**From:** [redacted] at GwL
**To:** [redacted]
**Subject:** Chapter One campaign launches!
**Date:** 18 June 2024 17:01:40



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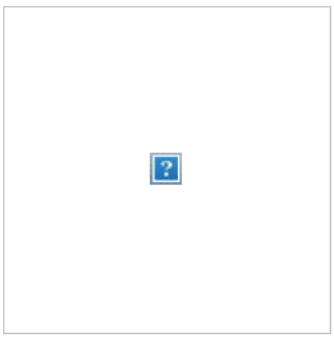
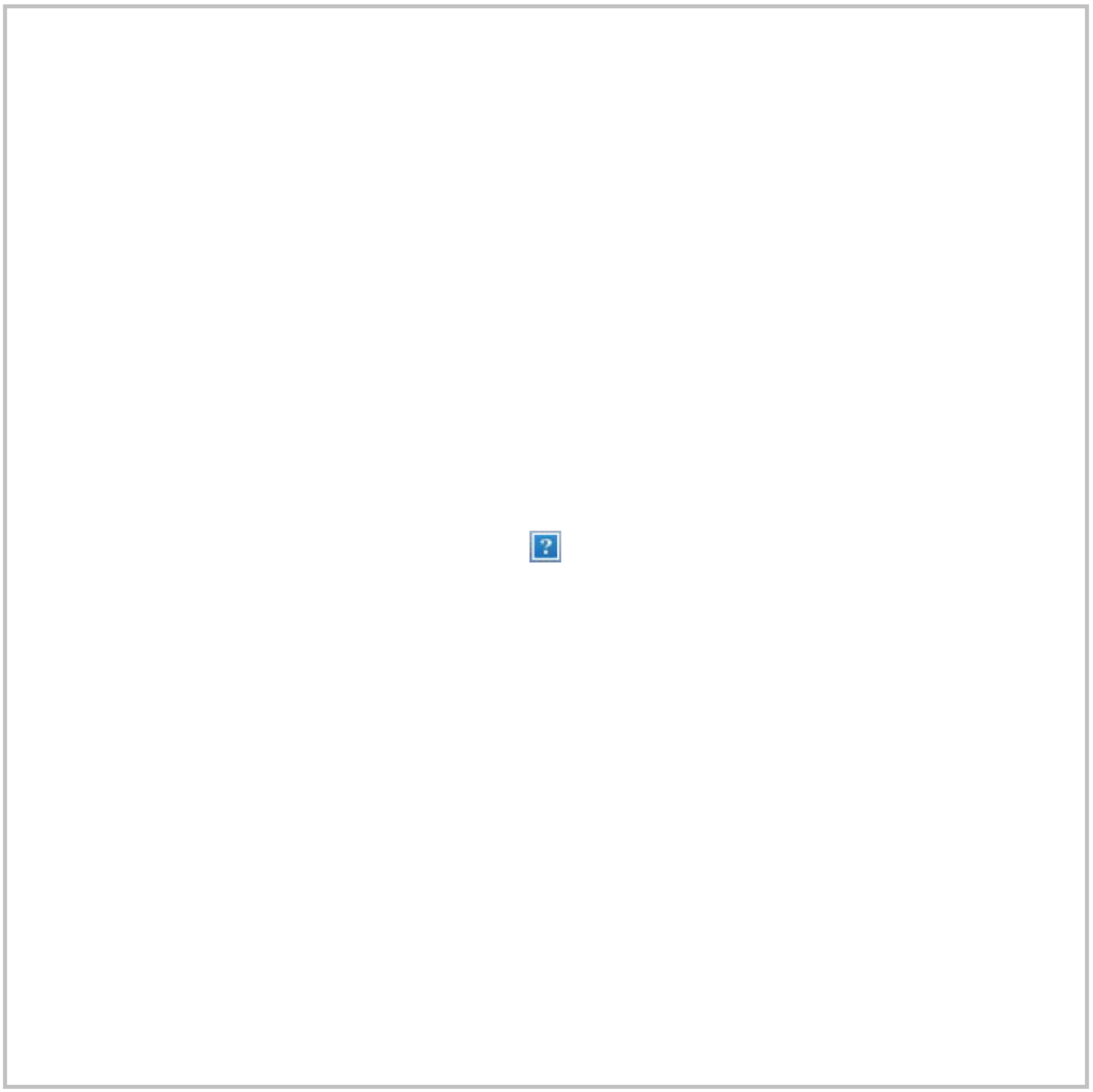


Hello there,

Today a groundbreaking new gambling harms campaign has launched in Greater Manchester. Chapter One provides information and support for everyone affected by gambling, and training for professionals.

Created by those with personal and professional experience, Chapter One gives the facts on the causes and effects of gambling harm, along with how to access protective tools and effective treatment options, free from gambling industry influence. This means shining a light on gambling companies' role in addiction, such as the impact of addictive products and mass-advertising.

The campaign aims to drive people harmed by gambling to Chapter One's website, which gives information on how to access protective tools and treatment options, through a thought-provoking short film showing four inter-linked experiences of gambling harm. The campaign will run throughout June and July across Greater Manchester to encourage people to seek support.



**Chapter One Greater Manchester gambling harms campaign video**

It's estimated 18,100 people in Greater Manchester are directly affected by gambling harms, and that 1 in 15 people here are harmed when experiences of their children, friends and families are considered. This is 1.5 times higher than the national average.

Greater Manchester Police respond to at least one incident each week where serious concern has been raised of a risk of suicide directly associated with gambling.

The project is a partnership between Gambling with Lives and Greater Manchester Combined Authority and will be rolled out to the rest of the UK later in the year.

Please follow Chapter One on social media, share this tweet (or this Facebook post), and watch the campaign video to support.

CHAPTER ONE

For everyone affected by gambling

# Greater Manchester information and support pathways pilot 2022-2024

## Key findings, recommendations and next steps

November 2024

# Why?

CHAPTER ONE

Learning from experiences of bereaved families and the people they lost, as well as wider lived experience of systematic failure

1 in 15 GM residents experiencing gambling-related harms. Millions of people harmed nationally. High suicide risk

Only a tiny percentage of people access treatment

Industry influence over messaging has resulted in a dominant "Responsible Gambling" narrative and a lack of information about the addictive nature of gambling products and practices

Low baseline of understanding and confidence amongst professionals to talk about gambling and help someone

# What we did

- Received funding to design, develop and **pilot** a local information and support pathway
- **Partnered** with Greater Manchester Combined Authority to pilot the approach
- Created a **digital platform** (website, professionals hub) and a bank of resources
- Delivered **training programmes** to intermediaries and healthcare professionals
- Launched a mixed-media digital **campaign** to drive people at risk of harm to information
- Set up a **treatment pathway** with the NHS North West Gambling Service
- Commissioned an independent **evaluation** (Resources for Change)

# Impact

**643**
professionals completing training

Confident to start a conversation about gambling
**95%**

Confident to support someone experiencing gambling harms
**98%**

> *I now feel I would reach out to someone I suspected of experiencing gambling harms*

Redefining how gambling harms are represented with a relatable and relevant campaign

**44,481**
visits to the Chapter One website*

Visitors accessing the help and support pages, including crisis support
**20%**

**↑100%**
increase in referrals to specialist NHS care**

Influencing the narrative and content of national gambling harms websites and campaign messaging

Further data is available in the full Chapter One evaluation report. *direct link clicks signposted from the digital campaign. **sustained increase from same period in previous

# What we learned

- 75% of professionals were **not aware of support or treatment for gambling harm** before training – Lower than anticipated baseline of awareness and confidence

- The training is very effective and **we need an e-learning version to meet demand** (in development)

- The website was seen by users as **“informative, supportive and helpful”**

- The campaign worked - **a focus on industry practices** was by far the most viewed and Snapchat was the most effective digital platform

- Working in partnership with a local authority provided opportunities and created a **uniquely qualified** and impactful team – a model to be replicated elsewhere.

# Strategic recommendations from the evaluation

- GMCA to **continue to work with** and fund Chapter One to be promoted and delivered across all 10 GM local authorities
- C1 should focus on **expanding partnerships** with local authorities across the UK
- C1 should continue to deliver professionals training and **invest** in enhancing the website and delivering digital media campaigns
- Findings should be **shared** by both GMCA and C1 with government departments, health bodies and more

# What we will do next

CHAPTER ONE

- Launch Chapter One as a national provider of prevention
- Continue to work with GMCA across Greater Manchester
- Deliver education, training and campaigns elsewhere
- Share these findings and our plans with national and local gov
- Create and pilot an E-Learning Platform
- Ongoing Chapter One website review
- Advocate for support and treatment pathways
- Seek funding to grow and expand to meet demand

# What we've done since the pilot

CHAPTER ONE

- Chapter One included on the NHS national page for gambling support
- Trained 350+ professionals across Yorkshire & Humber
- Commissioned by Nottingham City Council to deliver a 3 year training programme
- Educated hundreds of young people directly in Northern Ireland
- Commissioned London South Bank Uni to evaluate our education programmes
- Expanded team to have 5 full time members of staff
- Collaborated with the NHS West Midlands Gambling Clinic to create material
- Secured a grant to provide information to at risk groups in Birmingham

# CHAPTER ONE PILOT PROGRAMME

# FINAL EVALUATION REPORT

[redacted]
FOR CHANGE

NOVEMBER 2024

## CONTENTS PAGE


**1. INTRODUCTION ..... 6**

**Use of language and abbreviations ..... 6**

**2. EXECUTIVE SUMMARY ..... 8**

**3. OVERVIEW OF THE CHAPTER ONE PROJECT ..... 10**

**Context ..... 10**
The national picture ..... 10
Why Greater Manchester? ..... 10
The impact of Gambling in Greater Manchester ..... 11
Gambling with Lives ..... 12
The Gambling with Lives education programme ..... 13

**The need for intervention ..... 14**
The response to the needs – Developing the 'Treatment Pathways' programme ..... 14
Development of the Chapter One pilot programme ..... 15

**The activities of the Chapter One Pilot programme ..... 18**
The training element ..... 18
The information hub – the Chapter One website ..... 19
The Chapter One campaign ..... 20

**The evaluation of the Chapter One programme ..... 21**
Theory of Change ..... 21
Change 'pathway' ..... 22
Evaluation method ..... 23
The balance and distribution of the evaluation evidence ..... 24

**The Summary of Achievements ..... 25**

**4. EVALUATION ANALYSIS ..... 28**

**The structure of the evaluation data ..... 28**
Assessing the extent to which the aims were delivered ..... 28

**Evaluation Analysis ..... 31**
People get help when and where needed ..... 31
Increased understanding, knowledge, awareness and identification of the causes, effects and indentification of gambling harms ..... 37
Who took part in the training? ..... 43
Reduced stigma in relation to gambling addiction ..... 46
Overall reflections from the interviewees on the training experience ..... 49

**The effectiveness of the information hub (Chapter One website) ..... 51**

Website Structure and Approach .....51
User / panel testing feedback .....51
Website metrics .....53
Assessment .....55

**Conclusions .....58**
Summary conclusions .....58
Specific conclusions .....60

**Recommendations .....63**
Programme-specific recommendations .....63
Strategic recommendations .....65

**End Notes .....68**

*“I had never considered the health harms from gambling and this really brought this home, it changed my view on gambling and the adverse impacts it will have on people's health.*

*I now see it as a public health issue.  It's hiding in plain sight and it feels like an epidemic that will hit.”*

*Professional from Greater Manchester*

*"Our 2023 economic analysis estimated that the annual excess direct financial cost to government associated with harmful gambling is equivalent to **£412.9 million**. It also shows that our estimate for the annual societal value of health impacts is equivalent to between **£635** and **£1,355.5 million** (in 2021 to 2022 prices). This provides a combined estimate of approximately £1.05 to £1.77 billion."*

*Office for Health Improvement and Disparities, 2023*

## 1. INTRODUCTION

This report summarises the learning from the final, summary evaluation of the Gambling with Lives (GwL) and Greater Manchester Combined Authority (GMCA) Treatment Pathways 'Chapter One' pilot programme. The evaluation aimed to demonstrate the 'effectiveness of the inputs and activities in delivering the planned outputs and outcomes' in relation to the pilot programme's training programme, 'information hub' website and campaign activities.

The emphasis of the evaluation was on learning, ultimately to help assess the difference made by the project's activities, so that GwL and GMCA can build on those things that went well and address areas for improvement. The report can also act as a communication tool, demonstrating the effectiveness of the Chapter One programme to GMCA and other local authorities, agencies and organisations on this important but under-served area of public health.

This evaluation report presents:

- An executive summary
- An overview of the project and the evaluation process
- Analysis of the evaluation data
- The conclusions and recommendations

The report was written for Gambling with Lives and Greater Manchester Combined Authority.

### USE OF LANGUAGE AND ABBREVIATIONS

Gambling with Lives and Greater Manchester Combined Authority prefer not to use stigmatising terminology such as "problem gambler". However, even though "addiction" and "addicted" have the widest public usage, the report must refer to "problem gambling" when referring to scores of 8+ on the Problem Gambling Severity Index (PGSI) to comply with Gambling Commission guidelines. We are doing this to ensure the debate focuses on the high scale of harm revealed and not the terminology used.

**DHSC** – Department for Health and Social Care

**GwL** – Gambling with Lives

**GMCA** – Greater Manchester Combined Authority

**OHID** – Office for Health Improvement and Disparities (note that some quotes are attributed to OHID from reports that were published by the now defunct Public Health England). OHID is part of DHSC.

**PGSI** – 'Problem Gambling Severity Index', the scoring system used to measure at-risk behaviour in people experiencing problems with gambling

Established in 1997, **Resources for Change** (R4C) is a socially responsible, employee-owned consultancy with an excellent reputation for supporting social, community and environmental projects and organisations. We do this through varied evaluation approaches and through research, as well as large-scale consultation exercises that help to inform, for example, national strategy formation for government and NGOs. As a company motivated to make a difference ourselves, we do push grant recipients to learn the hard lessons of delivering complex, challenging projects, as well as celebrating what has gone well.

The company has four directors ([redacted]) and a wider team of experienced professional consultants, a research assistant and specialist associates who we work closely with.

The registered office is Cwrt Isaf Farmhouse, Llangattock, Crickhowell, Powys, NP8 1PH and the team has been working virtually since 2012.

## 2. EXECUTIVE SUMMARY

The Office for Health Improvement and Disparities (OHID) estimate that each year between 117 to 496 people in England alone take their life because of gambling[i]. Although anyone can be harmed by gambling, those most at risk are typically men and younger people, and the impact on individuals, their families and social circle can be devastating. OHID estimated the annual cost to government from harmful gambling was equivalent to £412.9 million[ii].

The GMCA Strategic Needs Assessment from May 2022 identified that one in 15 Greater Manchester residents were experiencing the harmful impacts of gambling (c200,000 people), with more than 18,000 adults experiencing problem gambling at a rate 1.5 times higher than the national average. The economic burden of gambling was underestimated at £80 million in 2022. Worryingly, only the most severe cases were actively seeking specialist support with gambling

The north-west and north-east of England have the highest prevalence of people gambling at levels of elevated risk. This context drove the development of a partnership between GwL and the GMCA to test a new approach to training, awareness raising and information sharing: the 'Chapter One' programme.

This report demonstrates the outcomes of the Chapter One pilot programme, that show:

1. It was successful, especially in relation to the training of 643 intermediaries and health professionals with very significant changes in knowledge, understanding, awareness and confidence. This indicates the potential for significant public health benefits through earlier identification of gambling harms and quicker, more effective referrals to appropriate help and support as a result of training intermediaries and health professionals.
2. The website met a need for clear, unbiased, and direct information while also providing urgent help. It used the right tone and presented challenging content effectively. The campaign targeting a higher-risk demographic group demonstrated the power of digital media in raising awareness and driving action for public health, delivering strong messages that encouraged engagement with the Chapter One website.
3. A mixed-media, digitally focused campaign was effective in raising awareness and helping people access information quickly. The digital approach was more cost-effective and efficient in reaching higher-risk groups, though conventional media still has a role to play.

The Chapter One programme was a very successful pilot, showcasing strong partnership and collaboration with clear objectives. It combined professional and lived experiences to address unmet training and information needs, effectively engaging the public, intermediaries, and health professionals. The strong GMCA / GwL partnership was central to the success of the programme.

The main strategic recommendations from this report are as follows:

1. GMCA to continuing to work with GwL to develop and promote the Chapter One programme across the 10 GM local authority areas. The programme demonstrated a clear and continuing need for an effective intervention. The partnership arrangement deftly made the best of each partner's strengths, creating important programme and relationship assets.
2. The Chapter One programme has provided an indication of the need for people in the GMCA area to access help and support, sometimes urgently. In light of this, GMCA should a extend funding to support all parts of the programme with the cost benefit likely to relate to reduced social and health harms. We suggest a programme of two years duration to embed key messages, train intermediaries and health professionals and sufficiently raise public awareness.
3. GwL's medium- and long-term goals should focus on expanding partnerships with Local Authorities, Health Authorities and others with a role in public health, delivering more training, and enhancing the Chapter One website. Sustained funding is needed for a digital media campaign. Despite the challenges, this goal is worth pursuing, building on the programme's strengths, especially its successful partnership approach.
4. Given OHID's recognition of the significant health impacts of gambling harms, we recommend sharing the report's findings with them and others e.g. the Local Government Association, General Medical Council, Social Work England, Addiction Professionals and other organisations who come into contact with people potentially suffering from gambling harms. Potential benefits include influencing policy on public health and training, securing funding for broader Chapter One deployment, and promoting a wider understanding of gambling harms as a factor in disrupting lives and causing costly negative effects.

