



BUSINESS PLAN 2010-2011

May 2010



Introduction

GamCare is an independent charity whose purpose is to promote responsible attitudes to gambling and so prevent vulnerable people from becoming problem gamblers; and to ensure appropriate and effective support and treatment is available for those who are harmed by problem gambling. We run a national telephone HelpLine and its online equivalent, NetLine, and provide help to individuals through face-to-face, online and group counselling, an online Forum and a ChatRoom. We also provide, as a chargeable service for companies and regulators through GamCare Trade Services (GTS), consultancy and training in socially responsible gambling, and we assess and certificate operators' social responsibility policies and practices. We are developing a strategic framework to take forward our work on education and prevention.

We have built up a strong national and international reputation based on the experience and expertise of our staff and the effectiveness of our services. We are funded predominantly by voluntary contributions from the industry through the Responsible Gambling Fund (RGF - previously the Responsibility in Gambling Trust) and in 2009/10 we received nearly £2.5 million from them. We raised a further £250k from trading, donations and other sources.

GamCare takes a non-judgemental approach to gambling. We recognise that gambling opportunities are widely available and that gambling provides a great deal of enjoyment and pleasure for many people. We do not wish to restrict choices or opportunities for anyone to operate or engage in gambling activities that are legal and run responsibly. What we do want to do is help people to manage their gambling responsibly, to help the industry ensure that their customers are gambling in a safe and supportive environment, and provide positive emotional and practical support and treatment for those who run into problems, and for their families and friends.

The Strategic Context

2009 saw the creation by the Gambling Commission of a new Responsible Gambling Strategy Board (RGSB) to set a strategic framework for problem gambling research, prevention and treatment. It published its initial priorities and recommendations in October 2009¹, and intends to publish a fuller set of recommendations by the summer of 2010². We are seeking to work closely with the RGSB, and their work will undoubtedly influence the context in which GamCare operates.

Demand

There is clearly a large unmet need for advice, support and treatment. The Gambling Commission's most recent Prevalence Study³ suggested that there are some 250,000 (236-284,000) problem gamblers at any particular moment in Great Britain - some new, some continuing, some relapsing, and most not in any form of treatment. It also found that a further 1.4% of the population - over 660,000 people - were at "moderate risk" of becoming problem gamblers, and 5.1% - over 2.4 million people - displayed some risk factors.

Writing in 2003⁴, Professor Peter Collins of Salford University concluded that less than 5% of those who are estimated to have gambling problems seek any help, and less than 1% embark on a programme of treatment. Later estimates suggest a lower figure, perhaps around 0.5%⁵. Whatever figure is taken, it is clear that the current take-up of treatment is woefully low. The Gambling Commission's Review of Research Education and Treatment⁶ suggested that "the current proportion of 0.5% should at the very least be increased to 1%" (para 7.28) and further noted that "many respondents felt that a target of doubling the proportion of problem gamblers accessing treatment was too low" (para 7.29).

The Prevalence Study also highlighted particular groups where problem gambling prevalence was high and/or growing. These include:

- Asian/Asian British and Black/Black British communities,
- Other ethnic groups (including Chinese),
- 16-24 year olds,
- Growth amongst women and older people.

We are also aware of other communities (for example prisons - see Professor Corinne May-Chahal's work with OffGam⁷ - and students, neither of which are properly represented in the Prevalence Study) with particular needs. The Gambling Commission's recent literature review of children and young people's gambling⁸

¹ "Research, Education and Treatment: an initial strategy and priorities" RGSB October 2009

² Subsequently put back to Autumn 2010

³ "British Gambling Prevalence Survey 2007", prepared for the Gambling Commission by the National Centre for Social Research (NatCen)

⁴ "Towards a strategy for addressing problem gambling in the UK; a report to the Gambling Industry Charitable Trust" RIGT 2003

⁵ RIGT 2008

⁶ Final Report and Recommendations, 17 October 2008

<http://www.gamblingcommission.gov.uk/UploadDocs/publications/Document/RRET%20final%20report.pdf>

⁷ "Offender Problem Gambling Reduction Programme" Lancaster University

⁸ "Literature Review of Children and Young People's Gambling" Prof G Valentine Gambling Commission September 2008

also drew attention to the relatively high rates of problem gambling amongst young people and the particular influence of the example set by parents and other role models. Problem gambling prevalence amongst adolescents is estimated at 2%, more than three times the adult rate, suggesting there are around 60,000 problem gamblers aged between 12 and 15⁹.

Problem gambling clearly creates costs for the state associated with health, crime, social security, employment, productivity and so on. As far as we know, there has been no definitive research into the social and economic costs of problem gambling in the UK, but there has been some in other countries. In 1999 the Australian Productivity Commission estimated that the annual social cost of problem gambling ranged from \$AU 1.8bn - \$AU 5.6bn (£1 - £3bn). In the same year the National Opinion Research Centre at the University of Chicago estimated annual and lifetime costs for problem and pathological gamblers, indicating annual costs of \$715 - \$1195 (£435 - £726) per person per annum, and additional lifetime costs of \$5130 - \$10,550 (£3119 - £6413) per person. Grinois & Mustard (2001) averaged the results of 8 US studies and estimated an annual cost per problem gambler of \$13585 (£8258). If this were applied to the current estimate of problem gamblers in Britain - c250,000 - this would imply an annual social cost of nearly £2.1 billion per annum.

Whilst there are many questions about the methodologies of these studies and their applicability to the UK, what they all clearly indicate is that the costs of problem gambling to the state are undeniably considerable; that the proposed industry spend on research, education and treatment in GB is tiny in comparison; and that further research into establishing more precise costs, whilst undoubtedly useful, would be unlikely significantly to change this analysis.

