



TalkBanStop

GamCare
Support starts here



GamBan

GAM STOP

TalkBanStop Evaluation

June 2026



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EXECUTIVE SUMMARY: TALKBANSTOP IS WORKING, AND CAN GO FURTHER

Key finding: The evidence indicates that TBS is delivering meaningful impact: awareness is increasing, engagement with the layered model is material, and self reported outcomes are strongest when support and tools are used together.

This report evaluates the effectiveness of the TalkBanStop (TBS) partnership model, which integrates GamCare support, GAMSTOP self-exclusion and Gamban blocking software to reduce gambling-related harm through a layered pathway. Drawing on a mixed-methods evidence base (Kantar Omnibus March 2026, n=1,263 GB adults; Kantar Live qualitative group session, n=55; a survey of Gamban users conducted by Gamban; and partner monitoring data), the evaluation assesses awareness and reach, the operation of the layered journey in practice, and users' perceived behavioural impacts, providing a clear set of evidence-led priorities to strengthen impact further.

The evidence suggests that TBS has had a strong positive impact on users. 68% of users found it 'much easier' to reduce gambling when engaging with more than one element, and 54% strongly agreed that tools combined with support did change their behaviour. These highlight the positive impact the initiative has had in supporting behavioural change.

Evidence from the qualitative component of this evaluation indicates that users value the 'umbrella' or 'triple lock' proposition,

emphasising that the combination of adviser-led support (Talk), formal self-exclusion (Stop) and device-level blocking (Ban) can make gambling access "impossible", or sufficiently effortful to reduce impulse-led relapse. Participant accounts suggest that practical tools reduce exposure to opportunities to gamble, while human support (National Gambling Helpline) provides guidance, accountability and the confidence to engage with successive steps.

Overall, claimed awareness has moderately increased over time for both the partnership and individual services (e.g., TBS awareness: 29% in August 2021 to 32% in March 2026; National Gambling Helpline awareness: 48% in December 2020 to 64% in March 2026). While there is a recognition that the specific figure may be higher than actual awareness – other research conducted at population level suggests that unprompted awareness of specific gambling harm support services is lower than the figures recorded here – this shows a positive impact of campaign activities to maintain awareness over a sustained period. Partner monitoring and campaign data indicate that this reach has been substantially supported by paid media investment, with impression delivery closely tracking periods of spend; however, qualitative evidence suggests that recognition is often activated at 'point of need' (e.g., via online search and helpline contact) rather than reflecting durable pre-existing familiarity with the partnership brand.

Alongside these positive indicators, there remains a marked gap between recognition and accurate understanding of the integrated model: omnibus open-text responses indicate that many interpret TBS as a

“All of it has helped me. GamCare helped me initially seek advice and guidance. GAMSTOP enabled me to cut myself off from the channels I used. Gamban ultimately blocked me from being able to access anything that was a trigger or gambling websites at all.”

Kantar Live participant



generic support service, with only around one in five demonstrating an accurate understanding of the three-partner offer. Qualitative evidence suggests users often experience the partnership initially through a single component before recognising the wider model. Importantly, entry routes vary: across sources, users report encountering TBS via online search, partner platforms (including GAMSTOP and Gamban), referrals from multiple support organisations, and wider signposting. This reinforces the value of improving shared messaging and cross-signposting across all partner entry points, rather than assuming a single ‘typical’ first step.

Evidence supports the underlying logic of layering, while also identifying points of friction. The most common journey reported is helpline-to-GAMSTOP-to-Gamban; however, participant accounts indicate that some cohorts (notably younger users) may

adopt a ‘tech-first’ route (initiating with blocking software before registering for self-exclusion). This is supported with evidence from the Gamban user survey indicating a different awareness pathway to TBS (overall, 37.2% first heard from GamStop, 19.5% first heard from Gamban). These patterns are best interpreted through a ‘no wrong door’ lens: TBS may be most effective when it supports people to begin wherever they are able to engage and then facilitates progression to additional layers over time. Transitions were generally rated as smooth, but unevenly so: for example, helpline-to-GAMSTOP was most positively assessed (47% ‘very smooth’, 32% ‘quite smooth’), whereas helpline-to-Gamban was less consistently smooth (33% ‘very smooth’, 27% ‘quite smooth’), whilst transitions into ongoing treatment/support were rated lower still (26% ‘very smooth’, 33% ‘quite smooth’ for GAMSTOP-to-treatment/support). Self-reported outcomes indicate clear added value from multi-component

use: 68% reported that using more than one element made reducing gambling 'much easier', and 54% 'strongly agreed' that tools alongside support changed their behaviour. These findings are self-reported and should be interpreted accordingly; however, the evidence is consistent across measures and respondent accounts. Participant testimony attributes impact to the combination of practical access barriers and adviser-led/therapeutic support, while also highlighting constraints and limitations related to offshore gambling and cryptocurrency use, device usability, and perceived opportunities to circumvent blocking tools.

On the basis of these findings, the report recommends: (1) strengthening a consistent 'no wrong door' experience by improving shared messaging and cross-signposting across all partner entry points, so users can

take immediate protective action without unnecessary friction while still being encouraged to layer support; (2) addressing coverage and usability issues that enable workarounds (including clearer guidance on complementary financial protections, enhanced device support, and mitigation of circumvention risks where feasible and within remit); (3) improving clarity and distinctiveness of TBS as an integrated three-component offer, alongside more proactive follow-up to support maintenance and troubleshoot barriers; and (4) tailoring pathway prompts and support modalities for different user cohorts, including those who prefer a 'tech-first' response, while ensuring equitable reach where understanding and smoothness are lower.

Headline positive findings (what is working)

- Layering delivers stronger outcomes: 68% said reducing gambling was 'much easier' when using more than one element; 54% strongly agreed tools plus support changed behaviour.
- Helpline awareness has increased since the partnership launched (48% in Dec 2020 to 64% in Mar 2026).
- The Helpline converts a high proportion of adviser-issued referrals into Gamban action (71.38% link-to-sign-up conversion in 2023–24).
- Campaign investment has delivered awareness at scale (e.g., 76m+ impressions during Dec 2024–Mar 2025 activity).
- TBS has become a primary route into Gamban (around 70% of UK sign-ups attributed to TBS routes in partner reporting).

Priority areas to go further (opportunities to strengthen impact)

- Convert recognition into clearer understanding of the three-layer offer, so audiences grasp what TBS is (and why layering matters).
- Create a more joined-up onboarding experience that reduces friction and makes the 'next step' explicit (while preserving 'no wrong door' entry).
- Build in proactive follow-up to sustain early engagement and troubleshoot barriers during relapse-prone periods.
- Ensure a consistent experience across regions and demographics where understanding and smoothness are lower.
- Extend protective reach beyond UK-licensed online platforms (e.g., stronger guidance on complementary protections and support where offshore/crypto workarounds persist).

**“I don’t know
what TalkBanStop
is. I know about
Gamban, GAMSTOP
and GamCare.”**

Kantar Live participant



1. INTRODUCTION

TBS was initially launched as a 12-month pilot in December 2020, funded by the Gambling Commission through regulatory settlement. An independent evaluation was conducted by Ipsos during the pilot period, which assessed both the processes underpinning delivery and the impact on service users.

Since the conclusion of the pilot, TBS has continued to operate and has become an established component of the gambling harm support landscape. The programme now operates within a significantly changed funding and commissioning environment, with the transition to a statutory levy system and NHS commissioning of gambling treatment services.

Given the duration of the partnership and the developments over time, this report looks to evaluate the effectiveness of the TBS partnership to inform future strategic development.

1.1 WHAT IS TALKBANSTOP?

TBS is a partnership between GamCare, Gamban and GAMSTOP that offers a layered approach to support individuals at risk of gambling-related harm to stop gambling and begin recovery. The model combines emotional support, practical blocking tools and formal self-exclusion to address gambling harm from multiple angles. The journey typically begins with contact with a trained adviser at the National Gambling Helpline, who provides tailored support and signposting to treatment options. Individuals can then access a free Gamban licence and

are encouraged to register with GAMSTOP to self-exclude from UK-licensed online gambling operators, thereby strengthening safeguards against relapse.

As part of the TBS campaign, GamCare, Gamban and GAMSTOP have continued to provide users with access to their core service offering/proprietary tool.



GamCare: is an independent charity which operates the National Gambling Helpline (NGH) and provides information, advice and support to anyone affected by gambling-related harms. As part of the TBS partnership, GamCare has continued to run the National Gambling Helpline (providing advice and support for anyone affected by gambling harms across Great Britain).



Gamban

Gamban: is a social enterprise offering blocking software of the same name that prevents access to global online gambling sites and apps on devices for the duration of protection chosen by the individual, from six months up to five years. As part of the TBS project, the cost of Gamban licences was covered for those calling the NGH or through the GamCare website. Individuals could alternatively take out a Gamban subscription by paying for a licence through Gamban's website or app listings.



GAM STOP

GAMSTOP: Gamstop Group is an independent not-for-profit organisation specialising in UK-focused gambling consumer protection tools which include Gamstop Online – for online gambling and Gamstop Betting Shops – for betting shops. Both self-exclusion schemes are free to use and easy to apply. Gamstop Online is available to all consumers resident within the United Kingdom. Users choose to exclude themselves from all online gambling sites for a specified period – 6 months, 1 year, 5 years or 5 years with Autorenewal.

