your gambling, how likely would you be to involve trusted individuals in financial management?

- Very unlikely/ Unlikely/ Likely/ Very likely/ Not sure

In what situations do you think it could be helpful to involve trusted individuals in financial management? Please select all that apply.

- When I feel tempted to gamble
- After I have experienced financial harm from gambling (e.g., got into debt, lost my savings)
- When I need help creating or sticking to a budget
- When I feel overwhelmed or stressed about money
- When I receive income or benefits that I want to safeguard
- When I want help monitoring my spending or bank activity
- Something else (please tell us what)
- I don't think it is helpful in any situation

If you wanted to reduce or manage your gambling, how likely would you be to identify triggers and make a conscious effort to avoid them?

- Very unlikely/ Unlikely/ Likely/ Very likely/ Not sure

In what situations do you think it could be helpful to identify triggers and make a conscious effort to avoid them? Please select all that apply.

- When I'm feeling stressed, anxious or overwhelmed
- After I've experienced harm from gambling (e.g., got into debt, lost my savings, developed physical or mental health problems or performed poorly at work)
- When I'm bored or looking for something to do
- When I've been paid or have access to money
- When I'm alone for long periods of time
- When I'm around other people who gamble
- When I experience strong emotions (e.g., anger, sadness, excitement)
- I don't find it helpful to avoid triggers
- Something else (please tell us what)

If you wanted to reduce or manage your gambling, how likely would you be to set

limits or goals, or use reminders to not gamble?

- Very unlikely/ Unlikely/ Likely/ Very likely/ Not sure

In what situations do you think it could be helpful to set limits or goals, or use reminders to not gamble? Please select all that apply.

- When I feel like my gambling is becoming harder to control
- When I know I'll be alone or bored
- After I've experienced harm from gambling (e.g., got into debt, lost my savings, developed physical or mental health problems or performed poorly at work)
- When I've just been paid or have access to money
- When I'm feeling stressed or anxious
- When I know I'll be exposed to gambling (e.g. ads, apps, people gambling)
- As part of my daily routine
- When I'm starting a new week or month (e.g., as part of budgeting or planning)
- Something else (please tell us what)
- I don't find it helpful in any situation

If you wanted to cut back or manage your gambling, how likely would you be to set aside certain times or places where you don't gamble?

- Very unlikely/ Unlikely/ Likely/ Very likely/ Not sure

In what situations do you think it could be helpful to set aside gambling-free times or places? Please select all that apply.

- When I feel a strong urge to gamble
- When I know I'll be alone or bored
- When I'm feeling stressed, anxious, or emotional
- When I've just been paid or have access to money
- When I know I'll be exposed to gambling (e.g. ads, apps, people gambling)
- As part of my daily routine
- Something else (please tell us what)
- I don't find it helpful in any situation

If you wanted to reduce or manage your gambling, how likely would you be to use mindfulness and relaxation strategies?

- Very unlikely/ Unlikely/ Likely/ Very likely/ Not sure

In what situations do you think it could be helpful to use mindfulness and relaxation

strategies? Please select all that apply.

- When I feel stressed, anxious, or overwhelmed
- As part of a regular routine to support my wellbeing
- Before or after situations that usually trigger gambling
- When I'm struggling with sleep, focus, or emotions
- Something else (please tell us what)
- I don't find it helpful to use mindfulness and relaxation strategies

If you wanted to reduce or manage your gambling, how likely would you be to watch videos by people who've experienced gambling harm?

- Very unlikely/ Unlikely/ Likely/ Very likely/ Not sure

In what situations do you think it could be helpful to watch videos by people who've experienced gambling harm? Please select all that apply.

- When I feel like I'm losing motivation to reduce or manage my gambling
- When I've had a setback or gambling slip
- When I need encouragement
- When I'm feeling alone or misunderstood
- As part of a regular routine
- Something else (please tell us what)
- I don't find it helpful to watch videos by people who've experienced gambling harm

Awareness & Information Seeking

Which of the following best describes how you would go about finding tools and strategies to help manage or reduce your gambling? Please select all that apply.

