VITA

Fundamental standards for gambling blocking software:

Ensuring quality support for people impacted by difficulties with gambling

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ABOUT VITA CA

Vita CA is a research and strategy agency. Our evidence and insight help organisations improve the lives of their users. What makes us unique is our focus on understanding people's experiences and motivations, the human element behind the numbers and data. We believe change is possible for even difficult problems if we learn with the people who face them every day.

DECLARATION OF INTERESTS

The report was commissioned by Gamban, who paid for this report on the understanding that the content is not subject to control by them. Control sits solely with Vita CA Limited.

THANK YOU

We want to thank all those who chose to participate in our survey and people who shared their experiences with us in interviews, workshops and by email. Your input is invaluable. Thank you to Gamvisory for help in connecting with Experts by Experience.

PURPOSE

This document proposes a set of fundamental standards for gambling blocking software. The standards are what matters to users in gambling blocking software. This put users at the centre to better meet their needs and reduce gambling harm. These are the factors all gambling blocking software providers should consider and address and which all users have the right to expect. They are the basis of providing a quality, safe tool for people experiencing gambling difficulties.

The document explains:

- Why quality standards are needed for gambling blocking software.
- What fundamental standards are.
- The methods used to develop the proposed standards.
- Insights from the development and consultation process and how the standards evolved.

These are a proposed set of standards based on the views and experiences of people impacted by gambling difficulties. It is an early-stage framework to start discussion and movement towards independent quality assurance of blocking software.

Gambling blocking software is installed on a phone or computer and blocks access to gambling websites or apps. Gambling blocking software is one form of gambling self-exclusion. Gambling self-exclusion refers to tools that gamblers can use to prevent themselves from being able to gamble. Online gambling provides access to limitless opportunities to gamble. Gambling self-exclusion helps people experiencing difficulties with gambling by putting in place a physical barrier to gambling.

The other forms of gambling self-exclusion are:

- GAMSTOP, a scheme run on behalf of online gambling companies. A person can sign up to have all the regulated online gambling sites prevent them from gambling using the identity details they have registered with. There are separate schemes for offline gambling (one each for bookmakers, casinos, and bingo). The Gambling Commission requires all gambling companies they license to belong to these.

- Bank transaction blocking, whereby a person activates an option available on their bank account, prevents the processing of any payments to gambling companies.

THE IMPORTANCE OF STANDARDS

In May 2020, Vita CA was asked by Gamban to carry out a consumer review of the available blocking software on the market. The review showed that consumers value self-exclusion tools and tend to use multiple kinds of tools together (GAMSTOP, banking transaction blocking and blocking software). Each provides a different, complementary form of protection.

For blocking software, there were very significant differences in quality, cost and transparency. In some cases, there seemed to be concerningly poor quality and regard for consumers and potential lack of compliance with UK regulations such as safeguarding, data protection, fundraising or charity governance. This would be concerning for any product marketed to the public but is especially so as this is a product for people in vulnerable circumstances. Our findings were substantial enough to warrant caution with certain products and showed a need for blocking software standards. This would ensure that (vulnerable) consumers are protected and can access the best quality tools to help them.

There are several companies offering gambling blocking software. This market has developed organically. Blocking software tends to have been developed by individuals impacted by gambling difficulties, people who have worked in the gambling sector or generalist software companies identifying a need in the market. These providers do not necessarily come from a health and social care background. Blocking software is becoming a core tool for people experiencing difficulties with gambling. It is marketed to individual consumers and provided through third parties (such as gambling operators, treatment providers, regulators, and others). The quality of blocking software currently sits outside of gambling regulation and health and social care regulation.

Gambling blocking software is a health intervention for people experiencing vulnerability. This means it is especially important to adhere to consumer and technical standards. It also means standards of privacy, safety, safeguarding, and good governance are essential, as is the case for any health intervention. Standards ensure that (vulnerable) users are protected and can access quality tools to help them. It is also a way to drive up quality across all the providers to benefit users. Consumers use them to help assess different gambling blocking software options and which one is right for them. Commissioners or third parties use them to know what standards are important to users when assessing which solutions to supply to clients or consumers. Providers use them to further develop and improve, based on what matters to users.

MAKING A START

The first step is to develop fundamental standards. Fundamental standards are what is of central importance to users and the basics of what goes into delivering a quality, safe product. They do not set out *how* providers should go about delivering the standards but state what the *outcome* of their actions should be for users.

Fundamental standards do not provide different levels to rate how well providers perform in the different domains of the standards (for example, outstanding, good, requires improvement or inadequate). This requires a definition of what the different levels or ratings look like and what evidence would be used to assess whether they have been achieved.

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HOW THE STANDARDS WERE DEVELOPED

This section explains the methods we used to develop the standards.

Putting what matters to users at the centre

The general approach for this project was human-centred design.[1] Human-centred design takes from commercial innovation practices to design products and services and ethnographic research and apply these to solving social problems. It is an approach focused on developing insight from lived experience and stakeholders to provide concrete, actionable solutions that fit people's lives and make a difference.

Human-centred design has three phases, although they can cross over.

- Inspiration, in which you use research to understand people and the problem, their lives, hopes and needs, what they do to themselves to cope with the problem and what could work for them.
- Ideation, in which you make sense of what you have heard, generate insight, ideas, opportunities for design; prototype, test, and refine with the people you are designing for.
- Implementation, in which you plan how to get the solution 'to market' and maximise its impact and put in place monitoring and evaluation to see how it is working.

Human-centred design has a focus on lived experience. But this is broadly the process that Government follows to produce policy or a regulator to produce standards. Evidence is analysed to produce initial proposals, which are consulted on with stakeholders. The proposals are refined, put into practice and evaluated.

Using evidence to propose standards

Background from the Consumer Review

We started with what we had learned from the earlier Consumer Review of blocking software about what matters to users, based on research on self-exclusion and online user reviews of the various products.

