

GamCare’s Full Consultation Response to “Consultation on the structure, distribution and governance of the statutory levy on gambling operators”

About GamCare:

GamCare is an independent charity and the leading provider of information, advice, and support for anyone affected by gambling harms. We operate the National Gambling Helpline, provide structured support for anyone harmed by gambling, and create awareness about safer gambling and treatments. For 26 years, our confidential, non-judgemental services, have supported more than half a million people to get their lives back on track.

We hold data locally and nationally through our National Gambling Helpline. We also work closely with those who have lived experience in shaping and delivering our services and programmes, ensuring that all our work is coproduced with our lived experience community at its heart.

1a. Do you agree with the proposal for how the levy should be charged?

Yes.

1b. Please explain your answer. (Free text box)

GamCare welcomes the levy to increase and secure long-term funding for vital health and care provision and build further trust in the system.

Currently the third sector provides around 90% of treatment for those suffering from gambling harms. GamCare alone provided structured treatment sessions or EBIs (extended brief interventions) for 9,009 people last year with 38,456 treatment sessions undertaken in total in the past year and this wealth of expertise and vast lived experience that anchors third sector services needs to be centred in the new Statutory system too.

For over 25 years, GamCare has been the leading provider of information, advice and support for anyone affected by gambling harms. We have proven efficacy, capacity and expertise to support those experiencing gambling harms, offering wider wrap-around care, early intervention and evidence-based intervention. Our work is led by those with lived experience, including our Lived Experience Community, who help integrate real experiences and insights to shape our services.

We also operate the National Gambling Helpline, open 24/7 all year round. In 2022/23, we received 44,049 chats or calls. We receive direct calls from individuals affected by gambling harms, as well as transfers from operators. Since 1997, our confidential, non-judgemental services, have supported more than half a million people to help get their lives back on track.

We are also the system coordinator of the National Gambling Support Network, a network of 11 providers working together to provide free and confidential support for anyone affected by gambling. The network provides free and confidential treatment, early intervention, and prevention services for anyone experiencing gambling-related harms.

The proposed statutory levy represents a generational shift in the way that funding is distributed within the research, treatment and prevention sectors of gambling harm in the UK. Most of our funding will be diverted to the levy, resulting in an existential threat to GamCare and the critical work it does for those experiencing gambling harms. It also risks our historic expertise and experience being lost, if we are not assigned a proportion of levy funding.

1c. Do you agree with the proposed total that the government estimates the levy needs to raise?

No.

1d. Please explain your answer (Free text box)

The government's own gambling related harms evidence review found that "the annual excess direct financial cost to government associated with harmful gambling is equivalent to £412.9 million."

Whilst it may not be reasonable or practicable to attempt to cover the cost of gambling harms exclusively through a statutory levy on operators, the proposed estimate of £90-£100m falls far short of £413m.

The decision to collect an anticipated £90-100 million does represent a significant expansion of funding within the sector. However, it is widely understood that only a limited proportion of "problem gamblers" currently seek treatment, and therefore the amount of funding assigned may not be sufficient as more people come forward for help.

GamCare's own analysis found currently only around 3% of those experiencing gambling harms seek treatment (compared to 18% of those addicted to alcohol). The analysis also suggested that over 5 years, using a place based, integrated model for gambling treatment, this could be expanded to 15% of "problem gamblers". This type of step forward in reaching communities harmed would require a significant uplift in funding in the initial phases, and then to meet this significantly larger cohort's specific treatment needs. GamCare's initial costings suggested this could rise from £12.1 million in year 1 to £35 million in year 5. Therefore, whilst the £90-100 million collected by the levy is a vital and needed increase, there will likely remain significant unmet demand for support.

1e. Do you agree with the proposed de minimis threshold for the levy?

I Don't Know.

1f. Please explain your answer (Free text box)

N/A

1g. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

N/A

2a. Should the government pursue option 1 or 2 in setting the timing of payment of the levy? (Option 1/Option 2/I Don't know)

I Don't Know.

2b. Please explain your answer. (Free text box)

As a leading representative of the third sector, with over 25 years of experience, operator of the National Gambling Helpline, and in our role as the system coordinator of the National Gambling Support Network, when deciding between the two options presented in the consultation the core priority should be funding certainty and stability.

Previous instability around both the timing and total funding within the gambling harms sector has created challenges for GamCare, along with many other smaller third sector providers, in providing its vital services and support. This must be avoided during the transition towards the statutory levy system, lest vital expertise migrate away from the sector in search of greater security elsewhere.

These are our core priorities, and any selected solution must protect them.

2c. Do you agree that the levy with the proposal that licensees should make levy payments in advance (i.e. based on projected GGY)?

Yes.

