



ADPH
Yorkshire and Humber

ASSOCIATION OF DIRECTORS OF PUBLIC HEALTH – YORKSHIRE AND HUMBER

GAMBLING UNDERSTOOD TRAINING PROJECT EVALUATION REPORT

Resources
FOR CHANGE

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"My expectations were exceeded! I'm using the training in my day-to-day work, making it part of my overall needs assessment for the people I work with."

Intermediary from Y&H

"(As a result of the training) I thought that the people I saw gambling at a motorway service station probably all had a problem and are gambling in a place where they can be anonymous. A 'wow' moment."

Professional from Y&H

"My expectations for the training were met and (the content was) clearly based on lived experience. I recall information about dopamine loops, gambling apps, and the services out there that can help, such as GamBan."

Professional from Y&H

1. INTRODUCTION

This report summarises the learning from the evaluation of the ‘Gambling Understood: Begin the Conversation Training for Professionals’ online training programme delivered by Gambling with Lives (GwL) for Yorkshire & the Humber Association of Directors of Public Health (Y&H ADPH).

The evaluation aimed to demonstrate the effectiveness of the training in increasing the awareness, knowledge, understanding and confidence of a wide range of people working in varied public health contexts in relation to gambling harms.

A priority for Y&H ADPH was to assess whether the training was effective and consider the feasibility of future use of the training with reference to their training needs assessment. In addition to this, the emphasis of the evaluation overall was on learning, ultimately to help assess the difference made by the training, so that GwL and Y&H ADPH can build on those things that went well and address areas for improvement. The report can also act as a communication tool, demonstrating the effectiveness of the Gambling Understood programme to Y&H ADPH and other local authorities, agencies and organisations on this important but under-served area of public health.

This evaluation report presents:

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

The report is written for Gambling with Lives and Y&H ADPH.

Established for more than 28 years, **Resources for Change (R4C)** is a socially responsible, employee-owned consultancy with an excellent reputation for supporting social, community and environmental projects and organisations. We do this through varied evaluation approaches and through research, as well as large-scale consultation exercises that help to inform, for example, national strategy formation for government and NGOs. As a company motivated to make a difference ourselves, we do push grant recipients to learn the hard lessons of delivering complex, challenging projects, as well as celebrating what has gone well.

The company has four directors (Mike King, Neil Smith, Deio Jones and Scott Sullivan) and a wider team of four experienced professional consultants, a research assistant and three associates who we work closely with.

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2. OVERVIEW OF THE GAMBLING UNDERSTOOD TRAINING INTERVENTION

Gambling with Lives (GwL) were commissioned by the Yorkshire & the Humber Association of Directors of Public Health through Hull City Council to deliver 25 online training sessions (increased to 28 sessions by GwL) across the Yorkshire and Humber region for front line staff who were thought likely to encounter people experiencing gambling harms.

The Gambling Understood training addressed the priorities identified in a training needs assessment, produced in response to repeated requests for workplace education, training, information and support on gambling related harmsⁱ, further noting an absence of good quality and effective materials produced independently of the gambling industry. In addition, a previous workstream had identified the need for:

“good quality training, to meet needs of staff in frontline services regionally, who are best placed to intervene early and discuss gambling harms, leading to better identification of need and access to support.”

The training needs assessment engaged with relevant professionals working in a wide range of settings that might benefit from better training, establishing through a survey that the cohort had low levels of self-assessed awareness, knowledge and confidence in relation to gambling harms. The survey also identified that three-quarters of the respondents had completed no training related to gambling harms, primarily because it had not been offered. The survey further identified a high level of interest in improving knowledge and skills in this area.

In addition, the delivery of the training was to provide a more cost and time-effective way of engaging and training front line staff, in response to their preference to take part in the training through a 2 to 3 hours e-learning or online session. The hope was that the training participants would be trained as effectively as if they had been trained face-to-face i.e., feeling equally able to talk confidently to people experiencing gambling harms and refer people on to the appropriate support services. The overarching aspirations of the training commission were summarised in the following vision:

“People in Yorkshire and the Humber are protected from the direct and indirect harms of gambling at individual, community and population level. Those in need are able to access quality and effective information, support and treatment, as early as possible and without fear of stigma.”

For the training commissioners, it was important to understand the extent to which front line staff subsequently used the training and why. For the purposes of this evaluation, we interpreted this as the extent to which training participants made gambling harms part of the ‘conversation’ they have with the people they support and interact with.

The content of the Gambling Understood training and the target audience was very similar to the in-person training sessions delivered through GwL’s recent Chapter One pilot programme for Greater Manchester Combined Authority, but to be delivered online and locally tailored. The learning from the evaluation of the training part of the Chapter One programme is used in this

evaluation as a robust point of comparison for the different ways of delivering the training. Although the development routes for each differed, there was transferable learning and reinforcement that helps to ground this report's findings.

2.1 GAMBLING WITH LIVES

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

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

They do this by:

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

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

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

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

In 2023, Gambling with Lives worked with Greater Manchester Combined Authority (GMCA) to develop and deliver a gambling harms-related pilot programme, building on the learning from the education programme and beginning to tackle the significant adverse effects of gambling in the GMCA area. The programme consisted of:

1. **Training** for health professionals and intermediaries who are in a position to make referrals to gambling disorder treatment programmes.
2. **An information hub** (the Chapter One website) to structure and make available the information necessary to achieving these aims, for example by providing resources and links to materials appropriate to public and professional audiences.

3. **A campaign**, using 'traditional' and social media channels to drive people at risk of harm to the Chapter One website.

The primary audiences for the project were:

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

The Chapter One website continues to develop, most recently with an improved area providing information to professionals and intermediaries.

2.2 THE EVALUATION OF THE GAMBLING UNDERSTOOD PROGRAMME

2.2.1 EVALUATION GOALS

The Gambling Understood programme sought to protect people in the region from the effects of gambling and to ensure that they could access good quality information, support and treatment. The target audience for the training was set out in the training needs specification and was prioritised by public health leads in each local authority area. The audience consisted of people work in, or with a role connected to, public health and wellbeing across range of public and third sector organisations.

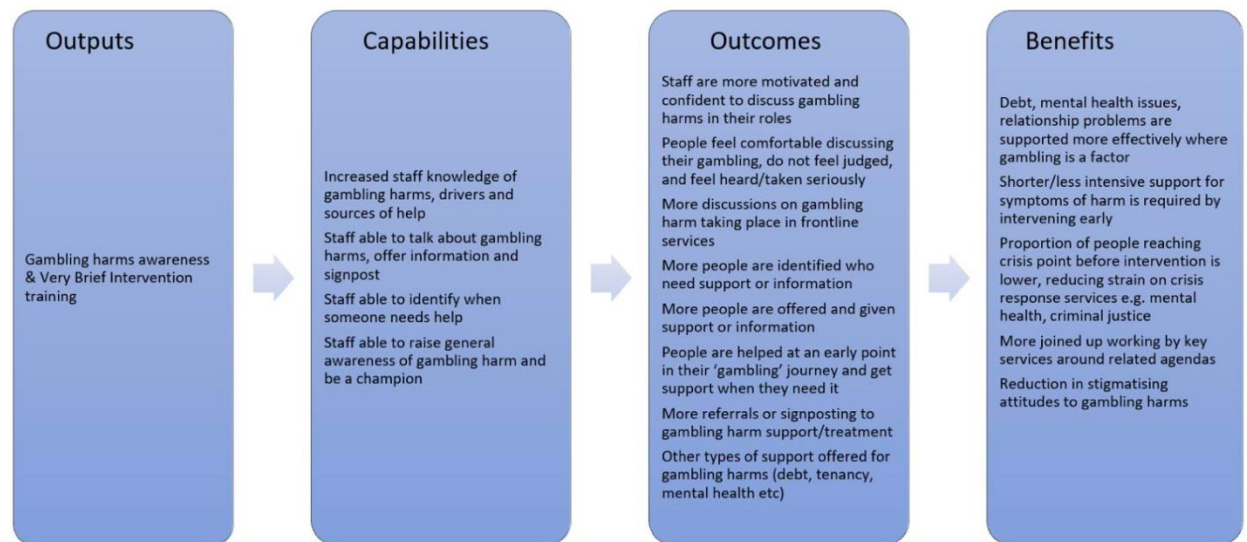
The means by which these goals were to be met can be described as follows:

1. Provided independent and impartial information developed by GwL to improve knowledge, understanding and confidence in relation to gambling harms.
2. Enabled improved access to referral routes and treatment pathways.
3. To train professionals and intermediaries to be able to perform a very brief intervention with people experiencing gambling harms.
4. Challenged the focus on individual responsibility to risks of harm from gambling products, reducing the stigma around gambling addiction.
5. Provided a degree of 'proof of concept' for providing such training virtually as opposed to providing it in person.

The audiences for the training were anyone within the public health realm in the Y&H ADPH area, such as:

- Healthcare professionals in different roles e.g. occupational therapists, mental health and addiction workers
- Intermediaries e.g., people working in a role that supports the public and who might benefit from the training such as debt and domestic abuse advisors, community workers, varied wellbeing roles and Citizens Advice teams
- People working in the public, voluntary, community and charity sectors

The services request from Hull City Council (written in December 2023 on behalf of Y&H ADPH) set out a benefits map that defined the outputs, capabilities, outcomes and benefits that the training was intended to provide, as follows:



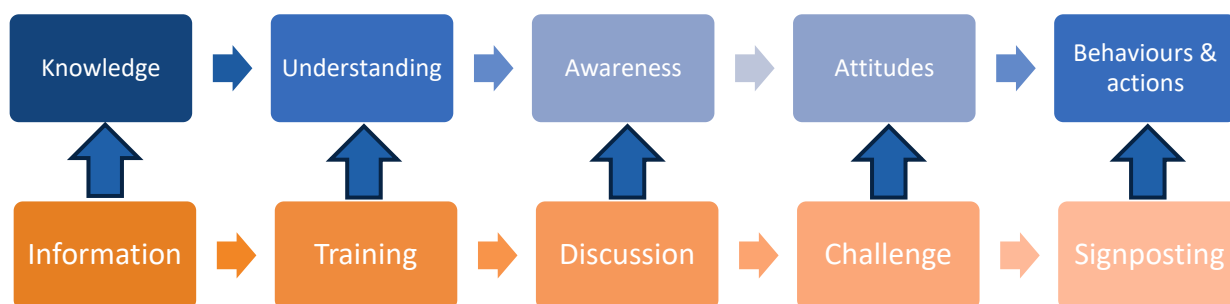
The supplier (Gambling with Lives) was responsible for delivering the outputs and capabilities, with the outcomes and benefits expected over time as training participants used the learning in their roles. This evaluation focused on the outputs and capabilities but used different language, describing the capabilities as outcomes. This evaluation also looked at some of the outcomes from the benefits map but viewed others as likely to be longer-term results (or impacts) of the training and increasingly hard to measure without longer-term monitoring. The mapped benefits were seen as very much longer-term.

The desired outcomes were therefore defined as follows:

1. Increased understanding and knowledge of the causes of gambling harms and addiction.
2. Increased awareness of gambling harms and addiction.
3. Increased identification of gambling harms and addiction in public services and amongst people who gamble.
4. Increased awareness of the available treatment and support options.
5. Increased confidence to perform a very brief intervention with someone experiencing gambling harms
6. People receive the help they need, when and where they need it.
7. Reduced stigma (perceived and actual) around gambling addiction through changed behaviours and attitudes.

The evaluation had no access to the people receiving services from the training participants and so it was not possible to examine the outcomes relating to them e.g. 'people feel comfortable discussing their gambling'.

2.2.2 CHANGE 'PATHWAY'



The 'change pathway' is a simple model we use for outlining the desired effects of a training intervention. The GwL approach to training broadly maps onto this model but with the significant and powerful ingredient of lived experience of gambling harms woven into the training delivery. The training is more than the sharing of knowledge and research – it is underpinned and enhanced by direct experience of the damage that gambling can do to individuals, groups and communities. Further change and development results from the active use of knowledge and understanding in day-to-day work.

2.2.3 EVALUATION METHOD

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

1. Follow-up interviews with a sample of the training participants, two to four months after the training

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

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

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

3. Interviews with the project team at GwL and Y&H officials, two to four months after the training

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

4. Comparisons with related learning

As mentioned, the Gambling Understood programme bears a close relationship to the training element of the Chapter One programme which was largely delivered in person and which provided useful comparable learning to validate the learning in this evaluation.

The evaluation report is a synthesis of the learning from these sources of information.

3. SUMMARY ASSESSMENT AND RECOMMENDATIONS

Primary Outcomes

The analysis highlighted that the Gambling Understood training was highly effective at improving the knowledge, understanding and confidence of the participants, particularly due to its lived-experience delivery, comprehensive and high-quality content and interactive approach, also reflecting the low base starting position of most participants. These findings were consistent with those of the Chapter One programme. The professionalism of the trainers was mentioned consistently.