For the Consumer Review, we reviewed the limited evidence available on self-exclusion and produced a framework. We reviewed each of the blocking software products against the framework as 'expert consumers', with knowledge of gambling difficulties, product development and health interventions. We complemented and verified our assessment against online consumer reviews and discussions on review sites and forums for those

[1] IDEO (2015), The Field Guide to Human-Centered Design, IDEO.org, https://d1r3w4d5z5a88i.cloudfront.net/assets/guide/Field%20Guide%20to%20Human-Centered%20Design_IDEOorg_English-0f60d33bce6b870e7d80f9cc1642c8e7.pdf, p.9

experiencing problem gambling. All the findings were based on information readily accessible to consumers.

The development of the initial standards for this project then took a two-pronged approach, using two main sources of evidence.

Health and care quality standards as a basis

Gambling blocking software is a health intervention. In developing minimum standards for blocking software, our first step was to learn from health and social care regulation. There are well-established, evidence-based quality standards in health and social care, with the Care Quality Commission (CQC) as the regulator. We reviewed the standards and regulatory model of the Care Quality Commission. These standards were reviewed to include those of relevance in the blocking software quality standards.

Views and experiences from Gamban users

There is little research on gambling self-exclusion in general and next to no evidence on blocking software specifically. Gamban commissioned Vita CA to conduct an independent review of users' views and experiences of their blocking software. The report was paid for by Gamban on the understanding that the content was not subject to control by them and that control sits solely with Vita CA Limited. The report, entitled *Gamban's Impact: User views and experiences*', was provided to Gamban on 10 December 2020.

This impact review's secondary purpose was to provide evidence on what mattered in blocking software to people impacted by gambling difficulties, to be used as the basis of the standards.

Users of Gamban were asked to complete an online survey. A link to the survey was distributed via an email from Gamban to users on their database. This survey asked permission to share anonymised survey results with the research team and be contacted by the researchers to participate in an interview.

The survey was sent to approximately 12,000 users and received 280 responses. 14 people were recruited through the survey to participate in an online interview to provide insight into the survey responses. A further two people provided feedback via email.

The survey sample was made up of two-thirds men and one-third women. The majority were in mid-life (35-54), followed by younger people (under 35) and fewer older people (over 55). Relationship status included single, in a relationship, married, separate/divorced, and there were people with and without children. The full range of work categories was represented. The majority (94%) were from white British, Irish or other white backgrounds, with only 6% from other ethnic groups.

The interview sample reflected the survey sample well. There was an effort to recruit those from different ethnic groups to the interviews specifically. However, all who took part were white British, Irish or from another white background.

Both samples were self-selected. People volunteered to take part. Using a self-selective sample runs the risk of bias, in that participants willingness to volunteer may be determined by availability or strong views.

Gamban does not currently collect information on its users' characteristics (socio-demographics or gambling profile), and there is no such data available on users of blocking software. Consequently, it is impossible to assess how representative survey respondents are of Gamban users in general or of users of blocking software. In very general terms, the survey sample reflects the population most likely to gamble.

There may be unknown differences between this sample of Gamban users and users of other bocking software products. However, we are confident in drawing observations and insights from the data about blocking software in general.

The survey included questions related to the experience of other blocking software. Interviews were semi-structured and included blocking software in general and how blocking software fitted into the experience of gambling difficulties and help and support.

The survey and the qualitative data supported each other. There was a remarkable commonality in experiences and views across people who took part in the qualitative data, regardless of background. Across the interviews, no new themes were emerging, meaning we can be confident that this sample covered the key issues.

Blocking software addresses a challenge universal to gamblers, regardless of background, and there is likely to be a high degree of core commonalities across people. Although about Gamban, the impact report provides the richest source available of views and insights from lived experience on blocking software and its role in recovery more generally.

It is a community sample rather than a clinical sample. This is not often achieved in gambling research. Research is usually based on people using gambling treatment services, while most people experiencing problems with gambling are not in touch with them.

We extracted key insights applicable to blocking software from the Gamban report and used these with health and social care standards to develop an initial proposed framework.

Refining the proposed standards through consultation

The next phase was to refine the proposed standards through consultation with stakeholders.

Workshops with Experts by Experience

We wanted the feedback of people with lived experience on the proposed standards and to check whether there were different perspectives from those who were not users of Gamban. Online workshops were held with nine Experts by Experience (EbEs), in groups of three, two or alone, as preferred.

The majority were men in midlife but included those under 35, two women, and one person affected by another’s gambling. The majority had used some form of self-exclusion but had

not used Gamban. People were recruited via the Gamvisory network. The EbEs all lead their own, separate, and various campaigns and programmes. They all seek reform of the gambling sector but have a range of views of the priorities and how this reform should be approached.

The workshops explored the five areas that made up the draft standards. They included broader sharing of experiences of difficulties with gambling and recovery to provide space for the emergence of issues not already identified.

There were strong commonalities between the views of EbEs and Gamban users. This confirms that the user views that make up the standards reflect the concerns of people with lived experience in general. These workshops validated the proposed standards overall, and minor adjustments were made.

Stakeholder engagement

We needed the views of wider stakeholders with a role in the use of the standards. The proposed standards were shared with the Gambling Commission, DCMS, DHSC, GambleAware, gambling treatment providers, and other blocking software providers. Stakeholders were asked about the standards themselves, whom they believed should 'own' the standards and their further development, and who should assess blocking software providers.

Stakeholders provided views anonymously, and, on the condition, these are not attributed to any specific organisation.

The consultation with stakeholders largely validated the proposed standards, with some amendments for clarity. The area with no clear consensus was who should be responsible for owning standards in gambling blocking software and quality assuring providers against them.

Provider input – Gamban's role

The development of the standards was carried out independently by Vita CA, a research and strategy agency.