Positioning the National Gambling Helpline (NGH) as the first point of contact encourages individuals to openly discuss their gambling concerns with a trained adviser and creates a crucial opportunity for tailored signposting to support, tools and treatment options which they may not have previously considered. In particular, it allows NGH advisers to explain the benefits of a *layered approach*, using multiple tools and services in combination, to address harms associated with online gambling. This includes uptake of Gamban, GAMSTOP, merchant category code blocking and therapeutic support. Using multiple safeguards simultaneously is expected to drive stronger and more sustained behaviour change, as it increases the effort required to circumvent protections provided by both Gamban's blocking software and GAMSTOP's self exclusion scheme. To illustrate this underpinning logic, a Theory of Change was developed as part of the initial TBS pilot analysis and is reproduced in Annex A.

1.2 EVALUATION OVERVIEW

The purpose of this evaluation is to provide the TBS partnership with robust evidence on the effectiveness and impact of the programme in supporting individuals to reduce gambling-related harm. Specifically, it assesses the reach and uptake of TBS services and examines the extent to which the layered approach supports behaviour change. The evaluation also considers the user journey and the clarity and consistency of signposting across the three partner organisations.

The evaluation includes recommendations on how to elevate the effectiveness of TBS and how processes could be improved to enhance future delivery.

1.2.1 METHODOLOGY

A mixed-methods approach was employed to assess delivery processes underpinning TBS and to evaluate perceived impacts. The evidence base comprised:

A Kantar Omnibus Survey: a general population survey, of 1,263 GB adults, conducted via Kantar's online panel. One wave of this research was conducted in March 2026. It followed an identical design to the Omnibus conducted at the initial pilot evaluation of TBS. During that evaluation, two waves of the survey were run: wave one was conducted in December 2020 before the full launch of pilot marketing activity and wave two in August 2021. This was conducted to ensure consistency in awareness assessment from the initial pilot to now.

Gamban user survey: A survey used for the recruitment of individuals to the Kantar Live. Carried out with Gamban users, it consisted of 1,767 responses including questions on their engagement with TBS and Gamban.

Kantar Live: An online qualitative group session moderated by Kantar researchers using a structured discussion guide. The session lasted one hour and involved 55 participants drawn from a sample of individuals who had engaged with one or more elements of the TBS partnership. The discussion explored participants' experiences of accessing and using TBS components, including perceived facilitators and barriers to progression through the layered pathway. The session also enabled follow-up probing to clarify and deepen responses.

A review of monitoring data collected by pilot partners: including details regarding registrations to Gamban and calls to the NGH, call outcomes, advertising spending and traffic flows to each organisation's website.

1.2.2 WHAT EACH EVIDENCE SOURCE SHOWS

Each of the components of the research used to build evidence are included for different purposes. These purposes are complementary in order to support the evaluation against the overall objective:

- **Kantar Omnibus Survey:** Used to determine claimed awareness levels, claimed behaviours and accessibility of each of the individual services.
- **Kantar Live:** Used to evaluate the customer journey, understanding specific user engagement and behavioural impact. It is the primary evaluation source for the effectiveness of the TBS model.
- **Gamban user survey:** Additional context on the experience of users engaged with the partners of TBS.
- **Monitoring data:** To understand tangible impact in uptake, investment levers that supported changes and to establish the operational baseline behind the TBS partnership.

1.2.3 HOW TO INTERPRET THE EVIDENCE

Given the sensitive nature of participation and the low national incidence of individuals engaging with the scheme, recruitment for Kantar Live was undertaken via GamCare and Gamban (not directly recruited from GAMSTOP due to sample availability). Participants were recruited through a survey administered to individuals enrolled in Gamban who had been directed to GAMSTOP and Gamban through TBS following contact with the helpline. Participants were recruited through a survey administered to Gamban users who had claimed a TBS free licence. Access to the free licence can be obtained through a range of routes, including the National Gambling Helpline, the TBS website, partner platforms and the Gamban platform directly. The sample therefore reflects users who had engaged with at least one element of the partnership, rather than exclusively those who followed the helpline-first pathway. The sample used was ultimately drawn from service users who had engaged with the TBS partnership. The sample reflects the partnership's actual service user base, with an over-representation of those who progressed through to blocking software and should be read alongside the omnibus data for a full picture.

With regards to the Kantar Omnibus survey, the questions included directly replicate the approach used within the pilot omnibus

to draw comparisons to the pilot data. The figures associated with this evaluation are therefore presented primarily as directional indicators and trend measures rather than as precise estimates of population-level awareness. Readers should note that other research conducted at population level suggests that unprompted awareness of specific gambling harm support services is lower than the figures recorded here. The consistent upward direction of travel across all three waves is the most meaningful finding, rather than the absolute percentages.

Monitoring data is provided by GamCare and drawn from exports and reports produced by their media agency, 23red. These have been treated on a factual basis, with trends and figures drawn from the reports shared in the style in which they have been positioned.

It is worth noting that staff interviews across partners were not included within the evaluation, the focus of much of the evaluation centres on those who have specific experience of one or more of the partners through TBS. In order to identify this correctly, specific partner sources were used as recruitment vehicles and as such there is recognition that this will have a bearing on the partner journeys evaluated. This has been controlled where possible but there is a likelihood, for example, of an under-inclusion of GAMSTOP-led or GAMPSTOP-only journeys as a result of the recruitment process used.



2. FINDINGS: WHAT THE EVIDENCE SHOWS

This section synthesises evidence from the March 2026 Kantar Omnibus survey (n=1,263 GB adults), monitoring data shared by partners, Gamban user survey, and an online qualitative group session (Kantar Live; n=55) to assess reach, user understanding and the perceived effectiveness of the TBS layered model. Findings are structured around: (i) awareness and engagement, (ii) how the layered pathway operates in practice, and (iii) perceived behavioural impacts and user-identified strengths/limitations. Throughout, interpretation is bounded by methodological considerations set out in Section 1, including the qualitative sample skew towards individuals who have engaged with Gamban.

The key findings show that 68% of users within the Kantar Live reported that using more than one element made reducing gambling 'much easier', with a further 20% indicating it made reduction 'a bit easier'. Additionally, 54% 'strongly agreed' that using tools alongside support changed their behaviour. The Kantar Live component of this activity shows that users value the 'triple lock' proposition, the combination of support (Talk), self-exclusion (Stop) and device-level blocking (Ban). Gambling access is then "impossible" or sufficiently challenging to reduce impulse-led relapse.

In essence, the practical tools mean that there is reduced exposure to gambling opportunities, while human support (National Gambling Helpline) provides guidance, accountability and the confidence to continue with successive steps.

2.1 AWARENESS IS GROWING AND DRIVING ACTION

2.1.1 PAID CAMPAIGNS DRIVE REACH (BUT AWARENESS CAN BE 'POINT OF NEED')

Key finding: Paid media investment has been a key contributor of TBS's reach and sustained visibility over time, translating reliably into impressions at scale; however, much awareness still appears to be activated at 'point of need' rather than reflecting durable pre-existing familiarity with the partnership brand.

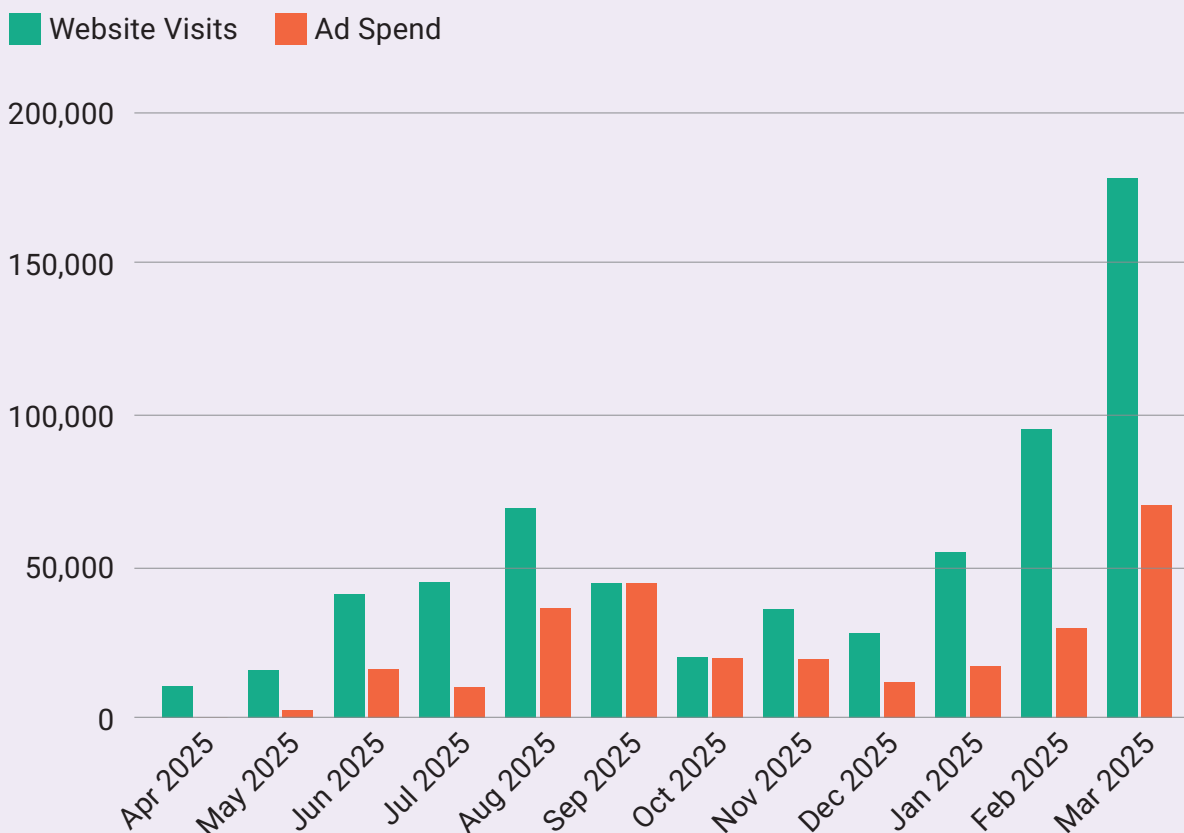
Analysis of longitudinal campaign data demonstrates a clear correlation between media investment and impression delivery for the TBS partnership, indicating that paid media has been a primary driver of reach and awareness over time. Periods of sustained investment or campaign "spikes" are consistently associated with substantial increases in impression volume. For example, during the December 2024 to March 2025 paid campaign, an investment of approximately £163,200 delivered over 76 million impressions, exceeding the planned target of 68 million and reaching an estimated 7.7 million individuals with an average frequency of nine exposures. By contrast, earlier Always-On phases operating at lower monthly budgets (c. £5–6k per month) delivered markedly lower, but still substantial

levels of exposure, such as 21 million impressions across June–August 2023, while short-term pauses or reductions in spend led to immediate and material falls in impression delivery. This pattern indicates a strong and direct relationship between media spend levels and the scale of exposure achieved.