The analysis also showed that the virtual delivery was as effective as in-person training (delivered through Chapter One), saving the participants travel time and disruption, and that it made the training more accessible given the wide range of roles and working patterns. On the rare occasions there were technical challenges, the trainer was able to adapt and ensure a good overall experience.

Primary Impact

Training participants who were interviewed reported increased awareness of gambling harms as an additional factor to consider when engaging with people i.e. they were including reference to, or asking questions about, gambling in the conversations they had with people.

In the relatively short period since the training, some training participants also reported that they had subsequently encountered people experiencing gambling harms, although this was not universal, and one had also made a referral to NHS gambling services.

Recommendations

Based on the specific learning from this training initiative, we make the following recommendations for ADPH and GwL to consider:

For ADPH

1. **NICE Guidelines.** NICE guidelines have been revised in relation to the identification, assessment and management of gambling harms (28th January 2025), to address the effects of gambling on communities. Future ADPH responses, such as training, need to raise awareness by embedding the guidelines in future content.
2. **Repeat the training offer for a sustained period.** Clear need has been demonstrated, an effective training programme found. Allow more time for promotion, delivery, follow-up and evaluation of longer-term outcomes and realised benefits.
3. **Expand the audience.** Adapt and apply the training for broader use, including for managers and decision makers, education sector, young people and those in related professional roles. We feel there may be particular value in providing a portion of the training to those who could authorise and support further training initiatives.

4. **Addiction professionals.** Whilst many of the sectors that participated in the training showed low levels of understanding pre-training, the ratings from addiction workers were generally lower than many. Given the pivotal role that they can and do play in supporting people with addictions, we recommend that ADPH and GwL consider how it can engage more closely with addiction professionals, regionally or nationally, to address what could be a critical shortfall.

For GwL

5. **Incorporate practical elements:** Add more case studies, role-play and scenarios to help participants practice and apply their learning. This would have implications for the duration of the training session but support lasting impact.
6. **Regularly update content:** Ensure the training reflects emerging trends, such as loot boxes and other digital gambling behaviours, and the 'pathways' to gambling that, for example, children may be increasingly exposed to. This has implications for the training provider in developing a well-researched understanding of gambling product evolution.
7. **Provide certificates:** Offer certificates of completion to recognise participant achievement and serve as a formal record of participation.
8. **Customise with care:** Whilst the range of audiences and needs for this training are many, there is a risk of diluting the impact of the training if the content is 'over-tailored' to different settings. The fundamentals of the training apply no matter what; the context and audience are what the participants bring to the sessions. In the time and resource available, making time for training participants to consider how to apply the knowledge and understanding will be more effective than trying to do this for them.

Ultimately, the Gambling Understood training project demonstrated that it was very effective at achieving the set goals. It provides an efficient and high-impact training experience that is already making significant changes to the knowledge, understanding and confidence of a wide range of front-line staff. The virtual training approach was just as effective as the in-person training approach taken for the comparable Chapter One programme. The findings of this evaluation are robust and consistent, both within the Gambling Understood project, and externally with the Chapter One programme.

On this basis, we have no hesitation in recommending that ADPH look to run the Gambling Understood Training project again for a longer period, looking to make a strategic intervention across Yorks and Humber to ensure the comprehensive involvement of a critical number of front-line staff. This should be monitored and evaluated, ideally beyond the span of the delivery period (for example, using a sample-based longitudinal study) to establish the outcomes and impacts of the training. With a longer evaluation, we could expect to see whether there is evidence of people using the training and of subsequent action e.g. referrals to services.

3.1 THE SUMMARY OF OUTCOMES

'Gambling Understood' Achievements TRAINING

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



425

Training participants
from the Yorkshire and
Humber area

The training ran from July to September 2024 and involved 425 professionals and intermediaries e.g. from the voluntary & community sector; addiction, health & wellbeing and mental health services. Doncaster, Hull, Sheffield and Rotherham areas together provided around 50% of the people trained.



94%

Training participants agreeing /
strongly agreeing they felt
more confident

The training very significantly increased the participants' confidence to **have a conversation** with someone experiencing gambling harms, with 94% agreeing or strongly agreeing after the training compared to 28% of participants agreeing or strongly agreeing they felt confident before the training.



99%

Training participants agreeing /
strongly agreeing on how to
provide help

The training very significantly increased the participants' knowledge of how to **access specialist support and treatment**, with 99% agreeing or strongly agreeing after the training that they confident to do so, compared to nearly half of the participants not feeling confident to do so beforehand.



92%

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

The training achieved a very significant change in the understanding of the **causes** of gambling harms, with 92% rating their understanding as good or very good after the training compared to only 16% of participants rating their understanding of the causes as good or very good before the training.



93%

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

The training achieved a very significant change in the understanding of the **effects** of gambling harms, with 93% rating their understanding as good or very good after the training compared to only 20% of participants rating their understanding as good or very good before the training.

"My understanding improved so much after the training."

"The training was really good and I have already referred someone to the NHS gambling service."

"As a mental health first aider I feel I could start a conversation and offer an opening for someone to speak about what's going on for them and offer encouragement to seek support and help."

"The training gives you so much more confidence."

"I know where I can access information to then start the process of accessing specialist support."

4. EVALUATION ANALYSIS

4.1 SUMMARY ANALYSIS OF CONCLUSIONS FROM THE INTERVIEWS

4.1.1 SUMMARY ANALYSIS OF CONCLUSIONS FROM THE INTERVIEWS

The analysis of the interviews provided a comprehensive view of participant feedback across the 'Gambling Understood' training. The conclusions present a summary of the programme's strengths, areas for improvement and broader implications for its future development and implementation. Note that the interview comments were overwhelmingly positive and that those relating to possible improvements were less numerous. We note this because it is unusual in our experience to see such consistently high levels of praise. The training made a significant impression on the training participants, with many commenting on how much of their training was generally 'nowhere near as memorable or as good'.

4.1.2 STRENGTHS OF THE TRAINING

LIVED EXPERIENCE ENHANCES THE AUTHENTICITY OF THE TRAINING

The use of trainers with lived experience was repeatedly highlighted as a critical factor in the training's success. It added depth, connection and credibility to the content, fostering emotional engagement and empathy amongst the participants.

The training participants valued the insights and real-life context provided by trainers with lived experience as this made the training more impactful than a more theoretical approach to the training's content. The trainer was able to step outside of the content and respond to the experiences of the participants, increasing the relevance of the learning.

HIGH-QUALITY, IMPACTFUL AND RELEVANT CONTENT

The training's comprehensive coverage of how the gambling industry and products work - including 'traditional' gambling, emerging trends like loot boxes and the significant role of advertising - was universally praised. Participants appreciated how the training addressed both the systemic and personal aspects of gambling harms. For many interviewees, the training had a deep and lasting impact.

Importantly, the depth and breadth of the content provided participants with the belief that they had the tools, knowledge and understanding needed to address gambling harms more effectively in their roles.

INTERACTIVE AND ENGAGING DELIVERY

The use of discussions, breakout sessions and video content created an interactive learning environment. Participants felt engaged and appreciated opportunities for peer learning and reflection in a secure environment.

The training's structure and delivery methods allowed participants to connect with the material and each other, enhancing the learning experience through the sharing of different perspectives and work contexts.

4.1.3 AREAS FOR IMPROVEMENT

PRACTICAL APPLICATION AND TOOLS

While participants valued the training's content, they suggested adding practical elements such as the discussion of case studies, role-playing scenarios or real-life exercises to help apply the learning more effectively. These additions could help participants practice sensitive conversations and develop confidence in addressing gambling harms in real-world situations.

UPDATING CONTENT

The evolving nature of gambling behaviours and products, particularly in the digital space, was noted as a challenge. Participants emphasised the need for regular updates to the training materials to ensure relevance.

In particular, they mentioned addressing trends such as loot boxes and in-game purchases and their impact on gambling behaviours as crucial for keeping the training current and effective, especially for young people where they thought the gambling industry was increasingly focusing.

LOGISTICS AND SCALABILITY

Both commissioners and participants identified some logistical challenges, such as allocating training spaces fairly, managing group sizes and ensuring accessibility across the region, whilst noting the impact of holiday periods and spending cycles. This highlighted the pressures arising from a compressed delivery period.

Further suggestions included training smaller group sizes (e.g., 12–15 participants), co-delivered sessions (noting the impact for those with lived experience of repeated delivery and managing tech-related issues) and considerations for scaling up the programme to reach a wider audience e.g. managers as well as people at the front line; other health professionals; uniformed services.

CERTIFICATES OF COMPLETION

The absence of a certificate of completion was noted by a few participants as a missed opportunity. Providing tangible recognition for participation in the training could enhance the training's perceived value. Offering digital or physical certificates could serve as a formal record and boost participant motivation (we understand that this is now in progress).

4.2 BROADER IMPACTS

4.2.1 SHIFTING PERCEPTIONS

The training was successful in changing participants' views on gambling harms, helping them understand the systemic and personal factors at play. Many reported increased empathy and a more nuanced understanding of how gambling affects individuals and communities. Participants felt that the training shifted the narrative from blaming individuals to recognising the role of broader societal and industry influences, such as large-scale advertising and addictive product design.

4.2.2 FOSTERING CONFIDENCE AND AWARENESS

Participants gained confidence in their ability to discuss gambling harms and addressing the stigma associated with them. The training equipped them with practical knowledge, understanding and resources, enabling them to support others effectively in a wide range of contexts. This confidence is crucial for enabling professionals to consider gambling harms in their communities, organisations and, for some, their personal lives. As the analysis demonstrates, levels of awareness and knowledge were low, pre-training, and so for many participants having a discussion with someone about gambling harms was not something they considered.

4.2.3 EXPANDING REACH

Participants recognised the potential for the training to benefit a wider audience, including professionals in similar roles, managers and young people. This reflects the training's versatility and its potential integration into broader frameworks addressing social and mental health challenges, alongside other training that focuses on harm reduction. Scaling up the training and adapting it for different audiences could amplify its potential impact and reach.

4.2.4 UNDERSTANDING THE DRIVERS FOR PARTICIPATING IN THE TRAINING

Participants highlighted a wide range of reasons for taking part in the training and across an equally diverse range of contexts e.g. from community support groups to large public organisations, from roles that were solely focused on public health to roles where wellbeing was a small part of their routine. The feedback often highlighted the interrelated and varied nature of supporting a very wide range of people with one or many more problems and hinted at the potentially hidden nature of the problem. For the most part, training participants did not report currently including gambling in their client conversations – this included people who had lived experience of gambling, perhaps showing how thinking can operate in separate, parallel silos, and how a timely training intervention can provide the time and conditions to promote reflection and realisation.

4.3 SUMMARY ANALYSIS OF CONCLUSIONS FROM THE SURVEYS

The survey analysis highlighted a consistently high level of positive outcomes from the training. It also touched on some other areas of learning that were worth further consideration,

4.3.1 ENHANCED UNDERSTANDING OF GAMBLING HARMS

The Gambling Understood training significantly improved respondents' understanding of the causes and effects of gambling harms. Prior to the training, only 16% and 20% of the participants rated their understanding of the causes and effects, respectively, as good or very good. Post-training, these figures rose to 92% and 93%.

4.3.2 IMPROVED CONFIDENCE IN SUPPORTING OTHERS

Confidence in engaging in conversations with individuals experiencing gambling harms increased markedly. Before training, 28% of respondents felt confident, whereas after training, this increased to 94%.

4.3.3. INCREASED LEVELS OF AWARENESS

SPECIALIST SUPPORT

Awareness of how to access specialist support and treatment for gambling harms improved dramatically. Before training, 23% agreed or strongly agreed that they knew where to access support, which rose to 99% post-training.

SHIFT IN PERCEPTIONS ABOUT RESPONSIBILITY

There was a notable shift in attitudes in relation to where the responsibility for gambling harms lay – with the individual or with the gambling industry? Before training, the majority were neutral (42%) or disagreed (42%) with the statement that individuals experiencing gambling harms were responsible for their situation. Post-training, 40% disagreed, and 41% strongly disagreed, seemingly accepting the argument that the gambling industry bore responsibility.

SECTOR-SPECIFIC INSIGHTS

In general, respondents from addiction and health and wellbeing services demonstrated a weaker understanding of the causes of gambling harms compared to other sectors prior to the training. Those in the community and voluntary sector had a weaker understanding of the effects of gambling harms. Confidence in discussing gambling harms was relatively consistent across sectors, though respondents from addiction and health and wellbeing services and "other" sectors were more neutral.