# 3. OVERVIEW OF THE CHAPTER ONE PROJECT

## CONTEXT

### THE NATIONAL PICTURE

According to a 2023 report by OHID[iii], in 2018 54% of the adult population in England gambled (40% if National Lottery is excluded) and 3.8% of the population might experience some level of negative consequences due to their gambling. It was estimated that up to 9.5 people a week (117 - 496 people a year) take their life as a result of gambling addiction in England alone. Research from YouGov[iv] suggests around 7% (4.69m) of the population of Great Britain (adults and children) are negatively affected by someone else's gambling, and there is, on average, one 11–16-year-old in every classroom affected by gambling. Those most at risk are typically men and younger people, and the impact on individuals, their families and their social circle can be devastating.

In 2023, OHID estimated annual excess direct financial cost to government associated with harmful gambling was equivalent to £412.9 million and the excess costs of harmful gambling were estimated at between £1.05 and £1.77 billion for England at 2021/22 prices[v].

It was also clear that more recent gambling products, including but not limited to online and phone-based gambling products, presented a higher risk of harm and addiction with, for example online slot machines having a six times higher 'problem gambling' rate than other products[vi]. This was and is intrinsic to the purpose and design of such products – to encourage and sustain gambling activity even when a person is experiencing harm.

> *"The (brain's) reward system produces a sensation of strong intense cravings and modern gambling has been designed so that there is very little time to stop and reflect on what you're doing, so it's exploiting your decision-making."*
>
> *Matt Gaskell - Clinical Director, NHS Northern Gambling Service*

### WHY GREATER MANCHESTER?

OHID identified that the north-west (4.4%) and north-east regions (4.9%) had the highest prevalence of people gambling at levels of elevated risk.

Following the Greater Manchester Strategy 2021-31[vii], Greater Manchester was the first city-region to develop and pilot a whole-system population health approach to gambling harms. In May 2022, GMCA published 'Gambling Harms in Greater Manchester- Strategic Needs Assessment'[viii], which brought together the best available local and national evidence to describe the extent and impact of gambling related harms in Greater Manchester.

They concluded that:

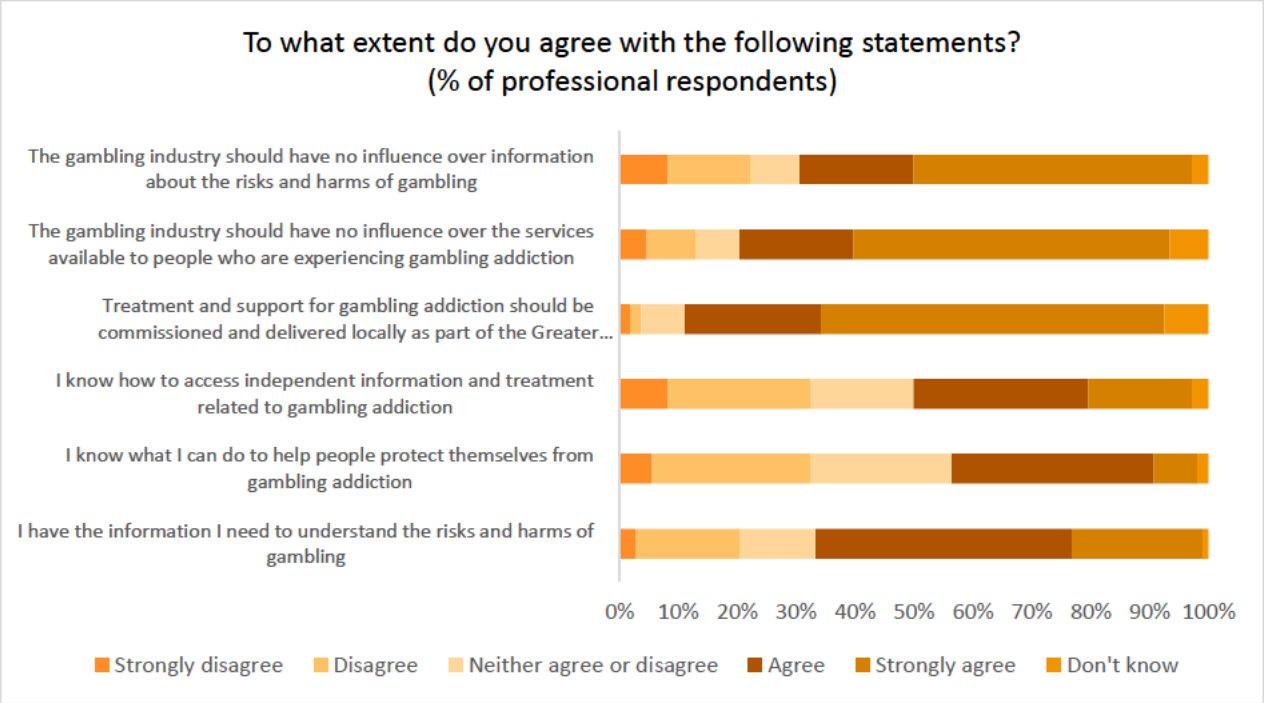
- 1 in 15 people in Greater Manchester experienced the harmful effects of gambling (1.5x higher than the national average) and (separately) 18,100 adults experiencing "problem gambling".
- Greater Manchester police respond to at least one incident a week related to risk of suicide connected with gambling harm
- The estimated economic burden of gambling across Greater Manchester was at least £80 million in 2022

## THE IMPACT OF GAMBLING IN GREATER MANCHESTER

In August / September 2023, GMCA conducted a survey via the GM Consult platform that looked at the impact of gambling in Greater Manchester. The impact report showed some of the adverse effects of gambling e.g., with testimony from an intermediary working in domestic abuse who reported that:

> *"Many victims talk about how their partner's gambling has been a factor in their experience. Money that should be paying bills and supporting the family is spent on gambling."*

The report touched on a number of areas e.g., gambling regulation and the role that advertising plays in promoting gambling, with a strong feeling that such advertising makes gambling look 'safe and harmless'. More relevant to this programme were responses relating to accessing (independent of the gambling industry) information, support and treatment related to gambling.




The graph showed that a clear majority of the professional survey respondents felt that:

- The gambling industry should have no influence over information about the risks and harms of gambling (65% agreed or strongly agreed).
- The gambling industry should have no influence over the services available to people who are experiencing gambling addiction (75% agreed or strongly agreed).
- Treatment and support for gambling addiction should be commissioned and delivered locally as part of the GM integrated health and care system (>80% agreed or strongly agreed).

Responses were more equivocal in relation to the respondents perceived ability to help people where they were significantly less sure that they knew how to access independent information and treatment related to gambling addiction (45% agreed or strongly agreed); what they could do to help people protect themselves from gambling addiction (40% agreed or strongly agreed), and that they had the information they needed to understand the risks and harms of gambling (60% agreed or strongly agreed).

In these regards, the Chapter One programme had a clear opportunity to provide independent information to enable participants to help people, and to understand the risks and harms of gambling.

## GAMBLING WITH LIVES

Gambling with Lives (GwL)[ix] is a charity that was set up in 2018 by families bereaved by gambling-related suicide. They support bereaved families, raise awareness of the devastating effects of gambling disorder, and campaign for change.

Their vision is for 'a world free from gambling-related suicide' and their mission is to 'support those bereaved by gambling-related suicide and to improve mental health and save lives through raising awareness of the risks to health posed by gambling'.

They do this by:

- Supporting families who have been bereaved by gambling-related suicides
- Raising awareness of the dangerous effects of gambling on mental health & the high suicide risk
- Campaigning to reform the UK's outdated gambling laws

In 2020, GwL developed and delivered a successful education programme in schools and other settings such as youth and sports clubs (evaluated by Neil Smith). The main activities in the programme were:

- Interactive workshops for young people aged 14-25 delivered in formal and informal education settings
- Train the Train programme for professionals who work with children and young people
- Interactive digital learning tools for young people aged 14-25

Participating schools, colleges and youth clubs were very positive about the education programme, recognising its quality and the observing the effect it has on the participants.

## THE GAMBLING WITH LIVES EDUCATION PROGRAMME

The GwL education programme evaluation[x] demonstrated the powerful influence that sharing lived experience of gambling harms can have on audiences, in this case young people engaged at schools, colleges, youth and sports clubs. It also showed how 'deconstructing' gambling products can significantly increase people's knowledge and understanding of how such products work, reducing their self-reported inclination to gamble in this way.

The context for the programme was different to that for Chapter One, although both share the need to address the heightened risks of gambling harms arising from more recently developed gambling products. The 12-month education programme sought to:

- Reduce harm, primarily from the most dangerous gambling products e.g. high frequency online and app-based gambling
- Raise the awareness of people around gamblers of these same products and the potential harms
- Raise young people peer-group awareness of the risks relating to gambling
- Change the paradigm around gambling harms from one of personal responsibility to a conversation centred on public health and shared responsibility.

As such, this programme was Gambling with Lives first large-scale programme, delivered in a number of locations but with significant delivery in Manchester and Northern Ireland.

## THE NEED FOR INTERVENTION

Including the strategic findings referenced in the context section, GwL and GMCA based the need for interventions on six main factors:

1. **The prevalence of gambling harms being 1.5 x higher in Greater Manchester** than the national average.
2. **Not enough people got the help they needed**. Only 1 in 200 people experiencing gambling harms who would benefit from treatment and support access help.
3. **Professionals did not have the information they needed** to be informed enough to identify people suffering from gambling harms and to take appropriate action, in marked contrast to other addictions. Professionals have low awareness of gambling harms and gambling addiction, how to spot the signs, what support is available, how to access specialist treatment services. They also have low levels of confidence in how to initiate a conversation with someone experiencing gambling harms.
4. **The risk remains and may be growing.** Anyone is at risk of gambling harms, with one gambling-related suicide per day with the more addictive nature and prevalence of some gambling products leading to 1 in 4 people who gamble being at substantially higher risk of suffering harm.
5. **Low levels of awareness of the industry-led narrative around gambling and that the gambling products they promoted were high risk**. A narrative led by the gambling industry caused people to think that they were to blame and that they were alone, whilst promoting products which can lead to harm.
6. **The impact can be devastating and long-term**. Gambling damaged individual lives and relationships and also damaged communities. Gambling adversely affected mental and physical health, finances, education and careers. Recovering gambling addicts continued to suffer.

## THE RESPONSE TO THE NEEDS – DEVELOPING THE 'TREATMENT PATHWAYS' PROGRAMME

In 2023 and in response to the needs of the GMCA area, funding of £498,000 was awarded to GwL from the Gambling Commission Regulatory Settlements scheme to address these needs through the development of a treatment pathways programme in partnership with GMCA, covering the ten boroughs of Greater Manchester: Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan. The Treatment Pathway was to consist of raising awareness, training, a campaign, providing information and joining up services.

The aspiration was to bring together a charity that was independent of the gambling sector with a significant Local Authority partner that could enable delivery at scale and raise the profile of the programme across the ten GMCA local authorities. GwL's position as an independent gambling harms-related charity not funded by the gambling industry was important to GMCA:

*"The program's delivery by an independent charity was a strength."*

Developing a programme of this scale (to reach a community of roughly 3 million people) was beyond the resources of GwL alone, however, the in-depth knowledge and lived experience of many at GwL was vital to developing and delivering effective content.

The partners had a strong shared understanding of the need for the programme. The development and delivery was underpinned by an effective and mutually beneficial partnership between GMCA and GwL. GMCA had the resources and expertise to support the development of content and to engage with the intermediaries who could benefit from the training and the information hub, either through direct experience of delivering services to people experiencing a range of addiction-driven harms, or by facilitating the training booking process, a significant task across the ten areas.

The project team took a collaborative approach to the programme's development and delivery, taking a co-production rather than a service commissioning approach. As a large Combined Authority, GMCA's ability to influence the programme's design and content to match its strategic needs was beneficial, and the diverse expertise of the whole team was highly valued by both partners in developing an approach and materials which worked to the benefit of all involved. Whilst gambling harms may be generally universal in type, understanding the geographic, social and administrative conditions were important to developing an effective programme.

*"The training content development with contributions from many different people worked really well."*

## DEVELOPMENT OF THE CHAPTER ONE PILOT PROGRAMME

The development of the 'treatment pathways' partnership between GMCA and GwL resulted in the Chapter One pilot programme, designed with the overarching aim of getting more people into the right gambling harms and addiction treatment programmes. Key elements of meeting this goal were to raise knowledge, understanding and confidence amongst key service intermediaries and health professionals, and to raise awareness more widely of gambling harms and sources of support for those experiencing these harms.

The project team felt that the Chapter One programme was needed to address the systemic failure of informing healthcare and other professionals and the public about gambling harms. The belief was that the general level of understanding of gambling harms and addiction was significantly lower than the levels for other addictions, making this training particularly important and urgent in the context of increasing numbers of people presenting with gambling harms in the GMCA area.

*"The programme was informed by our experiences of systemic failure - the current system has not informed professionals and the public adequately on understanding gambling harms. There was a chance to make a big difference, to really open people's eyes."*

This was also clearly seen in the observed training sessions and in the general interactions of the team with the target audiences i.e. that people's knowledge of gambling harms was generally low. Intermediaries had not made the connection between gambling harms and addiction and other 'harms', either in terms of understanding how app and internet-based gambling products can drive harm, or in terms of noticing and referring people to appropriate help.

> *"I saw a session recently and I was reminded just how low people's knowledge is, what a low baseline there is." GwL*

In response to the need, the goal was to promote increased awareness of gambling harms and to align educational messages with other health harming products and commodities, but not to deliver an anti-gambling message that all gambling should be banned.

The Chapter One programme aimed to help counter the narrative that those suffering from gambling harm were to blame and that they were alone in this. In addition, Chapter One provided an opportunity for GwL and GMCA to co-develop a programme that was:

- Informed by the experiences of bereaved families and learning from systematic failures and deaths, independent from the gambling industry
- Built around unique blend of knowledge from those with lived experience of gambling harms and the experiences of public health professionals
- Built around a collaboration with specialist NHS Gambling Services
- Driven by taking a different approach, giving comprehensive information on the gambling harms from high-risk gambling products

The more specific changes that the pilot programme wanted to achieve were:

1. **A change in the understanding, attitudes and behaviours** of intermediaries and health professionals e.g. to feel more confident about having a conversation with someone about gambling and to make appropriate referrals, and to move the focus on personal responsibility towards a better understanding of the causes of gambling harms.
2. **More treatment referrals and more appropriate interventions** for people experiencing gambling harms. It was hoped that the programme would bring about changed understanding, attitudes and behaviours, and a shift towards early intervention for people at risk of gambling harms and quicker access to specialist services for those who may benefit from treatment.
3. **Raise public awareness** of the risk of experiencing gambling harms before it becomes an addiction, especially in relation to higher-risk gambling products.

Chapter One was designed as a pilot programme, intended to test the assumptions underlying the design and development of the programme, fundamentally to establish whether there was a need for such an intervention and to test:

1. The impact of a focused training intervention for intermediaries and some health professionals on levels of knowledge, understanding and confidence.
2. The effectiveness of a website 'platform' or information hub to provide information to the public and professionals.
3. A new approach and style of campaign messaging that raised awareness of gambling industry tactics such as marketing and product design.
4. The cost-effectiveness of different digital media channels in driving traffic to the Chapter One website.

## THE ACTIVITIES OF THE CHAPTER ONE PILOT PROGRAMME

The Chapter One pilot programme consisted of three main areas of activity:

1. **Training** for health professionals and intermediaries who are in a position to make referrals to gambling disorder treatment programmes.
2. **An information hub** (the Chapter One website) to structure and make available the information necessary to achieving these aims, for example by providing resources and links to materials appropriate to public and professional audiences.
3. **A campaign**, using 'traditional' and social media channels to drive people at risk of harm to the Chapter One website.

The primary audiences for the project were:

1. People working in intermediary services such as debt advisors, drugs and alcohol support workers, adult social care, housing and homelessness.
2. A smaller proportion of Healthcare workers e.g., those working at a GP surgery including GPs, community nurses and health visitors.
3. Members of the public who wanted more information about gambling, whether they gambled or know someone who gambled.

### THE TRAINING ELEMENT

The training element sought to address shortfalls in people's understanding of the causes and effects of gambling harms, build confidence in having a conversation with someone who might be experiencing gambling harms and enable the training participants to signpost people to appropriate help and support e.g. NHS gambling treatment clinics.

The two-hour training sessions were initially delivered in person before moving to a virtual format. This step was taken in response to the difficulties the time constraints that the training participants had to not only take part but also travel to a training venue.

Whether in-person or online, the training was delivered by someone from GwL, typically with lived experience of gambling harms, either personally or in relation to a family member. The format consisted of trainer exposition supported by PowerPoint slides with graphics and short film elements that magnified and explained the trainer's points.

The sessions were challenging for participants both in terms of style and content (with challenge also for the person delivering the sessions). In the short time available, the training had to quickly and effectively unpack the tactics of the gambling industry and the design of the higher-risk gambling products. They had to succinctly support a significant and sustained change in the training participants' knowledge and understanding, ideally in a way that led to a change in attitude (being aware of and sympathetic to gambling harms) and behaviours (knowing how and where to refer people for help and support).