2d. Please explain your answer. (Free text box)

The calculation of projected Gross Gambling Yield (GGY) has a well-established history, both for operators and for the Gambling Commission, due to its role in calculating the annual fee band that licensees fall within. The figure can therefore be relied upon and does not require significant new calculations for either body.

By basing the levy on projected GGY, commissioners and providers would have a more advanced knowledge of the size of the levy, and this could allow for much more efficient future planning within the system of providers. This would ensure that stability of service provision is maintained to meet the need of those experiencing gambling harms as well as any growth in demand we would expect to see.

2e. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

N/A

3a. Do you agree with the proposal that levy funding should be allocated across the categories of research, prevention and treatment? (Yes/No/I don't know)

Yes.

3b. Please explain your answer. (Free text box)

We recognise that the government identifying these strands demonstrates their ambition to make gambling harms a public health issue. This is welcome.

However, understanding the overlap and interdependencies between these three strands is crucial.

Establishing expert grant makers and commissioners in the respective fields will increase the efficiency and relevance of funding and grants within the sector. 89% of GamCare's Lived Experience Community supported this split when surveyed, and the move to widen prevention as a category is a welcome step in establishing gambling harms as a public health issue.

The decision to expand education into prevention represents a welcome acknowledgment of the ways in which preventative action can be taken throughout one's life. It also acknowledges that not all children will experience education programmes through school, and that a broader approach to prevention is needed. However, prevention programmes will need to be carefully defined and designed.

The consultation also initially refers to prevention as prevention and support, however support is not mentioned again. Within the new system, it will need to tightly define which services can be commissioned by the prevention strand and whether, for example, this includes affected others or important services such as aftercare and relapse prevention that help to ensure an individual's recovery.

It is clear there is significant overlap between treatment and prevention. Therefore, the sector rapidly requires definitions about what is covered in prevention to ensure clarity, and that all elements of treatment and prevention services have a place within the levy system.

There is a need for an overarching national strategy for gambling that can lead the way in research, prevention, and treatment, drawing on the joined-up nature of these strands and setting a clear direction to reduce gambling harms in the future.

3c. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

N/A

3d. Is there any evidence the government should consider as to how a fair allocation of levy funding might be implemented across all three nations of Great Britain, whether by reference to the Barnett formula or some other mechanism? (Free text box)

Many areas where funding to reduce gambling harms is urgently needed, including within the criminal justice system, are not the responsibility of Parliament but rather are devolved to Wales and Scotland. Therefore, any commissioning system needs to acknowledge the varied laws and systems of management across Great Britain. Any possible differences in approach across Great Britain need to be identified and should be factored in to commissioning decisions, to prevent inequality within

the Levy system. High quality regional data will also be needed to help support decision-making to ensure that Levy funding is being allocated and used efficiently.

Our previous experience and expertise in our role as system coordinator of the National Gambling Support Network means we are able to advise and assist with achieving a fair allocation.

4a. Do you agree with the proposed objectives?

Yes.

4b. Please explain your answer. (Free text box)

The objectives proposed by the government are sensible guiding principles for the statutory levy system. At GamCare we have over 25 years' experience supporting people with gambling harms, this depth of experience and delivery of treatment provides us with expert insight and understanding of the gambling landscape and the impact on third sector treatment provision. The system has not previously had trusted long-term funding certainty. The statutory levy has the potential for a seismic change to support the growth, development and deliverability of research, prevention, and treatment.

Increasing access to support and treatment is key, as is integrating with other parts of the health and care system. The efficiencies and impact that could be made by integrating gambling services and other health and care support could help establish pathways to support and treatment and ensure no individual falls through the cracks in current service provision. Expanding preventative measures across Great Britain will have a similar impact.

Establishing an explicit research strand of the statutory levy is key in assessing current gambling behaviour in Great Britain, as well as evaluating current preventative interventions within the sector, and different forms of treatment, whilst holding any such research up to the highest standards of probity.

Finally, supporting the Gambling Commissions capacity will maintain the integrity of the system. However, there is little detail in the White Paper about how the statutory levy will help to support and expand their capacity to mirror the size of industry's presence in Great Britain. Greater understanding of this would be welcome.

4c. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

N/A

5a. Do you agree with the proposal that 10-20% of funding raised by the levy should be allocated for sustained, high-quality, independent research?

Yes.

5b. Please explain your answer. (Free text box)

We are supportive of the funding and commissioning system for research, as well as the proportion of funding to be directed into it. UKRI is a well-established well-respected commissioner of research across other sectors and their proposed role as research commissioner is appropriate.

Please also see answer at Question 1d.

5c. Do you agree with the proposal for levy funding to establish a bespoke Research Programme on Gambling led by UKRI?

Yes.