In the primary, secondary, and mental health care sector, opinions were divided on access to specialist support, with more respondents both knowing and not knowing where to access support compared to other sectors. A higher proportion of respondents from the housing and

homelessness sector felt that individuals experiencing gambling harms are responsible for their situation compared to other sectors.

POSSIBLE CONCERNS ABOUT ADDICTION, HEALTH AND WELLBEING SERVICES

There were indications that awareness and understanding of causes and harms relating to gambling were low or lowest in the one profession that might be expected to have the highest levels of awareness and understanding – addiction, health and wellbeing services.

4.4 DETAILED INTERVIEW ANALYSIS

The interviewees were all, with the exception of one of the commissioners of the training, participants in the training sessions. They were asked the following questions:

- What drove the need for the training?
- To what extent were their expectations of / hopes for the training met?
- What was good / worked well and why?
- What aspects had the most effect / lasting impact?
- What was less good / worked less well and why?
- What would they do differently next time, if anything?
- Any final thoughts?

The questions intentionally overlap to some degree in order to check for consistency across the interviewees' responses. Where appropriate, supplementary questions were asked as a result of their responses e.g. to clarify or further explore the learning and to explore the requirements of the training needs assessment.

4.4.1 WHAT DROVE THE NEED FOR THE TRAINING?

The responses from the participants about what drove their involvement with the Gambling Understood training highlighted a range of motivations that were shaped by both professional and personal experiences. These insights revealed the growing recognition of gambling harms as a critical issue affecting individuals, families and communities, as well as the need for practical tools to help address these challenges. Participants in the training were either working primarily with 'service users' in some context, or with colleagues where providing support was an additional role for them e.g. as a mental health first aider.

Participants' feedback emphasised the value of training in helping them to understand and respond to people experiencing these harms effectively. The following analysis identified key themes from the responses, accompanied by indicative participant quotes that illustrate their motivations and expectations.

AWARENESS OF GAMBLING HARMS

Participants needed to better understand the risks and impacts of gambling on individuals, families and communities. This included needing an increased awareness of hidden gambling issues, including its normalisation as an activity, and the stigma that addiction might bring, making the role of gambling in people's lives more explicit.

"People need to understand the risks but generally they do not, it is often normalised in family culture. People talk about wins but not losses, which they keep hidden."

"Gambling is becoming a factor in our work, but I did not understand this before the training. The learning has helped me understand what this (gambling harms) means for the person affected, how they can become addicted and how this affects their daily life."

"I have not noticed more prevalence of gambling issues, but I am now more aware of gambling as a potential issue, so it's more about growing my awareness and that it might be hidden."

PERSONAL OR PROFESSIONAL CONNECTIONS:

The wide range of professional roles represented in the training expressed varying degrees of urgency in relation to the training. Those who supported more at-risk groups (e.g., people working with neurodiverse service users, trauma survivors or people with complex and multiple needs) felt that understanding gambling better was essential to their work.

"In my current role, I helps neurodiverse people. My general view is that gambling is not currently a huge problem with my service users, but it is increasing."

There was a need to 'add gambling to the list' of problems that their clients might be experiencing, and a recognition that they needed to know more about how gambling works and the harms it can cause. Some participants were also motivated to take the training by personal experience, such as having family members affected by gambling, as well as needing a better awareness of gambling harms in their professional roles.

"I had personal experience of gambling harms through a close family member."

"I had done some work with bookmakers and found that the people working there have problems with gambling!"

ADVERTISING AND EMERGING TRENDS:

Participants expressed concerns about the influence and prevalence of gambling advertising, and particularly its effect on at-risk groups, such as women experiencing trauma.

"In my view, [gambling harms] are driven by gambling industry advertising. The weight of advertising is huge, it's even on rugby balls!"

Many of those interviewed were concerned about 'informal' gambling, as one person described it, which can affect children and young people who play games e.g., loot boxes and in-game purchases. These 'blur the lines' between more formal gambling and other activities.

"The more recent gambling products, including loot boxes and in-game purchases ('informal gambling'), are a growing problem."

"Young people do not see an issue with online gaming and loot boxes, and they do not relate gambling to their activities."

STIGMA AND 'HIDDEN HARMS':

There was acknowledgment from training participants that stigma and shame often prevents the disclosure of gambling problems.

"Nobody has yet come to me with gambling as a problem, but this is something I can now raise with the people I engage with."

"I think that stigma may be a factor limiting full disclosure."

There is a need to address cultural norms and the silence around gambling losses (linked to feelings of shame) versus winning (celebrated more openly).

"The people least able to afford losses are the ones taking it as a 'last chance solution,' hoping for a big win to help with other problems in their lives. The reality is often different."

TRAINING FOR EFFECTIVE CONVERSATIONS:

Participants wanted ways to have constructive, informed discussions between themselves about gambling harms to reflect upon the learning in their specific contexts, whilst engaging with content that was free of industry bias. They also wanted to know how provide appropriate referrals to the most appropriate support services.

"I needed an independent way of delivering that information and to have constructive conversations about the topics."

ORGANISATIONAL AND PEER INFLUENCE:

Training was sometimes mandated or recommended by managers or colleagues.

"The training came up as an option and was recommended by a colleague as 'fantastic,' so I asked to go on it."

"We was partly encouraged as a team to attend the training, and partly it was something I wanted to do."

Teams were encouraged to build a collective understanding of gambling harms within their organisations, often as part of a more holistic approach to supporting service users and colleagues.

"I'm a Mental Health First Aider, and the training was offered to all of us at the council (as a way of increasing awareness of gambling harms as a potential problem for colleagues)."

BROADENING KNOWLEDGE AND SKILLS:

Interest in the training was partly driven by need to increase expertise to address the growing demand for gambling harms and addiction support.

"We are trying to broaden out the training teams have to reflect a wider range of experiences."

Participants also wanted to broaden their training curriculum to include gambling harms in the context of wider social issues – gambling now needs to be taken more seriously as a potential problem for people, in the same way that alcohol and substance abuse are routinely considered as a possible problem.

"I wanted to know more (about gambling harms) and broaden my understanding of how to help the people I work with."

CONCLUSIONS

The main reasons for attending the Gambling Understood training sessions were as follows:

1. **Raising awareness of gambling harms:** Participants recognised the need to understand the hidden risks and normalisation of gambling in society. Many emphasised the importance of increasing awareness to help address stigma and foster constructive conversations between professionals and service users, or between colleagues and family members.
2. **Professional and personal motivations:** Involvement for some participants was driven by personal experiences of gambling harms, while others saw the training as essential to their professional roles, particularly when supporting at-risk groups or addressing broader addiction challenges.
3. **Concerns about advertising and emerging trends:** The training addressed concerns about the influence of gambling advertising and the rise of new gambling products, such as loot boxes and in-game purchases, which participants identified as growing problems, particularly among young people.
4. **Stigma and hidden harms:** Participants noted that stigma prevents open discussions about gambling harms, making it essential to provide tools and safe spaces to address these issues effectively, both between professionals and also with service users.

5. **Preparing for constructive conversations:** Many participants highlighted the value of the training that was free from industry bias, to enable them to have informed discussions about gambling harms and provide appropriate referrals to support services.
6. **Organisational support and peer influence:** The decision to attend was often influenced by organisational priorities or recommendations from colleagues, reflecting the importance of collective learning and shared goals within teams and employers, perhaps showing the value of a more strategic area-based approach to supporting learning for this area of public health.
7. **Expanding knowledge and skills:** Participants valued the opportunity to broaden their understanding of gambling harms and integrate this knowledge into their existing work, particularly to address growing demand for gambling harms support and tackling wider social issues that overlap with this.

These findings highlight the diverse motivations behind participants' engagement with the training, from personal connections to professional responsibilities, and reflects the diverse range of participant roles. The feedback emphasised the importance of and demand for accessible, independent and comprehensive training to build awareness, address stigma, and equip individuals with the tools they need to respond effectively to people presenting with gambling harms. By addressing these needs, the training can have a significant impact on individuals, organisations and communities.

4.4.2 TO WHAT EXTENT WERE THE TRAINING PARTICIPANTS' EXPECTATIONS MET?

Participant feedback in relation to their expectations of the training highlighted consistent learning on the effectiveness and impact of the programme. These reflections illustrated how positively the training was received and how it exceeded their expectations. The training clearly provided practical knowledge and addressed the diverse needs of the participants and their roles.

The participants entered the training with varying degrees of awareness and expectations, from open-minded curiosity to more specific professional goals, but the common thread throughout the feedback was the positive experience and outcomes that the training provided. The following analysis identifies key themes and is supported by quotes from participants.

EXCEEDED EXPECTATIONS

Many participants felt the training went beyond their expectations, providing an impactful experience with unique insights that is translating into practical action. The quotes speak for themselves, highlighting the quality of both the delivery and the content.

"My expectations were exceeded! I'm using the training in my day-to-day work, making it part of my overall needs assessment for the people I work with."

"The training more than met my expectations. I attends a lot of virtual training sessions through my job. I thought this might be another mundane training session, but the trainer made it special and I wanted to do the training again, it was that good."

"My expectations were vague, but the training exceeded my expectations. The trainer was excellent... the training was helpful to my understanding of who is affected (by gambling harms) and how."

OPEN-MINDED AND PLEASANTLY SURPRISED

Participants who had no specific expectations were positively surprised by the depth and value of the training.

"I had no expectations, I was open-minded. The training was an eye-opener, I did not expect to learn as much as I did."

"I was open-minded going into the training and really pleasantly surprised by the experience. I thought the presenters knew a lot about gambling harms and I understood that they have lived experience. For me, this brought a whole extra dimension to the training."

RELEVANCE AND PRACTICAL APPLICATION

The training provided participants with practical tools and knowledge they could directly apply in their roles.

"It was above my expectations, it felt a very honest and open space, even online – it was supportive and safe. I was able to use the training with a service user and refer them on to further help."

"My expectations for the training were met and (the content was) clearly based on lived experience. I recall information about dopamine loops, gambling apps, and the services out there that can help, such as GamBan."

EFFECTIVE DELIVERY AND LIVED EXPERIENCE

The participants appreciated the engaging delivery style and the inclusion of lived experience, which added depth and connection to the training.

"I found the training content to be wide-ranging and informative, with enough information to help me support other people as a result."

"The trainer was excellent and the use of language, terminology and new phrases all helped to improve my understanding."

"Yes, the training gave me a good overview of gambling harms and it was an effective session."

ADDRESSING EXPECTATIONS

It was important for some of the training participants to meet specific goals, such as gaining insight into gambling harms and understanding practical solutions that they could offer to service users. Independence of the gambling industry was valued.

"It was hard to find training providers independent of the gambling industry that could meet the needs we outlined. Were expectations met? Yes."

CONCLUSIONS

The analysis of the feedback highlighted the overwhelmingly positive reception of the training by the participants. Several key conclusions were drawn from this:

1. **The training exceeded expectations:** Many participants found the training surpassed their initial expectations, with some describing it as transformative and among the best they had attended. This strongly suggests that the programme's content and delivery were highly engaging and effective.
2. **Practical application:** Participants valued the training for its relevance and practical tools, which they were able to apply directly in their work to support individuals affected by gambling harms. This demonstrated the programme's usefulness in addressing real-world challenges in many contexts.
3. **Open-minded experiences:** Those who attended without specific expectations were pleasantly surprised by the depth and breadth of the training. This indicated that the programme successfully engaged a wide range of participants, regardless of their prior knowledge or goals.
4. **Effective delivery and relevance:** The use of presenters with lived experience and the trainer's skill in communication resonated deeply with participants, making the content relatable and impactful.
5. **Meeting specific needs:** For participants with specific objectives in mind, such as learning about gambling harms or more generally gaining insight into gambling addiction, the training met their goals effectively.

Overall, the training has proven to be a valuable resource in raising awareness, building practical skills and providing participants with the confidence to consider and address gambling harms as a factor in their professional roles. These findings underscore the importance of continued investment in well-designed, effectively delivered and accessible training programmes to raise awareness of and help to combat gambling harms.

4.4.3 WHAT WAS GOOD OR WORKED WELL IN THE TRAINING AND WHY?

The feedback from participants highlighted aspects of the training that particularly resonated with them and which proved most effective. Responses reflected the value of the training's content and delivery, the lived experience of the trainers and the interactive structure of the sessions. The analysis identified the recurring themes in the feedback and the quotes illustrate the elements that participants particularly appreciated. Overall, the feedback underscored the importance of thoughtful design, authentic delivery and tailored approaches to sensitively address gambling harms.

HIGH-QUALITY CONTENT

Participants appreciated the comprehensive and well-researched content, the range of which covered 'traditional' gambling e.g. on-course horse race betting, newer trends like loot boxes (which blur the lines between what many think of as gambling and 'buying') and the psychology behind gambling addiction.

"The content was very good, covering 'traditional' gambling and then the newer and more informal gambling situations (loot boxes again), as well as digital gambling products."