- I would search online (e.g., Google, Reddit, forums)
- I would ask friends, family, or peers for recommendations
- I would speak to a professional (e.g., therapist, GP)
- I would explore tools or strategies mentioned in ads or app signposts
- I would try a few different tools and strategies to see what works
- I would not look for more information; I'd rely on past tools and strategies I've used in other areas of life
- Other (please say which)

If you wanted to find out more about tools or strategies to manage or reduce your gambling, which of the following sources would you trust the most to provide accurate and helpful information? Please select all that apply.

- Government and regulatory bodies
- Gambling operators
- Gambling support organisations (e.g., Gamblers Anonymous, GambleAware)
- Health professionals (e.g., GP, therapist, counselor)
- Financial advisors or money advice services
- Social media or online forums
- Google searches
- Family or friends
- Other (please say which)

Who do you usually go to for support when managing your gambling? Please select all that apply.

- Government and regulatory bodies
- Gambling operators
- Gambling support organisations (e.g., Gamblers Anonymous, GambleAware)
- Health professionals (e.g., GP, therapist, counselor)
- Financial advisors or money advice services
- Social media or online forums
- Google searches
- Family or friends
- Other (please say who)

Why do you go to these people or organisations for support? Please select all that apply.

- They were easy to contact
- I trust them or feel comfortable talking to them
- They have expertise or experience in gambling-related issues
- Someone recommended them to me (e.g. a doctor or online forum)
- I needed specific help (e.g. financial management)
- I felt desperate or needed urgent help
- Something else (please tell us what)

Looking Ahead

What would encourage you to use gambling management tools more?

- Free text

What new tools/strategies (if any) would you find helpful?

- Free text

Is there anything else you'd like to share about your experience with trying to manage your gambling?

- Free text

Additional Questions - PGSI (Problem Gambling Severity Index)

Finally, we just have a few questions about your gambling and lifestyle, for data analysis purposes only. Please remember your answers will always be treated anonymously.

Thinking about the last 12 months... (Response scale applies to all questions below)

Question	Response Options (Select one)
Has your gambling caused any financial problems for you or your household?	Never / Sometimes / Most of the time / Almost always
Have you bet more than you could really afford to lose?	(Same response options)
Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	(Same response options)
Have you felt guilty about the way you gamble or what happens when you gamble?	(Same response options)

Appendix C - Affected other recruitment

As part of the explore phase, we had planned to interview up to 10 participants who identified as affected others. Our recruitment strategy involved reaching out to several support organisations in the space, asking them to share an information sheet with anyone who fit the criteria. We got limited interest using this strategy for several days. We then got an influx of emails stating interest in participating within a couple of hours from participants using what we suspected were fake details or personas. This was due to the nature of the email addresses used and the content of the emails. We asked participants to complete an expression of interest form to

understand if they fit our sampling criteria. We suspected that the information sheet and opportunity had been posted on a social media platform and either bots or fake participants were responding.

We decided to trial a couple of interviews to assess whether participants were genuine. During the interviews participants declined to turn on their cameras, discussed content or experiences that did not match with the sampling questionnaire, and were either not based in Great Britain or did not speak English to a degree that allowed them to participate in the interview.

After discussions with the wider research team and GambleAware we decided to pause the affected others interviews as we were not confident in the sample and were unable to launch a full new recruitment round due to timeline restrictions for the broader project. We instead chose to use a gatekeeper recruitment method and involve the affected other demographic within a workshop instead.

We also learnt that another project within the gambling space, had experienced similar issues with potentially fake participants or bots, as well as other projects across other policy areas. We wanted to include a reflection here as a note for future researchers to consider safeguards to minimise the risk. Going forward we would advise:

- Reduce the amount of information about the required sample on the information sheet and ask potential participants to complete an expression of interest form as a first action rather than email.
- Where possible do not share the full incentive amount on the information sheet but instead in comms after completing an expression of interest
- If feasible with budgets, conduct screening calls with participants.



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