Gamban is a company providing gambling blocking software since 2015. Gamban helped by facilitating access to their users, explaining what goes into the delivery of blocking software and by funding the project. But the standards are based on the views and experiences of people affected by difficulties with gambling. This includes views that were critical of Gamban.

It is in the interests of all providers to have a credible, competitive market for blocking software. The development of standards in any market involves providers. Providers have important insights into their product, users and the market.

A workshop was held with Gamban early in the process to gain an insight into the provision of blocking software. Gamban was also consulted as a stakeholder in the final stage of development. In the stakeholder consultation, the standards were sent to other blocking software providers, but no responses were received. This is a gap.

Ethics and data protection

The project is consultation and stakeholder engagement rather than a research project and so does not require formal ethical approval. Data protection was complied with, and research ethics principles and processes (including informed consent and safeguarding) were used, based on approaches that enable the safe participation of people with experience of vulnerability in research.

INSIGHTS AND THE EVOLUTION OF THE STANDARDS

This section sets out the insights from each stage of development of the standards and how they evolved through the process. The analysis used a human-centred design approach, which focuses on extracting key and novel insights and ideas (rather than exhaustive thematic analysis, for example). This approach is comparable to that for analysing any deliberative process or consultation. We were consulting with Experts by Experience and a small number of key stakeholders, obtaining in-depth qualitative feedback rather than a 'count' of support for each standard.

Learning from health and social care

Our first step was to learn from the regulation of health and social care. The following sections set out the key points in some depth, which may be unfamiliar to those working gambling harm. It is based on expertise from working in health and social care regulation and core CQC documents.[2]

Origins

The current regulation of health and social care emerged from the Francis Inquiry report in 2013 on the causes of the failings in care at Mid Staffordshire NHS Foundation Trust. It is informed by a range of subsequent reports on safety and person-centred care, including the report into abuses at Winterbourne View private hospital in 2014. The government's plans for change were contained in the two volumes of Hard Truths: The journey to putting patients first.[3]

The findings of the inquiries, and the reforms that followed, were related to the following main themes:

- The need for openness, transparency, and candour throughout the health care system (including a statutory duty of candour)
- Corporate accountability of organisations that deliver care and stronger leadership.

[2] https://www.cqc.org.uk/what-we-do

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270103/35810_Cm_8777_Vol_2_accessible_v0.2.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf

- Improved support for compassionate and person-centred care
- Fundamental standards for health care providers

The Care Quality Commission (CQC), an arms-length body of the Department of Health and Social Care (DHSC), is responsible for quality regulation of health and social care.

Regulatory model

Strong scrutiny

Changes were made to strengthen the regulator's monitoring and scrutiny of providers.

Organisations applying to be registered to deliver health and social care (the equivalent of licensed in gambling regulation) must fulfil certain requirements to demonstrate they will be able to meet regulatory standards. Greater checks were put in place before a provider was registered to evidence the provider was set up to deliver quality care.

There was a very significant investment in data and intelligence, both quantitative and 'big data', and using patient feedback and complaints. This data was used to identify risk and areas of poor care where intervention is needed and to inform a rigorous new routine inspection regime.

The inspection approach was changed from one which largely relied on self-report and generalist inspection teams to:

- Specialist inspection teams with an in-depth understanding of the type of health and social care they were inspecting and including 'experts by experience'.
- Inspection through spending time at the 'frontline', observing care and talking to staff at all levels and service users, in addition to talking to executives and managers.

There is a routine inspection schedule, with a different frequency by type of provider (for example, a care home or a hospital), based on the degree of risk involved in the type of care being delivered. Additional, focused inspections are triggered for those providers where a specific concern is identified. There is also a mix of announced and unannounced inspections.

Fundamental standards

Fundamental standards were introduced, below which care should never fall, covering 'those basic things that everyone agrees are important'. Compliance with the fundamental standards is a legal requirement for regulated health and social care providers. The CQC has a schedule defining what would constitute a breach of the fundamental standards and the associated sanction, ranging from fines to the removal of registration to criminal prosecution.

The fundamental standards are:

- Care and treatment must be appropriate and reflect service users' needs and preferences.
- Service users must be treated with dignity and respect.

- Care and treatment must only be provided with consent.
- Care and treatment must be provided in a safe way.
- Service users must be protected from abuse and improper treatment.
- Service users' nutritional and hydration needs must be met.
- All premises and equipment used must be clean, secure, suitable and used properly.
- Complaints must be appropriately investigated and appropriate action taken in response.
- Systems and processes must be established to ensure compliance with the fundamental standards.
- Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
- Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed.
- Registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

Driving up quality

The regulator goes beyond registering (licensing) and checking compliance with the fundamental standards, to drive up the quality of care, through performance ratings.

Monitoring and inspection of all types of health and social care are against five domains or 'key questions', based on 'the things that matter to people'.

- Are they **safe**? You are protected from abuse and avoidable harm.
- Are they **effective**? Your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
- Are they **caring**? Staff involve and treat you with compassion, kindness, dignity and respect.
- Are they **responsive** to people's needs? Services are organised so that they meet your needs.
- Are they **well-led**? The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

These key questions are elaborated in key lines of enquiry (KLOEs), with prompts beneath each KLOE to guide inspectors. KLOEs and prompts can be varied depending on the type of care being delivered, but the key questions remain the same.

For example, below are the eight key lines of enquiry for 'well-led', for healthcare:

Well-led

- W1 Is there the leadership capacity and capability to deliver high-quality, sustainable care?
- W2 Is there a clear vision and credible strategy to deliver high-quality, sustainable care to people and robust plans to deliver?