"I loved how it explained why gambling addiction happens, the impact of advertising, the changes to the brain's structure, reward pathways etc."

Some also mentioned the value of sources of further information.

"The information about the different support websites on offer was helpful."

LIVED EXPERIENCE

As a consistent theme across the interviews, the delivery of the training by people with lived experience made the training authentic, relatable and impactful. Participants felt this approach added depth and credibility to the delivery; this really mattered to them.

"The training was more authentic as a result (of trainers with lived experience) - it's the difference between really knowing from experience rather than from a book."

"The trainers' personal experiences added impact. Their passion was plainly evident throughout the training."

One participant drew a broad parallel with their other public health work, commenting on how they include people with a substance addiction in the development of their training content development and how this is essential to its effectiveness.

"Someone with lived experience can answer questions about what it is really like to live with gambling addiction. This would be hard for someone without the lived experience to

deliver convincingly."

SENSITIVE AND PROFESSIONAL DELIVERY

The participants thought that the trainers managed the sensitive nature of the content thoughtfully, ensuring a safe and supportive environment for participants to engage with challenging topics. It is worth noting that a significant proportion of the participants had experience of gambling harms as a result of their work and / or their relationships and so handling the training carefully in this way was important and very much appreciated.

"The delivery was very good - a good pace and good interactions with the trainees, e.g., flagging content that could trigger a reaction in them."

They also acknowledged the impact on the trainers of reliving difficult experiences.

"The honesty with which the presenters spoke... talking about their personal experiences, this (had impact) and can be hard (for them). They were very professional, sincere and sensitive to the potential reaction of the participants."

INTERACTIVITY AND PEER LEARNING

Participants valued the interactive elements of the training such as discussions, breakout sessions and opportunities for peer learning through reflection.

"(I liked) the way you got to listen to others on the training, the discussions, hearing other people's thoughts."

"The breakout sessions worked well, there was time to reflect and for peer learning."

"It was interactive and responsive to the experience of the audience."

PRACTICAL TOOLS AND APPLICATION

The participants felt that the training equipped them with practical tools and knowledge to address gambling harms through their work, including referrals and approaches for addressing stigma.

"I liked the practical help and advice I can now provide as well as knowing how and where to make onward referrals."

"The training removed some of the stigma around gambling harms and the focus on it being something that is entirely the person's fault."

WELL-STRUCTURED AND ACCESSIBLE FORMAT

The training's structure, including the use of videos, staged content delivery and in manageable 'chunks', enhanced learning and engagement. Working virtually was successful.

"The language was really helpful and well-structured, with signposting to resources and information. Delivery was very good, e.g., the staged playing of the video was really powerful."

"The training was broken into meaningful chunks so that we learnt with and from each other."

"Training delivery worked on Teams; the session was interactive enough to work via this medium."

CONCLUSIONS

The feedback highlighted the strengths of the training, including high-quality content, sensitive and professional delivery and the unique contribution of trainers with lived experience.

Participants particularly valued the following aspects:

1. **Authenticity and credibility:** The lived experience of the trainers added depth and connection to the training, making it more impactful and effective in addressing sensitive topics.
2. **Interactive and safe environment:** The combination of interactivity, peer learning and safe discussions allowed participants to engage more deeply with the content.
3. **Practicality and application:** The training provided tools and strategies that participants could immediately apply in their professional roles, such as having conversations with people about gambling harms and making referrals.
4. **Thoughtful structure:** The use of videos, staged delivery and manageable quantities of content ensured the training was accessible and engaging, even in an online format.

Overall, the training was highly effective in equipping participants with the knowledge and skills to address gambling harms while fostering a supportive and inclusive environment for learning. These insights underline the importance of thoughtful design, authentic delivery and practical applications in training programmes addressing complex social issues more widely, and gambling harms specifically.

4.4.4 WHAT ASPECTS OF THE TRAINING HAD THE MOST EFFECT OR LASTING IMPACT AND WHY?

Participants highlighted a range of elements from the Gambling Understood training that left a lasting impact, explaining how the training changed their perceptions, deepened their understanding and equipped them with practical tools to help people address get the help they

need. Responses reflect the profound effect of the training for many of participants e.g. in changing their attitudes towards gambling, understanding the role of advertising in promoting gambling and appreciating the impact of gambling harms through the stories shared during the session. The analysis identified recurring themes, again supported by quotes to illustrate the elements that resonated most strongly with participants.

IMPACT OF PERSONAL STORIES AND LIVED EXPERIENCE

The inclusion of personal stories and real-life experiences in the training had a significant emotional and intellectual impact on participants, helping them to empathise with those affected by gambling harms. This again underlined the value of involving people with lived experience in the training's delivery.

"I remember the realisation that the people in the film, who might've been actors for all I knew, were the people delivering the training. That was a massive impactful moment for me, seeing and hearing their experiences."

"What stuck in my mind the most was the impact of gambling harms on the person's life, the journey from 'a bit of fun' to a situation where the person loses everything, and how desperate a situation this can be."

One participant explained how their wider awareness had been heightened by the training, noticing situations that before they might not have considered at all.

"(As a result of the training) I thought that the people I saw gambling at a motorway service station probably all had a problem and are gambling in a place where they can be anonymous. A 'wow' moment."

NORMALISATION AND PREVALENCE OF GAMBLING

Participants were struck by how normalised gambling had become, particularly through advertising and its presence in everyday life, including less obvious channels such as computer games and digital platforms that might appeal in particular to children and young people. Concern about the effect of gaming and advertising on children and young people was a very consistent theme in the feedback.

"I learnt just how much more accessible gambling has become and how it is now in children's games, for example, and this is not regulated."

"Since the training, the prevalence of gambling adverts has really struck home, how normalised it has become."

"The amount spent on gambling advertising is what has stayed with me... four of the five billboards I drive past each day are currently advertising gambling."

ROLE OF ADVERTISING AND GAMBLING INDUSTRY TACTICS

The training's focus on how gambling advertising influences behaviour left a lasting impression on many participants, helping them to see the broader structural issues behind gambling harms e.g. the relatively weak regulation of gambling and wider societal attitudes and perceptions relating to gambling being a long way behind the sophistication of more recent gambling products.

"Probably the 'harmful addictive products' phrase has been really helpful to changing my thinking... the amount spent on advertising as a fact was staggering."

"I remember the video of the guy started gambling with one spin on a machine, then how this spiralled to losing money, work and friends. It helped me understand how people can be led down this path."

CHANGING PERCEPTIONS AND BUILDING EMPATHY

The training challenged participants' initial assumptions about who is affected by gambling harms, fostering greater empathy and understanding.

"We might see a very well-presented person and think 'they are like me,' but in fact they might be a person dealing with a major problem such as gambling harms."

"I looked at them (people with a gambling problem) with a more sympathetic eye than before the training."

BLEND OF PRACTICAL TOOLS AND RESOURCES, AND UNDERSTANDING THE MECHANISMS OF HARM

Participants valued the practical advice and resources shared during the training which they could use to support others affected by gambling harms.

"The initial advice that I can give to people, e.g., GamStop or local referrals, blocking themselves from gambling, is really helpful."

This was underpinned in the training with a clear and impactful knowledge of how gambling products work and how gambling harms develop. This was considered an important part of reducing stigma and shame.

"I likes understanding the physiology behind the addiction and being able to explain to people what is happening to them."

BROADENING UNDERSTANDING AND DISCUSSION

Some participants reported that the training enriched their ability to engage in meaningful conversations about gambling harms and share their knowledge with others, particularly younger audiences (a demographic for which there was considerable concern).

"The 'Gambling Understood' training enriched what I do with the youngsters. The discussion around how normalised gambling is nowadays and what gambling is, how prevalent it is, were particularly memorable."

CONCLUSIONS

The analysis revealed several insights into those aspects of the training that had the most significant and lasting impact:

1. **Emotional impact of lived experience:** Personal stories shared by trainers resonated deeply with participants, offering powerful insights into the human cost of gambling harms and fostering empathy.
2. **Awareness of normalisation:** Participants were profoundly affected by the realisation of how pervasive and normalised gambling has become, particularly through advertising and its integration into everyday life.
3. **Structural vs. personal responsibility:** The training's focus on industry tactics and advertising helped participants shift their understanding from solely blaming individuals to recognising broader systemic issues.
4. **Empathy and changing perceptions:** The training challenged assumptions about who is affected by gambling harms, enabling participants to adopt a more empathetic and nuanced view. Awareness was enhanced.
5. **Practical applications:** The tools, resources and advice shared during the training equipped participants to provide meaningful support to those affected by gambling harms.
6. **Sparking conversations:** The training enabled participants to confidently discuss gambling harms in professional and personal contexts, broadening the impact they can have in their roles.

Overall, the feedback highlighted the value of integrating lived experience, practical tools and a focus on systemic issues into this training programme to create potentially lasting change. The training informed and inspired the participants, leaving them better equipped to identify, empathise with and address gambling harms in their roles.

4.4.5 WHAT WAS LESS GOOD ABOUT THE TRAINING OR WORKED LESS WELL AND WHY?

Participants were asked to reflect on what aspects of the training worked less well or what the areas for improvement might be. While the overall sentiment remained overwhelmingly positive, some participants highlighted logistical challenges, minor technical issues and potential enhancements to the training format. A significant number of respondents felt there was little to criticise, reinforcing the training's overall effectiveness as a way of significantly improving awareness, knowledge and confidence in relation to identifying and supporting people experiencing gambling harms. The analysis identified recurring themes in the feedback with quotes where participants suggested changes.

LOGISTICS AND ACCESSIBILITY

Participants mentioned challenges related to allocating training spaces fairly and organising the sessions effectively e.g. due to timings. It took some time for people to 'switch on' to the training offer but this was helped by positive word of mouth experiences. The training was on offer for a relatively short period of time, including the summer holidays.

"Logistics were challenging across the Yorks and Humber areas, keeping it equitable for access to the training. It was hard to know how many people would want the training and how to allocate space accordingly."

However, making an 'equitable offer' might not have been as important as initially thought.

"We were limited by procurement timescales which precluded a larger programme. With hindsight, we should've just offered the places out on a first come, first served' basis."

MINOR TECHNICAL ISSUES

Some participants noted technical problems during the virtual training sessions, though these did not significantly detract from their overall experience. It was not clear whether the problems were on the participant's or the trainer's side e.g. as a result of bandwidth at home or work.

"The videos were a bit laggy - a technical issue - but I still got the important messages."

"The virtual training worked fine. In person would be fine as well, whilst I acknowledge the additional time taken to participate in this way."

ENHANCING PRACTICAL APPLICATION, BALANCING INTENSITY

In these regards, suggestions included adding case studies or role-playing scenarios to help participants consider how to apply their learning and practice sensitive conversations.

"I felt that if any content was missing, it was some case studies to help the training participants work through what they would have learnt."

"Role-play to try out the learning would be helpful, but perhaps there was not enough time as the course format currently stands."

"Scenarios might also be helpful. Not everyone likes role-play, but (discussing) scenarios might work better."

While participants appreciated the depth of the content, some felt the material was intense and that balancing it with practical exercises could enhance the experience or extending the length of the session.

"The training was long enough for what is quite intense material and delivery."

NO ISSUES HIGHLIGHTED

Several participants reported no issues or areas for improvement, instead reiterating their satisfaction with the training.

"Nothing comes to mind. This was a really good training session, very engaging and well delivered."

"Nothing really. I found it interesting and I am talking to people more about this (gambling harms)."

"Nothing comes to mind; I was really happy with the training and want more people to have the training."

CONCLUSIONS

1. The feedback highlights a few areas for potential improvement while reaffirming the high quality and effectiveness of the training. Key points include:
2. Logistical challenges: Planning and allocating training spaces equitably across regions was noted as an issue, impacted by a range of potential factors.
3. Technical improvements: Minor technical issues during virtual sessions were noted, but these did not detract from the overall effectiveness of the training.
4. Practical enhancements: Participants suggested incorporating case studies, role-playing or scenarios to reinforce learning and provide opportunities to practice sensitive conversations.
5. Balancing content intensity: While participants appreciated the depth of the training, balancing the intensity of the material with practical exercises or breaks could improve the experience.
6. Overall satisfaction: Many participants expressed no concerns or areas for improvement, underscoring the training's positive reception and effectiveness.

7. Overall, the training was well-received, with areas for refinement focused on logistics, practical applications, and minor technical adjustments.

4.4.6 WHAT WOULD THE PARTICIPANTS HAVE DONE DIFFERENTLY NEXT TIME, IF ANYTHING?

Participants were asked to consider what changes or improvements they might suggest for future iterations of the training. While most respondents expressed satisfaction with the training and had little to recommend, some provided specific ideas to enhance the experience, such as updating the content, refining group sizes and including additional practical elements.