The industry, in common with the rest of the economy, is of course facing significant challenges and hardships, but given the extent of the latent demand for GamCare's services any downturn in industry activity will not materially affect this growth in demand for treatment. Indeed, it is at times of hardship that those most vulnerable (unemployed, in debt etc) may be more prone to overstep the boundaries of responsible gambling and find themselves in need of help.

So whether the "recession-proof" reputation of gambling and related industries is borne out or not, we anticipate that increased demand, fuelled as well by the potential impact of increased education and public awareness activity as mooted in the RGSB's recommendations, will lead to a significant increase in numbers seeking all GamCare's services in 2010/11 and beyond. Whilst education and prevention measures may, in the long term, reduce demand for treatment, improved public awareness and greater opportunities to gamble will certainly increase the numbers seeking treatment in the short and medium term.

Supply

GamCare is one of very few providers with a long experience of working with problem gamblers. The GamCare counselling network, encompassing our work through and with third sector Partners throughout Great Britain as well as our own counselling operation, represents a considerable investment over a number of years in the development of a coherent national infrastructure and a skilled workforce. At the moment, though, this specialist gambling counselling is only available to c68% of Great Britain. The number of people across the country skilled and

⁹ "British Survey of Children, the National Lottery and Gambling 2008-9" Ipsos Mori 2009

experienced in working with problem gamblers is small, though our staff development and training programmes have significantly increased the number of skilled and experienced counsellors in recent years.

NHS provision for the treatment of problem gamblers is negligible. Problem gambling has never been a priority for the Department of Health or the NHS; any initiatives have depended on local interest and resource and so have been few and far between, and certainly have not represented a coherent response to the problem. Recently, a pilot NHS Problem Gambling Clinic in London has been established, funded by the RGF. However, in the prevailing public expenditure climate cuts in funding are likely to reinforce the NHS's reluctance to take on any significant responsibility for treating problem gambling. Their focus is therefore likely to remain on those gamblers with severe co-morbidities and mental health problems requiring medication and in-patient services.

It has also been well-established, for example most recently in our own research into gambling and debt¹⁰, that NHS frontline services, and GP practices in particular, have low awareness of the nature of problem gambling (and so are not alert to it as, say, an underlying cause of anxiety or depression) and an even lower awareness of agencies such as GamCare which can help problem gamblers. Recognition of this led to RIGT funding GamCare to undertake a Pathfinder project in 2008 to explore how best to raise awareness and publicise the help available. The evaluation of this Pathfinder, which endorsed the value of awareness-raising and identified more cost-effective ways of doing it throughout the country, was made available to the RGSB and the RGF in April 2009.

The RGSB has set out its intention to stimulate increased awareness and provision for problem gamblers within the NHS alongside that provided by the third sector. It has recommended the establishment of two further NHS pilots and a training programme for GPs and others in the NHS; the development of a clinical governance framework and integrated model of care; and a workforce training needs analysis. The nature and timescale of this work is at present unclear but we intend to cooperate fully with it and the development of this work programme will undoubtedly have implications for GamCare.

We believe that, given the likely increase in demand for services, the scarceness of resource and the limited availability of skilled and experienced people, together with the cutbacks facing the NHS and all other areas of the public sector, it is vital to build on what already exists and to develop co-operative partnerships between providers.

Prevention and education

The industry invests considerable sums in policies and programmes designed to help gamblers gamble responsibly and to ensure that their staff are aware of the indicators of problem gambling and are equipped to help and support their customers. GamCare, through its operator certification and training activities (which are self-funding), has done much to lead this work with industry associations as well as with individual operators. GamCare certification provides assurance to players that the company they are dealing with has met the standards set by GamCare and has properly trained staff - an assurance that is particularly

¹⁰ Downs, C & Woolrych, R (2009) "Gambling & Debt Pathfinder Study" GamCare & Money Advice Trust

important for those who gamble online, where most sites are not regulated by the Gambling Commission. We are also putting in place a new partnership, working with a group of remote operators and Salford University, to explore and develop new approaches and opportunities to improve responsible gambling measures online. This work will be a significant contribution to an effective prevention strategy.

Much less attention has been paid to education for young people, in or out of education. The RGSB has emphasised the importance of developing a coherent prevention and education strategy, whilst drawing attention to the lack of evidence in connection with the effectiveness of education and prevention measures. GamCare supports strongly the need to develop a clear strategy for prevention amongst young people, and to that end we have created a new post specifically to scope how we might best use our, and our Partners', expertise, experience and networks to design and deliver cost-effective programmes. We already undertake some outreach activities with schools and colleges, and we are also engaging with the Department for Education to explore how prevention might best be incorporated into the national curriculum.

Effective delivery

GamCare's services have developed rapidly in recent years and we hope they will continue to do so. The last two years have seen a significant investment in increasing GamCare's HelpLine, NetLine and counselling capacity. We are currently piloting extended opening hours for both the HelpLine and the NetLine. We are continuing to develop and expand our online services. We have recently opened a new office in Salford, providing counselling for the Greater Manchester area, and have continued to develop and expand our counselling Partnerships.

Our work with the industry has also developed, with more and more online as well as land-based operators receiving training and seeking GamCare certification. We are also working with regulators and operators overseas - for example in Malta, Gibraltar, Alderney and the Isle of Man.

