

Money and Mental Health response to the Gambling Commission's Consultation and Call for Evidence on Remote Customer Interaction

Introduction

The Money and Mental Health Policy Institute is a research charity established by Martin Lewis to break the vicious cycle of money and mental health problems. We aim to be a world-class centre of expertise developing practical policy solutions, working in partnership with those providing services, those who shape them, and those using them, to find out what really works. Everything we do is rooted in the lived experience of our Research Community, a group of 5,000 people with personal experience of mental health problems.

This written submission has been informed by this powerful, lived experience testimony, as well as our wider body of research. Unless otherwise specified, all quotes in this response are drawn directly from our Research Community. In particular, it makes reference to research conducted for a recent report, *A Safer Bet*, published in July 2020 that looked at people with mental health problems' experiences of online gambling. This involved a survey of 238 members of our Research Community who had gambled online, as well as a focus group. For more information please read our *A Safer Bet* report [here](#).

In this document, we respond to Questions 11, 12, 15, 16, 17, 19, 22, 23, 27, 28, 31, and 32.

Background

- In any given year, one in four people will experience a mental health problem,¹ and over a lifetime this rises to nearly half the population². However, we do not always know when we are unwell, or receive treatment. Over a third (36%) of people with a common mental disorder have never received a diagnosis, and 62% are not currently receiving treatment.³
- The incomes of people with mental health problems are significantly lower than average, for people with common mental disorders like anxiety or depression this equates to an income gap of £8,400.⁴ This can mean they have less savings to fall back on when their income drops.

¹ McManus S et al. Adult psychiatric morbidity in England, 2007. Results of a household survey. NHS Information Centre for Health and Social Care. 2009.

² Mental Health Foundation. Fundamental facts about mental health. 2016.

³ McManus S et al. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. NHS Digital. 2016.

⁴ Bond N and D'Arcy C. Mind the income gap. Money and Mental Health Policy Institute. 2020.

- People with mental health problems can experience a range of difficulties accessing the benefits system, which can make it harder to claim entitlements.⁵
- Common symptoms of mental health problems, like low motivation, unreliable memory, limited concentration and reduced planning and problem-solving abilities can make managing money significantly harder.⁶
- People with mental health problems are three and a half times more likely to be in problem debt than those without, and half (46%) of adults in problem debt also have a mental health problem.⁷
- Mental health and financial problems can form a devastating, self-reinforcing cycle. Over 420,000 people in problem debt consider taking their own life in England each year, and more than 100,000 people in debt actually attempt suicide.⁸

Consultation questions: Requirements for specific indicators

11 Do you have any comments on the proposed requirement SR provision 4 to require remote operators to interact in a timely manner, to interact at a level appropriate to the indicator, and to require automated solutions where necessary?

We welcome the proposed requirement SR provision 4. For our recent report on online gambling and mental health, *A Safer Bet*, we surveyed members of the Money and Mental Health Research Community, a group of 5,000 people with lived experience of mental health problems. Among the 238 respondents, we found that the overwhelming majority were supportive of gambling operators stepping in when they spotted signs of problem gambling, and taking significant action when doing so.⁹

We asked respondents what they would want operators to do in five scenarios that could be indicators of problem gambling: gambling for long periods without a break, spending more money than normal, repeatedly turning deposit limits on and off, gambling at unusual times, and betting on unusual things. In each scenario, more than nine in ten respondents wanted the operator to take action, and many felt that immediate robust action was often most appropriate. In two scenarios - gambling for long periods without a break or spending more money than normal - a majority (59% and 57% respectively) said they would want the operator to take

⁵ Bond N, Braverman R and Evans K. The benefits assault course. Money and Mental Health Policy Institute. 2019.

⁶ Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.

⁷ Holkar M. Debt and mental health: a statistical update. Money and Mental Health Policy Institute. 2019.

⁸ Bond N and Holkar M. A silent killer: Breaking the link between financial difficulty and suicide. Money and Mental Health Policy Institute. 2018.

⁹ Holkar M and Lees C. A safer Bet? Money and Mental Health Policy Institute. 2020. For more information on our report, including the methodology, visit <https://www.moneyandmentalhealth.org/online-gambling/>.

strong immediate action, such as freezing their account.¹⁰ In two other scenarios, this option was the most popular (selected by 46% and 43%), with less interventionist options such as the offer of practical support also being supported (by 34% and 30% respectively).¹¹

“I would want them to have some sort of welfare triage system to direct me to appropriate help and support, and for them to immediately freeze my account in the meantime.”

