Trustees' Annual Report and Financial Statements

Year ended 31 March 2026

A Charitable Company Registered in England No. 03297914
A Charity Registered in England No. 1060005; Registered in Scotland No. SC050547

GamCare
Support starts here

Charity Information:

Registered Charity Name GamCare

Trustees

Dee Anand
Jas Bindarh
Jill Britton (until 31 January 2026)
Jeff Clarkson
Margot Daly (Chair)
Anita Gundecha
Dominic Harrison MBE
Dr Gareth Jarvis
Lester Posner

Committees

Clinical, Quality & Services Committee: Dee Anand, Jill Britton (until 31 January 2026), Margot Daly, Anita Gundecha and Gareth Jarvis (Chair)

Audit, Risk & Development Committee: Jas Bindarh, Jeff Clarkson, Margot Daly and Dominic Harrison (Chair)

People, Culture & Remuneration Committee: Jill Britton (until 31 January 2026), Jeff Clarkson (Chair), Margot Daly and Dominic Harrison

Policy, Communications & Engagement Committee: Margot Daly and Lester Posner (Chair)

Executive Leadership

Victoria Corbishley	CEO
Julia Fazackerley	Director of Income Generation
Tim Hodgetts	Director of Clinical Governance and Operations (until April 2026)
Claire Nugent	Director of HR
Alexa Roseblade	Chief of Staff
Chris Thornton	Director of Operations (from May 2026)
Nicky Wade	Director of Finance (from September 2025)
Mark Weiss	Deputy Chief Executive (until October 2025) Director of External Affairs and Communications

Company details

Company Secretary	Nicky Wade
Registered Office	751-760 Salisbury House, 29 Finsbury Circus, London EC2M 5SQ
Registered Company Number	03297914
Registered Charity Number	1060005 (England and Wales), SC050547 (Scotland)
Auditors	Buzzacott Audit LLP, 130 Wood Street, London EC2V 6DL
Principal Bankers	NatWest Bank, 1st Floor, 440 Strand, London WC2R 0QS Bank of Scotland, The Mound, Edinburgh EH1 1YZ Lloyds Bank plc, 25 Gresham Street, London, EC2V 7HN Nationwide Building Society, Pipers Way, Swindon, SN38 1NW Royal Bank of Scotland, 36 St Andrew Square, Edinburgh, EH2 2YB

The Trustees, who are also the directors for the purposes of company law, present their Annual Report, including the Strategic Report, together with the financial statements of GamCare for the year ended 31 March 2026. This report and the financial statements have been prepared in accordance with applicable UK law, including the Companies Act 2006 and the Charities Act 2011, and in accordance with the Charities Statement of Recommended Practice (FRS 102).

Contents

Chair's statement

This has been a year of significant change for everyone involved in preventing and responding to gambling-related harms across Great Britain. The transition from the voluntary to a statutory levy changed how services are funded, with commissioning responsibility moving to five separate bodies across England, Scotland and Wales, each at a different stage of readiness and without a clear coordination infrastructure in place to support such a significant change. The Board's task was to hold the organisation's nerve, stay anchored to its values, and maintain clarity of purpose when the external environment was pulling in multiple directions.

Throughout this period, the Board held to a single priority: to ensure that GamCare's mission – reducing gambling-related harm – stayed at the centre of every decision. It required practical choices about how we protected the quality of services on which thousands of people depend. Governance discipline, transparency with partners and stakeholders, and a clinical governance framework that held the quality of frontline care firm throughout were the foundations on which the organisation operated.

An independent Care Quality Commission (CQC) assessment in January 2026 found GamCare's services to be performing well across every dimension of quality it assessed.[1] Importantly, the CQC provided independent confirmation that GamCare's services operate free from gambling industry influence, as they always have, with care led by the needs and preferences of the people who use them.

The contracts secured for 2026/27 and beyond demonstrate GamCare's standing in the new commissioning landscape. In England, NHSE commissioners selected GamCare to deliver treatment services, with a further award to fund the National Gambling Helpline. The Office for Health Improvement and Disparities also awarded GamCare funding for prevention services. In Scotland, the value of our remote delivery experience was recognised with an award for the treatment and prevention work in the Highlands and Islands.

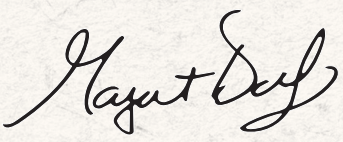
GamCare brings to these contracts nearly three decades of integrated service delivery, operational resilience and a

commitment to quality that have been tested and strengthened through every significant period of change this sector has experienced. And, when the current transition required it, our teams ensured support remained available to everyone who reached out, even where formal commissioning arrangements were not in place.

This report must also be read as an account of GamCare's resilience. The transition exposed the degree to which continuity of care depends not only on the quality of individual providers but also on effective governance at system level, the capability and readiness of commissioning bodies to manage change without disrupting care, and a coordination infrastructure that enables people to move between services without falling through gaps. Where funding decisions were communicated at short notice, and where service provision elsewhere in the system changed, GamCare drew on its own integrated infrastructure and financial reserves to ensure people who needed help were not turned away. Since the end of the financial year, that demand has continued: as of the date of this report, GamCare has provided support to hundreds of additional people whose access to services was disrupted by the transition.

GamCare enters its next phase with a clear strategic direction: continuing to invest in the quality and reach of frontline services, deepening the role of lived experience in shaping our work, extending our data capabilities, and diversifying income to sustain GamCare's long-term resilience. At its heart, GamCare's purpose remains constant: removing the barriers to accessing help, walking alongside people on their recovery journey, and providing continuity across the wider system. Later sections of this report set out the evidence for our service delivery model. The sections that follow show how that purpose is delivered and the difference it makes to the people GamCare serves.

None of this is possible without the people who make it so. Victoria Corbishley's second year as Chief Executive was defined by the complexity of managing a major external transition while maintaining service quality. She demonstrated the leadership on which this organisation depends. I am deeply grateful to her and to the wider executive team for everything they brought to the year. I would also like to thank everyone who works for GamCare, and in particular our frontline staff, who are available around the clock to absorb the weight of other people's crises. Whilst theirs is often the most emotionally demanding work in the organisation, every part of GamCare contributed to what was achieved during the year. Finally, thank you to my fellow Trustees for their time, their commitment and the judgement each has brought to bear to ensure GamCare remains on course and on mission. I want to pay particular tribute to Jill Britton, whose contribution over her time as Trustee was exceptional, and who stepped down during the year.



Margot Daly
Chair

[1] The Care Quality Commission (CQC) assessed GamCare's National Gambling Helpline, community outreach and treatment services under an integrated assessment framework in January 2026. The assessment covered the five key quality domains: safe, effective, caring, responsive and well led. https://www.gamcare.org.uk/news-and-blog/news/care-quality-commission-praises-gamcares-invaluable-gambling-support-services/

CEO's statement

This is my second annual report as Chief Executive of GamCare, covering the most significant period of change in the charity's history. Above all, the report shows that during that change the people who reached out to GamCare continued to receive timely, compassionate and high-quality support. It reflects the deliberate choices we made, the sustained commitment of our teams and an integrated model of care that proved its strength when it was needed most.

Behind every contact is a person who has chosen to ask for support, often for the first time. Our role is to make that moment count: responding quickly, listening without judgement and connecting people with the right support in the way that works for them. Whether that is a phone call at two in the morning, a live chat during a lunch break, a self-guided tool used in private, or a face-to-face session with a practitioner who knows their story, the principle is the same: no door is the wrong one.

Across the year, GamCare responded to over 114,000 contacts through the National Gambling Helpline and associated digital channels. The Helpline facilitated more than 11,400 onward referrals, including over 6,100 to GamCare's own services and over 5,300 to other providers – and helped more than 17,700 individuals through signposting them to wider support services.

People seeking treatment received a full assessment on average within 2.4 days. Nearly 97% of those who returned our satisfaction survey on completing their course of treatment reported that it had brought about a positive change in their circumstances. Average Problem Gambling Severity Index (PGSI) scores fell from 14.4 at first assessment to 3.3 at discharge and Clinical Outcomes in Routine Evaluation (CORE-10) scores, a validated measure of psychological distress, fell from 14.0 to 6.3.[2]

Beyond Helpline and Treatment services, our education and prevention programmes reached professionals across criminal justice, financial services, the armed forces and women's services, while community outreach teams maintained a visible presence in local settings. GamCare also had to make some difficult decisions, including the planned closure of the Children

and Young People's Gambling Harm Prevention programme at the end of its funding. The learning from that programme has been embedded into our Helpline and outreach work.

Lived Experience continues to shape service delivery. Peer volunteers contributed across forums, chatrooms and email support, and our Young Adults Focus Group worked alongside frontline teams to co-design service improvements. Tracey, whose journey from Helpline caller to peer volunteer to Helpline adviser is described in Section 6, exemplifies how lived experience strengthens frontline delivery. Integrating this more deeply into how we design, deliver and evaluate GamCare's services is a priority for the year ahead.

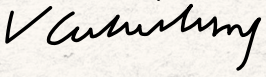
Our chair has already noted the CQC's positive verdict on GamCare's model in her statement above. The CQC review found GamCare's services to be safe, effective, caring, well-led and responsive and the Helplines Partnership awarded the National Gambling Helpline three-year certification to its Helplines Standard, following an assessment that found the commitment to delivering an effective, high-quality service to be 'strongly evident' across all channels.[3]

These outcomes followed deliberate investment in our clinical governance, quality assurance and workforce development, such as a new Mystery Caller Programme providing feedback on the user experience, as well as the clinical quality of the National Gambling Helpline and its associated digital channels.

This year also showed that continuity of care depends on more than the quality of any single service. It depends on connected infrastructure, trusted relationships and on coordination between the bodies that hold those pathways together. GamCare has built that infrastructure over decades, enabling support to remain available even as the system changes. That continuity is evident in the data, in the independent assessment and in what people tell us. One person told assessors: "I am now gamble free, after around 20 years, thanks to GamCare. They are always there, ready to listen, advise and signpost."

Looking ahead, GamCare enters a new commissioning landscape with a clear mandate and a proven model. The strategic direction agreed with the Board will guide investment in digital services, data and evidence, workforce development, lived experience, and targeted support for emerging and underserved areas of need, including affected others, young adults, women and emerging forms of gambling-related harm.

I want to close by recognising every colleague across GamCare. This year asked a great deal of you, and you responded with professionalism, resilience and unwavering commitment to the people we serve. The pages that follow set out what you achieved and the foundations you have strengthened for the years ahead.



Victoria Corbishley
Chief Executive

[2] The PGSI is a standardised nine-item measure scored on a scale of 0 to 27. A score of 8 or above indicates problem gambling. The CORE-10 is a validated ten-item measure of psychological distress scored on a scale of 0 to 40, where higher scores indicate greater distress.

[3] The Helplines Partnership is the national membership body for helplines and online services across the UK. It sets standards for quality, governance and safeguarding and provides accreditation through its Helplines Standard.

Our impact in numbers

“Behind every contact is a person who has chosen to ask for support, often for the first time.”

Victoria Corbishley, Chief Executive

GamCare is the leading provider of support for anyone affected by gambling-related harm in England and Scotland. GamCare founded and, for nearly 30 years has operated, the National Gambling Helpline, the only dedicated gambling-related harm helpline available around the clock, offering support by telephone, online chat, email and WhatsApp. GamCare also delivers treatment services, education programmes and community outreach, using a confidential, non-judgemental and person-centred approach to enable people to find their path to the right support.