- W3 Is there a culture of high-quality, sustainable care?
- W4 Are there clear responsibilities, roles and systems of accountability to support good
- governance and management?
- W5 Are there clear and effective processes for managing risks, issues and performance?
- W6 Is appropriate and accurate information being effectively processed, challenged and acted on?
- W7 Are the people who use services, the public, staff and external partners engaged and involved to support high-quality, sustainable services?
- W8 Are there robust systems and processes for learning, continuous improvement and innovation?

These are the prompts set under KLOE W1:

W1 Is there the leadership capacity and capability to deliver high-quality, sustainable care?

- W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?
- W1. 2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?
- W1. 3 Are leaders visible and approachable?
- W1. 4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?

Providers are rated inadequate, requires improvement, good or outstanding, for each key question, and then given a rating overall covering all five key questions. For each of the KLOEs, there are descriptions of what achieving each rating would look like and what evidence will be considered.

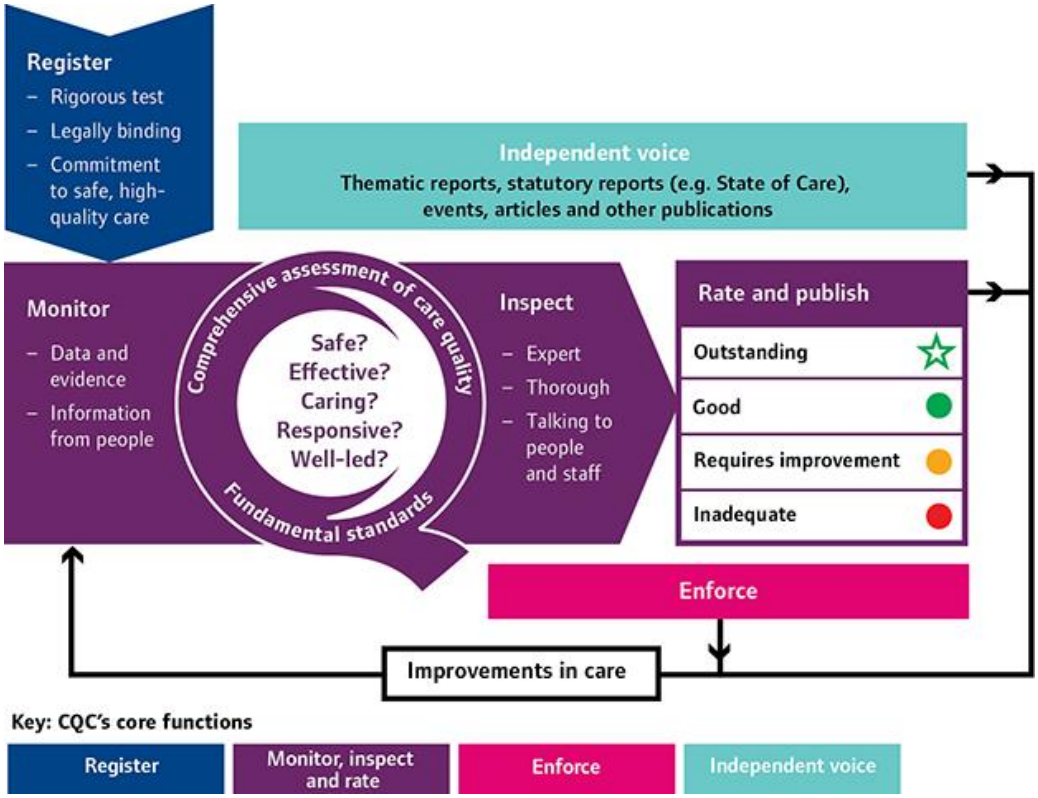
The starting point of inspection is not to check whether minimum standards are being met, but to look for good care, and if that is found, to assess whether there is outstanding care, or if care is not good, whether it requires improvement or is inadequate and if fundamental standards are being breached.

Addressing systemic issues

CQC analyses data from its regulation of providers or undertakes special inquiries to produce reports that shed light on sector-wide performance. This supports changes in strategy and policy to address cross-cutting issues.

Summary of the model

The CQC's overall regulatory model is shown in the diagram below.



Rationale

The rationale for this model is:

- There are rules, fundamental standards that providers must meet or face enforcement action. This is to ensure all care meets minimum requirements.

- Giving providers performance ratings motivates providers to drive up the quality of care. The key questions set up outcomes and describe what achieving those outcomes would look like for each rating level, with providers able to determine how best to achieve these outcomes. Providers must display their ratings, and these are also made available to the public by the CQC online.

- Hard levers of enforcement, such as fines, prosecutions, and removal of registration, are used to ensure minimum standards are met. But where providers are performing better, it is the soft lever of ratings that drives improvement. Ratings motivate positive behaviour by producing competition between providers for status/funding and consumer choice.

- Identifying cross-cutting issues and addressing these through changes in policy also drives up quality across the sector.

Leadership and culture

A central finding of the inquiries into Mid Staffordshire and Winterbourne View was that leadership and culture had allowed or even enabled gross failings in care and harm to vulnerable people. The behaviour of those at the top of organisations was critical to the delivery of safe, quality care. There is a direct correlation between the quality of care and the strategic direction, leadership and cultural expectations set at the corporate level.[4]

The fundamental standards include standards related to employees, leadership and culture, and leadership is one of the key questions. In addition, several further measures were put in place to improve leadership accountability and foster an open culture.

Fit and proper person requirement

Regulation 5 established the fit and proper persons requirement for directors (FPPR) of regulated health and social care providers.[5] Individuals who have authority in organisations that deliver care are responsible for that care's overall quality and safety. The aim is to ensure that registered providers have individuals in positions of authority who are fit and proper to this role of ensuring that providers meet regulatory requirements.

FPPR applies to directors. Directors are the people constituted (formally or informally) as the organisation's decision-making body (such as board directors, board members and equivalents, trustees of charitable bodies and members of the governing bodies of unincorporated association).

To comply with the regulation, providers must not have an unfit director in position. Providers must demonstrate to the CQC they have a proper process in place to make FPPR assessments.