We are currently conducting a thorough review of our clinical governance framework with a view particularly to developing a more varied portfolio of interventions designed to meet the differing needs of clients. The outcome of this, which will provide a significant contribution to the RGSB's work in this area, will feed through into our policies and practice in 2010/11

Expansion of counselling services across the country will continue to depend in the main on the continued development of our Partnership business model. We are also exploring with our partners and with the NHS ways in which our model might be further developed.

As services continue to develop and grow, GamCare will bear down on costs and reap efficiency gains from economies of scale. We are conscious also of the need to improve the quality of outcome evaluation, and will work closely with the RGF/RGSB and with academic colleagues on this, as well as developing efficiency indicators for our main activities. GamCare also already benefits from the significant amount of *pro bono* help and expertise that it receives from its Board of Trustees, who between them have considerable relevant experience, knowledge and wisdom.

Strategic Risks

We have identified three overarching strategic risks which potentially affect all of GamCare's programmes and activities, and we set out below what they are and how we intend to manage them.

1 Planning and funding uncertainty

The whole approach to problem gambling research, education/prevention and treatment has been under review for more than two years since the Government and the Gambling Commission launched its Review of Research, Education and Treatment in October 2007. This resulted in a reorganisation of the structures for determining strategy and collecting and distributing funding from the industry; the creation of the RGSB, the RGF and three advisory panels; and the evolution of the RIGT into the GREaT Foundation, a single-purpose industry fund-raising body. These bodies are still evolving and so uncertainty about strategic direction and priorities, the amount of funding available to deliver them and the process and timetable for commissioning providers still continues. Whilst a key objective of the original Review was to move to three year funding arrangements, funding at present is still being provided on an annual basis.

To manage this continuing uncertainty we intend:

- To work closely and cooperatively with the RGSB, RGF and its advisory panels
- To reconsider our reserves policy
- To work closely with the GREaT Foundation to reinforce its efforts to raise funding from the industry and other companies who benefit from gambling-related activity
- To explore how best to diversify our funding base and options without undermining the machinery in place to raise money from the industry, as part of our organisational capability review

2 Recruitment and retention

The Government Review and subsequently the RGSB's initial priorities paper recognised the lack of a skilled and trained workforce to deliver effective treatment, education and prevention programmes across the country. GamCare has itself been seeking to address this issue through our Partners' programme, which has put in place an infrastructure covering some 68% of GB, and our own internal training and career development arrangements. The uncertainty about future funding has added to specific problems in relation to both retention and recruitment, particularly of HelpLine staff.

To address these issues we intend:

- To review our training and development arrangements for new and existing staff and for our Partner organisations
- To review our HR arrangements and practices with particular regard to staff appraisal, performance management and rewards, as part of our organisational capability review
- To explore the role we might play in offering expert consultation and training to other treatment organisations and potential referrers.

3 Systems failures

We are increasingly dependent on new technologies to develop and deliver our client services as well as our internal systems, particularly with the increasing emphasis on delivering help online or via mobile technology. To manage the risk to our frontline services arising from any system failures we have outsourced our hosting to a reputable provider with a secure datacentre with backup provision. Our internal services are backed up daily.

To improve our business continuity measures we intend:

- To review the effectiveness of our outsourcing arrangements covering frontline services and update them as necessary
- To consider making offsite provision for the daily backup of our internal services
- To consider options for switching to a different email provider with more effective recovery arrangements.

Purpose and Objectives

We have revisited and clarified our purpose and objectives for 2010/11.

Purpose: To promote a responsible approach to gambling and help those harmed by gambling

Objective 1: To provide and promote an effective, high quality and impartial HelpLine service for problem gamblers and affected others, serving the whole of Great Britain

Key targets:

- Increase answered calls by 6%
- Increase target calls by 15%
- Increase success rate (answered/answerable %) from 84% to 87%
- Maintain existing level of client satisfaction

Objective 2: To provide and promote an effective, high quality and responsive treatment service for problem gamblers and affected others in Great Britain

Key targets:

- Increase number of clients by 15%
- Maintain existing levels of clinical effectiveness

Objective 3: To help and support operators and regulators in the development and implementation of effective responsible gambling policies, measures and practices.

Key targets:

- 24 new and 37 renewal certifications
- Increase income to £200k

Objective 4: To contribute to the development of policy and best practice in research, education and treatment.

Key targets:

- Establish remote gambling development project
- Develop education strategy
- Launch at least one education pilot project

Objective 5: To run GamCare efficiently, effectively and with proper regard to our impact on the environment

Key targets:

- Develop efficiency indicators
- Develop new funding streams
- Deliver finance and organisational reviews

More detail on performance targets is at Annex B.

The RGSB's own work has confirmed that the vast majority of people who might benefit from treatment for their problem gambling do not seek it. Yet the cost of problem gambling to the economy and society, including its effect on family members and others as well as the gamblers themselves, is estimated to be in the

region of more than £2 billion per annum. Successfully treating an individual who is a problem gambler or is significantly affected by gambling, or successfully preventing an individual from becoming a problem gambler, therefore has significant benefits for society and the economy, as well as for the individuals and their families and friends. Successful treatment and effective prevention are therefore the outcomes we are seeking to achieve.

Our programmes are designed to deliver these outcomes. These programmes comprise:

- Our FrontLine services (HelpLine and NetLine) delivering information, advice, support, short interventions and referrals for problem gamblers and affected others;
- Our Counselling services, delivering one-to-one and group counselling for problem gamblers and affected others across Great Britain, in person or online;
- Our moderated Forum and ChatRoom services providing peer support online;
- Our industry services - industry certification, consultancy and training;
- Our research, development and innovation activities;
- Our corporate services.

