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Final report evaluating the effectiveness of the National Gambling Support Network

What this research is about

Gambling-related harms can affect many areas of life, including finances, relationships, and employment. In response to the growing concern about these harms in the United Kingdom (UK), the National Gambling Support Network (NGSN) was redesigned and recommissioned in 2023.

The NGSN is commissioned by GambleAware and includes national, regional, and residential service providers operating across England, Scotland, and Wales. It provides free, confidential support to people experiencing gambling-related harms as well as people affected by someone else's gambling.

The NGSN was redesigned as part of a broader shift toward a public health approach to gambling harms by rolling out a regional-first approach that prioritizes early intervention. This also happened in the context of policy changes that will have the National Health Service (NHS) taking over the role of the main commissioner of gambling services in the UK. Combined with the growing demand for support for gambling harms, there is a need to understand how well the NGSN works and where it can be improved.

This report summarizes findings from all phases of an evaluation of the NGSN. The researchers describe the effectiveness of the NGSN in terms of how well it functions, whether it helps people in need, and whether it provides value for its cost. They also offer recommendations for NHS commissioners and service providers as key stakeholders.

What the researchers did

What you need to know

The National Gambling Support Network (NGSN) provides support for people who experience gambling harms and those affected by someone else's gambling in the United Kingdom (UK). In this report, the researchers summarize findings from an evaluation of the NGSN and provide recommendations for stakeholders.

The researchers found that the NGSN is working well in achieving its aim of providing timely and relevant support for people in need of help. The findings support that the NGSN is operationally and clinically effective while providing good value for money. The system appears to have a strong foundation that includes clear leadership, shared policies, good collaboration between service providers, and flexible, person-centred care. However, the evaluation also highlights some areas for improvement. These include making services more consistent across providers, improving coordination and referral pathways, and increasing access for underserved groups.

These findings can inform the National Health Service (NHS) in transitioning to being the main commissioner of gambling services in the UK. Evidence regarding the effectiveness of the NGSN can help support this transition.

The evaluation of the NGSN took place in several phases. In the initial scoping phase (July 2024 to January 2025), the researchers focused on developing a clear understanding of how the NGSN

is supposed to work. This involved creating a theory of change, which maps how the NGSN's inputs and activities (e.g., funding, leadership) are expected to lead to short-, medium-, and long-term outcomes. A participatory systems map was also created to identify the key factors influencing the system's ability to reduce gambling harms.

In the mainstage phase (February to September 2025), the researchers evaluated how the NGSN works in practice. This included:

- An online survey of NGSN service providers, receiving 134 survey responses from 9 out of 13 providers in the NGSN.
- Interviews and focus groups with staff of 4 providers as case studies.
- Workshops with GambleAware staff, NGSN staff, and people with lived experience.
- Review of 84 documents and other data sources.
- Development of an economic model for analyzing the cost-effectiveness of the NGSN.

The researchers then brought together findings from these evaluation phases regarding the NGSN's operational, clinical, and economic effectiveness for the final report. They summarized evidence across all sources of data, including service provider perspectives, system-level data, and economic modelling results. The evaluation focused on the NGSN's operation and governance, how effective it is in supporting service users, and whether it provides value for money.

The researchers also looked at how the system operates across different regions and populations, identified gaps in access and service delivery, and explored factors that influence outcomes, like referral pathways, collaboration between providers, and awareness of services. Finally, they developed evidence-based recommendations for key stakeholders, aimed at improving the system's performance, equity, and consistency.

What the researchers found

Operational effectiveness

The researchers found that overall, the NGSN functions well as a coordinated network. It is strategically centralized, with GambleAware setting direction as the commissioner, while allowing local providers to adapt services to meet the needs of their communities. Shared guidelines like the Model of Care and the use of common measures like the Problem Gambling Severity Index help keep services consistent. Strong relationships between providers that are facilitated through working groups and collaborative initiatives also help the system run smoothly. The system has mechanisms in place for monitoring quality and performance.