Importantly, the accumulation of impressions over successive years has contributed to the sustained visibility and awareness of TBS among at-risk audiences. Since the introduction of Always-On advertising in late 2022, the programme has delivered impression volumes at a scale rarely achieved through organic or earned activity alone, including 31.5 million impressions between October 2022 and March 2023, followed by regular multimillion impression delivery during subsequent Always-On and campaign-led phases. This activation of paid advertising

took place across Search, Display, Meta, X, Tik Tok and Reddit. More recent reporting (2025–26) shows that TBS campaigns had already generated over 41 million impressions by mid March, despite delivery being constrained by higher media costs and more selective targeting of high-risk gamblers where we are able to achieve this within the advertising safety net limitations. Taken together, these findings provide robust evidence that media investment has been reliably translated into impression delivery at scale, reinforcing awareness of TBS and underpinning its role as a highly visible entry point to gambling support during periods of heightened need. This is supported by data from the last year reviewing advertising spend and TBS Website sessions which reflect a close correlation. This is shown in Figure 1.

Figure 1. Monthly TalkBanStop page sessions and advertising spend



Omnibus data supports this in that partnership activity has supported sustained awareness of both TBS and its constituent services over time. In the March 2026 omnibus, 32% of respondents reported having heard of the TBS partnership, consistent with what was achieved in the pilot omnibus (29% in 2021). This sits alongside higher levels of reported awareness for the National Gambling Helpline (64%), GAMSTOP (39%) and Gamban (36%), suggesting that campaign activity may have functioned both to promote the umbrella offer and to reinforce recognition of the individual components. Kantar Live accounts from participants in this evaluation provide a helpful qualification: awareness is often activated at ‘point of need’, with participants commonly describing encountering TBS through online search and/or through contact with GamCare rather than through pre-existing familiarity with the partnership brand.

Table 1 illustrates the growing proportion of inbound Helpline contacts who are issued a Gamban link, rising from 25% in 2023–24 to 33% in 2025–26 (to date). This provides operational evidence that Helpline advisers have increasingly embedded referral activity into routine practice, consistent with the intended ‘Talk to Ban’ pathway.

Overall, the evidence suggests that communications have built strong recognition, with an opportunity to deepen durable familiarity with the unified offer through continued investment.

2.1.2 AWARENESS HAS IMPROVED SINCE THE PILOT

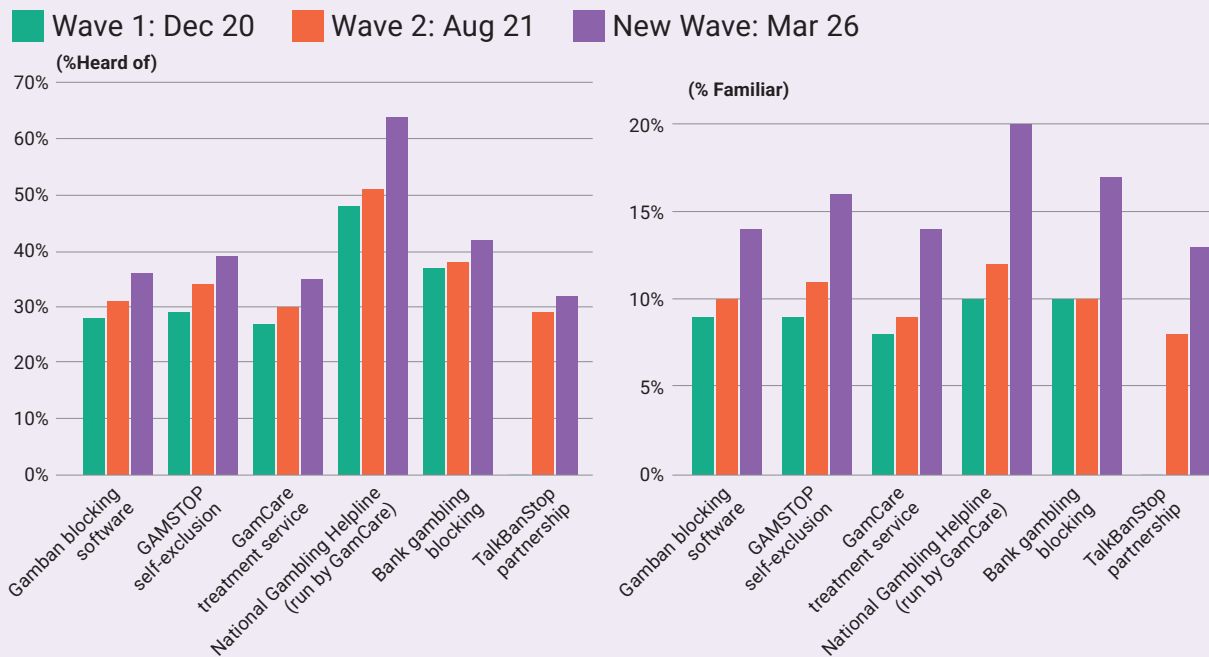
Key finding: Awareness and familiarity have risen since the pilot baseline, but the gap between ‘heard of’ and ‘familiar with’ suggests communications build recognition more readily than depth of understanding.

Trend data across the three omnibus waves show sustained reported awareness of TBS and partner services since the pilot baseline (Figure 2). Between December 2020 and March 2026, reported awareness increased for Gamban (28% to 36%), GAMSTOP (29% to 39%), GamCare’s treatment service (27% to 35%) and the National Gambling Helpline (48% to 64%). TBS itself was not asked at baseline but was reported at 29% in August

Table 1. TalkBanStop partnership operational indicators of the ‘Talk to Ban’ pathway (Helpline adviser-issued Gamban links)

Indicator	2023–24	2024–25	2025–26 (to date)
Total Gamban links issued by Helpline advisers	13,015	12,197	12,207
Inbound contacts issued a Gamban link	25%	29%	33%
Gamban sign-ups from Helpline-issued link	9,290	6,426	7,144
Link-to-sign-up conversion rate	71.38%	52.69%	58.52%

Figure 2. Awareness & Familiarity of services, pilot data and latest awareness



2021 and 32% in March 2026. Reported familiarity (defined in the survey as knowing ‘a great deal’ or ‘a fair amount’) also increased: for example, familiarity with the National Gambling Helpline rose from 10% (December 2020) to 20% (March 2026), while familiarity with TBS rose from 8% (August 2021) to 13% (March 2026). This provides positive evidence of progress on reach and salience over time. A helpful qualification is that the persistent gap between ‘heard of’ and ‘familiar with’ suggests communications may be building recognition more readily than depth of understanding, which remains a constraint on the partnership’s distinctiveness.

As a point of note, due to the scale used within the research (available in Annex B) with 4 of the 5 options indicating a level of hearing of each service there is a recognition that the total awareness level recognised amongst a nationally representative audience being higher than expected. It is worth noting that other population-level research suggests that unprompted awareness of individual gambling harm support services among the general public is likely to sit below these omnibus figures. This reflects a well-understood feature of the question design (see Section 1.2.3) and does not diminish

the value of the trend comparison across waves, which demonstrates a consistent and meaningful direction of travel since the pilot. The consistency of the approach with the pilot research was the primary design consideration, and the trend comparisons shown in Figure 2 provide the most meaningful indicator of progress.

2.1.3 RECOGNITION IS RISING; UNDERSTANDING IS STILL WEAK

Key finding: Understanding of TBS as a three-organisation integrated offer is comparatively weak; many people recognise individual components without recognising the partnership model.

Across data sources, understanding of TBS as an integrated three-organisation offer appears weaker than general perceptions of ‘help for gambling problems’. Omnibus open-text responses suggest that many respondents interpret TBS primarily as a generic support service; Kantar’s analysis notes that of those aware, only around one in five respondents demonstrated an accurate understanding of

the partnership model (i.e., the integration of GamCare, Gamban and GAMSTOP). Kantar Live accounts from participants in this evaluation reinforce this pattern: participants frequently described TBS through the lens of a single component (most commonly Gamban or GAMSTOP) or as an ‘additional benefit’ encountered after initial contact. At the same time, the omnibus trend evidence indicates that awareness of the partnership and component services has maintained and marginally increased since the pilot baseline. This provides a platform to deepen understanding; however, clarity remains uneven across audiences, with regional and demographic variation in the extent to which users recognise the unified offer. Overall, limited understanding of the integrated model is a key barrier to realising the full value of the layered approach.