Reaching people early: GamCare's education, prevention and community outreach programmes reach people before harm escalates, training professionals to recognise gambling-related harm and equipping communities with the knowledge to seek support early. In 2025/2026:

17,100

Over 17,100 people were reached through education, prevention and outreach – including more than 2,100 professionals who were trained across health, social care, criminal justice, financial services, the Armed Forces and education

Removing barriers to accessing support: The National Gambling Helpline and its associated digital channels are the front door to everything GamCare does. In 2025/26:

114,000

GamCare responded to over 114,000 contacts through the National Gambling Helpline and its associated online services

48,800

GamCare handled over 48,800 live chat and WhatsApp contacts

11,400

The Helpline made over 11,400 onward referrals, including over 6,100 to GamCare's internal services, of which 2,700 were for treatment services, and over 5,300 referrals to other providers

Walking alongside people: GamCare's treatment services offer person-centred support through individual and group sessions, delivered face to face, by video or by phone, with continuity from the same practitioner wherever possible. In 2025/26:

Going further, together: GamCare works in partnership to extend its reach beyond its own interventions, connecting people with complementary sources of support such as blocking software, financial services and welfare charities. In 2025/26:

2.4 DAYS

People received a full assessment on average within 2.4 days (commissioner expectation: 9 days)

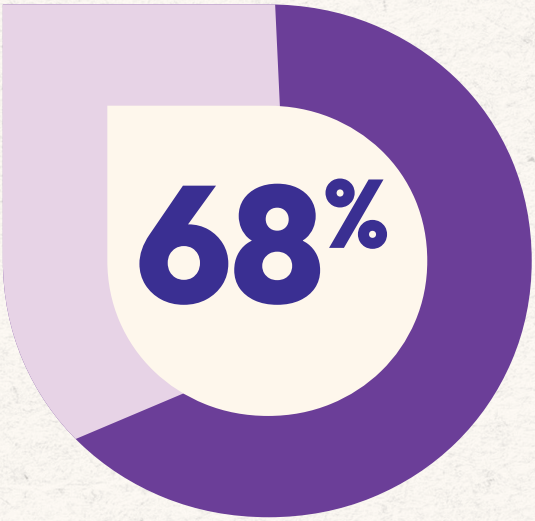
969

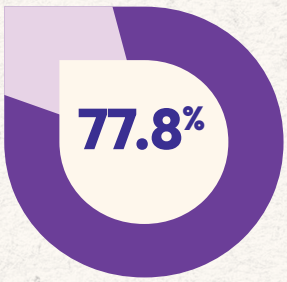
GamCare's Money Guidance Service, a dedicated financial guidance service for people affected by gambling-related harm, supported 969 people

10,300

GamCare supported 2,811 clients in treatment, delivering over 10,300 sessions

- Average PGSI score fell from **14.4** at entry to **3.3** at discharge
- Average CORE-10 score fell from **14.0** at entry to **6.3** at discharge





More than three quarters (77.8%) of clients who started treatment went on to complete it

68% of TalkBanStop users said reducing gambling was "much easier" when using more than a single element (Talk, Ban or Stop)

One connected pathway

“However someone first reaches GamCare, they enter one connected pathway, with each part of our support working together around their needs, their choices and the next step that is right for them.”

Chris Thornton, Director of Operations

GamCare's services are designed as one connected system, built so that a person can enter at any point and be supported through to the right outcome for them.

Someone attending a training session delivered by GamCare to local authority housing staff may hear about gambling-related harm for the first time and pass that knowledge on to a tenant in difficulty. A welfare officer in the Armed Forces, having completed GamCare's awareness programme, may recognise the signs in a colleague and suggest they call the Helpline. A person browsing GamCare's website late at night may use a self-guided tool before feeling ready to start a live chat. Someone completing treatment may step into a peer support forum and remain connected for months afterwards, on their own terms.

Each of these moments is a point of entry. What happens next is critical: the person is met without judgement, assessed promptly, and connected to the support that fits their circumstances, whether that is a brief conversation, a referral to structured treatment, or something in between.

One team, wrapped around the service user

The pathway works because each part of GamCare's Model of Care is designed to connect seamlessly to what follows. Prevention and outreach create awareness and bring people to the point of seeking support. The Helpline and its associated digital channels respond at the moment someone is ready, by whichever channel they choose. Treatment supports people on their terms, with continuity of practitioner and flexibility of format. Peer support and self-guided tools extend the relationship beyond formal sessions, so that no one is left to navigate recovery without support.

The stepped care model[4] ensures every person receives the level of support appropriate to their need, including onward referral to NHS gambling clinics, the Primary Care Gambling Service and Gordon Moody where higher-intensity support is required. When in treatment, the care plan may include working with different health and social care services as part of a wraparound approach, recognising that gambling-related harm intersects with complex personal, social and economic factors.

[4] Stepped Care describes care that matches the intensity of support to an individual's needs, adjusting that care over time as necessary.

Underpinning all this is a principle of informed choice: people using GamCare's services are given the information they need to make meaningful decisions about their care, whether that be the format of their sessions, their practitioner, or the pathway they follow. In Adele's words: "Everything we worked on and the actions I took were entirely my choice. I was never told what I should do, as it was clear the decisions were my own."

Adele's experience shows what this looks like in practice. When she discovered that her husband had been gambling for years, had taken out loans and had stopped paying their mortgage, she did not know where to turn. After finding GamCare online, she called the National Gambling Helpline. The adviser listened, explained the support available, and referred her to both a practitioner for one-to-one sessions and GamCare's Money Guidance Service. Within a week, Adele was working with Nina, her practitioner, who helped her process what had happened and understand her husband's gambling and its impact on their family. Shortly afterwards, she began sessions with Dawn in GamCare's Money Guidance Service. With Adele's consent, Nina had already spoken to Dawn to explain her situation, which meant she did not have to tell her story again from the beginning.

Dawn helped Adele understand the household finances for the first time, create a budget and negotiate with priority creditors. When Adele wanted to understand whether she could cope financially on her own if she chose to leave, Dawn helped her model a budget based on her income alone and complete a predictive benefits check. That planning gave her the confidence and the information to make her own decisions about her future.

By the end of her support, Adele and her husband were managing their finances together, had a clear repayment plan and her husband had also begun his own treatment with GamCare.

Adele did not experience a referral chain. She experienced a team. The emotional support and the practical financial guidance reinforced each other because they were designed to work together, within a single integrated model. Where people's needs extend beyond what GamCare delivers directly, the same model ensures a coordinated referral rather than a disconnected handoff. In 2025/26, the Helpline completed over 17,700 signpostings and 5,300 onward referrals to other providers across the National Gambling Support Network and to wider services including specialist debt advice, mental health support and housing. The pathway does not end at GamCare's boundaries; it connects to the wider system. The following sections show each part of the pathway in action, starting with the work reaching people early.

“Instead of it feeling like I was accessing two services, it felt like I had a team behind me.”

Adele, Service User

Reaching people early: Education, prevention and outreach

“I found GamCare through a pop-up stall in my neighbourhood. I’d never talked to anyone before. It felt safe to start a conversation.”

Service user

GamCare's prevention, education and community outreach programmes are designed to reach people at the point where awareness, a conversation, or a simple piece of information can change a trajectory, before harm escalates and before specialist services are needed.

That means training professionals across sectors to recognise gambling-related harm and respond appropriately. It means a visible presence in communities, at food banks and community centres, where someone who may not call a helpline can have a quiet conversation. It means equipping young people with the knowledge to make safe choices about gambling before harmful habits form. And it means ensuring that insight generated through this work feeds back into how GamCare's Helpline and treatment teams understand and respond to the people they support.

17,100 people reached by our education and prevention teams

Training the people who see harm first

In partnership with one local authority, the Charity trained more than 340 professionals across homelessness teams, financial inclusion workers, debt management services, NHS staff, adult and children's social care and teams working in violence against women and girls.

Armed Forces outreach expanded significantly during the year. An independent evaluation by Cloud Chamber[5] found that over 2,000 personnel had been trained across 44 sessions, with a further 4,000 reached at more than 40 health and wellbeing fairs. The programme was the only CPD-accredited gambling awareness training available to the military.[6] Following training, 100% of welfare team members reported increased confidence in discussing gambling-related harms, and 92% of Regular Forces personnel taking part said they would recommend the training. The programme concluded at the end of its funding period.

At His Majesty's Naval Base (HMNB) Faslane in Scotland, the welfare team added a question about gambling to the health screening tool used in conversations with service personnel, embedding identification of gambling-related harm into routine welfare assessments across the base.

GamCare's Criminal Justice Programme supported people in custody through brief interventions and extended sessions. Initial learning highlighted the need for financial literacy support and continuity of care upon release. GamCare also worked with local police to offer three support sessions to people referred through an out-of-court disposal[7] where offences related to gambling-related harms, an approach partners described as a positive way of supporting early intervention and preventing future harm.

[5] Cloud Chamber is an independent research and evaluation consultancy.

[6] Continuing Professional Development. CPD accreditation confirms that training meets independently assessed standards for professional development and can count towards practitioners' annual CPD requirements.

[7] An out-of-court disposal is a sanction applied by the police to resolve offences without formal court prosecution.

"The training enabled us to understand more about the scale of the problem in the Armed Forces and we were able to change our health screening tool used at Faslane to identify any issues and signpost appropriately as a result of that."

Occupational health professional, HMNB Faslane

The planned closure of the Children and Young People's Gambling Harm Prevention Programme at the end of its funding marked the end of a six-year service that reached over 250,000 children, young people, parents and professionals across the UK. The Youth Advisory Board will continue, ensuring that young people's voices remain part of how GamCare's services are shaped.

Reaching communities, reducing barriers

Tailored approaches for women continued to grow through the Women's Pathway. The programme addresses a gap in provision that is clear across the sector: women affected by gambling-related harm, whether through their own gambling or someone else's, face distinct barriers to accessing support, including stigma, caring responsibilities and a service landscape that has historically been designed around male patterns of gambling behaviour. The Women's Pathway works to close that gap through a combination of professional training, direct support and the embedding of women's lived experience into how services are designed and delivered.

The Women's Pathway training expanded during the year to four courses, including CPD-accredited sessions and a specialist module with a domestic homicide focus. One course centres on the lived experience of a woman affected by gambling-related harm and consistently generates a strong response from professionals who, for the first time, encounter the realities faced by women. The programme reached more than 1,800 professionals during the year, maintaining a 98.75% satisfaction rate and demonstrating a significant shift in understanding, with knowledge scores rising from 58% to 98% at exit.

Key partners included the Department for Work and Pensions (DWP), Refuge, and Citizens Advice. During the year, GamCare trained 242 DWP work coaches and frontline staff and developed a webinar for the DWP's internal intranet. Partnerships with organisations such as Refuge embedded gambling-related harm awareness directly into the heart of women's services, ensuring that professionals working with women experiencing domestic abuse, financial difficulty or relationship breakdown are equipped to recognise gambling-related harm as a contributing factor.

GamCare's Gambling-Related Financial Harms Project deepened collaboration with financial services. Building on warm transfer arrangements with banks, which connect customers directly to the Helpline at the point of need, GamCare continued to work with financial services providers, including Monzo and Nationwide, to strengthen protections for people experiencing gambling-related financial harm.

"Support works best when it reaches people where they are, and connects them to the right help before harm escalates."

