Údarás Rialála Cearrbhachais na hÉireann | Gambling Regulatory Authority of Ireland

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government supporting communities

Informing the Social Impact Fund

A National Consultation on Gambling Harm in Ireland

Contents

Glossary of Terms

Affected Others
Family members or close associates harmed by someone else's gambling.

Community based services
Local addiction or support services delivered outside of residential settings.

CPD (Continuing Professional Development)
Ongoing training and education for professionals to maintain and enhance skills, knowledge and competencies.

Cuan Mhuire
A national voluntary provider of residential addiction treatment services.

DATF (Drug and Alcohol Task Force)
Regional partnerships coordinating responses to substance misuse.

Dual Diagnosis
Co-occurring mental health and addiction issues, including gambling.

Gambling Harm
Emotional, financial, relational or social impacts linked to gambling.

GRAI (Gambling Regulatory Authority of Ireland)
The national body regulating gambling and reducing harm under the 2024 Act.

Gambling Regulation Act 2024
Legislation establishing the GRAI and Social Impact Fund.

Gamblers Anonymous (GA)
Peer-led recovery support group based on a 12-step model.

NPGSS (National Problem Gambling Support Service)
A network of gambling specific counsellors based in Family Resource Centres.

Pobal
Manages social inclusion programmes on behalf of the Irish government.

Prevalence study
Research estimating how common a condition is in a population.

QQI (Quality and Qualifications Ireland)
Agency overseeing accredited education and training qualification.

SAOR
A brief intervention model used in addiction services. Support, Ask and Assess, Offer Assistance and Refer.

Self-exclusion
A voluntary process to block access to gambling products or platforms.

Social Impact Fund
A statutory annual contribution from licensed operators to resource prevention, treatment and research on gambling harm.

Executive Summary

This report represents the findings of a national stakeholder consultation commissioned by the Gambling Regulatory Authority of Ireland (GRAI) in partnership with Pobal, to inform the strategic direction of the new Social Impact Fund. The fund represents a critical opportunity to deliver a coordinated, system level response to gambling-related harm in Ireland and to address the longstanding gaps in prevention, treatment and recovery supports.

This consultation marks the first stage in the development of the fund's investment strategy. Its purpose was to identify priority areas for action drawing on the lived, professional and organisational experiences of those most directly affected by or working to address gambling harm. A broader public consultation, including input on the structure of the statutory annual contribution from licensed gambling operators will follow. The findings presented here reflect the views and insights of consultation participants and do not represent prevalence data or formal evaluations.

Recognising the escalating scale and complexity of gambling-related harm in Ireland, the consultation was designed to provide a grounded, context specific needs analysis. Five tailored stakeholder questionnaires were completed by 162 respondents and five focus group workshops engaged 54 participants across key sectors. These included individuals with lived experience of gambling addiction, affected family members, gambling counsellors, residential and community-based treatment providers, NGOs and academic researchers. This mixed-methods approach generated rich qualitative insights to inform the national strategy.

Findings across all groups highlight a strong consensus that while valuable work is underway, the national response to gambling harm remains limited in scale, inconsistently coordinated and marked by service and policy gaps. The absence of a dedicated national framework and unified referral pathways were recurring concerns. Participants viewed the Social Impact Fund as a foundational mechanism to strengthen infrastructure, address service gaps and invest in sustainable responses.

Key Emerging Themes from the Consultation

Across all stakeholder groups, the following issues were consistently identified:

- Gambling harm remains poorly understood, with stigma and lack of public awareness hindering early intervention.
- Support services are not consistently coordinated or visible at national level.
- Treatment and support options are inconsistent, particularly for women, families, young people and marginalised groups.
- There is insufficient support for families and affected others who often carry the emotional and financial burdens of harm without access to dedicated interventions.
- Community-based aftercare and follow-up supports for those leaving treatment programmes are underdeveloped.
- There is a need for structured, specialist training in gambling specific interventions.
- There is a strong appetite for co-produced solutions and awareness campaigns rooted in lived experience.