5d. Please explain your answer. (Free text box)

We support the proposal for levy funding to establish a bespoke Research Programme on Gambling led by UKRI. However, we stress this should be embedded in a wider National Strategy to reduce gambling harms, [to reflect the interdependencies between strands examined in more detail in our response to 3b.](#)

As the consultation states, “between 2005 and 2021, just 112 studies with a focus that included gambling were funded by UK Research Councils or the National Institute for Health Research (NIHR) compared with 691 for alcohol.” This represents a substantial disparity in knowledge and understanding of gambling harms and the need for a bespoke Research Programme on Gambling. Without a comprehensive research programme that is joined up with the other areas (prevention and support) the gambling harms sector has occasionally struggled to agree on the most effective forms of treatment and prevention. In addition, small pilot projects with short term funding have only a limited efficacy and are often duplications of previous efforts due to poor information sharing. It is our belief that a clear research agenda as part of a national strategy would help to reduce these historical issues and inefficiencies

There is also a gap in progress in the National Strategy to reduce gambling harms in developing a cross-regulatory research to improve customer safety. We know that harms associated with online gambling are increasing. For example, in 2023, 7318 of the calls received to the helpline cited online gambling (where disclosed) whereas 4225 calls cited offline gambling. Ring-fenced specific funding will improve customer safety and prevent gambling related harms. The Levy Board need to make clear that research across disciplines must be possible, including research on online safety.

The Safer Gambling Advisory Board’s Progress Report into the National Strategy to reduce gambling harms highlights that industry is not applying findings from independent research rapidly or uniformly. It is key that the UKRI and government ensure that research funded by the Levy is implemented by Industry. (<https://www.gamblingcommission.gov.uk/report/absg-progress-report-on-the-national-strategy-to-reduce-gambling-harms-year-3>) that industry is not applying findings from independent research rapidly or uniformly. It is key that the UKRI and government ensure that research funded by the Levy is implemented by Industry.

We welcome UKRI’s commitment to improve public involvement in health and social care, and would like to emphasise the pivotal importance of lived experience across research for gambling harm. UKRI should establish and fund a specific lived experience forum for the research programme, in addition to guidance from the Advisory Group.

<https://www.ukri.org/news/shared-commitment-to-improve-public-involvement-in-research/>

The consultation and future Levy Board should also set out established ways of working with the Gambling Commission to ensure joined up, evidence-based research, and to prevent duplication of research.

5e. Is there any additional evidence in this area the government should consider? (Free text box)

N/A

6a. Do you agree that 15-30% of funding raised by the levy should be allocated for the described prevention activity?

Yes

6b. Please explain your answer. (Free text box)

Please also see answer at Question 1d.

Prevention is rightfully a key priority in the distribution of levy funding, and the suggested funding split is correct. Appropriate and effective prevention in the long term will reduce the costs associated with treatment and the wider health and social impacts of harmful gambling by reducing gambling related harm earlier on. The third sector has significant experience providing evidence based and effective prevention and support activities, and this expertise must be preserved under the new system. GamCare therefore welcomes the increase in funding to the sector. When surveyed, 68% of our Lived Experience Community also supported this allocation, with the majority who disagreed arguing for a higher allocation towards prevention.

The White Paper rightly acknowledges the central role of the third sector, "Government is clear on the crucial role and expertise of the third sector which currently delivers 90% of support and treatment activity (largely through GambleAware's National Gambling Support Network and Regulatory Settlement payments from the Gambling Commission) and is currently the only route for gambling-specific treatment in Scotland and Wales."

However, as the levy expands provision, there needs to be a system-wide approach to prevention that clearly articulates priorities and processes. To achieve this the uncertainty around which body with the requisite on-the-ground experience and expertise will be commissioning the prevention strand of the levy needs to be urgently resolved, to allow for future planning. This will also allow for a comprehensive process of evaluation and evidence gathering to be decided before the initial round of commissioning too.

This certainty is also necessary to ensure that what is considered to be preventative work has been carefully defined by the new commissioner, by the time the initial round of commissioning takes place. The consultation initially refers to 'prevention and support', but support is not mentioned again after this. This means there is no clarity on whether service provision like aftercare and support to prevent relapse will fall under preventative or treatment activities. This risks creating a gap in service provision, and inadvertently increasing gambling harms.

The significant increase in funding for prevention is welcome, however clarity and processes are needed to ensure that the breadth of services included in prevention are all funded. This furthers the case for a national strategy to provide an all-encompassing view across prevention and wider wrap around services.

6c. How should the commissioning system for prevention be organised under the statutory levy? (Free text box)

The commissioning body must have direct experience of commissioning health prevention programmes and systems, managing large funding flows, and the infrastructure to make responsive and reactive commissioning decisions in a rapidly changing industry.

There is an existing and effective framework for commissioning prevention programmes within the gambling harms sector, and this expertise and experience should not be lost.