Chris Thornton,
Director of Operations

The Charity's community outreach teams maintained a visible presence in local settings, from food banks to faith organisations, reaching people who prefer to access support within local community settings. Regional materials placed in GP practices during the year extended that visibility into primary care, contributing to the busiest quarter of regional referrals. The growth in self-referrals into treatment services, which increased significantly during the year, is evidence that this community presence is working. People are finding GamCare because GamCare is finding them.

In some cases, outreach work changed institutional practice. In the East Midlands, a partnership with a Northamptonshire Council led to the introduction of a screening process for gambling-related transactions within household benefit applications, which the authority then rolled out to all its Household Support Fund teams across the county. In Hackney, GamCare worked alongside a council wellbeing van supporting homeless and vulnerable people. By being part of an existing trusted local service, the team was able to open conversations about gambling-related harm more naturally than through a standalone presence.

In Scotland, community engagement work reached seldom heard and underrepresented communities where gambling-related harm has historically gone unrecognised. Targeted outreach through the Wing Hong Centre in Glasgow and local Muslim community organisations built trust and opened conversations that traditional service promotion had not reached. This work reflects a deliberate approach to ensuring that GamCare's services are accessible to the full diversity of communities affected by gambling-related harm, not only those already visible to the system.

Across England, community outreach teams facilitated dedicated focus groups with LGBTQIA+, Somali and African Caribbean communities during the year to understand specific barriers to accessing support and to inform how services are designed and delivered. These consultations are part of GamCare's wider commitment to ensure that outreach is shaped by the communities it is intended to reach, not designed at a distance from them.

Every person reached is someone who may never need the Helpline and online or treatment services, and every professional trained is better positioned to identify harm in others. But not everyone can be reached before harm develops. The next section explores how GamCare makes it easier for people to seek support when they are ready.

Scotland community outreach

1,289

Professionals engaged

488

Public interactions

72

New referral pathways established

"GamCare's commitment to addressing the localised impact of gambling-related harm is particularly commendable. By providing support services tailored to the needs of communities across Scotland, GamCare ensures that those affected are not left to cope alone."

Clare Adamson MSP, Motherwell and Wishaw

Removing barriers to help: The National Gambling Helpline and Online services

“He was compassionate, pragmatic, measured, kind and professional. I don’t think I’ve ever experienced anything quite like this on a text-based platform. All I have to offer in return for one of the most encouraging support engagements is a heartfelt thank you for prioritising my humanity.”

Service user

The barriers to accessing support for gambling-related harm are well documented: stigma, shame, not knowing where to turn, not being ready to speak to someone face to face. The depth of that stigma is measurable: nearly four in five people contacting the Helpline choose not to share their postcode, reflecting the range of barriers that people navigate when seeking support for gambling-related harm. The National Gambling Helpline is designed to overcome those barriers. Anonymous, confidential, available around the clock, through phone, live chat, WhatsApp or email, the Helpline and its associated digital channels are the accessible front door to support.

Skilled intervention at every point of contact

In the twelve months covered by this report, GamCare responded to over 114,000 contacts through the Helpline. When someone contacts the Helpline, they receive a skilled response: an adviser who assesses their needs, manages any immediate risk, and connects them to the right support.

Helpline advisers complete a comprehensive assessment during initial contact, considering a broad range of needs including financial issues, health and welfare, gambling severity and triggers. Where people present with immediate risks, plans are put in place and referrals are made to crisis services or mental health teams. Staff were described by independent assessors as compassionate and motivated. Commissioners rated their satisfaction at 4.9 out of 5, as reported in the CQC assessment.[8]

Across the year, the Helpline made thousands of onward referrals to GamCare's treatment services and National Gambling Support Network partners, completed tens of thousands of signpostings to wider support services, and supported several thousand affected others. The proportion of contacts leading to onward support grew from 8% in 2024/25 to 12% in 2025/26, an increase of 4%, reflecting a service that is converting demand into support more effectively.

4.9 out of 5 commissioner satisfaction

[8] Mean score from commissioner feedback, as reported in the CQC assessment of GamCare (January 2026). Scale of 1 to 5, where 5 is the highest.

Measurably better, year on year

The Helpline's answer rate improved by more than 10 percentage points between 2023/24 and 2025/26, reaching 82%.[9] Over the same period, the proportion of contacts resulting in an onward referral to treatment or other support services doubled. These improvements followed sustained investment by GamCare in quality assurance, including structured call quality assessments and reflective practice sessions in which advisers review and learn from real interactions.

"I called this service for support as living with someone who gambles is very challenging. I found them very helpful – they signposted me to support groups for me to join should I wish. It was actually really nice to be listened to and [have my concerns] validated."

Affected other

More than a helpline

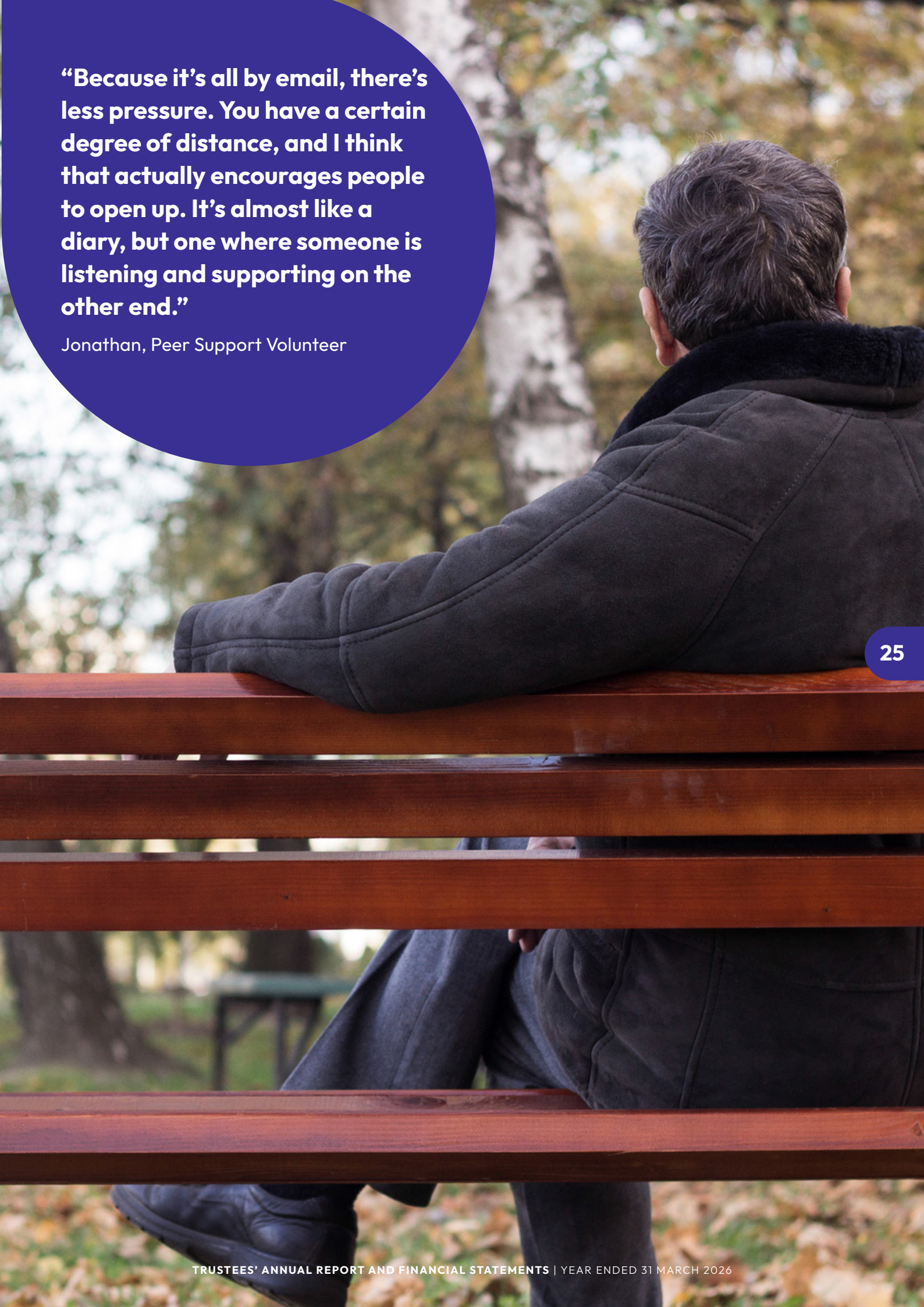
The National Gambling Helpline is more than a helpline. It is an integrated community of support that meets people where they are. Live chat at midnight. Peer forums where people share their recovery. Self-guided tools that build resilience between sessions. A daily messaging service that keeps people connected to their goals.

It is also a service managing clinical complexity that extends well beyond gambling. In one case during the year, a repeat contact presented with serious physical symptoms alongside gambling-related harm, alcohol dependency, mental health vulnerability and an acquired brain injury. The Helpline initiated an emergency welfare response and made a referral to Adult Social Care, which was declined on the basis that the case did not meet the threshold for statutory intervention. Helpline staff maintained contact, coordinated with the individual's other services, shared safeguarding concerns with relevant professionals, and managed the ongoing engagement with clear boundaries while prioritising welfare.

Complex cases involving health, safeguarding and social vulnerability are a routine part of the Helpline's work. Responding safely over multiple contacts depends on the clinical governance, safeguarding and supervision frameworks that underpin GamCare's service.

GamCare's peer support email service, facilitated by trained volunteers who complete a bespoke four-week gambling-related harm training programme, provides structured one-to-one contact over periods of up to six months. Chatrooms and forums give people space to connect with others who understand their experience. These channels are integral to GamCare's support offer. For many people, the ability to engage in private, at their own pace, without having to speak to someone directly, is the difference between reaching out and staying silent.

[9] The answer rate is the proportion of contacts to the National Gambling Helpline that are answered by an adviser.



“Because it’s all by email, there’s less pressure. You have a certain degree of distance, and I think that actually encourages people to open up. It’s almost like a diary, but one where someone is listening and supporting on the other end.”

Jonathan, Peer Support Volunteer

The volunteers who support these services bring something that professional training alone cannot replicate: the authority of their own experience. Tracey, referenced earlier, first contacted the Helpline as an affected other, after years of coping alone with her son's gambling. She received one-to-one support and when her son entered recovery she knew she wanted to give back. She became a peer support volunteer and the impact was immediate. One of the women she supported, another mother whose son was struggling, told her at the end of six months: "Because of you, I've now got the strength to carry on." Tracey has since joined GamCare's Helpline team as an adviser, her lived experience now part of the frontline service itself.

Self-guided resources extend the reach of GamCare's support beyond planned appointments. The EmpowerMe course is designed to support people in building the confidence and skills to address their gambling-related harms at their own pace. MyGamCare, a companion platform, enables people to set personal goals, track their progress and access structured content between sessions with a practitioner. Together with a daily SMS support service, these tools offer choice for people who are not ready to speak to someone directly or who want to sustain progress between appointments.