2.1.4 THE HELPLINE TO GAMBAN SIGN-UP IS A VALUABLE MEASURE

Key finding: Engagement is driven by active help-seeking, and operational data indicates that helpline-issued referrals can convert into Gamban sign-ups at scale. However, users also enter TBS through multiple routes (including GAMSTOP, Gamban, search and referrals), reinforcing the value of strengthening signposting across all partner entry points.

Because the layered model relies on rapid signposting at a ‘window of action’ when motivation to change is high, engagement metrics are an important test of whether ‘Talk’ can translate into uptake of ‘Stop’ and ‘Ban’. Kantar Live accounts from participants in this evaluation suggest that engagement is driven predominantly by active help-seeking rather than passive exposure: the most frequently

cited routes into TBS were online search/research (35%) and referral via GamCare (25%), with smaller proportions referencing family/friends (15%) and advertising or betting-shop materials (10%). Operational monitoring further indicates that the TBS landing page often functions as a gateway to conversation-based support, with help-seeking (e.g., initiating a helpline interaction) described as the typical first action. Moreover, partnership operational data provide quantitative evidence that the ‘Talk’ layer can act as a gateway to the ‘Ban’ layer at scale: across recent reporting periods, a substantial proportion of Gamban sign-ups have been attributed to TBS routes (reported as around 70% in the Kantar deck), and more granular metrics (Table 1) indicate that helpline adviser-issued links are frequently taken up, with link-to-sign-up conversion above 50% across the last three financial years.

The 2023–24 conversion rate reported in Table 1 (71.38%) is notably high. The reduction to 52.69% in 2024–25 may be associated with changes to the user journey for accessing the free Gamban licence.

However, qualitative feedback indicates that conversion is not uniform, with some users reporting confusion about how components fit together and requesting clearer ‘single entry’ access and follow-up. Overall, the evidence suggests that helpline-led signposting can drive substantial tool uptake, but that clarity and onboarding remain critical to minimise drop-off.

The conversion rates reported in Table 1 are consistent with the upward trend in monthly Gamban registrations shown in Figure 3. Taken together, these indicators suggest that helpline-led signposting can support uptake of blocking software and, by extension, operationalise the intended layered model. However, these metrics should be interpreted as measures of uptake rather than direct measures of harm reduction.

2.2 THE LAYERED JOURNEY WORKS (ENTRY VARIES)

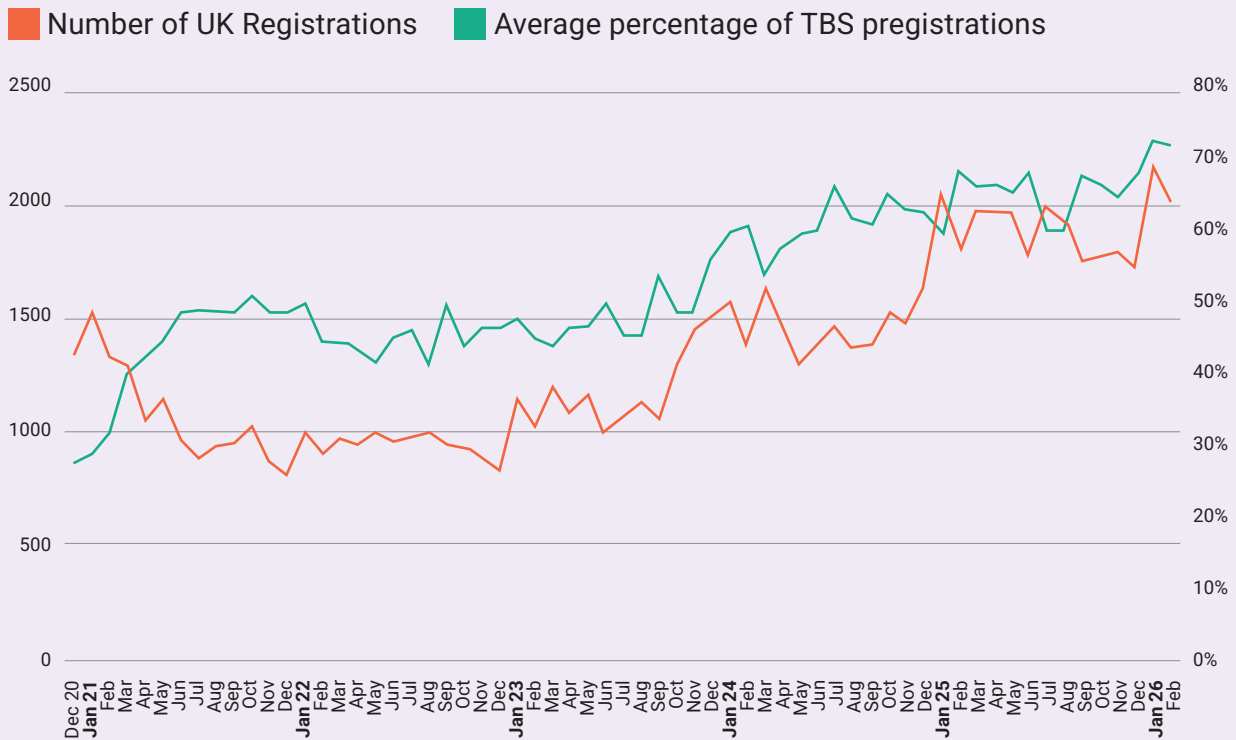
2.2.1 MOST JOURNEYS ARE HELPLINE-FIRST (NO WRONG DOOR)

Key finding: The most common pathway is helpline-first, but users enter at different points; the partnership's effectiveness depends on supporting progression across layers regardless of entry ('no wrong door').

Kantar evidence suggests a dominant 'helpline-first' pathway through the partnership, but user journeys are not uniform. The most common route reported

is helpline to GAMSTOP to Gamban, reflecting the role of adviser (National Gambling Helpline) contact in motivating and sequencing subsequent technical actions (self-exclusion and device blocking). However, participant accounts indicate heterogeneity by age: among participants in this evaluation, younger users (18–29) appear more likely to initiate with Gamban before registering for GAMSTOP, implying that some cohorts may prefer an immediate 'technical-first' response at the point of crisis. Importantly, these patterns should be interpreted in line with a 'no wrong door' principle: while sequencing varies, the partnership's intended value lies in enabling individuals to access whichever entry point they reach first and supporting progression to additional layers over time. Overall, the evidence supports the partnership logic of layered progression but highlights the need for flexible pathways that do not assume a single sequence.

Figure 3. Gamban monthly registrations over time and proportion derived from TBS





“All of it has helped me. GamCare helped me initially seek advice and guidance. GAMSTOP enabled me to cut myself off from the channels I used. Gamban ultimately blocked me from being able to access anything that was a trigger or gambling websites at all.”

Kantar Live participant

For those users looking for the practical tools to support a change in gambling behaviour, the layered approach of TBS is particularly beneficial. From the survey of Gamban users, as part of the TBS initiative 81.2% of Gamban users also registered with GAMSTOP, while 37.2% spoke with GamCare. This is indicative that when the journey is activated through Gamban or GAMSTOP, users are at a different stage in their support journey and ensuring the functional tools to restrict gambling are suitably active is their priority. In this instance, the transition back to helpline is less relevant to users but can still play a role.

2.2.2 TRANSITIONS ARE MOSTLY SMOOTH (SOME WEAK POINTS)

Key finding: Journey transitions are generally rated as smooth, but smoothness varies by step, with weaker ratings for transitions into blocking software and into ongoing treatment/support.

Because the effectiveness of a layered approach depends on users moving between steps at pace, transition 'smoothness' provides an important operational proxy for the usability of the model in practice. Quantitative ratings collected by Kantar indicate that the integrated journey is experienced as broadly functional, but not uniformly smooth across transitions.

In the Kantar Live activity, there were isolated references to some actions or processes across the user journey being faster or slower than others. More specifically, the helpline-to-GAMSTOP transition was most positively rated (47% 'very smooth' and 32% 'quite smooth'), whereas ratings were lower for the helpline-to-Gamban transition (33% 'very smooth' and 27% 'quite smooth'). Where the pathway extended into ongoing support/treatment, ratings again declined: the GAMSTOP-to-treatment/support transition was rated 'very smooth' by 26% and 'quite smooth' by 33%. For the overall path, 36% rated it 'very smooth' and 38% 'quite smooth',

