

The GambleAware Support Tool

**Summary of evidence and
rationale for development**

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Abstract

This report explores the gap between the people experiencing harm from gambling and those able to access formal support. The role of digital interventions is considered in the context of their ability to reach individuals who may otherwise be unable or unwilling to access formal treatment, with a particular focus on the new GambleAware Support Tool app.

Many individuals face significant barriers, including minoritisation, poverty, stigma, and discrimination relating to violence or alienation from one's community, which contribute to low engagement with existing services. These barriers underscore the need for new and innovative approaches to support.

Digital tools present an opportunity to provide accessible and flexible support for people who gamble. Research discussed in this paper indicates that some groups strongly prefer online support, due to its privacy, and/or self-directed nature. In this context, this report considers the role of digital interventions, with a particular focus on the new GambleAware Support Tool. Designed to help individuals manage, reduce, or stop gambling, the app offers tailored, discreet support while also signposting to further services where appropriate.

While the Support Tool is a valuable step forward, it is not a comprehensive solution to the wider issue of gambling harms in Great Britain. Many communities—particularly those facing multiple barriers to support—continue to experience unmet needs. A digital tool alone cannot fully address the structural challenges underpinning gambling harm, and ongoing efforts will be needed to develop inclusive, effective, and culturally appropriate interventions. This report makes recommendations for further work, including continued investment in digital innovation, empirical evaluation of the Support Tool, and research to ensure services meet the needs of those most affected by gambling harm.

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The authors would like to thank the subject matter experts within and external to GambleAware who have contributed to this paper, and particularly the peer reviewers. This paper has been peer reviewed per GambleAware's peer review process.¹

¹ Sweet., 2020, *Report Review Guidelines* (London: GambleAware) available at https://www.gambleaware.org/media/pm3alw0s/report-review-guidelines_july2020_0.pdf (last accessed 30th March 2025)

1. Introduction

1.1 Aims, purpose, and overview

This paper presents an overview of evidence in support of the development of an online gambling reduction tool, in the form of a mobile app, and recommendations for the development of such a tool. This is in response to growing demand for solutions and resources which promote easily accessible early intervention. A range of evidence-based tools, including online tools, are used to help people identify whether they are at risk of gambling harm, to signpost to the appropriate treatment and support where necessary, and to suggest ways in which they can reduce their risk of further and future harm.

First, we explore the treatment landscape, demand for support for gambling harms, and the barriers to accessing existing formal and informal support. We then move on to discussion of the need for self-directed interventions and tools to support communities on their own terms and to overcome key barriers to accessing interventions. Having explored the effectiveness of such strategies, and attitudes towards them, the paper presents a case study of the new GambleAware Support Tool, which is currently in the deployment phase and is designed to support and build individuals' capacity to manage, reduce, or stop gambling and maintain that behaviour and, in so doing, to prevent and reduce gambling harms.

Finally, we discuss some barriers to investment in, and uptake of, such resources, and make recommendations for future activity relating to funding digital innovation, app development, and research.

In evaluating the effectiveness of self-directed tools and strategies, we acknowledge that the concept of 'self-help' which underpins these strategies may inadvertently contribute to narratives of 'individual responsibility', placing the onus for help and/or harm reduction on the shoulders of those facing harm, alongside notions of blame where people are unable to address their problems themselves. Having said this, given the structural and social drivers of gambling harms, it is imperative to provide a range of interventions, including those that seek to build the capacity of people themselves, under the auspices of which sit individual-level interventions such as 'self-help'.

1.2 Demand for treatment and reduction of gambling

Desire to reduce and quit

Of those who gambled in Great Britain in 2023, 4% wanted to quit gambling,² and a further 9% wanted to reduce their gambling. The desire to reduce or quit gambling increased with levels of experienced gambling problems (Problem Gambling Severity Index³ (PGSI) score), with three out of five, or 64%, of those who experienced 'problem gambling' (a PGSI score of 8 or more) saying that they would like to reduce or quit their gambling.⁴

² Gosschalk., K et al, 2024, *Annual GB Treatment and Support Survey 2023 On behalf of GambleAware* (London: GambleAware) available at [gambleaware_2023_treatment-and-support_report_final.pdf](#) (last accessed 31st March 2025)

³ Ferris and Wynne, 2001, *The Canadian Problem Gambling Index: Final Report*, available at [https://www.greo.ca/Modules/EvidenceCentre/files/Ferris%20et%20al\(2001\)The_Canadian_Problem_Gambling_Index.pdf](https://www.greo.ca/Modules/EvidenceCentre/files/Ferris%20et%20al(2001)The_Canadian_Problem_Gambling_Index.pdf) (last accessed 4th March 2025)

⁴ Gosschalk., K et al, 2024, *Annual GB Treatment and Support Survey 2023 On behalf of GambleAware* (London: GambleAware) available at [gambleaware_2023_treatment-and-support_report_final.pdf](#) (last accessed 31st March 2025)

These figures are supported by findings in a recent segmentation analysis, which saw people grouped according to how they interact with advice, tools, and support. This analysis was undertaken by YouGov and funded by GambleAware to investigate attitudes toward receiving advice or support, and the motivation to quit or reduce gambling amongst people who gamble.⁵ This research, with a nationally representative sample (n=7000), found that 15% of people who gamble actively wanted to reduce or quit gambling, approximately 4.5 million adults in Great Britain (Figure 1),⁶ roughly in line with the above of 9% and 4% cumulatively. It is important to highlight that the overwhelming majority of this group wanted to do so without formal support.



Figure 1. Segmentation of large representative sample of GB adults who gamble (rounded to nearest whole number)

Note: With regard to the 15% wishing to reduce or quit in Figure 1, 'harvesting demand' should be taken to mean ensuring these individuals are aware of support available and that GambleAware promote usage of such support as a way to quit or reduce. Moreover, 'building demand' refers to increasing the demand for support services among those who are experiencing harms, typically with low average PGSI scores, who are not currently seeking support, to help them quit or reduce.