The thread that runs through the journey

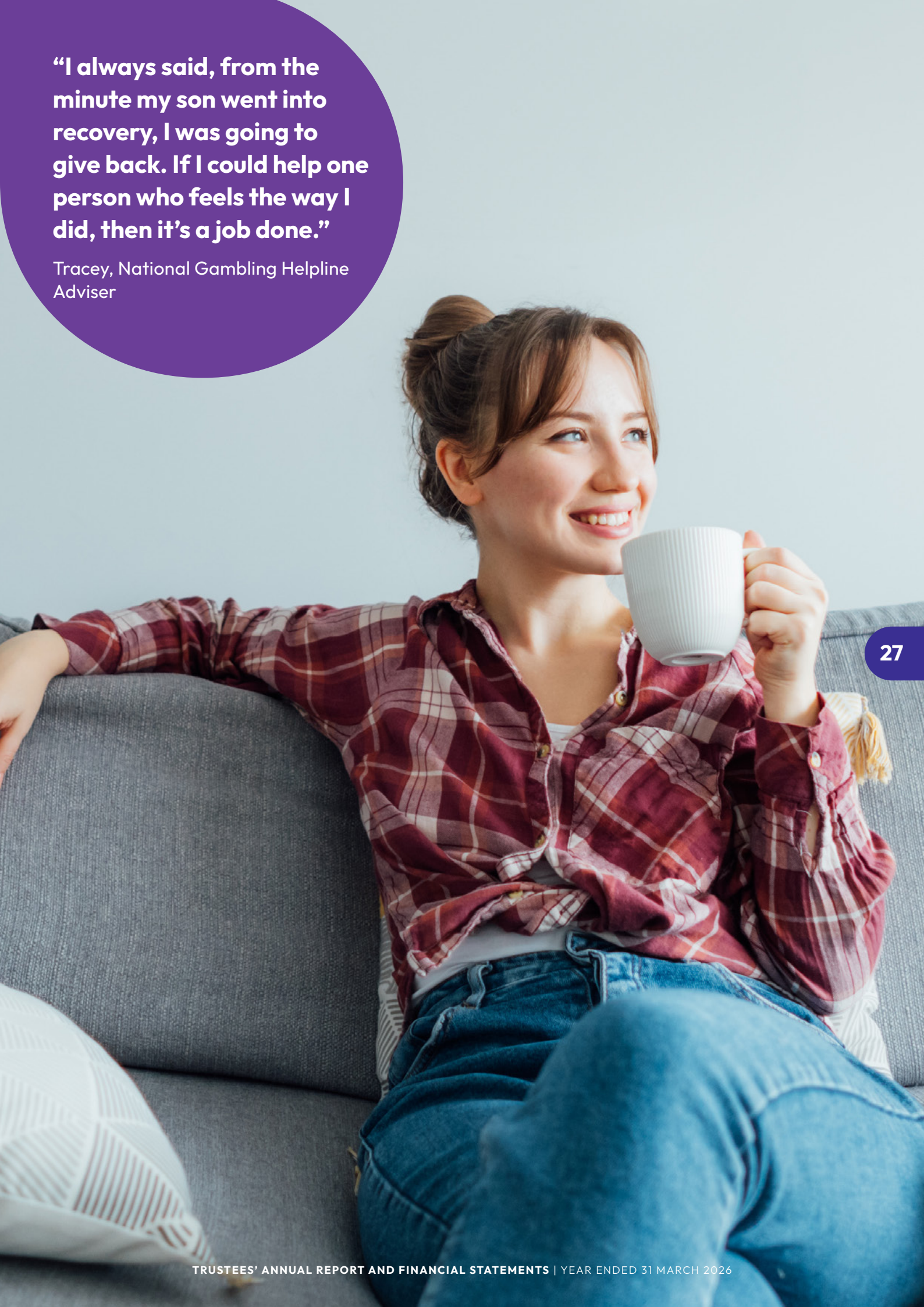
For many, the Helpline and online services act as a recovery companion, walking alongside people not just at the point of crisis but throughout their journey. This is what distinguishes GamCare's service from a triage or signposting function: it does not simply direct people elsewhere, it supports them. People can return to the Helpline at any time. As one person told CQC assessors: "I have used this service on a few occasions when things have been tough. I found them a great support."

Support for affected others is a significant part of the Helpline's work. One in seven contacts come from people affected by someone else's gambling. Helpline advisers use a dedicated assessment to identify and respond to their specific needs, including risks and support required around young people and dependent children.

For many, the Helpline is the beginning of a longer journey, and the next section shows what happens when that journey moves into structured treatment.

“I always said, from the minute my son went into recovery, I was going to give back. If I could help one person who feels the way I did, then it’s a job done.”

Tracey, National Gambling Helpline Adviser



Walking alongside people: Person-centred treatment

“She is amazing, professional, friendly and just gets it, and me. I feel like I can be my true honest self with her and therefore receive the best advice and support. Hugely grateful for this service.”

Service user

GamCare's treatment model is built on informed choice and continuity. People are given the information they need to make meaningful decisions about their care, including how they access support, who they work with and when sessions take place. They can step in and out of support as circumstances change and re-access the service at any point. Wherever possible, they work with the same practitioner throughout, rather than being passed between teams.

Seen quickly, when it matters

People contacting GamCare for treatment received a full assessment on average within 2.4 days, against the commissioner expectation of nine days. Support and treatment began approximately 4.7 days after the full assessment. This promptness matters. It helps sustain motivation at the moment someone has decided to seek support, and it reduces the risk that they disengage before support begins.

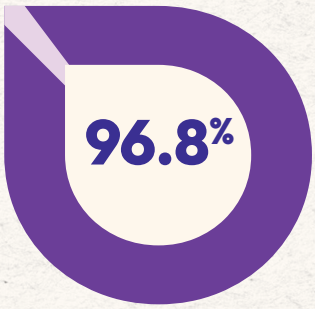
The CQC assessment confirmed that support and treatment were delivered in a highly person-centred way, with care plans co-produced with each individual and practitioners maintaining continuity throughout. They rated GamCare's service positively across all five assessment domains: safe, effective, caring, responsive and well led. The outcomes data confirms the impact of this approach. Nearly 97% of those who completed GamCare's satisfaction survey upon finishing their course of treatment reported that it had brought about a positive change in their circumstances.

2.4

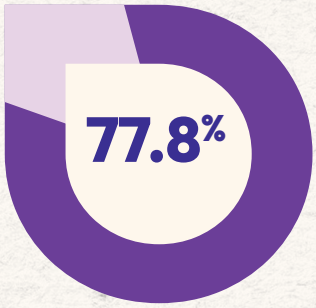
Assessment within 2.4 days (commissioner expectation: 9 days)

4.7

Treatment begins 4.7 days after assessment



96.8% reported positive change



77.8% completed treatment

Recovery you can measure

During 2025/26, GamCare continued to invest in clinical governance and in the professional development of its workforce. GamCare introduced a Clinical Improvement Plan with milestones tracked quarterly by the Clinical Quality and Services Committee of the Board, consolidating learning from quality reviews, policy development and lived experience insights into a single improvement mechanism.

GamCare strengthened safeguarding training, with all frontline staff completing Level 3 training for both adults and children, and managers trained to Level 4. Staff have access to ongoing development including apprenticeships, accredited Cognitive Behavioural Therapy (CBT) training, motivational interviewing and specialist training in areas such as neurodiversity. Regular supervision, including managerial, case management and group reflective practice, are provided for practitioners to support the delivery of safe and effective care.[10]

Where evidence highlighted areas for development, GamCare responded. Care planning was identified as an area for improvement, and the number of completed written care plans rose during the year. When data showed younger adults aged 18 to 25 were more likely to disengage, GamCare's Youth Advisory Board co-designed, with GamCare's practitioners, communication templates for different stages of the treatment journey.

GamCare's own staff survey, conducted during a period of significant organisational change, found that 82% of respondents felt their manager cared about their wellbeing and 86% felt supported. That finding, set alongside independent assessment that the service was well led and that staff felt listened to, indicates a culture in which the quality of care delivered to people is sustained by the quality of support provided to the people who deliver it.

"Doing what we say we are going to do – it's more than just words."

Staff member, Treatment

[10] Reflective practice is a structured process in which advisers review recordings or transcripts of their own interactions, guided by a supervisor, to identify what worked well and what could be improved. It is a standard component of clinical governance in telephone – and online-based support services.

"Today is 1 year with no gambling of any form so really chuffed I've managed to get to this milestone. I'm continuing to reduce my debt and things are definitely continuing to get better. I just want to thank you again for taking the time to have all them sessions with me and show me that there is a way forward and there is a life after gambling. It will never be forgotten!"

Service user

The same care, wherever someone lives

GamCare's treatment service in Scotland illustrates what strong leadership and a committed team can achieve when the model is delivered at a distance. Throughout the year, the Scotland team delivered its entire service remotely, demonstrating that the quality and effectiveness of GamCare's treatment model does not depend on physical proximity. 91.5% of people making first contact with the service went on to engage in remote treatment, a conversion rate that reflects how quickly the team responds when someone is ready for support. Waiting times were short, with people typically seen within a day of referral. Average PGSI scores fell from 11.1 at entry to 1.9 at discharge, while CORE-10 scores measuring psychological distress fell from 9.2 to 3.2. 96.8% of clients providing feedback reported positive change and 100% said they would recommend the service.

The Scotland team combines strong clinical practice with rigorous attention to data quality, a combination that underpins the consistency of their outcomes. Their work demonstrates that skilled remote delivery can achieve results that match or exceed those delivered through face-to-face models. The Scotland model provides a strong evidential basis for GamCare's forthcoming treatment service in the Highlands and Islands under the new statutory levy commissioning, where remote provision will be the primary delivery model.

Support for affected others

GamCare's treatment model also encompasses support for affected others, those whose lives have been affected by someone else's gambling. Through the 5-Step model, a nationally recognised framework, and GamCare's Way Forward support group, affected others can access dedicated support delivered by specialist staff.[11]

The Way Forward is the only women-only affected others support group in the gambling-related harm sector. It operates as a seven-week structured programme, shaped by two principles: women's empowerment and destigmatisation. The programme measures participants' understanding of the support available to them and their health literacy, knowing when and how to ask for support, at the beginning and end of each cycle (each cycle is a seven-week programme), and the data shows significant improvement across both measures. Understanding what support is available, and feeling equipped to ask for it, is what makes choice possible. Participants reported high levels of understanding of the support available to them, at 94%.

Women who complete the Way Forward Programme can now return as co-facilitators, bringing their lived experience directly into the programme's delivery.

[11] The 5-Step Model is an evidence-based framework used to support family members and others affected by gambling related harm. It provides structured support through listening, information, coping strategies, social support, and planning next steps, helping affected others prioritise their own wellbeing and recovery.

[12] The evaluation was conducted independently by Dr Xia Lin, an experienced evaluation and research consultant, and Professor Alessio D'Angelo, Professor of Social Policy at the University of Derby and an expert in social policy research and programme evaluation.

"I really didn't think I would be able to stop gambling but I have found I have been able to, thanks to the support I have received. I found it so helpful to have someone outside my family and friends to speak to, to be able to speak so openly and not feel judged."

Mr C, Service user, Money Guidance Service

"The support I have received via GamCare has been exceptional – from the affected others support received and also the counselling and coaching. An extremely valuable service that was there to help me in my darkest hour."

Affected other

Debt and gambling – supported side by side

Financial harm is one of the most common consequences of problem gambling, yet gambling support and debt advice have historically operated as separate systems.

GamCare's Money Guidance Service helps to bridge that gap. Established in 2022, the free service offers one-to-one appointments focused on budgeting, protecting assets and identifying unclaimed benefits, and works alongside GamCare's practitioners to ensure that financial recovery is integrated into the broader, individualised support plan rather than treated as a separate concern. An independent evaluation of the service in 2025 found that GamCare's Money Guidance Service provides "holistic assistance to service users with complex needs" and recommended that GamCare extend the service and embed it as a permanent component of its gambling support provision.[12]

Adele's experience, described in section 4, illustrates how treatment and financial guidance reinforce each other when they operate within a single integrated model. Her practitioner and money guidance adviser worked as a team, with her consent, and that coordination gave her the confidence and information to make her own decisions about her future.