A director may be unfit on a 'mandatory' ground, such as a relevant undischarged conviction or bankruptcy. A director is unfit if they have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) while carrying on a regulated activity (i.e., delivery of health or social care).

The CQC makes information available to inform FPPR decisions:

- Any provider whose registration had been suspended or cancelled due to failings in care in the last five years, or longer if the information is available.
- Public inquiry reports about the provider.
- Information about any relevant individuals who have been disqualified by a professional regulatory body.
- Serious case reviews that are relevant to the provider.
- Homicide investigations involving mental health trusts.
- Criminal prosecutions against providers.
- Ombudsmen reports relating to providers.

[4] https://www.cqc.org.uk/publications/major-report/state-care
[5] https://www.cqc.org.uk/guidance-providers/all-services/fit-proper-persons-requirement-directors-all-providers

Duty of candour

Regulation 20 introduced a duty of candour.[6] This regulation aimed to ensure that providers are open and transparent with people who use services, listen to concerns and learn when things go wrong. Providers must promote a culture, at all levels, from the board or governing body downwards, that encourages candour, openness and transparency:

- **Openness:** enabling concerns and complaints to be raised freely without fear and questions asked to be answered.
- **Transparency:** allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.
- **Candour:** any patient harmed by the provision of a healthcare service is informed of the fact, and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

The duty of candour sets out specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. The regulation defines harm thresholds for what constitutes such a 'notifiable incident' for different kinds of services.

Regulation 20 establishes a duty of candour for organisations, and it is assessed by the CQC. This works alongside professional requirements for candour in delivering health and social care regulated by the professional bodies (e.g., General Medical Council).

Accountability

An important aspect of the CQC model of regulation is a focus on the frontline, where staff deliver, and people experience care. The idea was to 'get under the skin' of care instead of reliance on reports and views from management alone. However, as this approach was implemented, the regulator became aware that the balance had shifted too far.

Health and social care have seen the consolidation of providers into large corporate entities, delivering care across multiple and large geographic areas. This included consolidation for commercial reasons (in adult social care or private healthcare) and public sector providers' organisation into large, complex integrated care arrangements. There were instances where the regulator missed systemic failings across multiple different sub-organisations and locations, resulting from failings emanating from the corporate centre.

In this context, it was recognised that by engaging at the corporate level, the regulator could influence multiple services' quality and drive improvements. It also ensured that the corporate leadership was properly accountable for the decisions it made and the impact on care at the frontline.

Insights

The following are the key insights we took from health and social care regulation:

[6] https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour

- The CQC model of regulation is comprehensive, but it starts from the basis of fundamental standards. The first step is to develop fundamental standards. Fundamental standards are those of core importance.

- The CQC five questions expand the healthcare quality domains originally proposed by Lord Darzi (safe, effective and positive patient experience). A version of these domains is largely universal. The World Health Organisation definition of quality of care is 'the extent to which health care services provided to individuals and patient populations improve desired health outcomes. To achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred.' This is frequently used in America. These dimension of quality for healthcare are a useful starting point for blocking software and recognisable across healthcare markets.

- The leadership, culture, governance and accountability of the provider is critical to delivering quality to users.

Insights from the Gamban Impact report

The next step was to bring together the health and care quality domains, with insights about blocking software in general from the Gamban Impact Report.

The findings led to the creation of five domains. Accessible, Effective, Responsive, Accountable and Safe.

The first three standards were predominantly based on the findings of the Impact Review. The final two standards, accountable and safe, are predominantly based on learnings from the health and social care framework. These are not standards that users asked for directly. They may not have been considered by providers, given that providers of blocking software tend not to come from health and social care backgrounds. They are included because of users' vulnerability and because blocking software is, and should, be considered a health intervention.

Accessible

A key theme was the difficulties people had in accessing help for difficulties with gambling, in general. This includes:

- Not understanding their own behaviour and not being able to identify what the problem was.
- Overcoming feelings of anxiety and stigma to seek help.
- Lack of information and not knowing what help was available.
- Believing the help that was available was right for them and would make a difference.
- Affordability and being able to physically access help when they needed it in a way that was convenient for them.

Many of the people in need of help for gambling difficulties are not in touch with formal treatment services.

Most people found blocking software by happenstance, when undertaking internet searches for help, or seeing it discussed in online forums. Installing blocking software was not the result of people scrutinising different gambling blocking software options and reviewing them against each other. Rather, it was the blocking software they found first on the internet; the website appeared professional; it was recommended to them; they were given a subscription or were unaware there were others.

The majority described several attempts to control or stop gambling and relapses, either momentary or extended. People tended to identify a crisis or moment of insight that galvanised them to install blocking software. For a few, this was insisted upon by people close to them. Often people said they had chosen blocking software as the first step, rather than signing up with GAMSTOP or talking to treatment services. It was private, simple, and quick to get and install, without having to wait, disclose any information or go through a formal process.

In terms of the affordability of blocking software, there was a wide range of different views. Some felt that the price of Gamban was low, especially when compared to how much money they saved by not gambling. Others reflected that any cost is a barrier, as financial difficulties are a defining feature of the user group. For a few, on principle, such a product should be free. It was important that a subscription included licenses for multiple devices, and having to buy many licenses did not drive-up the price.

There were mixed views on subscription periods. A free trial encouraged some to give blocking software a try without a cost. Some said that a monthly subscription contributed to them choosing to start, as the idea of giving up gambling was hard, and they wanted to know they could unsubscribe if they wanted to. However, others felt it was too easy to unsubscribe and begin gambling again or wanted a lifelong subscription.

Insights

Accessibility is core to the success of any health intervention and includes the dimensions of acceptability (the user assessment of suitability or effectiveness), affordability and physical access. In the health and social care framework, accessibility is included as a component within other domains. For blocking software, we have included this as a domain because part of this intervention's potential strength is its accessibility.