Among those who gamble and wanted to quit or reduce (see Figure 1), 11% of these are what may be termed 'self-helpers', which translates to approximately 3.4 million British adults. Self-helpers are those who want to quit or reduce gambling without formal advice or support but are open to using tools. This group felt that if they were to engage in support, they would prefer anonymous and informal methods of support. This preference is consistent with previous research, which has shown that among those experiencing a high level of problems associated with gambling (PGSI 8+), and attempting to reduce their gambling, 90% try to make changes themselves.⁷

For these groups, desire to quit or reduce gambling can be driven by concern around impacts on oneself and one's family, friends, and broader community, notably including impacts on mental health

⁵ YouGov. *GambleAware: Segmentation 2023* available at <https://www.gambleaware.org/our-research/publication-library/articles/gambleaware-segmentation-2023/> (last accessed 31st March 2025)

⁶ YouGov. *GambleAware: Segmentation 2023* <https://www.gambleaware.org/our-research/publication-library/articles/gambleaware-segmentation-2023/> (last accessed 31st March 2025)

⁷ Bücker, L., Gehlenborg, J., Moritz, S. et al. A randomized controlled trial on a self-guided Internet-based intervention for gambling problems. *Sci Rep* 11, 13033 (2021). <https://doi.org/10.1038/s41598-021-92242-8>

and financial health.⁸ These people seeking to change their gambling for these reasons emphasise a desire to save money and reduce time spent gambling.⁹

Demand for and usage of advice, treatment and support

In 2023, 23% of people who experienced any level of gambling problems (PGSI score of 1 or higher) reported wanting advice, support, or treatment. This demand has increased from 16% in 2021 to 19% in 2022. Among those classified as ‘problem gamblers’ (PGSI score of 8 or higher), 66% expressed a desire for some form of advice, support, or treatment in 2023.¹⁰

Yet, formal treatment and support uptake is low. Among those experiencing any level of problems with gambling (PGSI 1+) in 2023, 17% reported using formal treatment – including support from mental health services, general practice and the NHS, and from specialist gambling specific services. This is consistent when compared to 16% the preceding year. Other forms of support, such as speaking with family and friends, with support groups, or from self-help tools like websites and/or books, was also used by 16%.¹¹

1.3 Gaps and barriers to formal support

Significant barriers to accessing treatment and support are present across Great Britain. Stigma, lack of awareness and perceived lack of relevance of treatment and support are key barriers across the whole population. The Annual Great Britain Treatment and Support Survey, carried out by YouGov on behalf of GambleAware, indicates that people who experience any level of gambling problems (PGSI 1+) most commonly stated, ‘not considering gambling to be a problem’ (39%), and over a quarter (26%) of all those who gamble did not think ‘treatment or support is relevant or suitable’ for them.¹² Although stigmatisation was only cited as a barrier by a small proportion of all those who gamble (4%), this rises to over a fifth (22%) of all those experiencing a high level of problems with gambling (i.e. a PGSI score of 8+).¹³

Minoritised and marginalised communities experience numerous barriers to accessing service and healthcare provision, both broadly¹⁴ and in terms of gambling harms.¹⁵ Those who experience gambling harms are routinely stigmatised as being of lesser worth than those who do not,¹⁶ with this informing routine and endemic discrimination; people who experience gambling harms are therefore disincentivised from visiting service providers for fear of experiencing discrimination from service provision, in civil society, or the community more generally. These barriers to accessing services are compounded for those in minoritised and socially excluded groups, who experience further

⁸ YouGov. *GambleAware: Segmentation 2023* <https://www.gambleaware.org/our-research/publication-library/articles/gambleaware-segmentation-2023/> (last accessed 31st March 2025)

⁹ Ibid

¹⁰ Gosschalk., K et al, 2024, *Annual GB Treatment and Support Survey 2023 On behalf of GambleAware* (London: GambleAware) available at [gambleaware_2023_treatment-and-support_report_final.pdf](https://www.gambleaware.org/our-research/publication-library/articles/gambleaware-2023-treatment-and-support-report-final.pdf) (last accessed 31st March 2025)

¹¹ Ibid

¹² Ibid

¹³ Ibid

¹⁴ Kapadia et al, 2022, *Ethnic Inequalities in Healthcare: A Rapid Evidence Review* (NHS Race and Health Observatory) available at <https://www.nhs.uk/wp-content/uploads/2023/05/RHO-Rapid-Review-Final-Report.pdf> (Last accessed 18th Feb 2025)

¹⁵ Moss et al, 2023, *Minority Communities & Gambling Harms: Qualitative and Synthesis Report* (London: GambleAware) available at <https://www.gambleaware.org/our-research/publication-library/articles/minority-communities-gambling-harms-qualitative-and-synthesis-report/> (Last accessed 31st March 2025)

¹⁶ Pliakas et al., 2022, *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain* (London: GambleAware) available at [gambleaware-stigma-final.pdf](https://www.gambleaware.org/our-research/publication-library/articles/building-knowledge-of-stigma-related-to-gambling-and-gambling-harms-in-great-britain/) (Last accessed 31st March 2025)

discrimination that intersects with the stigmatisation and discrimination associated with gambling harms.¹⁷

Further to stigmatisation and the discrimination it can inform, in Great Britain, barriers to treatment also include not being aware suitable services exist, not being familiar with the diversity and relevance of services, concern about a lack of cultural sensitivity from service providers, language barriers, and lack of representation of minoritised and socially excluded communities in service provision itself.^{18,19,20}

In this context of barriers to services and concerns vis-à-vis the lack of relevance and competency of available services, people prefer to anonymously seek help, either from community-based organisations, stakeholders, families and friends, or making use of self-directed tools or strategies, discussed further below. Common reported reasons for seeking help with addressing gambling harms include encouragement from family and friends to reduce or quit gambling, wanting to address levels of gambling without causing further harm to loved ones, and motivation to change something about oneself.²¹

2. Evidence and rationale for self-directed tools

This section contains a summary of some existing research about the effectiveness of self-directed tools and strategies for preventing and reducing gambling harm.