## THE INFORMATION HUB – THE CHAPTER ONE WEBSITE

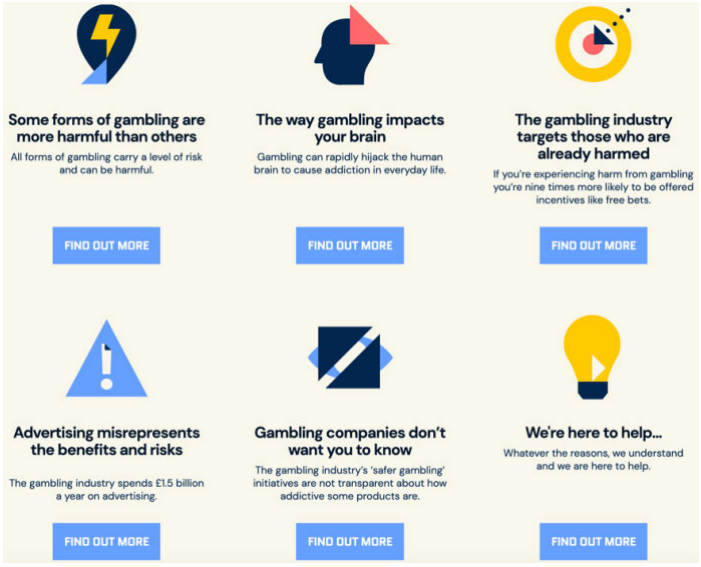
The Chapter One website (www.chapter-one.org) was a mostly two-level information hub, structured around five main menu options that lead to sub-options within each main page. The design approach was interpreted as being headline-led e.g., 'you are not alone' and 'need urgent help?' (messages that were given more prominence in response to the website's usage patterns).

The website has messaging that underlines the approaches of the gambling industry e.g., that 'the gambling industry has designed products that make you want to gamble and keep you gambling even then it is bad for you'. The website also emphasises that those experiencing gambling harms 'are not alone', countering the isolating language of the gambling industry. Further, the Chapter One website sought to challenge the 'safer gambling' narrative:

> *"Initiatives led by the gambling industry to promote 'responsible' or 'safer' gambling are not transparent about how addictive some products are, how the human brain is impacted, how misleading advertising is, or how they profit from the people who are most harmed. Instead, they ask their customers to make sure they gamble responsibly."*
>
> *Chapter One website (https://www.chapter-one.org/about-gambling/the-myth-of-safer-gambling)*

The website's content aimed primarily to inform the visitor on key aspects of gambling:

- Gambling harms, explaining the adverse impacts of gambling and that anyone can be affected, and that 'some gambling is more dangerous' i.e. more likely to cause addiction and harm.
- Explaining what gambling is and the different forms it can take, from lottery tickets to rapid-day-trading. A substantial part of the website focused on 'why this is happening' i.e. why people are experiencing gambling harms e.g., how gambling affects the brain's natural survival and reward system:



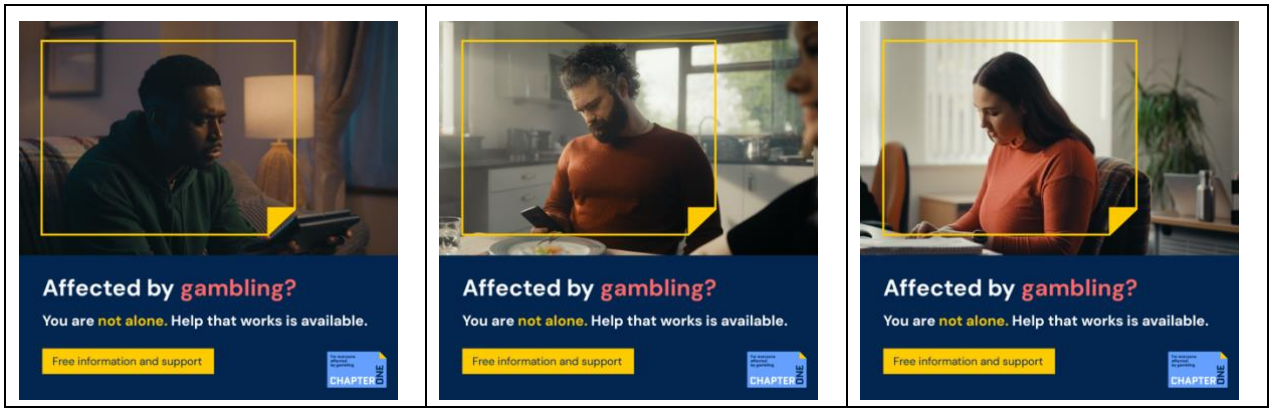
- How and where to get help, prominently featuring the free and confidential support from the NHS and from other sources e.g., Gamblers Anonymous and GamFam. This expands further to explain the treatment process with a step-by-step process to show how help works.
- Prominent links to support e.g., 'Need urgent help?' and 'Support for me'

*"Adverts make me think gambling is a place of escapism, makes it seem like everyone is doing it and it's a social activity. They make gambling look friendly and risk-free. They always have things like £10 free, so it's really easy for people to get pulled into it, not realising the risk."*

*Young person from Manchester (Chapter One website: https://www.chapter-one.org/about-gambling/its-all-around-us)*

## THE CHAPTER ONE CAMPAIGN

The main aim of the Chapter One campaign was to drive members of the public to the Chapter One website, particularly but not exclusively those aged 18 to 35 years. Information was tailored for both. More generally, the campaign sought to raise awareness of the number of people experiencing gambling harms, both in the GMCA and nationally, and of ways of getting help, support and information.




The campaign had offline (traditional media e.g. newspaper and TV) and online parts to it. With the budget available, it was decided that the online / digital part of the campaign would be the best use of resources, not least because the campaign required a 'digital action' – going to the Chapter One website. The relative cost of an offline campaign with advertising e.g. billboards and the sides of busses, would have been prohibitive and less targeted, spread across the GMCA area in ten local authorities.

The offline part of the campaign was designed to launch the overall campaign through press releases and engagement with terrestrial television. Unfortunately, the general election and subsequent launch of the Labour Party manifesto in Manchester meant that most of the media coverage fell away at the last minute, but the campaign was still able to secure coverage from local publications.

## THE EVALUATION OF THE CHAPTER ONE PROGRAMME

This section lays out the evaluation process and method for the Chapter One programme in three parts: evaluation background, theory of change and evaluation method.

### THEORY OF CHANGE

A Theory of Change for the Chapter One programme was developed from June to September 2023. This centred on the high-level and medium-term goals of reducing the prevalence and impact of gambling harms and reducing gambling-related suicides.

The means by which these goals were to be met were described as follows:

1. Provide independent, impartial and free information through Chapter One.
2. Enable access to independent training for professionals able to refer via gambling harms treatment pathways.
3. Change the focus from individual responsibility to risks of harm from gambling products, reducing the stigma around gambling addiction.
4. Pilot Chapter One in Manchester where the GMCA are committed to supporting delivery, developing the 'proof of concept' to enable nation-wide replication of the model and to share good practice.

The audiences for the programme were defined as:

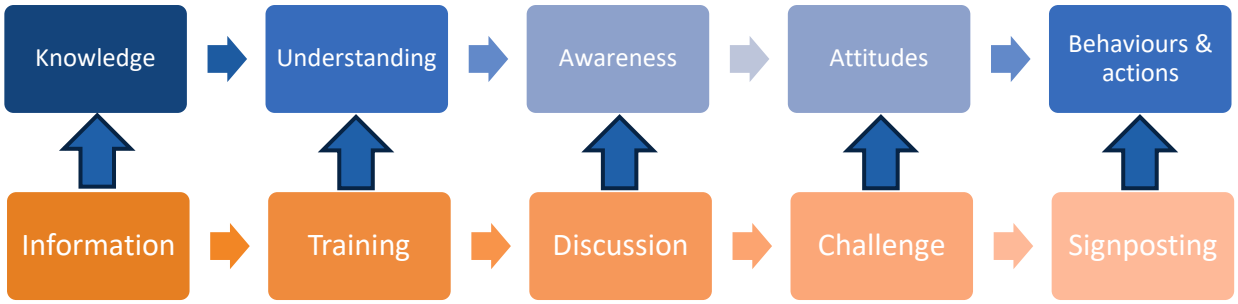
- people who gamble or those affected by someone else's gambling
- people experiencing direct harm as a result of gambling
- treatment providers
- healthcare professionals
- intermediaries e.g., anyone working in a role that supports the public such as debt counsellors, domestic violence outreach services, substance abuse / addiction services.
- the general public who might want to know more about the risks of gambling

The desired outcomes were listed as follows, underpinned by the idea of a continuum running from increased understanding and awareness, changes in attitudes and changes in behaviours (see 'change pathway' diagram):

1. People receive the help they need, when and where they need it.
2. Increased understanding and knowledge of the causes of gambling harms and addiction.
3. Increased awareness of gambling harms and addiction.
4. Increased identification of gambling harms and addiction in public services and amongst people who gamble.

5. Increased awareness of the available treatment and support options.
6. Increased access to treatment and support (timely and right support).
7. Reduced stigma (perceived and actual) around gambling addiction through changed behaviours and attitudes.

## CHANGE 'PATHWAY'




In reality, change is not achieved in such a neat and linear way, but this model does demonstrate the underlying logic relating to this programme and others, where time and effort are needed to help make desirable change.

In essence, Chapter One sought to raise awareness amongst professionals and people experiencing gambling harms. As a result of interacting with the Chapter One programme, professionals should have improved knowledge of and access to good information, feel more confident about starting conversations with people experiencing gambling harms and be able to refer them onwards as appropriate. In addition, the programme sought to raise awareness amongst the Greater Manchester public of the risks associated with gambling products, alongside support and advice for those affected by gambling harms.

Part of the challenge in beginning a shift in awareness was to question beliefs around personal responsibility, challenging perceptions of gambling harms and addiction that are strongly influenced by an industry sponsored narrative which focuses on personal choice. Central to this challenge is the notion that products that are by design highly-addictive diminish personal choice, thereby negating the idea of just 'stopping when the fun stops'.

The programme sought to highlight the inconsistent mindset around gambling harms when compared to other types of addiction, such as alcohol or illegal drugs. Explaining to intermediaries and health professionals that gambling harms and addiction may not be the 'fault' of the person was seen as a way of reducing the barriers to them getting the support they needed.

## EVALUATION METHOD

The following evaluation activities were used to gather the evidence and data necessary to providing robust analysis, conclusions and recommendations:

1. Direct observation by the project team of training delivery

   The evaluation team directly observed three training sessions, two in 2023 and one in 2024. The aim was to assess the impact of the training's delivery and content on the participants, and to discuss the sessions with the participants and the trainers.

2. 'Snapshot' (formative) evaluation reports in September and November 2023, and again in June 2024

   At the request of the partners, the evaluators provided three brief digests of survey data and direct observations. This helped to shape and improve delivery, as well as provide reassurance to the team on the effectiveness of the training in particular.

3. Headline analysis of training participants' pre- and post-training survey responses, before and after changes to the training

   The training was delivered in a different way after November 20th 2023 to reflect the learning to that point. Analysis of the survey responses pre and post this date was conducted to check that the training outcomes remained consistent.

4. Analysis of training participants' pre- and post-training survey responses

   The participants were asked to complete an online survey before and after the training session, using a consistent question set, essentially to rate their levels of knowledge and confidence before and after the training. The surveys allowed the participants to make comments in relation to their survey responses. Quantitative analysis established the extent to which the participants' position had changed as a result of the training. Qualitative analysis of the comments helped to assess why a change had occurred or not.

5. Interviews with training participants

   Participants who had consented to contact from the evaluators were approached for interview. Those who agreed were engaged through a semi-structured interview with consistent headline questions, followed by questions tailored to their initial answers. Analysis was structured around the questions in order to maintain a strong link between the evaluation questions and the participants' feedback.

6. Interviews with the project team at GwL and GMCA officials

   Interviewees were engaged through a semi-structured interview with consistent headline questions, followed by questions tailored to their initial answers. As for the training participants, analysis was structured around the questions.

7. Information provided by the project team e.g., referral data, where available e.g., to NHS and GamFam

8. Data from the information campaign and website usage and feedback

   The digital campaign partners (Magpie) provided detailed campaign metrics relating to the effectiveness of the various digital channels used to promote the Chapter One website. The website designers provided site visitor data. The data was analysed to look for fresh insights in addition to the analysis done by these partners.

The evaluation report is a synthesis of the learning from these sources of information. It leans towards being more comprehensive than is strictly necessary – this is a conscious approach as we feel there may be scrutiny of the findings and the weight of evidence, as well as the quality, will be important in this regard.

## THE BALANCE AND DISTRIBUTION OF THE EVALUATION EVIDENCE

The evidence in relation to each aim was a mix of quantitative e.g., number of people trained, and qualitative e.g., how the training participants rated their experience.

### THE TRAINING

The majority of the evidence considered in this evaluation relates to the training. This is because it was easier to gather feedback and comment on the training through the participant surveys and the interviews, and because it was a prominent and time-consuming element of the programme. The information came from four main sources (surveys, participant interviews, team interviews and evaluator observation) enabling the evaluation to more robustly capture the learning in this part of the programme. Initial outcomes were easier to measure e.g., in relation to the experience of those who did the training.

The shifts in overall understanding as a result of the training were very significant. The results are presented by question. Note that the majority of the comments used as quotes came from the post-training survey because we are primarily concerned with the outcomes of the training, less so with the starting point of the trainees. Comments also blurred the distinctions between the questions e.g., with remarks made that could be attributed to a number of the questions. This indicates an unusually high level of engagement with the surveys.

### THE INFORMATION HUB – CHAPTER ONE WEBSITE

Evidence and data relating to the campaign and the information hub was different in character as the content of the information used to objectively assess the performance of these activities was largely statistical, relating to social media and web site metrics. Capturing the difference made was harder to assess in the face of fewer data sources and a relatively short campaign period. However, some very useful learning was evidenced.

The data provides a good initial baseline against which to compare future performance, albeit in changing circumstances as the programme develops.

## THE SUMMARY OF ACHIEVEMENTS

# Chapter One Achievements TRAINING

The following data is based on the analysis of survey responses taken before and after participation in the training element of the Chapter One pilot programme. The responses on which the statistics were based were provided by the training participants who self-assessed and reported their levels of knowledge, understanding and confidence against four key training objectives. These findings were reinforced by the comments made in the surveys and the interviews.

**643**

**Training participants from the Greater Manchester area**

The training ran from October 2023 to May 2024 and involved 615 intermediaries e.g. from drug and addiction services, adult social care, housing and other services. Manchester and Wigan together provided 54% of the people trained. There were 28 health professionals trained in the latter stages.

**95%**

**Training participants agreeing / strongly agreeing they felt more confident**

The training very significantly increased the participants' confidence to **have a conversation** with someone experiencing gambling harms, with 95% agreeing or strongly agreeing after the training compared to 33% of participants agreeing or strongly agreeing they felt confident before the training.

**98%**

**Training participants agreeing / strongly agreeing on how to provide help**

The training very significantly increased the participants' knowledge of how to **access specialist support and treatment**, with 98% agreeing or strongly agreeing after the training that they confident to do so, compared to nearly half of the participants not feeling confident to do so beforehand.

**84%**

**Training participants felt they had a good or very good understanding of the causes of gambling harms.**

The training achieved a very significant change in the understanding of the **causes** of gambling harms, with 84% rating their understanding as good or very good after the training compared to only 21% of participants rating their understanding as good or very good beforehand.

**96%**

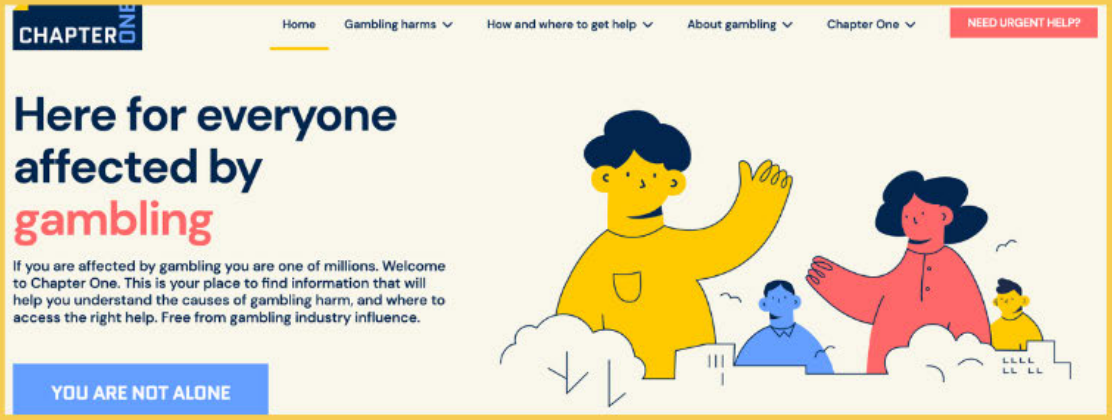
**Training participants felt they had a good or very good understanding of the effects of gambling harms.**

The training achieved a very significant change in the understanding of the **effects** of gambling harms, with 96% rating their understanding as good or very good after the training compared to only 24% of participants rating their understanding as good or very good beforehand.

*"An outstanding presentation using various type of media to get the point across."*
*"I feel a lot more confident about identifying the harms of gambling should a colleague, friend or client show them."*
*"I feel confident that I would reach out to someone I suspected of experiencing gambling harms."*
*"I have already had several conversations with people about what I learned."*
*"I found the course enlightening and it changed my perspective on a lot of things."*

# Chapter One Achievements WEBSITE

The following data is based on the analysis of the website and page visit data and on qualitative user feedback. The Chapter One website - or information hub - was designed to improve people's understanding of how gambling works and the harms it can cause, and also to signpost people to help and support. Visitors to the website were mostly driven organically as well as specifically through the social media campaign. This aimed to reach people in the Greater Manchester area aged 18 to 35.




**57,000 +**

**The number of recorded website visits, likely an underestimate**

Supported by the digital media campaign, the website successfully engaged people in the target audience aged 18 to 35.
The website shared an important and unique blend of information on gambling harms, gambling in general and about how and where to get help.

**20% +**

**The percentage of page views relating to getting help and support**

It was clear at the review point that a significant proportion of the website traffic was looking for urgent help and support, as well as for information on gambling harms causes and effects. The website design was changed to make links to help and support more prominent. A breakdown is below.