Evidence-Based Investment Priorities

Stakeholders identified the following priority areas for Social Impact Fund investment. These are grouped thematically to reflect the strategic focus areas most frequently cited across the consultation:

Workforce Development and Training

- Fund specialised supports to provide strategic oversight, clinical governance and coordination across services.
- Fund specialist continuing professional development (CPD) in gambling harm, trauma informed care and relapse prevention.
- Support reform of third level addiction education to include behavioural addiction content.
- Resource accessible, accredited training to support frontline upskilling (e.g. QQI Level 5 and 6).

Service Coordination and Accessibility

- Support the development of national referral and care pathways across all sectors.
- Resource dedicated outreach and engagement roles to proactively support access among high risk and underserved groups.
- Enable flexible funding mechanisms to support smaller community-based services.

Recovery and Family Support

- Fund structured aftercare and recovery programmes, including peer informed and co-produced supports.
- Fund dedicated services for families and affected others ensuring their inclusion in service planning and delivery.

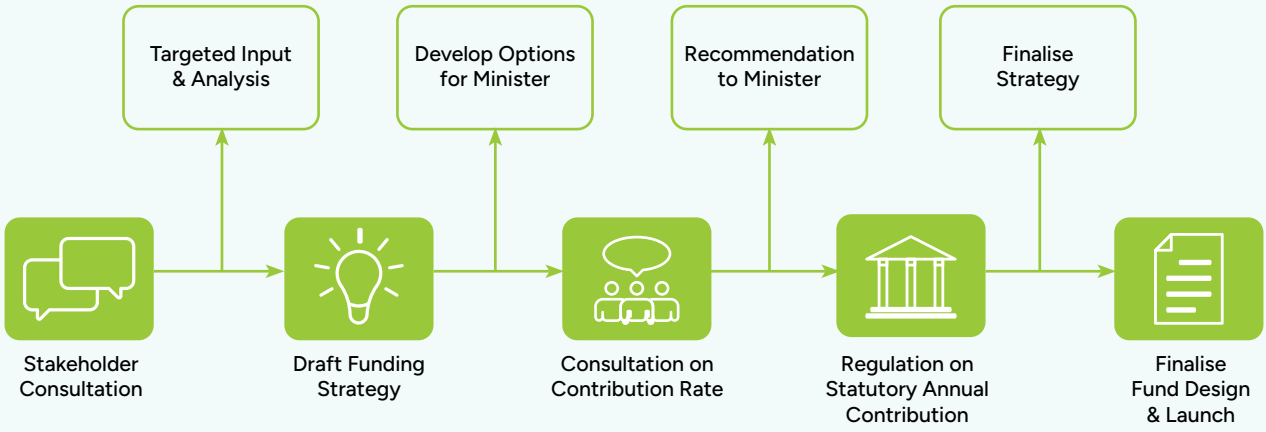
Awareness, prevention and research

- Resource national awareness campaigns including real-life stories, stigma reduction and education in schools, colleges and workplaces.
- Invest in data collection and research infrastructure to support better monitoring of prevalence, service usage and outcomes

All those involved in the consultation widely recognise the Social Impact Fund as a critical opportunity to strengthen and stabilise Ireland's national response to gambling related harm. In particular, the Fund is seen as a mechanism to build long-term capacity and address funding gaps across the prevention, treatment, research and education landscape. Many existing services will require thoughtful integration into the new Social Impact Fund framework to ensure continuity of care and retention of sector expertise. Participants emphasised the importance of clear transition planning, transparency and collaboration to maintain service delivery during the Fund's initial implementation phase.

The report concludes with a series of investment priorities and structural recommendations to guide the Fund's rollout. These are rooted in the lived realities of those affected by gambling harm and shaped by the experience of those involved in this study. In doing so, the report provides an actionable evidence base for policy, funding and programme development that reflects the urgency, diversity and complexity of addressing gambling harm in Ireland today.