2.1 The need for self-directed tools and strategies

In light of the significant barriers many face in accessing formal support services and healthcare provision, there is an increasing recognition of the role that self-directed tools and strategies can play in helping people reduce the harm they experience from gambling. Due to factors including structural and perceived barriers to seeking support, notably stigmatisation, fear, and worries about isolation (discussed above), only 17% of individuals experiencing gambling related harms seek formal treatment.²² Instead, many people prefer to utilise self-directed tools and strategies, which offer greater privacy, flexibility, and accessibility. These tools and strategies can be useful in reducing gambling and gambling harm, and can serve as an effective alternative or complement to formal support.²³

¹⁷ Levy et al., 2020, *Disproportionate Burdens of Gambling Harms Amongst Minority Communities* (London: GambleAware) available at <https://www.gambleaware.org/media/4k1dnoiw/2020-12-09-disproportionate-burdens-of-gambling-harms-amongst-minority-communities-a-review-of-the-litera.pdf> (Last accessed 31st March 2025)

¹⁸ Moss et al, 2023, *Minority Communities & Gambling Harms: Qualitative and Synthesis Report* (London: GambleAware) available at <https://www.gambleaware.org/our-research/publication-library/articles/minority-communities-gambling-harms-qualitative-and-synthesis-report/> (Last accessed 31st March 2025)

¹⁹ Levy et al., 2020, *Disproportionate Burdens of Gambling Harms Amongst Minority Communities* (London: GambleAware) available at <https://www.gambleaware.org/media/4k1dnoiw/2020-12-09-disproportionate-burdens-of-gambling-harms-amongst-minority-communities-a-review-of-the-litera.pdf> (Last accessed 31st March 2025)

²⁰ Bramley, S., Norrie, C., Manthorpe, J., 2020, Exploring the Support for UK Migrants Experiencing Gambling related Harm: Insights from Two Focus Groups. *Public Health*: 184: 22-27 Available at [Exploring the support for UK migrants experiencing gambling-related harm: insights from two focus groups - ScienceDirect](#)

²¹ Alma Economics, 2023, *Self-help strategies for reducing gambling harms Scoping study* (London: GambleAware) available at [self-help-strategies-final-report-1.pdf](#) (Last accessed 31st March 2025)

²² Gosschalk, K et al, 2024, *Annual GB Treatment and Support Survey 2023 On behalf of GambleAware* (London: GambleAware) available at [gambleaware_2023_treatment-and-support_report_final.pdf](#) (last accessed 31st March 2025)

²³ Alma Economics, 2023, *Self-help strategies for reducing gambling harms Scoping study* (London: GambleAware) available at [self-help-strategies-final-report-1.pdf](#) (Last accessed 31st March 2025)

2.2 Effectiveness of self-directed tools and strategies

A 2023 rapid evidence review²⁴ synthesised evidence on self-directed strategies and tools and their potential role in reducing gambling-related harms. This outlined self-directed strategies as including: self-exclusion (actively removing oneself from gambling activities through a formal agreement with the operator), limit setting (self-imposing a maximum amount of money or time to be spent on gambling over a given period), development of improved coping skills (such as recalling past problems, mindfulness, and breathing exercises), and personalised feedback tools (providing users with comparisons of their gambling behaviour to others). Each of these strategies can be used by people who gamble to manage activities, emotions, and behaviours associated with gambling. Overall, the review found that while each type of self-directed strategy has the ability to support people who gamble in reducing the harms they experience, a combination of self-directed and/or formal support strategies can be most beneficial.²⁵ Indeed, in considering the benefits of self-directed strategies it should be acknowledged that they have been well established as tools in addressing other behavioural harms, including those associated with alcohol and/or drug use, and mental health challenges.²⁶

Digital modes of delivery, such as chatbots or online tools, have been highlighted as particularly effective resources for aiding in reducing or ceasing gambling as they are relatively accessible, appeal to younger people, and can act as a first step in the subsequent use of other strategies, tools, or services.²⁷ This is because such tools are typically anonymous, shorter in duration and cost-effective, with the former two factors reducing the potential for judgement by treatment providers, which can be a barrier in accessing support.²⁸ To summarise recommendations for features that stakeholders believe are needed to make digital tools effective, they must be user-friendly, accommodate users' variable and nuanced personal needs, realities, and preferences, be seen as trustworthy, validate users' decision to take action, and include positive images and links to additional help resources.²⁹

While face-to-face interventions and formal support remain key methods for reducing gambling harm for many people, digital tools are better able to capitalise on technological advancements and reach both an increased number and wider range of people who can face greater barriers to accessing services. Internet-based tools offer solutions that are typically shorter, cost-effective, immediate, and can reach people in groups that typically may not, cannot, or do not wish to access formal support.³⁰

2.3 Attitudes towards support among people who gamble

YouGov's 2023 segmentation analysis³¹ revealed three smaller groups further to the 11% of self-helpers within the 15% of people who gamble who report wanting to reduce or quit (Figure 1). These

²⁴ Ibid

²⁵ Ibid

²⁶ Ibid

²⁷ Ibid

²⁸ Moss et al, 2023, *Minority Communities & Gambling Harms: Qualitative and Synthesis Report* (London: GambleAware) available at <https://www.gambleaware.org/our-research/publication-library/articles/minority-communities-gambling-harms-qualitative-and-synthesis-report/> (Last accessed 31st March 2025)

²⁹ Pickering, D., A. Serafimovska, S. J. Cho, A. Blaszczyński, and S. M. Gainsbury. 2022. Online Self Exclusion from Multiple Gambling Venues: Stakeholder Co-Design of a Usable and Acceptable Self Directed Website. *Internet Interventions* 27 (March): 100491. Available at <https://doi.org/10.1016/j.invent.2021.100491>.