The scale of demand for GamCare's Money Guidance Service grew significantly during the year. In 2025/26, 969 people sought financial guidance through the service, an increase of nearly 174% on the 354 who accessed it the

previous year. The total debt reported by those seeking support exceeded £7.7 million, an average of over £22,000 per person. Since the beginning of 2024, the service has helped people identify nearly £119,000 in unclaimed benefits.

For many people, the act of completing a budget with a money guidance adviser is the moment they recognise, sometimes for the first time, that gambling is the cause of their financial difficulty rather than the solution to it. That realisation that they could manage comfortably if they were not gambling becomes, for many people, a powerful motivator for engaging with treatment and sustaining recovery. Dr Lin and Professor D'Angelo's independent evaluation found that service users described the experience as empowering, giving them confidence, a renewed sense of control, and hope for the future.

GamCare's partnership with PayPlan, one of the UK's leading debt advice providers, strengthened onward referral routes for people whose financial situation required specialist intervention. Referrals from GamCare's treatment services into PayPlan increased by 32% during the year, from 172 to 227, reflecting the growing demand for integrated financial and gambling support.

GamCare's reach extends well beyond its own services, and the next section shows how partnerships carry the model further.

969

People supported by GamCare's Money Guidance Service in 2025/26

174%

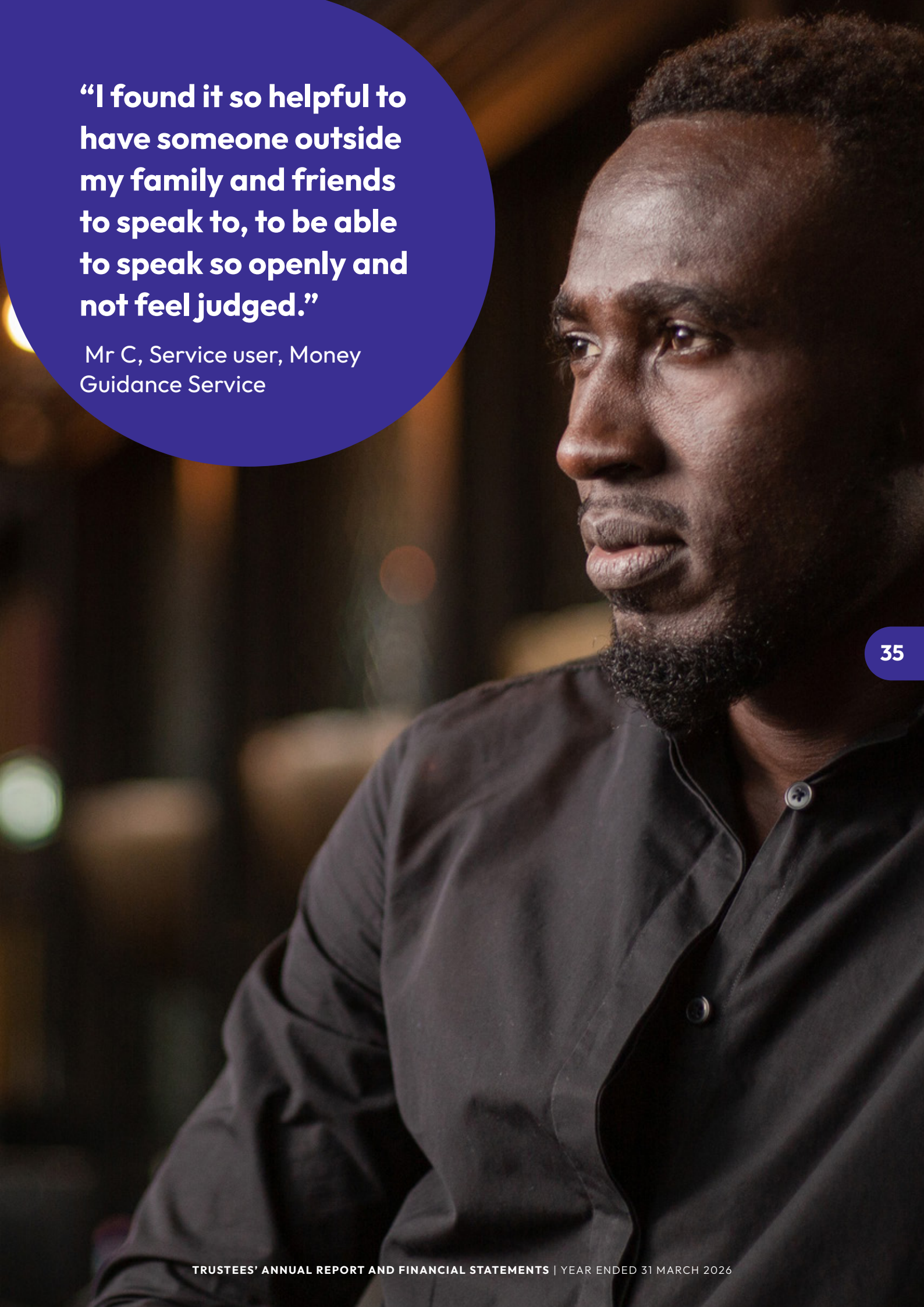
Demand for financial guidance almost tripled from 354 people in 2024/25 to 969 in 2025/26.

£7.78m

£7.78 million in total debt reported by those seeking support

£119k

Nearly £119,000 in unclaimed benefits identified since January 2024



“I found it so helpful to have someone outside my family and friends to speak to, to be able to speak so openly and not feel judged.”

Mr C, Service user, Money Guidance Service

Going further, together: Partnerships that extend our reach

“Working with GamCare has allowed us to share important, practical guidance and highlight the range of support available. I would highly recommend GamCare to any organisation looking to better support the wellbeing of their audience.”

Rachel Kayes, Community Manager, Association of Apprentices

GamCare's partnerships are central to the service model, extending reach beyond direct service delivery. GamCare enters partnerships where there is a shared commitment to reducing gambling-related harm, operational alignment with its model of care, and a clear opportunity to reach people who may otherwise go unsupported. Partnership decisions are assessed against these principles, with Board oversight of how partnership activity aligns with the Charity's mission, independence and values. As GamCare diversifies its income and builds new relationships with organisations, trusts and foundations, these principles will continue to govern how it collaborates.

Working across sectors

During 2025/26, GamCare continued to develop partnerships across the public and private sectors to increase awareness, support earlier identification and improve access to support.

Warm transfer arrangements with Nationwide, Lloyds and NatWest enabled seamless referrals for bank customers experiencing gambling-related financial harm.[13] A joint campaign with Nationwide secured both national and regional media coverage, demonstrating the value of established partnerships in maintaining public visibility at a time of sector-wide change.

Partnerships with employers and membership organisations, including Unison, Hospitality Action, the Charity for Civil Servants, Network Rail and the Association of Apprentices enhanced these organisations' capacity to identify gambling-related harm and connect people with support. A training partnership with the Department for Work and Pensions ensured that work coaches across Great Britain could recognise and respond to gambling-related issues.

Occupational welfare charities proved particularly well positioned to identify gambling-related harm, often before the person themselves had recognised it. Hospitality Action, whose applicants are required to provide bank statements as part of the grants process, described seeing a significant increase in gambling-related harm among their beneficiaries since the pandemic.

"As a trade charity we require bank statements from all applicants, which gives us a unique window into our beneficiaries' finances that is often hidden from family, friends and colleagues, so we felt it [was] incumbent upon us to act. We would urge other charities and advice services to reach out to GamCare for support."

Calvin Parsons, Head of Grants, Hospitality Action

[13] A warm transfer is a direct referral to another service, connecting someone to support rather than signposting them to make contact themselves.

Partnerships that held the pathway together

Stakeholders told external assessors that GamCare was "fully integrated, not acting like an external organisation on the periphery," with one noting that "the relationship has grown into a genuinely collaborative partnership." GamCare's partnerships provide continuity by ensuring that people can move between services without falling through gaps, and this role became particularly visible during the transition to new commissioning arrangements, when established referral pathways were disrupted and GamCare's relationships with partners across the system helped maintain access to support.

"What stands out most about GamCare is their willingness to work in a joined-up approach where they regularly signpost and refer into our services. They value lived experience, are open to shared learning, and consistently show a commitment to collaboration rather than operating in isolation."

Stakeholder

The case for layered support

The TalkBanStop partnership, which combined GamCare's Helpline support with GAMSTOP self-exclusion and Gamban blocking software into a layered model, concluded on 31 March 2026 following the end of its funding. An independent evaluation by Kantar, drawing on a mixed-methods evidence base including a nationally representative survey of 1,263 adults and qualitative research with 55 people who had engaged with the partnership, confirmed that the model was delivering meaningful impact.[14]

The evidence showed that layering support works. 68% of TalkBanStop users reported that using more than one element made reducing gambling "much easier" and 54% strongly agreed that using tools alongside support changed their behaviour. The combination of practical access barriers and human support through the Helpline was central to this. Practical tools reduced exposure to opportunities to gamble, while adviser-led support provided guidance, accountability and the confidence to take the next step.

The learning from TalkBanStop, including the evidence that layered progression across tools and support strengthens outcomes, has been embedded into GamCare's ongoing service design.

[14] Independent evaluation conducted by Kantar (2026), drawing on a March 2026 nationally representative survey of 1,263 GB adults, a qualitative Kantar Live research session with 55 participants, partner monitoring data, and a survey of Gamban users.

“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.”

TalkBanStop user

Shaping what comes next

“The first phase of levy-funded commissioning has generated important learning about how services can be commissioned and coordinated effectively across a complex system.”

Victoria Corbishley, CEO

GamCare enters the next phase of the system's development with a clear mandate and a proven model. Commissioners in England and Scotland have selected GamCare to continue delivering under the new statutory levy arrangements and the prevention funding secured through OHID has extended the organisation's reach. As the new gambling related harms landscape takes shape, GamCare's services will continue to evolve alongside NHS provision, complementing it and reaching people who might otherwise go unsupported.

A commissioning landscape that continues to evolve

2026/27 commissioning arrangements developed differently across the three nations. In England, GamCare was selected to continue delivering the National Gambling Helpline and to provide outreach and treatment across four regions.[15] In Scotland, GamCare was awarded funding to deliver services in the Highlands and Islands, one of the most rural and underserved areas in Great Britain.

GamCare's Scottish delivery model combines digital treatment provision with outreach provided in partnership with local community organisations, testing an approach to hyperlocal engagement that could inform how gambling-related harm services reach communities that traditional provision has struggled to connect with.

OHID awarded GamCare over £4 million to extend its outreach across Yorkshire and the Humber, the East Midlands, London and the South-East, building on provision delivered across these regions since 2019. The programme will deploy dedicated practitioners working alongside local partners in health, social care and criminal justice and recruit community champions with lived experience of their communities to build lasting local capacity for identifying and responding to gambling-related harm.

A new national Affected Others Programme will address one of the most under-recognised dimensions of gambling-related harm. It is estimated 9% of adults in Great Britain (1.6 million people) are affected by someone else's gambling, yet many seek support for the consequences, e.g. financial difficulty, relationship strain or poor mental health, without identifying gambling as the root cause.[16] Through online resources, peer support sessions and professional training, the programme will enable affected others to recognise what is happening and access support earlier.

GamCare's commissioned Helpline services in Wales were not renewed under the new arrangements. While the National Gambling Helpline continues to serve callers from Wales, this change in geographic scope is a direct consequence of how commissioning decisions were made during the transition. GamCare has engaged constructively with the Welsh delivery team to support a seamless transition for people who may access support on either side of the border.