**Challenge**

**An alternative voice to the gambling industry narrative**

The website provided frank and clearly-expressed content that 'unpacked' how harmful gambling products lead to gambling harms. This was an approach that challenged the industry-dominated narrative but in an un-emotive way. The 'you are not alone' message resonated strongly.

***"Informative, supportive, helpful."*** *Top three word cloud descriptors of the website.*

*Breakdown of page views related to help and support:*

*How and where to get help - 8% of all page visits*

*You are not alone - 6%*

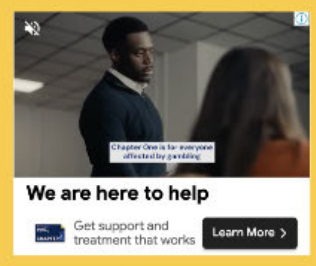
*Crisis and support - 4%*

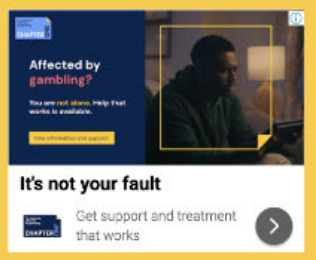
*Treatment for gambling harms - 2%*

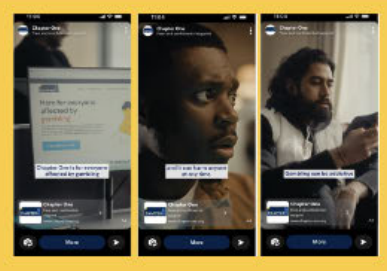
*Worried about someone else? - 2%*

# Chapter One Achievements CAMPAIGN

The campaign aimed to drive people aged 18 to 35 (considered the age group at higher risk of gambling harms) in the Greater Manchester area to the Chapter One website. It tested a variety of different content styles on a range of social media platforms to see which could achieve the highest 'click through rate' (CTR). The number of times the content was viewed was also important as it provided important messages about gambling. Analysis provided by 'Magpie Creative Communications'.



**44,481**

**Clicks from content on social media through to the Chapter One website home page**

The month-long digital media campaign aimed to get at least 31,000 (1,000 a day) clicks through to the Chapter One website from content shared through Snapchat, TikTok, Google and YouTube. The cost per click (CPC) target was 37p, but this came in at an average of 34p across the platforms.

**18,522**

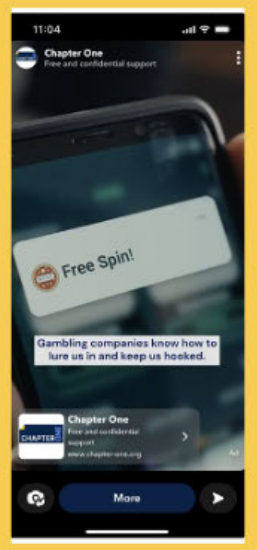
**Swipes (clicks) via Snapchat at a CPC of 17p. This platform produced over 750,000 impressions**

Snapchat proved to be the most effective social media platform for reaching the target audience in Greater Manchester. Extra budget was put to this channel and this brought a further increase in performance with the video content watched for 15 seconds by nearly 21,000 people.

**859,641**

**The number of impressions achieved on TikTok**

Whilst TicToc did not drive as many people to the Chapter One website, it did achieve the most content impressions, with 29,589 views lasting more than 25 seconds.
Taken together, it seems that the short-form video format and phone-optimised layout of Snapchat and TikTok were particularly effective.




**Daniel's story**

**The best performing video on Snapchat and TikTok**

Different video was used on the respective digital media channels, but regardless of this the 'Daniel's Story' video clearly performed the strongest. Content performance on other channels showed the 'Hiding in Plain Sight' message to be effective. Also notable was 'Scratchcard' that focused on engaging females.

***The digital media campaign provided a wealth of learning***

*There is more to unearth - future campaigns could build on the success of Snapchat and TikTok, but also explore the effectiveness of Google Search, Reddit and Meta (Facebook and Instagram) platforms.*
*The content developed for the campaign was judged to be high quality, versatile and with a good 'shelf life' - there is plenty of scope to use this content more in GMCA, in other areas and nationally.*

# 4. EVALUATION ANALYSIS

## THE STRUCTURE OF THE EVALUATION DATA

As a reminder, the Chapter One pilot programme was made up of three areas of activity:

- The training
- An 'information hub' website
- An awareness campaign

The focus of these combined activities was to provide independent, impartial and free training and information that would improve understanding, change attitudes and behaviours in relation to gambling harms. The programme also intended to challenge the gambling industry narrative around gambling harms and individual responsibility, reduce the stigma around gambling addiction and enable more people to get the help they needed.

The Chapter One programme was piloted in Manchester where the GMCA were committed to supporting delivery, developing the 'proof of concept' to enable nation-wide replication of the model and to share good practice. GMCA's involvement was underpinned by their 'Gambling Harms in Greater Manchester' strategic needs assessment of May 2022.

Briefly, the programme aimed to achieve the following:

1. Help people to get support when and where needed.
2. The promotion of:
    a. Understanding and knowledge of what causes gambling harms and addiction.
    b. Awareness of gambling harms and addiction.
    c. Identification of gambling harms and addiction in key audiences.
    d. Awareness of the treatment and support.
    e. Faster access to treatment and support.
3. Reduced stigma in relation to gambling addiction.

### ASSESSING THE EXTENT TO WHICH THE AIMS WERE DELIVERED

Structuring the evaluation was challenging because of the imbalance in the quantity and style of the feedback for the three areas of activity. We have therefore taken a different approach for each, using evaluation evidence for the three areas of activity to understand the extent to which the programme's aims were delivered, wherever possible.

In practice, it was clearer to assess the information hub and the campaign as activities, whereas the training data was generally better suited to assessing the aims.

The extent to which the evidence we gathered showed the effect of the activity is assessed against each aim. In the following table, we colour-coded the activity areas to show the varying intensity of the programme's elements – the darker the colour, the greater observed effect.

This demonstrated the importance of the training in particular to the programme's results, supported by the information hub, in turn supported by the campaign to bring the hub to the attention of target audiences. It also highlights the stronger evidence base for the effects of the training compared to the other activities. This is because of the challenge of measuring the effect and so the language reflects more the role of the information hub and campaign activities.

| Aims | Training | Information hub (website) | Campaign |
|---|---|---|---|
| 1. People get help when and where needed. | *As a result of improved intermediary & professional awareness* | *As a result of information and links to sources of help and support* | *Directly by raising awareness and linking people to the information they need* |
| 2. Increased understanding and knowledge of what causes gambling harms and addiction. | *A primary result of the training* | *An important part of the website's purpose* | *Linked people to the information that might help change their understanding* |
| 3. Increased awareness of gambling harms and addiction. | *A primary result of the training* | *An important part of the website's purpose* | *Linked people to the information that might help change their understanding* |
| 4. Increased identification of gambling harms and addiction in key audiences. | *A primary result of the training* | *Supported by the area for professionals* | *By showing what gambling harms looked like in daily life* |
| 5. Increased awareness of the treatment and support. | *A primary result of the training* | *An important part of the website* | *By linking to the website* |
| 6. Increased access to treatment and support. | *A primary result of the training* | *An important part of the website by linking to external services* | *By linking to the website* |

| | | | |
|---|---|---|---|
| 7. Reduced stigma in relation to gambling addiction. | *A primary result of the training* | *Part of the website's remit* | *By linking to the website and implicitly through the social media content* |

The hub focused on providing information to support better knowledge and understanding, and links to further help for those looking for this. Whilst the campaign did not contribute as much to the core aims as the training and hub, it was integral to raising awareness, providing an opportunity to learn what promotion methods work best in the context of a project trying to reduce gambling harms, especially where the available resources are very unevenly balanced between the gambling industry and the organisations supporting people with gambling harms and addiction.

The learning from the analysis is structured around the aims, assessing how effectively each of the three activity areas delivered for each aim. To make this more manageable and readable, we combined aims two to six in one section, also because the training was the primary means by which these aims were delivered. The learning from the training participants surveys was supplemented by the follow-up interviews that sought to assess what they could remember of the training and the extent to which they had put it into practice. The questions asked were necessarily different, as was the case for the material gathered from the interviews with members of the Chapter One team (GMCA and GwL employees). Different sources of information are therefore identified with subheadings, where this fitted well, and other learning was presented as standalone evidence – this was largely true of the team interviews.

EVALUATION ANALYSIS

## PEOPLE GET HELP WHEN AND WHERE NEEDED

### OVERVIEW OF IMPACT – ATTRIBUTION CHALLENGES

The outcomes of the pilot programme in relation to people getting the help they needed related most strongly to the training provided to intermediaries and health professionals, with some supporting indications from the pages viewed on the website.

The training focused on changing the understanding and attitudes of people working at the community level, improving their identification of people experiencing gambling harms and enabling them to more effectively discuss with and direct people to sources of support. To enable this, the training also sought to change the participants' levels of understanding, knowledge and awareness of gambling harms. The change in the training participants' knowledge, understanding and awareness were explored more fully in the next section of the evaluation analysis. More relevant to this aim were the changes in 'confidence to have a conversation with someone experiencing gambling harms', and in 'knowing where to access specialist support and treatment for gambling harms'. The following analysis explored this in more detail.

The hope at the start of the programme was that it would be possible to reliably monitor the number of referrals resulting from Chapter One to gambling harms support services e.g. NHS, GamFam, Gamblers Anonymous. When considering referrals, we consider two types: self-referrals from people experiencing gambling harms and professional referrals where an intermediary or health professional makes a referral. In practice, referral data from these third-party services was not available to the evaluation team for the purposes of this report and it was difficult to reliably monitor either. However, there was some anecdotal, possibly coincidental evidence of the effect of Chapter One with a 'notable increase in people attending Gamblers Anonymous meetings in Greater Manchester over the last 12 months'[xi].

Monitoring referrals from the training participants was impractical given the number involved (643), the different roles they had, the spread across 10 local authority areas and systems, and the lack of resources that the programme would need to collect this information. Monitoring the effect of the website on referrals should have been simpler but this again proved difficult in practice, primarily due to concerns about the website users' privacy. Regardless, the website monitoring could only have monitored people clicking through (self-referring) to the websites of the support services and would not have captured the potential increase in referrals by intermediaries trained through the programme. It is also possible that people who viewed the website then referred themselves through an intermediary or health professional, but there was no way of monitoring this.

Information on the number of referrals received by the NHS and other services could have given an indication of any change, but this could not be linked back solely to Chapter One. NHS

referral data was until recently aggregated at regional (north-west) level, not for the Greater Manchester area which was the focus of the programme. In addition, the NHS has increased its capacity to support people suffering gambling harms (e.g. opening clinics in Liverpool, Blackpool and Preston) and so this also has an effect on the referral data. There was also a lag in the referral reporting data e.g. for July 2024 that might indicate the effect of self-referrals as a result of the Chapter One social media campaign (again, caveated by this not being the only initiative that might have driven an increase in referrals).

Obviously from the perspective of the programme, more people seeking the help they need was a very important and positive outcome, regardless of the reason for the referral. Whilst tying this back in a clear 'cause and effect' manner to the programme was not possible, it is clear that more people have accessed treatment for gambling harms locally.

### OVERVIEW OF IMPACT – POSITIVE INDICATIONS

We assess that the Chapter One programme had a positive effect on people getting the help they needed in two main areas: changes brought about in the training participants and making the scale of gambling harms more visible through the impact of the website.

We are confident about judging the potential of the programme to have driven behaviour change amongst the training participants that could:

- lead to increased identification of people experiencing gambling harms
- lead to more confidence to have a conversation with these people and to refer as appropriate
- consequently, more people get the help they need

To support this, we refer chiefly to the feedback ratings the training participants consistently gave. These provided strong evidence of very significant changes in their levels of knowledge, understanding and confidence which in turn could lead to better overall referral and treatment outcomes. The interviews with training participants further reinforce this view, although this was with a small sample of the total cohort.

Based on analysis of the pages viewed on the website, it was clear that more people than expected used the Chapter One website to find out about sources of help and support for gambling harms, including those from people looking for information to help someone else experiencing such harms. This threw the level of demand for more information into clearer relief e.g., analysis showed that 5% of outgoing traffic from the website went to 'Stayalive.app', a suicide prevention app. In the words of the programme team:

> *'We are providing a space for people who need help to find out more about it and have a route to access support.'*

The programme team were also realistic about the effect the programme could have in a short period of time.

*"Many people are waiting 10 years or so before they get help, so we aren't going to turn this (around in) one week! But there is a wider pattern of raising awareness of the issue, of there being more capacity available to respond to it and that the Chapter One website is a place where people can go (to find out more)."*

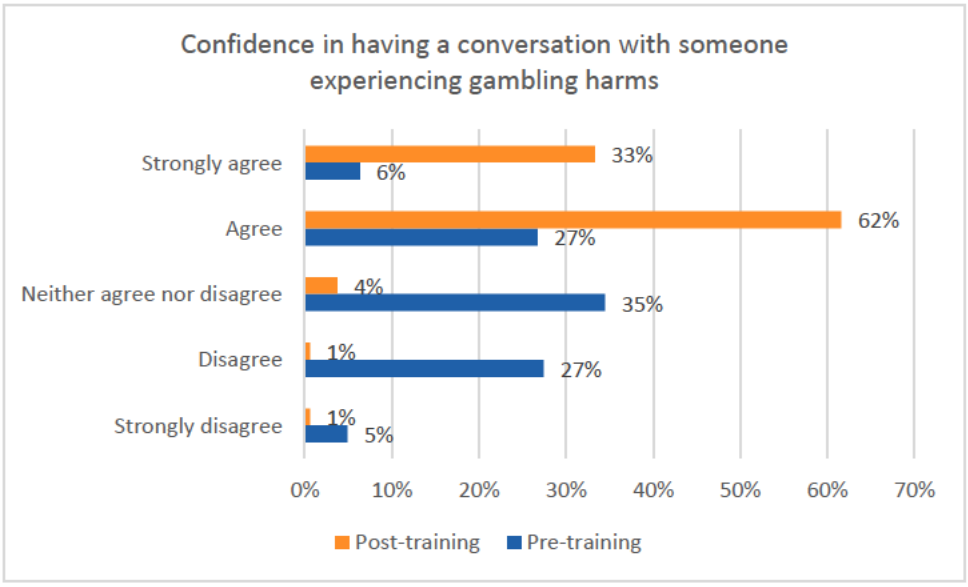
Given that this was a pilot programme, we are satisfied that it has demonstrated the potential to achieve positive public health outcomes for people experiencing gambling harms as a result of effective training, by raising overall awareness and through making the right information readily available.

The following sections examine the evidence in more detail.

## CONFIDENCE IN HAVING A CONVERSATION WITH SOMEONE EXPERIENCING GAMBLING HARMS

Confidence in relation to having a conversation with someone experiencing gambling harms was self-assessed by the training participants before and after the training. This question and the next one (knowing where to refer people) were vital elements in translating the training participants' improved knowledge and understanding into positive action for people experiencing gambling harms.

The survey responses demonstrated a very strong and significant change in the training participants' confidence. The graph shows 77% of participants strongly disagreeing, disagreeing or neither agreeing nor disagreeing that they felt confident to have this conversation. After the training, 96% of the participants agreed or strongly agreed that they now had the confidence to talk to someone experiencing gambling harms. These changes represent a 200% overall shift.




There were a good number (28 / 18%) and range of thoughtful comments in relation to this question, and many of them were strongly positive in relation to a particularly important

outcome. For example, if the participant's understanding of gambling harms was lower than hoped, having the confidence to initiate a conversation was arguably more important.

Comments indicated that the key aim was met, reinforcing the numerical analysis:

> *"Now I know what options are available and that the most important this is to open a discussion without worrying about using the wrong words."*

> *"I feel confident that I would reach out to someone I suspected of experiencing gambling harms."*

The following comment is particularly significant in demonstrating the desired effect of the training on the participants, encouraging wider change:

> *"I have already had several conversations with people about what I learned."*

Others emphasised the importance of being better informed in order to have these conversations:

> *"As I now know of all the different ways people could be harmed and the effects, I feel confident that I would reach out to someone I suspected of experiencing gambling harms."*

Some felt there was more to learn and do before they would feel confident enough to have these conversations, perhaps with some role play as part of the training:

> *"I feel more prepared and knowledgeable but would need to feel more confident in my approach to have the conversation."*

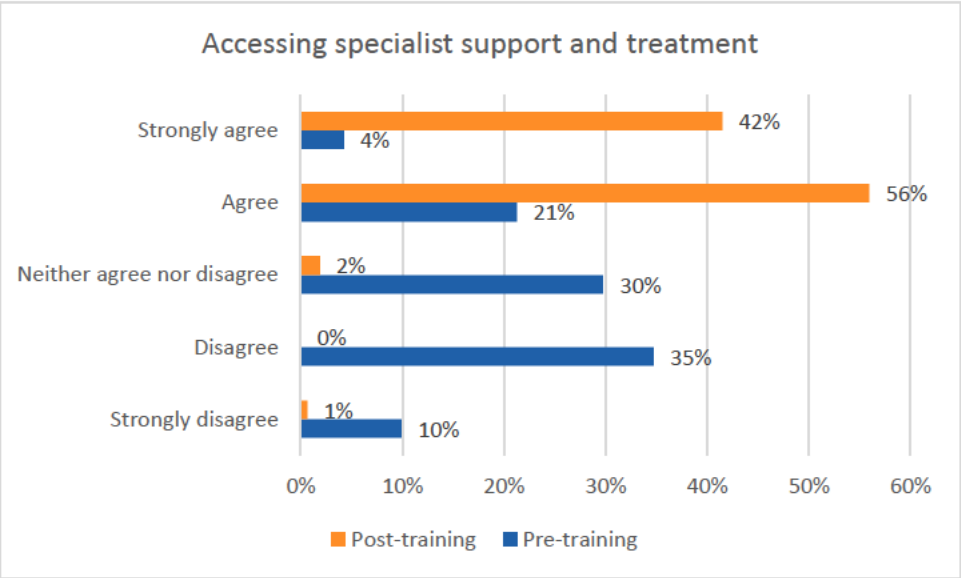
> *"I think it would have been useful to do some role play in terms of starting the conversation with someone."*

In conclusion, this aspect of the training was very effective but there may be some scope for improvement in order to help build capability and confidence. A constraint in this regard is the time available for the training – just two hours in which to convey a number of important messages and to build confidence.