Social Impact Fund Stages



1. Introduction

Gambling related harm has emerged as a significant public health concern in Ireland with recent studies indicating a higher prevalence than previously understood. A 2023 report by the Economic and Social Research Institute (ESRI) estimated that approximately 3.3% of Irish adults, equating to around 130,000 individuals, experience problem gambling while a further 7%, approximately 279,000 adults are at moderate risk. The same study highlighted that together, these groups account for nearly half of all gambling expenditure in Ireland, underscoring the extent to which industry revenues are derived from those experiencing harm. These findings highlight the need for a population level response that extends beyond treatment alone.

The Gambling Regulatory Authority of Ireland (GRAI) was established under the Gambling Regulation Act 2024 as the independent statutory body responsible for regulating gambling and reducing gambling-related harm. Among its key responsibilities is oversight of the Social Impact Fund, a new statutory mechanism to be financed through annual contributions from licensed gambling operators. In line with this remit, the GRAI engaged Pobal to support the design and delivery of a national stakeholder consultation to inform the development of the fund's strategic investment priorities.

This report presents the findings of that consultation. The process was designed to identify priority areas for investment by engaging those with lived experience of gambling harm, service providers, community organisations and researchers. Through questionnaires and focus groups, participants shared insights into service gaps, recovery challenges, emerging needs and potential funding priorities.

It is important to note that this report is not a strategic document. Rather, it forms a foundational input into the development of the first strategic investment plan for the Social Impact Fund. Its purpose is to ensure that the design and delivery of the fund is grounded in evidence and shaped by the perspectives of those most directly affected by gambling harm.

The structure of the report reflects this intent: Section 2 provides contextual background, Section 3 outlines the methodology, and Sections 4 and 5 present findings from both quantitative and qualitative engagement. Section 6 concludes with a summary of key implications for the development of the fund.

1.1. Purpose of the Stakeholder Consultation

The purpose of this consultation was to conduct a comprehensive needs analysis to inform the strategic direction of the Social Impact Fund. By directly engaging a diverse range of stakeholders, particularly those most affected by or working to address gambling-related harm, this exercise aimed to generate grounded, context-specific insights into the current landscape of gambling support, education, awareness, and treatment in Ireland.

This stakeholder engagement was conceived not as a one-off event, but as a start and critical foundation for a sustained and evidence-informed response to gambling harm. The process was designed to surface key challenges, identify existing service gaps, and highlight emerging priorities from the perspective of practitioners, service users, families, researchers, and community advocates. It also sought to ensure that the lived experience of gambling addiction and recovery was placed at the heart of strategy development.

The consultation was carried out through a structured programme of five tailored online questionnaires and five facilitated focus groups. The process was co-developed and coordinated by Pobal in partnership with the GRAI, reflecting a commitment to interagency collaboration and participatory policymaking.

In line with the provisions of the Gambling Regulation Act 2024, the Social Impact Fund will provide sustained investment across four priority domains: treatment and recovery supports, research and evaluation, and awareness and harm reduction. This report provides the initial evidence base for that investment, ensuring that resource allocation aligns with the realities on the ground, meets the needs of vulnerable populations, and builds on existing capacities within the sector.

1.2. About the Gambling Regulatory Authority of Ireland

The establishment of the GRAI represents a transformative development in the State's approach to gambling regulation and harm reduction. Created under the provisions of the Gambling Regulation Act 2024, the Authority is tasked with overseeing all forms of gambling in Ireland, (with the exception of the National Lottery), ensuring compliance with the law, protecting consumers, and advancing public health objectives related to gambling harm (Government of Ireland, 2024).

Through the implementation of the Social Impact Fund, the Authority is tasked with supporting a national response to gambling harm that is evidence informed and aligned with public health policy and social policy objectives. The Social Impact Fund will be resourced through industry contributions via a statutory annual contribution mechanism established under the Act.