The landscape will continue to change. The Government's announcement in the 13 May 2026 King's Speech of an NHS Modernisation Bill, which will abolish NHS England and transfer commissioning responsibilities to Integrated Care Boards, means further commissioning decisions

[15] The four England regions are East Midlands, London, South East and Yorkshire & Humber

[16] Gambling Commission, Insights into affected others from the Gambling Survey for Great Britain, May 2026

will need to take place ahead of April 2027 under an entirely new structure. GamCare's current NHS England treatment contracts have been issued for a single year only.

As one of the main gateways into the gambling support system and as a large frontline provider, GamCare has both the system-level view of demand and a ground-level view of what happens when people engage with services. That dual perspective gives it direct and distinctive insight into what is working well and where the system could be strengthened. It has offered to share that frontline experience to support the next phase of commissioning, including engaging constructively with Government on the case for an early review of commissioning governance arrangements so lessons from the first year can be captured and acted upon before further structural changes occur. GamCare stands ready to work with Government and commissioners to ensure continuity of access to support is maintained through any period of structural change.

Closing the gap from harm to help

GamCare's strategic direction, set by the Board, is rooted in the organisation's core purpose: reducing the gap between gambling-related harm occurring and support being sought. That purpose shapes every area of investment for the years ahead. GamCare's frontline position means it encounters emerging patterns of harm before they are visible elsewhere in the system. Three areas will receive particular focus in the year ahead:

Crypto investing and day trading are growing, with implications both for how people gamble and for how effectively traditional exclusion tools can reach them. GamCare will draw on its frontline data to publish an evidence-briefing on crypto-related gambling harms during 2026/27, contributing to the sector's understanding of this emerging challenge. GamCare's frontline teams are already seeing these patterns in the people they support, and this briefing will draw directly on that evidence.

The unregulated market is a growing area of concern, with harm already presenting through gaming, unlicensed operators and informal gambling. GamCare will work with commissioners and partners to ensure that the systems designed to support people experiencing gambling-related harm are accessible to those whose gambling takes place outside the regulated sector.

The evidence from the Women's Pathway shows that affected others such as partners, family members and friends need systemic support, and wraparound approaches enable people to seek help sooner and stay in recovery for longer. Delivery of the national programme for Affected Others will begin in 2026/27, generating further evidence for future commissioning of this support.

Across all of its work, GamCare is investing in two capabilities that underpin everything. Data, evidence and insight will be further strengthened so that the organisation can more easily move from reporting what happened to understanding why and, ultimately, to anticipating what is needed next. And lived experience will be embedded more deeply into how services are designed, delivered and evaluated, so that the voices of those affected by gambling-related harm shape the organisation's response at every level. A new Lived Experience Strategy will be developed during 2026/27 to provide the framework for this work.

The people and tools behind GamCare's services

Workforce capability will continue to develop. The investment in apprenticeships, specialist training and structured supervision will be sustained, ensuring that GamCare's teams can meet the evolving demands of a changing commissioning landscape and a more complex pattern of need among the people they support.

GamCare's digital and self-guided tools, including EmpowerMe, MyGamCare and SMS support, provide flexible options for people who are not ready or able to speak to someone directly. Refreshing and extending this digital offer is a priority, using lived experience as a driver for change and ensuring that online services keep pace with how people choose to access support. GamCare's content and history in this area provide a strong foundation to build on, as the Charity develops a cost-effective digital service offer that complements face-to-face provision.

Sustaining this requires continued investment in the infrastructure behind the frontline: marketing that drives public awareness and referral volumes, digital development that enables multi-channel access, and clinical governance frameworks that assure quality at scale. These functions are what allows GamCare's model to operate at the breadth and standard that commissioners and the people who depend on it require.

Recognised, trusted, and easy to reach

During the year, brand awareness grew from 25% to 35%, and the proportion of people describing GamCare as trustworthy increased from 29% to 39%. These gains followed a sustained investment in targeted campaigns, earned media and stakeholder engagement, and they matter because commissioners, partners and the people who need support must be able to find GamCare and trust what they find.

GamCare also strengthened its engagement with parliamentarians and policymakers during the transition. Cross-party engagement ensured that the experiences and concerns of frontline providers, and those who rely on them, were reflected in parliamentary and public debate at a time of significant system change. A parliamentary reception at the Palace of Westminster, attended by practitioners, lived experience staff and Helpline advisers, gave decision-makers direct access to the people delivering and receiving support. This work is not separate from service delivery; it is part of how GamCare ensures that the commissioning and policy environment supports the model of care on which people depend. GamCare will continue to draw on its distinctive insight into demand and need across the system to make the case for improvements that would benefit the wider gambling harm support ecosystem and the people it exists to serve.

A clinical and operational foundation that holds firm

The commissioning outcomes secured, the independent CQC assessment and the OHID grant awarded are the foundation for what comes next.

The sections that follow show how GamCare's funding, financial position and governance underpin this confidence.

Fundraising

For nearly three decades, GamCare's work was funded primarily through grants and contracts from GambleAware, donations via the Gambling Commission and government-endorsed voluntary levy donations. That system has now ended with the introduction of a statutory levy, whereby funding now goes to public body commissioners. This is a moment to look back with gratitude and forward with purpose.

GamCare is grateful to the many organisations and individuals that supported its work over the years under the previous system.

Governance

GamCare registered with the Fundraising Regulator in April 2024 and is proud to display the Fundraising Regulator badge on its website and key communications. Systems and policies have been developed to strengthen compliance with the new 2025 Code of Fundraising Practice.

In terms of reporting requirements, GamCare confirms that:

a. all fundraising activity is monitored via a dedicated department, overseen by the Audit, Risk and Development Committee, and ultimately the Board.

b. there is no use of the services of third-party fundraisers.

c. there have been no complaints received about GamCare's fundraising activities.

d. its fundraising practices are designed to protect vulnerable people and the wider public. This includes compliance with the Regulator's Code, clear internal policies and processes for fundraising activity, oversight, and specific safeguards for donors who may be vulnerable, including controls on how donations are considered, accepted and managed.

These arrangements help anyone choosing to support GamCare to do so within a regulated, transparent and accountable framework.

Developing a diversified income model

As the commissioning environment beds in, GamCare is building new relationships with organisations, trusts, foundations and philanthropic donors who share its mission. Alongside statutory funding, GamCare seeks funding from these sources, including through competitive bids and proposals. Funders are essential to support GamCare to go further than commissioned services alone can reach. Commissioners' funding rightly focuses on core service delivery, quality and contractual requirements. It is less likely to support early-stage innovation, digital development or lived experience testing of new approaches that are needed to anticipate emerging harms and to close gaps in access.

Voluntary funding gives GamCare the flexibility to respond quickly to what frontline teams are seeing, to pilot new models before they are ready for commissioning and to reach people and communities who may otherwise remain unsupported. For funders, this is an opportunity to back practical innovation with a direct route to impact: helping a trusted national charity turn insight into support that changes lives.

The report you have just read is itself evidence of why a funder should want to be part of this story: an organisation with a proven model, independently validated quality, and a track record of reaching people who would otherwise go unsupported. If your organisation would like to learn more about how it can support GamCare's work, please contact business.development@gamcare.org.uk

Financial review and governance

GamCare's overall performance and position have continued to be robust, with income remaining steady. The closing reserves position has boosted the Charity's financial and operational resilience, providing financial stability in a shifting external landscape in which future funding uncertainties continue.

Financial performance has once again been strong, with income of £19.9m against £20.3m in the previous financial year. 70% of this income came from service contracts and grant agreements with GambleAware for delivery of charitable services (2024/25: 55%); this included £1.9m of one-off final disbursement grants prior to GambleAware's closure in March 2026. A further £1.7m (9%) came from Allwyn, the National Lottery operator, for GamCare's Women's Pathway programme for 2025/26 and 2026/27, completing a three-year funding agreement for £2.5m. Donations totalled £4.2m, down 44% from the previous year total of £7.5m which included some exceptional one-off donations. GamCare also continues to benefit from favourable rates on bank deposits.

The overall result was a surplus of £5.1m, giving total reserves as at 31 March 2026 of £16m, of which £2.4m is restricted (2024/25: £11m of which £1.4m was restricted). A further £2m has been designated by Trustees in the year for additional digital development as part of the Board's commitment to keeping pace with technology advancements and ensuring GamCare continues to reach all those who need support, giving total unrestricted reserves of £11.6m, broadly in line with the reserves policy.

As part of the funding levy changes, the Charity's major funder, GambleAware, ceased operation at the end of March 2026, with funding for GamCare's Helpline, Outreach and Treatment services transferring to the NHS (England and Scotland) and the Office for Health Improvement and Disparities (OHID) from 1 April. The move to public sector funding has also meant significant restrictions to future fundraising, with donations from gambling operators coming to an end. As set out in the Fundraising section of this report, GamCare is focused on delivery of its contracted services whilst working to reduce its overall reliance on statutory funding; the continuing uncertainty around funding is reflected in the reserves policy set out below.

Reserves policy and going concern

All charities are required to consider how much they need to hold in reserves, in light of the scale and nature of the Charity's activities. In doing this, the Trustees consider the funds needed for both current plans and future developments, recognising the need to hold a level of reserves which is sufficient to provide resilience when the wider system is under strain and future funding is hard to predict.

The Trustees have carried out their annual review of the reserves policy and have set a new operating reserves policy of £9m to £11m. In setting this policy, Trustees have considered the overall financial and operating resilience of the Charity, taking into account ongoing uncertainties around funding, changes in cashflow patterns with most services now being funded in

arrears and the need for more investment in GamCare's digital services and infrastructure to ensure they are fit for the future in the fast moving digital arena.

In preparing the financial statements which form part of this report, the Trustees are required each year to make an assessment of whether the Charity is a going concern. In reaching this conclusion, the Trustees have considered both the shifting funding environment outlined in the Chair's statement and their confidence in the Charity's ability to adapt operations to maintain sustainability. In light of both this ability to adapt and the reserves position, the Board of Trustees considers that adequate resources continue to be available to fund the activities of GamCare for at least the next 12 months and therefore considers the Charity to be a going concern.

Risk management

The Charity continues to identify, mitigate and manage risk across all areas of operation, with day-to-day responsibility being delegated to the CEO. Detailed oversight of risks in each area is delegated to the relevant Board Committee, ensuring subject experts are fully involved. The overall Charity risk register is reviewed on a quarterly basis by the Audit, Risk & Development Committee and, ultimately, the Board.

Key risks include:

- **Funding landscape uncertainty:** As discussed in the Chair's statement, the gambling-related harms funding landscape continues to shift, with proposals to transfer funding for treatment services from NHS England to Integrated Care Boards in 2027. Whilst some funds have been procured for a two-year period most new funding is only guaranteed for a single year and hence risks around future funding remain. GamCare continues to model potential funding scenarios to ensure readiness for further change and to work to diversify its income, reducing the current dependence on public funding.
- **Cyber security:** In the light of the ongoing heightened cyber security threat faced by UK business, with the threat level issued by the National Cyber Security Centre (NCSC) remaining at high alert, GamCare is continuing to review and enhance its cyber security protocols and disaster recovery planning. GamCare's Cyber Essentials Plus accreditation is now in its fifth year and all staff undertake cyber security training and are kept apprised of new threats via the staff intranet. During the year GamCare also successfully completed its first NHS Data Security and Protection Toolkit assessment, demonstrating that it meets NHS standards in data security.
- **People:** Retention risk continues to be significant, particularly amongst frontline Helpline staff who are dealing with those in crisis. In addition, the extended period of uncertainty around future funding has created challenges to morale across the organisation. GamCare continues to engage its teams in decision making where appropriate, to provide support and to monitor satisfaction and wellbeing via staff surveys, fora and line management processes.