Expert by experience

It is crucial that when operators design customer interactions and choose which indicators to use, they work with those with lived experience of gambling problems to best understand what is required and what would work best. Not doing so could lead to interactions that either have no effect or lead to negative outcomes. Interventions are most likely to work when they are built from the recommendations of people with lived experience.

To help operators, the Gambling Commission should provide guidance on best practice for designing interventions. It should give a definition of what ‘timely’ means in this context. Our research suggested that many online gamblers want immediate action and that delayed action can lead to avoidable harms.¹² It should also provide case studies for firms so they can better understand what timely and appropriate actions can look like.

“Having been so out of control, I would want somebody to step in. I wish somebody had with me years ago.”

Expert by experience

Another key element for best practice is how the action is framed. For example, in our research, respondents felt it was crucial that any action was framed as an offer of support rather than a judgement of behaviour. Respondents also felt that personalisation, such as the ability for the customer to set their own support message, could help make interventions more effective.¹³ In certain scenarios, it will be necessary for the intervention to be automated, but operators should always ensure there is a pathway to support from an appropriate member of staff if the customer needs it. Where staff do interact with customers, it is important that they understand mental health problems and can respond appropriately.¹⁴

¹⁰ Money and Mental Health Survey of 238 people with lived experience of mental health problems. Base for these questions: 165 and 163 people with lived experience of mental health problems who have gambled online.

¹¹ Repeatedly turning deposit limits on and off, and gambling at unusual times. Money and Mental Health Survey of 238 people with lived experience of mental health problems. Base for these questions: 164 people with lived experience of mental health problems who have gambled online.

¹² Holkar M and Lees C. A safer Bet? Money and Mental Health Policy Institute. 2020.

¹³ Holkar M and Lees C. A safer Bet? Money and Mental Health Policy Institute. 2020.

¹⁴ For more details on best practice for interventions recommended, see our report.

"I would want the company to reach out to me personally, not send me a blanket "Are you gambling too much?"

Expert by experience

Consultation questions: Categories of customer interaction

12 Do you have any comments on the proposed categorisation of customer interactions to help ensure that operator actions reflect the seriousness of the indicators of harm?

While there are many welcome elements to the proposed categorisation, we believe that it could be made clearer. Firstly, the scale currently includes three different dimensions: strength of interaction, the level of tailoring, and the timing of interaction. We feel it would be most helpful to include only one dimension and we believe that this should be the strength of interaction. Only showing the strength of the interaction will help keep the scale clear and easy to understand, allowing operators to refer to the category required. Timing can be important, but including timing on the scale gives the impression that operators should start at the left of the scale and move up, rather than selecting the most appropriate response in each case. We believe that tailoring the response is very important too, but there is only one part of the scale that doesn't involve any tailoring, so this isn't essential to include. The Gambling Commission should, however, ensure that these elements are still included in wider guidance for firms.

Secondly, we think that providing further detail on the indicators that would trigger the different categories of intervention would give more clarity to operators when deciding how to respond in different situations. For instance, case studies outlining appropriate and inappropriate responses would support operators to make more helpful interventions.

Alongside such examples, it is important to remind operators that the appropriate intervention depends on the specific customer circumstances. As set out in addition to SR Code 3.4.1, "[I]censees must tailor the type of action they take based on the number and level of indicators of harm exhibited. Importantly, this may mean taking strong or stronger action straight away, rather than increasing action gradually." Sometimes stronger action is needed immediately rather than slowly moving up the scale.

There are currently several important elements included in the categorisation. It is good to see a range of potential interactions have been included in the diagram. The inclusion of signposting is welcome to help make sure that those who are experiencing gambling-related harm can get the right support. It is likely that many people experiencing indicators of gambling-related harm will also be experiencing another issue, such as problem debt or a mental health problem. Signposting to relevant support charities will often be appropriate.