³⁰ Alma Economics, 2023, *Self-help strategies for reducing gambling harms Scoping study* (London: GambleAware) available at [self-help-strategies-final-report-1.pdf](https://www.gambleaware.org/our-research/publication-library/articles/self-help-strategies-final-report-1.pdf) (Last accessed 31st March 2025)

³¹ YouGov, 2023, *GambleAware: Segmentation 2023*, <https://www.gambleaware.org/our-research/publication-library/articles/gambleaware-segmentation-2023/> (Last accessed 31st March 2025)

include 1% tool seekers (which translates to approximately 373,000 British adults) who preferred online tools to help them reduce their gambling, 1% informal support seekers (which translates approximately 457,000 British adults) who preferred online or peer support over professional services, and 1% formal support seekers (which translates to approximately 299,000 British adults) who were open to receiving support from formal gambling support services.

YouGov's segmentation analysis emphasises that self-helpers, tool seekers, and informal support seekers all strongly preferred online support.³² People in these groups expressed common concerns including wanting to maintain privacy in their journeys, felt that reaching out to a service may be embarrassing, and wanted the flexibility to 'opt out' of support. Their primary motivation to reduce gambling was financial – the desire to save money or spend it elsewhere. In the same study, online community respondents emphasised that they felt that self-directed tools, such as apps or online advice, would be most appealing if they were available for free, tailored to the individual, and easy to access. To support people in these groups, the research recommended meeting existing demand by ensuring people are aware of the available formal and informal support services and by encouraging them to engage with self-directed tools and informal support options as effective methods for reducing gambling-related harm.

Among people who gamble but want to maintain their current level of gambling, 16.5% of this group experienced at least a low level of problems associated with gambling (PGSI 1+), including 2.5% experiencing 'problem gambling' (PGSI 8+). Many have not previously sought out support, but felt that convenient, non-judgemental support may be helpful when they had increased motivation to reduce their gambling – for example, if they were trying to repay debts or save money.³³

Among this group of people who gamble and may experience harm, but do not currently want to reduce their gambling, the research therefore recommended building demand for services, interventions, and/or healthcare. This could include encouraging people to self-appraise their gambling and reflect on whether they would benefit from reducing their current level of gambling. Many respondents in this group felt that the harms they experience from gambling do not currently outweigh the perceived benefits felt from gambling, suggesting that the focus should be on raising awareness of potential risks and harms while providing accessible and stigma-free resources for when these people may decide to seek support.³⁴

Having discussed the need and effectiveness for and of self-directed tools and strategies, as well as attitudes towards support for people who gamble and experience gambling harms - alongside the many barriers experienced by these communities - we now turn our attention to an involved case study exploration of GambleAware's Support Tool, designed to go some way to filling the gaps identified above.

3. Case study: The GambleAware Support Tool

In this section, we present work that GambleAware has carried out in response to the identified gap in service provision for those who need self-directed interventions that are well designed, evidence-based, easily accessible, and effective, as highlighted above. GambleAware has developed and tested a smartphone app to be released in 2025 which aims to empower users to manage, reduce, or quit their gambling, and in so doing to reduce or prevent the escalation of gambling harm.

³² Ibid

³³ Ibid

³⁴ Ibid

3.1 Context of an app: GambleAware's current digital offer

Considering the research and evidence presented above, the charity GambleAware has explored the feasibility of developing an app designed to help prevent and reduce the escalation of gambling harm. The prospective reach of this app benefits from the fact that GambleAware is the leading third-sector organisation working to reduce gambling harms in Great Britain. Over half of the public recognise the GambleAware brand and the organisation's website has roughly 4.8 million users annually.³⁵ Since the GambleAware website serves as the main gateway to the National Gambling Support Network (NGSN)³⁶, as well as NHS gambling treatment clinics, it is already well positioned as an established referral infrastructure promoting online tools.

GambleAware is also well-positioned to reach the existing demand for self-directed forms of support, given that the charity already reaches nearly 200,000 people through its self-assessment quiz, service finder tool, and online spend calculator tool.³⁷ However, existing tools are browser based so the app format will be novel, with this being particularly valuable in terms of accessibility and anonymity. The development of this app is designed to add to this existing suite of tools which look to empower individuals to engage with their gambling and/or gambling harms on their own terms.

3.2 App development

The development of the app followed an inductive methodology whilst also being informed by analyses of existing research, much of which is outlined in this paper, aiming to ensure continuous learning, iteration, and user validation throughout the process. The app's development included key phases, discussed below:

The app discovery phase included scoping assessment and collation of available secondary research, alongside analysis of the need, value, feasibility, viability, and usability of a potential app. This included:

- Literature and landscape reviews to understand existing research and best practices.
- A market competition analysis to explore other tools and the features they offer.
- Surveys to gather insights from potential users on possible features.
- Qualitative research to explore reactions to the app concept, positioning, and name.
- Engagement with academics, service users, and experts in healthcare and behaviour change.
- User testing on early designs to identify key needs and pain points.

This phase demonstrated expressed user need for a tool that provides:

- Access to free, immediate, anonymous and 'informal' support.
- Access to support any time, including around key 'trigger' points to gamble.
- The ability to track and manage gambling activity in one place.
- Easy to digest, accessible, educational content.
- Access to a range of tools from a single-entry point.
- Information on what 'lower risk' levels of gambling activity can look like.