In 2010/11 we forecast our income will be c£2.8 million, £2.5 million of which will be provided by the RGF. The remainder will come from other donations, grants and trading income. Details of budget allocations are at Annex A.

Programmes

(i) Clinical Services

HelpLine/NetLine

GamCare's HelpLine and NetLine provide national access to information, advice and immediate emotional support, and an impartial referral service to a wide range of further support. They are designed specifically to meet the demands of very vulnerable people - problem gamblers, and partners, parents or family members affected by, or concerned about, problem gamblers. The capacity to offer immediate help and emotional support for people who are desperate or in crisis is crucial to the nature of these target populations. Many problem gamblers who call for help seek support in a way which reflects their gambling: they are often impulsive, act only when confronted with a crisis, may be easily discouraged or diverted and are looking for immediate solutions. If they are simply given or sent information or referred on, it is very likely their motivation to get help will end there and then. We treat all calls in strictest confidence; this assurance is again a key requirement for our target groups.

Both the HelpLine and NetLine are staffed by professionally trained and clinically supervised advisers who have basic counselling skills experience and training (many have higher qualifications). They receive intensive induction training which equips them to provide immediate advice and psychoeducation, to offer crisis management where necessary, to explore the nature of the caller's problems and so to take full advantage of that initial contact. All participate in continuing training and development.

More than two-thirds of callers are gamblers¹¹, and almost a quarter are family members or friends. HelpLine callers are predominantly male (73%), while almost 33% of NetLine callers are female¹². The pattern of onward referrals reflects the extent to which the HelpLine and NetLine each provide an independent, national and impartial single point of access to the range of support services available from many providers:

- 40% to GamCare services (Counselling, FrontLine, website)
- 17% to self-exclusion schemes
- 15% to Gamblers Anonymous, Gam-Anon, residential care
- 11% to GamCare Partner counselling
- 11% to other agencies (eg CAB, Debtline)
- 6% to NHS/BACP

The HelpLine and NetLine are normally available from 8am-Midnight, 7 days a week. From 1st March 2010, for 6 months, we have been piloting extended opening hours, to 2am, to test demand.

We answered over 35,000 calls in 2009/10 (see Annex B), slightly down on the previous year (figures in 2008/9 were higher due particularly to the marketing effort with GP practices and other referral agencies, which sadly was not followed up), but the number of target calls received has been constant, so our efforts to reduce inappropriate calls are bearing fruit. Our success rate at answering calls

¹¹ Figures drawn from *GamCare Care Services Report 2008*

¹² The collection of data depends on the willingness of callers to provide it; percentages are of those whose gender is known.

increased by more than 2%. Our assessment of customer satisfaction has shown that 94% of HelpLine clients who responded rated our service as Excellent or Very Good.

In 2010/11 we are targeting around a 6% increase in answered calls and intend to improve our answering success rate to 87% whilst increasing target calls by 15%. We will evaluate the extended hours pilot and also consider the extent to which HelpLine advisers may be equipped to deliver a wider range of treatment interventions. We also intend to develop our mechanisms for assessing client need and client satisfaction, and for evaluating our services, including opportunities for external accreditation.

ChatRoom/Forum

GamCare London runs a national online Chat Room and online Forum, providing the opportunity for peer support for clients. Both are moderated by GamCare advisers. The RIGT-funded investigation of online support forums (Wood, 2008) highlighted their usefulness in meeting the needs of both problem gamblers and those seeking help for others, and in particular their importance to female gamblers. Our plans for 2010/11 envisage maintaining the existing service at around the same level, but future development will also be considered as part of our Clinical Services Review (see below).

Counselling

The GamCare counselling network, encompassing our work through Partners throughout Great Britain as well as our own counselling operation, represents a considerable investment over a number of years in the development of a national infrastructure and a skilled workforce.

Counselling delivered by GamCare

GamCare delivers face to face, group and online counselling services from its offices in London and Salford.

The GamCare counselling process encompasses assessment, allocation, treatment and follow-up (see Annex C), and built in to this is an evaluation of the effectiveness of the treatment. In 2009/10, as a result both of increasing capacity but also of much more efficient use of existing resources, we counselled nearly 340 people (62% increase on 2008/9), holding some 4000 counselling sessions (+36%). At the beginning of counselling 91% of gambling clients were assessed as problem gamblers (DSM-IV); at the end of treatment this reduced to 30%.

In 2010/11 we intend to increase further the number of clients helped by more than 10% whilst maintaining our existing success rate with problem gamblers as measured by DSMIV. We are also embarking on a Clinical Services Review, led by our new Clinical Services Director, Dr Sharon Kalsy, which will consider and assess the effectiveness and appropriateness of current ways of working and evaluate new approaches, including different types of intervention. It will also address data collection and evaluation, including the development and introduction of improved or new ways to assess client need and client satisfaction. The outcome of this may lead to a reallocation of resource and a reconsideration of targets, particularly if we introduce briefer interventions and more group work. We are also undertaking a Clinical Training Review to improve and develop clinical training within GamCare and for our Partners. We will also explore opportunities for external accreditation

of our services.