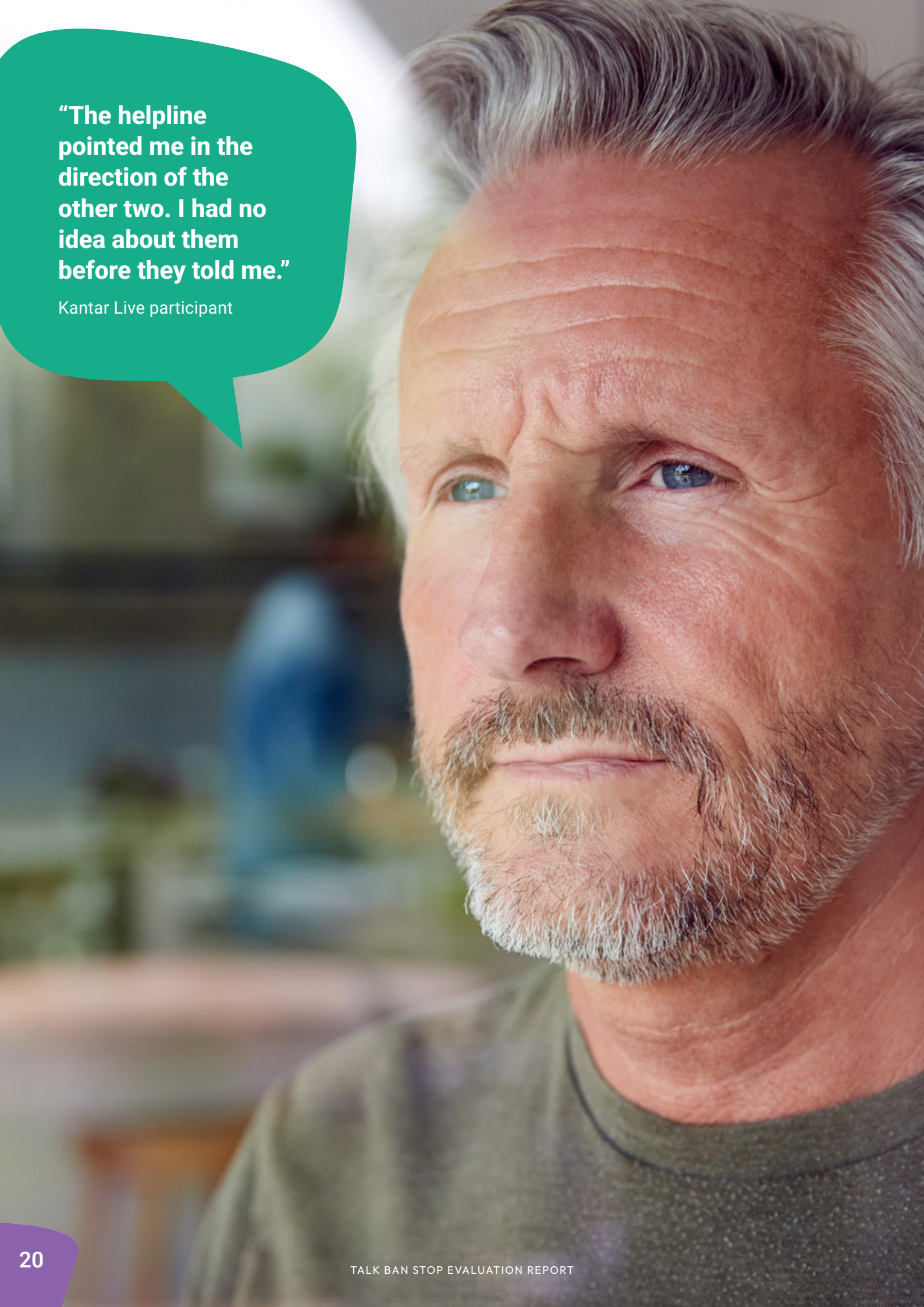
although a minority reported difficulty (9% 'quite difficult'). Kantar also notes regional variation in smoothness ratings, suggesting that operational consistency and/or the clarity of localised signposting may shape experience. Kantar Live accounts from participants in this evaluation provide illustrative mechanisms, including perceived slowness (e.g., registration requirements) and the value of adviser guidance (National Gambling Helpline) in reducing cognitive load.

This matters because the layered model depends on timely progression between steps; friction at transition points increases the risk of drop-off during periods of heightened vulnerability. Overall, the journey appears workable for most users, but weaker transition points represent priority areas for improvement.

The Kantar Live session suggests that using multiple TBS components in combination is perceived to yield stronger outcomes than reliance on a single tool. Participants described the combined use of helpline support, self-exclusion and blocking software as more effective than any one element alone.

Participants reported that practical barriers reduce immediate access to gambling channels and opportunities, while National Gambling Helpline adviser support can facilitate behavioural and cognitive change. In this account, advice prompts action (e.g., registration for self-exclusion or installation of blocking software), and technical tools help to sustain separation from gambling activity, potentially reducing relapse risk.

In relation to pathway sequencing, helpline-first journeys appear to be the most common pattern reported by participants. The predominant sequence described was Helpline → GAMSTOP → Gamban, reflecting users' reported need for human guidance prior to completing technical steps, and the role of helpline advisers in introducing subsequent tools.



**“The helpline
pointed me in the
direction of the
other two. I had no
idea about them
before they told me.”**

Kantar Live participant

The Kantar Live session also indicates that some younger users may prefer an immediate ‘tech-first’ response. In particular, participants aged 18–29 more frequently described starting with Gamban before registering with GAMSTOP, suggesting that onboarding and sequencing prompts may require adaptation for different cohorts.

2.3 LAYERING STRENGTHENS BEHAVIOUR CHANGE

2.3.1 USING MORE THAN ONE ELEMENT MAKES REDUCTION EASIER

Key finding: Layering appears to strengthen perceived behaviour change, with respondents reporting that using multiple elements makes reduction easier and that tools plus support can change behaviour.

Survey-based self-reported outcomes indicate that layered use is associated with stronger perceived behaviour change than reliance on single tools. In the Kantar Live assessment, 68% reported that using more than one element made reducing gambling ‘much easier’, with a further 20% indicating it made reduction ‘a bit easier’. Additionally, 54% ‘strongly agreed’ that using tools alongside support changed their behaviour. Kantar Live accounts from participants in this evaluation provide illustrative explanation for these outcomes, describing how functional barriers (blocking access and limiting opportunity) combine with emotional and cognitive supports (talking therapies, adviser guidance and accountability). Overall, the evidence suggests that the partnership’s core value proposition, of layering support with practical barriers, is perceived by users as more effective than single-component use.

2.3.2 WHY IT WORKS: TOOLS + SUPPORT REINFORCE RECOVERY

Key finding: Behaviour change is reported to occur through the combination of practical access barriers and human support (National Gambling Helpline) that builds coping strategies and confidence over time.

Because the layered approach is designed to deliver both immediate ‘friction’ (reducing opportunity to gamble) and longer-term recovery support (building new coping strategies), understanding mechanisms of change helps identify where delivery can be strengthened. Kantar Live accounts from participants in this evaluation indicate that perceived behaviour change is produced through complementary functional and emotional mechanisms. Practically, GAMSTOP and Gamban were described as creating both ‘physical’ and ‘mental’ barriers: they restrict access to familiar online gambling environments (including, for many, offshore sites), increase the effort required to act on urges, and thereby interrupt impulsive decision-making. Participants also described secondary benefits of this friction, including reduced stress and increased cognitive space to focus on ‘maintenance’ and longer-term prevention. In parallel, GamCare support (helpline advice, therapeutic provision and, for some, peer/community features) was framed as enabling emotional regulation and cognitive reframing, particularly where users felt listened to and not judged, or where continuity of adviser contact reduced the need to repeatedly re-explain circumstances.

“It is a strategic collaboration between the UK’s three leading support organisations.”

Omnibus respondent (open text)

These accounts suggest that layering is perceived as most effective when it combines timely human support with durable practical barriers, and when follow-up and troubleshooting sustain engagement beyond initial sign-up. A key qualification is that participant accounts also highlight moderating factors: persistent exposure to gambling advertising, boredom/free time, and financial stress can reactivate urges, while delays in accessing treatment sessions may leave individuals exposed during periods of heightened vulnerability. Overall, the evidence supports the layered theory of change, with timeliness and continuity of support emerging as important conditions for maximising impact.

“Your service has changed my life for the better and I could not have done it without the help and support provided by this wonderful service.”

Kantar Live participant

2.4 USERS VALUE THE TRIPLE LOCK AND WANT SIMPLIFICATION

2.4.1 STRENGTHS: THE TRIPLE LOCK IS HIGHLY VALUED

Key finding: Users describe the ‘triple lock’ of talk, self-exclusion and blocking as highly valuable, particularly when adviser support from the National Gambling Helpline reduces effort and builds commitment to the next steps.

Kantar Live accounts from participants in this evaluation are predominantly positive, frequently positioning TBS as highly consequential to individual recovery trajectories. Users valued the ‘umbrella’ or ‘triple lock’ proposition, emphasising that the combination of adviser-led support (Talk), formal self-exclusion (Stop) and device-level blocking (Ban) can make access to gambling “impossible” or sufficiently effortful to reduce impulse-led relapse. In particular, participant accounts suggest that practical tools reduce exposure to opportunities to gamble, while human support provides guidance, accountability and the confidence to engage with successive steps. These findings indicate that the layered offer is most compelling to users when it is delivered as a joined-up journey, with timely progression between steps and continuity of supportive contact. A helpful qualification is that the strength of these accounts appears contingent on smooth progression and supportive contact: continuity of adviser engagement was cited as enabling persistence. Overall, the qualitative evidence indicates that the layered offer is compelling and coherent to users when delivered as a joined-up journey rather than as separate services.



“All the adverts on TV make it really hard; every advert no matter what the time of day has something gambling-related.”

Kantar Live participant

2.4.2 BARRIERS: LOOPHOLES AND FRICTION WEAKEN PROTECTION

Key finding: Users identify loopholes and practical friction (coverage, usability, engagement barriers) that can undermine confidence and reduce the protective 'friction' intended by layering.