## KNOWING WHERE TO ACCESS SPECIALIST SUPPORT AND TREATMENT FOR GAMBLING HARMS

### LEARNING FROM THE SURVEYS

The survey responses demonstrated a very strong and significant change in the training participants' confidence. The graph shows 75% of participants strongly disagreeing, disagreeing or neither agreeing nor disagreeing that they knew where to access specialist support and treatment for gambling harms. After the training, 98% of the participants agreed or strongly agreed that they now knew where to access specialist support and treatment. These changes represent a 292% overall shift.




There were a fewer comments for this question than in relation to the others (25 / 16%) and they were generally shorter. In line with the analysis, this aspect of the training was very effective, as shown in a selection of the comments. A proportion of the comments referred to the Chapter One website as an ongoing source of information.

> *"Prior to this session I was not aware of any help and support groups and networks (but) now I have this information to share with teams and colleagues."*
>
> *"The information on support available was very useful including practical advice."*
>
> *"Chapter One is brilliant...I'm sharing links to your website with everyone I meet!"*

Follow-up to the training was mentioned by some, for example:

> *"Flyers were sent through directly to my email after the training session. All relevant pathways and accessible sites were given during and after the course."*

There was a suggestion for bespoke training provision, although it was not made clear why the existing sources of help and support would have to be tailored specifically for this audience:

> *"Unfortunately, not loads of the prison services. More around setting up for release."*

In conclusion, the training participants clearly felt they had been helped to access specialist support and treatment for gambling harms, both during and after the training session. A couple of comments illustrated the potential to tailor the training for different scenarios, bearing in mind that this pilot project was for different intermediaries.

## LEARNING FROM THE TRAINING PARTICIPANT INTERVIEWS

The interviewees were asked whether they had made more referrals as a result of the training, made use of the Chapter One website and whether they had shared the learning more widely. Responses were less emphatic in these regards, affecting in part by the nature of the

interviewee's role i.e., whether they were client-facing and the likelihood of encountering people suffering from gambling harms. Some roles were more senior and therefore the learning would have been more directly related to the work of their teams. No-one reported having yet made more referrals to gambling harms-related services with five of the six interviewees stating that the question did not apply to them.

> *"I have given the information to others so they can refer; I've not done it directly."*

The Chapter One website had more take-up with all the interviewees reporting that they had used it and also raised awareness of the website more widely:

> *"The links to it have been embedded in our literature, signposting people."*
>
> *"I've used the Chapter One website to get some resources, then shared the information in newsletter."*
>
> *"Information is also on the Council website and will be added to our public health platform so that gambling has an area there as well."*

Stronger again was the subsequent sharing of the learning with colleagues, further raising awareness of gambling causes and harms, and what to do about them.

> *"I've shared the learning and the resources with his wider team."*
>
> *"We had a team meeting at which I shared the learning and talked about the impact."*

As a result of an interviewee's training experience, a local authority has changed the way they provide support in relation to gambling.

> *"We realised that Community Champions in our local authority area could play a role with this problem, so we changed their programme to have an 'addictions awareness champion' with gambling under that banner along with drugs, alcohol etc."*

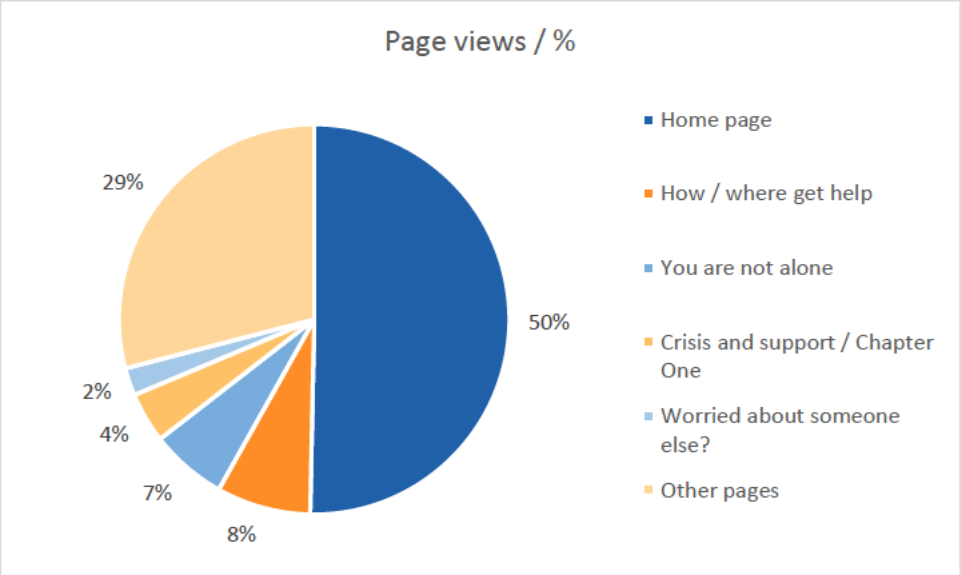
Based on these interviews, the extent to which the training led to practical application depended on the person's role and the information source, with changes as a result of the training varying from not much to more significant strategic changes, backed up with information sharing. This is in part both encouraging – people are making use of the programme's content and they are 'spreading the word', but a more direct effect on referrals was not evident in this admittedly small sample.

### MEASURING THE EXTENT TO WHICH REFERRALS MAY HAVE INCREASED

As discussed in the overview section, whilst it was not possible to directly measure whether the training participants had subsequently made referrals to the relevant support services, it is known that more people are getting treatment locally in relation to the gambling harms they are experiencing.

Website page views did provide some helpful indications of impact. Views of pages that showed people looking for help and support comprised more than 1 in 5 of all page views. It is not

known to what extent these page visits resulted from the actions of the trainees and others making referrals, or the extent to which this resulted from people exploring the website as a result of the campaign to promote the website.




Separate analysis using 'SimilarWeb' showed that 5% of outgoing traffic from the website went to 'Stayalive.app', a suicide prevention and website app, but this was based on small numbers of outward-bound clicks. What the data did show is that a significant proportion of web site traffic was from people who were looking for help, either for themselves or for others.

## INCREASED UNDERSTANDING, KNOWLEDGE, AWARENESS AND IDENTIFICATION OF THE CAUSES, EFFECTS AND INDENTIFICATION OF GAMBLING HARMS

This section combines the learning from five of the seven aims:

1. Increased understanding and knowledge of what causes gambling harms and addiction.
2. Increased awareness of the effects gambling harms and addiction.
3. Increased identification of gambling harms and addiction in key audiences.
4. Increased awareness of the treatment and support.
5. Increased access to treatment and support.

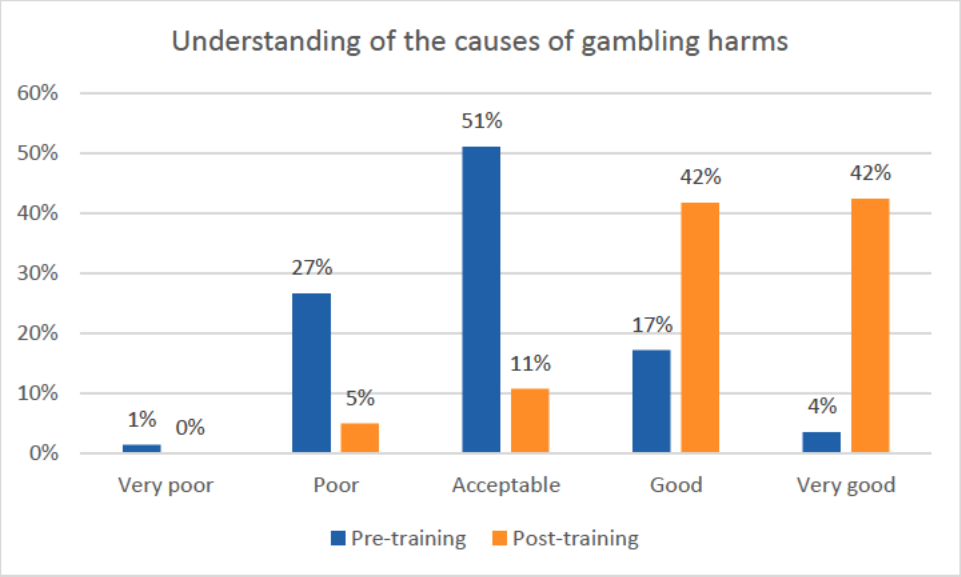
In practice, these aims broke down further as they overlapped in the training delivery, with the identification an implicit part of the understanding, knowledge and awareness of the causes and effects of gambling harms and addictions (aims 1, 2 and 3), and aims 4 and 5 were brought together through 'knowing where to access specialist support and treatment for gambling harms' (examined in the section above).

The analysis brings together evidence from the training surveys and the training participant interviews. The analysis assesses the effectiveness of the training in particular in relation to these aims, but also touches on learning from use of the Chapter One website where training participants referred to this.

## THE EFFECTIVENESS OF THE TRAINING FOR INCREASING UNDERSTANDING AND KNOWLEDGE OF WHAT CAUSES GAMBLING HARMS

### LEARNING FROM THE SURVEYS

The survey responses demonstrated a very strong and significant change in the training participants' understanding of the causes of gambling harms. The graph shows 79% of participants rating their pre-training understanding as very poor, poor or acceptable. After the training, 84% the participants rated their understanding as good or very good. These changes represent a 300% overall shift.




There were a good number (36 / 23%) and range of thoughtful comments in relation to this question, many of them strongly positive. People commented on the quality of the training and its delivery, noting also the role played by lived experience:

> *"An outstanding presentation using various type of media to get the point across."*
>
> *"I thought the training was comprehensive and coherent."*
>
> *"Having someone with lived experience delivering is very helpful."*

They also commented on the changes in understanding and confidence that the training had brought for them:

> *"I have a greater understanding of the fact that gambling harms or what can cause harms are a constantly around us and being pushed in adverts increased with online and ease of access with no real deterrent, those left to self-exclude."*
>
> *"I feel a lot more confident about identifying the harms of gambling should a colleague, friend or client show them."*
>
> *"The training has definitely provided information I didn't know previously and made me think more about the lack of understanding and limited empathy with gambling addiction."*

The comment about a 'lack of empathy' for gambling addiction struck home, particularly in the context of the later responses to the question on personal responsibility (see below). This indicates an area for further investigation and reflection.

For others, the training provoked more questions and changed the way they thought about gambling harms and addiction:

> *"It was very eye opening. I assumed gambling addiction was similar to other addictions in that a person may be predisposed to it, but now that I realise just how much the industry is based on addiction, it is shocking to me that it is allowed to continue."*

From the perspective of GwL, this quote touches on an issue which they wanted to make people more aware of – that seeing gambling addiction as similar to other addictions perpetuates the stigma associated with other addictions and this is unhelpful to all addictions. However, it does demonstrate the extent to which thinking needs to change in relation to addiction, with further evidence and information to make the case against 'predisposition'. More hopefully, the following comment was more typical of the tone of many:

> *"I found the course enlightening and it changed my perspective on a lot of things."*

In conclusion, the training was very effective at improving the participants' understanding of the causes of gambling harms, and that they consequently considered wider questions around gambling addiction. The training was highly regarded by the participants, both in terms of the content and the delivery. The large change in the level of understanding supports the GwL assertion that most participants for whom this training would be useful had a low level of understanding to begin with. This provided scope for making a significant impact on levels of knowledge and understanding. The training was observed to have a strong emotional impact on many of the participants, with many fundamentally shocked by the approach taken by the gambling industry.

The views of some participants indicated the deeper challenge in relation to understanding addictions of all sorts. It was not reasonable to expect this training to overturn what maybe deep-seated assumptions on addiction, but our view is that the amount of time and content spent in the training on 'unpacking' how gambling harms are caused is necessary to making any lasting change to attitudes and behaviours. The following section illustrates this.

### LEARNING FROM THE TRAINING PARTICIPANT INTERVIEWS

The interviews highlighted the diverse range of intermediaries who had completed the training e.g. from a drug and alcohol practitioner to someone working in social housing, underlining how gambling addiction, like other addiction, mental and physical health conditions, can present in a very wide range of circumstances that sometimes combine. All the interviewees saw a need to know more about gambling so that they could better help the people they had contact with, recognising the harms that gambling can bring.

> *"I'm a drug and alcohol practitioner focused mostly on alcohol interventions. A number of users are also involved in gambling, or switch to this, or three addictions going on all at once. Swapping for another high, satisfying a craving."*

The consistent theme in what they remembered related to the way in which the gambling industry works, and the overall impact of the training.

> *"The extent to which the industry are completely complicit in designing addictive products."*

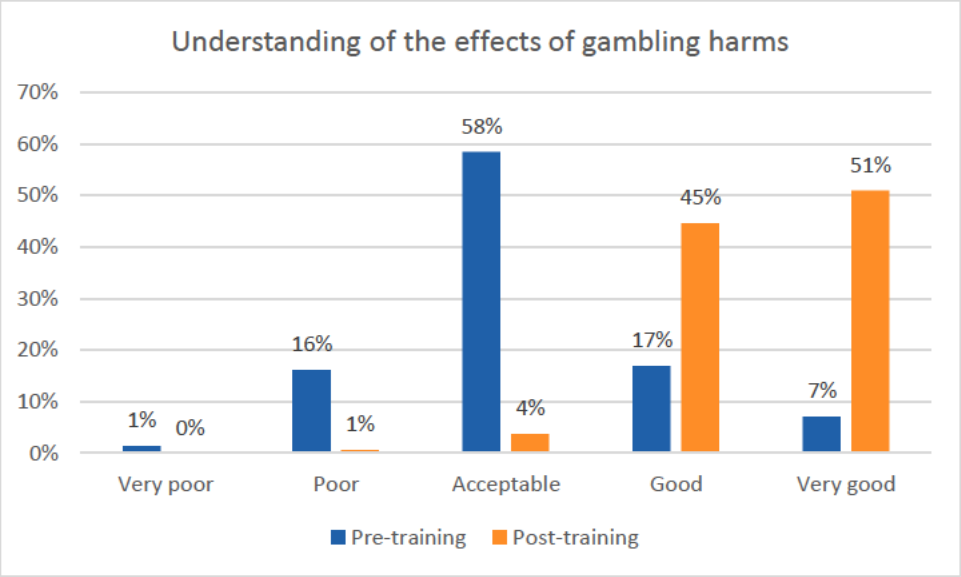
> *"How much gambling is promoted in the first instance and how this hits the same reward response, keeps people involved, similar to other addictive behaviours."*

In conclusion, the balance of comment in the feedback from the training participant interviewees was strongly positive. It highlighted the messages that were enduring for them – the way in which the gambling industry works and how this leads to increased harms and addiction 'by design' – whilst also touching on views which challenge these same messages. The training served as an effective 'wake-up call' to those attending, encouraging them to share the messages with colleagues.

## THE EFFECTIVENESS OF THE TRAINING FOR INCREASING UNDERSTANDING AND KNOWLEDGE OF THE EFFECTS OF GAMBLING HARMS

### LEARNING FROM THE SURVEYS

The survey responses again demonstrated a very strong and significant change in the training participants' understanding. The graph shows 75% of participants rating their pre-training understanding as very poor, poor or acceptable. After the training, 96% the participants rated their understanding as good or very good.




There were a good number (28 / 18%) and range of thoughtful comments in relation to this question, and again many of them strongly positive. The effect on the brain (the training for healthcare professionals uses an animation of the 'dopamine seeking / reward loop' which gambling products exploit – intermediaries had a simpler explanation) had a significant impact:

> *"Understanding the neurological impact of the designed gambling environment, I can understand the difficulties people face when they wish to de-escalate."*
>
> *"I had not appreciated the affects that gambling has on the brain or how clever and destructive the advertising of gambling can be, as well as the other harms (e.g. financial, family issues etc)."*
>
> *"Learning about how the games etc are designed to influence the brain was quite scary, very thought provoking."*

There was a sense in the observed training sessions of 'the penny dropping' on how the dopamine loop is exploited more generally in other settings and this had a marked effect on training participants.

Others noted a potential difference between gambling and other addictions:

> *"With gambling being a much more secret addiction, with a very low percentage of people getting help, I can imagine that makes it more harmful in some ways."*

Many commented on their improved understanding of gambling harms:

> *"Session showed a good understanding on the impact to the person who is gambling and how this can impact those who are close to the person."*
>
> *"The impacts were well explained."*

> *"(I am now) able to identify signs and be more vigilant and understand the prevalence of gambling."*

One person had very strong reactions to the learning with shock being a theme:

> *"The effects are devastating; the number of suicide's was most shocking The stats that we were shown were disgusting."*

Some participants felt there were strong parallels with substance-based addictions:

> *"Very, very similar to the impact of drugs and alcohol."*

> *"Very similar to drug and alcohol addiction."*

Further research could help to establish the ways in which, for example, gambling addiction is similar or different from substance addictions, not only in the way it is consumed ('through the eyes'), but also in the harms it brings e.g., the effects on the way the brain works?

