

# Community Resilience Fund

## Year Two Evaluation Report April 2025

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# Executive summary

## Programme overview

The Community Resilience Fund (CRF) was GambleAware's first grant making programme. It was initially developed to provide 12-months of funding to mitigate the exacerbating effects of the cost-of-living crisis on gambling harms. It primarily funds community-based organisations to deliver awareness raising and early intervention support for gambling harms. The majority of funded organisations have experience of engaging people living in the most deprived communities and people from marginalised and ethnic minority groups. These populations experience the highest levels of gambling harms and are underrepresented in existing gambling harms support services.

The programme was extended for two years to create ongoing opportunities for 11 (of the 21 originally funded) organisations. The funded organisations are working with diverse audiences, including adults and young people from specific ethnic minority groups, food bank users, and people experiencing homelessness. For the second year of delivery, funded projects report reaching an estimated 13,880 people with awareness-raising and light-touch support and over 1,200 people with more targeted gambling harms support and information.

The expected outcomes from the programme are to increase the number, and capabilities, of community-based organisations addressing gambling harms among marginalised and ethnic minority communities. It also aimed to support people at risk of gambling harms by increasing their awareness of gambling harms and where to access support. For people experiencing gambling harms, it sought to increase uptake of support and ultimately to improve their mental, physical and social wellbeing.

## Evaluation overview

This report provides an update to the evaluation report produced at the end of the programme's first year. It presents the emerging evaluation findings and identifies implications and recommendations for GambleAware and the funded organisations for the final year of delivery. The evaluation focuses on three questions:

1. To what extent have projects engaged with their local systems and communities?
2. To what extent and for whom have funded projects contributed to the planned outcomes?
3. What support has GambleAware provided that has worked well in supporting funded organisations to execute their projects and become more 'grant ready' for the future?

It draws on data from various sources, including monitoring information from reports provided to GambleAware by funded organisations, discussions held at a learning event with eight funded projects, observations of funded project activity and in-depth interviews with 19 project staff and local partners.

The evaluation has a focus on identifying learning from the funded organisations. A key limitation is that this report is based on relatively partial data: no service users and only a small number of staff and external partners were interviewed at this phase of the evaluation. However, the sample and approach is considered by the evaluation team to be proportionate to the learning focus. Due to the timings and scope of the evaluation, it is not possible to assess the longer-term or wider-ranging outcomes from the funded projects.

## **Recap on the emerging evaluation findings from year one**

The findings presented at the end of year one of the programme suggested that there was increased awareness of gambling harms among organisations that had not previously considered the issue. The majority did not meet the number of service users they expected to, finding that stigma and a lack of understanding about gambling harms were a barrier for people to access support. Funded project activities focused on upskilling staff, increasing awareness among other local organisations, and adapting existing interventions. The funded organisations learnt that discreetly integrating gambling harms awareness and support was more effective than a 'standalone' offering.

## **Emerging evaluation findings – engaging with local systems and communities**

The findings from year two further suggest that the programme is helping to enable funded organisations to build both their internal capacity and the capacity of other organisations within their local systems to address gambling harms among marginalised and ethnic minority groups. The scale and depth of engagement of people at risk of or experiencing gambling harms does vary across the funded organisations. As the funded projects, local contexts and demographics of the target audiences are so varied, the evaluation has not assessed the relative success of the projects in comparison to each other.

Findings about how organisations are engaging with their local systems and communities include:

- Providing regular activities for raising awareness of gambling harms among staff and volunteers is considered to be important. Funded organisations reported that one-off training sessions were insufficient for sustaining awareness among their staff and volunteers and increasing their confidence to embed conversations about gambling harms.
- Delivering awareness-raising activities for other local organisations to raise awareness among their staff and service users of gambling harms is recognised as adding value to their own organisations' work. It is hoped that this can increase the capacity within complementary local services to address gambling harms and improve the processes for people accessing support.
- By integrating gambling harms awareness and support into existing culturally-sensitive services, and involving people with lived experience of gambling harms, funded organisations are better able to reach people at risk. This enables them to engage people

for whom cultural barriers and stigma may otherwise prevent them from accessing support.

- Engaging people at risk of or experiencing gambling harms is enabled by funded organisations:
  - Building on their existing networks and reputation to reach people from marginalised and ethnic minority communities.
  - Having dedicated staff capacity for developing new relationships and partnerships with local organisations to build awareness.
  - Developing a range of tools and resources to provide information about gambling harms both opportunistically (such as through incidental conversations) and systematically (through regular and consistent processes).
  - Aligning gambling harms support within a broader health, wellbeing and social support offer.
- Barriers to funded organisations engaging with their local communities include:
  - Navigating potential competition and capacity issues among partner organisations to collaborate and support the funded projects' focus on gambling harms.
  - Dedicating sufficient time for tailoring approaches and building trust with individuals.
  - Dedicating sufficient time on an ongoing basis to ensure staff and volunteers have up-to-date knowledge about gambling harms.

## **Emerging evaluation findings – outcomes**

The majority of funded organisations report increased levels of engagement among their target populations compared to the first year of the programme. The short-term outcomes they report for individuals at risk of or experiencing gambling harms include reduced stigma and normalising conversations about gambling harms, and increased awareness of gambling harms and support services. There is currently limited evidence on the outcomes for individuals receiving support.

Short-term outcomes achieved for the funded organisations include increased knowledge and skills among staff and volunteers to identify and address gambling harms; more tailored interventions; and strengthened local system partnerships. Learning from the funded organisations suggests that sustaining these positive outcomes requires ongoing staff training, dedicated resources, and consistent support from stakeholders, embedded in local system strategies.

## **Emerging evaluation findings – GambleAware's role**

The experiences of funded organisations suggests that GambleAware's multi-year funding model, flexibility in funding requirements, and provision of national training and resources are beneficial for enabling organisations to develop their gambling harms support offers. It has allowed them to iteratively develop their projects based on what is working well, and provided the resources to recruit and upskill staff and volunteers to lead project activities.

## Implications and recommendations

It is currently unclear the extent to which awareness raising activities and support offers can sustain beyond the funding period. The implication of the emerging learning from funded organisations is that it is a long-term and system-wide endeavour to address stigma and improve understanding about gambling harms. It is likely that, for the funded organisations to continue to offer culturally appropriate and accessible information and support about gambling harms for people from minoritised and ethnic minority communities, it will require long-term commitments from the funded organisations and others. This includes commitments to:

- Sustainably embed gambling harms-specific awareness and support within existing services.
- Continue to build relationships and establish new collaborations with other organisations to create more opportunities for people to access information and support.
- Monitor and evaluate projects to understand the longer-term changes from their activities on the uptake and success of gambling harms support.

Recommendations for GambleAware and future funders (e.g. NHS and OHID) emerging from the learning are to:

- Fund community-based organisations to deliver gambling harms awareness and early intervention support for minoritised and ethnic minority groups who are underrepresented in existing support services. Multi-year funding is recommended to enable organisations to recruit staff and volunteers, allow time for building staff and volunteer awareness and confidence to address gambling harms, and build trusted relationships with other organisations and community groups within their local systems.
- Prioritise culturally sensitive and multi-lingual services, incorporating individuals with lived experience, to reach populations currently underrepresented in existing support services.
- Consider how to embed gambling harms awareness and support services within and across other public health and social support programmes. This may involve funding multiple organisations in a local area to enable collaborative activities. It may involve funding a broad health, wellbeing and social support programme that integrates gambling harms support and information rather than a 'standalone' gambling harms support programme. It is recommended that funders support the development of the infrastructure for information sharing and referrals between organisations.
- Consider what meaningful and proportionate evaluation and monitoring approaches are appropriate for understanding long-term changes to gambling harms awareness and effectiveness of support offers.
- Align national campaigns to support system change with local insights and experiences, ensuring opportunities to raise awareness at a national level reinforce and resonate with local efforts.

Recommendations for funded organisations for the final year of delivery emerging from learning are to:

- Focus on integrating and embedding their gambling harms awareness and support services within their organisations. This could be achieved by organisations drawing on their existing strengths and connections within their communities rather than setting out to do anything new.
- Integrate gambling harms screening into standard assessments to help identify at-risk individuals systematically. This could be offered in different languages, self-completed on an online or paper form and/or part of a conversation with a support worker.
- Provide consistent training and awareness activities to maintain staff and volunteer knowledge and confidence in addressing gambling harms, reaching new and previously trained staff and volunteers. Consider how projects can respond to emerging demand and learning.
- Plan for embedding gambling harms into their organisations into the long-term, outside of project funding while also preparing for a change of commissioner.
- Consider how to develop their infrastructure for data collection and evaluation to align with funders' needs as well as those of the wider organisation and service users.

# About this report

Ipsos have been commissioned by GambleAware to work as evaluation and learning support partners for the Community Resilience Fund (CRF) programme. The programme is running for three years, from January 2023 to February 2026. This report collates insights and learning from year two of the programme (January 2024–January 2025) to share with the funded teams and GambleAware's internal stakeholders. The report builds on the learning shared in the end of year one report, from March 2024.

It is structured as follows:

- Programme and evaluation overview, to summarise the rationale for the programme and what it is funding.
- Evaluation findings, drawing together insights from the project reports and evaluation activities to explore the three overarching evaluation questions:
  - To what extent have projects engaged with their local systems and communities?
  - To what extent and for whom have funded projects contributed to the planned outcomes?
  - What support has GambleAware provided that has worked well in supporting grantee organisations to execute their projects and become more 'grant ready' for the future?
- Implications and recommendations emerging from the year two learning, for GambleAware and future funders and for the funded organisations.
- Case studies of four of the funded projects, and more detailed summaries of all 11 funded projects are included in the appendices.

The report uses illustrative quotes and project examples throughout. The project examples are largely drawn from the four project case studies.

# Definitions of key terms used in this report

Term used	Definition, as used in this report
Affected others	The children, partners, wider family of people who gamble themselves, who therefore experience harm from gambling.
Community-based	Something that is organised and takes place locally
Local communities	A group of people living in a common location
Local systems	The local actors that influence and are affected by a specific policy
Marginalised groups	Marginalised groups supported by the funded organisations include people experiencing homelessness, people from Traveller and Roma communities, migrants, refugees and asylum seekers, people who speak and read limited English, and people with physical and mental disabilities.
People at risk of gambling harms	<p>The Problem Gambling Severity Index (PGSI) is used as a screening tool for measuring problem gambling prevalence. This measures the following:</p> <ul style="list-style-type: none"> <li>– PGSI score of 8 and over represents problem gambling by which a person will have experienced adverse consequences from gambling and may have lost control of their behaviour.</li> <li>– PGSI score of 3 to 7 represents moderate risk gambling by which a person may or may not have experienced any adverse consequences from gambling but may be at risk if they (or someone they are close to) are heavily involved in gambling.</li> <li>– PGSI score of 1 to 2 represents low risk gambling by which a person is unlikely to have experienced any adverse consequences from gambling but may be at risk if they (or someone they are close to) are heavily involved in gambling.<sup>1</sup></li> </ul> <p>The term 'at-risk' can apply to anyone has a PGSI score of 1 to 2 or 3 to 7.</p>

<sup>1</sup> Gambling Commission. October 2020. Problem gambling and gambling-related harms. Available from <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-vs-gambling-related-harms>

Term used	Definition, as used in this report
	<p>Harmful gambling is related to health inequalities as harmful gambling is associated with people who are unemployed and among people who live in more deprived areas.<sup>2</sup> There is an increased risk of gambling harms among people with poor health, low life satisfaction and wellbeing.</p> <p>Women and people from minority communities are underrepresented in current gambling harms treatment services, suggesting they are at great risk of harms being exacerbated by unmet support needs.</p>
People experiencing gambling harms	<p>Any negative consequence experienced by an individual because of their, or someone they are close to, participation in gambling. Harms can encompass loss of employment, debt, crime, breakdown of relationships, deterioration of physical and mental health, loss of life from suicide.</p> <p>This definition does not delineate between individuals participating in gambling directly, or 'affected others.'</p>
Primary prevention	Preventing harm before it occurs by targeting activities towards people at risk of harm.
Public health approach	Public, or population, health approaches are aimed at improving the health of an entire population by taking action to reduce the occurrence of ill health, to deliver appropriate health and care services and on the wider determinants of health. It requires working with communities and partner agencies. <sup>3</sup>
Secondary prevention	Reduce the impact of harms that have already occurred, through early intervention support.
Service user	Service user is used for a short-hand description of people who have accessed, or are eligible to access, the funded organisations' services
Tertiary prevention	Softening impact of ongoing harms that has lasting effects.

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

<sup>3</sup> King's Fund. July 2022. What is a population health approach? Available from <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/population-health-approach>

# Programme and evaluation overview

This section of the report provides an overview of the programme and projects funded, and current context for their work. It describes the type of activities delivered and target audiences for the funded organisations. It includes a summary of the evaluation findings from the first year of the programme, and describes the evaluation approach and limitations.

## Overview of the Community Resilience Fund programme

The Community Resilience Fund (CRF) – also referred to as ‘the fund’ or ‘the programme’ – was initially launched by GambleAware in summer 2022 as a £1.2 million fund in response to the cost-of-living crisis. While GambleAware was an established commissioner for gambling research, prevention, support and treatment services, the CRF was GambleAware’s first grant making programme. The rationale for the programme recognised that the cost-of-living crisis was likely to exacerbate the risk of gambling harms. By funding a diverse range of interventions for specific target groups, GambleAware sought to activate the gambling harms support sector with trusted, community-based organisations with a broad reach within their respective communities. The programme intended to raise awareness about gambling harms, reduce stigma, provide access to culturally appropriate support services, enhance the skills and knowledge of staff and volunteers and strengthen referral pathways into gambling harms support services.

The CRF initially provided 12-months of funding from January 2023, primarily to organisations that are community-based and had existing links to, and expertise in working with, people living in the most deprived communities and people from ethnic minority groups. These populations experience the highest levels of gambling harm, yet are underrepresented in existing gambling support services.<sup>4</sup> The aim was to increase awareness and early intervention support for people experiencing, or at risk of, gambling harms, and improve the health and wellbeing of people experiencing gambling harms. The programme provided funding to 21 organisations that had not previously received funding from GambleAware; the majority of whom had not previously run initiatives specifically focused on the topic of gambling harms.

GambleAware subsequently extended the programme for a further two years providing an additional £1.66m funding to 11 of the projects.<sup>5</sup> The projects selected for continued funding were those that were able to evidence promising levels of engagement and outcomes, addressed a gap in existing provision, and had clear plans to expand and sustainably embed their interventions.