The GRAI's remit extends beyond regulatory oversight to include safeguarding public welfare through a strategic framework that supports the reduction of gambling-related harm. Its oversight of the Social Impact Fund reflects a statutory commitment to evidence informed investment and sectoral development. The fund will be independently administered with priorities shaped by emerging needs, research and policy alignment.

1.3. Scope of the Report

This report presents the findings of a national stakeholder consultation and needs analysis conducted as a foundational step toward the development of the Social Impact Fund on gambling harm. It provides a synthesis of perspectives gathered from people directly impacted by gambling addiction, frontline addiction service providers, NGOs and community organisations, affected family members, and researchers working in this space.

The scope of the stakeholder consultation was intentionally broad in order to capture the multi-dimensional nature of gambling harm and the wide spectrum of responses required to address it. Thematic priorities established by the GRAI and Pobal as outlined earlier guided the design of the consultation tools and the organisation of this report. Stakeholders were asked to consider both current service provision and unmet needs, as well as to identify areas where targeted investment could have the greatest impact in reducing gambling harm and supporting recovery

The report captures insights from both quantitative and qualitative data, drawing from 162 completed questionnaires and five facilitated focus group sessions. This data was integrated to identify patterns, shared concerns, and points of divergence between stakeholder groups. Importantly, the report amplifies the voices of those with lived experience of gambling harm, reflecting a commitment to embedding user perspectives in the design of future supports.

While the findings are not intended to replace national prevalence studies or formal evaluations, they offer a grounded, context-specific account of current challenges and opportunities from those directly involved in, or affected by, gambling harm. This document serves as an evidence base to guide the development of the Social Impact Fund and to support policy and funding decisions that align with the emerging national regulatory framework for gambling in Ireland.

2. Context and Background

2.1. Gambling in Ireland

Gambling is a prevalent activity in Ireland, encompassing various forms such as sports betting, lotteries, casino games and online gambling. The advent of digital platforms has significantly increased the accessibility and participation in gambling activities.

Recent research by the ESRI indicates that approximately 3.3% of adults in Ireland exhibit problem gambling behaviours, a figure that is ten times higher than previous estimates. Additionally, 7% of adults are estimated to be at moderate risk of gambling harm, highlighting the widespread nature of gambling related issues in the country (ESRI, 2024).

2.2 Gambling Harm as a Public Health Concern

Gambling related harm is increasingly recognised as a public health issue with impacts that extend well beyond the individual who gambles. Unlike traditional conceptions of 'problem gambling' focused solely on personal addiction, a public health framework highlights the wider social, emotional, financial and relational harms that can arise across families, communities and society at large (WHO, 2022; IPH, 2022).

The Health Research Board (HRB) and Institute of Public Health (IPH) have both called for gambling to be approached through a public health lens, drawing parallels with tobacco, alcohol and other behavioural addictions that require population level interventions, not solely clinical treatment (HRB, 2023; IPH, 2022). The World Health Organisation similarly recognises gambling harm as an emerging public health concern requiring multi-sectoral action.

Recent Irish research published by the ESRI (2024) found that 1 in 6 adults reported negative impacts from someone else's gambling, underscoring the ripple effects of gambling harm. These 'affected others' include partners, children, parents, friends and colleagues who frequently experience serious consequences such as:

- Emotional distress and mental health issues;
- Financial hardship, debt accumulation and in some cases risk of homelessness;
- Breakdown of family relationships, domestic conflict and social isolation; and/or
- Neglect of children, including exposure to unsafe or unstable environments.

International studies estimate that for every individual with a gambling problem, between six and ten additional people are negatively affected (Li et al., 2017; Browne et al., 2016). A recent meta-analysis by Wardle et al. (2024) provides important global prevalence insights: 46.2% of adults and 17.9% of adolescents reported gambling in the past year, with higher levels of problematic gambling associated with online casino and slots machine products. The study reinforces the need for differentiated prevention strategies across age groups. Based on these international prevalence rates and the established harm to others ratio, the numbers of affected others globally are staggering, underscoring the widespread societal impact of gambling beyond the individual gambler.