Because layering is intended to reduce relapse by increasing the effort required to gamble, barriers that enable 'workarounds' are particularly consequential for overall effectiveness. Kantar Live accounts from participants in this evaluation identify recurring barriers that can inhibit progression across layers and, for some users, reduce real-world effectiveness. These barriers operate across: (i) *coverage*, where, despite their TBS engagement, users report continued access to gambling through non-UK/offshore sites, cryptocurrency-enabled transactions, and (in some cases) land-based or in-shop opportunities that sit outside the scope of online protections; (ii) *usability and administrative friction*, including identity verification requirements for self-exclusion, device compatibility constraints, installation complexity, and perceived affordability when free access is not available; and (iii) *engagement and confidence*, where users may approach the TBS service in a state of mind where they are not fully committed to change, and are therefore wary of stigma and express scepticism as to whether the tools will work. Their subsequent limited proactive follow-up after initial contact can therefore weaken sustained use. While many users experience the pathway as workable, these issues can encourage drop-off at key transition points and undermine confidence in the tools. This matters because even small gaps in coverage or usability can create opportunities for relapse and weaken the cumulative protection that the layered model is designed to provide. Overall, addressing loopholes and friction is likely to deliver disproportionate gains in effectiveness for users at highest risk of circumvention.

2.4.3 PRIORITIES: SIMPLER ACCESS, CLEARER OFFER, PROACTIVE FOLLOW-UP

Key finding: Users prioritise clearer communications about how the partnership works, streamlined onboarding, proactive follow-up, and addressing perceived loopholes that enable workarounds.

Alongside positive appraisals, Kantar Live accounts from participants in this evaluation articulate clear priorities for strengthening delivery and widening impact. Participants emphasised the need for increased visibility and outreach, noting that many had to actively search for support and recommending broader public-facing communications (including parity with the volume of gambling advertising). They also requested clearer and less 'wordy' explanations of the offer, including more explicit articulation of how GamCare, GAMSTOP and Gamban fit together and why using multiple elements is advantageous. While the layered concept is valued, participants reported that the process can feel fragmented, prompting demand for a more streamlined, joined-up experience (e.g., a single-entry point) that reduces repeated steps and makes progression across tools straightforward.

Participants further highlighted the importance of proactive follow-up after initial engagement, both to sustain motivation and to troubleshoot practical barriers, and reiterated concerns about persistent loopholes (offshore/non-UK sites, cryptocurrency use, and perceived ease of circumvention/uninstallation on some devices), as well as preferences for tailored support modalities (e.g., access to one-to-one support for those who do not benefit from group formats). Overall, user priorities align strongly with strengthening join-up, clarity, and maintenance support as conditions for the layered model to realise its full potential.



**“More one-to-one
instead of groups
as the groups I
was in, I couldn’t
express myself.”**

Kantar Live participant

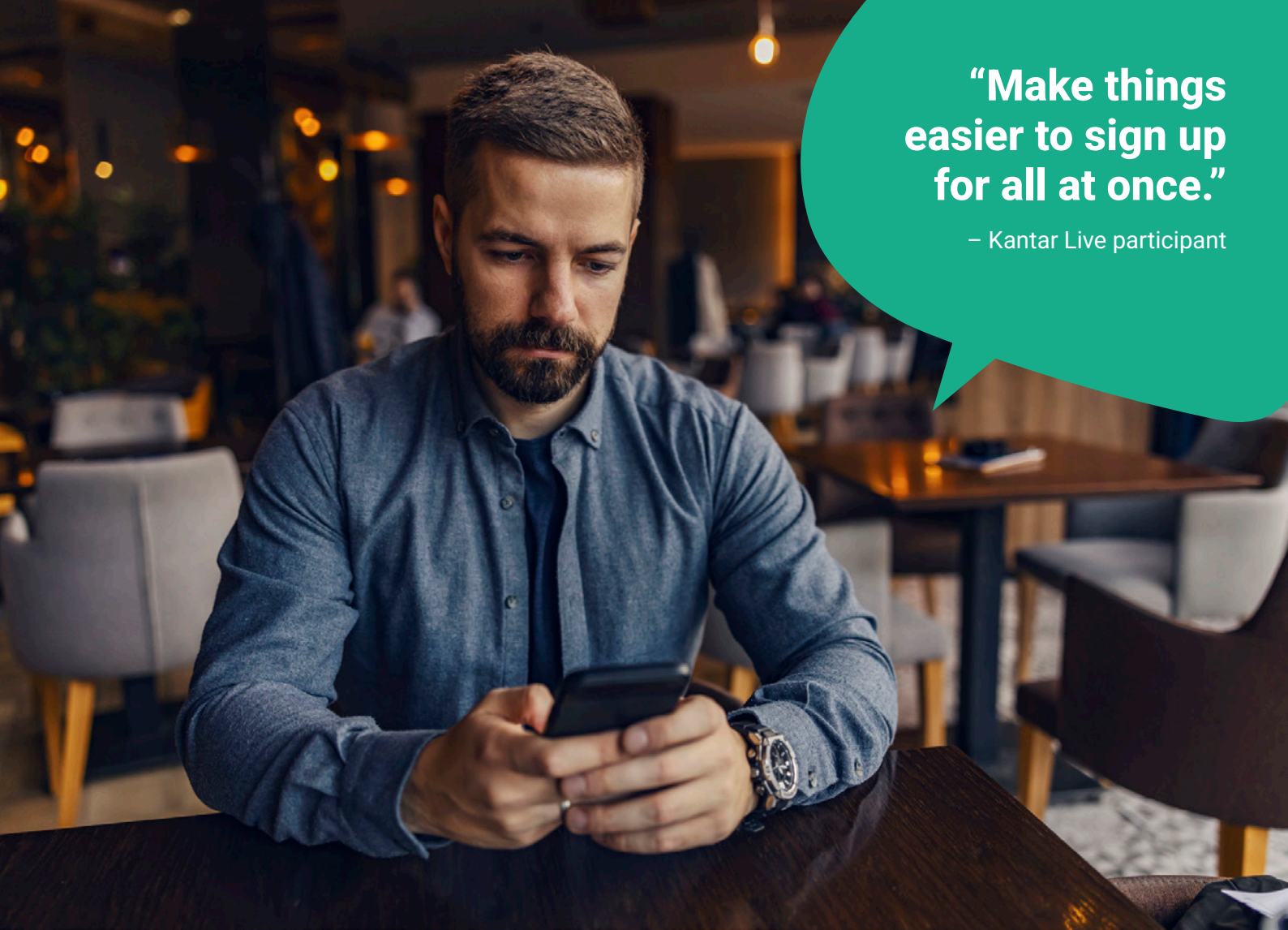
3. RECOMMENDATIONS: FOUR ACTIONS TO EXTEND IMPACT

In summary, the evidence from this evaluation indicates that TBS is valued by users. It also suggests that awareness has increased since the pilot phase and that layered engagement is associated with stronger self-reported outcomes than single-component use. The recommendations set out below are intended to build on these foundations.

The recommendations are derived from triangulation across Kantar Omnibus findings, qualitative testimony from Kantar Live, Gamban user survey insight and partner monitoring data. They are designed to strengthen the fidelity of the layered model (i.e., progression across support, self-exclusion and blocking), reduce drop-off driven by friction or perceived loopholes, and

Table 2. Mapping recommendations to the evaluation evidence base

Recommendation	Primary evidence base	Rationale (summary)	Intended outcome
3.1 Strengthen joined-up onboarding and single-point access.	Kantar Live (user requests for a single-entry point; confusion about how components fit together); Omnibus (awareness > understanding gap).	Reduce administrative burden and make sequencing explicit, while preserving choice across entry points.	Improved comprehension of the layered offer and reduced drop-off between steps.
3.2 Close coverage and usability gaps that enable workarounds.	Kantar Live (offshore/crypto/in-shop, device/ID friction, circumvention concerns); qualitative smoothness ratings.	Address barriers that undermine confidence and enable relapse through loopholes or technical friction.	Greater effective protection and sustained use of tools.
3.3 Increase clarity of the partnership offer and embed proactive follow-up.	Omnibus (only ~1 in 5 users accurately understand TBS integration); Kantar Live (requests for follow-up and clearer messaging).	Convert awareness into accurate understanding and support maintenance beyond initial sign-up.	Higher completion of the layered journey and better relapse prevention support.
3.4 Tailor pathways and support modalities for different user cohorts.	Kantar Live (age-related sequencing differences; modality preferences); Kantar smoothness (regional variation).	Align delivery to differing entry routes and support preferences without fragmenting the model.	More equitable and effective engagement across cohorts and locations.



“Make things easier to sign up for all at once.”

– Kantar Live participant

improve equity of reach and understanding across audience segments.

It is important to note that not all frictions can be removed from the process, there are limitations on aspects of the user journey which are required by the UK regulatory framework in order to ensure compliance with data protection standards and required by law to ensure the compliance of the support. Each of the organisations involved are bound by specific statutory scope and as such certain steps within the user journey are a requirement.

3.1 TARGET A CONSISTENT CROSS PARTNER ENTRY APPROACH

Develop a consistent entry approach into the TBS model, ensuring a preservation of the ‘no wrong door’ entry approach, but

aligning the options which are provided to users consistently, irrespective of where they begin the journey. Where feasible and consented, reduce duplication by pre-populating information across steps and presenting clear prompts for ‘next actions’ after each stage. This responds directly to qualitative requests for a more joined-up experience and may reduce attrition caused by complexity or administrative burden. Through the preservation of multiple entry points across partners and focusing on the signposting mechanisms between services, all partners can ensure support is provided in the most suitable and timely fashion to a user, activating it at their point of need in the manner required. Where possible, consistent language and joint content can support the understanding of the layered support and the benefits. This can also be optimised for SEO and GEO to increase accessibility and activate against internet search pathways appropriately.