Lived experience needs to be further embedded into the system for commissioning preventative activities, at a more granular level than the Advisory Group. This could include a Lived Experience forum or community created by the prevention commissioner responsible for guiding and advising on prevention work.

One could argue that a new strategy for reducing gambling related harm across prevention, support and treatment could be delivered by the government Office for Health Improvement and Disparities (and Scotland and Wales equivalent), akin to the Government Drug Strategy 'From Harm to Hope'. Thereby co-ordinating and monitoring the prevention, support and treatment elements.

Alternatively, government could look to Local Authority public health teams to potentially commission both prevention and treatment. These teams already work with NHS, the third sector and social care and have other local services such as welfare support, debt management and domestic violence. Local Authorities have expertise due to their responsibility for public health matters such as tobacco, drug, and alcohol services.

6d. What are the priority projects, services and outcomes the government should consider in the prevention of gambling-related harm? (Free text box)

Across the third sector, there is a significant amount of prevention work delivered. It is vital that existing and established prevention activities are continued.

We also emphasise the importance of ensuring this prevention work continues as the statutory levy is implemented, and we are concerned to see funding for these programmes beginning to decline in anticipation of levy payments (for example, at the time of writing, GamCare's national Youth Programme, with 8 year provenance, now in 9 regions and having reached 100,000 young people, is still looking for secure funding beyond Q2 2024)

At GamCare, we delivered a range of prevention programmes across Universal measures, Selective measures and Indicated measures. We see these programmes as absolute priorities for prevention, with their effectiveness supported by evidence. These include:

Women's programme

GamCare's Women's Programme is a selective measure of prevention, specifically aimed at preventing and supporting women who are at risk or are experiencing gambling related harms.

The programme, now in its fourth successful year, trains professional to recognise the signs of gambling harm in women. In 2022/23 the programme delivered 472 training sessions across England, Scotland and Wales, training 6,139 professionals and 1,138 organisations represented.

Our programme has worked cross-sector to develop a cross-team group to embed understanding of how gambling harms and domestic abuse intersect, following the Domestic Homicide Review panel. We have partnered with The Big Issue to train frontline teams to recognise gambling in homeless people, supported research as King's College London (funded by NICE) into approaches for health and social care professional identifying gambling harms, sitting on the steering committee and training participated local authorities.

We have established the 'Way Forward', a women-only support space for those affected by another person's gambling informed by lived experience.

Criminal Justice Programme

The GamCare Criminal Justice and Gambling Harm Programme raises awareness of gambling harms within the criminal justice system and work with the sector to develop new ways to identify and support people.

In 2022/23 the programme hosted 86 training events across England and Wales on gambling harms and the criminal justice system, train 1,291 professionals and engaged with 347 participants across criminal justice professionals, academics, gambling support agencies, and people with lived experience as part of our workshops.

We have piloted a programme in partnership with police and probation services which illustrated the need for system change across the sector, to include screening for gambling-related harms. With the support of HM Prison and Probation Service (HMPPS), we commissioned research throughout prisons in England and Wales to provide vital evidence to inform the development and implementation of the HMPPS Gambling Operational Framework.

GAP

GamCare's Gambling Awareness and Prevention Programme engages professional to increase awareness of gambling harms across Great Britain, acting as a selective measure of prevention. Our target sectors include debt advice, housing and homelessness, faith and cultural leaders, pharmacies, social care, primary care, and occupational health.

Over the next three years, GAP will enhance the capability of these workforces to identify gambling harms in the communities. They will learn how to undertake early intervention and prevention and refer their clients for further support and treatment.

This programme works across the third sector, partnering with our collaborators: Aquarius, NECA and Breakeven.

Youth Programme

GamCare's Youth Programme (awarded 'Advanced' level by the National Youth Agency), delivers awareness and prevention work specifically for young people. Launched in April 2020, we run it in partnership with regional providers Aquarius, Ara, Beacon and NECA to train teachers, youth workers and other professionals to help young people make informed choices about gambling. This year, our programme achieved the significant milestone when the 100,000th young person attended a training session.

Our survey results show a strong improvement in young people's understanding of gambling harms following our workshops. 'Understanding how gambling can harm themselves or their peers' increased from 87% before training to 96% after training and 'knowing how to make safer choices of what to gamble' increased from 82% to 93%.

We also deliver targeted prevention work for young people through our freshers' events across England, Wales and Northern Ireland. Last year we delivered 50 freshers events, reaching 20,000 students with 36,000 visits to BigDeal.co.uk.

All of our youth programme, and our wider work, is informed by GamCare's Youth Advisory Board as a commitment to engage with those who often feel unheard and have the most insight into how gambling is likely to impact young people.

Safer Gambling

GamCare's UKAS accredited Safer Gambling Programme works with industry to build safer gambling environments through training, certification and advisory services. This accredited key preventative measure is informed by our lived experience community.