Structure, governance and management

GamCare is a charity registered in England and Wales (registration number 1060005) and Scotland (registration number SC050547) and a company registered in England and Wales and limited by guarantee (registration number 03297914).

The Trustees of the Charity, who are also its directors for the purposes of company law, are as set out on page 2. The Trustee Board meets formally four times a year and is responsible for setting the overall mission and strategy of the organisation, monitoring performance and ensuring robust management of risk. Day-to-day management of the Charity is delegated to the CEO and Executive Leadership Team, details of whom are set out on page 2. The Board is supported by four Committees, each of which also meets four times a year: Audit, Risk and Development; Clinical Quality and Services; People, Culture and Remuneration; and Policy, Communications and Engagement. This governance framework enables effective oversight of GamCare's strategic priorities, from clinical quality and safeguarding to operational performance, fundraising, digital transformation and organisational resilience.

Trustees are appointed via proposal to the People, Culture & Remuneration Committee, which gives ongoing consideration to the range of skills and experience valuable to the Board, aiming to match skills to GamCare's strategic goals and business plan needs. All Trustees undertake an induction programme on appointment and GamCare is revisiting its processes for ensuring training is refreshed at appropriate intervals.

Remuneration Policy

Executive remuneration is set with reference to current market conditions to ensure that the Charity continues to recruit and retain high calibre staff. All significant changes to remuneration, including annual pay reviews, are overseen by the People, Culture and Remuneration Committee and periodic benchmarking is undertaken.

Commitment to Diversity and Inclusion

GamCare recognises the value of a diverse workforce and has an active Inclusion and Diversity Action Group. Social and cultural awareness periods such as Black History Month and Mental Health Awareness week are actively observed by open discussions on the staff intranet. GamCare is accredited as a Disability Confident Committed employer and its recruitment policies ensure all applicants who have a disability, impairment or mental health condition and who meet the essential criteria for the role are invited to interview. A comprehensive suite of e-learning modules tackles subjects such as Embracing Neurodiversity and Disability Inclusion in Practice. All staff have access to an Access to Work Mental Health Support Service.

Public benefit

In setting the aims of the Charity, the Trustees have had regard to the guidance published by the Charity Commission and the Office of the Scottish Charity Regulator in respect to the provision of public benefit by charities. GamCare exists solely for public benefit, aiming to provide gambling-related harm support and treatment services free of charge to anyone affected by gambling, primarily through the National Gambling Helpline and its associated digital channels and GamCare's treatment, education, and prevention services. In the year GamCare answered more than 114,000 calls and digital contacts, ran more than 10,300 treatment sessions and provided education or training to over 17,100 individuals.

Statement of Trustees' responsibilities

The Trustees, who are also directors of GamCare for the purposes of company law, are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of its income and expenditure for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in Accounting and Reporting by Charities Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards, including FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that GamCare will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. Each of the Trustees confirms that at the date of the approval of this Report:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The Trustee has taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006. The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on GamCare's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditors

GamCare's external auditors, Buzzacott Audit LLP, are deemed to be appointed in accordance with Section 487 (2) of the Companies Act 2006. Buzzacott Audit LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

This report, including the Strategic Report, was approved by the Board of Trustees on 13 August 2026 and was signed on their behalf by:

Margot Daly
Chair

Independent auditor's report to the members of GamCare

Opinion

We have audited the financial statements of GamCare (the 'charitable company') for the year ended 31 March 2026 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies, and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2026 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Annual Report and Financial Statements other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' report, which is the directors' report for the purposes of company law, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees' report, which is the directors' report for the purposes of company law, including the strategic report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement, the Trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements

that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

How the audit was considered capable of detecting irregularities including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the Senior Statutory Auditor ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the charitable company through discussions with management, and from our knowledge and experience of the sector;
- we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Charities Act 2011, Companies Act 2006, Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006, Gambling Commission compliance and employment legislation;

- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions; and
- assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias;

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of trustee meetings;
- enquiring of management as to actual and potential litigation and claims; and
- reviewing any available correspondence with HMRC and the company's legal advisors where appliable.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the Charity's trustees as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Hugh Swainson (Senior Statutory Auditor)
For and on behalf of Buzzacott Audit LLP,
Statutory Auditor
130 Wood Street
London
EC2V 6DL
Buzzacott Audit LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Financial statements

Statement of Financial Activities

(Including Income and Expenditure Account)
For the year ended 31 March 2026

	Note	Unrestricted Funds 2026 £	Restricted Funds 2026 £	Total Funds 2026 £	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total Funds 2025 £
Income							
Donations	2a	3,383,864	817,753	4,201,617	6,704,088	834,053	7,538,141
Charitable activities	2b	11,935,479	3,467,002	15,402,481	10,018,425	2,490,395	12,508,820
Investment income		273,555	-	273,555	215,560	-	215,560
Other income		10,258	-	10,258	26,587	-	26,587
Total income		**15,603,156**	**4,284,755**	**19,887,911**	**16,964,660**	**3,324,448**	**20,289,108**
Expenditure							
Charitable activities	3/4/5/6	11,565,706	3,256,720	14,822,426	11,139,230	4,912,888	16,052,118
Total expenditure		**11,565,706**	**3,256,720**	**14,822,426**	**11,139,230**	**4,912,888**	**16,052,118**
Net income / (expenditure)		**4,037,450**	**1,028,035**	**5,065,485**	**5,825,430**	**(1,588,440)**	**4,236,990**
Transfers between funds	14	-	-	-	(872,624)	872,624	-
Net movement in funds for the year		**4,037,450**	**1,028,035**	**5,065,485**	**4,952,806**	**(715,816)**	**4,236,990**
Reconciliation of funds							
Total funds brought forward	14	9,536,509	1,386,451	10,922,960	4,583,703	2,102,267	6,685,970
Total funds carried forward		**13,573,959**	**2,414,486**	**15,988,445**	**9,536,509**	**1,386,451**	**10,922,960**

The Statement of Financial Activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

Balance Sheet

As at 31 March 2026

	Note	2026 £	2025 £
Fixed assets			
Intangible assets	9	–	–
Tangible assets	10	27,216	1,101
Total Fixed Assets		27,216	1,101
Current assets			
Debtors	11	359,885	3,573,490
Short term deposits		5,057,277	3,303,009
Cash at bank and in hand		11,351,113	10,210,707
Total Current Assets		**16,768,275**	**17,087,206**
Liabilities			
Creditors: amounts falling due within one year	12	(807,046)	(6,165,347)
Net Current Assets		**15,961,229**	**10,921,859**
Net Assets		**15,988,445**	**10,922,960**
The funds of the charity:			
Restricted funds	14	2,414,486	1,386,451
Unrestricted funds			
Designated funds	14	2,000,000	–
General funds	14	11,573,959	9,536,509
Total Charity Funds		**15,988,445**	**10,922,960**

The notes on pages 64 to 66 form part of these financial statements.

Approved by the Board, and authorised for issue, on 13 August 2026 and signed on behalf of the Board by:

Dominic Harrison
Chairman of the Audit, Risk and Development Committee
GamCare: a company limited by guarantee
Company registration number 03297914 (England & Wales)

Statement of Cash Flows

For the year ended 31 March 2026

	Note	2026	2025
		£	£
Cash provided by operating activities	**16**	**2,654,720**	**3,937,916**
Cashflows from investing activities			
Interest Income		273,555	215,560
Purchase of tangible fixed assets	10	(33,601)	–
Change in short term deposits		(1,754,268)	(2,063,146)
Cash (used in) investing activities		**(1,514,314)**	**(1,847,586)**
Increase in cash at bank and in hand in the year		**1,140,406**	**2,090,330**
Cash at bank and in hand at the beginning of the year		10,210,707	8,120,377
Cash at bank and in hand at the end of the year		**11,351,113**	**10,210,707**

Cash at bank and in hand excludes short term deposits which are shown on the face of the Balance Sheet. Balances totalling £317,486 have been reclassified from short term deposits to cash at bank in the prior year figures, reflecting the instant access nature of the account in which they were held.

GamCare does not have any borrowings or finance lease obligations. As such, no reconciliation of net debt has been provided with the charity's 'net debt' consisting only of cash at bank and in hand.

Notes to the financial statements

Note 1: Accounting policies

(a) Basis of accounting
These financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (SORP) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Accounting Practice. GamCare is a public benefit entity for the purposes of FRS 102. The financial statements are presented in sterling and are rounded to the nearest pound.

Going concern
The Board of Trustees has assessed whether the use of the going concern basis is appropriate, taking into account possible events or conditions that might cast significant doubt on the ability of GamCare to continue as a going concern. While the Board acknowledges the ongoing uncertainties in its external environment, it confirms that it does not consider these to be a cause for material uncertainty in respect of GamCare's ability to continue as a going concern.The Board has made this assessment for a period of at least one year from the date of approval of the financial statements. In particular, the Board has considered GamCare's forecasts and projections and has taken account of any potential adverse impact on donations and funding income. After making enquiries, the Board has concluded that there is a reasonable expectation that GamCare has adequate resources to continue in operational existence for the foreseeable future. GamCare therefore continues to adopt the going concern basis in preparing its financial statements and there are no material uncertainties.

(b) Fund accounting
Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity. Designated funds are unrestricted funds that have been set aside by the trustees for a particular purpose. Restricted funds are subject to restrictions on their expenditure imposed by the donor or grantor.

(c) Income
All income is included in the Statement of Financial Activities when the charity is entitled to the income and the amount can be quantified with reasonable accuracy and receipt is probable. The following specific policies are applied to categories of income: Income from donations is included in full in the Statement of Financial Activities when receivable. Grants, where entitlement is not conditional on the delivery of a specific performance by the charity, are recognised when the charity becomes unconditionally entitled to the grant. When specific performance conditions exist, income is deferred until the performance conditions are met. Income from contracts for services is recognised in line with delivery of services. Income from investment is recognised when receivable.

(d) Support costs
Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any Value Added Tax which cannot be fully recovered, and is reported as part of the expenditure to which it relates. Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them. All costs are allocated between the expenditure categories of the Statement of Financial Activities on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly where possible, and the remainder are apportioned on an appropriate basis such as time and usage.

(e) Tangible and intangible fixed assets
Tangible and intangible fixed assets excluding any investments are stated at cost less accumulated depreciation and amortisation. The costs of minor additions or those costing below £2,000 are not capitalised. Depreciation and amortisation is provided at rates calculated to write off the cost of each asset over its expected useful life. Fixtures, fittings and equipment and IT equipment and software are written off over 3 years.

(f) Operating leases
Rentals payable under operating leases are charged against income on a straight-line basis over the lease term basis.

(g) Pensions
GamCare contributes to a defined contribution scheme for the benefit of its employees. Contributions payable are charged to the Statement of Financial Activities in the year in which they become payable to the scheme.

(h) Termination and redundancy costs
Termination and redundancy costs are recognised as an expense in the Statement of Financial Activities and are shown as a liability on the Balance Sheet immediately when GamCare is demonstrably committed either: to terminate the employment of an employee before normal retirement date; or to provide termination benefits as a result of an offer made in order to encourage voluntary redundancy. GamCare is considered to be demonstrably committed when it has substantially communicated a plan for the termination without any realistic possibility of withdrawal from the plan.