In conclusion, the training was very effective at improving the participants' understanding of the effects of gambling harms, and that the learning relating to dopamine loops was particularly memorable in the context of understanding why people become addicted. The large change in the level of understanding of the effects of gambling harms supports the GwL baseline evidence that most participants for whom this training would be useful had a low level of understanding to begin with.

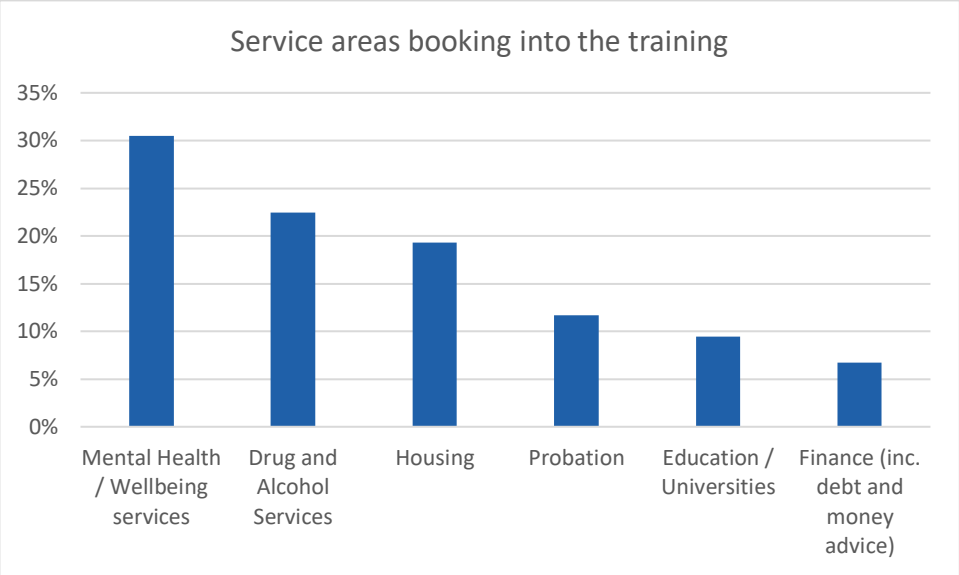
The comment about the secretive nature of gambling (especially app and online-based products) was perceptive and interesting when seen alongside comments about the similarities with other addictions. This also echoed the messages of the social media campaign – 'hiding in plain sight'. This suggests that more needs to be done to understand the similarities and differences between gambling and other addictions, so that intermediaries and health professionals can understand the causes and effects more fully. This might help to identify people more at risk of gambling harms and addiction.

## WHO TOOK PART IN THE TRAINING?

In all and as of 31st July 2024, 643 people took part in the training element of the Chapter One programme, with 615 intermediaries e.g., people working in addiction services, adult and social care and mental health services, and 28 working in healthcare settings e.g., a GP practice.

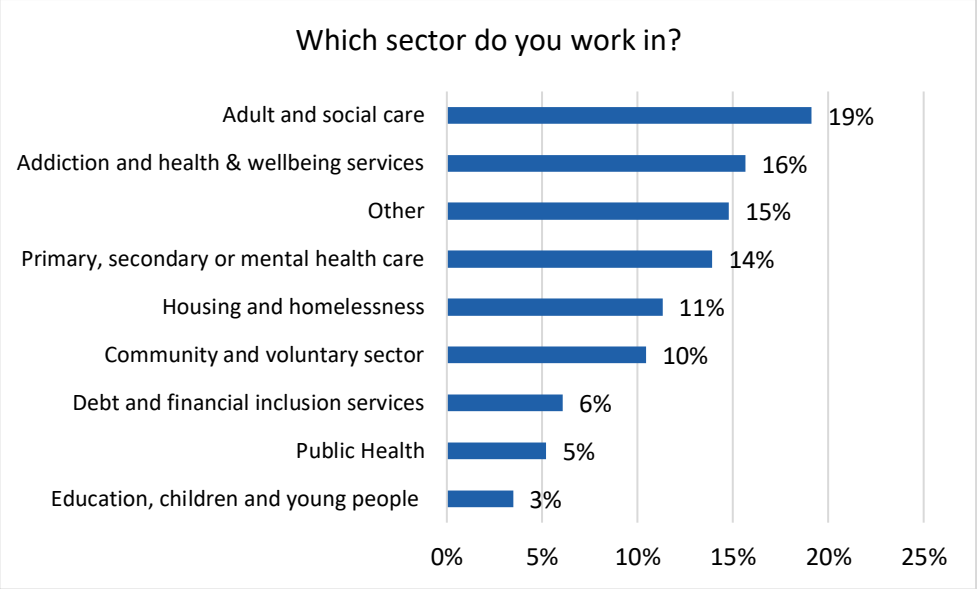
### SERVICE AREAS TAKING PART IN THE TRAINING

A partial record of services and numbers of people taking part breaks down as follows, based on data from 223 bookings for the training.




Other organisations and sectors trained include homelessness services, adult social care, children's social care, children and young people services, charity / voluntary services (varied), police, research and academia, local authorities.

Of those who took part in the surveys, the more common roles covered broke down as follows:

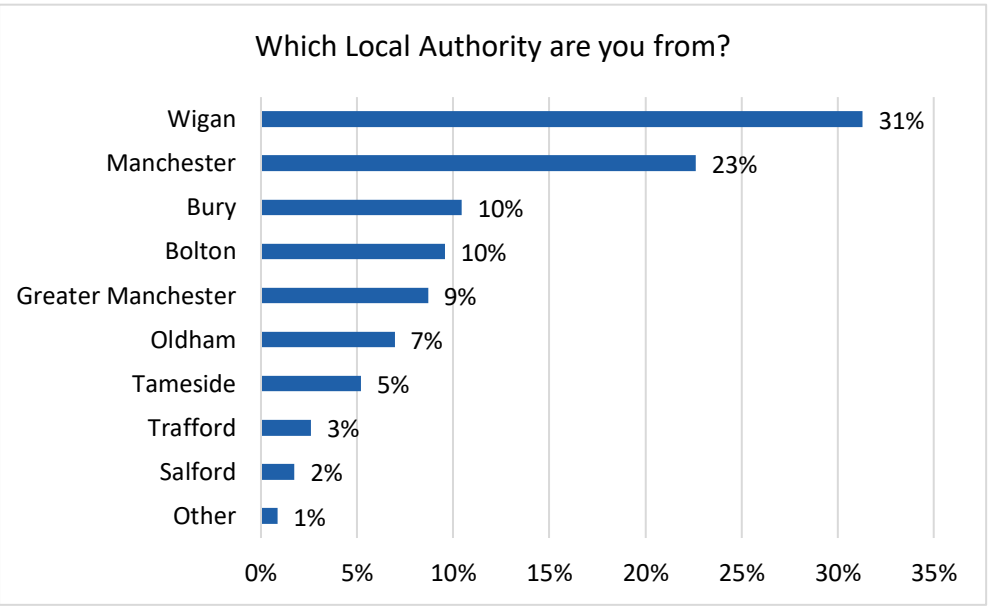



Roles listed as 'other' included individuals from a charity, a community link worker, corporate policy, a councillor, a domestic abuse worker, health / social care, Local Government HR, a food programme, parent and carer support, a PCN care co-ordinator, tenant engagement, trading standards, welfare rights and criminal justice. Two people came from DWP.

Overall, there is not a clear correlation between the roles recorded for the booking side of the training with the roles recorded by those training participants who completed the survey.

## BOROUGHS REPRESENTED IN THE TRAINING

54% of the survey responses came from participants who worked in Manchester (23%) or Wigan (31%), with 46% of the other participants coming from the remaining boroughs.

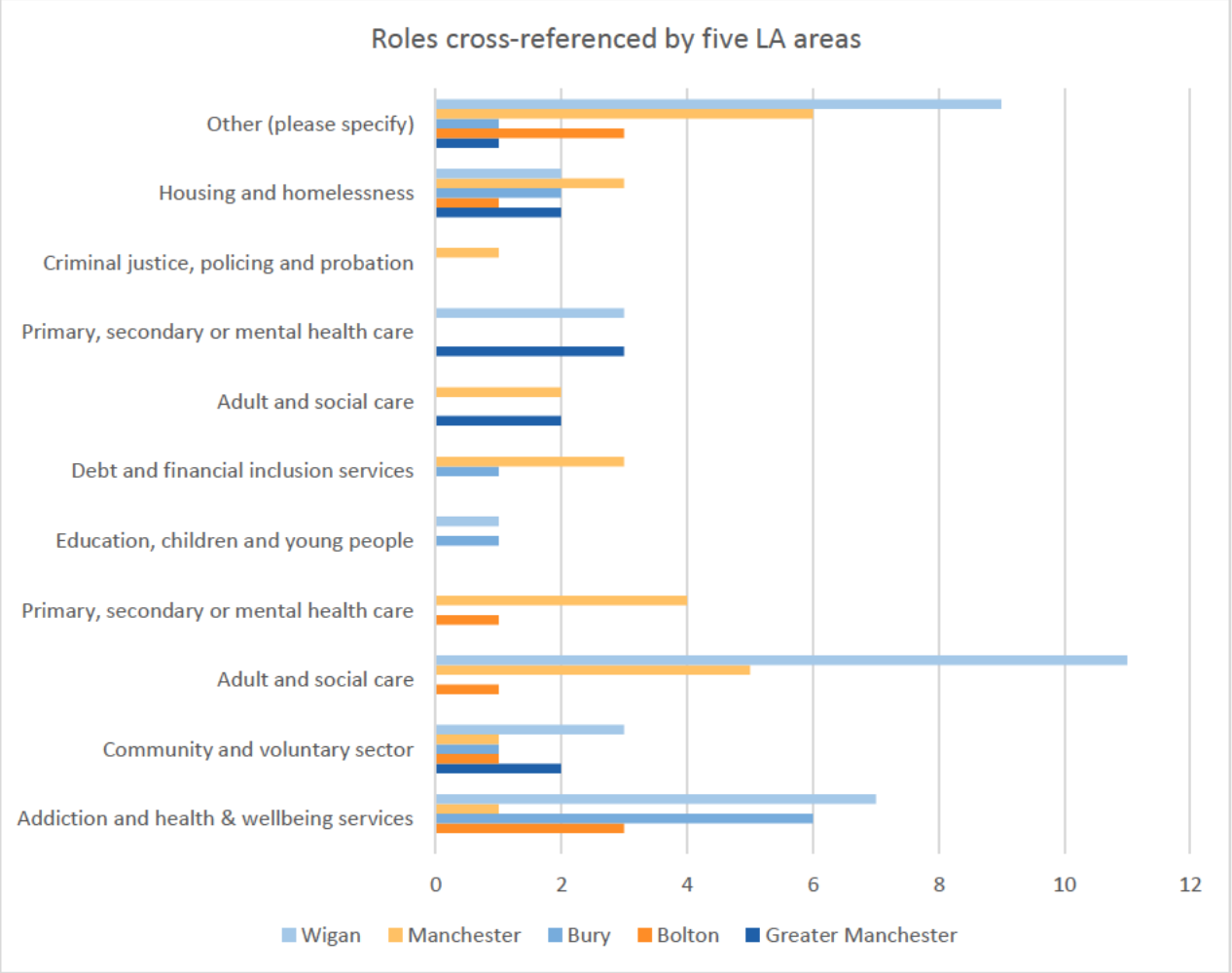


## BOROUGHS CROSS-REFERENCED WITH ROLES

Due to relatively small trainee participant numbers from some of the local authority areas, analysis of the roles in each local authority were only valid for the five that contributed c10% or more of the total cohort. This highlighted wide variations across different service areas. For example, seven people working in addiction, health and wellbeing services came from Wigan whilst only one person came from Manchester. Four areas – Salford, Trafford, Oldham and Greater Manchester had no representatives from addiction, health and wellbeing services.

All the boroughs were represented by people from the community and voluntary sector and seven had representation from housing and homelessness services. The single largest role represented were people from Wigan working in adult and social care.

The extent to which different service structures may have impacted on the numbers attending is unknown e.g., we do not know how many people are employed in addiction, health and wellbeing services in the GMCA area or in the individual local authorities, so we do not know how representative the numbers are of the total number of people in different roles. Also, the survey responses represent about 20% of the total number of people trained, so these numbers were indicative. However, they do indicate a wide variation in take-up of the training across GMCA.



## REDUCED STIGMA IN RELATION TO GAMBLING ADDICTION

### VIEWS ON THE EXTENT TO WHICH PEOPLE EXPERIENCING GAMBLING HARMS ARE RESPONSIBLE FOR THE POSITION THEY FIND THEMSELVES IN

Chapter One implicitly and explicitly challenged the established gambling regulatory and industry narrative around responsibility for gambling harms. As such, it also challenged a strong societal attitude relating to personal responsibility – we are encouraged from childhood to take responsibility for our actions. The idea that we may not always be wholly or partly responsible is challenging, but perhaps it is less challenging to consider if you have experienced addiction or you have worked in addiction-related services.

The survey responses demonstrated a significant change in the training participants' views in relation to responsibility. The graph shows 97% of participants strongly disagreeing, disagreeing or neither agreeing nor disagreeing that people experiencing gambling harms were responsible for the position they found themselves in. After the training, the proportion of responses selecting the same options dropped to 59%, but the proportion agreeing or strongly agreeing with the statement increased significantly from 4% to 16%. Note that no one strongly agreed with the statement before the training, but 7% (11 people) strongly agreed afterwards. The few comments made varied from definitive to ambiguous:

> *"People are responsible for their actions and choices." (pre-session)*
>
> *"Ultimately it comes back to the individual seeking support to reach out and get it. However, so many pressures and factors influencing people these days and so many crossovers with drugs and alcohol." (post-session, different person)*


The training appears to have polarised views for a small but significant proportion of the people doing the training. It also moved a large portion of the respondents from 'neither agree nor disagree' to 'disagree or strong disagree', perhaps indicating that this was a question that they had not considered in relation to gambling before.

A range of views was evident in the comments of those who disagreed with the statement and the following selection shows this range, illustrating the complexity of attitudes and beliefs in relation to gambling addiction and addiction in general. Some of those agreeing with the statement reporting their role as being in addiction and health & wellbeing services (including specialist gambling services, substance misuse services, public health).

> *"I believe there are factors from both birth and nurture that will impact whether a person will have gambling related harms. The question then becomes how much agency does a person have in those areas?"*

> *"Addiction is more complex that this, people dig a hole and often are embarrassed and don't have the knowledge or skills to fix it."*

Others did not take this view:

> *"They are being exploited by the gambling firms. They do have some responsibility but it's not entirely down to them."*

In conclusion, more research and discussion maybe needed to better understand attitudes towards people experiencing gambling harms and the question of responsibility. This dialogue should differentiate between lower and higher risk gambling products, and also explore the differences between gambling and other addictions.

## LEARNING FROM THE INTERVIEWS

**Personal responsibility versus industry responsibility**

Whilst challenging people's perceptions through the question of 'who is responsible' or 'who bears the most responsibility' in relation to gambling addiction was not a specific pilot programme outcome, it was seen as an area of significant interest. The gambling industry maintain a libertarian narrative that gambling is about personal choice, that people who gamble should 'When the fun stops, stop' (now defunct) or 'Take Time To Think'. Gambling with Lives position is that app and online-based gambling products are designed to be used compulsively, diminishing the element of choice.

As shown in the survey analysis, responses to this question varied and they became more polarised, not less, as a result of the training. This was an unexpected outcome and so the question was explored further in the interviews.

For some interviewees, there was little to discuss in regard to responsibility, with clear and strong views in relation to who is responsible, whilst also retaining some nuance of opinion.

> *"I cannot see how you could come away from the training not understanding that the products are addictive."*

> *"I had believed that it was largely about choice, but I feel that people are drip-fed into these behaviours e.g. gaming and even the Lottery, through their reward pathways."*

*I now see it completely the other way – it's not enough to say stop when the fun stops. This is a manufactured addiction."*

Others felt that the issues were complex and that a better understanding of why people get addicted is needed i.e. are some people 'made' in a way which makes them more susceptible to gambling and other addictions?

*"Do some people have more addictive personalities? Can we generalise about these behaviours – it needs more thought and understanding."*

*"People do these things because they enjoy them but we are all wired differently, perhaps some of us are pre-disposed (to addiction)."*

*"Personal responsibility is the only part over which we have some influence."*

There is not space in this report to examine the factors which may or may not predispose someone to gamble, or to be addicted to gambling. The conclusion we reach in relation to these comments is that knowledge of what factors may lead to gambling addiction and harms is often quite poor.

One interviewee further highlighted the potential gaps in understanding and made a comparison with substance-based additions.

*"With a substance, you physically ingest something, whereas with gambling the behaviour feels different (what can we learn from this?)"*

Arguably, comments such as this reflect the stigma relating to addictions more generally. This thinking does not reflect the thinking about suicide in Greater Manchester or GwL and is contrary to the approach of the Chapter One programme. However, the comment made an interesting comparison that highlights that gambling should be thought of differently from other addictions in terms of how it is 'consumed'.

Our perspective on this comment was that there may be similarities with other addictions – we are unaware of any studies which might address these – but there are also differences, and perhaps stigma plays a bigger role in addiction-related suicides than other instances. This could be an area worth exploring more fully through research.

But for another interviewee, there was a simple truth underpinning the whole discussion:

*"(Regardless), there is only one winner - the bookies."*

## OVERALL REFLECTIONS FROM THE INTERVIEWEES ON THE TRAINING EXPERIENCE

It was more helpful to illustrate the impact of the training by having a section just for the training participant's overall reflections, rather than scatter the comments and analysis amongst the sections above.