Last year, 2856 staff received safer gambling training across 33 gambling and financial services business. The Safer Gambling programme is a vital piece of indicated measures prevention, specifically aimed at supporting those who are already at-risk of gambling harms, and working to prevent gambling related harms from taking place. Our safer gambling panel consists of experts with backgrounds across multiple disciplines including safer gambling, academia, consultancy as well as people with lived experience of gambling harms. We continually monitor and improve the safer gambling standard through our governance committee and lived experience input.

Our National Gambling Helpline transfers allow operators and associated sectors to transfer at-risk customers directly into our Helpline for support, with 691 Helpline Transfer Calls from people looking for support last year, leading to more than 980 calls with advisers during their support journey.

Gambling Related Financial Harm

GamCare is an expert in the intersection between gambling and financial harms and plays a key role in prevention in this space. The programme has strong partnerships with stakeholder across financial services and debt advice organisations as a universal measure of prevention.

For example, we have worked closely with Monzo who implemented 87% of our recommendations for how banks can support customers at risk of gambling harm, including taking longer to cool down when cancelling bank blocks, writing a note for your future self about why you set the reminder, and putting customers in touch with gambling support.

All of our services are informed by our Lived Experience Community.

6e. What evidence is there, including from other health areas, that prevention is effective at reducing gambling harms? (Free text box)

N/A

6f. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

N/A

7a. Do you agree with this proposal that 40-60% of funding raised by the levy should be allocated for treatment?

Yes.

7b. Please explain your answer. (Free text box)

Please also see answer at Question 1d.

GamCare has operated the National Gambling Helpline for over 25 years, working as the first port of call for many of those seeking treatment for gambling harms. Over the years we have seen demand for treatment rise (for example, calls and online chats to the National Gambling Helpline reached 44,049 in the year 22/23 – up from 42,070. This is an increase of 4.7% on 2021/22).

There is a clear need for treatment and we support the significant injection of funding for treatment, and the 40-60% split. When surveyed, 68% of our Lived Experience Community supported this allocation of funding for treatment. However, they also expressed clearly that treatment needs to include aftercare and that treatment without prevention is a waste of valuable energy and resources.

Treatment may also be associated with a medical model of intervention, and while this is an essential element for some, most people will benefit from a psychosocial model of support rather than a purely medical treatment. As such the term support and treatment may be a more suitable terminology.

The White Paper rightly acknowledges the central role of the third sector within current treatment provision: "Government is clear on the crucial role and expertise of the third sector which currently delivers 90% of support and treatment activity (largely through GambleAware's National Gambling Support Network) and is currently the only route for gambling-specific treatment in Scotland and Wales."

With over 25 years providing support for those impacted by gambling harms, GamCare has established strong links with system partners.

Gamcare acts as the first point of contact for people via the National Gambling Helpline and has significant and long-term experience working with the NHS, and the wider third sector network of providers. The expansion and investment in support and treatment is vital in a sector that has historically not been given the same level of government attention as other addictions (e.g. Drug and Alcohol addiction services.)

GamCare also holds extensive local and national data from the helpline, giving us a live picture of gambling harm across the country and the ability to respond to emerging trends. This emerging picture, of both new forms of harm and a predicted growing demand for support and treatment means that funding certainty for treatment providers is vital. In addition, currently the sector only reaches a small proportion (3%) of people experiencing gambling harm (Gamcare analysis), but with greater awareness of treatment greater volumes of service users could be identified, further entrenching the need for significant funding for support and treatment.

It also emphasizes the need for this funding to be directed at the system more widely, including both the NHS services and the expertise and capacity already embedded in the third sector.

7c. Do you agree that the NHS should have a major role in commissioning the treatment pathway to improve and expand treatment provision?

Yes.

7d. Please explain your answer. (Free text box)

GamCare sees the new levy with the NHS (or other government body) as commissioner as an opportunity for a new era of collaboration across the wider health and care system to best respond to gambling harm.

We are concerned about wider narrative that has arisen around the statutory levy including the publication of draft NICE guidelines, which may indicate a move away from the third sector and towards the NHS specialist services as the first port of call for those experiencing gambling harm.