(i) Debtors
Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid and have been discounted to the present value of the future cash receipt where such discounting is material.

(j) Cash at bank and in hand and Short term deposits
Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short term deposits.

(k) Creditors and provisions
Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount GamCare anticipates it will pay to settle the debt and are discounted to the present value of the future cash payment where such discounting is material.

(l) Financial instruments
The only financial instruments held by the charity constitute payables and receivables. These are categorised as 'basic' in accordance with section 11 of FRS 102 and are initially recognised at transaction price. These are subsequently measured at transaction price less any impairment.

(m) Taxation
The company is a charity under the Finance Act 2010 (schedule 6, paragraph 1) definition. Accordingly, the company is potentially exempt from taxation in respect of income or capital gains within categories covered by the Corporation Tax Act 2010 (part 11, chapter 3) or the Taxation of Chargeable Gains Act 1992 (section 256), to the extent that such income or gains are applied exclusively to charitable purposes. No tax charge arose in the period.

(n) Critical accounting estimates and areas of judgement
The only judgement made which impacts the amounts recognised in the financial statements relates to the extent to which grant funding, including income from regulatory settlements, includes performance related conditions for the purposes of recognition of income. No other estimates or assumptions have been made which carry a significant risk of material adjustment in the next financial year. The estimates made when preparing the financial statements are in respect of the useful economic lives of assets (to calculate depreciation and amortisaion), the provision for dilapidations and the allocation of support costs across charitable activities.

Note 2: Income

2026 income	Unrestricted £	Restricted £	2026 Total £
2a. Donations			
Public / institutional	3,383,864	817,753	4,201,617
Total donations	**3,383,864**	**817,753**	**4,201,617**
2b. Charitable activities			
Other income: GambleAware	10,018,961	46,357	10,065,318
Grants:			
GambleAware	1,916,518	1,706,626	3,623,144
Other grants	-	1,714,019	1,714,019
Total income from charitable activities	**11,935,479**	**3,467,002**	**15,402,481**
2c. Investment Income	**273,555**	**–**	**273,555**
2d. Other income	**10,258**	**–**	**10,258**
Total Income	**15,603,156**	**4,284,755**	**19,887,911**

2025 income	Unrestricted £	Restricted £	2025 Total £
2a. Donations			
Public / institutional	6,704,088	834,053	7,538,141
Total donations	**6,704,088**	**834,053**	**7,538,141**
2b. Charitable activities			
Other income: audit and training	174,985	195,979	370,964
Other income	9,843,440	–	9,843,440
Grants:			
GambleAware	–	1,420,688	1,420,688
Other grants	–	873,728	873,728
Total income from charitable activities	**10,018,425**	**2,490,395**	**12,508,820**
2c. Investment Income	**215,560**	**–**	**215,560**
2d. Other income	**26,587**	**–**	**26,587**
Total Income	**16,964,660**	**3,324,448**	**20,289,108**

Note 3: Analysis of expenditure on charitable activities

2026 charitable expenditure

	Activities undertaken directly	Grant funding of activities	Support costs	2026 Total
	£	£	£	£
Activity				
Helpline and Treatment	8,530,645	-	1,956,995	10,487,640
Education and prevention	3,119,488	831,934	383,364	4,334,786
	11,650,133	**831,934**	**2,340,359**	**14,822,426**

2025 charitable expenditure

	Activities undertaken directly	Grant funding of activities	Support costs	2025 Total
	£	£	£	£
Activity				
Clinical services	9,948,037	111,182	1,249,875	11,309,094
Outreach services	2,850,722	920,370	457,878	4,228,970
Auditing and training	408,537	–	105,517	514,054
	13,207,296	**1,031,552**	**1,813,270**	**16,052,118**

The descriptions of charitable activities in 2026 have been updated to reflect the prevailing language associated with services.

Note 4: Analysis of governance and support costs

2026 governance and support costs

	Management & Administration	Finance & Tech	2026 Total
	£	£	£
Activity			
Helpline & Treatment	1,463,778	493,217	1,956,995
Education and prevention	286,746	96,618	383,364
	1,750,524	**589,835**	**2,340,359**

2025 governance and support costs

	Management & Administration	Finance & Tech	2025 Total
	£	£	£
Activity			
Clinical services	1,017,998	231,877	1,249,875
Outreach services	371,334	86,544	457,878
Auditing and training	85,731	19,786	105,517
	1,475,063	**338,207**	**1,813,270**

Note 5: Analysis of grants

	2026 £	2025 £
National Programme Grants	831,934	1,031,552
	831,934	**1,031,552**

Grants comprise payments made to Gamban for gambling site blocking software licences which were then distributed free of charge via the National Gambling Helpline.

Note 6: Trustee expenses

Travel, office and subsistence costs amounting to £916 (2024/25: £4,660) were reimbursed to four trustees (2024/25: two).

The Chair of the Board of Trustees received remuneration payments totalling £56,100 (2024/25: £56,100) in accordance with GamCare's Articles of Association as covered by clauses 11.5 and 15.3.

No other trustees received any remuneration and there were no other related party transactions during either year.

Note 7: Net income for year

Net income is stated after charging:

	2026 £	2025 £
Auditor's remuneration: audit fees		
Current year	22,083	21,950
Prior year	2,802	3,900
Depreciation	7,486	1,236
Amortisation	–	14,073
Operating lease expenditure	196,678	219,011

Note 8: Analysis of staff costs and the cost of key management personnel

	2026 £	2025 £
Salaries and wages	8,846,731	9,413,530
Social security costs	1,105,582	982,646
Pension contributions	500,868	543,575
	10,453,181	**10,939,751**

The average number of employees is	229	253
The average FTE employees is	198	241

The number of employees whose total employee benefits excluding pension contributions were in excess of £60,000 were as follows:

	2026 £	2025 £
£60,000 – £70,000	4	11
£70,001 – £80,000	7	4
£80,001 – £90,000	2	2
£90,001 – £100,000	2	1
£100,001 – £110,000	1	–
£110,001 – £120,000	1	–

All key management personnel accrue pension benefits under defined contribution pension schemes. Total pension contributions paid for these employees were £39,272 (2024/25: £40,864).

The total employment benefits of the key management personnel including employer's pension and National Insurance contributions were £793,808 (2024/25:£835,983). The key management personnel comprise the trustees and directors listed on page 2.

Payments totalling £182,655 (2024/25: £51,391) were made in the year in respect of termination settlements.

Note 9: Intangible fixed assets

	Computer software £
Asset cost	
As at 1 April 2025	112,034
Disposals	(112,034)
As at 31 March 2026	**–**
Accumulated amortisation	
As at 1 April 2025	112,034
Disposals	(112,034)
As at 31 March 2026	**–**
Net book value	–
As at 1 April 2025	–
As at 31 March 2026	**–**

Disposals represent an in-house e-learning platform that was decommissioned in a previous year.

Note 10: Tangible fixed assets

	Fixtures, fittings and equipment	Computer and ICT equipment	Total
	£	£	£
Asset cost			
As at 1 April 2025	89,689	36,153	125,842
Additions	31,189	2,412	33,601
Disposals	(89,689)	(33,678)	(123,367)
As at 31 March 2026	**31,189**	**4,887**	**36,076**
Accumulated depreciation			
As at 1 April 2025	89,689	35,052	124,741
Charge for year	6,191	1,295	7,486
Disposals	(89,689)	(33,678)	(123,367)
As at 31 March 2026	**6,191**	**2,669**	**8,860**
Net book value			
As at 1 April 2025	–	1,101	1,101
As at 31 March 2026	**24,998**	**2,218**	**27,216**

Disposals represent fixtures, fittings and equipment which had been fully depreciated and were disposed of when the charity moved to new offices in the year.

Note 11: Debtors

	2026 £	2025 £
Trade debtors	1,357	2,947,469
Other debtors	95,228	4,181
Prepayments	263,300	621,840
	359,885	**3,573,490**

Note 12: Creditors

	2026 £	2025 £
Trade creditors	137,733	284,405
Other creditors	121,895	67,434
Accruals	288,208	198,789
Deferred income	–	5,366,449
Taxation and social security	259,210	248,270
	807,046	**6,165,347**

Deferred income in 2025 represented income received in advance on GambleAware contracts, all of which came to an end in March 2026.

Note 13: Analysis of net assets between funds

2026 Analysis of net assets between funds

	Unrestricted Fund £	Designated Fund £	Restricted Funds £	2026 Total Funds £
Tangible fixed assets	27,216	–	–	27,216
Net assets	11,546,743	2,000,000	2,414,486	15,961,229
	11,573,959	**2,000,000**	**2,414,486**	**15,988,445**

2025 Analysis of net assets between funds

	Unrestricted Fund £	Designated Fund £	Restricted Funds £	2025 Total Funds £
Tangible fixed assets	771	–	330	1,101
Net assets	9,535,738	–	1,386,121	10,921,859
	9,536,509	**–**	**1,386,451**	**10,922,960**

Note 14: Movement in funds

	As at 1 April 2025	Income	Expenditure	Transfer	As at 31 March 2026
	£	£	£	£	£
Restricted funds:					
Helpline & Treatment	506,171	112,860	414,480	–	204,551
Education and prevention	587,755	3,664,895	2,700,354	–	1,552,296
Digital and infrastructure	292,525	507,000	141,886	–	657,639
Total restricted funds	**1,386,451**	**4,284,755**	**3,256,720**	**–**	**2,414,486**
	–	–	–	–	–
Unrestricted funds	9,536,509	15,603,156	11,565,706	(2,000,000)	11,573,959
Designated funds				2,000,000	2,000,000
	–	–	–	–	–
Total funds	**10,922,960**	**19,887,911**	**14,822,426**	**–**	**15,988,445**

During the year the charity reclassified its restricted funds to better reflect its current operations.

Purpose of restricted funds

Treatment	Our Treatment services offer support and treatment to people with gambling problems and affected others. We deliver a range of treatment services directly, and also indirectly through a partner network across England, Scotland and Wales. These activities were funded by grant-making bodies and also through donations provided by operators and the general public.
Education and prevention	Our Education and prevention services deliver education, prevention and engagement activities to those at risk of gambling harms. These services include a national youth education programme as well as a women's outreach programme. Our activities aim to raise awareness of gambling issues, and also to facilitate access to support.
Digital and infrastructure	Digital and infrastructure funds represent amounts received for digital infrastructure development.

Designated funds

The charity is committed to modernising and developing its digital infrastructure with a digital first approach to service delivery. The Trustees have designated £2m of reserves for this purpose.

Note 15: Commitments under operating leases

GamCare is committed to future minimum payments under non-cancellable operating leases as follows:

	2026 Land and Buildings	2026 Other	2025 Land and Buildings	2025 Other
	£	£	£	£
Payments due				
Within one year	140,448	1,661	84,329	1,621
Between 1 and 5 years	468,160	–	–	1,486
	608,608	**1,661**	**84,329**	**3,107**

Note 16: Reconciliation of net movement in funds to net cash flow from operating activities

	2026	2025
	£	£
Net movement in funds	5,065,485	4,236,990
Add back depreciation charge	7,486	1,235
Add back amortisation charge	–	14,073
Deduct interest income shown in investing activities	(273,555)	(215,560)
Decrease/(Increase) in debtors	3,213,605	1,689,274
(Decrease)/increase in creditors	(5,358,301)	(1,788,096)
Net cash provided by operating activities	**2,654,720**	**3,937,916**

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