³⁵ Internal GambleAware analysis of Google Analytics data for the GambleAware website: <https://www.gambleaware.org/>

³⁶ GambleAware, *The National Gambling Support Network*, available at: <https://www.gambleaware.org/tools-and-support/national-gambling-support-network/> (last accessed 2nd April 2025)

³⁷ Internal GambleAware analysis of Google Analytics data for the GambleAware website: <https://www.gambleaware.org/>

After the discovery phase, a six-month **development process** was undertaken to develop a foundational version of the app, incorporating key features identified through user preferences. This initial version was tested by early users to gather feedback, enabling iterative improvements and more effective refinement of the product. Using a Scrum methodology – designed to manage projects and programmes by breaking them into smaller, manageable elements – to break down app development into short ‘sprints’ of work, enhancements, and fixes, will allow for smaller iterative releases of the app to ensure ongoing improvements.

This development process included:

- **User-centred design:** before development, a prototype was tested with the target group (see section 3.3 for details) to validate designs and functionality.
- **Minimum viable product approach:** see section 3.5 for details on the MVP and included features.
- **Technology choice:** the app was built as a native application for both iOS and Android to ensure the best performance, security, and user experience.
- **Measurement and analytics:** an analytics framework was developed to track key metrics and gauge the app’s effectiveness at meeting stated aims (section 3.6) post-launch.
- **Continuous testing:** quality assurance and continuous user acceptance testing throughout development ensured a high standard of functionality and usability (and this will continue post-launch).

Ongoing and future development work will include:

- **Post-launch monitoring:** actively monitoring user engagement and feedback will determine what features need to be enhanced or added in future updates.
- **Accessibility audit:** this will be carried out to identify what improvements are needed to meet Level AA web content accessibility guidelines, therefore aiming to ensure the app can be used by those who may be neurodivergent or disabled.³⁸

3.3 Key app target groups and user journeys

The GambleAware Support Tool is designed to be inclusive and to support anyone looking to manage or reduce their gambling activity, or to stop gambling altogether. The app is also designed to help those who have already stopped gambling and would like to maintain their abstinence.

Informed by the findings of GambleAware’s segmentation analysis,³⁹ discussed above, the app has been specifically designed for individuals who are:

- Aged 18-34,
- Looking to make a change regarding their gambling behaviour (i.e. reduce or quit gambling),
- Experiencing a low to moderate level of problems associated with their gambling (i.e. a PGSI score of 1-7).⁴⁰

³⁸ GOV.UK, *Understanding WCAG 2.2*, available at: <https://www.gov.uk/service-manual/helping-people-to-use-your-service/understanding-wcag> (last accessed 2nd April 2025)

³⁹ YouGov, 2023, *GambleAware: Segmentation 2023*, <https://www.gambleaware.org/our-research/publication-library/articles/gambleaware-segmentation-2023/> (Last accessed 31st March 2025)

⁴⁰ PGSI, or the Problem Gambling Severity Index (Ferris and Wynne, 2001), is used to measure experiences of ‘problem gambling’. It is a scale developed for use among the general population rather than within a clinical context.

This age group tends to be more digitally literate,⁴¹ to own a smartphone, and to be willing to use an app as part of any self-change attempt. Data gathered through the tools available on GambleAware's website show that the largest proportion of users seeking support for gambling harm fall within this age bracket, indicating demand among this group for online tools and, by association, this app.⁴² In addition, 51% of 18–34 year-olds who gamble already use an app once a week to manage their health and lifestyle (n=3023).⁴³ Among this group, almost half (47%) reported to be interested in using an app to manage their gambling, which increases to 79% of those who are also experiencing a high level of problems with gambling (i.e. a PGSI score of 8+).⁴⁴

A secondary intended target group is those who are experiencing a high level of problems with gambling (PGSI 8+). For these individuals, the app provides a key additional function of serving as a referral pathway, with nudges to formal support included within the app's functionalities (see below for more details on app features).

Although the target groups presented above refer to PGSI scores, the app does not use any validated measures to directly assess or diagnose gambling harm, such as the PGSI scale. Validated measures were felt to be overly clinical, pathologising, in some instances stigmatising⁴⁵, and potentially off-putting to users. An assessment of individuals' level of their problems associated with gambling is instead made through a lighter-touch onboarding process which explores financial harm, relationship disruption, and psychological distress, as well as a self-assessment against the Lower Risk Gambling Guidelines (LRGG), discussed more involvedly below.

To attempt to address the range of different user needs, there are three 'journeys' available in the app for different types of users:

1. Users who are actively gambling and looking to quit.
2. Users who are actively gambling and looking to reduce.
3. Users who have already quit and want to maintain their motivation.

The initial app set-up questions are designed to support each user to determine their chosen journey. Feedback is given on the user's overall responses, in the form of recommendations, serving the purpose of acting as suggestions, rather than impositions on the user's journey. App features are designed to help users to progress this, with the primary goal of increasing their belief that they have the capacity to take the actions needed to achieve their chosen goals.

3.4 The Lower-Risk Gambling Guidelines

The Lower Risk Gambling Guidelines⁴⁶ (LRGG) are one of the tools provided in the app through which users can better understand how to manage, reduce, or cease their gambling. In April 2016, the Canadian Centre on Substance Use and Addiction began to develop the LRGG, adopting a

⁴¹ Ofcom, 2023, *Adults' media literacy*, available at: <https://www.ofcom.org.uk/media-use-and-attitudes/media-habits-adults/adults/> (last accessed 2nd April 2025)

⁴² Internal GambleAware analysis of Google Analytics data for the GambleAware website.

⁴³ Statistics from quantitative analysis of a survey carried out by YouGov in September 2024 on behalf of GambleAware for internal use.

⁴⁴ Ibid.