OPTIMISING GROUP SIZES AND DELIVERY

Participants suggested adjustments to the structure of the training, particularly regarding group sizes and delivery methods, to improve engagement and bringing the training to wider and larger audiences.

"Not having too large a group, as it is a strain at times to train large groups online. Maybe groups of 12 to 15 people?"

Whilst the value of delivery by people with lived experience was almost universally praised, some also questioned the effect on those trainers who repeatedly relived, at least in part, their gambling harms experiences, querying how sustainable that was.

"Consider two people delivering the training? Online sessions worked well. How will this be sustained going forward with people with lived experience? Can this be scaled-up?"

KEEPING CONTENT CURRENT

Participants emphasised the importance of regularly updating the content to reflect evolving gambling trends and products. This was a short description of a very important task! As an example, discussions in and around this topic examined the need to keep pace with the language that young people might use in relation to 'gambling-like' activities. Developments in gaming need regular monitoring to understanding what was described earlier in this report as 'informal gambling'.

"The training course content needs to be updated to reflect the fast-changing situation, e.g., loot boxes. I recognise the challenge of doing this so that it stays current and relevant."

INCLUDING PRACTICAL ELEMENTS

Some respondents recommended the inclusion of case studies or other practical tools to help participants apply their learning in real-world scenarios.

"I would recommend the inclusion of some case studies."

SATISFACTION WITH THE TRAINING

Several participants had no recommendations for changes, stating that the training was effective and met their needs as it stood.

"Nothing comes to mind – I found it really good."

"Nothing (to change)."

CONCLUSIONS

The feedback highlights a few specific suggestions for refining the training, alongside widespread satisfaction with its current format:

1. **Adjusting group sizes and delivery:** Smaller group sizes and potentially co-delivered sessions were suggested to enhance the quality of engagement during online training and support scaling up to wider / larger audiences.
2. **Updating content:** Keeping the training materials up to date with rapidly evolving gambling trends, such as loot boxes, was identified as a critical area for improvement to maintain relevance and support understanding.
3. **Adding practical scenarios:** Incorporating the discussion of case studies or scenarios was suggested to help participants apply their learning and reinforce practical skills.
4. **Overall satisfaction:** A significant number of participants expressed no need for changes, reflecting the effectiveness of the training in its current form.

While most participants were very satisfied overall with the training, the suggestions provided offer opportunities for incremental improvements in future versions of the training.

4.4.7 ADDITIONAL COMMENTS

Participants were asked for their final thoughts at the end of the interview. The responses reflected a mixture of gratitude, suggestions for improvement and endorsements for future use. Some participants reiterated specific ideas to enhance the training, such as updating content or providing certificates of completion, while others simply reaffirmed their positive experiences and readiness for more training in the future.

IMPORTANCE OF REFLECTIVE UNDERSTANDING

Participants highlighted the value of creating space within the training for deeper reflection and understanding beyond improved knowledge.

"Was there enough time for people to explore their thoughts and talk themselves (their attitudes) around? Developing the understanding is really important, the training is not just a mechanistic approach."

POSITIVE RECEPTION AND FUTURE INTEREST

Several participants expressed thanks for the training and showed enthusiasm for further opportunities to engage in similar sessions.

"Thank you and I am up for training in the future."

ENDORSEMENTS FOR WIDER USE

Participants recommended extending the training to others, including those in similar roles or with managerial responsibilities, as part of a broader approach to addressing inter-related challenges like mental health.

"I recommend the training to other people in roles similar to mine where you are dealing with people's problems, or even for managers looking after their teams. Gambling harms could be another thing that they pick up on (in future)."

CERTIFICATES OF COMPLETION

One participant suggested providing a certificate of completion as a tangible record of attendance, which could be digital or physical. We understand that this is in progress.

"I would be quite keen to have a certificate of completion for my training record. It could be digital, it could be an attendance certificate, but having something would be helpful for the participants."

KEEPING CONTENT CURRENT

The need to regularly update the content to reflect changes in gambling behaviours and gaming trends was reiterated as a priority, yet again focusing on gaming.

"Gaming is evolving, and the training content needs to update to reflect this, e.g., how computer games echo gambling behaviours. The pace of change is a challenge!"

NO ADDITIONAL FEEDBACK

Several participants expressed that they had nothing further to add, reinforcing the impression that the training met their expectations.

"Nothing to add."

CONCLUSIONS

The participants' final thoughts highlighted a combination of appreciation for the training and constructive suggestions for future improvements. Key insights included:

1. **Reflective learning:** Creating more opportunities for participants to reflect and engage in deeper discussions during the training could enhance understanding and application.
2. **Future engagement:** The positive reception and interest in further training suggested the value of expanding the programme to other audiences and contexts.
3. **Wider application:** Participants recommended promoting the training to other professionals, including managers, as part of a broader framework addressing issues like mental health alongside gambling harms.
4. **Certificates as recognition:** Providing certificates of completion could offer participants a tangible takeaway and formal recognition of their engagement.
5. **Content relevance:** Regular updates to the training materials will ensure the content remains current, particularly in response to evolving gambling and gaming behaviours.
6. **Overall satisfaction:** Many participants had no additional feedback, indicating overall satisfaction with the training experience.

4.5 DETAILED SURVEY ANALYSIS

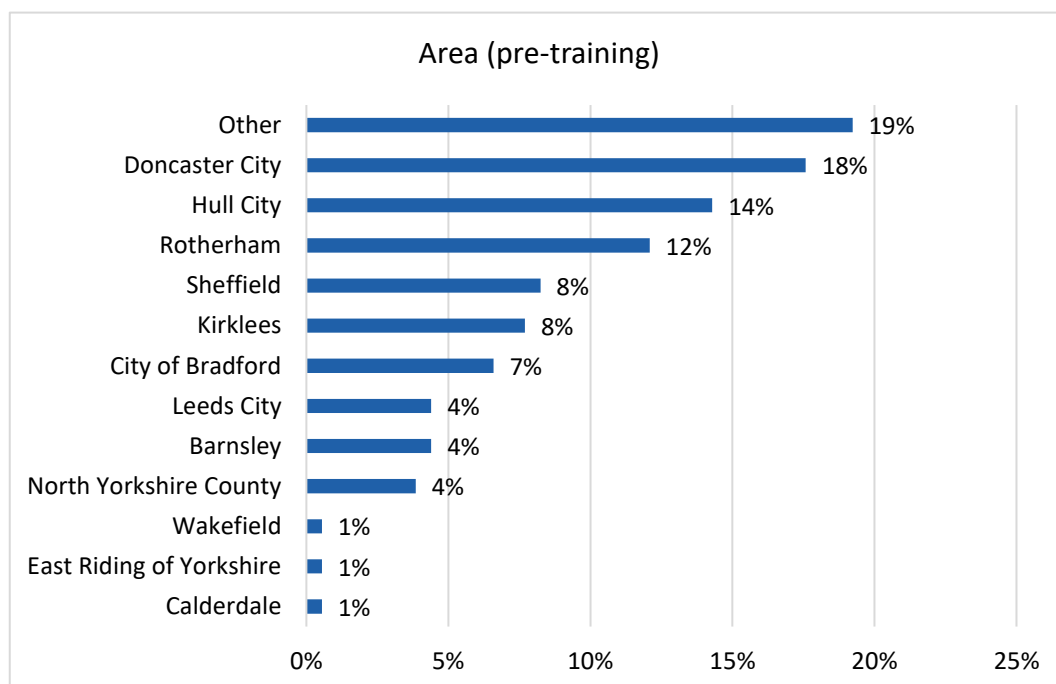
Surveys were distributed to the training participants prior to and after completing the training. The aim was to determine the extent of change in knowledge, understanding and confidence as a result of the training.

A total of 183 responses were collected from the pre-training survey, and a total of 78 responses were collected from the post-training survey, a ratio of over 2:1. To allow fair comparison between these different sample sizes, results are presented as percentages rather than raw numbers. The analysis is presented in the same order as the survey questions.

4.5.1 ABOUT THE PARTICIPANTS - AREA

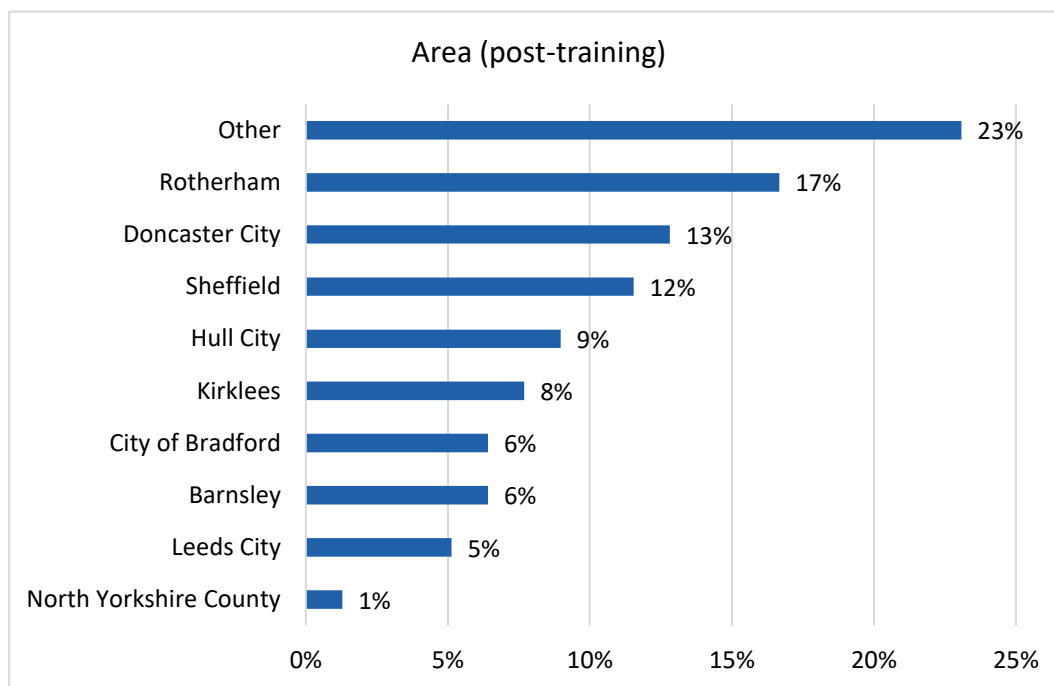
Most (19%) respondents to the pre-training survey said they were from 'other' areas. 18% were from Doncaster city, 14% were from Hull City and 12% were from Rotherham.

The most commonly mentioned "other" area was Northeast Lincolnshire. There were also several respondents who mentioned what organisation / group they were part, referenced here by the services they provided e.g. a free and confidential drug and alcohol service for adults, and a service for parents and carers with children and young people with Special Educational Needs.



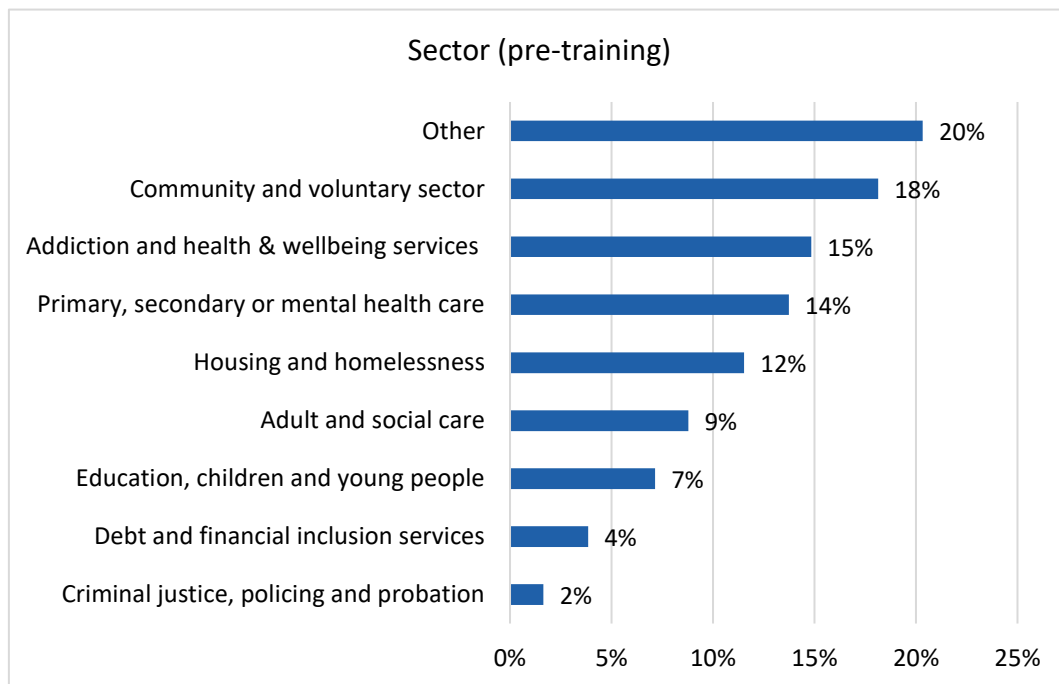
Most (23%) respondents to the post-training survey again said they were from ‘other’ areas, but 17% were from Rotherham, 13% were from Doncaster and 12% were from Sheffield.