The change in commissioning may lead to established providers being excluded or marginalized from delivering treatment, and care needs to be taken to avoid commissioning services who don't have the necessary experience and expertise, or an over reliance on NHS specialist services. The following must be considered:

- **Service user choice:** Choice is an important component of treating addiction. For gambling harm, we know that service users want autonomy and access to information, enabling them to make informed choices about support, for example via the National Gambling Support Network, NHS services, and organisations like Gamblers Anonymous. Existing and effective third sector provision of treatment already offer a variety of evidence-based treatment options through a system of 'stepped care' access and a 'no wrong door policy' - and must continue to be properly funded.
- **Access to treatment:** A single-source or predominately NHS model of care could create further barriers to accessing treatment. We hear from our Lived Experience Community that many people simply do not want to speak to their GP about a gambling problem or have it on their NHS health record. Some people, such as people experiencing homelessness or those in contact with the criminal justice system, may not have a registered GP and may find it difficult to attend rigid appointment-based services. A reduction in third sector services could result in a lack of early intervention and service-user choice, which could risk over-pathologising those who are experiencing gambling harm while at the same time over-medicalizing interventions.
- **Service-user community:** We know from our lived experience community that some groups are less likely to access, and have lower levels of trust in, NHS health and care services, including

some minority communities. When coupled with the elevated levels of stigma associated with gambling harms, individuals from these communities may be less likely to seek help from the NHS.

We welcome the Rt Hon Stuart Andrew's assurances that there will be no disruption to vital frontline treatment and support services. However, the government must set out clearly and pragmatically how this will function in the context of the statutory levy. It is critical to set out the practical and structural integration of the third sector's role within the new eco system.

We would therefore like the government and Levy Board to work closely with the NHS and to draw up guidance to ensure clear, sustainable, funding routes to GamCare and our 11 National Gambling Support Network partners. This is needed to continue the delivery of support and treatment as part of an integrated health and care system, and to ensure that there is expansion, not disinvestment, in the third sector.

GamCare treatment provision

For many years Gamcare operated a partner model of delivering support across the country. Today, as the System Coordinator for the National Gambling Support Network, GamCare has a history of taking the lead across the sector to establish collaboration. Our experience and efficacy are proven:

- **National Gambling Helpline:** GamCare operates the National Gambling Helpline and offers free support 24/7 to those that reach out to us all year round, by phone and our associated digital chat channels (WhatsApp and Facebook). We have operated the Helpline for over 25 years and have a deep understanding of the changing patterns of contact and support. For example, 2022/23 is the first year on record where our digital channels overtook the phone line, with 39% target interactions from the phonenumber and digital chat reaching 53%. (GamCare internal data).
- **Capacity:** Our evidence shows the vast number of people seeking out support and treatment. At the time of writing, these average between 800 - 1000 contacts per week. As set out in response to 1b, last year GamCare provided structured treatment sessions or EBIs (extended brief interventions) for 9,009 people last year with 38,456 treatment sessions undertaken in total in the past year). Our helpline received 44,049 chats or calls in 2022/2. On average it took just five days from assessment to the offer of a first support session. It is therefore important that the NHS continues to commission and fund the third sector in order to ensure the necessary expansion of delivery of treatment for everyone who needs it. At GamCare we have existing capacity and rapid access to support this.
- **Proven and cost-effective interventions:** The majority of GamCare service users completing treatment showed improvements against key success measures. Using CORE-10, the majority moved from 'moderate' to 'healthy' gambling behaviours (as described in CORE-10) (i.e. from 17.4 to 6.5), and using PGSI, they moved from 'problem gambling' levels to 'moderate' levels (average scores of 17.1 to 3.5) (2022/23).
- A King's College analysis (2021) of GamCare treatment clients also found that our treatment makes a significant impact on PGSI, with an average reduction in PGSI score of 15.1. They also found that taking only the behavioural items, around 7% of clients completing treatment as planned could be classified as having problematic behaviour at the end of their treatment, this compares to around 15% classed as problematic when taking the PGSI as a whole.
- **Collaborative services:** Collaboration across NHS, social care and the third sector can deliver higher impact services in other addiction fields and in mental and physical health interventions. GamCare would like to stress that this multi-agency delivery model based on integration and collaboration should be expanded on and bedded in within the new support and treatment

arrangements. GamCare also has an established and effective infrastructure for referrals, to both national providers and local providers, offering people a menu of support and treatment options that best suit their wishes and needs, providing quick access to the interventions that they want to engage with.

- **Service-user centred:** The most appropriate and cost-effective option is a stratified community-based model to determine the best care for the service-user. This more comprehensively identifies individual needs based on an assessment of multiple factors e.g., underlying mechanisms, risk factors, additional needs, previous responses to treatment. Treatment and support charities in the third sector, including through the National Gambling Support Network as community leads for Gambling Related Harms, are expertly experienced and strategically placed to deliver this. We also work in partnership with NHS primary care services including the Primary Care Gambling Service, led Professor Dame Clare Gerada. They deliver high quality primary care and work collaboratively with the third sector, and act for some as another way of accessing destigmatised support.
- **Name recognition and awareness:** Third sector providers, including GamCare, are also recognized and trusted brands within the sector and are often the first port of call when people are facing gambling related harms. At GamCare, we know that many services users reach out directly and specifically to GamCare itself to seek support, e.g. 44,383 of our 87,167 clients found GamCare through a Search Engine/Directory, while 2546 found us through a bookmaker leaflet /info given.