The societal cost of gambling harm, while difficult to quantify precisely, has been estimated to exceed €400 million annually in similar jurisdictions with comparable population size and gambling market structures, when accounting for healthcare usage, employment disruption, legal and criminal justice costs and lost productivity (Langham et. Al., 2017; Wardle et. Al., 2019). A 2019 study commissioned by the UK Department of Health and Social Care estimated the annual economic burden of harmful gambling to society in England at approximately £1.27 billion, underscoring the substantial and far-reaching impact of gambling related harm on public resources and the broader economy (Wardle et al., 2019).

In the Irish context there is a growing call for a comprehensive, coordinated response that goes beyond treatment services to include prevention, education, community outreach and family-specific supports. A public health approach recognises that gambling harm is not solely the result of individual behaviour, but a systemic issue that requires cross-sectoral policy reform particularly in regulation, education and service delivery.

2.3. Current Landscape of Services and Supports

Based on the experiences of those with lived experience, services addressing gambling related harm have historically been fragmented and primarily funded through industry-led initiatives. The Gambling Awareness Trust (GAT), established in 2019, is an independent charity funded by donations from the online and retail betting industry (Gambling Awareness Trust, 2024a). GAT has played a key role in financing research, education, awareness, treatment and rehabilitation services aimed at minimising gambling related harm (Gambling Awareness Trust, 2024b). Although GAT contributed significantly to the development of support services, over €5.5 million between 2020 and 2024, (Gambling Awareness Trust, 2024c), concerns have been raised regarding the perception of industry influence due to its funding model. The reliance on voluntary industry donations has led to calls for a more sustainable and transparent funding mechanism in line with best practice guidelines.

While dedicated infrastructure remains underdeveloped, several national-led initiatives are beginning to lay foundational work for more structured service provision. One key development has been the establishment of the 11 HSE funded pilot services for gambling and gaming support, operating across a range of community settings. These pilot projects introduced as part of the HSE's broader Mental Health and Addiction remit, aim to provide assessment, brief intervention and onward referral for individuals presenting with gambling related harm. In parallel, the recently launched HSE Dual Diagnosis Model of Care (2024) provides a national framework for the integration of mental health and substance use services. Though the initial phase of implementation is focused on substance misuse and mental illness, Phase 2 of the model will explicitly incorporate gambling related harm as part of an inclusive understanding of co-occurring conditions. This future inclusion is a significant recognition of gambling as a behavioural addiction requiring equivalent service response and treatment access to other dependencies.

With the establishment of the GRAI under the Gambling Regulation Act 2024, a statutory Social Impact Fund is being introduced. Funded through a statutory annual contribution on licensed gambling operators, the Social Impact Fund aims to provide a stable and independent source of funding for initiatives addressing gambling related harm including prevention, treatment and research.

3.Methodology and Stakeholder Engagement

This report presents the findings of a national stakeholder consultation and needs analysis conducted by Pobal in partnership with the GRAI. The purpose of this exercise was to gather robust evidence and insight to inform the strategic direction of the Social Impact Fund, with a particular focus on addressing gaps in treatment, supports, education, awareness, and research relating to gambling harm.

A mixed-methods approach was adopted, combining quantitative and qualitative methods to ensure a comprehensive understanding of experiences, priorities, and perceived needs across key stakeholder groups. Focus groups were conducted in accordance with recognised standards for ethical qualitative research (Braun & Clarke, 2013). In total, the consultation engaged 162 questionnaire respondents and 54 focus group participants, spanning six key stakeholder groups, the additional group included in the focus group sessions being gambling counsellors from the National Problem Gambling Support Service.