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<sup>4</sup> Office for Health Improvement and Disparities. Jan 2023. Gambling-related harms evidence review: summary. Available from <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>

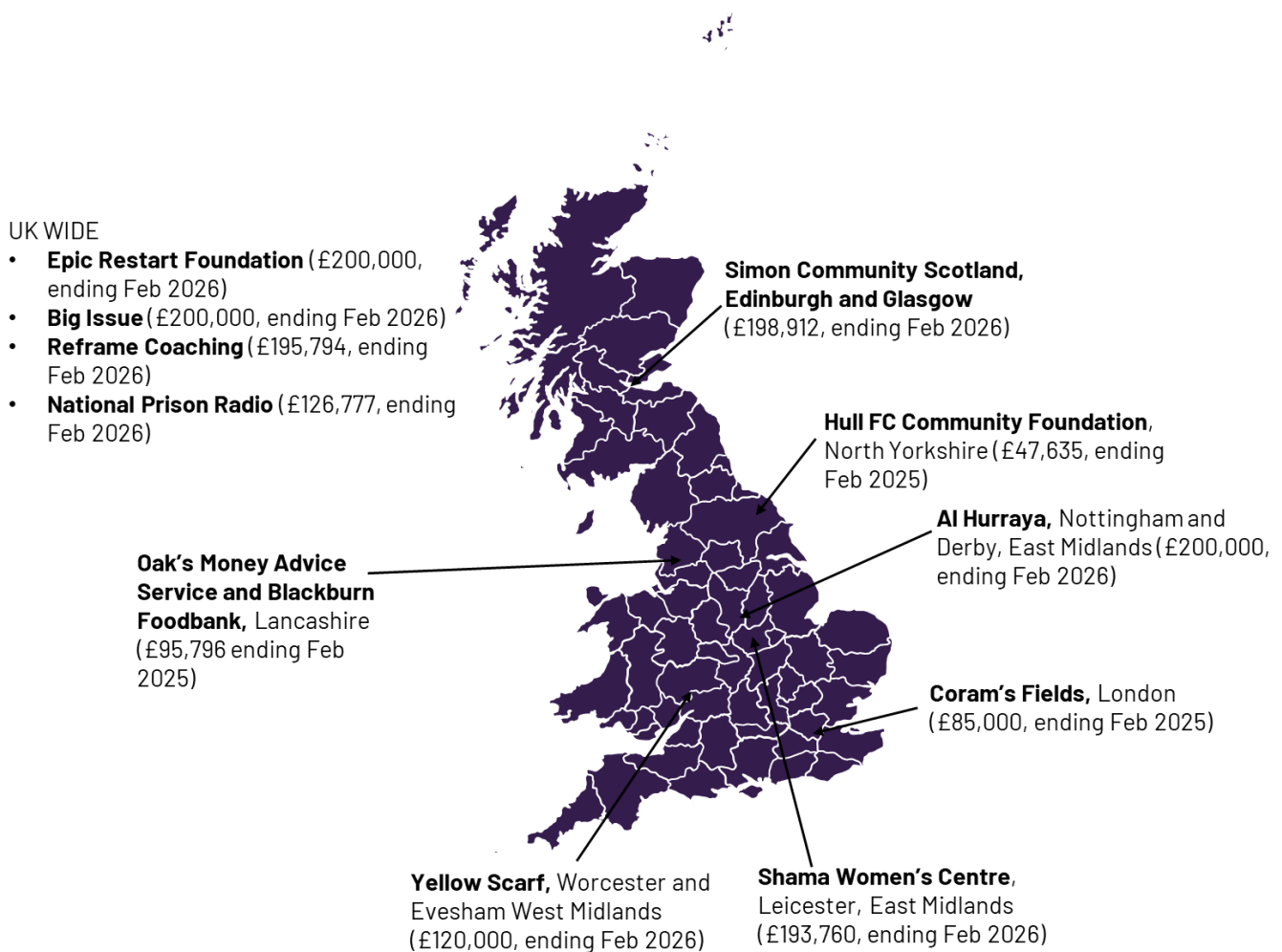
<sup>5</sup> Three projects are funded for a further year, eight will be funded for two years

By extending the funding for these projects, GambleAware aimed to build on the potential identified from the first year of the programme and gather additional insights into what works effectively for addressing gambling harms among different target groups. This approach reinforces GambleAware's commitment to identifying and supporting best practices in addressing gambling harms among communities who experience greater inequalities and are currently underrepresented in gambling harms support services.

## **Funded projects**

The majority of funded organisations provide geographically specific activities that address a range of health, wellbeing, welfare, and social support needs for their defined local populations. All but one of the geographically-specific projects are based within cities, and four funded organisations operate on a national scale (as illustrated in figure 1 below). The projects have different target audiences, depending on their organisation's specific focus and niche. This includes adults, children and young people from specific ethnic minority groups (specifically people with South Asian heritage, people from the Roma community and people from Eastern European communities), foodbank users, people experiencing homelessness, people who live in areas of socioeconomic deprivation, and individuals involved with the criminal justice system.

**Figure 1 Map illustrating location of funded projects, level and duration of funding in years two and three of the CRF programme (does not include year one funding).**



Many projects focus on both primary and secondary prevention interventions.<sup>6</sup> How these activities interact with treatment and specialist support services is illustrated in figure two below.

**Primary prevention** describes interventions that aim to prevent harm before it occurs by targeting activities towards people at risk of harm and supporting them to develop resilience and positive behaviours (nine funded projects are focused on this). To achieve these goals, the projects have implemented a range of activities internally within their organisations and externally via a range of community partners. These include targeted awareness-raising through presentations and information stands at various community venues and events, delivering gambling harms awareness and financial education workshops, distributing information materials (in multiple languages), training staff and volunteers to embed gambling harms information and support within

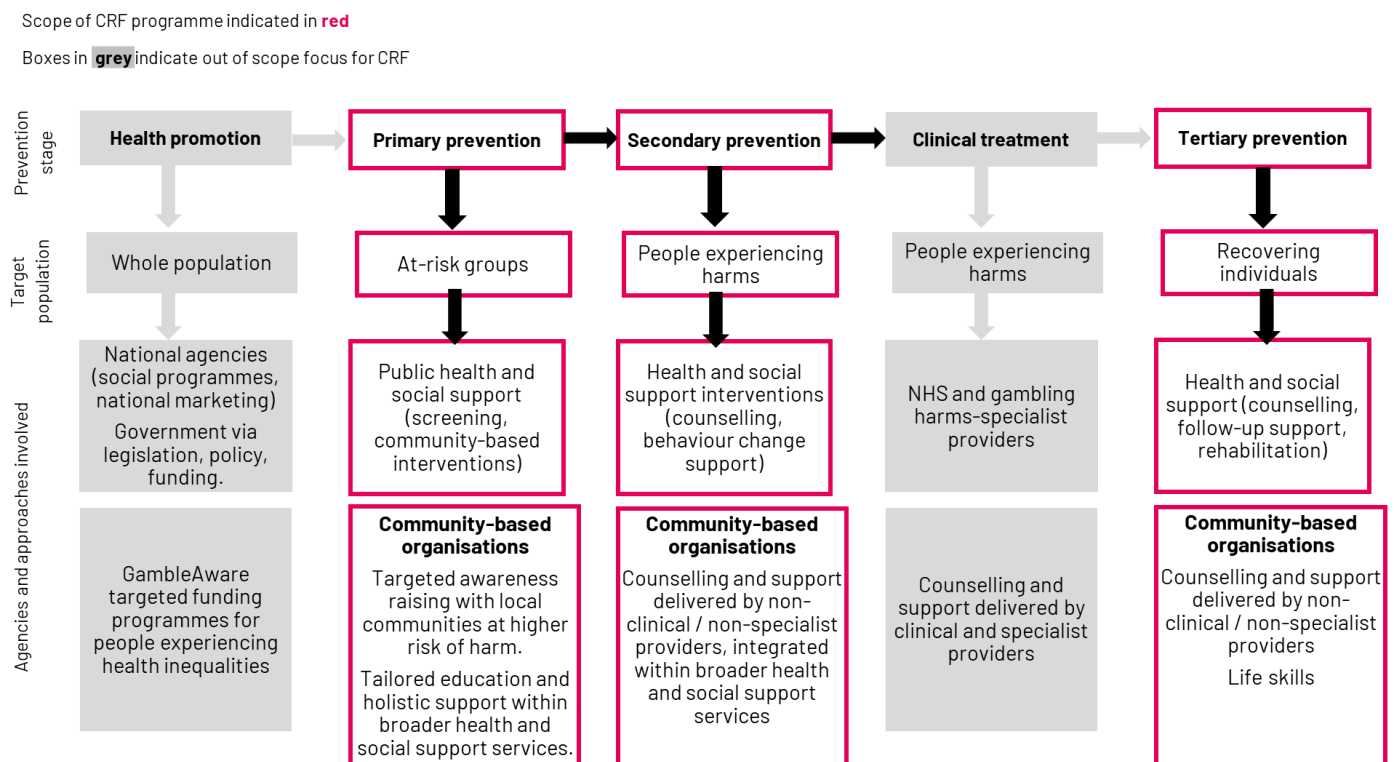
<sup>6</sup> Definitions from Local Government Association [website] Prevention. Accessed 18/4/24. [www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund/integration-resource-library](http://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund/integration-resource-library).

existing services, introducing gambling harms questions into assessments, and creating informal spaces for people to talk about their experiences and access support.

**Secondary prevention** describes interventions that aim to reduce the impact of harms that have already occurred, through early intervention support (five funded projects are focused on this). To achieve these goals, the projects have trained staff and volunteers to deliver brief interventions/guided conversations<sup>7</sup>, provided one-to-one or group counselling and coaching, and established new partnerships with local gambling harms support providers to refer people for additional support.

Two of the projects are explicitly focused on **tertiary prevention**: interventions that aim to soften impact of ongoing harms that have lasting effects, through group or one-to-one recovery support and education workshops.

**Figure 2 Different phases of prevention, illustrating the scope of the CRF programme**



The funded organisations support their service users and local communities on a wide range of themes related to, and intersecting with, gambling harms. This includes mental health, debt and welfare advice, family relationships, homelessness, employment support, poverty, domestic abuse and other addictions. By building on the opportunities created by these existing services and with

<sup>7</sup> This is the terminology funded organisations use. It describes a structured conversation focused on harm reduction, carried out by people who are not specialist professionals in gambling treatment

additional targeted activities, the funded projects employ diverse approaches to address the stigma, lack of understanding, and cultural barriers to gambling harms support through awareness-raising sessions, capability-building within local partner organisations, tailored support services, financial education and sports-based interventions. Many of the organisations or funded projects involve staff and/or volunteers with lived experience of gambling harms, to provide peer support or to deliver training and presentations at awareness-raising sessions. A more detailed overview of the funded projects is provided in Appendix B.

## **Relevant context for the programme**

### **GambleAware's funding programmes**

GambleAware commission the National Gambling Support Network (NGSN), national and regional providers that support 7,000 people each year with therapy and counselling, peer support and residential care, and answer 44,000 calls to the National Gambling helpline.<sup>8</sup> The organisations funded through CRF, and other additional funding programmes, are intended to complement the services of these providers by filling a gap through their reach into specific target audiences or opportunity for more prevention-focused activities. GambleAware staff have encouraged and facilitated connections between NGSN providers and CRF projects; in most cases these connections did not exist before the CRF programme.

Since launching the CRF programme in summer 2022, GambleAware created three further innovation funding programmes that are relevant to community-based organisations. Some of the funded organisations have also received funding from these programmes.

- Aftercare Funding Programme, £2m in funding awarded to ten organisations providing long-term recovery support (two CRF projects also funded).
- Improving Outcomes Fund for women and people from minority ethnic and religious communities funding 25 community-based organisations (seven CRF projects also funded).
- Mobilising Systems Fund, funding for Regional Boards through the National Gambling Harms Support Network (NGSN) regional providers to develop new approaches to integrate within local health systems (at least two CRF projects are involved with funded Regional Boards).

### **The gambling harms support 'sector'**

The range of organisations and groups that provide gambling harms awareness and support services is not a unified sector. This is influenced by different approaches to recovery, such as harm reduction or abstinence-only approaches, and tensions between NHS and third sector

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<sup>8</sup> GambleAware [website] Funded programmes and commissioning. [www.gambleaware.org/what-we-do/what-we-fund](https://www.gambleaware.org/what-we-do/what-we-fund). Accessed 27/3/25.

providers about the current funding model for treatment.<sup>9</sup> Funded organisations have reported that GambleAware’s perceived connection to the gambling industry means that some organisations (both statutory and non-statutory) will not work with them.

This is, however, a sector undergoing significant change. The government’s reform of gambling regulation has introduced a mandatory levy on gambling providers to support treatment, prevention and research. This will now be distributed by statutory agencies from March 2026. Prevention services will be commissioned by the Office for Health Improvement and Disparities (OHID); treatment services will be commissioned by NHS England; and UK Research and Innovation (UKRI) will commission research. GambleAware has long-advocated for and supported this decision.<sup>10</sup> This significantly changes the national role of GambleAware, which currently takes on these commissioning responsibilities, based on the allocations from a voluntary levy. Organisations currently delivering gambling harms treatment and prevention (such as the organisations funded by CRF) face uncertainty around future funding, as it will be dependent on the commissioning mechanisms and decision-making of these statutory agencies, OHID and NHS England.

## Summary of findings from year one

- 1 The evaluation of the first year of the programme found that it led to improved awareness of gambling harms within organisations that did not previously have an opportunity to consider the intersection of gambling harms with other issues affecting their service users and local communities. 21 community-based organisations were funded in the first year. The project reporting suggested that around 100,000 people were reached with awareness messages and around 5,200 people received light-touch interventions and 720 more through in-depth interventions. Most projects did not reach the number of service users they expected. They recognised the persistent issues of stigma and shame, and lack of understanding about gambling harms were barriers to people accessing support.
- 2 The funded organisations learnt that they could not just ‘lift and shift’ approaches from other health interventions directly, that adaptations are needed to existing provision to better support people with sometimes complex underlying issues and experiences of gambling harms. They learnt that engagement worked well when integrated holistically and discreetly into other interventions.

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<sup>9</sup> Office for Health Improvement and Disparities. March 2024 Gambling treatment: assessing the current system in England. Available from <https://www.gov.uk/government/publications/gambling-treatment-assessing-the-current-system-in-england/gambling-treatment-assessing-the-current-system-in-england>

<sup>10</sup> GambleAware’s response to the Government announcement of new Prevention Commissioner. Feb 2025. Available from <https://www.gambleaware.org/what-we-do/news/news-articles/gambleawares-response-to-the-government-announcement-of-new-prevention-commissioner/>

- 3** Funded organisations benefited from better understanding the impact and prevalence of gambling harms on their local populations. Project activities focused on upskilling staff, increasing awareness among other local organisations, and taking time to build trust with service users with culturally sensitive and multi-lingual services.

## Evaluation approach

The evaluation was guided by three overarching evaluation questions:

- 1** To what extent and how have projects engaged with their local systems and communities?
- 2** To what extent, how and for whom have funded projects contributed to the planned outcomes?
- 3** What support has GambleAware provided that has worked well in supporting funded organisations to execute their projects and become more 'grant ready' for the future?

Concurrent evaluation and learning activities were delivered between April 2024 and March 2025, to build on the evaluation activities undertaken in year one of the programme. Regular meetings with the GambleAware programme team and presentations to GambleAware staff and funded projects in November 2024 allowed emerging insights to be challenged and explored over the course of the year.

The following activities have informed this report:

- Analysis of year two funding applications, six-month, and end-of year reports provided to GambleAware by ten projects.
- An in-person learning event held in January 2025 with eight of the funded projects.
- Depth interviews with two project staff from two funded organisations in March 2025, held remotely over MS Teams. These interviews were designed to explore in more depth themes from the end of year reports.
- Development of four evaluation case studies informed by 11 individual and small group depth interviews with 19 project staff and local partners (held remotely over MS teams or in person) and three observations of funded activity.
- Regular discussions with the GambleAware programme team sharing emerging learning.

## Limitations

- Some of the case studies were developed from relatively partial data. No service users, and only a small number of staff and external partners, were identified by project leads or available to be interviewed.

- Reporting on activities, outputs and outcomes by projects in the end of year reports submitted to GambleAware is not consistent across the programme due to the diversity of activities being funded, the sometimes incidental and informal interactions funded projects have with people, and different interpretations/definitions funded organisations use to monitor reach and impact. Aggregated activity and reach are described in this report, based on the evaluation team's interpretation of the data in submitted reports. It should be considered to be an estimate, and is included to give a sense of scale of activities and reach.
- One funded project did not submit end of year reports as they are reporting through the NGSN reporting framework so reporting on their activities is not included in this report.
- The evaluation activities in year two have not included interviews with GambleAware staff involved in funding decisions, and does not consider the rationale for continuing the funding for the selected organisations, and the level of funding awarded.

# Emerging evaluation findings

This section of the report presents the emerging evaluation findings structured around the evaluation questions:

- 1) To what extent and how have projects engaged with their local systems and communities?
- 2) To what extent, and for whom, have the projects contributed to the planned outcomes?
- 3) How has GambleAware supported the organisations?