The above data demonstrate that blocking software has an important role, as a tool with a potentially high degree of accessibility, for the wide range of people impacted by difficulties with gambling, the majority of whom are not using formal treatment services.

For it to fulfil this role, a provider needs to have a considered approach to enabling access to the tool by those who need it. This includes advertising, marketing, and communication, which builds awareness and trust. It means finding ways to address the barrier of affordability and providing subscription options which respond to the variety of users need. It requires reducing any friction in finding, signing up and installing the blocking software.

Effective

Gambling blocking software works by putting in place a physical barrier to prevent gambling. But there are also psychological aspects. Blocking software was referred to as a safety net, as it protected people from gambling and urges to gamble. Knowing that they could not access gambling on a device provided strong emotional relief. Impulses to gamble were described as overwhelming and distressing in themselves. Not being able to gamble could lead these impulses to lessen over time. People described installing blocking software as acknowledging the problem, and this commitment to change held them back from gambling.

The block gave protection right away from further harm. For some, it was enough that they would have to try and get around it once to put them off trying to gamble. For a few people, blocking software was used to control rather than abstain from gambling. Others were clear that any gambling or exposure to gambling was dangerous for them and wanted the barriers to gambling to be as strong as possible. Many used the various self-exclusion tools in combination for the strongest possible protection.

For most, blocking software had a positive impact on their mental health and well-being. It provided immediate protection from gambling, which gave people space to reflect, seek further help and make positive changes to their lives.

Around half of those in the sample had gambled after installing blocking software. This included gambling offline, using a device it was not installed on, focused efforts to get past it, or when it had not worked to block them from accessing a gambling site when they expected it to.

Overall, people felt blocking software was a very important and useful tool and that no tool was fool proof. Some reflected that there was no ‘quick fix’ or ‘silver bullet’, and relapsing was to be expected. Many reflected that recovery required a range of formal and informal support systems and inner changes. A few felt very let down that the blocking software provider had promised to protect them and failed and blamed them for the money lost.

By contrast, the Consumer Review showed that consumers raised concerns when blocking software resulted in them losing a function on their device or access to social media, or meant they had to relinquish control of their device to the provider. This was especially the case if this was not made clear to them upfront.

There were mixed views about the visibility of the blocking software on a device. Some wanted to get a warning message when they tried to access a gambling website; others did not want anything to show at all and found any reminder of gambling to be distressing. Others wanted a positive message, motivating recovery. Generally, users did not want other people to notice that there was a gambling protection tool installed.

Many wanted protection across all their devices. For a few, this went as far as computers at work or phones belonging to family members. Others chose to install it only on the device they were most at risk of gambling harmfully on (usually their mobile phone). Some found one kind of gambling more problematic than others. But in general, people felt that it was important to be able to block access to all gambling, legal and illegal and including social gambling.

Insights

This showcases the value of blocking software as a health intervention. Ideally, blocking software would provide complete protection from gambling with no impact on the device's usability – which would constitute maximum effectiveness. However, the different solutions have different trade-offs between these dimensions. Ultimately, the preferred balance between protection and non-interference with the device's everyday usability comes down to consumer choice. In addition, different solutions are more or less effective on different devices and operating systems.

To make a choice, consumers need to be informed and have an adequate understanding of the product they purchase. Otherwise, the tool could inadvertently create additional risk for vulnerable individuals when it does not work as expected or interferes with their devices' usability.

The counterargument to this is that transparency will help customers circumvent the tool and that they may not trust it enough to use it. However, it is possible to be clear to consumers about the level of protection without giving away information that would help circumvent the tool. People said they knew they could get around blocking software if they really wanted to, and no blocking software could be completely effective or enough on its own.

Users need easy to understand information upfront about the level of protection, whether this varies across devices, any impact on the everyday use of the device, and how the block's presence will display.

The product needs to deliver against what is promised to users. This includes high reliability and proper software maintenance and development. Providers need an approach to ensuring performance in the context of diverse and changing devices and operating systems. For blocking software, a core element of effectiveness is the capability to keep up to date with the ever-expanding opportunities to gamble.

Responsive

Blocking software alone was not a fix for difficulties with gambling. People described how addictive they found gambling and its damage to relationships, finances, and health. Recovery required a range of support and changes to their own thoughts and feelings. Where people remained socially isolated, struggling to cope with mental or physical health problems or were burdened by enduring financial harm, they tended to continue being trapped in gambling.

Blocking software was recognised as an important support to gambling treatment and gave protection when treatment ended. However, there was a lack of knowledge of the National Gambling Treatment Service or a view such services would not be of help. There was a reluctance to disclose gambling problems to GPs or mental health services for fear of being dismissed or judged. Signing up with a blocking software provider was often a first step to seeking help, and many users were not in contact with formal treatment services or other support.

Affected others played an important role in people installing blocking software. Friends and family were an important motivator for people to address their gambling difficulties, and in

some cases, they found the blocking software for the gambler. Blocking software helped affected others as it gave them peace of mind. Installing blocking software was a way to start rebuilding trust and relationships.

Blocking software in its current form addresses one problem – the accessibility of online gambling. The core issue is the same for all gamblers, and the software provides the same core solution to all of them, blocking access, and needs to do this well. However, there were a variety of needs and wants around this core functionality.

This included subscription length, how subscriptions should end and what kind of messages should be displayed when content was blocked. This was also some desire for additional functionality, such as integration with other forms of self-exclusion and the ability to block advertising and social media content. Some people felt it could include motivation for recovery, such as messages to oneself or a toolkit to use when you needed it (for example, a playlist of your favourite music). Some wanted alerts to affected others or treatment providers; others strongly did not.

Insights

These findings indicate the importance of linking block software into the wider range of support services. This is to facilitate the use of blocking software and enable access to other sources of help for blocking software users, to enable recovery.