3.2 CLOSE GAPS THAT ENABLE WORKAROUNDS

Prioritise the clear communication of the 'triple lock' approach to maximising protection. Communicate clearly the limitations of not activating all layers at the point of requesting support to aid user activation. While not all gaps are directly controllable by TBS partners, the evaluation evidence supports pursuing a structured set of options: (i) strengthening guidance for users on complementary protections (e.g., bank gambling blocks, payment controls) at the point of onboarding; (ii) exploring partnerships with payment providers/ financial services to improve transaction-level disruption; and (iii) improving device – and platform-compatibility support, including clearer installation guidance and troubleshooting for common handset/ operating-system issues. In parallel, address perceived uninstallation/circumvention risks through improved user education and, where technically feasible, hardened settings and prompts that make removal more effortful. Collectively, these actions would increase the effective 'friction' against relapse that the layered model seeks to deliver.

3.3 TURN RECOGNITION INTO UNDERSTANDING (AND FOLLOW UP)

Improve the distinctiveness and salience of TBS as a three-component model (GamCare support + GAMSTOP self-exclusion + Gamban device blocking). This should include plain-language messaging and simple visual journeys that explain 'what TBS is' and 'why layering matters', addressing the observed gap between generic awareness and accurate understanding. Alongside messaging, introduce a consistent follow-up model to support maintenance: for example, time-bound check-ins after onboarding (e.g., one week, one month, and longer-term intervals) delivered through user-preferred channels

where appropriate. The qualitative evidence suggests that proactive touchpoints can help convert initial 'blocking' into sustained behaviour change by supporting motivation, troubleshooting barriers, and re-engaging users at relapse-prone moments. Users discover TBS through a range of routes (search, partner sites, referrals, operator signposting, peers) and it important to ensure that common language and communication is used at each potential entry point for a consistent experience which will in turn increase TBS understanding.

3.4 TAILOR PATHWAYS FOR DIFFERENT USER COHORTS

Use the evidence of heterogeneity in journeys and experience to design segmented support, without fragmenting the overall model. In particular, consider: (i) a 'tech-first' route for cohorts who prefer immediate blocking actions (notably younger users), coupled with strong prompts to engage with adviser support thereafter; and (ii) options that address emotional readiness and stigma, including clearer reassurance messaging and accessible one-to-one support for those who do not benefit from group formats. More generally, focus outreach on populations and locations where understanding and smoothness are comparatively lower, and test whether targeted channels (e.g., local health/community touchpoints) improve comprehension and uptake. A segmented approach would support both effectiveness (by aligning with user preferences) and equity (by reducing uneven understanding across regions and demographics). There are differences in regulatory status that must be factored into adjustments, however within the confines of these requirements adaption of the approach would be beneficial. Different journeys should be designed with specific cohorts in mind but not limited to that cohort in order to minimise frictions of the chosen journey.

3.5 OVERALL SUMMARY

Overall, this evaluation indicates that TBS is delivering meaningful value for users, with the layered combination of support, self-exclusion and blocking providing a strong and

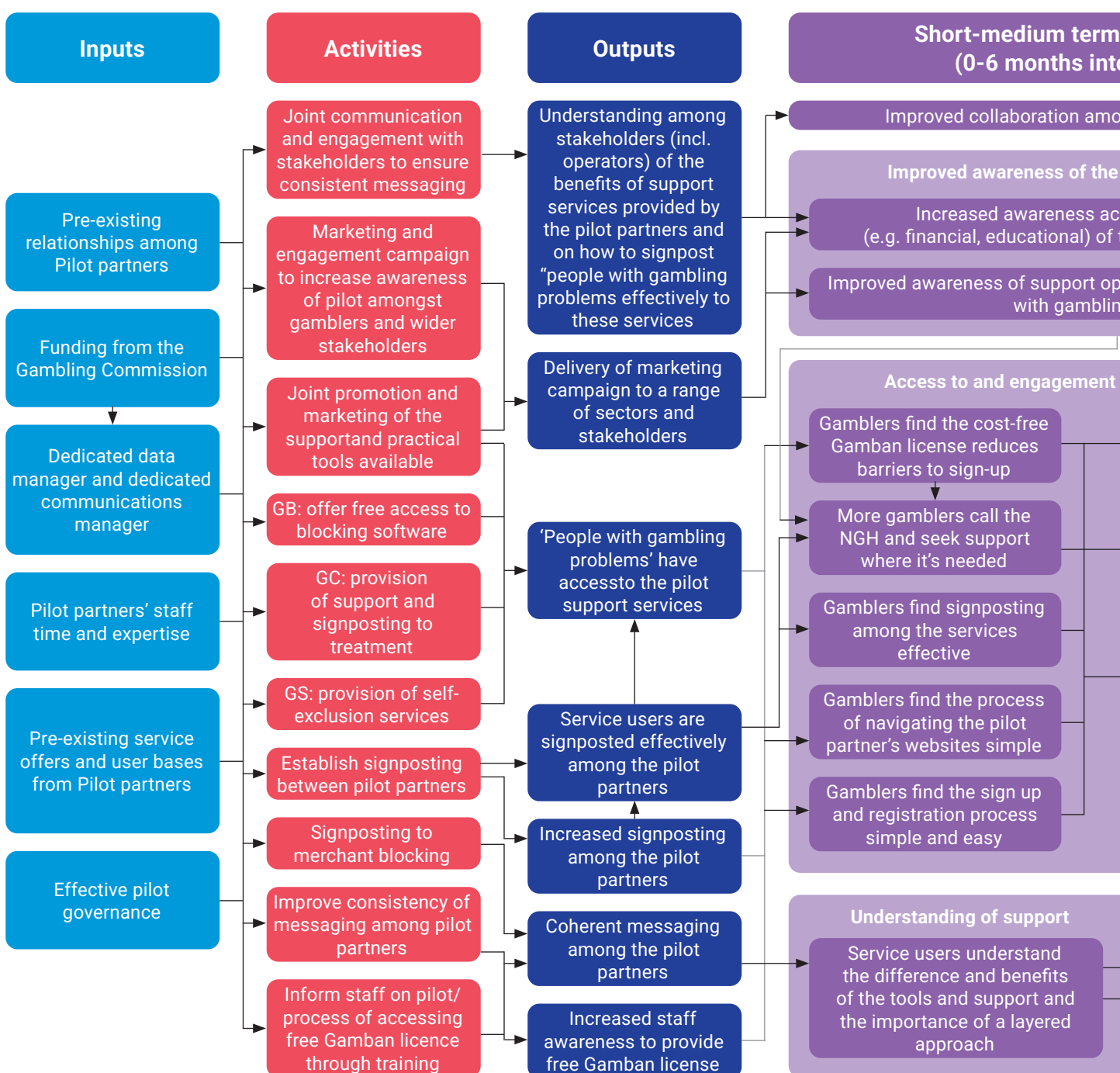
effective route to reducing gambling-related harm. The evidence shows that when people engage with more than one element, they experience the greatest benefit; reinforcing TBS's 'triple lock' model as a credible and impactful approach.



ANNEX A: TALKBANSTOP THEORY OF CHANGE

The Theory of Change below was developed during the initial TBS pilot to articulate how the partnership's layered model (support, self-exclusion and blocking) is expected to reduce gambling-related harm. Evidence from this evaluation suggests that the underpinning

logic has largely been realised in practice: where users engage with one or more components, and particularly where they progress across layers. The reported benefits are consistent with the intended outcomes set out during the pilot.



Assumptions:

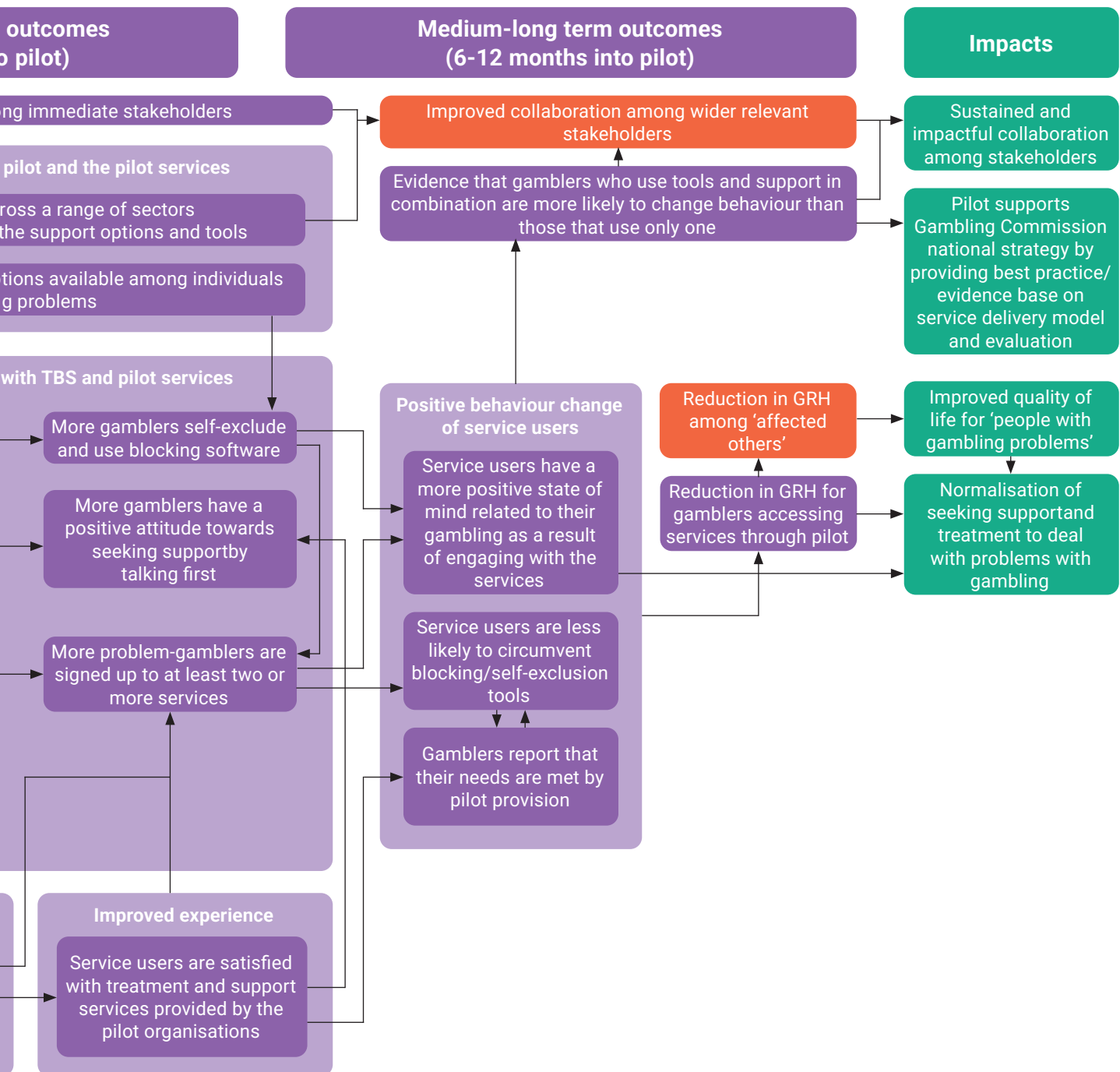
- Sufficient allocation of resources
- Governance structure is fit for purpose
- Effective/targeted marketing
- Cost-free license incentivises people to sign up to Gamban
- Pilot uses signposting mechanisms that efficiently transfer users
- Call handlers are effective in communicating the benefits
- of a multi-prong approach
- Users are accepting of their problems and want to overcome them
- Use of the tools alters gamblers' state-of-mind related to their online gambling
- Technical effectiveness of blocking software and self-exclusion used in combination
- Ease of installation