It considers what funded organisations have delivered with their funded projects, and the enablers and barriers of progress. It includes illustrative quotes from evaluation interviews and project reports.

# 1 Engaging with local systems and communities

The programme has enabled the funded organisations to focus both on building their internal capabilities for addressing gambling harms, and outwards. This has enabled them to build the capabilities and their connections with organisations in their local systems who engage with people at risk of or experiencing gambling harms.

## 1.1 Internal capability-building

For the majority of organisations that were not gambling harms-specialist organisations (all but two), building staff and volunteer awareness of gambling harms and increasing their confidence to initiate conversations with people accessing their services was an important focus of activity in the first year of the programme. This has been a continued area of focus in year two (based on the end of year reports, seven of the funded projects report activities related to this, reaching over 230 staff).

Learning shared by the funded organisations indicates that changing volunteer and staff awareness and increasing confidence to initiate conversations about gambling harms with people accessing their services cannot be achieved with a one-off training session. The hidden nature of gambling harms, the interconnectedness with other (potentially more pressing and visible) issues, a low baseline of understanding about gambling harms, and the evolving nature of gambling and gambling marketing means that raising awareness of the problem, and sustainably embedding gambling harms support, requires more prominent and persistent staff training and support.

**“I started off with a bit cynicism to be honest about it. It's not really a problem, gambling, you know, it's mostly alcohol and drugs [...] But as times went on my eyes have been open to the level of the problem. It's just been a lifting the veil for me to see some of the problems that are there and how that we can meet these needs.”** Staff interviewee

Resources and tools have been developed by funded organisations to make the topic more visible and support staff and volunteers to increase their confidence to embed conversations about gambling harms within their current services. These include:

- 1 Developing a host of training offers** ranging from on-demand online training to face-to-face sessions. Five funded organisations describe tailored training they have developed, in addition to the majority of projects accessing external training from GamCare. For example, Simon Community Scotland developed tailored training run by their staff. This included bespoke content to specifically explore gambling harms among their target audiences (gambling and homelessness, women and gambling) and their own approaches to initiating conversations, assessing people's needs and accessing support. While Simon Community Scotland have offered both online, on-demand and in-person training events, they reported

that face-to-face training involving people with lived experience of gambling harms was more effective for engaging staff meaningfully. Staff feedback from training emphasised how powerfully lived experience speakers resonate for bringing the issue to life. Face-to-face training is recognised to be more resource-intensive and logistically challenging for the funded organisations. This is because of the time, cost and service implications of facilitating front-line staff to come together in person at the same time.

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

Staff interviewee, reflecting on training

**2 Developing leaflets, posters and information cards** for making the topic more visible in their offices and in community venues, and for staff and volunteers to hand out to people (reported by six funded organisations). For example, Al Hurrayya distribute ‘business cards’ with their organisation’s contact details to give out discreetly during awareness-raising sessions and the Big Issue developed a dual language leaflet to distribute to vendors from the Roma community. Simon Community Scotland created stress balls as a tangible item to raise awareness of gambling harms.

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

**3 Integrating questions about gambling into standard assessments** for new users coming into a service (reported by three funded organisations). For example, Blackburn Foodbank added the short-form PGSI as part of their standard assessment for all people accessing their services. This is offered as a self-completed or staff-led questionnaire, and is available in different languages. Implementing this new process has been resource intensive: it involved training staff and employing a lived-experience worker to provide guidance and support to volunteers who were initially resistant to it. The volunteers’ reportedly considered the PGSI to be an intrusive questionnaire. However, once this process was embedded within their service, it has provided a consistent and standardised mechanism for raising the topic with all food bank users.

**“Initial reluctance of [volunteers] to discuss this topic with clients was quite surprising so we chose to employ [one of the volunteers with lived experience] as he appeared very approachable and relatable to the clients and has been able to bridge the gap with ease.”** End of year project report

## 1.2 External capability-building

For many projects, year two of the programme has allowed them to put more emphasis on strengthening the capabilities across their local systems for addressing gambling harms (as

reported by eight funded organisations). This can be characterised as a 'system building' focus: describing activities to influence knowledge and understanding about gambling harms and the specific experiences of minoritised and marginalised groups among other local, community-based organisations, within health and wellbeing networks, and organisations within the National Gambling Support Network. This aims to increase the capability and interest of influential and well-connected local organisations and professionals to address gambling harms with people accessing their services. It also aims to foster a network of local organisations to raise awareness of the issue and the support available to individuals affected by gambling harms. These activities depend and build on the existing assets and opportunities within the local area. This includes the level of priority given for gambling harms within public health strategies, the culture and existing networks for community-based and statutory organisations to work together, and the credibility and local reputation of the funded organisation. For example, Al Hurraya delivered a series of workshops and joined various networking events with local partner organisations to raise awareness of gambling harms and promote their services among staff in other local organisations (such as people working in faith groups and other local charities). By networking at health and wellbeing coalition events and hubs, they report that they have improved referral pathways and increased their visibility and collaborations among local partners and people accessing their services. These activities have been enabled by Al Hurraya being well-known locally for their culturally sensitive services for people with drug and alcohol addition, and existing collaborations with the Public Health team and local voluntary sector organisations within Nottingham.

This 'system-building' focus for year two is a response to learning from the first year of the programme. As reported in the end of year one evaluation report, funded organisations learnt the importance of understanding and addressing gambling harms holistically (referring to its interconnection with other health and social support issues). Aligned with a 'make every contact count'<sup>11</sup> approach, the funded organisations understood 1) the opportunity that they and other services (such as foodbanks, domestic violence services) have to identify gambling harms in their regular interactions with people accessing their services, and 2) the importance of establishing a seamless referral pathway for people who need specialist support. They also recognised that to increase referrals to their services, they needed to address the deep-rooted stigma and lack of understanding about gambling harms among different populations. By working alongside a diverse range of other community-based organisations, the funded organisations are seeking to harness their improved understanding of gambling harms to reduce the cultural and linguistic barriers that exist outside of their organisations that prevent people from accessing support. These external capability-building activities require the funded organisations to have dedicated staff capacity for

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<sup>11</sup> Public Health England. January 2016, updated March 2020. Making Every Contact Count (MECC): practical resources. Available from <https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources>

developing trusted relationships with other local organisations over time, and for others in the local system to be receptive to it.

**“A lot of organisations would probably rather refer over to us and that’s absolutely fine [...] but for us, we also want the other organisations to be able to offer some support, not just refer over to us.”** Staff interviewee

These external-focused activities can be grouped into the following themes.

- 1 Engaging with non-statutory community-based organisations** such as faith-based or culturally specific groups, and welfare, health and social support organisations such as foodbanks (reported by seven funded organisations). This is designed to build awareness and understanding within existing community groups and services and with trusted figures so that they or the funded organisations can bring conversations about gambling harms to new audiences. This can include delivering training or awareness presentations, supporting organisations to include gambling harms questions on assessments for people accessing services, and establishing referral processes.
- 2 Connecting with existing health and wellbeing networks**, including existing organisations in the National Gambling Support Network (NGSN) and other statutory organisations, to align with other initiatives in the public health / gambling harms sector (reported by six funded organisations). This can include attending network meetings, delivering training or awareness presentations and establishing referral processes.
- 3 Engaging with decision-makers** to influence local/national policies related to gambling harms provision and raise the profile of the topic with elected officials. This specifically relates to one funded project, Simon Community Scotland, who have facilitated a visit by Members of Scottish Parliament to their project, attend a working group with the Scottish Government and Public Health Scotland, and have commissioned research on homelessness and gambling harm.

### 1.3 Engaging directly with local communities

In year one of the programme, funded projects tested and developed a range of approaches for engaging directly with people accessing their services about gambling harms for awareness raising and early intervention support. The projects awarded the continued funding into year two were selected based on GambleAware’s assessment on their progress and potential (for example, if they showed potential for meeting a niche for a specific target group). These approaches, which have been continued and enhanced in year two. For the second year of delivery funded projects report reaching an estimated 13,880 people<sup>12</sup> with awareness-raising and light-touch support

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<sup>12</sup> It is hard to measure accurately the number of people reached with awareness-raising activities as funded organisations do not necessarily count everyone that engaged with awareness events, and they do not measure level of engagement with the information.

which may be integrated with their services, or via external events. Funded projects report they are reaching over 1,200 people with more targeted gambling harms support and information.

These activities include:

- 1 Integrating gambling harms awareness raising and light-touch support within existing services, internally within their organisation** (eight projects). For example, both the Big Issue and Shama Women's Centre use this approach to allow for more 'everyday' conversations about gambling harms to identify people at risk of gambling harms, to engage people alongside other support such as finance and welfare advice, health and wellbeing support and (for Shama Women's Centre) domestic violence support. The support conversations may be more discreet and opportunistic, for example when raised by a support worker based on their judgement and understanding. The support staff may also be focused on addressing the other, more pressing needs for that individual before focusing more explicitly on the gambling harms, such as financial management advice or mental health support.

**"Like Maslow's hierarchy of needs [...] I think it's almost impossible to get people to engage with some sort of support without the fundamentals being met, [...] while you're trying to meet those really pressing needs [you can] continue the conversation with other agencies."** Staff interviewee

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

- 2 Developing a more targeted, specialised gambling harms support service to complement existing services** (five projects). This might include individual and group counselling, one-to-one support from a support worker, informal support groups or 'drop ins' for people experiencing gambling harms.
- 3 Community-based awareness raising** (nine projects). This enables project staff and volunteers to speak directly to people at risk of and experiencing gambling harms at different community-based organisations to help raise awareness of their offers, or engage people via social media. The staff in these roles are, as one staff interviewee described, "a bridge between the service and the community."

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

While this community-based awareness raising is observed to be important for referrals into the service, and addressing the deep-rooted stigma, cultural barriers and lack of awareness of gambling harms, the funded organisations recognise that it is hard for them to quantify the level of reach and engagement in these activities. This is because they are not necessarily counting all attendees and how engaged they were, and they may not result in large numbers of referrals.<sup>13</sup>

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

As organisations have matured and refined their approaches during the second year of delivery, they are increasingly recognising the value of involving individuals with lived experience of gambling harms, as well as those with strong community connections (for example through language and/or heritage), to engage people meaningfully on the issue. Additionally, there is a growing emphasis on reaching children and young people, as well as educating families, in response to the increasing awareness of harms associated with online gaming among the funded organisations.

**“[By educating parents and children] we are equipping a community with the knowledge, with tools. That will be a significant life changer for a lot of people because this is a quiet crisis [within families].”** Volunteer interviewee

## 1.4 Enablers of engaging with local systems and communities

The key enablers for successful engagement with local systems and communities are:

- 1 Local system collaboration.** For the funded organisations that are building on existing cultures of collaborating well with other local organisations, they have been able to leverage existing networks, and develop new connections, to build external awareness of gambling harms across their local communities. This is enabled and reinforced by local and regional Public Health priorities

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<sup>13</sup> The number of sessions and individuals reached is reported as a combined figure above of over 7,800 people as different funded organisations report external and internal awareness raising events interchangeably

**“We have a lot of buy-in for the work around gambling harm. Our Health and Wellbeing board have endorsed the [gambling harms] strategy and financial wellbeing is a priority within our joint health and wellbeing strategy. So gambling harm obviously falls into that”.** Partner organisation interviewee

A finding that is consistent with the first year of delivery is that, for organisations that are well established, trusted and known for delivering other services (such as domestic violence support, addiction support, counselling), they have been able to integrate their gambling harms focus within existing engagements. The additional funding in year two has increased staff capacity to do this.

**“[The funded organisation are] very active in those partnership spaces [...] they're big partners in some of our wider public health networks, mental health and alcohol and drugs just because of their wider reach beyond gambling harm.”**

Partner organisation interviewee

Even with good existing local collaboration, gaining trust and securing opportunities to talk to different audiences about gambling harms requires ‘give’ and ‘take’: they may have to ‘drip feed’ messages and provide support for these organisations’ initiatives before they have an opportunity to foreground the topic of gambling harms.

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

interviewee

**2 Meaningful outreach.** Funded organisations identify the importance of cultural awareness for informing sensitive, relatable and bespoke engagements for different local audiences. Many of the funded organisations were selected by GambleAware because of their existing reach and niche within specific minoritised communities. Meaningful, culturally aware outreach can include working with staff and volunteers who have lived experience of gambling harms, speak the same language, have the same cultural heritage and/or religious values, are the same gender, or are a similar age. It might then involve adapting activities to fit the specific needs and preferences of different groups, and not assuming that people understand what gambling and gambling harms are, and who is at risk of experiencing it.

**“[You have to] know the culture that you're talking to and how these conversations sit within that [...] it's not just a matter of 'here's a leaflet if you need help.'”** Staff interviewee

**“When people feel that they are reflected in this project, they talk about it. [...] when they see somebody of their own community, they feel more comfortable in sharing things.”** Staff interviewee

Even for the funded organisations that already deliver culturally aware services, they have still had to build their understanding about what culturally aware gambling harms-specific

service and awareness raising looks like. This is because of the different cultural attitudes and traditions about gambling, and linguistic nuances to describe gambling in different languages. As the case study of the Big Issue project describes for example, while the Big Issue has a good presence with members of the Roma community and they are more trusted than statutory services, staff interviewees reflect that there is still a limit to their influence as members of the Roma community are less likely to go to external sources for support. Interviewees and project reports from Shama Women's Centre and Al Hurraya also report that they have been learning as an organisation about the nuances of different community languages to accurately describe gambling.

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

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

**3 A range of tools and resources to facilitate conversations.** For the funded organisations delivering outreach and engagement activities, their interactions might be relatively light touch. For example, presentations or information stands at broader community events may focus on 'planting a seed' and increasing awareness of the support available. To make it easy for people to follow up and convert this awareness-raising into support, the funded organisations have developed a range of tools, resources and 'ways in' to deeper conversations. These encompass 'physical' tools and resources such as leaflets, posters, and assessment questions that encourage people to reflect on their own experience and can be offered discreetly if people do not want to open up in a group setting. Funded organisations including the Big Issue, Al Hurraya, and Simon Community Scotland have reflected on the importance of these resources to help prompt people to contact them after an awareness talk. These organisation also use less tangible tools, like trust, psychological safety and recognition to ensure people feel safe to come forward for support. For example, listening to someone with lived experience of gambling harms may give people a better understanding of the language to use to recognise the harm and want to seek help.

**“They were like, we don't do gambling [...] so a lot of them didn't want to open up in the beginning. But I did notice that because we have an online questionnaire which is completely discreet, I noticed that a lot of people did scan the QR code [to access] more information.”** Staff interviewee

**“We're asking people to talk about something that they might never have talked about before and they might not even be willing or ready to talk about. [...] Until somebody's had a kind of revelation [...] then people don't want to have those conversations.”** Staff interviewee

**4 Holistic services.** During their first year of delivery, funded organisations learned that providing practical support and integrating gambling harm services within a broader framework of health, wellbeing, and social support leads to greater engagement from individuals at risk of, or experiencing, gambling harm. The funded organisations with a consistent presence have the opportunity to build trust over time. For example, the projects delivered by Shama Women's Centre, Hull FC Community Foundation and Coram's Fields found that workshops and group sessions regularly delivered to people accessing their services that focus on more holistic needs, including social spaces, health promotion events, and education workshops, can provide a useful 'gateway' into gambling harms-specific support.