Counselling delivered by GamCare Partners

GamCare counselling in the rest of the country is delivered through a network of partnerships which we have developed over a number of years. GamCare has entered into Service Level Agreements with a number of third sector or other agencies (nearly all with wider experience in addictions, drawing funding from PCTs etc) to add a problem gambling expertise and capacity to their services. GamCare provides training, expert support and marketing materials and pays for services offered to gambling clients and affected others. Gamcare acts, effectively, as a development agency, establishing and monitoring standards of delivery. This model has the following advantages:

- The GamCare brand ensures that those seeking help are assured of the quality of the service provided in their locality
- GamCare carefully vets, monitors and audits all Partners' activities
- Counsellors receive training and support from GamCare, as well as benefitting from our marketing and promotion
- Marketing and promotion of one brand is more cost effective and easier for the potential client to recognize and access
- GamCare can plan the expansion of services strategically, taking into account variations in local need and demand and the capacity of existing agencies to take on the counselling role
- The commissioning and management of services is more efficient for being conducted by the organisation with the greatest level of experience and expertise and which also is in daily contact with problem gamblers around the country through the national HelpLine, and with the industry through our industry services.

Details of GamCare's partner network are available through the following link, which also indicates the coverage currently achieved. Face to face gambling counselling is now available through this network to c68% of the population of Great Britain¹³

<http://www.google.com/maps/ms?ie=UTF8&msa=0&msid=111600703228621108049.00047dab7d2dedf9f67fa&z=5>

Our longstanding objective - and one endorsed by successive Gambling Ministers - has been to provide face to face counselling services throughout Great Britain. (Whilst we can offer online counselling to anyone, anywhere, this is still a new means of delivery requiring evaluation and development; providing face to face provision therefore remains a priority.) Our plans for expanding into new areas take account of our own estimates of demand from HelpLine and NetLine usage and other data, including from the industry; intelligence from our Partners, particularly where they are aware of unsatisfied demand in other areas in which they may be able to offer services; information from local authorities; and the likely availability of an acceptable Partner to deliver a service.

In 2009/10, we forecast Partners helping over 1700 clients (up 31% on 2008/9), following the extension of services offered by existing Partners to new areas throughout the year. At the beginning of counselling 87% of gambling clients were assessed as problem gamblers (DSM-IV); at the end of treatment this reduced to

¹³ Based on data from 2001 census for local authority areas matched against areas served by Partners.

24%.

Our plans for 2010/11 will see us maintaining and developing partner services in existing areas (including those developed in the latter part of 2009/10). Our target is to increase the number of clients helped by at least 15% whilst maintaining our existing success rate with gamblers as assessed by DSMIV. We will also, with our partners, review our business model for partner working, particularly with a view to broadening the activities they may be able to take on to encompass education and outreach.

We had also hoped to introduce services into several unserved areas through either existing or new Partners¹⁴, leading to our reaching c77% of the population by the last quarter of the year. Unfortunately, funding levels at present will not allow us to develop these plans as we would like, though we will do so if at all possible.

New treatment communities

Gamcare has experience of working with specific communities with particular needs in respect of problem gambling - notably the Chinese community, through a project with the Chinese Mental Health Agency, the Turkish community and prisoners. Our funding of the CMHA project comes to an end in September. We are working with the CMHA to evaluate it and to explore how best to take the project forward, though funding is not available from the RGF at present. Our work with the Turkish community will be taken forward in partnership with Derman, a charity based in the Turkish community in North London.

We are keen, as part of our Clinical Services Review, to develop this type of work, and particularly to offer treatment to young people including adolescents (latest research indicates that problem gambling prevalence rates amongst 12-15 year olds run at 2%, three times higher than amongst adults). At present, though, the RGF has not made any funding available for this, and we must put these plans on hold unless we can identify an alternative funding source.

(ii) Research, development and innovation

Education

Using a restricted funding donation we have recruited Jane Rigbye as Head of Education Development to develop our education and prevention strategy and to determine what role GamCare might best be suited to fill in delivering it. She is already well advanced in her review of the research literature concerning adolescents and young people and the effectiveness of existing education programmes, in the UK and internationally. We are finalizing our strategy, and in 2010/11 we hope to take forward some of the proposals emerging from it. We have already had the promise of further funding in order to set up limited pilots focussing on different approaches to educating young people both within and outside the formal education system, and probably incorporating partnerships with others, including our own Partners. We also want to explore new ways, exploiting the latest technologies, of contacting and building relationships with young people.

¹⁴ Provisional plans included expansion into Cornwall, Gloucestershire, Blackpool, Worcestershire, Luton, Bedford, Milton Keynes, South Yorkshire, Cardiff, Swansea and North Wales

An important role of these pilots will be the development and testing of appropriate and proportionate evaluation frameworks. Unfortunately the RGF has not provided us with any funding for this work, so we need to rely on alternative funding sources.

Remote gambling

Working with a group of remote gambling operators and with Salford University, we have established a Knowledge Transfer Partnership to work on how to encourage responsible gambling online. An Associate funded by the KTP will work at GamCare for two years, exploring amongst other things:

- i) the establishment of an on-line forum facilitating the exchange of experience, guidance and information between gambling industry staff
- ii) increased on-line availability of Gamcare services
- iii) the creation of a 'real time', 1 to1 keyboard-based advice and support service in different languages
- iv) a 'multi-operator' self-exclusion system which allows individuals to exclude themselves from Internet gambling sites.

Our contribution to this project is funded by donations from the operator group, which in turn attracts four times as much funding from the KTP scheme.

Workforce development

Gamcare already delivers social responsibility training for the industry and for regulators as well as clinical training for its own staff and for those of its Partners. We are keen to bring our expertise and experience to bear on the delivery of the RGSB's strategic priorities in respect of the broader development of the workforce to deliver treatment and education. We are well placed, for example, to build on our existing expertise and materials to develop and deliver awareness training for frontline staff in the NHS or in education, and there would be efficiencies and economies of scale in our doing so. We intend to explore these opportunities during 2010/11, as funding allows, though our initial request to the RGF has been turned down.