We also welcome the inclusion of preventative measures. In our *A Safer Bet* report we set out a range of measures that operators can take to make their sites safer by default.¹⁵ Doing so could mitigate the need for more reactive interventions in many cases. We recommended that operators introduce default limits. These limits could be on the amount of spending in a given time period, on deposits, on stakes or on the time spent gambling. Those who regularly reach these limits could then be offered additional support. While it is vital to highlight the importance of preventative measures, we recommend that the Gambling Commission either take these actions out of the diagram or give more information on how they relate to the other interventions. This would help operators both understand why preventative measures are crucial but also give them the clearest understanding of what interactions are required, and when.

“Set limits for everyone per week. If people reach their maximum every week, the limit should go down.”

Expert by experience

Consultation questions: Evaluate

15 Do you have any comments on the proposed requirements to evaluate effectiveness?

We welcome the proposed requirements to evaluate effectiveness. It is essential that firms understand the impact that their interventions have on their customers and that they know which interventions are most effective. This will help reduce future harm to customers and encourage operators to act responsibly. In order to ensure that evaluations have the desired effect, the Gambling Commission should require operators to report the steps they take to evaluate and the results of their evaluations.

It will be important for the Gambling Commission to provide guidance on how operators can best evaluate their actions. The steps operators can take that are included in the proposal, such as the monitoring of changes in play data, are a useful starting point. As put forward in the call for evidence, operators following up with a sample of consumers should be recognised as good practice. Speaking directly to those who have experienced an intervention will help operators to improve the design of interventions so that they work as well as possible for customers. To ensure that the interventions are most effective, a range of customers should be involved in the designing process, particularly those who have experienced previous interventions. Operators should combine both quantitative data, such as spend patterns, with qualitative data collected

¹⁵ Holkar M and Lees C. *A safer Bet?* Money and Mental Health Policy Institute. 2020.

from the customers who have been involved to understand both the effectiveness of interventions but also how they were received.

Call for Evidence questions: harms

16 What additional evidence should the Commission consider in relation to the harms associated with gambling that is not affordable?

In our research, we found that while unaffordable gambling can have a major financial impact, it can also have a significant negative impact on people's mental health and relationships.¹⁶ The Gambling Commission should consider these wider harms when considering what actions are proportionate to the harms experienced.

In our survey of 238 Research Community members, we found clear evidence of financial harm as a result of online gambling. One in three (32%) respondents had bet more than they could afford while one in four (24%) had experienced financial problems as a result of gambling.¹⁷ We heard from Research Community respondents who had to cut back on essential spending, such as on groceries or bills, or had fallen behind on debt repayments as a result of their gambling. People with mental health problems are more likely to be living on lower incomes or in problem debt than those without, which can mean financial losses as a result of gambling can have a more significant impact.¹⁸

"The addiction to load money then use it to bet, is like a hit of cocaine. Wasted hundreds of pounds and missed payments. Very depressing."

Expert by experience

We also found in our research that online gambling, particularly when it was unaffordable, could negatively impact upon people's mental health. More than one in three (36%) Research Community respondents have become stressed or anxious because of gambling online and the same proportion have felt guilty about the way they gamble.¹⁹ There is rarely one single factor that drives people to take their own life. Instead, typically, a range of social issues, life events, cognitive and personality factors are combined. However, analysis of the Adult Psychiatric

¹⁶ Holkar M and Lees C. A safer Bet? Money and Mental Health Policy Institute. 2020.

¹⁷ Money and Mental Health Survey of 238 people with lived experience of mental health problems. Base for these questions: 134 and 135 people with lived experience of mental health problems who have gambled online.

¹⁸ Bond N and D'Arcy C. Mind the income gap. Money and Mental Health Policy Institute. 2020; Holkar M. Debt and mental health: A statistical update. Money and Mental Health Policy Institute. 2019.

¹⁹ Money and Mental Health Survey of 238 people with lived experience of mental health problems. Base for this question: 131 people with lived experience of mental health problems who have gambled online.

Morbidity Survey by Gamble Aware shows that problem gamblers are almost eight times more likely to attempt to take their own life than people who show no signs of problem gambling.²⁰

“In the past, gambling has made me suicidal and extremely anxious.”

Expert by experience

Our research also highlighted the impact that unaffordable gambling can have on people’s relationships.²¹ NatCen research found that an estimated 7% of people in Britain have been negatively affected by someone else’s gambling, with the most common negative impact being on relationships.²² We heard from Research Community members about how the stigma around problem gambling can often lead to them hiding their problem from loved ones, which can lead to a breakdown of trust.