The most commonly mentioned “other” area was again Northeast Lincolnshire. Several respondents mentioned what organisation / group they were part of such as housing services.

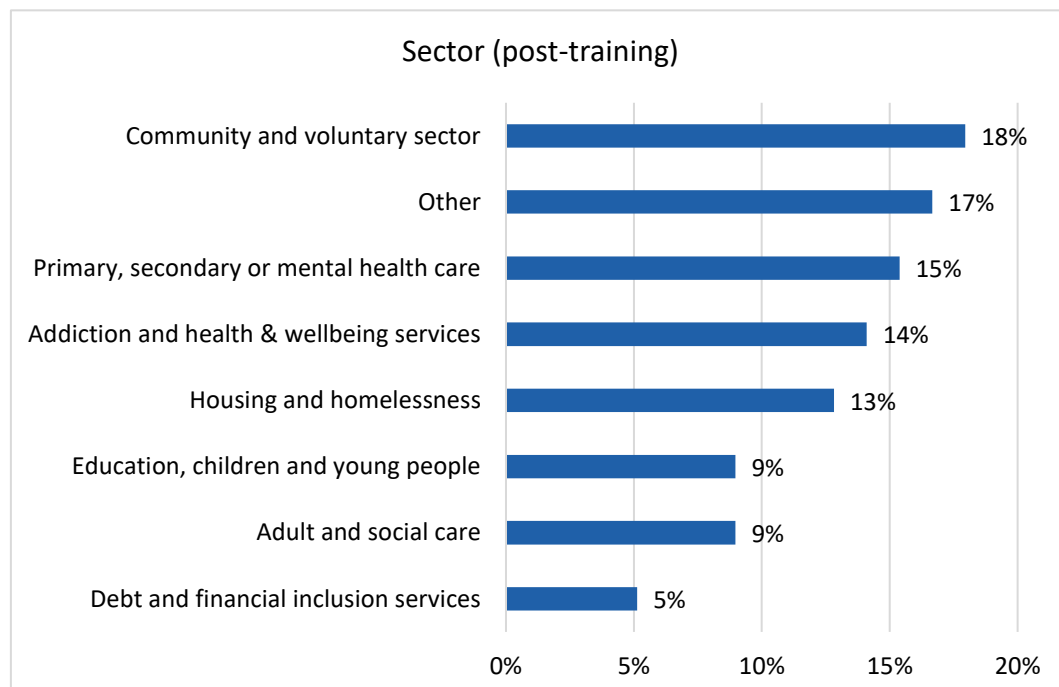


4.5.2 ABOUT THE PARTICIPANTS - SECTOR

Most (20%) respondents to the pre-training survey said they worked in ‘other’ sectors, reflecting the diversity of roles that took up the training but also reflecting how participants chose to define themselves. 18% worked in the community and voluntary sector, 15% worked in addiction and health & wellbeing services with 14% who worked in primary, secondary or mental health care, together comprising nearly half of the survey’s respondents.

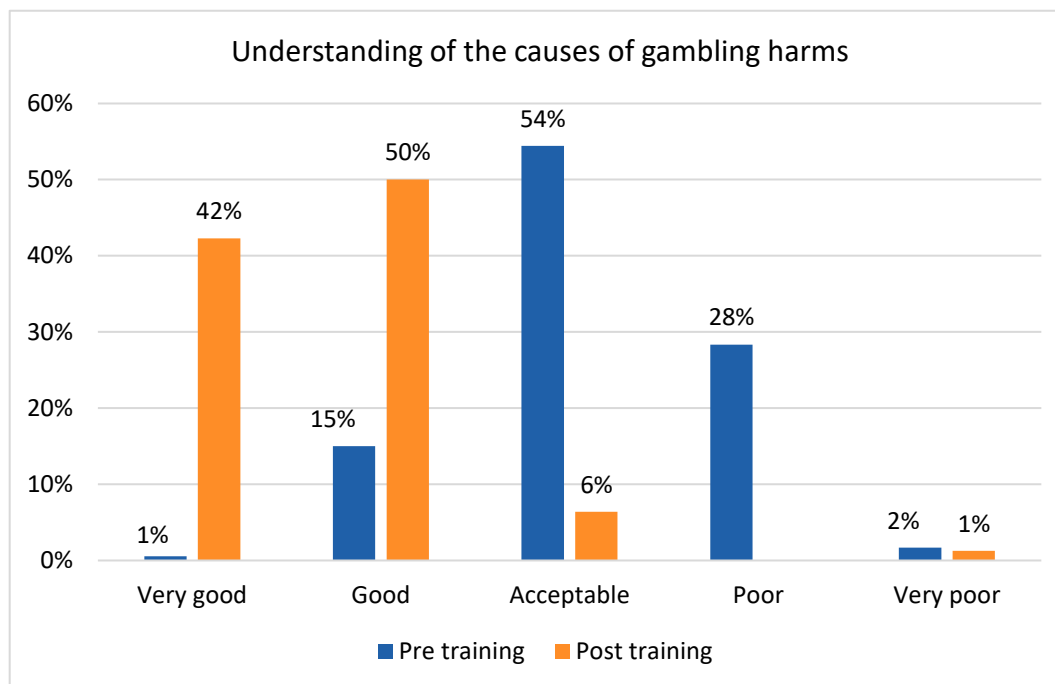


Most (18%) respondents to the post-training survey said they work in the community and voluntary sector, but the spread was fairly even with 17% who worked in ‘other’ sectors, 15% who worked in primary, secondary or mental health care, and 14% who worked in addiction and health & wellbeing services. There were various different “other” sectors mentioned, but no one sector was mentioned more than any other.



4.5.3 KNOWLEDGE AND UNDERSTANDING OF GAMBLING HARMS

UNDERSTANDING OF THE CAUSES OF GAMBLING HARMS



Before training

Before the training the majority (54%) of respondents rated their understanding of the causes of gambling harms as 'acceptable' and 28% of respondents rated their understanding as 'poor'. Respondents said they had little or no experience of gambling harms, for example:

"Not something I have come across, but some I am aware about and would benefit from some in-depth training."

However, there were several respondents who said they had some personal or work experience of gambling harms:

"I have a brother who is addicted to gambling."

"I have worked with a couple of cases who had a gambling addiction."

These findings were consistent with the comments made in the interviews.

After training

After the training the majority (50%) of respondents rated their understanding as 'good' and 42% rated their understanding as 'very good'. The respondents said that the training was very informative:

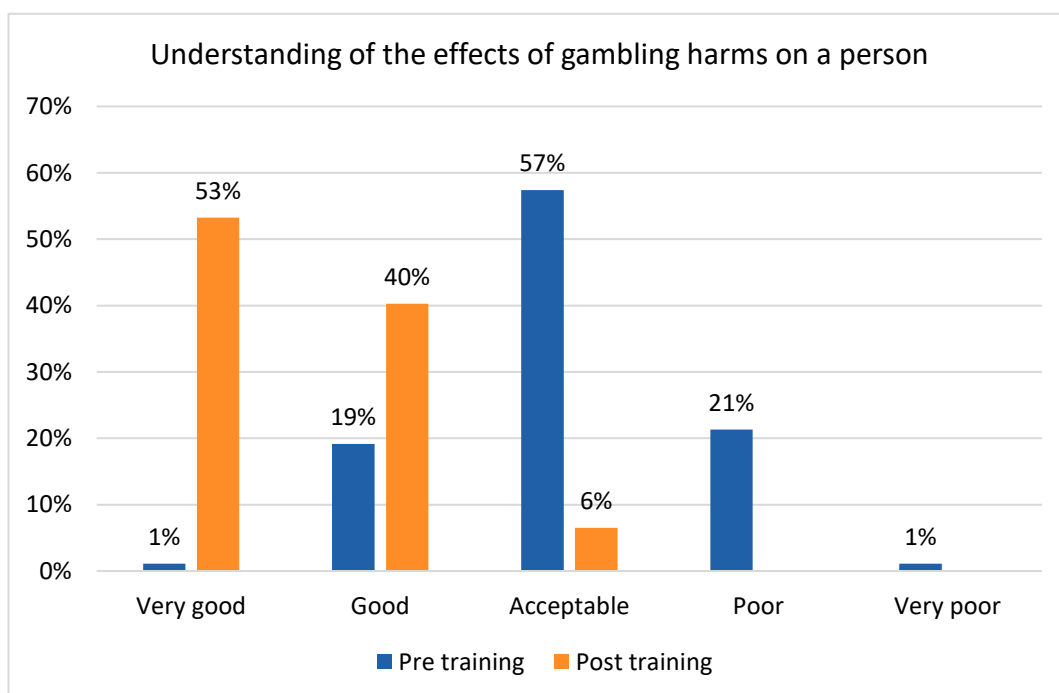
"This training was so helpful."

“Catherine gave the information in a very informative way and covered a good verity of topics i.e. types of gambling, who can be addicted and the effects on the brain etc.”

These self-assessed ratings compare well with the results from the in-person training provided as part of the Chapter One programme as the following table of post-training results shows. Gambling Understood has a combined rating of 92% for good and very good, compared to the in-person Chapter One training with a combined rating of 84%. The online training may have been more effective in this regard than the in-person, but it is hard to draw a firm conclusion.

	Very poor	Poor	Acceptable	Good	Very good
Gambling Understood	1%	0	6%	50%	42%
Chapter One	0	5%	11%	42%	42%

4.5.4 UNDERSTANDING OF THE EFFECTS OF GAMBLING HARMS



Before training

Before the training the majority (57%) of respondents rated their understanding of the effects of gambling harms as 'acceptable' and 21% rated their understanding as 'Poor'. Several respondents again said they knew someone who had experienced the effects of gambling harms:

"I have worked with a few clients and how this (gambling) affects them and their families"

"Partner is an ex-gambler and campaigner (in relation to gambling)."

After training

After the training, the majority (53%) of respondents rated their understanding of the effects of gambling harms as 'very good' and 40% rated their understanding as 'good'. Comments included:

"(My understanding) Improved so much after the training"

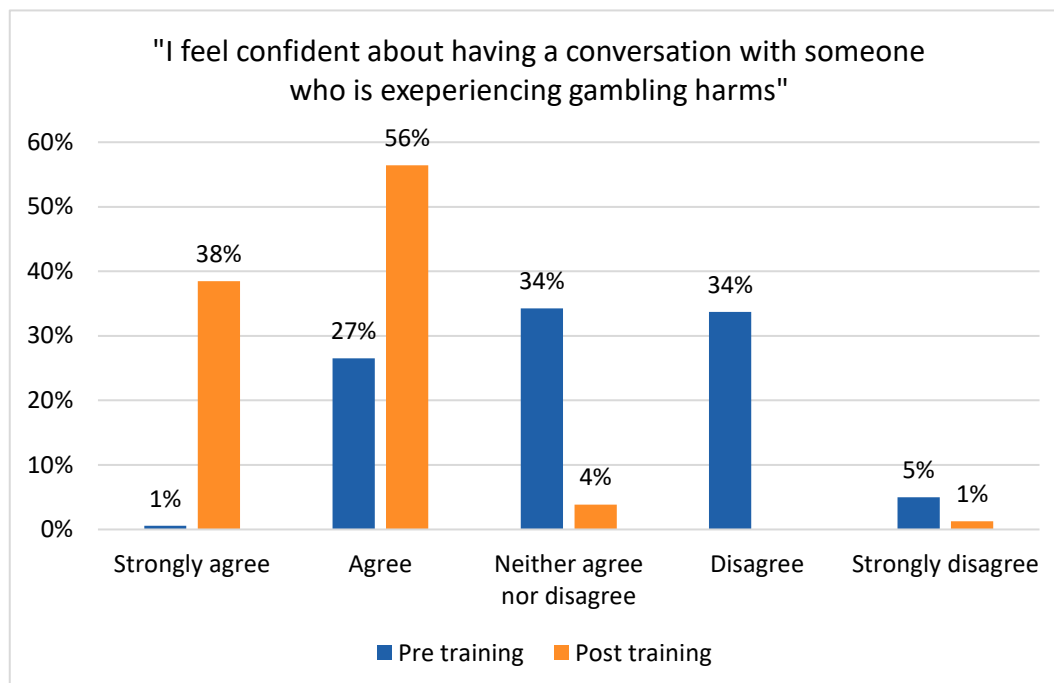
"I think I have a good understanding of this issue. But, more so after today."