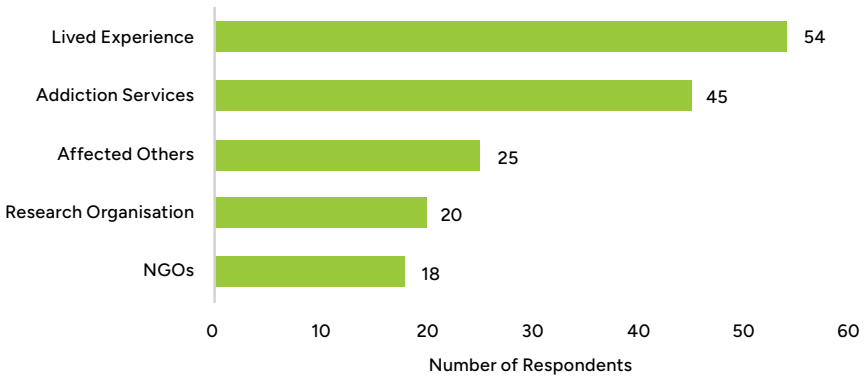
3.1 Survey Design and Distribution

Five tailored questionnaires were developed to target the following groups:

1. People with lived experience of gambling addiction
2. Affected others (e.g. family members, partners, close friends)
3. Non-governmental organisations (NGOs) and civil society groups
4. Addiction service providers (including both community-based and residential services)
5. Researchers and academics working in addiction, public health, or gambling-related fields

Each questionnaire was designed to capture both quantitative and qualitative data. Structured demographic questions and ranking exercises were combined with open-ended prompts to allow respondents to express views on service needs, gaps, and funding priorities. The surveys were accessible through the GRAI website and disseminated nationally via professional networks, social media, and stakeholder partners. A total of 162 responses were collected between April and May 2025.

Survey Reach: Number of Respondents by Group



3.2 Focus Groups

In addition to the questionnaires, five focus group workshops were held to explore emerging themes in more depth and ensure that diverse lived and professional experiences were captured. These sessions included:

- Addiction counsellors from the National Problem Gambling Support Service (NPGSS)
- Residential treatment service staff
- Community-based addiction services
- People with lived experience of gambling harm
- Individuals affected by someone else's gambling

Participants were recruited through service networks and invited based on their direct experience with gambling harm, service delivery, or community engagement. Each session was facilitated by Pobal staff using semi-structured topic guides and a trauma-informed approach.

3.3 Data Analysis and Integration

Quantitative data from the Microsoft Forms questionnaires was analysed using Excel, with descriptive summaries produced for demographic variables and structured response questions. Ranking exercises were aggregated to identify priority areas across respondent groups. Open-text responses and focus group transcripts were analysed thematically. Recurring ideas and concerns were coded inductively and grouped into overarching themes.

This allowed for meaningful integration of findings across data types and respondent categories, providing a balanced picture of both the scale of need and the specific supports required. Care was taken to preserve the nuance of lived experience and professional perspectives while identifying common themes to inform funding priorities.

3.4 Limitations

The consultation process was subject to several limitations. Most notably, the short timeframe for data collection constrained the ability to reach a fully representative sample. This was due to the requirement to support the development of a regulation under Section 54(3) of the Gambling Regulation Act 2024, which will set out the annual contribution to be paid by licensees and must be in place ahead of the first gambling licenses being issued in mid-2026. The limited timeframe also constrained outreach to some marginalised groups and those with limited access to digital surveys. While the findings reflect the views of a broad and diverse set of participants within the study, they are not intended to be statistically representative.

4. Respondent Profile

This section outlines the profile of individuals and organisations who participated in the stakeholder consultation process. Data was gathered through two primary methods: targeted online questionnaires and structured focus group workshops. The responses reflect a broad cross-section of perspectives, including individuals with lived experience of gambling addiction, affected others, addiction service providers, community-based organisations and research organisations. The following subsections present an overview of the demographic characteristics and organisational affiliations of questionnaire respondents, followed by a summary of focus group participants and the diversity of insights contributed.