### THE HIGH IMPACT OF THE TRAINING CONTENT AND DELIVERY

The interviews reinforced the findings of the surveys – this was impactful training, and very impactful for many participants. The following quotes illustrate the typically strongly expressed responses in this regard which demonstrated the emotional impact of the training.

> "*Well structured training, really powerful real-life stories and videos - the difference between knowing something and feeling something."*
>
> *"It was a transformative two hours. The delivery was really good, a really good presenter."*
>
> *"I had never considered the health harms from gambling and this really brought this home, changed my view on gambling and the adverse impacts it will have on people's health. I now see it as a public health issue. It's hiding in plain sight and it feels like an epidemic that will hit."*
>
> *"I'm very positive about the training and it had a big impact on me, professionally and personally."*

As evaluators with extensive community engagement experience, we have noticed the power of engaging people on a number of levels e.g., intellectually, physically, culturally, and especially of engaging people's emotions if the desired goal is to effect change. The course evidently had a strong emotional impact on participants and they spoke animatedly about the session's content and delivery.

Others reacted less emotionally but still valued what the training had provided, emphasising the practical value of the sessions.

> *"Understanding how addiction works can be helpful in potential conversations."*
>
> *"My boss is the GM lead on suicide and she shared some of the resources more widely to help others understand the impact of gambling harms leading to suicide."*

The following quote illustrated a number of training impacts and showed how the person had taken the initiative to create and distribute resources to further raise awareness with other intermediaries. This was a very positive outcome for the programme, effectively supporting and inspiring a professional to take proactive, practical steps to help reduce gambling harms in Greater Manchester.

> *"It improved my awareness of gambling harms, of where to signpost people, and I have used the websites and made a handout for people. I've emailed materials to practitioners*

*as well across Greater Manchester. I was very happy with the training and it gave me encouragement to create resources for use in my job."*

The combination of good content delivered in an impactful way was effective at engaging the participants' attention and in creating a memorable training experience. In combination, these factors created a high-quality training experience.

*"I cannot think of anything that was less than useful – it was one of the best sessions I've attended in ages."*

*"The slide set was incredible and I could have taken that to my team and colleagues."*

One interviewee made a more nuanced response, considering in their view the wider picture of harms and the factors that might lead to addiction and suicide.

*"You need to look at it from two sides, not just the side of the person with gambling harms. More discussion was needed on the mental health side and how gambling addiction might drive someone to take their own life."*

The same person also said that 'the training strengthened my knowledge and of what steps people can take to help themselves. It's in the tool bag for the future'.

On balance, the weight of comment was strongly positive, and markedly so in relation to other training we have observed and evaluated.

## THE EFFECTIVENESS OF THE INFORMATION HUB (CHAPTER ONE WEBSITE)

*'Informative, supportive, helpful.'*

As explained in the programme activities section, the Chapter One programme developed an information hub to 'structure and make available the information necessary to achieving the overall aims, for example by providing resources and links to materials': (www.chapter-one.org)

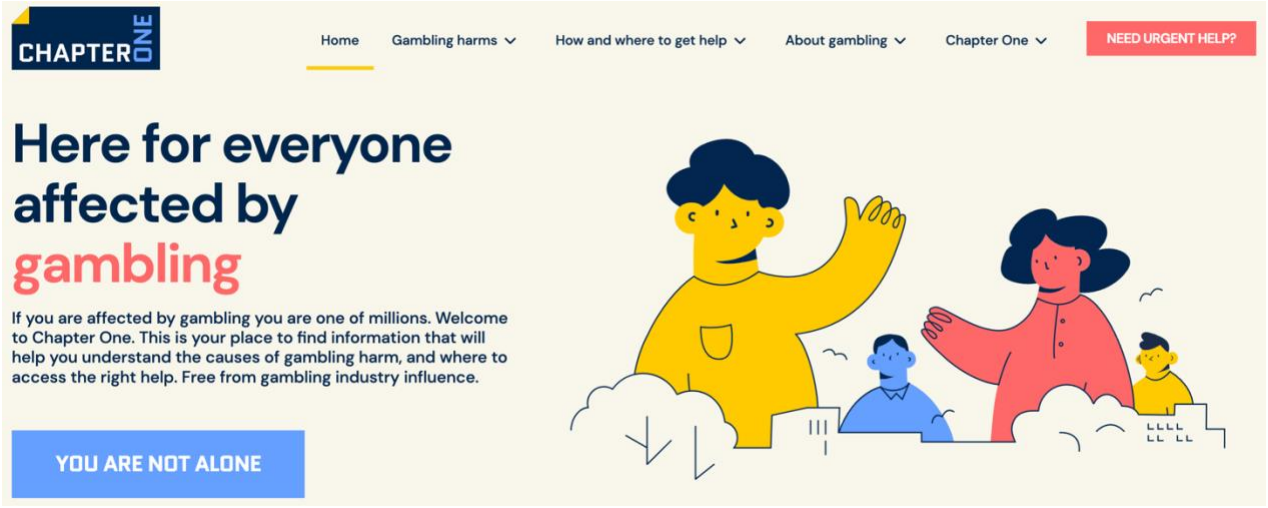
Gauging the success of the platform was done by examining the website usage data and through feedback from interviewees (chiefly the Chapter One team), and some informal panel testing via email invitation to 20 people, including people in the main target demographic group. To supplement these sources, we also used free online accessibility checkers and a free website traffic measurement tool. Google Analytics provided page view data.

### WEBSITE STRUCTURE AND APPROACH

The Chapter One website is a mostly two-level information hub, with five main menu options that lead to sub-options. The design approach was interpreted as being headline-led e.g., 'you are not alone'. The 15 pages available to the public are therefore quickly accessed. Access to immediate help and support was prominently displayed towards the top right-hand corner of the home page.

The public resources were simple, bold and direct, and developed in Greater Manchester (as partners for this pilot project) but designed to appeal to a national audience. The resources for professionals (available from May 2024) were essentially leaflet and poster-style materials that could raise awareness and deliver important gambling harm messages.

The graphical style was warm and with important messages clearly displayed:




### USER / PANEL TESTING FEEDBACK

We conducted some simple user feedback testing, asking (via email) 20 male and female people aged from 20 to 80 for their thoughts on the website. We were particularly interested in the

view of males and females in the 18 to 35 age range. The feedback was not intended to be 'scientific' but it does give an indication of typical responses from a wide range of people. We did not knowingly contact people who might be experiencing gambling harms or who might need help. The minimum required response was 'three words' but people were also invited to say more.

**First impressions**

Website visitors were asked to provide at least three words as an initial response to the Chapter One website. The value of this approach is its immediacy, suiting the nature of digital media which has to grab attention quickly, or provide the 'hooks' that people are looking for. 'Three words' is an engagement technique to start a deeper conversation with the first two words usually being the most immediate response, and the third word being more reflective. We used the responses to make a word cloud.


The top three words can be summarised as: 'informative, supportive, helpful'. This seems a positive summary for the website. These seem a fitting summary of the impact of the website and relate well to the intended purposes of it and the programme as a whole. The website came across well with people aged from 24 to 32, as well as older age ranges.

**Appearance and feel**

The group liked the appearance and feel of the website.

> *"It looks really clean and well thought out." (male aged 20-25)*

*"The website feels personal and relatable, not just another AI-generated 'corporate dribble' page." (male aged 20-25)*

*"It's reassuring." (female aged 55-59)*

This feedback seems a positive response for a website that may be used by people needing quick and urgent help, feeling vulnerable and ashamed.

**You are not alone**

The 'you are not alone' message grabbed more attention than other messages on the home page.

*"I like the immediate 'you are not alone' message." (male aged 20-25)*

*"And the 'You are not alone' button should be less of a statement and more something that invites them to click onto it." (female aged 25-30)*

**Suggested improvements**

There were suggestions for how the website could be tweaked.

*"I like the website - the buttons / links need to be more obviously buttons though. Like the 'Gambling Harms' would need to be 'How Gambling Harms' or something like that." (female aged 25-30)*

In conclusion, the indications were that the website made a good impression on visitors, including those from the target demographic group. They made no comments about things they found off-putting and the three summary words – 'informative, supportive, helpful' – provided a positive statement of the site's overall impression. These words seemed entirely consistent with the values of the Chapter One programme.

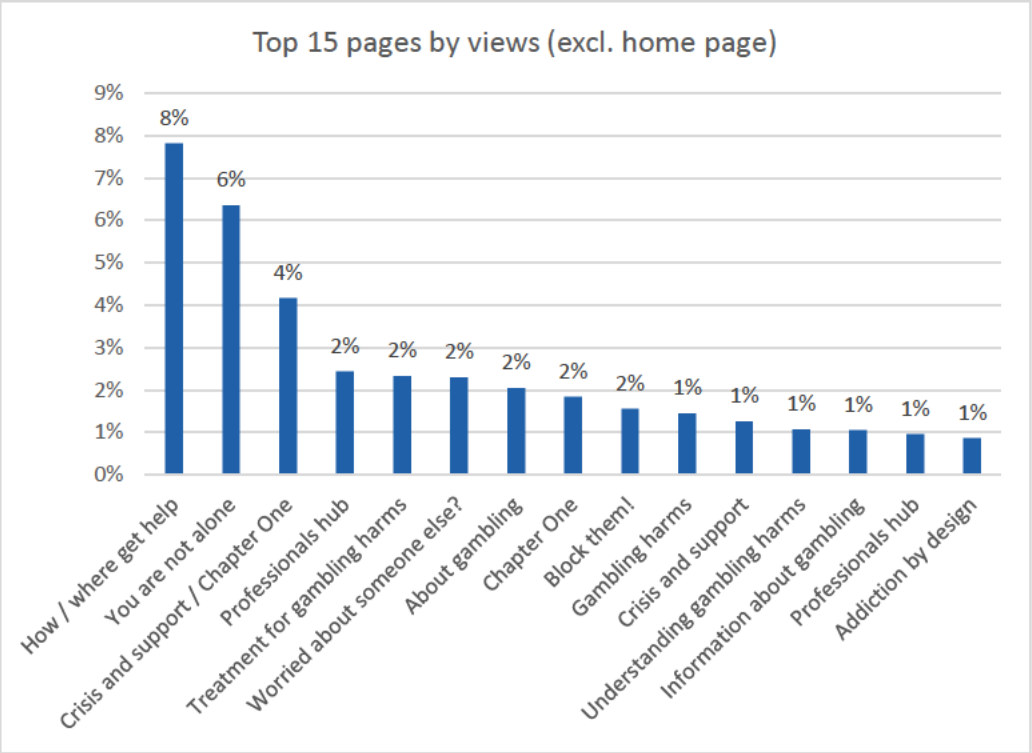
## WEBSITE METRICS

Typically, the performance of a website is measured through the number of visits to the various pages, with the home page logically receiving the majority of the visitor traffic. The data for the Chapter One website is still being collated, but we have the following summary data:

| Source | Number | Note |
|---|---|---|
| Magpie agency – the social media campaign | 44,000+ | The number of click-throughs to the home page during the social media campaign. |
| Google Analytics | 13,154 | Page view report generated September 2024. |

Tracking within the website was not consistently possible due to GDPR / cookie settings to protect web site visitor privacy, and so data is missing e.g., we do not currently have a clear number of the number of clicks from the Chapter One website to referral and other support services.

The following graph shows the proportion of overall website visits for the 15 most visited pages, representing 37% of all website traffic. This excludes the home page, with 50% of views, as this is the page that most visitors will land on regardless.




The company hosting the website should be able to tell their customers what pages were 'served', when and how many times – this is standard practice and does not need Google Analytics or visitor tracking to capture.

## ASSESSMENT

In line with the panel testing, we assess that the Chapter One website had an attractive, friendly and welcoming look and feel. There was a wealth of information which is presented in a logical hierarchy. As far as we know, there is not another platform at the time that presented this information or in the way it was done. The 'addiction by design' page makes a bold statement through 'outing' the techniques the gambling industry uses in its 'harmful and addictive' products.


In our view, the approach 'made sense' but given our involvement in the project we were a fairly well-informed website visitor. We tried to balance this perspective with the views of new visitors to the website. There was no practical way of accessing the views of public visitors to the website, but the interviews with the training participants and the team provided some different perspectives, as did the limited panel testing.

### TRAINING INTERVIEWEE FEEDBACK

There was not much comment on the website from people who had taken part in the training. We noted that not many of them reported having used the website but this was from a small sample. One person had not found what they wanted in the professionals hub area:

> *"I did not find the website easy to use or to find the information I wanted, or the volume (of information) that I wanted. Information for professionals could be more prominent, as well as information for people suffering from gambling harm."*

We wondered if the interviewee had expectations of a different experience from the professionals hub, perhaps comparing it to other training areas on professional development websites, or the experience they might have through local authority / NHS intranets. It should also be noted that the Professionals Hub for intermediaries and health professionals was updated later in the pilot (May 2024) towards the end of the programme. The feedback relates to the period before the professionals area was more fully developed.

> *"At least once for contact and to look for training dates, get some resources, and I shared the information in our newsletter (but) I wanted more details on the training."*

The programme team explained that the training dates were not published as there were limited spaces which were managed by GMCA, in keeping with the pilot nature of the training. As already recorded above, the information in the professionals area was not additional to that found in the main Chapter One website i.e. with more depth to it and in a format that can be easily downloaded.

Others found it more useful, for example:

> *"The links to (the website) have been embedded in our literature, signposting people."*

### FEEDBACK FROM THE TEAM

The responses were broadly positive (as you might expect) with some thought given to 'what happens next' e.g., in relation to branding as the website develops a wider geographic focus.

> *"The information resource is fantastic, great to have it coordinated and brought to one place."*

> *"In general, it's been brilliant and the website is great. Video content is excellent, great for small clips as well as longer versions."*

> *"C1 website has been really helpful as an easy reference point for all sorts of people."*

We reflect that the Chapter One website is perhaps the first website of its kind, developed in partnership by a local authority and a gambling harms charity with resources for public and professional audiences. This strikes us as a significant achievement for the project.

It would be good to see what ambitions there are now for the professionals hub area as there is demand for more and better information in a format that can be easily shared.

### EFFECTIVENESS

Understanding the effectiveness of the website was judged by considering the number of website visits, the number of times people accessed support pages and feel comfortable in getting there. Including in this was looking at if the 'need urgent help' link was clicked for people in crisis.

There was data to show the 'need urgent help' link was used during the campaign and anecdotal accounts of the effectiveness of the website to act as a crisis support pathway from an interviewee, summarised as follows:

> *"A notable percentage of people went to the 'urgent help' page compared to other pages, lots of people downloading the suicide prevention app – it was a shock to see the demand for this.*
>
> *We altered the page to make the link more obvious and the 'need urgent help' message was differentiated to cover suicide risks separate from help with gambling harms.*
>
> *People spend the most time on the 'Get help in a crisis' page, reached by clicking on the 'need urgent help?' link."*

We conclude that there was obviously a strong need for urgent support, either for people needing help to cope with gambling harms, and / or people at risk of self-harm / suicide as a result of gambling harms.

# CONCLUSIONS

## SUMMARY CONCLUSIONS

The overall conclusion of this evaluation is that the Chapter One pilot programme was successful, especially in relation to the training which delivered very good outcomes and indications of further positive impacts to come through building the confidence and capability of hundreds of intermediaries and health professionals.

The Chapter One website (information hub) met a need for unbiased and frank information and also for providing urgent help and support. It hit the right tone in style and presented a range of challenging content effectively and engagingly. It broke new ground in its approach.

The campaign, focused on a higher-risk demographic group, showed the effectiveness of digital media in raising awareness and enabling positive action for public health goods. The campaign content delivered strong messages thoughtfully and successfully drove people to the Chapter One website. Valuable learning on what platforms work better was gathered.

In combination, the programme was 'greater than the sum of its parts', chiefly through showing that a carefully considered mix of training, information and campaigning can be effective in promoting important change. This area of public health was ripe for intervention and the Chapter One pilot programme did so very effectively, but as such we are at the beginning of a wider drive to improve outcomes for people experiencing gambling harms. The effect of deploying such a programme at a national level could be very significant indeed, but in the meantime consolidating the approach in the GMCA area would reap further benefits for the health and wellbeing of the community in the 10 local authority areas. The partnership approach was an important element in this success but it would be interesting to see how well a more 'service commissioning' approach works where local authorities cannot make the same sort of commitment.

In summary, the programme:

- Provided valuable training to 643 intermediaries and health professionals. They reported very significant changes in knowledge, understanding, awareness and confidence. This indicates the potential for significant public health benefits through earlier identification of gambling harms and quicker, more effective referrals to appropriate help and support.
- Provided an effective 'information hub' for the public and professionals that, in particular, highlighted the need for more urgent help for people directly and indirectly impacted by gambling harms. As such, it provided an alternative narrative in relation to gambling and gambling harms that was largely absent from the current public discourse.
- Demonstrated the effectiveness of a mixed-media and digitally focused campaign to increase awareness and enable people searching for help and information to access this quickly. Compared to conventional media, the digital campaign proved more cost

effective and efficient in reaching parts of the community known to be at more risk of gambling harms, although conventional media still has a role to play.

In relation to the three main areas of activity, we make the following observations:

1. **The training** – proved to be highly effective at improving understanding, building confidence and changing attitudes. The training is already being used in other parts of the country, meeting a significant public health need.
2. **The digital campaign** – exceeded expectations in terms of the number of people clicking through to the Chapter One website and provided valuable learning on the cost-effectiveness of different digital media platforms.
3. **The website** – met an unmet need for information and, critically, help and support for people feeling isolated as a result of gambling. It 'broke the mould' of typical gambling harms related websites in frankly describing how some gambling products are designed and how they cause addiction.