**“A lot of the times women join [the organisation] just to attend the cooking class. And then we work out that actually this person is quite isolated, and they would really benefit from counselling. And then we understand that gambling harms is one of the reasons why they've become isolated. So, the fact that we offer a lot more other services - a lot of other holistic services - is great in implementing gambling harm support.”** Staff interviewee

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

**5 Dedicated staff capacity.** The CRF has enabled funded organisations to recruit new staff and provide dedicated focus on gambling harms awareness raising, capability building and service delivery. Consistent with the learning identified in the first year of the programme, year 2 learning shows that having dedicated project staff with a core gambling harms remit is an enabler for progressing internal culture change and organisational capability, and for engaging with local partners to do the same. This ensures gambling harms is kept high on the organisation's agenda, and there is dedicated capacity to develop resources, training and professional-facing events. As observed by the funded organisations, this professional-focused awareness raising and capability building takes time and tenacity: as one interviewee reflected “it's one door at a time”.

However, for staff members or volunteers that provide direct support to people accessing primary and secondary prevention activities, such as Hull FC Community Foundation's Wellbeing Hubs and Sharma Women's Centre's welfare advice service, domestic abuse

support, befriending and counselling, the funded organisations' experiences suggest that the gambling harms focus should be one aspect of a broader role and integrated into everyday practice. This ensures that staff are well equipped and have the remit to support people with their holistic health, wellbeing and social support needs.

**“Handing out flyers and maybe explaining what the flyer is, but not being able to get to a guided conversation [about gambling harms], is not enough to fill three hours of time [for the dedicated staff posts].”** Staff interviewee

## 1.5 Challenges to engaging with local systems and communities

The key challenges that funded organisations reported for engaging local systems and communities relate to:

**1 Overcoming stigma and lack of understanding.** Similar to the first year of the programme, funded organisations identified the lack of general awareness of gambling harms and who is at risk, and the stigma attached to gambling, as key barriers to people accessing support. Some of the funded organisations dedicate significant time to improving the understanding and awareness among partner organisations and their local communities, to help break down these barriers.

**“We had to break down that misconception a lot within the communities that we’ve worked with that it’s an addiction, so let’s treat it like we would treat alcohol and drug addictions. That still a barrier that we have to overcome.”** Staff interviewee

**2 Relationships with other organisations.** Working well with other organisations within a specific place can be challenging for organisations that may traditionally have been competing for funding and working within a disjointed health system. Staff interviewees described experiences with other organisations being “precious about referrals”.

**“The main worry is that they think that we’re coming to kind of poach their service users. But really what we want them to do is be aware of the support that we offer.”** Staff interviewee

The funded organisations are dependent on local partner organisations having willingness and capacity to engage with them which, as [described above](#), is affected by poor relationships and different beliefs about the current funding model.<sup>14</sup> One partner organisation interviewee used the term the “industry-funded organisations”, referring to GambleAware-funded services, to describe a barrier for statutory organisations referring people into these projects. Other interviewees reflected on the capacity challenges among

<sup>14</sup> Office for Health Improvement and Disparities. March 2024 Gambling treatment: assessing the current system in England. Available from <https://www.gov.uk/government/publications/gambling-treatment-assessing-the-current-system-in-england/gambling-treatment-assessing-the-current-system-in-england>

partner agencies, with many funding pressures and competing demands on voluntary sector, local authority and health services.

**3 Time to connect, build trust and tailor approaches.** As the enablers in section 1.4 describe, engaging with a new and diverse range of community-based organisations requires flexible and tailored approaches to build trust. It is resource intensive, may be dependent on an influential individual supporting or blocking it, and may not result in large numbers of people accessing their services. Interviewees described that the short-term funding that is traditionally available for different initiatives is not conducive to this way of working, and can make people hesitant to engage if they do not think there is a long-term commitment.

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

**4 Knowledge gaps among staff.** Organisations recognise the need for consistent, ongoing training for staff and volunteers to raise awareness and understanding of gambling harms. This training aims to build confidence in initiating conversations, particularly among staff who may not have previously recognised gambling harms as an issue or whose own stigma has prevented them from addressing it with people accessing their services. Funded organisations also reflected on how knowledge needs to be updated as a result of the quickly changing landscape of gambling, specifically the rise of gaming and online access to gambling. Training and awareness efforts need to keep pace with these changes to remain relevant and effective.

**“I still personally don’t feel really confident, to be perfectly honest. Because gambling is merging and morphing and changing [...] there’s so many different nuances regarding how these organisations can siphon money out of vulnerable people. I just feel like there’s always more to learn.”** Staff interviewee

**“It’s like peeling an onion, you uncover more and more.”** Project lead, as discussed in the programme learning session

**5 Coordinating and prioritising focus.** Funded organisations are implementing a wide variety of activities and there is a risk that some are overextending themselves across numerous activities and geographical areas. However, those with an established profile and dedicated capacity are able to connect with established or statutory organisations by participating in regional boards or engaging in established health and wellbeing events. While this is something that some projects were developing in the first year of the funding and is more established for many, the time required to maintain relationships and requests can still be a challenge.

**6 Short-term funding.** Time-limited and siloed funding is observed to be a barrier for some of the funded organisations to establishing a holistic and well-integrated service. Fixed-term posts for staff or peer mentors contribute to staff turnover which results in loss of organisational knowledge of gambling harms. The extent to which this will increasingly affect the funded organisations, and the different ways they mitigate this, will be more apparent in the final year of delivery.

**“You end up recruiting staff and then in a short space of time you end up losing the staff because there's no guarantee that they're going to have a job”.** Staff interviewee

## 2 Outcomes

This section explores evidence of the outcomes enabled by the programme that are expected to be evident by the end of the funding period. The analysis has been guided by the outcomes identified on the programme Theory of Change, which was developed based on learning from the first year of the programme and further tested with the funded projects in the January 2025 learning event. It also reflects on any unintended or negative outcomes identified from the evaluation activities or project reporting. A summary illustration of the Theory of Change is included in Appendix C.

### 2.1 Outcomes for people at risk of, or experiencing, gambling harms

Three key outcomes for people who have been supported by the funded interventions who are at risk of, or experiencing, gambling harms have been identified, which align with the programme Theory of Change.

1. Increased awareness of gambling harms and where to access support
2. Improved uptake of gambling harms support
3. Improved mental, physical and social wellbeing of people accessing support

#### 2.1.1 Increased awareness of gambling harms and where to access support

Funded organisations are anecdotally reporting positive change from awareness-raising activities for reducing stigma and normalising conversations about gambling and its potential harms. This is resulting from targeted, culturally appropriate engagement on the topic of gambling harms with people accessing their services and different community groups, as well as integrating focus on gambling harms within existing service delivery.

**“You can only talk about something if you know about it.... It’s somebody’s auntie, somebody’s cousin, somebody. So they, won’t talk about it as a personal subject, but they do talk about it”.** Staff interviewee

**“The gambling workshops really made me stop and think about my own habits. I was shocked to hear about how fun gambling can escalate.”** Project participant, as reported in end of year project report

These activities are reported to be increasing awareness among at risk populations of the support available from the funded organisation and uptake of their services. However, some funded organisations have reported a challenge of moving on from an initial conversation to more specialised support.

#### 2.1.2 Improved uptake of gambling harms support

Funded organisations are reporting uptake of their gambling harms support offers. This is enabled by integrating gambling harms interventions with other support offers and being embedded within organisations that specialise in tailoring their services to be culturally sensitive, age-appropriate

or gender-specific services. Building on their learning from year one of the programme, projects have continued to adapt their interventions to be more relevant and engaging for specific groups like young people, women, and ethnic minorities.

**“The younger groups initially didn’t take the subject seriously. However, when we introduced physical activities as part of the session, they became more involved and receptive. Many were unaware of the extent of gambling-related harms, so the sessions served as an important eye-opener”** End of year project report

Funded organisations’ experiences suggest that they are filling a gap in the existing support, and engaging people in ways that existing gambling harms services do not. Their integrated approaches enable them to address the interconnected nature of gambling harms with other social and health issues. Their interventions are aligned with a ‘public health’ approach to addressing gambling harm: addressing underlying risk factors with a broad response rather than through single interventions.<sup>15</sup>

However, the extent to which the funded organisations’ activities are resulting in improved uptake of external gambling harms support services is not clear. As a result of data protection and data sharing issues, the organisations might not know what happens as the result of a referral from one organisation to another. While some funded projects report that they have established positive collaborations with NGSN providers, they are not able to systematically evidence the extent to which this is enabling what one staff member described as the desired “warm handover” into more specialist services. Funded organisations recognise that it can take a long time before someone feels ready and able to access specialist gambling harms support.

**“It takes time to understand the relationship [with gambling] and for steps to be implemented and signposting to be used”** End of year project report

### 2.1.3 Improved mental, physical and social wellbeing of people accessing support

Funded organisations are reporting that the people they have supported through their more intensive one-to-one and group counselling and support interventions (such as those delivered by Yellow Scarf and Al Hurraya) have improved mental health and wellbeing. This is not consistently or comprehensively reported on by projects in the end of year reports as their funding was not based on specific shared outcomes being achieved. Project reporting and evaluation interviews with staff suggest that reduced stress and anxiety, and improved family relationships and social connections are observed among project beneficiaries. This is a result of having new tools and resources to manage their health and wellbeing, improved skills for financial management, strategies for abstaining from or reducing gambling, and social connections from group support

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<sup>15</sup> Local Government Association. October 2023. Tackling gambling related harm: A whole council approach. Available <https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach>

and social activities. Funded organisations are evidencing this using different validated questionnaires, outcome stars and through case notes.

### 2.1.4 Unexpected outcomes

An outcome that funded projects did not necessarily design for or were expecting relates to improved employment opportunities for people experiencing or at risk of gambling harm. This is enabled by recruiting and training peer support volunteers and project staff (for example, the Big Issue and Blackburn Foodbank). This is a potential outcome observed for three projects who have recruited lived experience volunteers or staff.

**“It's been really great to see people take the skills that they learn [...] and things that were already skills that they had, and then putting them into a different place with a lot of confidence.”** Staff interviewee

The funded organisations are reporting improved financial resilience and management skills among people accessing their services as a result of targeted education workshops and one-to-one support. Improving financial literacy and providing practical life skills is increasingly recognised by funded organisations as an important prevention strategy for people at risk of gambling harms.

**“Awareness alone does not drive behaviour change. Young people struggled to identify the specific behaviours that lead to severe gambling harms and found it difficult to apply preventative strategies in their daily lives. Existing materials lacked practical prevention tools, making it harder for young people to implement what they had learned.”** End of year project report

## 2.2 Outcomes for community-based organisations

Four key outcomes for the funded organisations have been identified, which align with the programme Theory of Change.

1. Increased skills of staff and volunteers to identify, explore and address gambling harms with service users
2. Increased knowledge of staff and volunteers of gambling harms and support available
3. Increased capability of funded organisations to offer support for gambling harms (staff skills, funding, processes and partnerships)
4. Increased interest of funded organisations to offer support for gambling harms (staff awareness and commitment)

### 2.2.1 Increased skills of staff and volunteers to identify, explore and address gambling harms with service users

Funded organisations are reporting that their staff are better equipped and more confident to address gambling harms. This is the result of staff training initiatives, coupled with access to relevant resources and understanding of other support services available. By delivering the projects, the funded organisations are developing a more nuanced understanding of gambling

harms within their communities and how to support people effectively. This includes understanding more about the intersection of gambling harms with other social issues like poverty, mental health, and domestic abuse, leading to more tailored and effective interventions. This nuanced understanding is enabling some to integrate gambling harms awareness and support into existing offers more consistently, although the complexity of the interrelated issues does make this a constant challenge for funded organisations.

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

**"How best to address individual addiction issues and harms is still a long and ongoing individual conversation, and impacted heavily by other issues in people's lives, such as poverty, other addictions, mental health problems, family crisis and other chaotic life situations. As a staff member says: 'things can go well and then peter out in this project.'"** End of year project report

## **2.2.2 Increased knowledge of staff and volunteers of gambling harms and support available**

The training that has been delivered is reported to be changing staff and volunteer perspectives and understanding of gambling as an issue. This new knowledge about the gambling landscape, and the prevalence and risk of harms has addressed staff scepticism about the prevalence of the issue and increased their commitment to address gambling harms within their services. However, the extent to which staff knowledge of the support services available to people outside of their organisation has increased is not clear, or consistent across projects.

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

**"[I've developed better] understanding that it sits side-to-side with any form of addiction. And you give it that respect when talking to people about it."** Staff interviewee

## **2.2.3 Increased capability of funded organisations to offer support for gambling harms (staff skills, funding, processes and partnerships)**

Learning from funded projects suggests that the main way they have increased their capabilities to offer gambling harms support are through more standardised assessment processes, embedding more consistent processes for assessing or raising awareness of gambling harms, and ensuring staff have the right level of awareness and skills to support people.

**“We’re constantly talking to [service users about everyday topics] and if someone wants support, they’ll sit down and do an assessment with us. I think maybe a couple of years ago when looking at the kind of issues they may be facing, gambling wouldn’t have crossed my mind. Now it’s quite an easy conversation to have.”** Staff interviewee

Funded organisations are also reporting that they have expanded and strengthened local system partnerships as a result of the extended funding, which is enabling them to collaborate with others in the sector and reach out to new audiences at risk of gambling harms. They have increased engagements with a wide range of stakeholders, including healthcare providers, local authorities, and community groups. This integrated approach is promoting a more coordinated response to gambling harms and expanding reach to diverse audiences. It helps funded organisations to raise their profile among various local organisations while deepening their understanding of the specific needs and niche addressed by their services.

**“[The regional board have] put on a couple of conferences for professionals to come to upskill about gambling harms and the support. So, it’s allowed us as an organisation to be represented on that. It’s allowed us to talk about our services and how they are complimentary but different to what else is available [...] if we weren’t part of that board, we wouldn’t have had that opportunity to do that. And if we weren’t part of the CRF, we probably wouldn’t have had the resource available to attend it either, because we don’t get additional funding to be part of a board.”** Staff interviewee

#### **2.2.4 Increased interest of funded organisations to offer support for gambling harms (staff awareness and commitment)**

A way in which the programme has increased the interest of funded organisations to offer gambling harms support is by improving staff awareness of the issue. Different funded organisations have described the project as “eye-opening” and “rewarding”. As one project staff member reflected, “you can’t unlearn this”. This has instilled a commitment to address gambling harms within their services as they recognise the interconnected nature of harms and how the “hidden” and “quiet crisis” of gambling harms makes it more important for them to talk about and make more prominent. By developing and testing new initiatives to engage people accessing their services meaningfully, the funded organisations have increased their understanding of their role to support people at risk of, or experiencing, gambling harms. The organisations are better equipped to support their local communities and service users when gambling harms is an underlying and contributing factor to other health and social support issues.

**“This year has been eye-opening [...] I have seen that seemingly harmless online games and casual betting can escalate into serious problems, yet there is limited understanding of this trajectory among young people and those supporting them”.** End of year project report

### 2.2.5 Unintended outcomes

An unintended outcome observed by organisations was an increased awareness of their internal processes or policies that could unintentionally contribute to harm for people accessing their services by making gambling more accessible. This was reported by staff in two funded organisations—one that provides phones to service users and another that offers vouchers as incentives for participation in activities. To mitigate these potential risks:

- One funded organisation who issues phones to service users is exploring a national partnership with GambleAware and their phone providers to pre-install gambling blocking software.
- For the funded organisation that has a voucher incentive policy, as a result of increased staff awareness that it may inadvertently increase service users’ ability to buy gaming vouchers for online gaming, the organisation can potentially address this with service users individually.

An unintended consequence of the programme recognised by a small number of funded organisations relates to the complexity of the issues their staff are now supporting service users with. These can take time to address, which can reduce staff capacity to support other service users. As the fixed-term funding comes to an end, it will be important to be mindful of the unintended consequences of funded organisations having to reduce their staff capacity (as project staff roles come to an end) or reduce the services offered to people.