⁴⁵ Walsh et al, 2024, *How to reduce the stigma of gambling harms through language A language guide* (London: GambleAware), available at: <https://www.gambleaware.org/media/svbriu1/how-to-reduce-the-stigma-of-gambling-harms-through-language.pdf> (last accessed 2nd April 2025)

⁴⁶ Canadian Centre on Substance Use and Addiction, *Lower-Risk Gambling Guidelines*, available at: <https://gamblingguidelines.ca/> (last accessed 2nd April 2025)

collaborative, evidence-based approach similar to that used for creating Canada's Low-Risk Alcohol Drinking Guidelines⁴⁷ and the Lower-Risk Cannabis Use Guidelines.⁴⁸ The LRGG were the result of four years of research and the first large-scale, comprehensive project in the world to develop gambling guidelines to attempt to minimise the risk of harm. This work included: two comprehensive literature reviews; collaboration with an international group of experts; feedback from over 10,000 Canadians collected via an online gambling survey administered twice; risk curve analyses of over 60,000 people who gamble from eight different countries; consultation with a pan-Canadian, multi-sectoral advisory committee of over 20 members; and a series of qualitative interviews and focus groups with in excess of 50 people who gamble from across Canada. It is important to emphasise that at this point there is little direct empirical evidence for the effectiveness of the LRGG in *changing* behaviour; however, we would emphasise that the LRGG fill a significant gap that at this juncture other frameworks or guidelines have not. Therefore, the LRGG has been widely adopted by public health organisations in Canada, Australia, and various Western European countries.

One of the key challenges in supporting people to attempt to manage their own gambling is that there is no official guidance on what a 'safer' level of gambling can look like. For other health behaviours, there are official guidelines: on alcohol, for example, the UK Chief Medical Officers produced the Low-Risk Drinking Guidelines,⁴⁹ which then support the NHS's self-help tools⁵⁰ for cutting down on alcohol consumption. On nutrition, Public Health England produced official dietary recommendations⁵¹ which have been incorporated into the NHS's healthy eating guidance.⁵² For gambling, however, the *only* guidelines that exist at this point in time are, to our knowledge, the Canadian LRGG. Thus, though these guidelines are not official recommendations, they are the best (and only) available option to GambleAware for these purposes.

The LRGG outline quantitative limits and provide information on specific populations, contextual factors, and other health messages essential for educating the public on safer gambling practices. The LRGG state that people who gamble should, in order to reduce their risk of experiencing harms from gambling:

- Gamble no more than 1% of household income (before tax) per month.
- Gamble no more than 4 days per month.
- Avoid regularly gambling at more than 2 types of gambling activities (e.g. no more than two of: online casino games, scratch cards, fruit or slot machines, sports betting).

Research suggests that the Canadian LRGG may be relevant for gambling harm reduction in England. Analysis of Health Survey for England data⁵³ found that people who exceed the recommendations of the LRGG (i.e. gamble twice weekly or more, or play three or more types of games) are significantly

⁴⁷ Canadian Centre on Substance Use and Addiction, *Canada's Guidance on Alcohol and Health*, available at: <https://www.ccsa.ca/en/canadas-guidance-alcohol-and-health> (last accessed 2nd April 2025)

⁴⁸ Fischer, B, et al., *Lower-Risk Cannabis Use Guidelines: A Comprehensive Update of Evidence and Recommendations*, *American Journal of Public Health* 107, e1–e12, available at <https://doi.org/10.2105/AJPH.2017.303818> (last accessed 2nd April 2025).

⁴⁹ Department of Health, 2016, *UK Chief Medical Officers' Low Risk Drinking Guidelines*, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf (last accessed 2nd April 2025)

⁵⁰ NHS, *Drink less alcohol*, available at: <https://www.nhs.uk/better-health/drink-less/> (last accessed 2nd April 2025)

⁵¹ Public Health England, 2016, *Government Dietary Recommendations: Government recommendations for energy and nutrients for males and females aged 1 – 18 years and 19+ years*, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/618167/government_dietary_recommendations.pdf (last accessed 2nd April 2025)

⁵² NHS, *8 tips for healthy eating*, available at: <https://www.nhs.uk/live-well/eat-well/how-to-eat-a-balanced-diet/eight-tips-for-healthy-eating/> (last accessed 2nd April 2025)

⁵³ Rochester, E., Cunningham, J.A. 2024, Applying the Canadian Low-Risk Gambling Guidelines to Gambling Harm Reduction in England. *J Gambli Stud* 40, 21–28. <https://doi.org/10.1007/s10899-022-10186-8>

more likely to experience harm than those who gamble within the guidelines. This indicates that the thresholds identified in the Canadian guidelines could also apply in the English context (the focus of this study).

Message testing of the LRGG by the Behavioural Insights Team researchers showed that those who gambled and were shown the LRGG were more confident in knowing how to manage their gambling behaviour and access support.⁵⁴ There was also more of a positive sentiment towards the LRGG as guidelines compared to negative (56% vs 18%). Those who gambled thought the specific guidelines for money spent and number of gambling activities were mostly set at the right level.

Quantitative research to examine understanding of, and reactions to, the LRGG among people who gamble, commissioned by GambleAware, showed that potential app users found the LRGG to be understandable, useful, easy to remember, and relevant.⁵⁵ The LRGG performed well across all groups tested, especially on ease of understanding and recall. People aged 18–34 experiencing any levels of harm from gambling (PGSI 1+) were significantly more likely to feel that the LRGG were relevant, told them something new and useful, and made them feel more confident in the amount they should gamble to reduce their risk of harm. When shown separately, no one guideline from the LRGG was found to perform markedly differently than the others, suggesting that they work well together and no one guideline has a disproportionate impact.