These self-assessed ratings again compare well with the results from the in-person training provided as part of the Chapter One programme as the following table of post-training results shows. Gambling Understood has a combined rating of 93% for good and very good, compared to the in-person Chapter One training with a combined rating of 96%.

	Very poor	Poor	Acceptable	Good	Very good
Gambling Understood	0	<1%	6%	40%	53%
Chapter One	0	1%	4%	45%	51%

4.5.5 CONFIDENCE IN HAVING A CONVERSATION

Respondents were asked how strongly they agreed with the statement: “I feel confident about having a conversation with someone who is experiencing gambling harms?”.



Before training

Before the training, 34% of respondents neither agreed nor disagreed with the statement, 34% disagreed versus 27% of respondents who agreed with the statement. Several respondents said they lacked enough understanding to feel confident:

“Still feel underqualified”

“I don't feel confident due to my limited knowledge”

There were a few comments from people who said they felt confident because they had experience in having difficult conversations in other contexts, the experience of which they could apply in the gambling context:

“As a mental health first aider I feel I could start a conversation and offer an opening for someone to speak about what's going on for them and offer encouragement to seek support and help.”

After training

After the training the majority (56%) of respondents agreed with the statement, and 38% strongly agreed with the statement.

Several respondents said that completing the training has given them more confidence, for example:

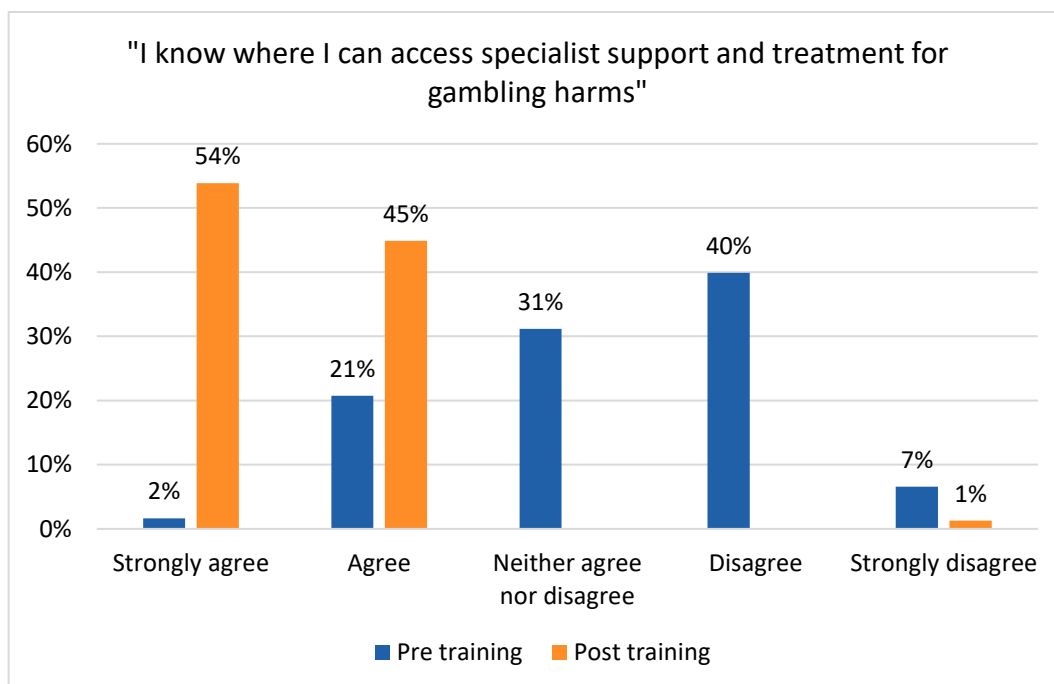
“The training gives you so much more confidence.”

These self-assessed ratings are again comparable with the results from the in-person training provided as part of the Chapter One programme as the following table of post-training results shows. Gambling Understood has a combined rating of 94% for agree and strongly agree, compared to the in-person Chapter One training with a combined rating of 96%.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Gambling Understood	1%	0	4%	56%	38%
Chapter One	1%	1%	3%	63%	33%

4.5.6 ACCESSING SPECIALIST SUPPORT AND TREATMENT FOR GAMBLING HARMS

Respondents were asked how strongly they agreed with the statement: “I know where I can access specialist support and treatment for gambling harms.”



Before training

Before the training most (40%) respondents disagreed with the statement, with 31% neither agreeing nor disagreeing. Just over one in five agreed with the statement.

Respondents said that they had a general idea of where to look, but do not know any specifics:

“I’d probably Google it but it would help to know what services are out there.”

“I know where I can access information to then start the process of accessing specialist support, but I couldn’t name all the organisations and helplines that might be out there.”

After training

After the training the majority (54%) of respondents strongly agreed with the statement, and 45% agreed with the statement.

Respondents mentioned how the training provided links and signposting to relevant support:

“Organisations that can be accessed were covered. I’d never heard of these before today but will make myself more familiar with them now.”

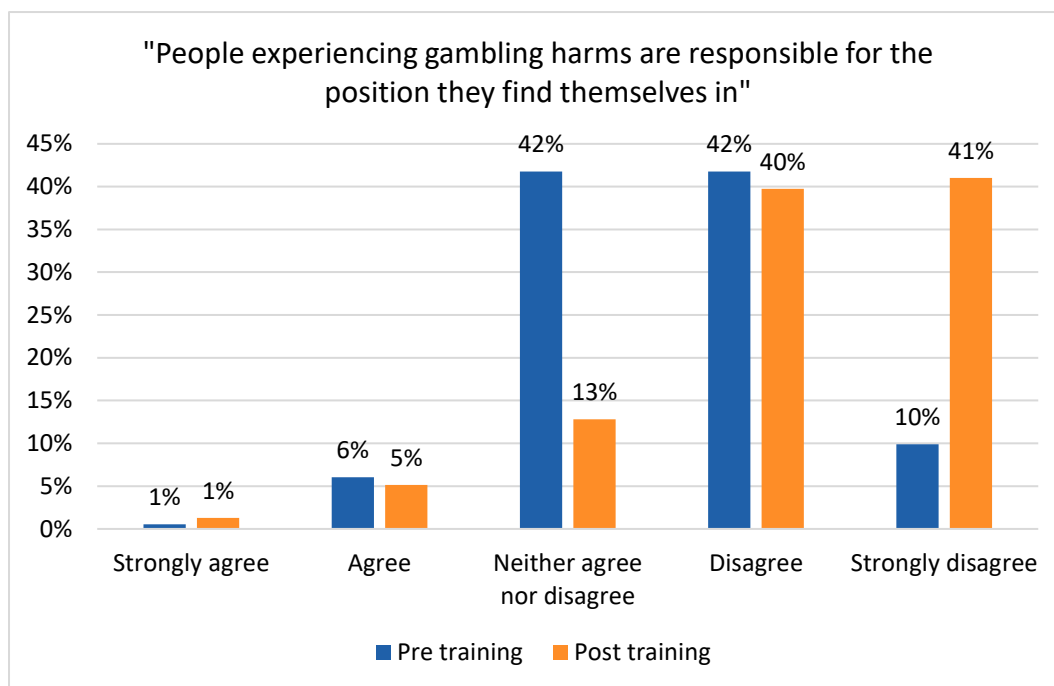
“This was explained in the video and links provided after.”

These self-assessed ratings are comparable with the results from the in-person training provided as part of the Chapter One programme as the following table of post-training results shows. Gambling Understood has a combined rating of 99% for agreed and strongly agreed, compared to the in-person Chapter One training with a combined rating of 98%.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Gambling Understood	1%	0	0	54%	45%
Chapter One	1%	0	2%	55%	43%

4.5.7 RESPONSIBILITY FOR GAMBLING HARMS

Respondents were asked how strongly they agreed with the statement: “People experiencing gambling harms are responsible for the position they find themselves in.”



Before training

Before the training 42% of respondents neither agreed nor disagreed with the statement, and 42% disagreed with the statement.

When asked for comment about their answer, there were several respondents who felt that the person experiencing gambling harms is partly responsible for their situation but at the same time there are other factors outside their control:

"I think people are responsible, however I also think once you get into the situation it is difficult to get out of and often people experiencing this would need help and assistance to overcome the issues"

"There are some of gambling that the individual is responsible for as well as many factors beyond the individual's control. There are preventative measures we can take, things we can do to be more aware of and alert to gambling harm and things we do to improve the situation once we are aware of it."

Several respondents said that factors outside of a person's control can lead to gambling harms:

"Gambling is an addiction and driven by factors that the person may not be able to control or address."

Several respondents said that gambling is an addiction and should be treated as any other addiction:

“It is an illness and should be treated in the same way any other addiction is.”

After training

After the training most (41%) respondents strongly disagreed with the statement, and 40% disagreed with the statement. Many respondents talked about how advertising and marketing can cause or exacerbate gambling harms:

“I never realised how much advertisements (sic) there was for gambling and how easy it could be to be addicted”

“The sheer extent of the gambling industry's access to people through mobile phones and advertising and using data to overwhelm the frontal lobe. The explanation of personal responsibility in recovery but the need for regulation of industry when the journey into gambling begins, I felt was a good framework.”

Several respondents said that the training has highlighted the medical consequences of gambling addiction:

“I didn't have the awareness before of the impact on brain function and gambling and I definitely have more understanding and empathy towards people now. I really enjoyed the training; it was very informative and useful for my role.”

“Understanding more of the addiction side, the video which explained the effects gambling advertising etc has on the brain and how that then embeds itself.”

These self-assessed ratings are comparable to or slightly better than the results from the in-person training provided as part of the Chapter One programme as the following table of post-training results shows. Gambling Understood has a combined rating of 81% for disagree and strongly disagree, compared to the in-person Chapter One training with a combined rating of 76%.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Gambling Understood	41%	40%	13%	5%	1%
Chapter One	48%	28%	7%	10%	6%

4.6 COMPARING DIFFERENT SECTORS

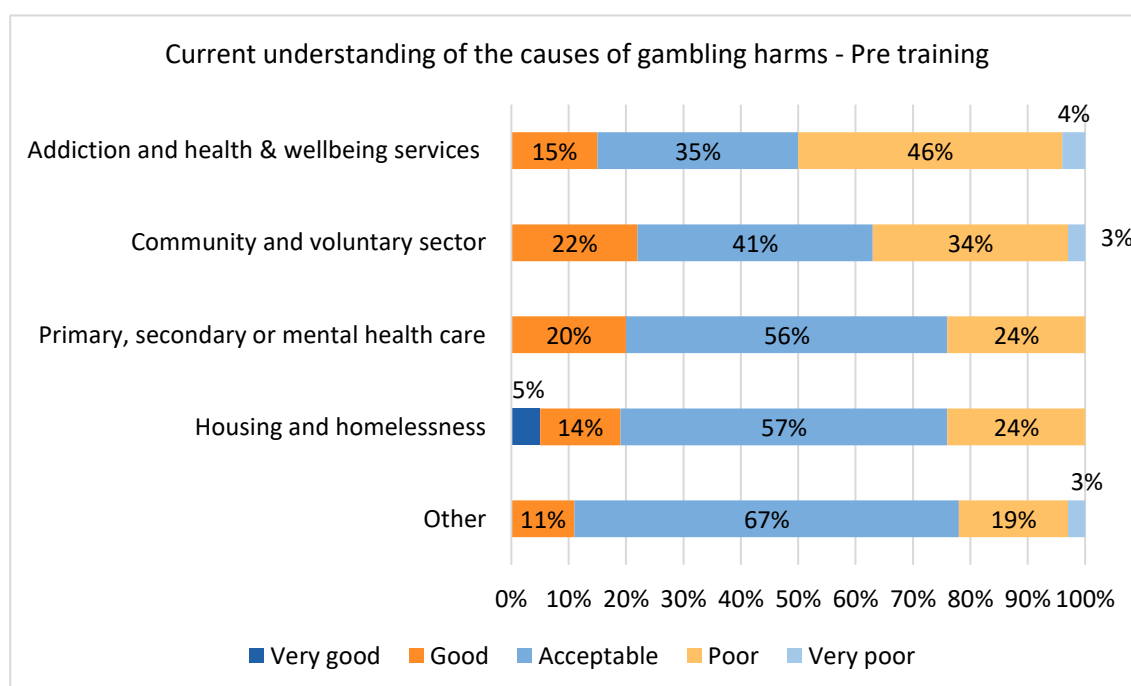
Responses were separated based on sector to determine any potential differences in understanding or opinion. This might indicate sectors on which to focus attention in future training programmes.

To ensure the comparison is meaningful only sectors with at least 20 responses were compared. Only the pre-training survey data was used for this sector comparison, as no sector in the post-training survey had 20 or more responses.