**“The complexity of issues faced by beneficiaries, including trauma and financial instability, requires intensive support, which can stretch our resources.”** End of year project report

## 2.3 Enablers for achieving and sustaining outcomes

The key enablers for these outcomes being achieved within the lifecycle of the programme funding are:

- 1. Having dedicated staff capacity and support to embed training.** The funded organisations’ experiences suggest that improving staff understanding about gambling harms and supporting them to change their practices to confidently and competently address the issue with people accessing their services requires dedicated staff time and capacity. This includes time to develop and attend training, and ongoing team reflection and learning to embed new practices and keep it in the forefront of people’s minds. One project reported that a ‘case management’ discussion between staff to confidentially discuss cases to get advice from colleagues has been effective for drawing on the different expertise and

experience of colleagues when supporting service users with a holistic range of issues. Another project reported on the benefits of daily 'team talks' to ensure they were embedding assessment processes effectively.

- 2. Long-term connection/reconnection opportunities.** The majority of funded organisations are already well established within their local communities and provide a range of other regular, well attended events and services. This has been an important enabler for achieving outcomes for people at risk of or experiencing gambling harms because the organisations are considered to be safe and accessible spaces, and through regular events and interactions with people accessing their services, are well placed to have a mix of incidental, discreet, purposeful, overt and deeper guided conversations with people about gambling harms. This enables the funded organisations to connect with people on the topic, and to enable people experiencing gambling harms to reconnect with them when they feel confident and are ready to seek support.
- 3. Building public awareness.** The option for more discreet conversations about gambling harms is considered to be important by funded organisations to engage individuals for whom the stigma and shame associated with gambling is a barrier to accessing support. However, the funded organisations also recognise the value of having more people and more organisations talking about gambling harms more prominently. The activities delivered by the funded organisations are normalising conversations about gambling and gambling harms among their staff, volunteers and people accessing their services. An assumption underpinning the programme design, which is supported by the experiences of funded projects so far, is that by empowering individuals with knowledge and understanding of gambling harms, and giving them an understanding of the language to use, people will feel more able to open up about their experiences and access support.

## 2.4 Key challenges for achieving and sustaining outcomes

The key challenges that may influence the extent to which the programme achieves its intended outcomes include:

- 1. Accessibility to diverse audiences.** While the funded organisations have a specific niche and reach with minoritised groups and people underrepresented in existing gambling support services because of their culturally aware approaches, some are still reporting potential gaps. Different funded organisations have reflected concerns about the accessibility of their services to people with learning difficulties, members of the Roma community, older men, children and young people, and have plans in year three of the programme to address this. However, another concern relates to the accessibility of the onward referral agencies. Enabling people experiencing gambling harms to access more specialised treatment and recovery support relies on network of treatment providers with culturally and linguistically appropriate treatment services.
- 2. Sustaining staff knowledge and understanding.** The funded organisations recognise that, as a result of the evolving landscape of gambling (with gaming and online gambling) and its implications for prevention and support strategies, there is always more to learn about

gambling harms and how to identify and address it appropriately. This requires an ongoing commitment to train staff and learn from others. Funded organisations have also experienced staff turnover, highlighting the challenge of retaining trained staff and preserving expertise within organisations. The implication is that organisations will need to consider ongoing resources and opportunities to keep attention on the topic internally, and to keep developing their staff, volunteers and services to support people accessing their services as needed.

- 3. Internal and external staff and volunteer capacity.** The experiences of funded organisations illustrate that building trust with individuals and organisations relies on dedicated, credible staff and volunteers with time to commit to it. The funding has enabled this, and many projects have also attracted people with lived experience of gambling harms to support their new services to be developed and embedded. It is likely that sustaining the outcomes from their projects and embedding a cultural change for how gambling harms is identified and addressed within their organisations will need to go beyond a committed few. Furthermore, funded organisations rely on capacity and additional resources from partner organisations to support their work and align. This is reported by funded organisations as a challenge as resources generally in the sector are limited.
- 4. Wider system action.** The funded organisations have reflected on the influence of factors outside their, or GambleAware's, influence, that are and will affect their success at addressing gambling harms within their local populations. This includes the insidious influence and visibility of gambling marketing which, as one interviewee reflected, far exceeds the visibility of gambling harms information and support options. The funded organisations have also identified the potential role and influence of schools to educate children, young people and their families on harms. While some funded projects include outreach to schools and education settings, this relies on goodwill and discretion rather than being a systematic focus.
- 5. Securing consistent support from stakeholders.** Funded organisations recognise the importance of having local champions, and trusted and influential individuals to support their efforts to engage new audiences. However funded projects report that changes in personnel, such as in public health teams, have stalled their progress to work collaboratively to address gambling harms holistically with other health and wellbeing initiatives. In future, the availability and priorities of other local funding, and alignment of gambling harms with health and wellbeing strategies, will influence the support and ability for other organisations to align with the gambling harms 'mission' from both charity sector and statutory funding.
- 6. Measuring outcomes.** The funded organisations are currently using a range of tools to monitor and evidence outcomes from their interventions. However, given the holistic nature of their projects and the sometimes incidental or discreet focus on gambling harms, it can be a challenge for organisations to evidence specific changes relating to gambling behaviours and awareness specifically. It is unlikely that a 'one size fits all' approach to outcome measurement is appropriate for a diverse range of holistic services.

### 3 How GambleAware has supported the community-based organisations

The evaluation activities have identified the following learning about the role of GambleAware.

1. **Value of multi-year funding.** The multi-year support has enabled organisations to make a shift from initial awareness-raising efforts to more concrete support offerings and interventions. With longer-term funding coming from both the CRF and GambleAware's Improving Outcomes Fund, the funded organisations have been able to new recruit staff to dedicate capacity to the project.
2. **Trust-based, flexible funding.** GambleAware's funding requirements are not output focused. There is a trust-based approach: trusting organisations to adapt and deliver their projects in response to their learning and emerging needs with more of a long-term focus rather than focusing on in-year outputs or outcomes. This allows organisations to experiment and commit to system-building activities which do not always result in large numbers of referrals. This has enabled organisations to play to their strengths and respond to their learning rather than forcing a project to suit a funder's requirements at the expense of their own.
3. **National training and resources.** GambleAware has funded training places and provided access to awareness and information resources. Funded organisations report that these complement local efforts to raise awareness and understanding. While recognising the value of bespoke training and information materials for local organisations and communities, there are potentially economies of scale for providing these at a programme level.
4. **National connecting role.** GambleAware staff report that insights from funded organisations have contributed to national programme developments within GambleAware. This includes the design of the Improving Outcomes Fund and tailoring resources for the national Stigma Campaign. GambleAware's national partnerships team has developed new national relationships with the Rugby Football Union and Big Issue from contacts initiated by the funded projects. The funded organisations report that the GambleAware programme managers have had an important role in connecting them to other organisations regionally or nationally to help them to develop connections with new partners, such as other organisations within the NGSN. This is enabling the funded organisations to increase their reach and share their learning for the benefit of others.
5. **Siloed funding programmes.** An observation from the evaluation team is that there is potential for the various funding programmes run by GambleAware to interact more to add value to each other. Programme evaluations (for CRF, Aftercare, Improving Outcomes Fund, and Mobilising Local Systems) are making multiple and sometimes duplicative asks on funded organisations, where they are receiving funding from more than one stream. The funded organisations are required to report on funds separately, which has resulted in instances of confusion by the project leads when reflecting on learning from their projects and attribution to one programme or another. For the third year of this programme, GambleAware could consider opportunities to bring all funding programmes together to provide networking and shared learning between funded organisations and organisations within the NGSN.

# Implications and recommendations

This section of the report draws together learning and makes recommendations for GambleAware, funded projects, and external audiences that will fund, design and deliver future services. It also highlights plans for the final year of the evaluation.

In line with the programme aims, year two of the CRF has enabled a diverse range of community-based organisations to continue to test new gambling harms-specific awareness, information and support services within their respective communities. Delivery is ongoing for many projects, therefore progress over the next year of funding will uncover additional and more nuanced insights about how effective different approaches to engaging local systems and communities have been.

Overall, the findings from year two of the funded projects suggests that while progress has been made in raising awareness and developing support services, the focus must now shift towards building a more collaborative, integrated, and sustainable system for addressing gambling harms beyond the lifetime of the programme funding. This requires a commitment at all levels, including from new commissioners, to longer-term funding, capacity building, and ongoing evaluation to ensure that positive changes are embedded and sustained over time. Sustained engagement, trusted relationships, and tailored resources will be important for long-term change.

Specific recommendations for funders and community-based organisations are identified below.

## Implications for GambleAware and future funders

The following implications are relevant to GambleAware as well as future commissioners: the NHS as the treatment commissioner, OHID as the prevention commissioner, and UKRI as the research commissioner.

Recommendation for funders	Programme learning from which this recommendation emerges	How to put into action
<b>1. Make long-term funding available and enable dedicated staff time for relationship development</b>	The fund has shown that it takes time and resources to establish, nurture and sustain relationships both with individuals experiencing gambling harms, as well as other organisations within local systems who provide other services and support. Short-term funding can make it challenging to establish trusting relationships due to staff turnover, and lack of time to dedicate to different relationship-forming.	Long-term contracts for staff, and dedicated time and capacity for relationship-building activities. Multi-year funding to enable organisations to test and learn from different approaches.
<b>2. Prioritise the focus on culturally sensitive approaches</b>	Experiences of funded organisations illustrate the importance of building trust with individuals from marginalised and ethnic minority communities, and other community-based organisations that support them, with culturally and linguistically tailored interventions, and with the inclusion of people with lived experience of gambling harms. This should not just be among organisations supporting people in primary and secondary prevention but must also be embedded within treatment and recovery services, so that if people accessing their services are referred to another service, they are not met with the services that exist today which do not meet their needs effectively.	Additional resources could be allocated to support all organisations working in the gambling harms treatment and support sector to focus on health inequalities and the social determinants of health. This dedicated resource should seek to ensure that the needs of, and ways of working to engage, minoritised and marginalised communities are considered and prioritised in an ongoing way.

Recommendation for funders	Programme learning from which this recommendation emerges	How to put into action
<b>3. Shift from siloed approaches to delivering gambling harms support services and awareness to a more collaborative and system-wide response</b>	<p>To tackle gambling harms, particularly within communities whose needs are less well met by existing services, action is required at all levels – local, regional and national – to identify opportunities, align initiatives and integrate with other services.</p> <p>Gambling harms may not be service users’ presenting issue, may be hidden, or may be experienced as an affected other. Funding that enables organisations to keep a broad focus can help services capture the wide range of people at risk of harm. Without this, the support for affected others within these communities could be compromised if there is too tight a definition of who can access support or how it can be accessed.</p> <p>There is an important opportunity for funders, particularly the new commissioners, to set new expectations and support organisations to work together.</p>	<p>A holistic approach to enable funding for projects, which integrates gambling harms support with other public health and social support services, will need to be supported by holistic funding that recognises the interconnected nature of these issues.</p> <p>Creating opportunities for cross-organisational collaborations and knowledge sharing to enhance partnerships between funded organisations and other stakeholders to foster a more coordinated response.</p>
<b>4. Evaluation approaches that recognise the need for long-term system change</b>	<p>It takes time for interventions to embed and support organisation and individual behaviour change. It is therefore important to consider what meaningful shorter-term outcomes for funded organisations look like, particularly for those that may not be able to collect PGSI data from service users or meaningfully count outputs from community engagement activities.</p>	<p>Monitoring and reporting requirements attached to new contracts and grants will need to be considered to ensure they are flexible enough and do not rely on rigid key performance indicators.</p>
<b>5. Support infrastructure at regional and national levels</b>	<p>Collaboration, joined up working and partnerships can be impacted by challenges related to incompatible infrastructure for information sharing and referral</p>	<p>Provision of guidance and infrastructure for information sharing at a system level, such as a common referral system like JoyApp that is used in the East Midlands by</p>

Recommendation for funders	Programme learning from which this recommendation emerges	How to put into action
	processes. There is opportunity for a coordinated effort at a strategic level to address these challenges to enable more equity across organisations working in this space, regardless of their level of experience or maturity.	Shama Women's Centre, and data sharing agreement templates.
<b>6. Bridge local insight with national campaigns to support system level change</b>	There is a potentially useful role for connecting national campaigns with local experiences of projects to ensure that messages resonate with diverse communities and stakeholders, particularly if they are currently less well served. Projects also raised the mismatch between how normalised gambling is compared to gambling harms. This imbalance can add to challenges embedding interventions, both more general and those focused on the needs of specific communities.	National communications campaigns should be informed using insights from the ground level, drawing on the network of locally-funded organisations to feed insights about their communities to help inform national strategies and tailor interventions to meet specific needs. Implementing national education and awareness raising activities e.g. education for children and young people and their parents to accelerate destigmatisation and create more favourable conditions for intervention success.

## Implications for community-based organisations

The following implications are relevant to community-based organisations that deliver primary, secondary and tertiary gambling harms interventions, either currently or in the future.

Recommendations for funded organisations	Learning from which this recommendation emerges	How to put into action
<b>1. Capitalise on organisations' strengths</b>	Learning from CRF projects suggests that it is important that project staff do not spread limited resources too thinly across a range of activities. For example, grassroots awareness raising can be resource intensive but can be helpful to increase uptake of services. As one staff interviewee said, "we've got a lot more	Organisations should identify and focus on their strengths, such as the trusted connections they have to the communities they serve. Organisations should map out the system of gambling harms organisations and social and public health organisations that complement and support their work locally/regionally. Organisations

Recommendations for funded organisations	Learning from which this recommendation emerges	How to put into action
	organisations to reach, a lot more communities to reach, because every community is so, so, so different and nuanced."	should consider the potential for collaboration, and the potential different roles/ unique value they add.
<b>2. Consider opportunities for screening service users</b>	Incorporating gambling harms screening questions (such as PGSI) into standard existing assessments can sustain the focus on the issue, without requiring significant additional resources from organisations. It can also help to ensure greater consistency across the organisation and with all service users in terms of the way gambling harms is brought up and with whom.	Introduce standard gambling harms screening questions into assessments and support conversations
<b>3. Keep staff training and awareness updated and embedded</b>	Project learning about the importance of repeated exposure to the topic and upskilling for staff should not be underestimated. Competing priorities and limited resources makes for an environment where discussions about gambling harms and subsequent support can be deprioritised or fall off the agenda. Staff recognising the interplay between different factors including how gambling harms can intersect with other presenting issues is critical to ensuring interest and confidence to start conversations is sustained. Furthermore, training should demonstrate awareness of other social and public health services to support a system-level focus and ensure consistent support and messaging.	Introduce a standard and regularly offered training offer for staff, supported with tools (such as leaflets, screening questions), and regular 'check-ins' to share learning and embed a change of practice.
<b>4. Plan for embedding gambling harms into the long-term (outside of project funding)</b>	Projects recognised the challenges of short-term funding but, to an extent, recognised it as inevitable. Issues with short-term funding relate to increased likelihood of staff turnover, meaning that when staff have training then move on, the project loses momentum and specialist knowledge.	Implement standard processes and regular training to sustain learning offers about gambling harms. Align gambling harms focus holistically with other strategic priorities for the organisation.

Recommendations for funded organisations	Learning from which this recommendation emerges	How to put into action
<b>5. Iterative and adaptable approach</b>	The nature of these projects means that they can uncover and identify evolving needs of service users. For example, the levels of grassroots engagement and awareness-raising activities may need to change if demand increases, and there is a need to remain flexible and agile to accommodate.	Ensure there are processes in place to respond to learning and emerging demand, such as through regular team meetings and supervision of delivery staff.
<b>6. Consider infrastructure for data collection and evaluation</b>	Data collection should be proportionate, meaningful and integrated into services to ensure no unnecessary burden is placed on organisations, while capturing valuable evidence about the impact of interventions. Where it can be integrated into existing data capture mechanisms, it is likely to be recorded more consistently and accurately.	Review data collection processes and alignment with other services and funding requirements. Support staff to upskill to any new requirements, or explore options with funder to ensure proportionate and meaningful data collection processes are put in place.
<b>7. Prepare for the change of commissioners</b>	Organisations may wish to familiarise themselves with the new funders, including their values and current and future remits. Doing so may be useful preparation for relevant future funding opportunities to ensure they are tailored to commissioner requirements and priorities.	Review resources such as OHID's Lived Experience Recovery Organisations (LERO) framework <sup>16</sup> which includes guidance and good practice guidelines about peer support and recovery support in treatment systems.

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<sup>16</sup> <https://www.gov.uk/government/publications/recovery-support-services-and-lived-experience-initiatives/part-1-introducing-recovery-peer-support-and-lived-experience-initiatives> [website: accessed March 2025].

## Next steps for the evaluation

Activities in the final year of the evaluation will include a learning event, group interviews with project leads, case studies with four projects (to explore the experiences of service users, staff, volunteers and local partners), and analysis of project report submissions. The three main evaluation questions addressed in this interim report will be explored with projects, stakeholders and service users to build on current insights and produce a summative final report. This will assess the programme against the Theory of Change and have a focus on lessons regarding sustainability into the new commissioning landscape. The evaluation activities planned in the original evaluation design for year three remain relevant. Considering the findings from this report, specific areas of focus for the case studies include inclusion of service users to capture their experiences of services and evidence of outcomes; and wider stakeholders to build a wider perspective of the project and its role within the local system.

# Appendix A: case studies

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

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

Case study fieldwork took place between September 2024 and March 2025. Each case study involved liaising with the project lead to discuss a suitable design for their project. The project leads identified opportunities for a member of the evaluation team to observe project activities and delivery staff and/or volunteers and other project stakeholders to take part in a depth interview or focus group with a member of the evaluation team. Not all interviewees responded to interview requests, presumably due to limited capacity. The data from these activities (11 interviews with 19 people and three observations) were triangulated with insights from the case study from year one and the project reports.

Data from the project end of years reports is included to provide an indication of scale and scope of their activities, and change from year one. They should be read with caution as the funded organisations did not always present the data consistently from year one or year two, and the evaluation team has grouped and themed activities differently at the programme level to how the organisations report them at project level. There is therefore some interpretation from the evaluation team involved in this analysis.

**Table 1 Evaluation fieldwork informing the case studies**

	Year 2		Triangulated with year 1
	Observation	Interviewees (no. of interviews)	Interviewees
Al Hurrayya	1	3 (3)	5
Big Issue	1	4 (3)	9
Simon Community Scotland	1	3 (3)	11
Yellow Scarf		9 (2)	3
<i>TOTAL</i>	3	19 (11)	36

# Al Hurraya

## About the organisation

Al Hurraya (which is an Arabic word meaning "freedom") is a charity primarily working in Nottingham and Derby in the East Midlands. The organisation provides a range of culturally sensitive and tailored services to people from Black, Asian, Minority Ethnic, and refugee communities. These services include peer-led support, one-on-one counselling, mentoring programmes, education workshops, advocacy, and information, all designed to support individuals through a range of issues including bereavement, substance misuse, addiction, trauma and domestic violence.

Based on insights from the evaluation interviews and observation, the organisation is well-known and networked locally. They are described by local partners as active participants in local working groups, and are recognised for their niche reach to specific minority ethnic communities. The organisation's work also benefits from the context of public health service delivery in Nottingham City as there is a holistic, cross-sector strategy for addressing gambling harms that has been led by Nottingham City Council's Public Health team. This has created a conducive context for statutory and voluntary agencies working together, as discussed below.

**"They are very active in those partnership spaces [...] I know that they're also big partners in some of our wider public health networks, so mental health and alcohol and drugs because of their wider reach beyond gambling harm."** Partner organisation interviewee

## What is the project?

The project is enabling Al Hurraya to raise awareness, build trust, and address cultural barriers faced by ethnically diverse communities affected by gambling harms. The funding is supporting both a dedicated gambling harms service within the organisations as well as opportunities to build awareness and capability among external organisations. Al Hurraya's staff deliver workshops and training for professionals and community members, to build awareness and understanding of gambling harms. The extended funding from the CRF enabled the organisation to expand its staff team and the services it had developed in year one, specifically by:

- an increased focus on preventative efforts targeting younger populations through awareness-raising sessions in educational institutions.
- strengthened outreach, engagement and partnerships with other services.
- expanded geographical focus into Derby.

The project is characterised by a proactive, community outreach and engagement to raise awareness of gambling harms, the associated stigma, and cultural/religious barriers for people to access support. This involves maintaining a physical presence in local communities, such as GP surgeries, shops, community centres, local events. Direct engagement with faith groups has been

a key aspect of their outreach strategy, with regular visits to temples, gurdwaras, mosques, and churches to establish trusted relationships, promote awareness and provide support using tailored, culturally sensitive activities.

## Quick facts

£261,984 total funding (£61,984 funding in year one, £200,000 years two and three).

Activity	What this means for this project	Reach in Year 1	Reach in Year 2
Direct support for people experiencing gambling harms	One-to-one counselling, brief interventions, 'mutual aid' group peer support	113 people	128
Awareness raising and outreach	Presentations at community groups	-	18 workshops
External organisational development and awareness-raising among professionals	Workshops to professionals (depth training and awareness-raising information), networking events	349 people over 15 workshops	620 people over 64 workshops and networking events and training sessions

## What difference did the project make?

### People accessing their services

The project is reporting improved engagement with awareness-raising activities that is helping to reduce the stigma and cultural barriers that prevent people from accessing support. While they can anecdotally report increasing levels of engagement and uptake for their services, it is not possible to monitor outcomes in the short-term. Reflections from staff suggest that the increased engagement occurs as a result of increased trust and familiarity with staff.

**"You can only talk about something if you know about it.... It's somebody's auntie, somebody's cousin, somebody. So they won't talk about it as a personal subject, but they do talk about it".** Staff interviewee

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

The project reports that they are improving outcomes for people experiencing gambling harms accessing their services, including improved financial stability, reduced stress and anxiety and abstinence from gambling, assessed via case management.

## Staff

The project is reporting increased awareness of gambling harms among staff in partner organisations. Staff interviewees who already had existing knowledge and awareness of gambling harms also report that they are strengthening their understanding.

**“I would say that my knowledge on the gambling harms has definitely improved. You know, when we attend different training sessions, because we do attend them regularly [...] when we get the feedback or the questions [...] we improve ourselves more”.** Staff interviewee

A potential negative outcome for staff is related to the short-term funding. The staff interviewed, and engaged with during observations, demonstrate a high level of commitment to this project as a result of lived experience and close connections to the communities. An implication is that they will be disappointed if the project discontinues at the end of GambleAware’s funding and the organisation may lose the expertise and staff credibility on the topic.

**“This project for me is like a baby, you know, because I've faced this for whole my life and I know how it is. I. I know the seriousness of gambling.”** Staff interviewee

## Organisations

The organisation reports that it has increased its network and reach across the local system. It was however, well networked and connected with partner agencies before the funding from GambleAware. With the additional staff capacity funded through the CRF and Improving Outcomes programmes, the organisation has expanded its reach into Derby.

A potential negative outcome that they report is that the project is putting a strain on their existing services as a result of the complexity of issues faced by individuals, which requires more intensive support.

**“The complexity of issues faced by beneficiaries, including trauma and financial instability, requires intensive support, which can stretch our resources”.** End of year project report

## Key learning

The focus of the project led by Al Hurraya illustrates the potential for community-based organisations to take on a ‘system-building’ role to increase awareness and capabilities across the

local system to address gambling harms. Learning at the end of year one highlighted the benefit of offering a diverse range of culturally-informed activities, that are aligned and embedded within the existing services of an established local organisations, for meeting the needs of people experiencing gambling harms. There are three additional insights from their year two delivery.

1. **Culturally sensitive community outreach and engagement take time but are necessary to provide a “bridge” into specialist support.** Staff interviewees reflect on the time involved for building trust, both among the community organisations and people experiencing gambling harms. It requires being physically present in the community, such as at GP surgeries, community events, and faith groups. One staff interviewee described their role as “like a bridge between the services and the community”: it can take time for people to understand the need, and have the courage, to cross the bridge. Community outreach involves regular attendance, ongoing visibility, approachability, and consistent presence and support from project representatives. By involving individuals with lived experience of gambling harms and people from the same cultural heritage as their target audiences on their staff team, it makes the topic relatable to different communities.

**“When people feel that they are reflected in this project [...] they feel more secure and understood. And when they see somebody of their own community, they feel more comfortable in sharing things.”** Staff interviewee

As an interviewee in a partner organisation reflected, this engagement takes the time that short-term funded projects are rarely allowed. This implies a potential risk for Al Hurraya that when the project funding ends, short-term project staff leave, and they no longer have the dedicated capacity for community engagement, that they will ‘burn bridges’ and lose the trust they have been building up.

**“You end up recruiting staff and then in a short space of time you end up losing the staff because there's no guarantee that they're going to have a job [...] when people have only got short term funding, they want to do things that they're going to get quick wins out of because their funding is going to run out. So what's the point in starting work that's going to take three years?”** Partner organisation interviewee

- 2 **The well-integrated gambling harms focus of this project is influenced by the existing credibility and reputation of the funded organisation, and local system-level action to address gambling harms as a public health priority.** Before receiving funding, Al Hurraya was a well-established provider of drug, alcohol, and domestic violence support with good local networks and reputation. Based on interviewee reflections, they are recognised and valued for the culturally specific niche they fill with their services. As a result of the GambleAware funding, they have further developed local partnerships and collaborations, adding the topic of gambling harms within existing health and wellbeing presentations. These system-focused activities are enabled by a conducive local system context: Nottingham City Public Health team developed a gambling harms strategy, involving a collaboration of cross-

sector organisations. While interviewees acknowledge the disjointed nature of health and wellbeing services generally, this provides a strategic framework and imperative for statutory and non-statutory organisations to work together, with referral pathways in place, to address gambling harms holistically. The association of having GambleAware funding, which has been recognised as contributing to poor relationships between NHS and third sector providers,<sup>17</sup> is not a barrier reported for this organisation.

**3 Culturally sensitive community outreach and awareness raising are helping to reach new audiences but need wider system change to realise their potential.** The culturally sensitive and tailored outreach engagement activities that characterise Al Hurraya’s approach are observed to be encouraging new conversations about gambling harms. Project staff can deliver presentations in different community languages and are able to tailor approaches to according to nuances of different cultural and community values. This is helping to raise awareness of the support services available, to encourage people to seek support from outside of their family.

**“In some communities, especially among women and the Islamic communities, they were reluctant initially to engage due to fear of judgment or gossip. Within some circles and in some communities, the gambling issues are considered family matter. It’s not a community issue”.** Staff interviewee

However, as one interviewee recognised, this culturally sensitive approach needs to extend beyond Al Hurraya: other organisations across the local system have a responsibility to ensure they have the competence and capabilities to support people effectively.

**“All organisations can benefit from having sort of that cultural competency around understanding gambling harm [...] lots of other support services need that understanding as well because Al Hurraya won’t always be the first point of call for people.”** Partner organisation interviewee

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<sup>17</sup> Office for Health Improvement and Disparities. March 2024 Gambling treatment: assessing the current system in England. Available from <https://www.gov.uk/government/publications/gambling-treatment-assessing-the-current-system-in-england/gambling-treatment-assessing-the-current-system-in-england>

# Big Issue

## About the organisation

The Big Issue is a social enterprise, working with people experiencing homelessness, poverty, and/or marginalisation to provide them with opportunities to gain economic self-sufficiency. Operating on a national level, the Big Issue has offices in London, the Midlands, South-East, Scotland, Wales.

The organisation offers a range of services and activities to address the complex needs of their beneficiaries, including the distribution of the Big Issue magazine, which serves as a source of income for vendors, and a range of support programmes aimed at other health and social needs. These services are delivered by dedicated frontline staff who engage with vendors during magazine sales activities<sup>18</sup> and through targeted outreach efforts.

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

## What is the project?

The project focuses on addressing gambling-related harms among vendors of the Big Issue Magazine. It aims to raise awareness of gambling harms and provide opportunities for vendors to access relevant information and support if they are experiencing gambling harms or at risk of turning to gambling. The Big Issue has a particularly strong reach into the Roma community; one interviewee estimated that around 60% of the vendors in their regions are from the Roma community.

The focus of the second and third year of the CRF funded project is to expand and systematically embed the focus on gambling harms within the organisation. The funding is enabling Big Issue Vendor Outreach Workers and peer mentors (called ‘Equal to Equal mentors’) to be trained to understand the risk factors and indicators of gambling harms and to provide appropriate support during drop-in sessions in offices and outside offices during van drops. Activities include distributing leaflets, providing information and advice on gambling risks, screening for gambling harms, supporting access to local and national gambling specialists and alternative financial support options, as well as access to mental health and addiction services.

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<sup>18</sup> Big Issue vendors buy magazines at Big Issue offices and from staff who distribute them during van drops to sell on to customers.

## Quick facts

£296,673 total funding over three years (£96,673 year one plus £200,000 years two and three).

Activity (as reported in end of year project report)	What this means for this project	Reach in Year 1	Reach in Year 2
Light-touch awareness raising	Conversations started, leaflets distributed	500+	700+
Vendors referred for further support	Sharing information, support within Big Issue or via external support	10	14
Training	Delivered by GamCare	-	18

## What difference did the project make?

### People accessing their services

The project is reporting some engagement with awareness-raising efforts, but they are not necessarily seeing specific changes in gambling behaviour, or the health, wellbeing and social needs of vendors supported with gambling harms information and support.

The creation of new peer mentor roles is identified by staff as having potential to influence positive change for people accessing their services. By providing training and an opportunity to apply existing skills in a professionalised role, the staff interviewed recognise that this can open further employment possibilities within Big Issue or in other health and social support services.

**“it's been really great to see people take the skills that they learn, the skills that they already had. It's just putting [a] professional name on it. But taking those things that were already skills that they had and then putting them into a different place with a lot of confidence I think is something that is just fantastic to see.”** Staff interviewee

### Staff

The project reporting and staff interviewees both report increased awareness of gambling harms among staff. This is changing the types of conversations they have with vendors such that gambling and associated harms are being covered more systematically alongside discussions about other issues.

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

## Organisation

Learning shared in the project reporting and from staff interviewees suggests that the project is giving more prominence to the topic of gambling harms, which is enabling change for the organisation in how it understands and engages with the issue. The project funding gives more strategic priority to gambling harms, encouraging staff to initiate conversations with vendors, and it is providing funding for additional capacity for peer mentors so that they have the time and opportunity to have conversations about gambling harms. While staff reported that the organisation had previously delivered staff training on gambling before the CRF project, their experience is that it was not as focused or comprehensive. The focused activities delivered through this project has changed staff's perspectives and understanding of gambling harms as an issue, not just for their interactions with people accessing their services but also, interviewees reflections suggest, among their friends and social networks.

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

Outside of the CRF programme, and as a result of the relationship GambleAware staff had established with the Big Issue through the funded project, the GambleAware partnerships team have developed a relationship with the Big Issue nationally to increase the potential reach and effectiveness of the national stigma campaign and roll-out of a gambling harms support app.

**“We're not a 'sexy' charity that has people knocking on our door. [...] through the funded partners, there is a relationship already: they get it, and it is a quick win for us [to increase the reach of our national campaigns].”** GambleAware staff interviewee

## Key learning

Learning from the Big Issue's project provides useful insight into the extent of culture change needed within organisations and communities for people to confidently initiate and embed discussions about gambling harms. The learning identified at the end of year one related to:

- Staff learning about the importance of **building trust and relationships** with vendors, and being **culturally-sensitive** in engagements, to have de-stigmatising discussions about gambling harms. Staff reported that leaflets and harm reduction tips supplied to vendors were considered useful by staff for engaging with vendors on the topic of gambling harms. The **increased visibility** of the topic has helped to initiate conversations with a small number of vendors experiencing gambling harms that were **receptive** to accessing additional support.

- The project leads recognised an important focus was on building **confidence among staff** to initiate conversations, developing their understanding about the **local support available** from specialist support providers, and establishing options for **smooth onward transition** when needed.

There are two key themes of additional insight identified from the project learning in year two.

- 1 The trusted relationships staff develop with their service users is an important 'USP' for the Big Issue but also presents a unique challenge for this project.** As vendors regularly engage with Big Issue staff to pick up and buy magazines, and may do so for several years, Big Issue staff are uniquely placed to have conversations and develop trusted relationships with people that other services cannot. They will work with people for as long as they are vendors, and in doing so, have an opportunity to provide long-term support for individuals both informally and formally.

**"We've worked with them for several years, so there's that level of trust which outside organisations might not be able to gain."** Staff interviewee

However, a potential challenge with the long-term and highly individualised relationships established with vendors is how staff support vendors to move onto specialist services as needed. While staff may initiate 'triage' meetings and 'warm handovers' into other services, this relies on staff having a good understanding of, and relationship with, other services available locally. The different offices do have staff who are well connected to other statutory and voluntary services locally that provide culturally sensitive support including local partnerships with other organisations funded by the CRF and networks convened via the Mobilising Local Systems programme. Staff also recognise they are benefiting from wider system change as gambling harms is better understood and being talked about within statutory health and wellbeing services, which also helps to increase options for onward referral partners.

**"It definitely feels like that that conversation is, you know, that's how we break stigma, isn't it? By bringing things into conversation. And it definitely feels like those conversations are happening across lots of different agencies."** Staff interviewee

- 2 The scale of the issue and prevalence is still unknown, but staff suspect there is unmet need.** The demographic of the Big Issue's vendors places them within a group identified as being at risk of gambling harms<sup>19</sup>, but the exact level of prevalence among vendors is unknown. Two years into the project, staff are still reporting that they have had a deeper

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<sup>19</sup> Harmful gambling is associated with people who are unemployed and among people living in more deprived areas.  
<https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>

conversation about gambling harms with just a handful of people. Staff suspect it is a bigger problem than is known, but it is still very hidden.

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

Insights shared by staff in interviews and the end of year reports suggest there are several reasons why it is a particular challenge for the Big Issue's project.

**a. The complex interplay of other harms.** Learning shared in the project's end of year report highlights the challenges staff recognise in the complex interplay of gambling harms alongside other issues for their vendors. This means that conversations and support for gambling harms may prompt support needs on other topics, which can be time-consuming and challenging for staff. It also means the focus on specific outcomes for changing gambling behaviours or increasing uptake of gambling harms support is harder to come by.

**“How best to address individual addiction issues and harms is still a long and ongoing individual conversation, and impacted heavily by other issues in people's lives, such as poverty, other addictions, mental health problems, family crisis and other chaotic life situations. As a staff member says: ‘things can go well and then peter out in this project.’”** End of year project report.

**b. Cultural factors among the Roma community.** Staff highlighted that, traditionally in the Roma community, they address issues internally through a family hierarchy. Even though the Big Issue has a good presence with members of the community and are more trusted than statutory services, there is still a limit to their influence. Members of the Roma community are less likely to go to external sources for support. There is particular concern among Roma families about the involvement of social services with children, which may further stop people coming forward with concerns that affect wider family. While Big Issue staff have good relationships with their vendors, extending support to family members (to reach children and young people engaging in harmful gaming or family members as affected others) is potentially beyond their scope.

**“The community deal with things internally. They deal with them through the hierarchy [...] who are you to push in and change that? You’re not going to”.** Staff interviewee

**“Regardless of how good a relationship is, we are an outsider to the community. And while there is a higher level of trust than with some organisations, the level of trust I don’t believe is necessarily high enough for a lot of people to lay certain things bare like that, especially anything that connects to the family.”** Staff interviewee

**c. Staff and volunteer demographics.** The Big Issue have recruited peer mentors from the Roma community to address this cultural divide. While they have found that these peer mentors can effectively engage vendors to initiate and lead guided conversations on various topics, the majority of the peer support mentors are women. A staff interviewee reflected that this demographic difference may make it more difficult to encourage older men to open up.

**“Vendors engaged much better with her [the peer mentor] than with us [...] if they needed any support, people felt a lot more comfortable talking to her than they did to staff members.”** Staff interviewee

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

**d. Awareness and understanding among staff about gambling and gambling harms.** Some staff interviewed report that they still do not feel confident in their understanding of gambling and gambling harms. They reflected that one-off training is not enough to develop their understanding and confidence sufficiently, especially as a result of the ever-change changing landscape of gambling and gaming, and people’s unique and complex experiences of gambling harms. The end of year project report suggests that they are re-examining and re-developing internal resources and tools for staff and expanding their staff training, which may help to address this issue.

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

**e. Lack of holistic offer across the organisation.** The evaluation team’s observations and staff interviews suggest the gambling harms project is not holistically embedded across the organisation’s activities. While some staff and offices are embedding conversations about gambling harms well, this is not consistent. Staff interviewees recognised that the

organisational structure and geography, and different regional priorities, can make it difficult to disseminate project information consistently. Additionally, the decision to recruit project-specific peer mentors to focus specifically on gambling harms awareness raising is not enabling mentors to focus on wider holistic needs of vendors experiencing gambling harms. The end of year project report suggests that the organisation is responding to this learning to develop the project to combine gambling harms information and screening with financial support interventions to work in a more joined-up way with vendors.

# Simon Community Scotland

## About the organisation

Simon Community Scotland is a homelessness charity operating across Scotland. They support people experiencing homelessness, as well as those at risk of homelessness and recovering from its harms. Their services include support for people in hubs, through outreach, and supported and emergency accommodation. The CRF provided an opportunity for the organisation to embed gambling harms within their support offer, after recognising it as a gap in the work of homelessness organisations.

The organisation is also receiving funding from GambleAware's Improving Outcomes Fund.

## What is the project?

The CRF funding provided Simon Community Scotland with an opportunity to develop their understanding of the prevalence and impact of gambling harms among people affected by homelessness, raise awareness among staff, influence others in the homelessness sector, and develop specific activities to reach people accessing their services affected by gambling harms.

The funding enabled a dedicated project manager to develop and roll-out a comprehensive training package for staff, including online toolkits and regular in-person sessions with speakers with lived experience of gambling harms. Additionally, it helped to develop partnerships and events to raise awareness of the connection between gambling harms and homelessness (including involving housing associations, local government, and national government). The project delivered a range of activities to reach people accessing their services affected by gambling harms, including drop-in clinics, conversation cafes, and workshops.

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

## Quick facts

£264,293 total funding over three years (£65,381 in year one plus £198,912 for years two and three).

Activity	What this means for this project	Reach in Year 1	Reach in Year 2
Training (internal)	e-Learning platform for training on gambling harms and 'homelessness	150 staff members completed training	271 staff, across various types of training

	and gambling harm' toolkit for professionals 'Know the Basics' and 'Referral Pathway' Guide		
External organisational development and awareness-raising among professionals and policy makers	Network meetings, e-Learning platform and 'homelessness and gambling harm' toolkit for professionals, conferences, events, network meetings, working groups	172 people across various events	248 people at various events
Awareness raising and outreach support	Drop-in clinics, raising awareness sessions, brief interventions, dedicated staff at Women's Centre	Glasgow: up to 45 each month	Glasgow up to 35 each month, Edinburgh: up to 76 each month

## What difference did the project make?

### People accessing their services

Interviewees reflected that raised awareness about gambling harms continued to be the main outcome for people accessing their services. The organisation made their sessions more interactive and 'fun' using quizzes and games which boosted engagement. Additionally, gambling harms have been added to topics discussed during their onboarding process, which was seen as helpful in prompting meaningful conversations with people accessing their services early on.

***"The staff all take part in delivering a drop in for people that are having assessments to come into the service. So, they're the ones that are assessing people's needs. So, at that early stage, staff are starting to look at gambling as being something to talk about."*** Staff interviewee

## Staff

The project has increased the variety of training available to staff, including in-person training, e-learning and resources available on the organisation's intranet. Interviewees reported that attending more than one training session helped them to build an understanding of gambling harms and increase their confidence in starting conversations with people accessing their services.

In particular, having speakers with lived experience of gambling harms at in-person training was described as impactful, and helpful in understanding the impacts of gambling harms.

***"I think it's went from not broaching on the subject at all to now feeling a bit more confident that they've got some tools to be able to confidently speak about it, you know, that they can. To take away some of the stigma and shame that people might have about disclosing that they've got a gambling addiction."*** Staff interviewee

## Organisation

Insights from the interviews and project reporting suggest that the funding has provided dedicated capacity and focus for Simon Community Scotland to take a leading role in influencing system change in the homelessness sector in Scotland. The organisation has continued to improve their understanding of the links between gambling harms and homelessness and to systematically embed gambling harms into their processes and support offer. Before receiving funding from GambleAware, the organisation had identified gambling harms awareness and support as a gap in their existing services and placed it as a strategic priority for the organisation's work. This strategic commitment within the organisation, has enabled the organisation to ensure that the dedicated staff capacity provided for from the CRF programme is used to engage widely with the wider sector, speaking at conferences, delivering training to other organisations, and being involved in working groups to build momentum around the topic and influence policymakers in the Scottish Government and Public Health Scotland.

## Key learning

Learning from Simon Community Scotland's project illustrates the value of gambling harms focus clearly aligning as a strategic priority for a national organisation. This has supported efforts to embed change at all levels: at the micro level, looking internally at the design of their existing services and staff capability; at the meso level, with external organisations delivering services within the sector; and at the macro level, to influence national policymakers. The key learning identified at the end of year one related to:

**Strategic alignment and leadership to instigate change.** The project activities were enabled both from the top-down (with clear organisational priority-setting and external influencing) and bottom-up (with a diverse range of co-designed activities with staff and people accessing their services to develop internal services).

- **A comprehensive, organisation-wide training package.** The project enabled them to develop bespoke training materials and supporting resources to make the topic accessible and relevant to staff.

The additional insight from evaluation activities in year two suggests:

- 1 The continued priority for addressing gambling harms within the organisation has supported progress but is potentially pulling the project thinly across too many areas.** The key priority of this topic for the organisation has supported progress and a comprehensive range of external and internal activities being delivered. However, an observation is that this is potentially making the project spread its focus too thinly: increasing internal capabilities is an ongoing challenge but the project is attempting to do this while also influencing national policy on gambling harms and culture change among the homelessness sector.
- 2 Staff training is an ongoing requirement.** In comparison to other projects, Simon Community Scotland has developed a much more diverse range of training resources and opportunities for staff. Gambling harms awareness has now been embedded in the onboarding process for new staff and learning resources have been made available on the organisation's intranet. This continuous visibility of gambling harms to the organisation's staff has been important in raising awareness and building their support capabilities. Despite this, staff interviewees suggest that it still takes time to increase staff confidence, particularly as it is a more hidden issue among people accessing their services whose more pressing needs may take precedence.

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

Making the topic visible and prominent is important for prompting more discussions. Ensuring training is engaging (for example by being in-person and interactive) and involves someone with lived experience was highlighted by training participants as key to raising their awareness of types and prevalence of gambling harms. This, in turn, gave them confidence in taking the learning forward into their daily practice, recognising when the people accessing their services may require support with gambling harms.

- 3 In-person referral pathways for people experiencing gambling harms.** Similar to other funded projects, Simon Community Scotland's project has enabled the organisation to increase the range and number of activities to bring gambling harms support to the people accessing their services. This includes a new drop-in clinic in Edinburgh, 'conversation cafes' (informal spaces to provide group support), and a women's group. Incorporating engaging activities like quizzes and co-created workshops helped to increase involvement of people accessing their services in awareness-raising activities. However, these types of engaging,

in-person services are not necessarily mirrored in the onward support services, for people who need more specialist support. Interviewees reflected that more formal pathways to in-person gambling support for people accessing their services would be helpful.

# Yellow Scarf

## About the organisation

Yellow Scarf is a charity that provides mental health support to people from Eastern European background living in Worcester and Evesham. The charity was set up to address a gap in mental health support for people who don't speak English by providing one-to-one and group support for people recovering from addiction, delivered in eastern European languages. The charity reports that, for its services generally, it has a long waiting list. It generates referrals from the local authority as well as word of mouth.

**“There are no other places like us, where people can just come in and receive professional treatment in the language they speak and feel in, for free or with a heavily discounted rate. So, for us, it's never a struggle of marketing, it's never a struggle of getting new customers. It's always a capacity struggle.”** Staff interviewee (from year one of the evaluation)

The charity was founded on the basis of addressing a gap in statutory services for culturally appropriate and linguistically inclusive mental health support for Eastern European populations. The charity's presence within the community through fundraising events and group support means they have established trust with people. Their reach into the local community is enhanced by working alongside churches and community centres, and a referral partnership with an immigration advisor and social worker working at the local council.

## What is the project?

The CRF project enabled the charity to expand their existing multi-lingual counselling and support programme to include specific provision for people experiencing gambling harms. The activities delivered through the project provide a holistic offer to cover prevention and recovery:

- Peer support and group therapy
- Individual 1:1 counselling
- Life skills workshops including budgeting, benefits advice, employment, training advice

The organisation is receiving funding from the CRF and the Improving Outcomes fund.

## Quick facts

£150,000 total funding over three years (£30,000 in year one plus £120,000 for years two and three).

Activity	What this means for this project	Reach in Year 1	Reach in Year 2
Direct support for people experiencing gambling harms	Group therapy for people experiencing gambling harms; group therapy for families	119	190
Awareness raising and outreach to people at risk of gambling harms	Workshops for young people on cryptocurrency, budgeting, employment, benefits advice, walk and talk groups.	317	118
Internal volunteer/staff training	-	-	8

## What difference did the project make?

### People accessing their services

Outcomes from therapy are measured by facilitators using outcomes stars and supervision notes. The end of year project report states that the majority of service users who have been through group counselling abstain from gambling (68 of 74 people, no further information given on length of time). They also report improved mental health.

### Staff / volunteers

Staff and volunteer interviewees reflect that the training is leading to a more nuanced understanding of gambling harms and its unique characteristics when compared with other addictions. They report feeling more confident with the tools and understanding they have been provided to identify and support people experiencing gambling harm.

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

Volunteer interviewee

## Organisations

The project staff highlight how important the funding has been for meeting an unmet need within the organisation. They have been able to expand the provision of their services for an area of support that they recognised was an issue.

**“Gambling was seen as less harmful, milder, more like entertainment. So, being able to implement this project and offer a solution, a group for people with gambling addiction, was a significant and long-awaited development”.**

Staff interviewee

The project staff report that the charity is struggling to attract new funding for their services: the GambleAware funding has enabled them to continue to provide services for free to their local community. In future they may have to move to a payment model to sustain services. Their expanded focus during year two to engage with young people and families through their existing community connections is helping them to better operate within a prevention space, engaging a wider number of people from their local communities.

As a result of the continued funding from the CRF, the organisation has been able to invest in their website, translated in different languages, to improve the profile of the organisation and options for self-referrals. They have also established a partnership with BetBlocker to ensure information from national services is available in Polish (which is funded through the IOF).

## Key learning

Learning from Yellow Scarf's project highlights the importance of removing language barriers to enable people to access gambling harms support. It is much more meaningful and accessible for people to access professional support in a language they are most comfortable using. The specific nuances of people's experience of gambling harms, mental health problems and trauma cannot be easily translated.

The learning identified at the end of year one related to:

- **The clear demand and unmet need identified within the Eastern European community.** While gambling is still a taboo topic that stops people opening up, an established community-based organisation that provides a wide range of mental health support in Eastern European languages was well positioned to incorporate gambling harms support as part of their holistic offer.