Other research, not directly focussed on the LRGG, has provided indirect support for the principles of these guidelines. Findings from research into the relative risk of gambling products within Great Britain by academics at Bournemouth University also found that individuals who take part in more than two gambling activities are at disproportionate risk of harm relative to the general population⁵⁶. It also found that, overall, the less frequently people gamble the less likely they are to experience gambling problems, both of which align with the principles of the LRGG. Recent research by the Gambling Commission using data from the Gambling Survey for Great Britain,⁵⁷ also supports the principles of the LRGG in that it has shown that gambling involvement, measured by the number of activities, and frequency of gambling, remain important predictors of the experience of 'problem gambling'.⁵⁸

As a result of the research presented above and user testing, the LRGG forms the basis of the guidelines designed to facilitate behaviour change in the user. This is operationalised through supporting users to understand the level of risk that can be associated with their gambling activity, how they can reduce the level of risk of harm, and how they can ensure their gambling stays at lower-risk levels.

Given that the LRGG focus on reducing risk through limiting gambling activities rather than promoting pure abstinence, they are well suited for a tool designed to support individuals to manage, reduce, or quit gambling. It should also be emphasised that, in addition to not eliminating risk, for some people

⁵⁴ Behavioural Insights Team, 2022, *Lower-risk gambling guidelines*, available at: <https://www.bi.team/publications/lower-risk-gambling-guidelines/> (last accessed 2nd April 2025)

⁵⁵ Statistics from quantitative analysis of a survey carried out by YouGov in September 2024 on behalf of GambleAware for internal use.

⁵⁶ Bournemouth University, 2025, *Relative risk of gambling products within Great Britain – Findings from a rapid literature review and secondary analysis project* (London: GambleAware) available at: <https://www.gambleaware.org/our-research/publication-library/articles/relative-risk-of-gambling-products-within-great-britain-findings-from-a-rapid-literature-review-and-secondary-analysis-project/> (last accessed 2nd April 2025).

⁵⁷ Gambling Commission, *Statistics and Research*, available at: <https://www.gamblingcommission.gov.uk/about-us/statistics-and-research/gambling-survey> (last accessed 2nd April 2025).

⁵⁸ Gambling Commission, *Using Gambling Survey for Great Britain to explore the relationship between gambling activities and Problem Gambling Severity Index scores*, available at: <https://www.gamblingcommission.gov.uk/blog/post/using-gambling-survey-for-great-britain-to-explore-the-relationship-between> (last accessed 2nd April 2025).

who are already gambling within the guidelines, the guidelines may not support a *reduction* in risk. The LRGG should therefore not be taken to be a fundamental benchmark of mitigating or avoiding risk entirely. For example, if someone typically gambles on just one activity and spends half of their recommended maximum income on gambling, they should not interpret the guidelines as suggesting they could double their spending and/or start a new gambling activity without increased risk.

Given the above nuances and the impossibility of entirely avoiding risk or creating a 'false sense of security', communications within the app are clear that all gambling can be associated with risk of harm, and that the LRGG are a way to *potentially* reduce that risk, rather than being guaranteed to eliminate or reduce risk completely.

3.5 Current minimum viable product features

The first iteration of a product or tool such as the GambleAware Support Tool, is often termed a 'minimum viable product' (MVP). This version has sufficient features to be functional and provide value, while also capturing the data required to inform any necessary improvements. This approach seeks to optimise the use of resources and ensure that any changes are based on users' experiences and needs, furthering the inductive approach to the app's development. The MVP for the GambleAware Support Tool includes a set of features and functions deemed essential to support users in managing their gambling activity and achieving their personal goals, including the below, upon launch:

- **Self-assessment tool** – to understand current gambling activity (against the LRGG for those looking to reduce their gambling activity) and inform goal setting.
- **Limit suggestions and tracking** – to suggest spending boundaries and follow progress against pre-defined user limits.
- **Progress tracking** – to monitor progress towards abstinence from gambling activity for those seeking to quit.
- **Advice and support library** – to offer guidance and support.
- **'In-the-moment' help** – to share options for immediate assistance through a helpline, live chat, and a local service finder.
- **Notifications** – to keep users engaged, on-track, and motivated.
- **Weekly and monthly check-ins** – app notifications to prompt and guide users to reflect on progress at regular intervals.
- **Personalised action plan** – to understand and replace time spent gambling with substitution activities.

The GambleAware product team undertook **user-testing with people with lived experience** of gambling harm and who are actively gambling to ensure that the app's content, designs, and user experience addresses core user needs and leads to more effective action. The product team continued user testing throughout the discovery, prototyping and design phases to inform the MVP features that are due to launch in 2025. The product team also consulted with members of the lived experience community, including those no longer gambling and affected others (those with experience of harm due to another's gambling), to assess whether the initial app concepts were salient and useful.

Each app feature was prioritised based on its alignment with the most frequently expressed user needs across different user groups, from those at low risk of gambling harm to those experiencing more significant harm. This means that some features of the app can be targeted depending on the user's level of experienced risk and/or harm. However, if the app user's responses indicates that their level of gambling of lower risk, additional app support mechanisms will not be suggested; these will

still, however, be discoverable and available to all users through their app menu. This aims to ensure that the minimum viable product includes features and nuances that are tailored and relevant to each user, allowing the app to meet users where they are in terms of their aspirations for reducing gambling and gambling harms.

The GambleAware Support Tool includes a personalised action plan. This aims to support users to develop strategies for managing gambling activity, reducing harm, and replacing gambling behaviours with alternatives. The action plan was developed based on conversations with those with lived experience of gambling harm alongside a panel of four academics with expertise in behaviour change, who made recommendations to include elements of behavioural substitution, motivational interviewing, SMART goal setting, confidence building, and self-efficacy within the action plan.