At the same time, the evaluation revealed some inconsistencies in how shared policies and principles are applied across the network. In addition, there are challenges to streamlining referral pathways (i.e., users not being moved easily between services when they need more or different help) and avoiding duplicated services (i.e., providers offering the same kind of services). The integration of lived experience was also found to vary across providers. Some staff and people with lived experience thought that lived experience could be further embedded within practices.

Clinical effectiveness

The researchers found that the NGSN is effective for service users, with evidence showing that it provides personalized, flexible, and holistic care. Users benefit from multiple routes through which they can access services, tailored treatment options, and connections to broader support systems (e.g., mental health and financial services).

However, the findings also highlight some issues with inequity in service access. In particular, ethnic minority populations, young people between 18 and 24 years of age, and people who identify as part of the LGBTQ+ community are underrepresented, given their risk for gambling harms and associated need for support. Barriers to access include low awareness of services, stigma, limited service capacity (e.g., high workloads for frontline staff), and inconsistent communication across the network. Despite these challenges, the evaluation revealed that service providers are actively working to address these gaps in access by engaging in targeted outreach and community engagement initiatives.

The researchers also found that users' pathways through the NGSN vary considerably. It depends on factors like how they learn about services, the ease of self-referrals, and what services are available in their area. The system strongly emphasizes user choice and personalization of services, allowing users to engage in different types of support and decide if they want to access additional services. Service providers regularly gather user feedback, assess local treatment needs, and carry out internal reviews to adapt and improve services. There is evidence that services are being tailored to the wide needs of service users.

Economic effectiveness

Based on economic modelling, the researchers estimated that the NGSN is cost-effective to the NHS when compared to care without NGSN services. For people who gamble, NGSN services were estimated to lead to saving of £497 per person and an increase of 0.15 Quality-Adjusted Life Years (QALY) per person over a 2-year period. This is due to improved health outcomes, including lower levels of healthcare use and depression. For people affected by another person's gambling, NGSN services were estimated to cost £530 per person but generate an increase of 0.10 QALY per person due to meaningful health improvements. The additional cost is within the National Institute for Health and Care Excellence (NICE)'s threshold, which suggests that the NGSN still provides good value for money. However, the evaluation noted limitations in available data, especially for Tier 1 services.

Conclusions and recommendations

Overall, the evaluation found that the NGSN is working well in achieving its aim of providing timely and relevant support for people experiencing gambling harms as well as people affected by someone else's gambling. The findings support its operational, clinical, and economic effectiveness. The system appears to have a strong foundation that includes clear leadership, shared policies, good collaboration between service providers, and flexible, person-centred care.

However, the evaluation also highlights some areas for improvement. These include making services more consistent across providers, improving coordination and referral pathways, and increasing access for underserved groups who are at higher risk of experiencing gambling harms. The researchers note that there is already work and funding initiatives underway to address many of these issues.

For commissioners of the NGSN, the researchers recommend the following:

- Continue to invest in strengthening relationships between providers and local services.
- Improve and streamline referral pathways.
- Further clarify expectations for long-term recovery support.
- Promote service diversity and reduce duplication of services.
- Improve data collection and monitoring to support system evaluation and planning.

For service providers within the NGSN, the researchers recommend the following:

- Increase service awareness and outreach, especially among underserved groups.
- Continue to improve collaboration with other providers.
- Strengthen data collection, especially for economic evaluation.
- Improve communication around how lived experience can contribute to service design and delivery.

How you can use this research

The findings can inform the NHS in transitioning to being the main commissioner of gambling services in the UK. Evidence regarding the effectiveness of the NGSN can help support this transition.

About the researchers

IFF Research is a market research agency that operates in the United Kingdom. **York Health Economics Consortium** is a research and consultancy organization that operates in the United Kingdom and specializes in health economics and health outcomes research. **CECAN Ltd.** is a consultancy organization that operates in the United Kingdom and specializes in public policy and health evaluation. **Dr. Sharon Collard** is affiliated with the University of Bristol in Bristol, England.

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About Greo Evidence Insights

Greo Evidence Insights is an independent, non-profit organization specializing in research, knowledge mobilization, and evaluation in the health and well-being sectors. Greo transforms research and insights into actionable strategies to prevent and reduce harm related to gambling, gaming, technology use, and substance use. To learn more about funding for Research Snapshots visit our website.