(iii) *Industry Services*

A key priority for GamCare is to work with gambling operators and gambling regulators to help encourage responsible gambling through policies and practice, and to ensure those at risk are signposted to appropriate help. This activity is funded on a cost-recovery basis through the provision of services to operators and regulators, conducted through the charity's trading arm: GamCare Trade Services (GTS).

All GTS activities are designed to deliver GamCare's charitable purpose and aims. GTS's focus is on *prevention* through working with the *industry* and *regulators*. Our authority and credibility in this field rest on the unique combination of knowledge, experience and expertise contained within GamCare, a combination which is recognised and respected nationally and internationally.

We work with the industry to:

- protect UK players' interests by helping and supporting operators and

regulators in the development and implementation of effective responsible gambling policies, measures and practices

- help equip operators with the knowledge and skills needed to identify gamblers at risk and take appropriate action
- provide UK players with assurance that the operator they are playing with has responsible gambling policies and practices on which they can rely.

To achieve these objectives, GTS provides three main services:

- Certification: awarded to organisations that demonstrate their commitment to and compliance with the GamCare Player protection Code of Practice
- Training: design and delivery of both face-to-face training and e-learning packages for the industry and others
- Consultancy: working with companies and regulators to develop responsible gambling policies and practices, including training.

In 2010/11 we will develop further our certification coverage, particularly in the remote sector but also with land-based operators, and with other providers in the business-to-business supply chain. We will continue to build our relationships with regulators and overseas operators who provide gambling opportunities in the UK, including through training, certification and consultancy. We are also developing, with a private sector partner, a new e-learning package. Our earning target for the year is £200k (cf £134k in 2009/10).

(iv) Corporate Services

Communications

We have refreshed and sharpened our Communications Strategy (Annex D) and our work in 2010/11 will be designed to increase awareness of the importance of gambling responsibly and of the help available for those who need it.

People find out about us in the main through Yellow Pages, our website and search engines, and through publicity material particularly in gambling establishments or on line, and we will continue our efforts in all these areas. At the end of 2009/10 we experimented with targeted radio adverts in order to promote the extension of our HelpLine/NetLine hours and our new Partner areas. This has proven to be an effective way of increasing awareness, and one which may be particularly appropriate for targeting specific, hard-to reach by at risk groups (eg BME communities or young people).

We intend to review and refresh our website design, and will continue with our quarterly e-newsletter, which we launched in 2009/10, and will hold our Annual Conference in October. We will continue to publish our Client Services Report but this year intend to present it as a shorter publication, encompassing a performance review and future plans, whilst increasing the richness of data available online as well.

We are very conscious of the need to increase awareness amongst front-line referrers (GPs, debt advisers, CABx etc) and we learnt a lot about what might work from a successful pilot which we undertook in 2008. Unfortunately, our request to the RGF for extra funding to take this forward has been refused, though we understand it will be reconsidered shortly.

We continue to believe that the most effective and cost-effective way of improving awareness would be for all gambling advertising to carry the GamCare HelpLine number and website, and we will continue to pursue this with the industry.

Office management

We have commissioned a financial healthcheck of our internal systems by an external expert to ensure that our systems for financial and risk management, management information and reporting are fit for purpose. Our Capability Review (see below) encompasses a thorough review of our HR practices. We also intend to undertake a "green stocktake" of our working practices to ensure we are minimizing our impact on the environment.

Capability Review

Our work on capability will focus on two main areas:

- Scoping opportunities for diversifying our funding base. There are many potential sources of project funding (eg charitable trusts, Lottery, local authorities) which could provide fruitful opportunities for funding partnerships, either to take forward projects inappropriate for RGF funding or to augment or match RGF funding
- A review of our internal organisational systems and policies, following on from the financial healthcheck. GamCare has grown considerably in a relatively short time, and we need to ensure our HR and other internal systems are appropriate and effective. The review will encompass staff appraisal, development and training; pay and rewards; HR policies and practices; and other connected policies and systems

Both of these projects will be led by our new Capability Director, Mandy Barrie, who has joined us on secondment for a year from DCMS. She will scope and undertake the reviews, make recommendations and then design and oversee implementation.

IT services

The major development planned in 2010/11 will be the introduction of our new data collection system, designed to update our existing Client Tracking System and to allow us better to analyse our effectiveness and that of our partners. We are also reviewing our contingency arrangements and back-up systems.

Annex A: Budget 2010/11

<i>Income</i>	<i>Outturn 2009/10 (£)</i>	<i>Forecasts 2010/11 (£)</i>	<i>Projected Financial Position 2010/11</i>	<i>£</i>
RGF	2,460,000	2,500,000		
Self-generated	152	2,500	Balance @ 31/3/10	830,382
GTS	133,818	200,000	+ Income	2,810,000
Donations	98,669	90,000	- Expenditure	2,966,838
Other	22,788	17,500	Balance @ 31/3/11	673,544
			Profit/(loss)	(156,838)
Total	2,715,427	2,810,000		

<i>Expenditure by Cost centre</i>	<i>Outturn 2009/10 (£)</i>	<i>Budget 2010/11 (£)</i>
Staff salaries/oncosts + contracted staff	1,197,073	1,548,025
Other staff costs (training, clinical supervision, T&S etc)	28,009	42,750
Rent, utilities etc	224,216	197,713
IT	98,302	90,000
Partner SLAs ¹	705,657	829,000
Marketing	128,315	110,750
R & D	12,388	75,000
Legal, professional	64,328	30,000
Other	80,287	43,600
Total	2,538,666	2,966,838