3.6 Monitoring, evaluation and learning

There are five overall outcomes that will be assessed through internal monitoring and evaluation, after the app is deployed and made publicly available:

- Acquisitions – e.g. downloads, (in)active users, onboarding completions.
- User profiles – e.g. demographics, 'journey' breakdown.
- Performance – e.g. crashes, reviews.
- Engagement – e.g. limit-setting activity, session length.
- Behaviour change outcomes – e.g. knowledge or attitude changes leading to the how the user chooses to regulate their gambling activity.

This is the first time that the LRGG have been incorporated into an app, to our knowledge. Findings based on app metrics on the effectiveness of a digital approach to reducing and preventing harm as well as the acceptability and appropriateness of the LRGG in this context will be published on the GambleAware website; these will be of particular interest to those working to understand and reduce gambling harms, as well as broader research, service, and healthcare provision, and community organisations.

3.7 Limitations

There are some limitations associated with the app: by its very design, the app excludes those who are not Internet-connected smartphone users. Moreover, as the app currently represents a minimum viable product, not all desired features have yet been included – these will need to be prioritised for development going forward from analysis of data and user feedback. In addition, the LRGG may be less appropriate for certain groups, such as those who use drugs and/or alcohol and/or mental health challenges.⁵⁹ However, the app's ability to refer users on to service provision will still be valuable (and even more important) for these types of users.

Users' reason or motivation for gambling is additionally of importance in terms of limiting the prospective efficacy of the app: for those using gambling to cope with adversities and/or challenges in their life, failing to engage with those broader challenges holistically could present substantive barriers in terms of gambling within the suggested guidelines. For these communities, the signposting and

⁵⁹ Gambling Guidelines, *Lower-Risk Gambling Guidelines*, available at <https://gamblingguidelines.ca/lower-risk-gambling-guidelines/what-are-the-guidelines/#:~:text=Special%20Risk%20Populations%20and%20Contextual%20Factors> (last accessed 2nd April 2025).

referral functions within the app are key in terms of making users aware of interventions that are better tailored to their nuanced and variable needs and realities.

4. Conclusions and recommendations

This paper has explored the treatment landscape, demand for support for gambling harms, and the barriers to accessing existing formal and informal support for gambling harm. We have emphasised that there is a distinct gap in provision for people who experience gambling harms but are not willing and/or able to access treatment and support. We have discussed some important barriers faced by the general population, including stigma, lack of awareness and perceived lack of relevance of treatment and support, as well as more specifically for minoritised and marginalised communities. These barriers notably include various forms of disenfranchisement, minoritisation, and poverty, all compounded by stigmatisation and concern about discrimination faced in society and experienced in service and healthcare provision itself.

In the context of these barriers and gaps in service provision, the need for new and innovative interventions is clear. The development of digital tools is one key aspect of addressing the need for accessible and flexible support for people who gamble. Online support is strongly preferred by those seeking to reduce or quit gambling, and people in these groups want to maintain privacy and receive tailored, easy to use support. Additionally, there is evidence for utilising and promoting digital modes of delivery for self-directed tools for gambling harms. This review found that support that combined strategies and tailored outputs to the individual was the most beneficial way to design self-directed tools. Mobile apps, as we have stressed, provide a variety of tailored and flexible self-directed support options for people seeking discreet, non-judgemental support.

We have therefore examined the case for self-directed interventions, using the GambleAware Support Tool as a case study. Designed to empower individuals to manage, reduce, or quit gambling, the Support Tool provides an accessible alternative for those unwilling or unable to seek traditional support. Additionally, it serves as a mechanism for referral and signposting to further intervention.

However, while the Support Tool represents a valuable and innovative step forward, it is one part of a broader effort to address gambling harm. Some communities – particularly those facing multiple barriers to support – may require additional tailored interventions beyond digital solutions. Though digital tools should play an essential role in expanding access to support, they work most effectively as part of a wider ecosystem of services. Continued efforts to develop inclusive, flexible, and culturally appropriate interventions are key to ensuring that all individuals affected by gambling harm can access the support they need.

4.1 Digital solutions to support marginalised communities

While broad, population-wide digital solutions are necessary, there is a clear need for these to include elements that will support specific communities in order to provide equitable support for people from marginalised communities. As noted in the research referenced in this document, there are significant gaps in our knowledge of effective support for these communities, despite an evidenced desire from these groups to engage with private, accessible, and targeted support to break down barriers to more generalised support.

To address this gap in knowledge, we recommend that the creation of future digital tools, or the expansion of existing tools, engages directly with people with lived experience from marginalised groups to co-design solutions that are culturally appropriate, effective, and meaningful.

In the development of any digital tools, it is key that we remain reflexive and continue to monitor outcomes and learn from activity. Developers should gather data on user demographics, engagement, and behaviour change outcomes to refine tools and ensure their long-term impact. Additionally, co-producing solutions with diverse stakeholders will help to ensure that tools remain relevant, practical, and effective for supporting people with their goals in reducing gambling related harm. In this light we make the below recommendations for further work that will be of relevance for future research, prevention, and treatment for gambling harm and more broadly for other digital developers in this space:

1. Continued investment in innovation is essential to helping people manage their gambling, reduce harm, or quit altogether. Explicitly this should be taken to relate here to digital tools and approaches, focussing on ensuring:
 - a. accessibility;
 - b. appropriateness and inclusivity;
 - c. sustainability and demonstration of outcomes and impact;
 - d. breaking down barriers to access.
2. The GambleAware Support Tool should be subject to empirical impact and/or developmental evaluation using a mixed method approach to engaging with those who use the app.
3. Further mixed methods research should be undertaken with communities who experience gambling harm to establish what they require in terms of service provision to meet them where they are.
4. Tools should be developed that specifically cater for communities with the highest burden of gambling harms. These communities include:
 - a. those with protected characteristics or who experience minoritisation
 - b. those who experience social exclusion, stigmatisation, and discrimination.

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