4.6.1 UNDERSTANDING OF THE CAUSES OF GAMBLING HARMS

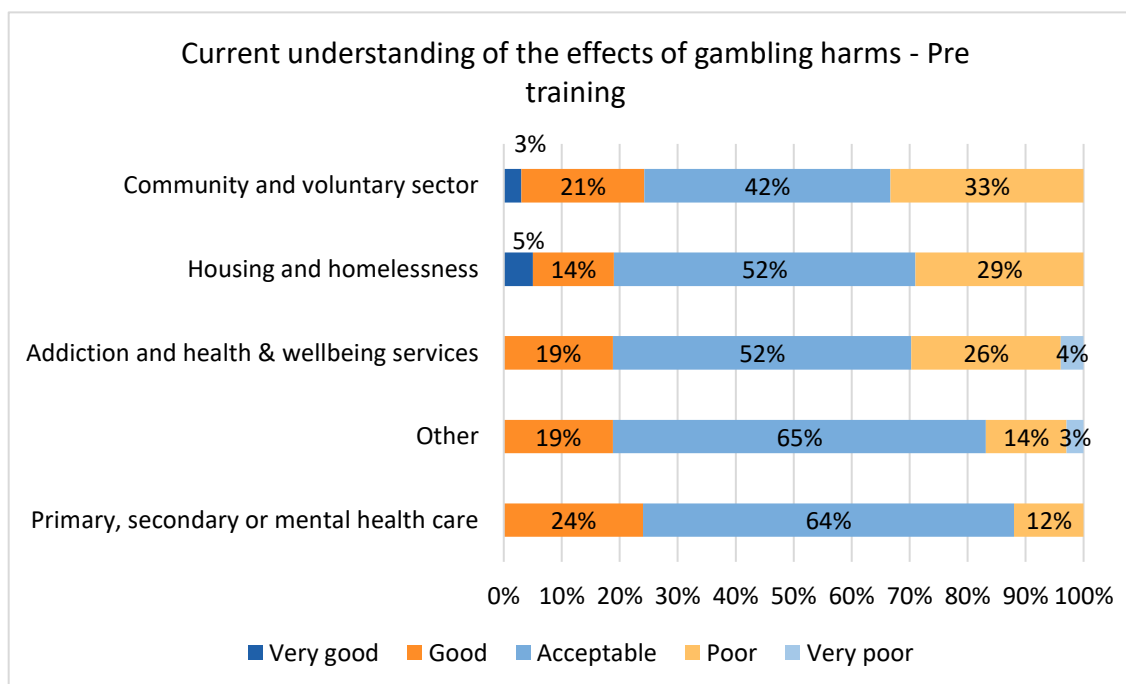
It seems the sector with the weakest understanding of the causes of gambling harms was “addiction and health and wellbeing services”, with 50% of respondents in this sector rating their understanding as poor or very poor. The “Primary, secondary or mental health care” and “Housing and homelessness” sectors seem to have the best understating, with only 24% of respondents rating their understanding as poor and none rating it very poor.

This result may indicate that people working in addiction and health and wellbeing services genuinely have the lowest level of prior understanding, or it may indicate that they know enough to understand that there is a lot more to know. Regardless, it is an interesting result that warrants further discussion. A quick look at the UK Addiction Professionals website reveals that, although treatment for gambling addiction is mentioned, there could be more of a focus on substance abuse. We ask therefore whether the sector has a ‘blind spot’ in relation to gambling harms and addiction?



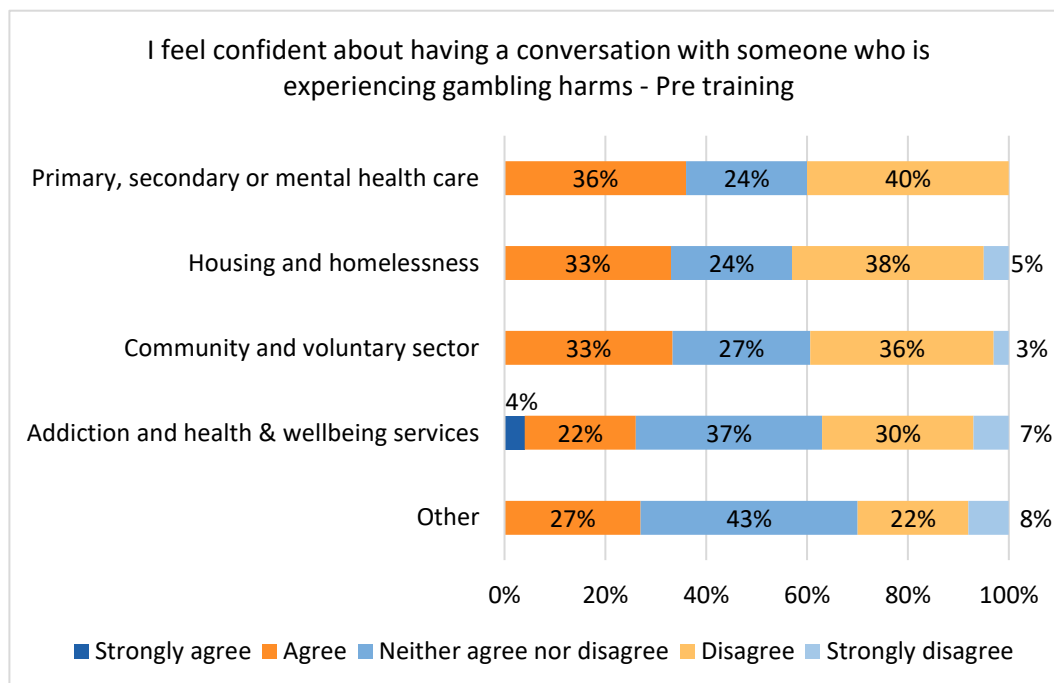
4.6.2 UNDERSTANDING OF THE EFFECTS OF GAMBLING HARMS

Respondents in the “Community and voluntary” sector had the weakest understanding of the effects of gambling harms, with 33% of respondents rating their understanding as poor. Those working in housing and homelessness roles and, again, addiction health and wellbeing services were close behind. Respondents in the “Primary, secondary or mental health care” sector had the strongest understanding of the effects of gambling harms with only 12% rating their understanding as poor.



4.6.3 CONFIDENCE IN HAVING A CONVERSATION

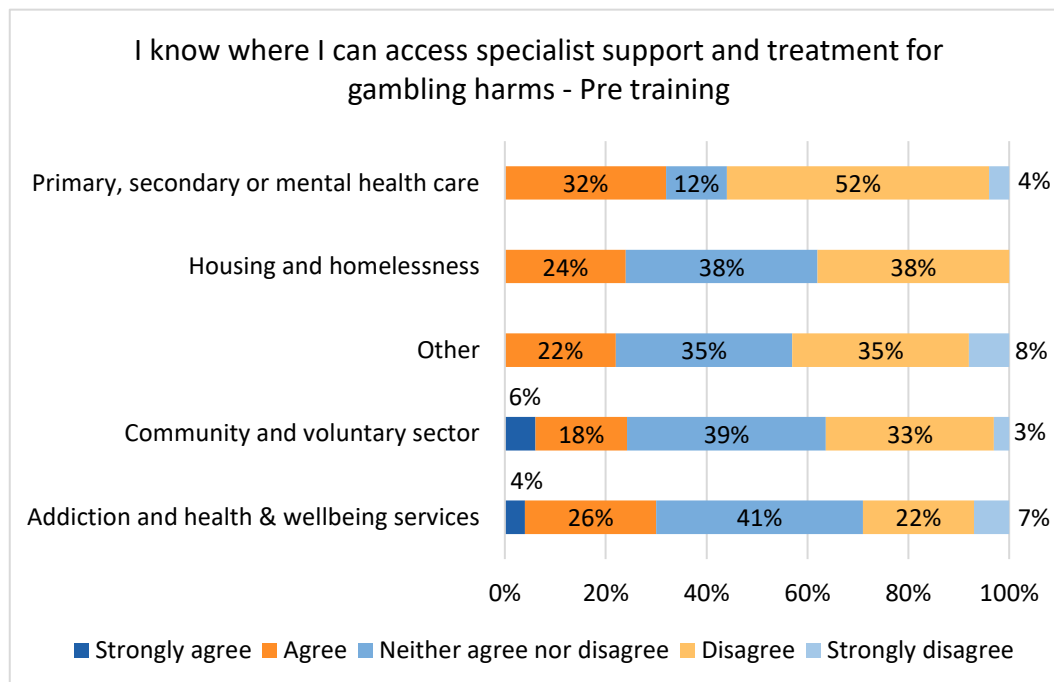
Respondents were asked how strongly they agreed with the statement: “I feel confident about having a conversation with someone who is experiencing gambling harms.”



There was not much difference in opinion among sectors when it comes to confidence in having a conversation. Those from “Addiction and health & wellbeing services” as well as “other” sectors were somewhat more neutral than other sectors, with 37% and 43% of respondents neither agreeing nor disagreeing, respectively. Our reflection was that people familiar with having potentially difficult conversations as part of their job would have transferable skills and experience, with the Gambling Understood training filling any potential knowledge and content gap they might have. This does show up in the analysis earlier in this section.

4.6.4 ACCESSING SPECIALIST SUPPORT AND TREATMENT FOR GAMBLING HARMS

Respondents were asked how strongly they agree with the statement; “I know where I can access specialist support and treatment for gambling harms.”

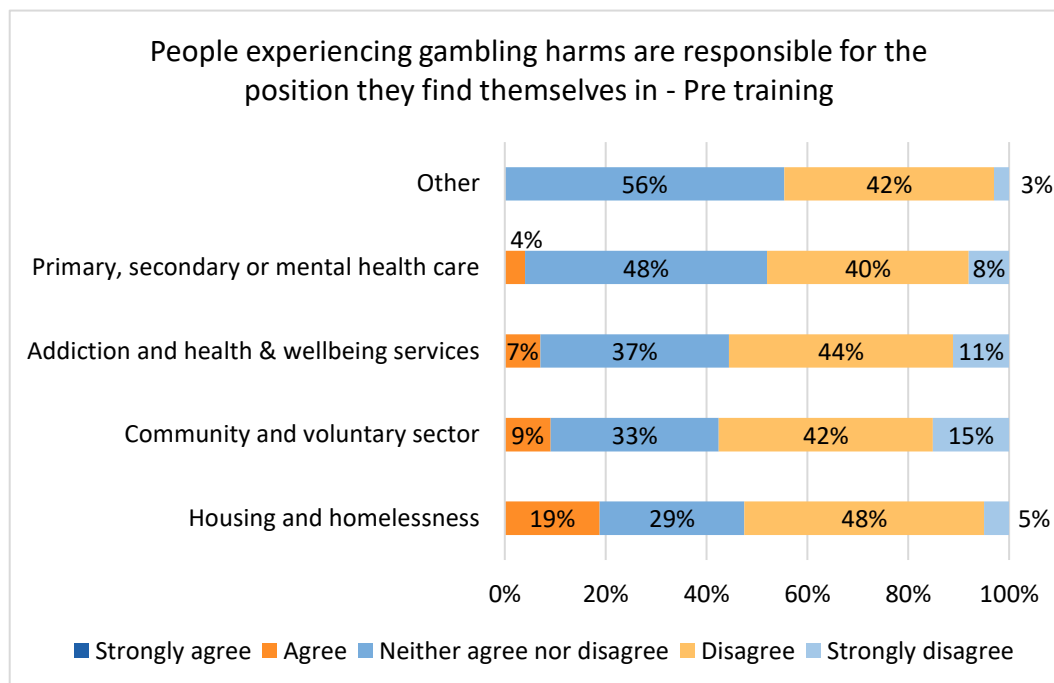


Respondents in the “Primary, secondary or mental health care” sector were divided in opinion, with 56% disagreeing or strongly disagreeing, but at the same time 32% agreed.

Respondents in “addiction and health & wellbeing services” were fairly neutral with 41% neither agreeing nor disagreeing. This again is a surprising result given the roles of people in this sector.

4.6.5 RESPONSIBILITY FOR GAMBLING HARMS

Respondents were asked how strongly they agreed with the statement: “people experiencing gambling harms are responsible for the position they find themselves in.”



Respondents in the “Housing and homelessness” sector seem to feel that people experiencing gambling harms are responsible for the position they find themselves in significantly more so than respondents from other sectors, with 19% agreeing with the statement. Overall, around 50% of the respondents either agree or are equivocal about the statement, indicating a substantial shift in opinion is required in relation to personal responsibility.

END NOTES

ⁱ Gambling-Related Harm Programme 2021-24: Yorkshire and the Humber Association of Directors of Public Health (Y&H ADPH)

ⁱⁱ <https://www.gamblingwithlives.org/>