We look forward to the opportunities for collaboration and secure funding that the introduction of the levy presents, and to understanding in more detail the Government's ambition to develop clear prevention, support, and treatment strands.

GamCare and the third sector is the foundation of structured and effective support and treatment provision. Due to its long history, expertise, and experience providing care, it must be a priority to support this foundation, rather than aiming to duplicate and subvert its already successful outcomes and thereby wasting valuable resources and opportunities for growth across the sector.

7e. Is there any additional evidence on the provision of treatment for gambling-related harm in England, Scotland and Wales the government should consider? (Free text box)

N/A

7f. Is there any additional evidence to support the establishment of an integrated system of treatment for gambling-related harm across Great Britain, particularly from other areas of health, the government should consider? (Free text box)

There should be a consideration of the learning from Hope to Harm national Drug Strategy that seeks to ensure that the strands of drug enforcement, prevention and treatment are viewed holistically, and support provided in an integrated way. This thereby avoids unnecessary separation and promotes an understanding of the complexity of addiction, prevention from harm and integrated support for those affected.

While gambling is not an illegal activity, the promotion of gambling activity will also need attention if the overall prevalence of gambling is to reduce.

8a. Do you agree with the proposed role and remit of the Levy Board? (Yes/No/I don't know)

Yes.

8b. Please explain your answer. (Free text box)

The Levy Board is a vital way that government oversight can be maintained across the newly established Statutory Levy system. We support a Levy Board that expands government expertise outside of HM Treasury and the Department of Culture, Media and Sport.

The Department for Health and Social Care deserves a place on the Levy Board due to its position as the government lead for treatment, and the Department for Science, Innovation and Technology also deserves representation as the government lead for research. However, due to the lack of clarity within the commissioning of the preventative strand of the levy, prevention is currently unrepresented on the Levy Board. The government urgently needs to clarify how the three strands of the levy will be equally represented across the Levy Board. Please see related answers to 3B, 5B, 6B, and 7B.

As more detailed Terms of Reference for governance arrangements have yet to be established, there remains uncertainty about the actual functioning of the Levy Board. It is our strong view that the government urgently needs to clarify the process for solving conflicts of interests between the government departments involved in allocating funding across the system.

In addition, when surveyed 68% of our Lived Experience Community supported the role of the Levy Board, as an important mechanism for accountability. However, concerns were raised that at the Levy Board level lived experience was not being included.

8c. Do you agree with the proposed role and remit of the Advisory Group?

Yes.

8d. Please explain your answer. (Free text box)

The proposal for an Advisory Group would help to support commissioning bodies' decisions making in regard to the distribution of the levy funding. The inclusion of experts across disciplines, as well as those with long term experience of providing treatment and preventative activities within the sector is vital in ensuring that the decision makers are held accountable for their decisions in relation to funding distribution.

As the current System Coordinator for the National Gambling Support Network, GamCare has a proven history of working effectively as a representative of the third sector, as well as our history providing support direct to clients. Running the National Gambling Helpline for over 25 years gives us an insight into emerging trends and treatment needs.

This kind of expertise needs to be embedded in the levy system. We can play a key role on the Advisory Group, sharing our expertise with the system.

The proposed Advisory Group is currently the only forum through which lived experience is given a voice. It is therefore vital that the Advisory Group's input is taken seriously and firmly embedded within the commissioning decision.

The government should publish the planned Terms of Reference for the Advisory Group, so there is clarity on their remit and how far their advice will be considered binding. There also needs to be a clear process for when the Advisory Group's recommendations are at odds with either the government departments or the commissioning bodies. Without this clarity the Advisory Group risks being a relatively powerless organisation within the levy system.

When surveyed 86% of our Lived Experience Community supported the role and remit of the Advisory Group. 100% of them supported the inclusion of the third sector on the Advisory Group, as a valuable way to embed sector specific expertise.

8e. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

N/A

9a. Do you agree with our proposal for DCMS and HMT approval of levy spending to be supported by a Levy Board to provide broader government oversight of the allocation of levy funds? (Yes/No/I don't know)

Yes.

9b. Please explain your answer. (Free text box)

The proposal for a Levy Board to support the decision making of the Department for Culture Media and Sport and HM Treasury will be vital in supporting effective oversight over the allocation of levy funding.

The Levy Board is crucial in ensuring that expertise from across government is represented within the funding allocation process. However, the government must determine how the Department for Culture, Media and Sport and HM Treasury will justify any occasion when they overrule the Levy Board's advice, and how far their advice and insight will be binding. In addition, it is not clear why the Department for Health and Social Care is not involved at a level above the Levy Board, given the recognition by the government that gambling is a public health issue and therefore requires a public health response.