“It’s easier to hide online and not be physically seen to be losing money.”

Expert by experience

Call for Evidence questions: thresholds for affordability assessments

17 What additional information should the Commission consider in setting thresholds for affordability assessments?

We believe that assessing the affordability of gambling behaviour is very important, but we suggest that a different approach to that outlined would be more effective. Affordability assessments should be triggered after customers request to exceed safe spending limits, not after they reach loss thresholds.

We recommend that operators are required to make their sites safer by default. This would include default limits on elements such as the amount of spending in a time period, on deposits, on stakes or on the time spent gambling. We believe that safe limits would reduce the need for affordability assessments as they would prevent unaffordable gambling upfront. Safe limits would be set at levels that would make no difference to the majority of customers but would protect some of the most vulnerable from escalating harm. Higher limits would then only be granted based on affordability assessments using reliable evidence, such as credit checks. Crucially, these customers should still be set limits to protect their safety, and higher limits should be regularly reviewed. However, in the absence of safe defaults across the industry, we

²⁰ Wardle H et al. Problem gambling and suicidal thoughts, suicide attempts and non-suicidal self-harm in England. GambleAware. 2019.

²¹ Holkar M and Lees C. A safer Bet? Money and Mental Health Policy Institute. 2020.

²² Dinos S et al. Treatment Needs and Gap Analysis in Great Britain. NatCen Social Research on behalf of Gamble Aware. 2020.

believe that the Gambling Commission's proposed approach would help to reduce gambling-related harm.

As part of their work on affordability assessments, we believe that the Gambling Commission should look at the mental health income gap. The incomes of people with mental health problems are significantly lower than average; for people with common mental disorders like anxiety or depression this equates to a median annual income gap of £8,400.²³ Due to this more fragile financial position, the harms as a result of problem gambling can be more severe for this group. Every year, one in four of us will experience a mental health problem, which means that this income gap will be experienced by many people who gamble.²⁴ However, more than one in three (36%) people experiencing a common mental disorder will never receive a diagnosis, and many people will not want to disclose to their gambling operator.²⁵

A default approach to people who have disclosed a mental health problem would be unfair; people's finances and symptoms can vary hugely, both across the population with a mental health problem and over time for the same individual. But together, the mental health income gap, the added risk that symptoms of some conditions can expose us to and the large numbers of us with undiagnosed conditions strengthens the case for a relatively low threshold that applies to all.

The Commission should also ensure that the affordability thresholds are regularly updated to ensure that they take into account wider economic changes. The coronavirus pandemic has highlighted how quickly people's financial situation can change, and this will likely have a long-term impact on people's finances. In national polling we commissioned in May, one-third (31%) of those with a mental health problem who had experienced a drop in their income because of the pandemic had cut back on essentials, such as groceries, and one in ten (10%) had already missed a debt repayment.²⁶ As measures introduced to support people financially through the pandemic are wound down, it is possible that there will be wider financial impacts than have so far been felt. This will change what could be considered as affordable gambling and if the Gambling Commission's assessments don't keep pace with such changes this could lead to an increase in gambling-related harms.

Call for Evidence questions: Nature of affordability assessments

²³ Bond N and D'Arcy C. Mind the income gap. Money and Mental Health Policy Institute. 2020.

²⁴ McManus S et al. Adult psychiatric morbidity in England, 2007: results of a household survey. The NHS Information Centre for health and social care. 2009.

²⁵ McManus S et al (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. NHS Digital. 2016. Covers England only.

²⁶ Bond N and D'Arcy C. Income in crisis. Money and Mental Health Policy Institute. 2020.

19 How would consumers react to a handbrake or hard stop requirement, where the operator is required to prevent further gambling unless an affordability assessment is undertaken and shows that the level of gambling is affordable?

In our research, we found that people were supportive of firm action from operators that could be considered handbrakes.²⁷ Although there were some concerns, we believe these can be mitigated if operators take certain steps when designing such interventions. The Gambling Commission should ensure that it does not shy away from intervening in this area to get the best outcomes for customers.

We found that Research Community respondents were supportive of action from operators, for example blocking their account, in scenarios such as them spending more money than normal. There were some concerns that firm action from operators could lead to people reacting negatively and feeling ashamed. Respondents, however, felt that the prospect of reducing harm in these circumstances outweighed any short-term impact it might have on them. Operators must ultimately balance any inconveniences against the harms that can be avoided.