<i>Expenditure by programme</i>	<i>Outturn 2009/10 (£)</i>	<i>Budget 2010/11 (£)</i>
HelpLine/NetLine	687,255	793,744
GamCare Counselling	523,023	489,985
Partner Counselling	984,229	1,173,315
ChatRoom/Forum	66,798	50,276
GTS	201,001	200,224
R&D/other	76,360	259,146 ²
Total	2,538,666	2,966,838

¹ SLA = Service Level Agreement

² Includes funding for education, clinical review, organisational review and diversifying funding

Annex B: Performance statistics

	2008/9 Outturn	2009/10 Outturn	2010/11 Provisional forecasts/ targets
<i>HelpLine/NetLine</i>			
Inbound calls	50,547 ¹	46,520	48,000
Answerable calls (a)	44,119	41,869	43,100
Answered calls(b)	36,295	35,337	37,500
Success rate (b/a%)	82.3%	84.4%	87%
Target calls	15,745	15,261	17,625
Target/answered %	43.4%	43.2%	47%
<i>ChatRoom/Forum</i>			
Chat hours offered	444	459	480
New posts by users	27,199	26,926	27,000
New users in forum	1,003	1,825	1,800
<i>GamCare Website</i>			
Page Views	2,202,730	2,318,384	2,400,000
Total Visits	315,856	404,779	450,000
Unique Visitors	191,402	272,477	300,000
<i>Counselling</i>			
<i>Total</i>			
Clients	1,556	2,085	2,400
Sessions	13,894	20,291	21,600
<i>GamCare</i>			
No of clients seen	213	337	375
Sessions	2,935	4,005	4,100
% problem gambler at assessment	83%	91%	
% problem gambler at end	28%	30%	Maintain

¹Figures for 2008/9 reflected increased activity resulting from our GP marketing pilot, which unfortunately we have not been able to repeat due to lack of funding.

<i>Partners</i>			
No of clients seen	1,343	1,748	2,025
Sessions	10,959	16,286	17,500
% problem gambler at assessment	89%	87%	
% problem gambler at end	27%	24%	Maintain

Notes

Inbound calls = Total calls received (includes out of hours, callers hanging up etc)

Answerable calls = Calls received in business hours and not abandoned by caller

Answered calls = Calls answered by advisers

Target calls = Calls relevant to the purpose of the helpline (most common non-target calls are from people asking for information about the National Lottery)

GamCare counselling = directly delivered: London, Salford, online

Partner counselling = delivered by GamCare Partners under SLA

Client totals include gamblers and non-gamblers (ie affected others)

Gambling clients are assessed at the beginning and end of treatment using the DSM-IV screen. A score of 5 or more signifies a problem gambler. The % figures at assessment and end of treatment relate to a sample of gambling clients.

Annex C: GamCare Treatment Process

Assessment

After the initial contact or referral the client receives an appointment for an assessment. The counselling team administrator fills out the Initial Assessment Form following a short telephone interview and creates a client folder.

All assessments are conducted by counsellors. When the client arrives for the assessment appointment he/she is given the following documentation:

- Letter of Information and Consent
- Client Information Form
- DSM-IV (Diagnostic and Statistical Manual of Mental Disorders)

During the Assessment the counsellor also uses other screens:

- Christo Inventory for Gambling Services (CIGS)
- South Oaks Gambling Screen (SOGS)

Allocation

After assessment the client folder is handed over for allocation to a counsellor. Allocation meetings take place once a week, ensuring minimum delay. Allocations are made taking into account the client's needs, client/counsellor "match", counsellor availability and scheduling possibilities.

Counselling

In the first regular session the counsellor discusses a treatment plan and targeted outcomes. Counsellors are required to review the plan and progress after 12 sessions. Counsellors liaise with other agencies involved in the overall care plan for the client.

When a client and a Counsellor agree to end the counselling or when a client stays away for more than two sessions, the counsellor closes the treatment and completes the DSM-IV and CIGS forms again to record the condition of the client at the end of treatment.

Follow-up

In order to monitor consistency and effectiveness and as an on-going support to the client our Counsellors conduct three follow-up sessions with closed clients (face to face or on the telephone) 3 months, 6 months and 12 months after the end of their treatment, each time assessing the clients gambling behaviour with the help of the DSM-IV and CIGS forms.

Annex D: Communications Strategy

GamCare is the leading national authority on the provision of information, advice, support and counselling for the prevention and treatment of problem gambling.

1. The purpose of our communications strategy is to ensure that:
 - a) those who need help know that a respected, national source exists and how to access our services;
 - b) those who fund our services or raise that funding, legislators and regulators, academics and researchers, and other interested groups know that we are effective and efficient in what we do;
 - c) the impacts of problem gambling, and their potential severity, are recognised and understood by all who may be affected or come into contact with those affected.
2. In order to achieve this we need to:
 - a) raise awareness of the existence, worth and effectiveness of our advice, information, support and counselling services;
 - b) represent and promote ourselves professionally and positively and celebrate our successes.
3. Our strategy needs to consider the needs of different audiences:
 - a) Those who need our help.
 - b) Those who come into contact in a professional capacity with those who need our help.
 - c) Those who fund, support or help us deliver our services, or have a vested interest in our work (they may be termed 'stakeholders').
4. Methods available to us to achieve our aims include:
 - Advertising - press, radio, tube/train/bus; listings in directories and online
 - Media - press, radio, tv
 - Print distribution - outreach, direct mail
 - Events and speaking engagements (GamCare conference, trade fairs, other conferences, seminars, workshops); familiarisation visits
 - Collaboration and relationship management
 - E-content distribution: website, e-newsletter, social media, mobile content