4.1 Questionnaire Respondents: Demographic Overview

This demographic profile reinforces the broad reach of gambling related harm in Irish society and highlights the importance of inclusive, evidence-based strategies to meet the needs of individuals across all age, gender, ethnic and geographic categories.

A total of 162 individuals completed the online questionnaires developed for this stakeholder consultation as follows:

- Lived experience
  54 respondents
- Affected others
  25 respondents
- Addiction services
  45 respondents
- NGOs
  18 respondents
- Research organisations
  20 respondents

The majority of responses came from people with lived experience of gambling harm and from affected others. These two groups provided important demographic data that helps contextualise their perspectives and needs.

4.2 Lived Experience Group

This questionnaire was completed by 54 respondents who identified as having personal experience with gambling addiction or gambling related harm. The demographic characteristics offer key insights into the profile of people most affected by gambling harms in Ireland.

Age

Responses showed broad representation across adult life stages. The largest proportion of participants were aged 35-44 years (37%), followed by 45-54 years (30%) and 55-64 years (15%) and 25-34 (13%). Smaller but notable proportions were aged 65 and over (4%) and 18-24 (2%)

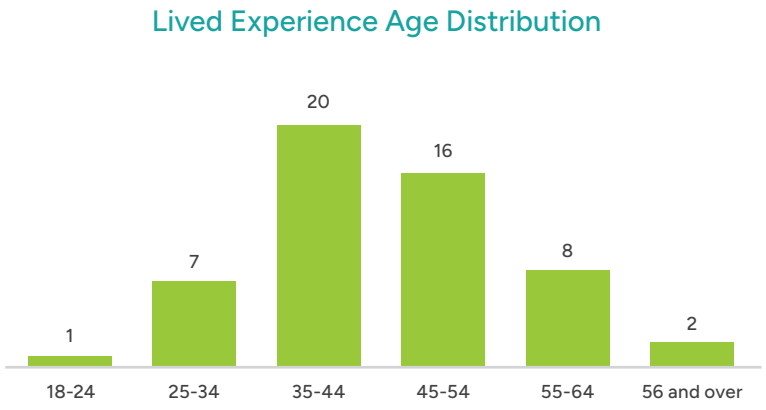


Figure 4.2.1 Lived Experience: Age Distribution

Gender

This data indicated a significant skew towards male participants who made up 67% of respondents. Women accounted for 31%, with only one individual selecting non-binary. This profile reflects the disproportionate impact of gambling harm among men, as well as the need for tailored interventions for underrepresented groups.

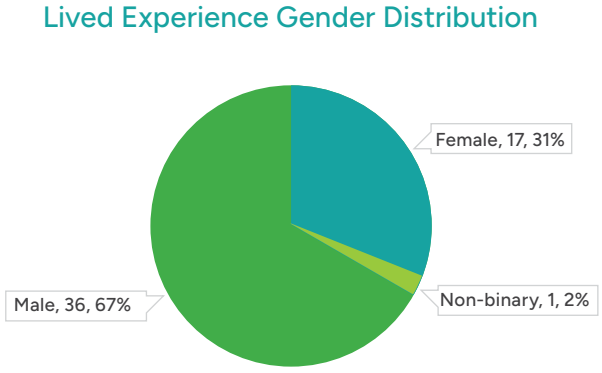


Figure 4.2.2 Lived Experience: Gender Distribution

Ethnic or cultural background

88% of respondents identified as White Irish followed by 10% from any Other White background. Only 2% of respondents identified as African. This points to the need for future efforts to better capture the experiences of ethnic minority groups and ensure inclusion in service development and awareness campaigns

County

Respondents reported living in a wide range of counties. The most frequently mentioned were Dublin and Limerick, but overall, individuals came from 17 counties including Antrim, Armagh, Carlow, Cavan, Cork, Donegal, Down, Galway, Longford, Louth, Mayo, Waterford, