

**Research, education and treatment:
An initial strategy and priorities**

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Executive summary

Introduction

This report, published as formal advice to the Gambling Commission, sets out the Responsible Gambling Strategy Board's (RGSB's) *initial* strategic priorities for research, education/prevention and treatment and highlights areas where there are still questions that need to be answered. Our initial priorities have been informed by the recommendations that the Board was asked to consider in the Gambling Commission's final RET report, by the two rounds of consultation that were undertaken as part of that review, and by the considerations and advice of the Board's expert panels. The panels have drawn on a wide range of existing research and evaluation material. Whilst there has been no further formal consultation as part of the Board's early deliberations, we intend to open a dialogue with user groups and key stakeholders later in the year and into 2010, as we move to a fuller set of recommendations by next summer.

A key priority identified by the Board across all the areas we have been examining is the need for full and independent evaluation of what exists at the moment in relation to treatment and education/prevention services. The initial key priorities that we have identified have been both informed, and to an extent constrained, by the need to address this early on.

Key priorities and recommendations¹ and ²

The following key priorities and recommendations broadly reflect the 'immediate priorities' listed at the end of each of the three thematic sections – research, education/prevention and treatment. Some of those 'immediate priorities' have been amalgamated and to some extent recast.

1. To develop new funding mechanisms which reflect the lead roles of the Board and RGF in, respectively, setting priorities and specifying programmes and outcomes, to include the introduction of:
 - Commissioning, with some projects/pilots ready to be commissioned from 2010/11.
 - A new grant management framework, including formal offer letters and terms and conditions, and monitoring of expenditure and outputs.
 - Systematic collection of data and independent evaluation of all funded projects built into the commissioning and grant making processes.
2. To undertake a review of best practice in the fields of treatment delivery and education/prevention, and a scoping exercise to develop a common assessment framework for independent evaluation (£50k).
3. As part of these specifications, to develop and implement a services quality improvement plan for gambling-related harm, including a national database to monitor and evaluate performance and treatment outcomes (£90k).
4. To achieve an increase in the number of problem gamblers receiving help by funding the training of GPs, primary care practitioners and other relevant professionals to identify and screen for problem gambling and signpost to appropriate treatment services (£1.3m over five years).
5. To develop three pilots in partnership with the NHS, taking into account the current treatment provider landscape, in order to test and demonstrate a clinical governance

¹ The figures attached to the key priorities are notional at this stage.

² Priorities 1, 4, 5, 6, 7, 8, 9 and 10 are for RGF. Priorities 2, 3, 11 and 12 are for RGF and RGSB working together.

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framework and a tiered and integrated approach to problem gambling services (£1.6m over three years, tapered funding).

6. To help build the capacity and skills of existing treatment providers in the voluntary sector, to support their transition to a new structure for delivering treatment services.
7. To undertake a training needs analysis which would support the development of a national framework for occupational standards and competencies for the workforce.
8. To commission a national telephone help and advice line with web support (£1m per annum).
9. In partnership with the gambling industry, to support the redevelopment of the Gamble Aware website as an information point about responsible gambling (£50k in year 1).
10. To pilot prevention measures around families, young people and identified minority groups which may link to other risk-taking behaviours and include a component on money and debt (£100k over two years).
11. To assess further the case for a longitudinal study as well as alternative approaches, including collaboration with others involved in major population studies.
12. To support research focused particularly on areas of gambling activity where there is perceived substantial risk, including the development of a programme of work around high stake, high prize gaming machines (£200k per annum).

Evaluation

As one of its key priorities, the Board recommends that RGF commissions full scoping and evaluation of what exists at the moment in relation to both treatment and education/prevention services. This will require common data standards and shared outcome measures and will enable both RGSB and RGF to look at what is provided in a consistent and objective way. As part of any future commissioning and grant-making that RGF undertakes, those awarded contracts should be required to conduct ongoing reviews of their work, and to make the data available for the purposes of independent evaluation.

In order to assist policy-makers and regulators and those involved in treatment services, the Board also recommends the establishment of a national database to bring the whole area of treatment together and to support an evidence-based approach. As an early priority, we would ask RGF to look at the costing of commissioning a researcher to put together a database which would enable RGF to monitor performance, unit costs and outcomes over a three year period so that these can be taken into account as part of any future commissioning.

Research

Following an initial 'map and gap' analysis of what existing research has been undertaken, the Board has identified a number of key priorities to improve the evidence base for policy regulation, treatment and prevention and the effectiveness of those services. To achieve this, work needs to start immediately both on scoping what needs to be evaluated and to develop a framework for evaluating existing treatment services.

The Board has also been examining the case for a longitudinal study, in terms of whether it is the most appropriate and cost-effective methodology to meet our research needs. Whilst the Board is not yet in a position to draw final conclusions, based on the evidence gathered so far, which has been peer reviewed for the Board by a longitudinal expert, we are unlikely to recommend a full scale study at this stage. However, we are in discussion about alternative

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approaches with others involved in major population studies, and this may also be something on which RGSB and RGF can work jointly with the ESRC.

As a first step, the Board will look at some of the widely recognised issues in relation to new forms of gambling and at areas where particular risks are perceived. Early priority should be given to developing a programme of work around high-stake high-prize gaming machines, with a view to building on the initial work undertaken by the Commission.

The RET report recommended that the Board gives consideration to the idea of one or more centres of excellence to bring together and build up expertise in responsible gambling studies. Whilst the Board has not had time to consider this proposal fully, the research panel has identified the need to build up research capacity and develop knowledge exchange among researchers and stakeholders, and will explore further the most appropriate and cost-effective ways to achieve this.

Education and prevention

There is a paucity of evidence on the effectiveness of education/prevention interventions. In determining the initial priorities, the expert panel has considered the evaluations carried out in relation to currently funded programmes such as Tacade, Gamble Aware and GamCare's pathfinder pilot in GP surgeries. It has also drawn on international evidence in considering the purpose and specification of a national helpline.

We would at this stage question the cost-effectiveness of a public awareness campaign aimed at the general public. However, using the information that will be gathered from independent evaluation of work in progress, we may well recommend some outreach work to target specific groups who are either identified as being at risk or those currently not seeking help (for example, young people and black and minority ethnic groups).

The Board has also given early consideration to the question of a national telephone helpline as recommended in the Commission's Report. The Board proposes to consult present providers of gambling and other helplines to develop the parameters of an appropriate specification and the most cost-effective approach to provision. We will then provide high-level strategic advice to RGF about the commissioning of a helpline service early next year.

The Board's initial conclusions are that the telephone helpline should operate in tandem with a website, providing information and advice about problem gambling, a referral service and, arguably, some initial interventions. The helpline should be independent and separate from any existing treatment services. The tender proposals should also include provision for independent monitoring and evaluation of the service.

The evaluation of Gamble Aware concluded that its impact is currently low but that it needs to be supported and developed. Subject to agreement with the industry, the Board's view is that there would be value in retaining the website as an information point about responsible gambling and to provide one means of access to the proposed helpline and other advice and support. However, it would require further investment and significant improvements to its content. It would then need to undergo further independent evaluation to assess its impact and cost-effectiveness.

Treatment

The identification and management of individuals with gambling problems is currently limited. It is known that only a small number of people with gambling problems present to treatment services or to other services (such as financial counselling and debt advice). The Board believes that a priority is to encourage development of the identification of gambling-related harms and delivery of brief interventions in the NHS. An essential first step would be pilot funding to support the training of primary care staff in the NHS.

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A pilot programme of that kind could later be rolled out to relevant voluntary sector organisations and to occupational health settings. This would aim to improve basic skills, such as being able to identify and assess an individual with gambling problems, to deliver brief interventions and to signpost staff through to appropriate specialist services for patients. The Board will ask RGF to look further at costings for such a training package for primary care practitioners, which might include both an e-learning element and face-to-face training. This proposal would need to be developed with the close involvement of both public health and primary care.

Training would need to tie in closely with the development of a tiered and integrated model of care with clear referral and care pathways³. While there is some cooperation between existing providers, a clearly defined model of this kind is still to be developed in Britain. To align with best practice in the health sector, any movement towards the development of a model of care (including the pathways) should include the adoption of a clinical governance framework. The (NHS) National Problem Gambling Clinic, as a pathfinder project, could be used as the model for developing and demonstrating a clinical governance approach to problem gambling services in Britain. The Board recommends the funding, over a three year period, of two further NHS pilots in other parts of the country and continued pilot funding for the National Problem Gambling Clinic. This approach would contribute to the development, testing and refinement of an integrated model of care with clear referral and care pathways. Funding would be tapered to encourage the further development of partnership with the NHS and of sustainable funding arrangements.

³ A tiered and integrated model of care involves a range of linked services provided in different health (primary, secondary and tertiary) and other (community, workplace etc) settings to meet the diverse needs of the population. The services provide different interventions and modalities of treatment depending on the nature, extent and intensity of the harms being experienced by an individual and/or concerned others. Referral pathways are the defined routes between the linked services to ensure the user receives the most appropriate care. Care pathways refer more broadly to the journey of service users from and back to health or independence through the health system.

1 Context and principles

1.1 Background

- 1.1.1 On 19 September 2007, the Government announced that the Department for Culture, Media and Sport (DCMS) had asked the Gambling Commission to carry out a review of the current voluntary arrangements for the industry's funding for gambling research, education/prevention and treatment. The Commission published their final report on 17 October 2008. The report set out a number of recommendations and priorities.
- 1.1.2 One of the recommendations of the Commission's final report was the creation of a new Strategy Board, covering England, Scotland and Wales, to develop a strategic framework and priorities for the distribution of funding for research, education/prevention and treatment.
- 1.1.3 The Responsible Gambling Strategy Board (RGSB) was established as an independent expert body in late 2008. It advises the Commission and, in turn, DCMS, on the research, education/prevention and treatment priorities required to support a national responsible gambling strategy, and the associated funding requirements. RGSB has set up three expert panels to support its work in these areas. Membership of the Board and panels is set out at Annex 1.
- 1.1.4 RGSB also provides a remit to the Responsible Gambling Fund (RGF). RGF is responsible for distributing funds to research, education/prevention and treatment projects, taking full account of RGSB's strategy and priorities.
- 1.1.5 The gambling industry's voluntary funding for RGF is carried out by a single purpose fundraising body, the GREaT Foundation (GREaT).

1.2 Terms of reference

- 1.2.1 RGSB provides advice to the Commission and, via the Commission, to the Government in relation to responsible gambling in England, Scotland and Wales. Its Mission is to advise the Commission on –
- The development of the research, education/prevention and treatment components in the national responsible gambling strategy.
 - The strategic priorities for research, education/prevention and treatment (RET), taking full account of the policy and regulatory framework and responding to any specific requests from the Commission.
 - The development of a robust, needs-based strategic framework to identify priorities for what should be funded and commissioned.
 - Annually, the quantum of funding required on a three-year rolling basis.
 - The most effective arrangements for commissioning services and distributing funding.
 - High-level outcomes and measures of success.
 - The most appropriate methodologies for monitoring, evaluating and reviewing those outcomes and measures.

1.3 Our understanding of responsible gambling

- 1.3.1 The Government, via the Commission, has an overarching duty to promote responsible gambling. With that framework in mind, there are two elements in the Board's conception of responsible gambling. The first concerns the responsibilities of operators; the second, those of players.

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- 1.3.2 The first of these takes as its starting point the social responsibility agenda that underpins the Commission's own work. This agenda flows from the licensing objectives in section 1 of the Gambling Act 2005⁴, in particular the third: 'to protect children and other vulnerable persons from being harmed or exploited by gambling'. This and the 'fair and open' licensing objective find expression in the Commission's Social Responsibility codes of practice, which are binding on operators. These conditions require first that operators offer their gambling products on terms that are open, fair and not exploitative, in particular of young and other vulnerable players. Secondly, they require operators to manage the gambling environment in an orderly manner, in which its employees and the players are aware of the expectations and obligations imposed by the Commission's Licence Conditions and Codes of Practice. The Board regards these requirements as central features of a socially responsible gambling operator. The first element of a responsible gambling strategy therefore concerns operators' responsibilities.
- 1.3.3 The second element concerns the player. Our starting point here is that the vast majority of gamblers experience no difficulties arising from their participation. They know how much they wish to spend, when and how to stop, and for the most part are well informed about the games' characteristics and aware of the dangers of exceeding the limits they have set themselves. In short, they are gambling responsibly.
- 1.3.4 Combining these two elements, responsible gambling occurs where operators provide socially responsible gambling products and players are able to control their play.
- 1.3.5 Irresponsible gambling likewise engages both operators and players. Operators are engaged in irresponsible practice when they market gambling products that fail to meet the licensing objectives, for example by offering disproportionate inducements to play. These are matters that principally fall within the regulatory controls set and enforced by the Commission. Players gamble irresponsibly when they fail or are unable to control their play. For some this lack of control has no serious or lasting effect on their financial or personal wellbeing but for a minority it does, and for them the term 'problem gambling' may well be appropriate.
- 1.3.6 The Board's task is to advise the Commission on research, education and treatment as components of a *national* responsible gambling strategy: the Board's concern is therefore with *all* players. Our strategy is to promote responsible gambling. Our concern is as much to ensure that players are not tempted to gamble irresponsibly, for example, by advocating education as to the dangers that gambling can present, as it is to encourage the effective treatment of those for whom gambling has become a problem. And underpinning these is the Board's development of a research programme that will provide the evidence base to ensure that effective education/prevention and treatment programmes can be delivered. Sections 2 to 4 below detail the Board's strategy for each of these three components, research, education and treatment.
- 1.3.7 It is useful to regard each of the three components of the Board's strategy as objectives in themselves that generate issues that are particular to them. But the key to the successful development and implementation of a national strategy is indeed to see them as facets of a single enterprise to which each component contributes.

1.4 Our mission and its implementation

- 1.4.1 The Board's Mission derives from the background to its establishment and its more specific terms of reference. We aim to support international, leading research about the

⁴ The Commission's licensing objectives are: to keep crime out of gambling, to ensure gambling is conducted fairly and openly, and to protect children and other vulnerable persons from being harmed or exploited by gambling.

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treatment for and prevention of gambling-related harm. By 'gambling-related harm' we mean the adverse financial, personal and social consequences to players, their families and wider social networks that can be caused by uncontrolled gambling.

In essence there are three aspects to our Mission –

- To advise on a national responsible gambling strategy.
- To develop a strategic framework and priorities for the distribution of funding for research, education/prevention and treatment.
- To advise on the funding needed to deliver them.

These three aspects will be developed in partnership with our stakeholders. They principally comprise researchers, policymakers, industry, service providers, regulators and local authority organisations, as well as problem gamblers, other gamblers and society more generally.

- 1.4.2 The Board is mindful of operators' commercial interests and will be alert to their willingness and capacity to meet their social responsibility obligations. To that end the Board will, when devising its advice, be conscious of the Hampton principles for good regulation and will aim to identify and promote best practice amongst those responsible for its implementation.
- 1.4.3 As noted above, the Board's task is to advise the Commission on the research, education/prevention and treatment components of a national responsible gambling strategy. We will take care to ensure that the particular concerns of England, Scotland and Wales are properly reflected in the development of that strategy.
- 1.4.4 The Board places considerable importance on the ongoing monitoring and evaluation of funded projects, so that outcomes and value for money can be properly assessed. Those who are awarded grants or contracts will be expected to conduct ongoing reviews of their projects as well as to make available their data for independent evaluation and benchmarking.
- 1.4.5 We now set out our strategic approach to each of the three components of the Board's strategy: research, education/prevention and treatment.

2 Our strategic approach: Research

2.1 Identifying research priorities

2.1.1 At a very broad level, the research strategy is concerned with providing the evidence base to ensure that effective education/prevention and treatment programmes can be delivered. This means that most of the research will be focused on the Commission's third licensing objective 'to protect children and other vulnerable persons from being harmed or exploited by gambling'. The reach of this objective is broad and, while the focus will largely be on problem gambling, its causes, impacts and how to minimise it, it is important to ensure that a broad definition of problem gambling is adopted. For example, a large body of the work on problem gambling focuses on those gamblers for whom gambling may be seen as an addiction and a long-term problem which requires intensive interventions. However, the research also needs to consider the shorter-term harms brought about by short-term bouts of intensive gambling, which may require a different preventative approach. In considering research priorities, the Board has therefore agreed to use a broader definition of 'gambling-related harm' in setting its priorities.

2.1.2 In setting out to identify research priorities, the Board first considered the range of existing work undertaken to date to identify research topics and gaps in our knowledge. An initial 'map and gap' exercise relating to existing research was undertaken by officials from the Commission and DCMS together with the Strategy Board secretariat, and presented to the Board in March 2009. This analysis included the development of broad research questions which support the Board's overall aims. These questions provide a framework against which the priorities for research can be drawn.

2.1.3 The four main questions to be addressed by the research programme are therefore:

- 1) What risk factors are associated with and cause gambling related harm? How can those who have experienced harm be identified?
- 2) What happens to people and those they interact with and to society as a whole as a result of gambling-related harm?
- 3) How can we prevent gambling-related harm and help people to avoid, reduce or eliminate harm from their gambling?
- 4) How can the evaluation of treatment and education/prevention activities undertaken in Britain and internationally inform funding decisions, regulatory formulation, policy implementation and best practice in Britain?

2.2 Purpose, strategic aims and principles

Purpose

2.2.1 Our purpose is to support high quality, internationally regarded research that provides an evidence base to guide the development of policy and the delivery of programmes to address treatment, education/prevention and public awareness of problem gambling.

Strategic aims

2.2.2 Four strategic aims are proposed to help achieve this.

- Develop a sound evidence base upon which policy makers, regulators, treatment and education providers and other relevant professionals can develop effective interventions and services.
- Build capacity for carrying out and making use of research relevant to the Board's other activities by supporting the development of skills and resources.

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- Develop ways of transferring knowledge among various groups of stakeholders, including researchers, service providers, industry and third sector organisations.
- Maximise and assess the impact of the Board's research and knowledge exchange activities.

Principles

2.2.3 The following principles underpin the research strategy:

- Researchers should be encouraged to address questions that are raised by policy makers, regulators and practitioners.
- Users should be engaged throughout the research process.
- Research findings should be communicated through a variety of media to suit multiple audiences.
- Practitioner groups should be supported to enhance their understanding of research processes and to interpret and apply research findings.
- Evaluation should be built into funded activities; those funded to carry out such activities should review them as well as allow access for independent evaluators to assess efficacy and impact.

2.3 Strategic aim 1: Increase and improve the evidence base for policy, regulation, treatment and public awareness and education/prevention, contributing to improved effectiveness of those services

Rationale

- 2.3.1 Activities carried out to help those with gambling problems and efforts to raise awareness of the harms of excessive gambling should be soundly based on the best available evidence.
- 2.3.2 Policy makers and regulators seek the best available evidence on which to base their decisions. The Board strives to support research and associated activities that provide this evidence.

Objectives

- 2.3.3 Involve stakeholders in all aspects of the research development, implementation, application and review processes (for example, determining research priorities).
- 2.3.4 Support interdisciplinary approaches to research (including, for example, social, psychological, economic and health-related), as well as international research.
- 2.3.5 Support research which helps demonstrate the impact of findings - for example, value added (if any) and contribution to well-being in families, communities and society.

2.4 Strategic aim 2: Build capacity for carrying out and making use of research relevant to the Board's other activities by supporting the development of skills and resources

Rationale

- 2.4.1 Organisations working with those with gambling problems face difficulties in participating in research projects due to capacity or resource issues. Some academics find it hard to

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engage with these organisations due to this lack of capacity and also the timescales required to set up partnerships.

- 2.4.2 There is a limited pool of researchers in Britain. It is, therefore, important to provide support (through, for example, studentships, mentoring, developmental workshops) to encourage new researchers from a range of disciplines to develop an academic interest in gambling studies.
- 2.4.3 There is a lack of research capability in many organisations - for example, in the areas of secondary analysis and local interpretation. Very few have any dedicated policy/research staff.
- 2.4.4 Given this, there is a need to build capacity for research both within the field and amongst those outside it who may carry out or contribute to research of relevance.
- 2.4.5 Capacity could also be enhanced through the establishment and maintenance of comprehensive datasets and through securing access to these, especially those involving longitudinal data.

Objectives

- 2.4.6 Support organisational participation in research through appropriate elements in funding programmes and exploring/promoting better methodologies for research into gambling issues.
- 2.4.7 Support more ongoing and closer working between organisations in the field, within academia across Britain and internationally, to build capacity for research participation.
- 2.4.8 Contribute to skills development in the field for conducting, commissioning and contributing to research as well as understanding and applying it.
- 2.4.9 Contribute to the development of quality standards for research.

2.5 Strategic aim 3: Develop systems for knowledge brokering and exchange among stakeholders and user groups with researchers to ensure that identifiable benefits from research are achieved

Rationale

- 2.5.1 There is some evidence that organisations have difficulties with finding research of relevance and, when identified, have difficulties making use of it. Difficulties experienced in finding and making use of research include:
 - Access to journals, libraries, electronic databases available to the academic sector are not always readily available to user groups.
 - Practice implications of research are not always drawn out, and conclusions/findings not always clearly set out.
 - Finding relevant research is made difficult by its multi-disciplinary nature – it can be hidden within one discipline even though it is relevant to several others.
- 2.5.2 An issue for the field is interpreting research. There is often a need for some sort of synthesis - that is, “what does this mean for us/our beneficiaries, how we work, or for our cause/policy influencing?” In addition, research may need interpreting differently in different geographic areas, cultural settings and nations within Britain.

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Table 1: Potential Audiences and the Purpose of Engagement

Audience	Purpose of engagement
Gambling treatment and education organisations/practitioners	<ul style="list-style-type: none"> • Identifying topics for research for intervention, awareness raising, social and economic benefit • Promote use of research as evidence base to inform and gain support for their work • Support development of capacity for carrying out/commissioning research
Responsible gambling infrastructure and networks	<ul style="list-style-type: none"> • Broaden reach, working with a range of stakeholder organisations as a route to minimising harm • Knowledge exchange with academics and among other stakeholders • Building capacity for research • Identifying relevant research topics • Promoting research/evidence based culture to support interventions
Policy makers and regulators	<ul style="list-style-type: none"> • Identifying topics for research • Encouraging an evidence based culture in their work • Support use of research as evidence base to inform their work with the third sector
Collaborative funders	<ul style="list-style-type: none"> • Identifying topics for research for social and economic benefit • Encouraging an evidence based culture in their work with the field • Support use of research as evidence base to inform the work of key stakeholders
Academics with an interest in gambling studies	<ul style="list-style-type: none"> • Support for research into gambling issues • Supporting academics in this field to learn from/ collaborate with each other • Knowledge exchange with stakeholders
Other academics	<ul style="list-style-type: none"> • Promote interdisciplinary links with, e.g. inclusion of gambling element in economic, social, health and medical researchers' programmes • Promote links with international academics

Objectives

- 2.5.3 Increase/improve access to existing research for a wide range of stakeholders.
- 2.5.4 Develop strategic partnerships within the field (for example, with a range of stakeholder organisations and funders) to act as 'intermediaries' to facilitate knowledge brokering and exchange.
- 2.5.5 Support the development of cross-sector networks and collaborative projects, bringing together sub-sectors.

2.6 Strategic aim 4: Assess and maximise the impact of the Board's research and knowledge exchange activities

Rationale

- 2.6.1 There is a need to assess the extent to which the Board's research and capacity-building aims are being achieved and the benefits being generated, and to maximise and demonstrate the added value of the engagement and impact strategy.

Objectives

- 2.6.2 Understand and assess the impact of the various activities planned as part of this overall strategy.

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2.6.3 Maximise the impact by considering where value can be added to current and planned activities.

2.6.4 Demonstrate leadership by communicating impact.

2.7 Immediate research priorities

2.7.1 Over the next 12 months a series of research activities, which we consider to be immediate priorities, will be carried out. These will be designed to consolidate existing knowledge and expertise, review existing practice and address areas of immediate concern. They will be undertaken with a view to establishing a better understanding of the issues facing policymakers, service providers and regulators, and providing an evidence based framework upon which to develop further the research agenda. These actions are to:

- Undertake a review of best practice in the field of prevention and awareness-raising of gambling-related harm. This will involve an initial scoping exercise with a view to developing a framework for evaluating existing and planned education/prevention activities.
- Undertake a review of best practice in the field of treatment delivery for problem gambling. This will involve an initial scoping exercise, with a view to developing a framework for evaluating existing and planned treatment activities.
- Assess the business case for a longitudinal study. This will include consideration of methodological and cost-benefit issues, as well as alternative approaches to addressing the research questions. Depending on the outcome of this assessment, initial development work on approach and content will be undertaken.
- Support research focused particularly on areas of gambling activity where there is a substantial perceived risk, including the development of a programme of work to investigate the potential risks of and harm prevention responses to high stake, high prize gaming machines, building on initial work undertaken by the Commission.
- Hold a national seminar to disseminate findings from the work done to date. This will be open to a wide range of our stakeholders and will be designed to assist the development of future priorities.

2.7.2 These activities will provide the basis upon which to develop recommendations for research for 2010-2011. The focus of these recommendations will continue to be on building the evidence base, developing capacity in the field and improving the dissemination of knowledge and expertise among a wide range of stakeholders. Each round of research activity will contribute to these objectives and, in doing so, will continually highlight areas of priority. The Board will review and identify priorities as part of a rolling plan that will operate on an annual cycle.

3 Our strategic approach: Education and prevention

3.1 Identifying education and prevention priorities

3.1.1 The priorities for education/prevention emerge from a broad conception of what prevention is and of the role of education in helping to prevent gambling-related harm. It aims to reduce the strength of risk factors that may predispose people to gambling-related harms and increase the factors that are likely to protect them from such harms. These factors can be individual or environmental. Protective factors include individual resilience, which may be developed by, for example, an increase in knowledge, skills, improvement in responsible gambling attitudes, and a sense of self-efficacy. It therefore makes sense to take a broad approach to prevention activities, while also addressing specific gambling-related issues, such as money management. Strengthening protective factors and resilience and reducing risk factors are two key strategies for prevention and form part of a wider public health approach. Drawing on the experience of education and prevention in other relevant areas, the limitations of information-giving are recognised. Therefore, this strategy acknowledges the need to:

- develop the *knowledge* of the 'informed consumer' of gambling products (such as an accurate understanding of the role of chance in gaming)
- address *gambling-related skills* (such as being able to manage a personal budget)
- provide opportunities for people to explore and clarify their *attitudes* to gambling.

3.1.2 A key requirement is for the public to be able to access impartial, accurate and up-to-date information about gambling, and for those experiencing (or at risk of) gambling-related harm to be able to find out easily and quickly how to access the help they need.

3.1.3 A range of prevention strategies is required for different target groups. For example, an intervention which might influence adults may have little effect on teenagers; there is no 'one-size-fits-all' solution to the challenges of prevention. Some activities and interventions with target groups may address gambling-related issues directly; others may tackle the prevention of gambling-related harm more tangentially (for example, a youth work project that provides diversionary activities for young people at risk). In order to reach the many different target audiences, education and prevention need to take place in a variety of settings. These will include gambling venues, community locations, schools and other educational establishments, and both traditional and electronic media. Prevention will therefore be addressed in partnership with many different organisations, and will seek to engage the gambling industry and its employees.

3.1.4 The activities that make up prevention overlap with treatment activities, and the Board will identify the opportunities for achieving treatment aims through some prevention activities (such as information giving) and achieving prevention aims through some treatment activities. The most obvious areas of overlap are early identification and early intervention.

3.1.5 The evidence base on the effectiveness of prevention and education is limited. This strategy aims to develop the evidence base through systematic data collection in all prevention programmes and robust monitoring and evaluation that takes an outcomes-based approach and includes criteria against which effectiveness can be measured. Evaluation will also take account of practitioner and service-user perspectives.

3.2 Purpose, strategic aims and principles

Purpose

- 3.2.1 To reduce population vulnerability to gambling-related harm through recommending and supporting evidence-informed measures that reduce the risk of problem gambling; enhance protection for vulnerable individuals and their families; provide readily-accessible sources of information, education, advice, help and guidance for all who need it; and encourage and enable those who wish to gamble to do so responsibly.

Strategic aims

- 3.2.2 Three strategic aims are proposed to assist us to achieve this purpose:
- Develop the evidence base for the effectiveness of education and prevention.
 - Increase the provision and the range of preventive activity, with particular reference to children, young people, and other vulnerable groups.
 - Raise awareness of gambling related issues among frontline staff, to ensure early identification of problem gambling and signposting to appropriate services.

Principles

- 3.2.3 Four principles underpin the approach:
- *Inclusion.* All relevant groups should be catered for through an inclusive approach. A range of measures will be needed to respond appropriately to the needs of different populations, activities or settings. These measures should include: information, education and advice, and environmental and regulatory changes.
 - *Evidence-based.* Education/prevention activities should be based on the best available research evidence, and take account of practitioner knowledge and experience; activities should be appropriate, proportionate, and evidence-informed; monitoring and ongoing evaluation of activities are an essential part of the work. Evidence from other relevant health and social issues and from other jurisdictions should inform responses.
 - *User and provider involvement.* Measures should be informed by learning from gamblers themselves, from the industry, and from those who work with problem gamblers and their families.
 - *Workforce development.* Professionals and others working on gambling issues or related areas need knowledge, skills and support in order to react appropriately to opportunities to raise awareness of gambling related harm. The gambling industry is a key strategic partner and it is important to engage and educate employees in the industry.

3.3 Strategic aim 1: Develop the evidence base for the effectiveness of education and prevention

Rationale

- 3.3.1 In general, we do not know enough about what is effective in education and prevention interventions. Developing the evidence base for gambling specifically will enable more effective prevention programmes to be commissioned. This can be done by obtaining information on effective prevention activities and initiatives taking place in other jurisdictions, as well as through monitoring and evaluation of commissioned prevention programmes and the testing out of promising approaches. The perspectives of gamblers themselves, their families and others around them are part of the evidence

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base, as is the knowledge and experience of prevention practitioners in gambling, and in other, related, areas of prevention.

Objectives

- 3.3.2 Recommend evaluations of current gambling education and prevention initiatives to establish their effectiveness, and use evaluation reports of prevention initiatives in other jurisdictions.
- 3.3.3 Examine approaches to prevention of other relevant behaviours (such as problematic alcohol or other drug use).
- 3.3.4 Identify preventive actions that support responsible gambling and reduce gambling-related harm through education, regulation, information and advice.
- 3.3.5 Assess the available evidence of any negative impacts on communities of density, clustering and types of gambling provision, and consider if further research is necessary.
- 3.3.6 Examine the impact of gambling advertising and the effectiveness of preventive activities linked to advertising, such as Gamble Aware.
- 3.3.7 Assess the existing evidence of the effectiveness of public awareness and social marketing campaigns, including from other jurisdictions.
- 3.3.8 Building on existing effective provision, or where new initiatives are supported by national or international evidence, make recommendations for additional education and harm prevention measures and interventions.

3.4 Strategic aim 2: Increase provision and range of preventive activity, with particular reference to the impact on children, young people, and other vulnerable groups

Rationale

- 3.4.1 Only a small proportion of those who might benefit from prevention are currently being reached. The possible range of settings for prevention and education are not being fully exploited. Increasing the range of provision has potential to reach more people, more effectively. Many possible prevention approaches have not been tried; there are at present too few, and insufficiently varied, preventive activities. To bring fresh ideas and approaches, there needs to be a broader-based approach and more organisations involved in problem gambling prevention and education. This strategic aim will involve the development, testing, implementation and evaluation of pilot initiatives that will contribute to a growing local evidence and knowledge base. Based on the findings of the evaluation, consideration will be given to further roll-out of these initiatives.
- 3.4.2 There is evidence that some groups in the population may be more vulnerable to gambling-related harm. This includes some BME groups as well as people with low incomes. Children and young people may be particularly susceptible, as their youth and limited life experience may make them more inclined to risk-taking behaviour and less able to manage the consequences of these decisions. The Gambling Act includes a specific responsibility of ensuring that children and young people are protected from gambling-related harm, and it is therefore important that there is a specific element in the education and prevention strategy that addresses these needs.

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Objectives

- 3.4.3 Contribute to the development of guidelines and practice, and propose optimal standards for staff training to promote responsible gambling and improve recognition of problem gambling. Assist with improving implementation.
- 3.4.4 Outreach to a range of organisations, including those in the NHS, the criminal justice field, local authorities and the voluntary sector, to encourage their interest in promoting responsible gambling and developing prevention initiatives (see treatment strategic aim 4).
- 3.4.5 Engage the industry in using its advertising and marketing to promote responsible gambling and to raise public awareness of gambling-related harm.
- 3.4.6 Assist the industry to devise workable and effective improvements to their responsible gambling initiatives
- 3.4.7 Work in partnership with the gambling industry and the Commission to establish whether self-exclusion is an effective harm minimisation measure and, if not, whether it could be made more effective.
- 3.4.8 Encourage the Department for Children, Schools and Families (DCSF) to consider the opportunities for introducing discussion of gambling and harm minimisation into the national curriculum.
- 3.4.9 Recommend innovative and evidence-informed educational interventions to improve children and young people's understanding of gambling and responsible gambling behaviour.

3.5 Strategic aim 3: Raise awareness of gambling related issues among frontline staff, to ensure early identification of gambling related problems and signposting to appropriate services

Rationale

- 3.5.1 In general, early intervention can be more effective and more cost-efficient than actions taken once adverse effects or gambling problems have developed. It can also reduce human suffering and limit the impact on the individual, his/her family and the wider community. Early interventions are typically offered to a wide range of people, with a low threshold for inclusion. For this reason, it is important that the intervention is relatively simple and low cost, and that it is robustly evaluated, not least to ensure that there is appropriate onward sign posting and referral.
- 3.5.2 A key priority is to build engagement across the NHS and local authorities, their commissioners and funded service providers, to develop their understanding of gambling-related harm. The purpose of this strategic engagement is to encourage the NHS and local authorities to understand better the impact of gambling-related harm on their communities and to support these agencies to further develop their existing services (statutory and non-statutory), to identify and refer people experiencing gambling related harm through to specialised secondary and tertiary services as necessary.
- 3.5.3 Additionally, it is important that there is ability to identify and where possible treat problematic gambling in other services where those harmed by gambling may present (for example, other addiction services, such as drug and alcohol misuse, financial advice services and occupational health settings).

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Objectives

- 3.5.4 Engage with frontline services and other health services (for example, mental health services) to raise awareness and develop knowledge of gambling-related harms.
- 3.5.5 Identify and encourage the involvement of relevant organisations and agencies that are in a position to identify signs of individuals or families affected by gambling problems (see treatment strategic aims 1 and 5).
- 3.5.6 In light of evaluation of the national training pilot, consider the case for further roll-out to other sectors such as social services, probation services, family agencies, residential units and the police (see treatment strategic aims 1 and 5).
- 3.5.7 Establish a model of care and clear referral and care pathways for services (see treatment strategic aim 4).

3.6 Immediate education and prevention priorities

- Develop and implement a training package for GPs and primary care practitioners to identify and screen for problem gambling, deliver brief interventions and signpost to appropriate treatment services.
- Improve primary care, social care and third sector capacity to identify and screen for problem gambling, provide appropriate brief interventions and, where appropriate, refer on to specialised treatment services (see treatment strategic aims 1, 3 and 4).
- Commission and evaluate a community-based health development pilot initiative aimed at addressing parents' and carers' needs in supporting prevention with their children.
- Commission and evaluate a prevention pilot aimed at students in higher education that addresses vulnerability, debt and risk.
- In partnership with the gambling industry, support the redevelopment of the Gamble Aware website as an information point about responsible gambling.
- Review and assess the ongoing work on prevention activities aimed at young people and, in the light of that, examine the possibility of further roll-out.
- Consider the case for funding additional pilot initiatives that focus on the prevention of gambling-related harm for other at risk or vulnerable groups.

4 Our strategic approach: Treatment

4.1 Identifying treatment priorities

- 4.1.1 A key priority is to build the local evidence base on the effectiveness and impact of interventions and existing treatment services by moving to the systematic collection of data to assist with measuring treatment outcomes and to ensure that all services are independently evaluated. Underpinning such an approach will be a clinical governance framework that will support the ongoing development of high quality, service-user focused treatment services in Britain.
- 4.1.2 To support a clinical governance framework, there is a clear need to work with providers and clinicians to develop and implement a tiered and integrated model of care with clear referral and care pathways. A defined model of care places the service user at the centre and seeks to maximise opportunities by ensuring that services are designed around the needs of those who use them and are integrated to support positive treatment outcomes for users. A tiered approach will maximise the strengths of existing services by providing opportunities to agree on the types of treatment interventions delivered along the care pathway, and the settings in which these should be delivered.
- 4.1.3 In common with many other jurisdictions, in Britain only a small number of people experiencing gambling-related harm present to treatment services seeking assistance for gambling problems. There is a clear need to work with health and other community-based organisations to improve the identification of gambling-related harms, to deliver brief interventions and to signpost on to appropriate services. We see the NHS as a key strategic partner and in particular the training of GPs in primary care as a key priority. To support an increase in the number of potential people being identified for gambling problems, we must also ensure that there is appropriate treatment service capacity to respond to this additional demand. Using the NHS National Problem Gambling Clinic as a model, we propose two further pilots, with NHS involvement, in other areas of the country. These two pilots would help develop and demonstrate a clinical governance approach to problem gambling in Britain and would also allow for the development, testing and refinement of an integrated model of care with clear referral and care pathways.
- 4.1.4 These priorities represent a change to the existing service delivery model. To support these changes, the priorities for treatment will also help build the capacity and skills of existing treatment providers to support their transition to a new structure for delivering treatment services.
- 4.1.5 In terms of the strategic approach adopted, the treatment component of the strategy uses the World Health Organisation definition of health as its starting point - 'Health is state of complete physical, mental and social well being and not just the absence of disease or infirmity.' It also adopts a public health approach aimed at minimising harms related to gambling. This approach has four strands –
- Prevention (see education/prevention strategic aims 1 and 2).
 - Early identification and signposting to services (see education/prevention strategic aim 3).
 - Effective clinical and non-clinical interventions.
 - An acknowledgement that problematic health behaviours exist in the physical, psychological and social contexts that may influence an individual's recovery.

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- 4.1.6 In practical terms, a public health approach focuses on promoting positive health and social outcomes and preventing poor outcomes across population groups, and in particular in groups experiencing increased vulnerability.
- 4.1.7 All funded services and interventions must be underpinned by a robust governance framework, with requirements for systematic data collection and independent evaluation.

4.2 Purpose, strategic aims and principles

Purpose

- 4.2.1 To provide a strategy for the provision of effective and evaluated interventions for individuals affected directly or indirectly by gambling-related harm and to consider the impact of gambling in the wider social context.

Strategic aims

- 4.2.2 This treatment strategy aims to describe the range of interventions designed to meet the diverse needs of individuals experiencing gambling-related harm. It includes five strategic aims:
- Services are designed to maximise uptake in the most at risk groups/populations.
 - Stakeholders will participate in decision making about treatment and activities designed to reduce morbidities, and will develop and sustain appropriate services and interventions.
 - A skilled workforce is developed to deliver effective interventions and services to minimise gambling related harm.
 - Interventions are accessible, responsive, targeted and effective.
 - An ongoing programme of monitoring and evaluation will help establish an evidence base for all types of treatment interventions.

Principles

- 4.2.3 *Service-user focus and involvement.* Interventions and services need to place the service-user at the centre. Users of services need to be involved and engaged to ensure that services are designed, developed and delivered around the needs, priorities and aspirations of those who use them. At the same time, services need to have clear objectives regarding desired outcomes from treatment and must demonstrate a capacity to work collaboratively.
- 4.2.4 *Choice.* A range of interventions and services needs to be made available to ensure there is diversity of provision that meets the differing needs of the populations experiencing gambling-related harm.
- 4.2.5 *Clinical quality.* All interventions and services should be informed and underpinned by the best available evidence, based on clinical governance and continuous quality improvement to maximise positive outcomes.
- 4.2.6 *Workforce.* Service providers have a supported/trained workforce with clear leadership.

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4.3 Strategic aim 1: Services are designed to maximise uptake in the most at risk groups/populations

Rationale

- 4.3.1 Recent British research has highlighted the relationship between problem gambling and other problematic behaviours. International studies have also drawn attention to the relationship between problem gambling and other mental health and addiction issues.
- 4.3.2 There is a need to improve our understanding of the impact of gambling-related harm across different population groups, and the systematic inequalities experienced by these groups. This will involve improving the equalities and diversities information collected by services and working with the research panel to identify and develop research opportunities to improve the knowledge and evidence base on health inequalities related to gambling, and the inter-relationship between problematic gambling and other harmful behaviours.
- 4.3.3 In addition to the impact for the individual of problem gambling, there may be further inequality issues for affected families, where the impact of problem gambling may be exacerbated by other social stresses and can reinforce the cycle of deprivation.
- 4.3.4 In Britain, the National Health Service (NHS) is the lead statutory agency charged with improving the health of local populations. Local authorities are also a strategic partner in delivering health improvement in local communities.
- 4.3.5 The NHS funds a range of primary, secondary and tertiary care services where people experiencing gambling-related harm are likely to present. For example, general practice, mental health and substance misuse services. Affected family members may also present with, for example, domestic abuse or safeguarding issues such as neglect. The NHS and local authorities also fund third sector agencies to deliver local health and social care improvement initiatives (for example, debt advice, financial counselling, etc) and these services can be an important source of referral into more specialist services.

Objectives

- 4.3.6. Improve the uptake of treatment services by at risk or vulnerable groups and those most in need of treatment and support for gambling-related harm. Interventions and services will not only focus on the individual but also provide support for concerned and affected others, such as families, partners etc.
- 4.3.7 Increase the capability of other agencies delivering health or social care services to screen for and identify gambling-related harms, deliver brief interventions and sign-post to appropriate treatment services. This will include the targeting of such approaches to settings and services where those experiencing gambling-related harm are most likely to present - for example, debt advice, financial counselling or health settings such as alcohol, drug and mental health services.
- 4.3.8 Support and engage other key health and social care partners such as the NHS and local authorities to recognise gambling-related harm, and its relationship to issues such as social exclusion, vulnerability and inequalities. This will also include an investment in the knowledge base to better understand the relationship with gambling-related harm and issues such as inequalities.

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4.4 Strategic aim 2: Stakeholders will participate in decision making about treatment and activities designed to reduce morbidities, and will develop and sustain appropriate services and interventions

Rationale

- 4.4.1 Continuous and meaningful engagement with service users, providers and clinicians to inform treatment strategy, drive quality, service design and resource utilisation is vital. Clinical leadership and involvement is a critical and integral part of the commissioning process. Clinicians understand clinical needs but need to work closely with local people to develop effective care pathways. Equally, service users and other community stakeholders are critical to ensuring that services are designed, developed and delivered around the needs, priorities and aspirations of those who use them. There is a need to proactively seek out the views and experiences of the service users, their carers and other stakeholders, especially those least able to act for themselves. The systematic collection of data in treatment services to measure treatment outcomes and contribute to the evidence base on the effectiveness and impact of interventions and services is a key area.

Objectives

- 4.4.2 Engage with and involve service users, providers and clinicians in the development and design of treatment services.
- 4.4.3 Improve the systematic data collection in treatment services to assist with measuring and monitoring the impact and effectiveness of treatment interventions and services (see treatment strategic aim 5).

4.5 Strategic aim 3: A skilled workforce is developed to deliver effective interventions and services to minimise gambling-related harm

Rationale

- 4.5.1 A skilled, motivated and competent workforce is an essential enabler for the ongoing development of quality services to minimise gambling-related harm. A priority is to develop opportunities to support the ongoing development of the existing gambling-related harm workforce. Collaboration and partnership among non-government organisations, government departments (for example, the Department of Health), the NHS and local authorities are integral to ensuring that health and social service practitioners who are in contact with people experiencing gambling-related harm are trained to respond appropriately.
- 4.5.2 Gambling-related harm is a new area of specialisation for many working in the health and wider population health sectors. For most, this will require some training in gambling related harm specific issues.
- 4.5.3 There is a broader need to develop the skills and capacity within the existing gambling-related harm workforce and the skills and competencies in primary care settings to respond appropriately to gambling-related harm (see education/prevention strategic aim 3).

Objectives

- 4.5.4 Better understand the needs of the gambling-related harm workforce and develop initiatives to support the ongoing continuous development of the workforce. This will be linked to the model of care and will involve undertaking a training needs analysis and the development of occupational standards and competencies.

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- 4.5.5 Improve the skills and capacity of primary care and frontline services to screen and identify gambling-related harms, deliver brief interventions and sign-post to appropriate treatment services (see education/prevention strategic aim 3).

4.6 Strategic aim 4: Interventions are accessible, responsive, targeted and effective

Rationale

- 4.6.1 For individuals, concerned others and family members experiencing gambling-related harm, a range of brief, early and intensive interventions and services is required. These services must be tiered and responsive to the needs of service users, and the level of gambling-related harm being experienced.
- 4.6.2 To ensure that the needs of service users are best met, a defined model of care needs to be established, including clear referral and care pathways linking a range of tiered and integrated services. Underpinning this approach is a requirement to develop a range of services and interventions to be provided in different health (primary, secondary and tertiary) and other (community, workplace) settings, to improve access to services and respond to the diverse needs of the population groups experiencing gambling-related harm.
- 4.6.3 The interventions to minimise gambling-related harm (and in particular problem gambling) are similar to those associated with other 'addictive' behaviours, such as drugs and alcohol use. They include screening and early intervention approaches, assessment, brief interventions for populations with mild to moderate problems and more specialist interventions for populations with moderate to severe problems.
- 4.6.4 There is also a need for a strategic approach to supporting individuals and families affected by problem gambling. This may involve agencies working on debt management, housing, domestic abuse or safeguarding.

Objectives

- 4.6.5 Establish a tiered and integrated model of care for gambling-related harm services, with clear referral and care pathways based on a clinical governance framework.
- 4.6.6 Expand the availability in Britain of integrated treatment services, focused on clinical governance, through three pilot initiatives.
- 4.6.7 Improve screening and identification of gambling-related harm, delivery of brief interventions and sign-posting to appropriate treatment services in primary care and community-based services – for example, financial counselling and debt management (see education/prevention strategic aim 3).

4.7 Strategic aim 5: An ongoing programme of monitoring and evaluation will help establish an evidence base for all types of treatment interventions

Rationale

- 4.7.1 Measuring and monitoring the impact and effectiveness of interventions and services is integral to improving practice and maximizing positive outcomes for individuals, concerned others and families experiencing gambling-related harm.
- 4.7.2 Because of the paucity of evidence on the efficacy and effectiveness of interventions, it is important to ensure that commissioned services routinely and systematically collect, collate and report on a range of data to inform continuous quality improvement within

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services, and to contribute to future policy and service planning. Independent evaluation of services will also contribute to a growing evidence base on the impact of gambling-related harm interventions and services.

- 4.7.3 Routine collection of service level data (including detailed demographic data) may also assist policy-makers and regulators to better understand the impact of gambling products on vulnerable and at risk groups who seek assistance from services.

Objectives

- 4.7.4 Ensure there are systems and processes in place for the systematic and routine collection of data in treatment services. This collection will adopt a clinical governance approach and include the development and implementation of a services quality improvement plan for gambling-related harm, including a national database to monitor and evaluate performance and treatment outcomes (see research strategic aim 1).

4.8 Immediate treatment priorities

- Commission an independent national telephone helpline with web support to provide information and advice about problem gambling. The helpline should provide signposting and referral to a range of appropriate treatment services and may include some initial interventions (see treatment strategic aims 1 and 4).
- Scope, develop and specify a common assessment framework for independent evaluation of both existing and planned treatment services and prevention activities.
- As part of these specifications, develop and implement a services quality improvement plan for gambling-related harm, including a national database to monitor and evaluate performance and treatment outcomes, to include:
 - A framework setting out clear, measurable outcomes for service delivery.
 - Requirements for routinely collected data (internal and external) for measuring and monitoring service access, patterns of access, inequalities, equality and diversity, service user experience and clinical outcomes.
 - Monitoring and reporting timeframes and processes (internal and external).
 - Clinical governance procedures, including professional development, case-management and review, and clinical audit.
 - Routine independent evaluation of all gambling related-harm services.
- Develop 3 pilots in partnership with the NHS, taking into account the current treatment provider landscape, to test and demonstrate a clinical governance framework and a tiered and integrated approach to problem gambling services.
- Undertake a training needs analysis which would support the development of a national framework for occupational competencies and standards for the workforce. This should be linked to a clearly defined model of care with referral and care pathways (see strategic aim five).
- Establish a provider and a user forum to contribute to and inform the future work of the treatment panel.

5 Next steps – funding and delivery

5.1 Funding quantum

- 5.1.1 The Board's view is that, in our current state of knowledge and pending a more coherent system of evaluation, the allocation of funding recommended in the RET report seems to be broadly in the right area. We should, therefore, at least maintain those amounts for the period 2009/10 to 2012/13 (£5m/£6m/£7m)⁵, and the amount for 2013/14 must be at least as much as that in 2012/13. It is too early to say anything more until we have the data on trends and outcomes which will enable us to be sure what needs to be commissioned. We will review this again in autumn 2010. Our initial view is that the split between research, education/prevention and treatment set out in the RET report is also broadly right for the moment. Again, we will need to review this in 2010 in the light of evaluative evidence.
- 5.1.2 The amount recommended for the running costs for RGF and RGSB in the RET report (10% of annual income) is perhaps on the high side, although allowance does need to be made for the costs of start-up. We believe that the target to be achieved by 2011/12 should be 6 -7%, given that there are likely to be economies of scale as the income and expenditure levels build up.
- 5.1.3 The Board will discuss with GREaT and RGF later in October the overall levels of funding required from 2010/11 onwards. The proposals will then be discussed with the Commission and DCMS.

5.2 Transition

- 5.2.1 The development of the Board's initial strategy has been undertaken since January against a backdrop of continuous discussion with the industry about their funding commitment and improved voluntary arrangements for research, education/prevention and treatment, together with associated delays in setting up the Responsible Gambling Fund (RGF). Agreement between the industry, the Department for Culture, Media and Sport (DCMS) and the Commission was finally secured in June 2009. RGF's agreement to implement the shared executive arrangements with RGSB, previously endorsed by all parties in autumn 2008, was eventually achieved in August 2009. These delays will inevitably have some impact on how quickly RGF can move to implement fully the Board's recommended priorities.
- 5.2.2 RGF has agreed to review this autumn the allocation of funding for existing service providers in 2009/10, within the resources it has available. The Board's advice to RGF is that, if the new arrangements for delivering treatment services are still in the process of development, funding for existing treatment providers should continue for 2010/11 at least at the same level as this year. Urgent steps should be taken towards commissioning the new treatment arrangements to take effect from 2011/12 at the latest.

5.3 Distribution process

- 5.3.1 It is essential that the relationship between RGF and funding recipients is managed in a professional manner, whether funding flows via grants or contracts. The new arrangements will need to include proper specification, grant application or tendering processes, appropriate terms and conditions, monitoring of expenditure and outputs and independent evaluation. Partnership and dialogue between funder and funded will be

⁵ The amounts in the Commission's RET Report were based on broad brush estimates of the minimum overall amounts required and the rate at which it seemed feasible to increase expenditure on the programmes envisaged.

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necessary and desirable, but with a clear recognition by all parties that the responsibilities for setting priorities and specifying programmes lie, respectively, with RGSB and RGF.

5.4 Stakeholder engagement

5.4.1 The Gambling Commission will respond to this report towards the end of October. The Board will pass a strategic remit to RGF in early November.

5.4.2 The Board will –

- In November, hold an informal dialogue with key stakeholders about the initial priorities, including the proposals for a telephone helpline and website.
- Between December and April 2010, facilitate a number of events in various locations across the country (for example, forums for providers, clinicians and users) to communicate and discuss the initial priorities and to enable stakeholders to feed into the development of a fuller strategy by next summer.
- With RGF host seminars as appropriate for a range of stakeholders, including users, to disseminate findings and good practice from work carried out to date and to inform future priorities and planning.

Annex 1: RGSB Board members and RGSB/RGF Expert Panel members

RGSB Board Members

Name	Organisation
Paul Bellringer	Consultant
Chris Bell	Ladbrokes
Dr Henrietta Bowden-Jones	CNWL NHS Foundation Trust
Neil Goulden	Gala Coral
Dr David Guy*	ESRC
Richard Ives	Educari
Alan Jamieson	Executive Consultant
Professor David Miers	Cardiff University
Baroness Neuberger DBE	Chair: RGSB and RGF
Professor Gerda Reith	University of Glasgow
Eleanor Roaf	NHS Manchester

*(resigned September 2009)

RGSB/RGF Expert Panel members

Panel	Members and Observers
Research	<p>Chair: Professor Gerda Reith (RGSB Board member)</p> <p>Members: Simon Anderson (ScotCen) Professor Robert Rogers (Oxford University) Professor Patrick Sturgis (Southampton University) Dr David Guy (RGSB Board member)</p> <p>Observers: Gambling Commission National Lottery Commission DCMS</p>
Prevention	<p>Chair: Richard Ives (RGSB Board member)</p> <p>Members: Dr Henrietta Bowden-Jones (RGSB Board member) Neil Goulden (RGSB Board member) Paul Bellringer (RGSB Board member) Eleanor Roaf (RGSB Board member)</p>
Treatment	<p>Chair: Alan Jamieson (RGSB Board member)</p> <p>Members: Dr Alex Baldacchino (University of Dundee) Eleanor Roaf (RGSB Board member) Barry Tolchard (Essex University) Dr Hadyn Williams (Birmingham City Council)</p>

Annex 2: Draft outline specification for a national telephone and web helpline

1. The Board recommends that there should be a national telephone helpline with web access specifically related to responsible and problem gambling.
2. To achieve this, RGF will be asked to commission the development and management of a telephone helpline with web support.
3. The Board will hold a seminar in November 2009 with present providers of gambling helplines and websites and other providers of telephone helplines and websites to discuss how best to develop the specification and the most cost-effective way of providing the services required.
4. As a starting point, the Board recommends the following requirements for the provision of a telephone and web helpline:
 - Intellectual property (for example, the telephone number and the website IP) for the service to be owned by RGF.
 - The service must have 'independent' national branding and be separate from existing clinical treatment services (for example, counselling).
 - The help point should 'cross-refer' with the Gamble Aware website and take account of its approach and ethos.
5. Our current thinking is that the tender proposals for the telephone and web helpline should include the following key requirements:
 - Provide a 'freephone' telephone service for at least 16 hours a day, 7 days a week.
 - Provide information, advice and the capacity for initial interventions about gambling and gambling-related problems
 - Describe methods for assessing and dealing with 'lost calls'.
 - Take full account of existing helpline provision and explain whether, and, if so, how, this might be incorporated or built on.
 - Signpost and refer to a range of sources of help and related services as appropriate and in a fair and transparent way.
 - Describe how relations with related services will be developed and maintained.
 - Provide information, advice and helping services on-line, such as email exchange and discussion fora.
 - Describe how the service will address issues of confidentiality.
 - Show how the service will provide appropriate services for disadvantaged and vulnerable groups.
 - Include appropriate promotional strategies to increase reach and impact.
 - Demonstrate how staff will be appropriately trained and have the necessary skill-set, with a specified minimum knowledge base and access to ongoing professional development.
 - Describe proposed recruitment procedures.
 - Maintain the website effectively and ensure it is up to date.
 - Demonstrate how the Service will be independently monitored and evaluated.
 - Show how monitoring and evaluation data will be used as part of quality management and service improvement.
 - Share that data with RGF and, where appropriate for policy purposes, with RGSB.
6. The Board would like to see proposals that include costed suggestions for further enhancements of the service, including the following, and other features thought to be desirable by those who tender to provide the service:
 - extending the service to 24/7
 - provision of ring-back services
 - possible developments to the level and nature of initial counselling interventions

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- the degree of website interactivity
 - additional website features, such as net counselling.
7. The Board recommends that the Gamble Aware website be retained and be separate from the telephone and web helpline, albeit with clear links to these services.
 8. The Gamble Aware website will be redesigned and improved to provide information about responsible gambling and to enable visitors to access tools to support responsible gambling. It will also provide easy contact to a range of other information sources and sources of help and advice; a prominent 'one click' link will give access to the proposed Helpline website; the Helpline number will be prominently displayed on the Gamble Aware website. This piece of work will be subject to a separate tender; successful bidders for the helpline contract will not be excluded from bidding for this.



Chair
Baroness Neuberger DBE

Interim Secretariat
Stephen Dunmore
Amanda Fox
Jane Glastonbury