It is crucial that operators properly frame any hard stops as supportive rather than judgmental, and that consumers are also given information and support. To ensure that they get the framing of the intervention correct, operators should develop their responses with people with lived experience and take their preferences into account.

Call for Evidence questions: Consumers in vulnerable situations

22 What forms of vulnerable situations are particularly relevant for consumers who gamble?

As the call for evidence highlights, poor mental health should be considered a vulnerable situation for a consumer who gambles. It is important that the Gambling Commission makes sure that operators understand mental health problems and know how to respond when their customers disclose or display signs of poor mental health.

Mental health problems can vary in intensity and can fluctuate over time. They can also affect our financial decisions in various ways and to different extents. However, our research did find that a significant proportion of Research Community members who gamble had experienced harm, including financial difficulty, as a result of gambling.²⁸ From speaking to the Research Community, we found that mental health problems can affect the reasons why we gamble, our ability to stay in control of gambling and our ability to cut down.

²⁷ Holkar M and Lees C. A safer Bet? Money and Mental Health Policy Institute. 2020.

²⁸ Holkar M and Lees C. A safer Bet? Money and Mental Health Policy Institute. 2020.

We identified three main ways that mental health problems can drive us to gamble online. For some, gambling was seen as a way to try and escape poor mental health, as a short-term means of lifting their mood. For others mental health problems can drive feelings of hopelessness and self-destructive behaviours, and gambling online acted as a form of self-harm, seeking financial losses to confirm negative feelings about themselves. Finally, people with mental health problems are more likely to be on lower incomes or in problem debt, and many respondents described seeing online gambling as a way to solve financial problems. Common symptoms of mental health problems, such as increased impulsivity and difficulty thinking clearly, can make it harder for people to weigh up decisions and lead to an unrealistic view of what gambling can offer.

We found that the design of online gambling sites could facilitate these drivers of harm, as could advertising, which many felt was impossible to ignore.

"[Mental health problems] made me not care, made me think I can win all my money that I need to get out of debt."

Expert by experience

In national polling we commissioned, online gamblers with experience of mental health problems were more likely to feel that it wasn't easy to say in control of online gambling, compared to those who had never experienced a mental health problem (32% vs 23%).²⁹ As mentioned above, increased impulsivity and difficulty processing information can be common symptoms of mental health problems which can make it difficult to control spending on gambling sites. In our national polling, we also found that four in ten (40%) online gamblers who have experienced mental health problems reported that it doesn't feel like they are using real money when gambling online.³⁰ Gambling sites are designed to be immersive, accessible, with low friction and to encourage increased play, all of which can exacerbate this perception.

"I don't feel like I am in real life somehow. I am just addicted to winning or just playing."

Expert by experience

We also identified how mental health problems can make it harder to cut down on problematic gambling behaviour. People with a mental health problem may be particularly slow to seek help, even after recognising they have a problem. Avoidance is a common coping mechanism, particularly for those experiencing anxiety, and behaviours can become more entrenched and

²⁹ Money and Mental Health analysis of Populus online survey of 2,096 people, carried out 7-10 May 2020. Data is weighted to be nationally representative.

³⁰ Money and Mental Health analysis of Populus online survey of 2,096 people, carried out 7-10 May 2020. Data is weighted to be nationally representative.

harder to address if people delay action. Some respondents described feeling dependent on online gambling and being scared to take the first step to cut down. Low motivation, a hallmark symptom of depression, can also impact our ability to take the first steps.

For many people with mental health problems, the significant stigma associated with gambling problems can exacerbate these difficulties, leaving people feeling isolated and further delaying seeking help. We found that take-up and awareness of safer gambling tools provided by operators was low. Those who had used tools felt they had limitations or were ineffective due to the existence of multiple operators.

*“I’ve tried to stop gambling many times and each time I’ve screwed it up when I have an episode [of poor mental health] either high or low. It drives me mad that the access is so easy.”
Expert by experience*

23 Are there further examples of actions operators should take to identify and prevent harm for consumers in a vulnerable situation?