Responsiveness in healthcare is the design of services with users at the centre. The findings show there are a variety of needs and preferences. To be user-centred, providers need to have systematic ways of collecting the views and experiences and outcomes of users and using these to inform service improvement and development. This includes affected others, who emerged as an important group with their own needs.

Responsiveness should also be considered at the individual level – what is often referred to as person-centred care. This means a service need to treat every person with compassion, kindness, dignity, and respect. This includes timeous and helpful support for users.

In health and social care standards, caring, person-centred care is a separate standard. As blocking software is not delivering individual-level care, this aspect has been incorporated into overall responsiveness. It nonetheless remains important for the provider to engage with individual users in this way.

Accountable

A very significant element in health and social care regulation is the focus on corporate accountability, a positive, ethical, well-run organisation and leadership at the top of the organisation. It is well evidenced in healthcare that leadership, decision-makers behaviour and organisational culture are essential to delivering quality interventions and to the way that users are treated. This needs to be supported by good systems for governance and quality assurance. As fundamental are well-supported staff, competent in the roles they are performing. In the Consumer Review, for some providers, it was not easy to understand from the publicly available information who the organisation was and how they were run or funded. This was echoed in the online user reviews of some providers, which raised concerns about

consumer complaints procedures, consumer redress, and difficulty engaging with blocking software providers.

Therefore, the standard of Accountable was built on learnings from health and social care regulation and in response to user views. Accountable was chosen rather than Well-led because of the primary need to develop openness, transparency and accountability to users within the blocking software market.

Safe

It is very clear from engaging with users that the people using blocking software are highly vulnerable. They were often desperate or in the early stages of recovery and at a point of very high risk, which means that they are vulnerable to exploitation and malpractice.

Safety is the basis of health care. People must not be given unsafe care or treatment or be put at risk of harm that could be avoided. As a health intervention for people experiencing vulnerability, considerations of safety and safeguarding from abuse are fundamental. These are elements that may not have been strongly considered by providers of blocking software emerging from outside of the health and care sector.

The standard Safe for blocking software brings in elements relevant to safety in software, including the importance of data protection.

Validating the proposed standards with EbEs

The draft standards were then workshopped with Experts by Experience. Only one had any experience of Gamban. The majority had used some form of self-exclusion tool. The workshops strongly confirmed what had come from Gamban users and the general applicability of the draft standards to people experiencing gambling difficulties. There were some differences in emphasis. This related to the fact that the EbEs' experience of gambling difficulties was at the very severe end. The discussion below focuses on areas where EbEs added to our insights.

Accessible

As with Gamban users, they found that trying to find help for gambling difficulties was a haphazard experience. EbEs felt there should be the development of support where people are in the community and which drew on others with lived experience. They suggested that blocking software providers think about how to get their tool to a wider range of people, beyond those in treatment (for example, linking with programmes that are being developed in sports or wider public awareness initiatives). This group spoke about stigma, and how this led to anxiety and mistrust and that providers would need to communicate in such a way as to overcome this.

Effective

The Gamban users we interviewed were very critical of the practices of the gambling companies. The EbEs said it was important to remember that gambling blocking software was

only needed because of the extensive opportunities to gamble in dangerous ways online. They said the need for reform of the gambling sector must not be forgotten, to address the cause of the problem.

We asked about the trade-off between device usability and the level of protection provided by the software. EbEs tended to want the block as strong as possible, even if it meant losing almost all their devices' usability. A few of the people said that they had chosen not to use blocking software because they knew it would not stop them from gambling, as nothing would stop them from gambling until they had reached a point of change in themselves.

While this group were also concerned with privacy, some felt they would like the blocking tool to be highly visible on their device, potentially providing positive, recovery-focused messages as well as warnings.

Responsive

The EbEs tended to have had a long history of very severe gambling difficulties. They spoke eloquently about their recovery journeys. While each of these journeys was unique, there were common elements. These included:

- A crisis or moment of insight, when they knew at a deep level that they wanted change.
- Gaining knowledge and insight into their behaviour. This included that disordered gambling is a mental health condition and the role of the industry in creating and exacerbating disordered gambling. This helped them understand what had happened and allow them a level of self-forgiveness.
- Replacing the time spent gambling with positive, affirming experiences that gave them a sense of self-worth.

EbEs very strongly emphasised that blocking software alone was not enough, and recovery required rebuilding a life the person found worth living.

Accountable and safe

Discussions with EbEs highlighted the vulnerability of any potential user of blocking software, the need to ensure providers are accountable and do not inadvertently cause harm.

Several EbEs were concern about installing something on a device, not knowing what was in the software and what data was collected. Their experiences with gambling companies led them to have a very high level of distrust, and there were worries about how a gambling company might be able to access and exploit data on people with gambling difficulties.

Insight

Minimal changes were made to the standards as the EbEs discussions confirmed what was proposed. We ensured the standards did adequately reflect the insights from EbEs:

- The highly vulnerable state of any potential user and the need to ensure they are safe.

- The need for providers to build trust and demonstrate that they are trustworthy.

- Blocking software is a tool and not a solution, and even then, it is only one part of the package of tools needed.

- Again, the wide variety in consumer need and the different ways people wanted to use blocking software was a key takeaway. Blocking software is solving the problem of the accessibility of online gambling by blocking access to gambling sites. But there is variation among users as to how they prefer for this to be delivered. Several in this group preferred to sacrifice the usability of a device for a stronger level of protection. Some preferred for there to be highly visible messages on their device. By contrast, some Gamban users only wanted the block for a single device or to be able to control their block. Blocking software is not only for disordered gamblers but for a range of people experiencing different levels of harms, and this is a sizable group. This highlights the importance of providers developing an understanding of the range of needs and preferences. It shows the importance of giving users information to make choices about what tool is right for them. This is also important so that users are not misled regarding the extent of protection, potentially increasing their risk.