Without a formal requirement to listen to the Levy Board's input and feedback, as well as a requirement to justify their decision if HMT and DCMS decide to overrule it, the governance system will not provide the accountability within the system it is supposed to.

When surveyed 68% of our Lived Experience Community supported the role of the Levy Board, as an important mechanism for accountability. However, concerns were raised that at the Levy Board level, lived experience was not being included.

9c. Is anything further the government needs to consider in putting in place robust accountability mechanisms into the levy system? (Free text box)

The current funding system generates a LCCP RET list of where the ongoing annual financial contributions of operators go. The consultation says this will “no longer be relevant or needed” however our strong view is that its continued publication could help improve transparency within the system and should not be abandoned altogether.

The Terms of Reference also need to be published in order to clarify the exact nature of the proposed governance structure. Without seeing the Terms of Reference, it is impossible to make an informed judgement on the accountability measures in place, including the scope, timings, reporting and responsibilities of each strand of the system.

Accountability measures need to be firmly established and embedded at the beginning of the system, to prevent perceived conflicts of interests within the Levy Board, Advisory Group, and those who provide the commissioned services. Finally, the government needs to clarify what power the Advisory Group will hold, to ensure that lived experience contributions are taken seriously.

10a. Do you agree with the proposal for a review of the levy every five years? (Yes/No/I don't know)

Yes.

10b. Please explain your answer. (Free text box)

There is a pressing need for the levy to be regularly revisited, to ensure that it is having the intended impact, and an appropriate amount of money is being collected. It is also crucial that the distribution of funds across the three strands is reassessed to ensure that the levy is having the maximum positive impact and is capable of being flexible to the communities' changing needs. When surveyed, 71% of our Lived Experience Community supported a review of the levy every five years.

Whilst there is agreement that the levy system should be revisited, the choice of every five years is at odds with previous suggestions from the Advisory Board for Safer Gambling. They originally recommended a 2-year deadline for reviewing the levy, and it is unclear why this has been shortened in the consultation document. (<https://www.gamblingcommission.gov.uk/about-us/transparency/html/advice-to-the-gambling-commission-on-a-statutory-levy>).

It is also important that flexibility is built into the review system, so that if extraordinary circumstances occur, a more rapid review can take place to respond to changing economic or social trends. In addition, as the system matures, it is likely that the three strands of funding will need to be rebalanced, to reflect the ways in which prevention and research can reduce gambling harms before an individual ever needs treatment. If the system functions effectively, a decreasing proportion of individuals should need treatment, and more energy can be expended on preventing gambling addiction in the first place.

This also illustrates a wider point, that the contents and structure of any planned review process for the statutory levy needs to be determined and published by the government, so that urgently

needed clarity is provided for the system, and there is confidence in the government's ability to evaluate the systems' functioning.

11a. Please indicate if you believe any of the proposals in this consultation are likely to have a negative impact on persons who share such protected characteristics and, if so, please explain which group(s) of persons, what the impact on any such group might be and if you have any views. [Free text box]

N/A

11b. Please indicate if you believe any of the proposals in this consultation are likely to have positive effects on persons who share such protected characteristics and, if so, please explain which group(s) of persons, what the effect(s) on any such group might be and if you have any views. [Free text box]

N/A

12. Are there any other factors or points you wish to highlight that have not been considered above? [Free text box]

GamCare is very concerned that not enough attention has been afforded to the practical aspects of the transition period between the current voluntary funding arrangement and the incoming statutory levy.

Currently there is significant uncertainty about the intervening period, as operators are unwilling to pay both levies simultaneously. Therefore, there is a significant and pressing risk that current voluntary funding dries up before the distribution of the first statutory levy payment. This risks endangering current successful and valuable third sector contributions to both prevention and treatment.

There is a risk that during this period of uncertainty operators and other organisations in the sector are unable or unwilling to commit funding, which may affect the flow of necessary funds to service provision. Whilst this would be detrimental to the whole sector, and especially service users, it would be especially detrimental to smaller service providers.

The uncertainty is resulting in significant stress, competition and anxiety within the third sector. This could damage the delicate fabric of the existing structure and have unpredictable consequences for providers and, more importantly, those experiencing problems with their gambling and affected others, in the intervening people. These risks are currently not being met by the proposed regulatory settlement and funding arrangements. We welcome the support for the third sector expressed by the Minister, but it is vital that this support is followed up by tangible action to ensure expertise and lived experience is maintained in the new system.

Government therefore needs to urgently set out how it intends to maintain stability within the sector as it navigates the complex transitional period. Service provision should not be disrupted at the expense of service users, as their wellbeing should be at the centre of every decision surrounding the introduction of the new funding system. The minister should write to industry to ensure that funds

currently promised during the transition period materialise and protect current, ongoing service provision.

13. Please upload any further supporting evidence that you wish to share.

N/A