We believe that introducing default limits would make the online gambling environment safer and prevent harm for consumers in a vulnerable situation. Research Community respondents believed that such limits would be the most effective steps firms could take as they could prevent harm rather than being reactive.³¹

Research Community respondents were also supportive of immediate action when problematic behaviour was identified. Many backed operators temporarily freezing accounts until support had been given. Respondents did identify a problem with interventions that are designed to help prevent harm, as consumers often have an account on more than one site which could allow them to continue gambling even after being prevented from doing so on that particular site. The Gambling Commission should look at ways of reducing harm that can arise from this problem. This could include working closely with the financial services industry through bodies such as the FCA and UK Finance to best identify such customers and prevent harm.

One of the key actions operators should take to identify and prevent harm is to react quickly when consumers come to them to discuss concerns they have over their own play and wanting support to stay in control. It is at these crucial points that operators can have the most impact, positively if they respond well or negatively if they respond badly. When consumers come to operators, they are likely to be concerned about their gambling but might not have yet triggered any interventions as their play may not be counted as problematic. The customer could be in a vulnerable situation that the operator might not be aware of, such as being in problem debt or experiencing stress and anxiety over their gambling. It is important that customers in these

³¹ Holkar M and Lees C. A safer Bet? Money and Mental Health Policy Institute. 2020.

situations are given the right support and information in order to prevent further harm. Operators could use GamCare's gambling-related financial harm toolkit to develop these interactions.

Call for Evidence questions: preventing bonus offers

27 In what specific circumstances (if any) should the Commission require as a minimum that operators prevent marketing and the take-up of bonus offers?

The Commission should ensure that marketing and bonus offers are not sent to consumers who are either currently displaying signs of problem gambling or have done so in the past. The Commission should also monitor operator compliance and look closely at the use of bonuses for first-time players and the effects this can have on their play.

In our research, we found that gambling adverts were prevalent in online spaces and many people with mental health problems felt overwhelmed by this. Three-quarters (73%) of Research Community respondents said they always or often see a gambling advert when they go online, and 85% felt it was impossible to avoid seeing online gambling adverts.³²

"The online adverts are horrendous, there feels like there is no escape at times."

Expert by experience

Many respondents felt that the prevalence of adverts led to gambling, as found in other research, and for some it can directly lead to harm.³³ In particular, adverts can make it harder for people who have decided to reduce their gambling to do so and it can lead to them returning to their earlier behaviour. People who have taken the decision to cut down on gambling are likely to have done so after experiencing some form of gambling-related harm or a change in circumstances and as such should be considered vulnerable to further harm. It can be very difficult to limit gambling; only 6% of Research Community respondents agree it was an easy process, while 71% disagreed.³⁴ Tools designed to block gambling adverts online are

³² Money and Mental Health Survey of 238 people with lived experience of mental health problems. Base for these questions: 130 and 129 people with lived experience of mental health problems who have gambled online.

³³ Gambling Commission. Gambling participation in 2019: behaviour, awareness and attitudes. 2020; and Hing, N et al. Do advertising and promotions for online gambling increase gambling consumption?. An exploratory study. *International Gambling Studies* 2014; 14, 3; 394-409; The Behavioural Insights Team and Gamble Aware. Can behavioural insights be used to reduce risky play in online environments? 2018.

³⁴ Money and Mental Health Survey of 238 people with lived experience of mental health problems. Base for this question: 49 people with lived experience of mental health problems who have gambled online.

limited in number and effectiveness, and adverts on television appear during a range of programmes. It is therefore essential that this group are not sent any marketing or bonus offers.

“Facebook adverts cannot be turned off for gambling, only reported as spam, so even after you've tried quitting you still get bombarded with them.”

Expert by experience

28 Are there any circumstances where it would be unfair to consumers to prevent them receiving bonus offers even when there are signs of harm? For example, this could relate to bonus offers which a customer has part-earned or they are expecting to receive as it is available to all customers.

We believe that where there are signs of harm, operators should not be incentivising problematic behaviour.

Call for Evidence questions: Impact

31 Can you suggest any additional ways to measure impact of the changes proposed by the Consultation?

We think the inclusion of the voice of people with lived experience of gambling harm is essential in measuring the impact of changes proposed by the consultation. It is welcome to see this in the consultation, especially the interim experts by experience panel, and the Gambling Commission must ensure that this is at the heart of their work.

32 Do you have any comments on the proposed approach for regulatory data?

Gathering regulatory data on customer interactions broken down by category would be useful. Please see our response to Question 12 on how the scale of categories could be best set out.