Stakeholder views

The following are the views from the stakeholder engagement.

Very few suggestions for additions or changes were made for the standards, with feedback affirming the importance of what was in the standards. Stakeholders emphasised:

- The importance of the transparency and accuracy of statements about the software product so that an individual can readily make comparisons between the different products and options that exist.
- The need for functionality across different kinds of devices, and smartphones.
- The need for customer support lines and consumer redress should a product fail.
- Developing links with other sources of help and treatment agencies to promote access and recovery.

There was a recommendation that the standards include a lack of reference to experts in gambling-related harm when developing tools, scripts, training for staff, or any aspects of the product. This was included.

There was a desire for the standards to be more specific and detailed. This would require the next step in development, which would involve piloting in a real-world situation and defining levels of performance and metrics to assess performance against in a consistent way. This is more appropriately done by the body to take responsibility for the standards. As is, these are comparable to the fundamental standards in health and social care and provide a useful starting point for users, providers and commissioners to think about ‘what good looks like’ in gambling blocking software.

As a novel tool in the gambling sector, blocking software is often perceived in a vacuum as ‘software’ and not in the wider context as a health intervention. Due to this, some stakeholders

asked why standards for blocking software were needed. This feedback was incorporated into this report by providing background to the health and social care standards. Others expressed that clear and well-evidenced standards for blocking software would be helpful.

When asked who should own the framework and continue its development, there was a general reticent from stakeholders to give an answer. The few who did so suggested the Gambling Commission. This may reflect that quality assurance of gambling blocking software currently sits in a grey area where no one is responsible for oversight to ensure vulnerable users are protected and well-served. The same seems to be the case in other areas, for example, educational initiatives with young people.

It was remarked that whoever is responsible for updating and developing the standards will need to ensure that they are reviewed regularly, in line with changing regulation and emerging research and in consultation with those with lived experience. It is, therefore, important that the organisation has sufficient resources to do so.

There was a concern that this research and the proposed standards may also be subject to criticism as a provider of blocking software has commissioned it. The standards are based on what matters to users. In the context of a significant gap, the fundamental standards are a helpful beginning to facilitate the development of independent quality assurance of blocking software – to better meet user needs and reduce gambling harm.

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Fundamental standards for gambling blocking software

These are the proposed fundamental standards for gambling blocking software. The standards are what matters to users in gambling blocking software. This put users at the centre to better meet their needs and reduce gambling harm. These are the factors all gambling blocking software providers should consider and address and which all users have the right to expect. They are the basis of providing a quality, safe tool for people experiencing gambling difficulties.

Accessible:	People know about and are confident to use the tool, and the barriers to uptake are minimised.
Effective:	The tool provides a barrier to online gambling opportunities, balanced against the impact on the device’s everyday use.
Responsive:	The provider and its product respond to user needs.
Accountable:	There is good leadership and governance that ensures quality and safety.
Safe:	Users are not put at risk of harm that could be avoided.

1 Accessible: people know about and are confident to use the tool, and the barriers to uptake are minimised.

1.1 The provider has an approach to enable access to the tool by those who need it.
1.2 The tool is easy to discover through search engines.
1.3 There is clear, accurate information about the product, and the provider, which users easily understand.
1.4 There is an approach to pricing, subscription options and a number of licenses that considers the importance of affordability.
1.5 Sign up, and installation is made simple and easy.

2 Effective: the tool provides a barrier to online gambling opportunities, balanced against the impact on the device's everyday use.

2.1 The block takes effect quickly to prevent harm.
2.2 It is clear to users what categories of content are blocked (legal, illegal, social gambling, new forms of gambling).
2.3 The tool has a way to keep up with the continually changing gambling websites and apps.
2.4 The tool has a way to keep up with changing devices and operating systems.
2.5 It is clear to users the level of protection provided on different devices and operating systems.
2.6 It is clear to users any effect there will be on the everyday use of the devices.
2.7 The software is as reliable as possible (provides the protection expected with minimal interruption or glitches).
2.8 The software is continually maintained and updated.
2.9 Users know whether it is noticeable that there is a gambling block on the device (what will show on the device when blocking a website).

3 Responsive: the provider and their product respond to the user's needs.

3.1 All users are treated with dignity and respect, and everybody is treated as equals.
3.2 There is a timeous and helpful support for users.
3.3 People's views and experiences are gathered and used to improve and develop.

3.4 The needs of different kinds of users are considered, including affected others.
3.5 Recovery and well-being are promoted through facilitating access to other sources of help and support.
3.6 Clinical and other expertise in gambling harm is made use of to strengthen what is provided to users.

4 Accountable: there is good leadership and governance that ensures quality and safety.

4.1 There is a commitment to act in the best interests of users.
4.2 There are effective processes to check on quality and safety, to continually improve and reduce risks.
4.3 It is publicly stated whether there are any conflicts of interest in how the provider is funded or led and how these are managed.
4.4 All staff have the qualifications, competence, and experience to perform their role.
4.5 All staff are given the supervision, training, and support they need to perform their role.
4.6 It is clear to users what the complaints procedure is, complaints are investigated, and action taken in response.
4.7 Evaluations and user reviews are publicly available.
4.8 The terms and conditions are easy for users to understand what they are consenting to.

5 Safe: users are not put at risk of harm that could be avoided.

5.1 The software is free of malware and viruses.
5.2 There is the protection of personal data and compliance with data protection regulations.
5.3 Electronic systems are secure, including website, digital infrastructure, and payment methods.
5.4 There are policy and training on safeguarding that protects users from abuse and harm.
5.5 Staff who interact with users are competent and appropriate to engage with people experiencing vulnerability.
5.6 There is an approach to help keep users safe at the end of the subscription, such as a cool-off period.