Taken together, the three parts of the Chapter One programme worked effectively together to help create a positive change in the awareness and treatment of people experiencing gambling harms in Greater Manchester. Whilst there were areas of the programme that could have been improved, as should be expected in a pilot programme, the overall effect has been strongly positive. As such, the Chapter One programme has been a very successful pilot programme, demonstrating the best aspects of good partnership working and collaboration, guided by clear and shared objectives. It successfully brought together the professional and lived experience of the partners to create a programme that answered unmet need for training and information, speaking effectively to the public, intermediaries and health professionals.

Our view is that it is unlikely that GwL would have achieved the same depth and breadth of engagement without partnering with GMCA, an authority that had clearly identified and evidenced a strategic need for action in relation to gambling harms, and which had the connections to intermediaries across the GMCA area to help drive interest (especially in the training). GMCA did not have the perspective and lived experience of GwL to then develop such compelling and impactful materials. The programme's concept was proved to be robust in conception and delivery, showing that a new approach was needed in this area of public health. As such, the pilot showed that the partnership approach was an intrinsic part of the programme's success.

Chapter One worked and continues to work. It may have already saved lives; it could more save lives and reduce suffering in the future, both in the GMCA region and nationally. Chapter One demonstrated that how we think of and support people living with gambling addiction and harms can be changed for the better.

## SPECIFIC CONCLUSIONS

In addition to the overview, we drew the following conclusions from the evaluation analysis. We try to minimise use of the intensifier 'very' – we have used it in relation to these conclusions with confidence, particularly in relation to the training outcomes which, in our experience, showed a consistently exceptional shift in the views of the training participants.

### IN RELATION TO THE TRAINING

The analysis of the surveys led to the following conclusions:

1. The training was very highly regarded by the participants, both in terms of the content, the delivery style and overall professionalism. Delivery by a person with lived experience of gambling harms seemed to be particularly important to the impact and the authenticity of the training.
2. The training was very effective at improving the participants' understanding of:
    a. the causes of gambling harms, and that they consequently considered wider questions around gambling addiction e.g., making comparisons with other addictions, relating the training to people they already support
    b. the effects of gambling harms e.g., understanding how destructive addiction to gambling can be
    c. how to access specialist support and treatment where most training participants had a low level of awareness of what was available and how to access this
3. The large change in the levels of understanding shown between the pre- and post-session surveys supported the assumption in the Theory of Change that most participants started the training with a low level of knowledge and understanding of the causes and effects of gambling harms, especially in relation to digital gambling products. The training met a very significant public health need using an approach that made a real difference to how the participants thought about gambling harms.
4. The training relating to 'having the conversation with someone gambling harms' was highly effective in building the training participant's confidence, but with some scope for improvement. Interestingly, the training appears to have hardened some participants' views on the extent to which people are themselves responsible for the gambling harms they experience, with a small but notable minority feeling that it they feel there may be a number of factors responsible for 'addictive behaviours'. Regardless, the training was effective at empowering the participants to signpost and refer people to the help they needed; no-one denied the significant harms that gambling addiction can lead to.
5. The training approach was flexed to reflect the challenge of getting intermediaries and health professionals to take part in the training where sparing even two hours seems very hard. Providing the training digitally removed the need for travel, saving some time, but

the time pressures for this vital audience remain. Given the potential benefits of the training, addressing this challenge appears to be of significant importance.

### IN RELATION TO THE DIGITAL CAMPAIGN

- The pilot digital campaign was successful. It over-performed against its reach and engagement targets and the process of trying different content on varied platforms brought out useful learning on which were more effective at reaching important target audiences.
- The messaging and styling of the ads and content successfully reached the target audiences of people with gambling-related interests (broadly, sports and gaming) in the target age range of 18 to 34 and in the Manchester area. Snapchat and TikTok were clearly the most effective at leading people to the Chapter One website and YouTube the least effective. However, there is scope to increase the reach of the campaign as we know that there are c600,000 people in Greater Manchester aged between 20 and 34[xii].
- The website data indicates that, to continue be effective in the long run, digital campaigns need adequate and sustained budget to maintain the profile of the brand. The campaign and the website had good quality and well-designed content that started to build a different narrative around gambling products and the potential adverse effects. These materials are thought to have a two or three year 'shelf-life', providing a good platform for future campaigns and engaging web content.
- Regardless of the effectiveness of the digital campaign, the role of a complementary conventional media campaign (TV, press, marketing collateral) remains important. The programme was poised to make a significant 'splash' in this regard but was overtaken by election-related content at the time of the campaign.

### IN RELATION TO THE CHAPTER ONE INFORMATION HUB

- The website was attractive, engaging and well-structured. Visitors summarised their response to the website as 'informative, supportive and friendly'. The appearance and feel of the website seems to do a good job of presenting helpful information in a way which does not put people off e.g. it did not 'preach'
- We reflect that the Chapter One website is perhaps the first website of its kind, developed by a charity independent of the gambling sector in partnership with a large metropolitan local authority, with web-page content suitable for public and professional audiences. As explained in the summary, the partnership approach strikes us as a significant aspect of the programme's success, demonstrating a model with applicability across the UK.

- There was not an effective page visit monitoring system in place, largely because cookie tracking was removed to preserve user anonymity. We know that more than 44,000 click-throughs came from the digital campaign, but the website data did not capture anything like this number of visits, recording 13,000 or so. Efforts to reverse-engineer the traffic data are underway.
- The Google Analytics showed that a significant proportion of website visitors went to the 'urgent help' part of the website and that site visitors were downloading the suicide prevention app. Whilst this was shocking in some ways, it demonstrated the need for support and the need for a website like Chapter One in the GMCA and other areas. The programme acted promptly and effectively on feedback and data to make links to appropriate help more visible. There was obviously a strong need for urgent support, either for people needing help to cope with gambling harms, and / or people at risk of self-harm / suicide as a result of gambling harms.

### IN RELATION TO THE WIDER GOALS

- **Demonstrating the effectiveness of partnership working.** The Chapter One programme demonstrated the effectiveness of a partnership with complementary skills, networks and experience working together towards a genuinely shared objective. Whilst every local authority and other potential partner will be different, looking for and developing these can clearly be a highly effective way of GwL improving knowledge, awareness and referrals.
- **Increased referrals.** It has been hard to show a direct link between increased referrals to gambling support services in the north west and the Chapter One programme, in part because the website did not have the data to show whether people had clicked through to other services, and in part because it is not feasible to monitor (for example) the 600+ people who took part in the training to find out if they were making more referrals. However, it seems that there has been a significant increase in the number of referrals to the NHS North-West Gambling Service.
- **Strong demand for help and support.** As reported above, there is clearly a strong demand for help from people who needed urgent support and the Chapter One website has achieved a very important outcome in making this need more visible.
- **Change in attitudes**. The feedback from the training strongly showed a change in understanding, confidence and attitudes in relation to 'who is responsible' for gambling harms, challenging the personal responsibility model so prevalent in modern societal attitudes i.e., the idea that something could not be your fault is rarely accepted. The training successfully crystalised the participant's views in regard to accepting the (at best) limited degree of choice that people have as a result of exposure to gambling products designed to create addiction. A small proportion of the participants felt more strongly

the other way – that those experiencing gambling harms were at least partly responsible for their situation.

## RECOMMENDATIONS

Based on the main conclusions of the evaluation, we make the following recommendations.

### PROGRAMME-SPECIFIC RECOMMENDATIONS

The purpose of the recommendations in this section is to further improve the content and delivery of the Chapter One programme, whether it remains branded as this or takes on other guises as it works in partnership in other parts of the country.

#### CONSIDER ALTERING THE BALANCE OF THE TRAINING AND / OR THE DURATION AND ACCESSIBILITY OF THE SESSIONS

Whilst recognising that there is a limit to what can be changed without reducing the training's impact, clearly widespread attendance by intermediaries and health professionals needs to be supported in new ways, perhaps as follows:

1. Break the training into 1-hour sessions; this might be easier for people to slot into their diary and might offer the scope to provide three sessions, allowing more time for training, not less.
2. Consider how the training could tie into approved CPD offerings, perhaps even offer certification of some sort to provide more of an incentive to attend.
3. Consider whether to have a range of training interventions on offer e.g., a minimum level offer (the current training session); an intermediate approach with a face-to-face element which offers a chance to practice 'having the conversation' to have a chance to practice the language and approach; a higher-level session that provides participants with sufficient training time to then cascade the training to their colleagues with confidence (and the appropriate materials).

#### CONSIDER TAILORING THE TRAINING TO TARGET SPECIFIC INTERMEDIARY AUDIENCES

This may be of more value in encouraging engagement with the training sessions than in relation to actual impact on the attendees (showing a willingness to meet specific needs), but it is also likely that a degree of bespoke development may be helpful e.g., so that the language and context is set correctly. There are obvious resource implications which mean that tailoring needs to be paid for in some way. This may overlap with the recommendation above and we also reflect that GwL has limited resources with which to explore such partnerships.

### FUND A SUSTAINED DIGITAL MEDIA CAMPAIGN

The digital media campaign showed the value of paid-for advertising on Snapchat and TikTok in particular, but this was only for a trial period. We recommend funding a 12 to 24-month campaign that focuses primarily on Snapchat and TikTok, with some budget to trail advertising on Meta platforms, and to continue to develop a presence through Google's P-Max. Additional budget will be needed to develop content for this campaign.

As such, digital campaigning and GwL's general digital profile needs to be developed to compete effectively with gambling industry advertising, whilst recognising that GwL cannot compete with the resources the industry has. We think a minimum budget of £40,000 will be needed for a further campaign in GMCA area and we note that the website traffic was almost entirely driven by the social media campaign. This may be something that GMCA thinks would be worthwhile investing in given the potential costs of gambling harms in their area. The content of the Chapter One website and the related material used in the digital campaign will retain efficacy for at least a year.

Whilst the conventional part of the campaign was overtaken by events, this can still play an important role in a future campaign, so we recommend trying this again.

### INFORMATION IN THE PROFESSIONALS HUB

The main pages of the website and the embedded video provide people with an effective range of information, so packaging this in a more convenient way would be helpful – it would make the website content more easily downloadable and sharable without undermining the training process. This could be a project for a research student or a piece of commissioned work – the raw content is there and could quickly be brought together into a downloadable pdf with the appropriate branding.

GwL has subsequently reflected on feedback from partners and participants during the pilot, and an eLearning package is in development to enable professionals to undertake learning at a time suitable to them. In addition, the evaluated content from the training package is being adapted into an eLearning package with input from developers who have previously created similar packages. The final package of materials was not available at the time of the evaluation process but it is recommended that GwL and GMCA work to understand the impact of the eLearning by seeking feedback from participants and evaluating changes to practice within teams that have completed the learning, in comparison with the face to face and online training. A key consideration will be whether the online training reduces the impact of the lived experience and the effect this has on 'bringing home' the training messages.

### IMPROVE HOW THE IMPACT OF THE PROGRAMME IS MEASURED

We recommend developing more effective ways of measuring referrals that result from engagement with the Chapter One programme. Clearly, whilst not all referrals can or should be attributed to the programme, a better job could be done by:

1. Using a follow up survey with the training participants e.g. 12 months after the training to see if they have made more referrals and what they remember of the training.
2. Measuring the number of times that site visitors click-through to a gambling service or charity. This can be done anonymously.
3. Measuring the number of times a downloadable resource is downloaded. Again, this can be done anonymously.
4. Strengthen relationships with services that might receive referrals facilitated by Chapter One so that tracking is more easily done e.g. by asking people receiving a service how they found out about it.

None of these approaches are perfect but they would be a big improvement on the current arrangements and would give a more reliable indication of the programme's reach and impact.

### WEBSITE STATISTICS

To adequately gauge the effectiveness of the website, there needs to be a basic page monitoring system in place which monitors at the very least the: number of unique and repeat visits to the home page; number of unique and repeat visits to all the other pages; counts of any materials downloaded; 'jumping off' data – where people go after the website, especially important in relation to referrals and other gambling services. This type of web site traffic monitoring is anonymous.

Visitor tracking may be useful but will be of little value if the basic page statistics are not in place. Cookies are not required to accomplish this; the web server logs provide the basic data.

## STRATEGIC RECOMMENDATIONS

The following recommendations are made in relation to GwL, GMCA and the Chapter One programme, either to address fundamental assumptions or to recommend 'next steps'.

### RECOMMENDATIONS FOR GMCA

1. We unreservedly recommend that the GMCA work with GwL to develop and promote the Chapter One programme across the 10 local authority areas. The programme demonstrated a clear and continuing need for an effective intervention. The partnership arrangement deftly made the best of each partner's strengths.

2. The Chapter One programme has provided an indication of the need for people in the GMCA area to access help and support, sometimes urgently. In light of this, GMCA should extend the period of funding to support all parts of the programme with the cost benefit likely to relate to reduced social and health harms. We recommend a programme of two years duration to really embed the messages and raise awareness sufficiently.

   The benefits might be hard to measure and the gambling industry will continue to promote gambling products at the same time, but on a moral level there remains a case for GMCA taking action to reduce gambling harms. GMCA's assessment of gambling harms estimates the costs of these at more than £80m per year[xiii] and highlights the risk of suicide. Data from the Samaritans suggests a financial cost of c£1.4m per suicide from whatever cause[xiv]. Such an approach could reinforce existing plans and strategies e.g., the Manchester City Council Suicide Prevention Local Plan.

3. GMCA should continue to play a role in helping to organise participation by intermediaries and health professionals in the training. GMCA should make this a policy requirement e.g., that 25% of intermediaries in the GMCA area should take part in the training over a two-year period[xv], a proportion sufficient to instil a 'tipping point' level of wider awareness in the overall cohort.

### GWL SHOULD MAKE SOURCES OF HELP AS EASY AS POSSIBLE TO SEE AND ACCESS

Given the very clear evidence for support for people experiencing acute gambling harms, the links to sources of help should be made more prominent on the Chapter One and the GwL websites. It might be worth setting up a simple website solely to meet this need, looking to attract funding for a **national** social media campaign to publicise this. GMCA could use their digital assets to refer people to the support pages.

*The following recommendations relate to the intellectual validity of training content, particularly in relation to the question of personal responsibility. Whilst most agree that online and app-based gambling products are more addictive, even amongst this cohort there was consideration of other factors i.e., 'it's just not that simple'. It does not matter that they may be wrong – it's what training participants thought and this needs to be considered in the messaging*.

### POSSIBLE PROJECTS WITH A RESEARCH PARTNER

We think there are two areas of potential research with national relevance that GwL could look to support. Obviously, both would require funding and the right research partners.

#### CONSIDER THE SIMILARITIES AND DIFFERENCES BETWEEN GAMBLING AND OTHER ADDICTIONS

Comments from the training participants suggest that more needs to be done to understand the similarities and differences between gambling and other addictions, so that intermediaries and health professionals can understand the causes and effects more fully, and in terms that they are

familiar with. This is a step on the way to changing the public health and personal responsibility paradigm surrounding gambling and addiction.

This might help to identify people more at risk of gambling harms and addiction. We speculate that this might also encourage dialogue in and around the 'responsibility' debate (see below). The comments reflect the mindset of some of the training participants and this should be paid attention to. Funding could be sought in partnership with a suitable research partner e.g. King's College London or Exeter, York, Bristol, Bath and Sussex Universities.

## GWL SHOULD PURSUE MORE RESEARCH AND DIALOGUE ON RESPONSIBILITY

More research and discussion is needed to better understand the attitudes of intermediaries and health professionals towards people experiencing gambling harms. Continued dialogue in and around the complex factors at play in addiction should be maintained, differentiating between lower and higher risk gambling products, and also exploring the similarities and differences between gambling and other substance-based addictions. For example, the message on personal responsibility could be developed further to reflect concerns that it may ignore factors such as inequalities and additional risk factors to experience harms e.g. neurodiversity and trauma. Alongside this, the language used by some people in the interviews was notable for vocabulary that was less progressive than GwL would like e.g., that people might have a greater likelihood of experiencing addiction because of psychological predisposition and genetic factors, further demonstrating the need to move the dialogue forward.

Gwl should develop medium and long-term strategic goals for delivering the Chapter One programme nationally

The medium and longer-term strategic goals should be to build further partnerships, deliver more training and support that through further development and promotion of the Chapter One website. Funding in kind and with grants is needed to deliver a sustained digital media campaign. This is obviously a challenging objective but, given the efficacy of the programme, it seems a goal worthy of pursuit. Such an approach should ideally be built on the strengths of this programme, particularly the partnership approach which, whilst time consuming, was very important to the success of the programme.

## GWL AND / OR GMCA SHOULD EXPLORE THE POTENTIAL OF THE CHAPTER ONE PROGRAMME WITH NATIONAL AGENCIES AND ORGANISATIONS

Given that, for example, the Office for Health Improvement and Disparities (OHID) recognised the significant health impacts of gambling harms (expressed as financial costs) we recommend that the learning from this report is shared with them and others. The potential benefits could be in relation to:

1. Influencing policy e.g. in relation to public health and the training of relevant people

2. Funding e.g. for a wider deployment of Chapter One in selected areas with a significant gambling harms profile
3. Promoting a wider understanding of gambling harms and addiction as a factor in 'disordering' people's lives, with the consequent negative and costly effects of this

This could be achieved by, for example, building a coalition of partners and interested parties to take forward a more progressive agenda on the regulation of gambling, raising overall awareness of the risks of gambling, and the treatment of people experiencing gambling harms.

## END NOTES

[i] In 2023 the Office for Health Improvement and Disparities (OHID) produced the first official estimate: 117 to 496 gambling related suicides each year in England alone.
[ii] OHID https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2, January 2023
[iii] Gambling-related harms evidence review: summary - GOV.UK (www.gov.uk)
[iv] gambling-treatment-and-support.pdf (gambleaware.org)
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