PROBLEM GAMBLERS AND THEIR FAMILIES

- Problem gamblers
- Family members
- Young people
- BME audiences
- Students
- Armed forces

Key activities:

Advertising

- Families: targetted radio advertising in regions where we have Partners
- BME audiences: investigate advertising in specialist press in relevant language
- BME groups: targetted radio advertising in areas where we can have face to face provision eg 11 radio stations in London aimed at Asian audiences; London Turkish radio
- Students: targetted radio advertising in areas where we can have face to face provision
- Students: work with UCAS?
- All: advertise mobile content and short codes
- All: continue with Yellow Pages advertising - or continue quarter by quarter and monitor, alongside effectiveness of radio advertising

Media

- Problem gamblers/families: develop written case studies; have access to and brief pool of ex clients for broadcast media, using Service User Forums
- Students: raise awareness amongst National Assoc of Student Money Advisers / moneydoctors
- Armed forces: promote our services within barracks, med/welfare centres etc; may lead to further opportunities to provide GamCare counselling in garrisons

Print distribution

- Problem gamblers/families: review content and reprint 'help' leaflets
- BME groups - produce and distribute leaflet (Arabic, Hindi, Urdu, Bengali)
- Students: distribute What have you got to lose & 'bed' posters to student welfare officers
- BME audience/armed forces: print leaflet content in Nepali for Gurkha Regt

Events

- Young people: developing formal way to respond to requests to speak/attend events, perhaps involving our Partners more
- BME audiences: speaking engagements
- Armed forces: promote our services within barracks, med/welfare centres etc; may lead to further opportunities to provide GamCare counselling in garrisons

Collaboration & Relationships

- Young people: work with Essex Pirates to promote responsible gambling and awareness amongst school-age and youth audiences
- Students: develop formal links with Broadcast Journalism courses

E-content

- All audiences: update our website and its navigation
- Young people: develop offering - film, social media
- All audiences, potentially new audiences: develop mobile microsite content
- All audiences: set up dialling and voice short codes
- All audiences: GamShare e-newsletter

PROFESSIONALS

(individually and through professional bodies)

Including:

- Money advisers/creditors, debt counsellors, CABx
- Health professionals, including GPs, mental health teams, addictions counsellors, psychologists, psychiatrists
- Social workers
- Student welfare, teachers, youth workers
- Employee Assistance Programme and staff welfare services
- Police, prison and probation services
- Housing Associations, housing and homeless charities
- Women's groups, domestic violence support, family support
- Samaritans and voluntary or charity organisations

Advertising

- All professionals: update listings in directories and ensure more widely listed; maintain record

Media

- Health: contribute articles to journals
- Health: regularly update content on Practice Managers' Bulletin
- Housing assoc: contact all HAs re contributing to newsletters, distributing print, speaking opps. Work with Partners.
- Money advisers/CABx: exploit speaking and publication opps eg Wiseradviser, advicenet, Arian, The Adviser, IMA magazine

Print distribution

- Housing assoc: contact all HAs re contributing to newsletters, distributing print, speaking opps. Work with Partners.
- Systematic outreach by GamCare HQ of GPs/MH teams/other agencies and community groups in London

Events

- Health: promote GamCare at conferences, events, seminars - speaking, networking or exhibiting opps
- Produce promo items for events
- Housing assoc: contact all HAs re contributing to newsletters, distributing print, speaking opps. Work with Partners.
- Money advisers/CABx: exploit speaking and publication opps eg Wiseradviser, advicenet, Arian, The Adviser, IMA magazine

Collaboration & Relationships

Largely met

E-content

- All audiences: update our website and its navigation
- All audiences: GamShare e-newsletter

STAKEHOLDERS

Including:

- Staff (GamCare)
- Partners
- Trustees
- Government and opposition
- DCMS
- Gambling Commission
- National Lottery Commission
- Responsible Gambling Strategy Board & panels
- Responsible Gambling Fund
- GREaT Foundation
- Faith groups
- Researchers
- Industry: remote and land-based (industry and companies)

Advertising

- Industry: create GamCare Certification advert
- Industry: exploit opportunities for free advertising, sponsorship and collaboration (remote industry)
- Industry: talk to FIFA about social responsibility (football shirts)?

Media

- Industry: distribute news releases and exploit editorial ops to promote GamCare Certification
- Partners: liaise on promotion of services

Print distribution

- All stakeholders: produce annual review short version in print, c 6-8 pp in format with wow factor; longer version online and access monitored
- GamCare: complete registration of Trade Marks
- Stakeholders - GamCare: monitor use of GamCare Certification
- GamCare: produce stylesheet for use in house by all staff to ensure consistent typeface, layout etc to all documents we produce

Events

- All stakeholders: develop programme to attract audience (150) to annual conference

Collaboration & Relationships

- Trustees: encourage take up offer of familiarisation visit to listen in to calls
- Government & Opposition: monitor parliamentary activity and build relationships
- Gambling Commission: continue to liaise with policy and press units
- Faith groups: build on relationships
- Research: propose/influence new areas for research via tutors with final year degree, Masters or PhD students?
- Researchers: participate in steering group for NatCen/Birmingham research: Managing money, debt & gambling study
- Industry: contact advertising agencies working with industry about social responsibility and free advertising

E-content

- All audiences: update our website and its navigation
- All audiences: GamShare e-newsletter