- **Diversity of offer.** A diverse range of activities and support, tailored to the specific nuances and impacts on gambling harms, was developed. Group education workshops and walk and talk groups were considered to be important activities to enable prevention and early intervention support for people.

The following additional insights are identified from the second year of delivery.

- 1 The diversity of the offer is important because it can help to reconnect people to a wider purpose.** Similar to other projects, the Yellow Scarf project illustrates that a holistic early intervention and prevention service includes opportunities to empower people with tangible tools and resources. Awareness-raising on its own is unlikely to be effective, without also empowering people with financial management skills and tools for mental health resilience and behaviour change. The organisation also has a strong local community presence and can provide a wider variety of events for people to engage with, such as a Christmas family day and walking group. This provides opportunities for people experiencing gambling harms to build/re-build social connections and reconnect to a wider purpose. This is a unique offering of the charity and community sector in contrast to fixed-term clinical interventions or local authority support offers.

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

- 2 Professional qualifications for volunteers provides a route to employment.** The project funding has allowed the charity to train eight volunteers, with potential employment opportunities as facilitators. This has been identified as an important opportunity for the charity that would not normally be able to provide.
- 3 ‘Early’ intervention support for gambling harms may not come that early.** The project staff’s experiences suggest that offering early intervention support for people experiencing gambling harms is potentially more complex than early intervention support for other addictions. Stigma stops people accessing support, and they are more likely to reach out for support when they are in crisis. This creates more challenges for the type and level of support they then need to support recovery.

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

- 4 Maturity of ‘system-building’ focus.** In comparison with other CRF projects, the organisation reports less involvement with other local agencies and networks to build awareness of gambling harms, and the services their organisation offers. This is influenced by what the

project staff described as 'closed doors' from local NHS organisations to collaborate. There is less evidence of a joined-up local public health strategy to gambling harms prevention that is creating an opportunity for this funded organisation. It will be helpful to explore this further; whether and why this is appropriate for this organisation, and any influence this has on their sustainability as a provider of gambling harms support.

## Appendix B: detailed overview of funded projects

Al Hurraya, based in the Midlands, focuses on addressing gambling harms among Black, Asian, Minority Ethnic, and Refugee (BAMER) communities, as well as younger populations. The project addresses gambling harms holistically, seeking to address financial instability, mental health, family relationships, and cultural and religious barriers. Through a proactive and community-centred approach, including engagement with faith groups, awareness-raising sessions in educational institutions, and collaboration with various services, Al Hurraya aims to provide support, treatment, and counselling tailored to ethnically diverse individuals affected by gambling harms, while also working to break stigma and address cultural barriers.

The Big Issue Foundation's GAMES project, operating nationally across the UK, aims to support Big Issue vendors at risk of gambling harms, particularly those from the Roma community. The project focuses on the intersection of gambling harms alongside issues such as homelessness, unemployment, poverty, mental health, other addictions, and the shame and stigma associated with gambling. By providing gambling screenings, brief interventions, peer mentoring, and information on mental health, addiction, and financial support, the GAMES project aims to improve support for vendors, achieved a wider reach through collaboration, and directly assisted individuals and families affected by gambling harms.

The Blackburn Foodbank's Gambling Harms Awareness Data Collection project, based in Blackburn with Darwen, Lancashire, aims to understand and address gambling harms among foodbank users who are likely experiencing financial hardship. By integrating discussions about gambling into regular client interactions, using multilingual surveys and credit report analysis to screen for gambling issues, and actively participating in forums and meetings, the project aims to raise awareness, reduce stigma, and facilitate access to support services for those affected by gambling harms in the local community.

Coram's Fields Resilient Youth project, based in Camden, London, aims to raise awareness about gambling harms and provide targeted support to young people aged 11-25 who are impacted by the cost-of-living crisis and gambling harms. The project reaches its target audience, including vulnerable youth experiencing unemployment, low education, poor living conditions, crime, debt, or homelessness, through direct youth centre engagement, outreach activities, collaboration with local youth organisations, targeted workshops, and one-to-one support. By increasing awareness, enhancing financial literacy, and training youth workers and organisations, Coram's Field has made a significant difference in the lives of young people and the wider community in Camden.

The Epic Restart Foundation's Rebuilding Financial Resilience in Recovery project operates across the UK, focusing on building financial resilience in vulnerable individuals aged 18 and above who are entering early pathway recovery from gambling harm. By providing financial management skills, training, and exploring the links between financial and mental health, the project aims to

empower people to manage their anxieties, reduce stigma, develop coping mechanisms, and increase confidence and self-belief. The project also enables lived experience mentors to develop their capabilities in supporting others through financial resilience training, ultimately helping individuals navigate the impact of the cost-of-living crisis on their recovery journey.

The Hull FC Community Sports and Education Foundation's Talking Tactics project, based in Hull, utilises the influence of sports to mitigate gambling-related harm among vulnerable groups facing heightened inequalities, such as young adults, middle-aged men, unemployed individuals, low socio-economic status households, veterans, and older adults. Through preventative and early intervention initiatives inspired by rugby, including wellbeing hubs and collaboration with local organisations, the project aims to increase awareness and understanding of how to access support for gambling harms, improved skills and resilience among affected residents, enhanced the local support network, and adopted a holistic approach to wellbeing that recognises the interconnected nature of gambling harms and overall community health.

The Prison Radio Association's Hold or Fold project is a nationally operating programme in the UK that addresses gambling harms through a 20-episode podcast series. Initially broadcast on National Prison Radio, the programme primarily targets individuals affected by gambling harm, particularly those with experience in the criminal justice system. By expanding its reach as a public podcast, the project now aims to raise awareness about gambling addiction and its consequences among a wider audience, including family members and others impacted by a loved one's gambling. The Hold or Fold programme collaborates with relevant organisations and individuals, conducts outreach activities, and has received positive feedback for its significant impact on producers, listeners, and featured guests.

Reframe Coaching's Community Outreach Support project, initially based in Norfolk but now operating nationally, focuses on providing support to individuals seeking recovery from gambling harms, particularly those with interconnected experiences of mental health issues, debt, poverty, the criminal justice system, and the armed forces. By widening their referral pathway, working with NGSN and other CRF organisation partners, delivering awareness sessions, and offering tailored one-to-one recovery coaching and group support sessions, the project has increased access to recovery support. The project provides long-term recovery support to individuals who have completed the Aftercare-funded Life After Gambling programme.

The Shama Women's Centre Empowering Lives and Communities Programme, based in Leicester and Leicestershire, provides holistic, culturally appropriate gambling harm services for BAME women, particularly focusing on Muslim women. By engaging with local community groups, faith organisations, and other services, the project aims to increase awareness, reduced stigma, and improve access to support through a discreet online questionnaire and a dedicated support line. The project has also enhanced staff and volunteer capacity to identify gambling harms and strengthened referral pathways by developing partnerships with various local organisations, addressing the intersection of gambling harms with domestic abuse and mental health issues.

Simon Community Scotland's project is focused on addressing and building awareness of the causes and consequences of gambling harms for people at risk of or experiencing homelessness. While the charity operates across Scotland, the beneficiary-focused activities are focusing on Glasgow and Edinburgh. The project involves research to explore the prevalence of gambling harms among the homeless population, developing and delivering staff training on gambling harms and homelessness, building partnerships to provide frontline support and interventions, and influencing policy through collaboration with the Scottish Government and Public Health Scotland. By increasing awareness, reducing stigma, improving support for those affected by gambling harms, enhancing staff knowledge, and contributing to research and policy, the project aims to make a positive impact on the vulnerable homeless population and the local community.

Yellow Scarf's Win your own game project, based in the West Midlands, provides culturally tailored therapy groups and support services in native languages for Eastern European communities affected by gambling harms. By addressing language barriers, economic impacts, stigma, and mental health issues, the project aims to improve the wellbeing of people experiencing gambling harms. Through training volunteers, expanding its reach to young people and migrants, and encouraging referrals from community champions, websites, and social media campaigns, Yellow Scarf CIO aims to reduce gambling harms within the local Eastern European community.

Table 2 Type of intervention (evaluation team analysis)

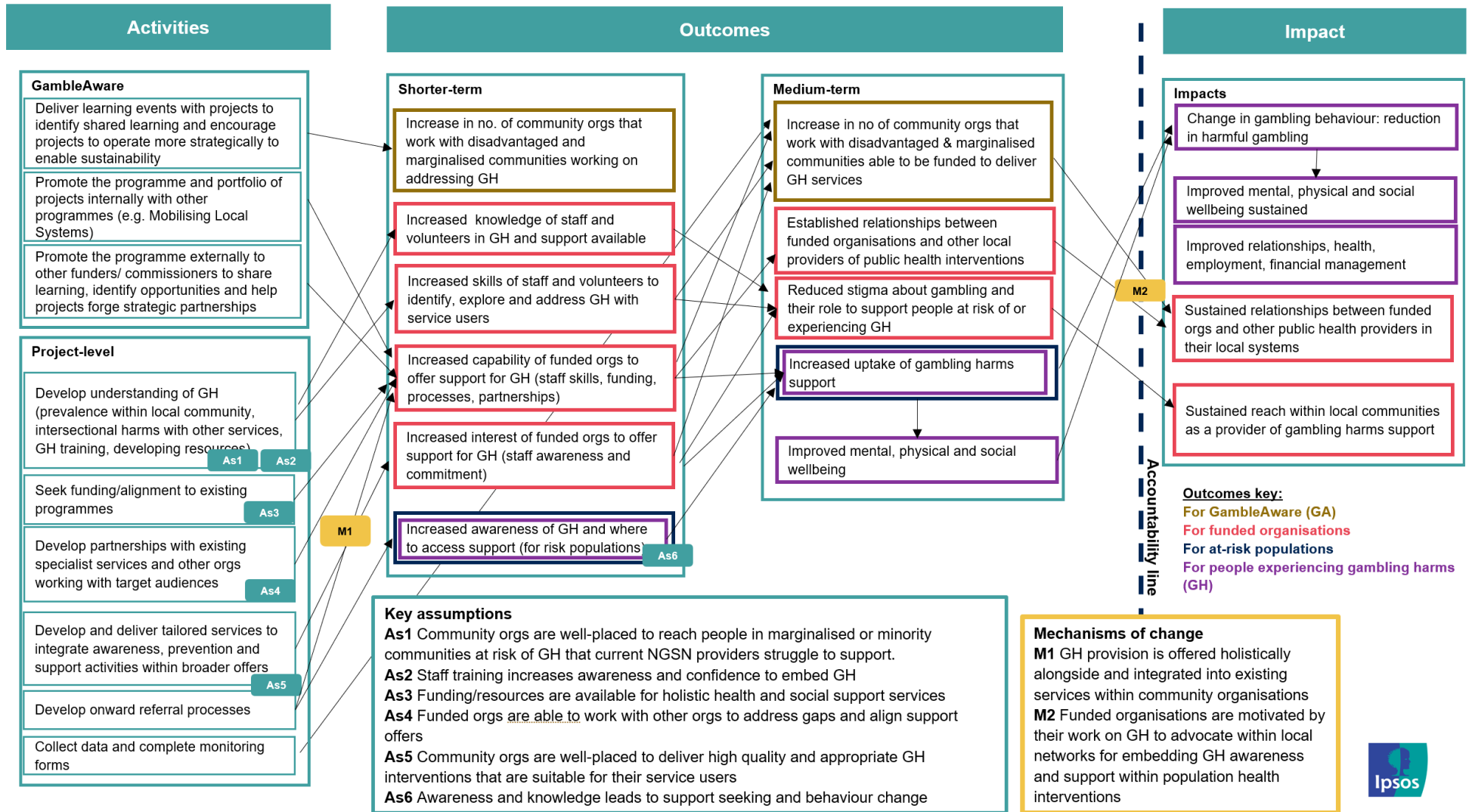
Organisation	Primary prevention	Secondary prevention	Tertiary prevention
Al Hurrayya	X	X	
Big Issue Foundation	X		
Blackburn Foodbank	X		
Coram's Field	X	X	
Epic Restart Foundation			X
Hull FC Rugby Community Sports and Education Foundation	X		
Prison Radio Association	X		
Reframe Coaching			X
Shama Women's Centre	X	X	
Simon Community Scotland	X	X	
Yellow Scarf	X	X	
<b>Total</b>	<b>9</b>	<b>5</b>	<b>2</b>

Table 3 Activities and reach, as reported in end of year reports (if submitted). Evaluation team interpretation (aggregating totals reported into themes identified by the evaluation team)

Organisation	One to one support or counselling			Group workshops			Awareness raising (with at-risk groups)			Awareness raising (for professionals/organisations)			Internal staff training		
	Feature of project	sessions	individuals	Feature of project	sessions	individuals	Feature of project	sessions	individuals	Feature of project	sessions	individuals	Feature of project	sessions	individuals
Al Hurraya	X		98	X	30		X	18		X	74	620			
Big Issue	X		14	X	194		X		700	X	1		X		18
Blackburn Foodbank	X						X		3,479	X	6		X		
Coram's Fields	X		2	X	17	141	X	215	1,162	X			X		
Epic Restart Foundation															
Hull FC Rugby							X	165	237	X			X	4	19
Prison Radio Association							X		6,005						
Reframe Coaching	X		336	X		24	X			X	55				
Shama Women's Centre	X		275	X			X	59	2,179	X		139	X	4	11
Simon Community Scotland	X		166				X			X			X		175
Yellow Scarf				X		190	X		118				X		8
<b>Total</b>	<b>7</b>	<b>0</b>	<b>891</b>	<b>6</b>	<b>241</b>	<b>355</b>	<b>10</b>	<b>457</b>	<b>13,880</b>	<b>8</b>	<b>136</b>	<b>759</b>	<b>7</b>	<b>8</b>	<b>231</b>

# Appendix C: programme theory of change

The programme theory of change was developed collaboratively with the evaluation team and GambleAware programme team. It was updated at the end of year one of the programme, and tested with funded organisations in a learning session (in January 2025).



## Implications of the findings on the programme theory of change

Findings from the second year of the programme suggest that the programme theory of change is valid. There are however some nuances in the underpinning assumptions.

**As1: Community organisations are well-placed to reach people in marginalised or minority communities at risk of gambling harms.** While the experience of the funded organisations support this assumption, their experiences suggest that it should not be taken for granted that organisations that engage minority and marginalised communities on other issues are automatically trusted or able to engage their service users specifically on gambling harms. A tailored and phased approach is needed to engage different people according to their different needs, behaviours, motivations, attitudes and understanding.

**As2: Staff training increases awareness and confidence to embed gambling harms.** The findings suggest this needs an element of tailoring to align with the organisation's services, and not a one-off. In addition to training, making different tools and resources available (such as leaflets, assessment questionnaires) can help to consistently integrate messages about gambling harms and prompt people to reflect on it.

**As4: Funded organisations are able to work with other organisations to address gaps and align support offers.** Findings from year two suggest that this is dependent on existing local networks and relationships between statutory and non-statutory organisations. It is enabled by public health strategies that reinforce collaboration, data sharing processes, and dedicated staff capacity for increasing awareness within other local organisations about gambling harms and their organisation's role in the gambling harms support system.

**As5: Community-based organisations are well-placed to deliver high quality and appropriate GH interventions.** Based on current findings, there are differences in the types of organisations well placed to support with awareness raising, and those able to deliver early intervention support. Organisations like Al Hurrayya, Hull FC Community Foundation, Shama Women's Centre, Yellow Scarf that already offer one-to-one or group holistic health, wellbeing, social and welfare support interventions, through support workers, counsellors, peer mentors are able to embed gambling harms support into their organisations with information, training and support for staff and volunteers to give them knowledge and understanding about gambling harms. Organisations like the Big Issue and Blackburn Foodbank are well placed to raise awareness of gambling harms to help reduce stigma and support people accessing their services (who are potentially vulnerable and may not readily access external support) to access onward support services, but they are not set up to deliver early intervention support.

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