Risks

- Technical problems related to installation and operation of the Gamban software
- Device-dependent software effectiveness
- Users circumnavigate Gamban/GAMSTOP
- Barriers to Pilot monitoring
- Public criticism from parties disagreeing with the Pilot's approach to support problem gamblers
- Reduced staff capacity due to COVID-19
- Users unwilling to speak to an adviser on the NGH
- Limited engagement from external stakeholders

Outcomes in scope of the evaluation

Outcomes out of scope of the evaluation



ANNEX B:

OMNIBUS SURVEY (QUESTIONNAIRE)

ASK ALL

Q1

Which of these, if any, have you spent money on in the past 4 weeks?

Please mention all that apply.

1. Tickets for National Lottery Draws that you buy in person
2. Tickets for National Lottery Draws that you buy online
3. Scratch Cards
4. Gaming machines in a bookmakers
5. Fruit or slot machines (not online)
6. Bingo (including online)
7. Roulette, Poker, Cards or Dice in a Casino
8. Betting on horse or dog races online or in person
9. Betting on football online or in person
10. Betting on other sports or events online or in person
11. Online casino games (slot machine style, roulette, poker, instant wins)
12. Any other type of gambling
13. None of the above
14. I do not gamble
15. Don't know

ASK ALL WHO GAMBLE (ANY CODES 1-12 AT Q1)

Q2

The following questions are designed to identify how you personally feel about your gambling right now. Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements.

*SINGLE CODE PER ROW. Progressive Grid.
REVERSE SCALE (1-5)*

ROWS

1. I intend to limit or stop my gambling in the future
2. I am limiting or attempting to stop my gambling right now
3. I have taken steps to limit or stop my gambling in the past
4. I would know how to limit or stop my gambling if I wanted to
5. I would probably need more information to help limit or stop my gambling
6. I would probably need more support to help limit or stop my gambling
7. I am trying to limit or stop gambling, but finding it difficult to do so

COLUMNS

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
6. Prefer not to say

ASK THOSE WHO ARE FINDING IT DIFFICULT TO CUT DOWN (CODES 4-5 AT Q2.7)

Q3

You said that you are trying to limit or stop your gambling but are finding it difficult to do so.

Why do you say this? Please select as many as apply

MULTICODE OK

1. I am finding it too difficult personally to do something about my gambling
2. I feel that I am addicted to gambling
3. There are too many opportunities to gamble nowadays
4. There is too much advertising or marketing about gambling
5. I am not sure where to find information about support to limit or stop my gambling
6. I do not know who to speak to about limiting or stopping my gambling
7. The tools, support or treatment services I have used have not been effective
8. I cannot afford to pay for tools, support or treatment services
9. Other reason (please specify)
10. Prefer not to say

ASK ALL GAMBLERS (CODES 2-12)

Q5

Thinking about your own gambling or betting now. Thinking about the last 12 months...

1. Have you bet more than you could really afford to lose?
2. Have you needed to gamble with larger amounts of money to get the same excitement?
3. When you gambled, did you go back another day to try and win back the money you lost?

4. Have you borrowed money or sold anything to get money to gamble?
5. Have you felt that you might have a problem with gambling?
6. Has gambling caused you any mental health problems, including stress or anxiety?
7. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
8. Has your gambling caused any financial problems for you or your household?
9. Have you felt guilty about the way you gamble or what happens when you gamble?

1. Never
2. Sometimes
3. Most of the time
4. Almost Always
5. Don't know
6. Prefer not to say

The next few questions are related to gambling harm minimisation.

IF RECENTLY OR ACTIVELY CUTTING DOWN (CODES 4-5 AT Q2.2 OR 4-5 AT Q2.3 OR 4-5 A7 2.7)

Q6A

Which of the following, if any, have you done to help you limit the amount of time or money you spend gambling?

IF NOT RECENTLY OR ACTIVELY CUTTING DOWN (CODES 1-3 AT Q2.2 AND 1-3 AT Q2.3 AND 1-3 AT 2.7)

Q6B

Which of the following, if any, would you consider using if you wanted to limit the amount of time or money you spend gambling?

MULTICODE OK. RANDOMISE LIST 1-12

1. Talking to or receiving advice and from friends, family, colleagues or someone else you know
2. Seeking advice, information and support through the National Gambling Helpline (run by GamCare)
3. Seeking specialised treatment through GamCare's treatment service
4. Seeking specialised treatment through an alternative gambling treatment service (e.g. NHS, Gordon Moody)
5. Seeking support or treatment through a charity or support organisation that is not specifically gambling related
6. Using gambling operator player protection tools to help limit your gambling e.g. deposit limits, timeouts
7. Using Gamban blocking software
8. Using an alternative blocking software (FIX AFTER CODE 7)
9. Registering to GAMSTOP (National Online Gambling Self-Exclusion Scheme)
10. Registering to an alternative self-exclusion scheme (FIX AFTER CODE 9)
11. Registering for your bank's gambling blocking scheme
12. Seeking advice, information and support through a gambling charity or support organisation (e.g. BeGambleAware)
13. Other (Please specify)
14. Nothing (SINGLE CODE ONLY)
15. Prefer not to say (SINGLE CODE ONLY)

IF HAVE USED ANY SERVICES APART FROM TALKING TO FRIENDS/FAMILY (CODES 2-13 AT Q6A)

Q8

How easy or difficult did you find it to access the following services (e.g. using the website, finding contact information, talking to someone who could help)? Please answer on a scale of 1-10, where 1 is very difficult, and 10 is very easy.

[LIST ANY OF THE FOLLOWING CODES SELECTED AT Q6A]

1. Seeking advice, information and support through the National Gambling Helpline (run by GamCare)
 2. Seeking specialised treatment through GamCare's treatment service
 3. Seeking specialised treatment through an alternative gambling treatment service (e.g. NHS, Gordon Moody)
 4. Seeking support or treatment through a charity or support organisation that is not specifically gambling related
 5. Using gambling operator player protection tools to help limit your gambling e.g. deposit limits, timeouts
 6. Using Gamban blocking software
 7. Using an alternative blocking software
 8. Registering to GAMSTOP (National Online Gambling Self-Exclusion Scheme)
 9. Registering to an alternative self-exclusion scheme (FIX AFTER CODE 9)
 10. Registering for your bank's gambling blocking scheme
 11. Seeking advice, information and support through a gambling charity or support organisation (e.g. BeGambleAware)
 12. Other (Please specify)
- SLIDING SCALE 1-10 FOR EACH CODE
 - Don't know

Q9

ASK ALL

Before today, how much if anything did you know about the following?

COLUMNS. RANDOMISE COLUMNS

1. Gamban blocking software
2. GAMSTOP self-exclusion
3. GamCare treatment service
4. National Gambling Helpline (run by GamCare)
5. Bank gambling blocking
6. TalkBanStop partnership

ROWS

1. A great deal
2. Fair amount
3. Just a little
4. Heard of, know nothing about
5. Never heard of

Q10A

ASK IF CODE 1-2 AT Q9.1

In your own words, please describe what you know about Gamban.

1. OPEN TEXT BOX
2. Don't know (exclusive)

Q10B

ASK IF 1-2 AT Q9.2

In your own words, please describe what you know about GAMSTOP.

1. OPEN TEXT BOX
2. Don't know (exclusive)

Q10C

ASK IF 1-2 AT Q9.3 OR 9.4

In your own words, please describe what you know about GamCare.

1. OPEN TEXT BOX
2. Don't know (exclusive)

Q10D

ASK IF CODE 1-2 AT Q9.6

In your own words, please describe what you know about the TalkBanStop partnership

1. OPEN TEXT BOX
2. Don't know (exclusive)

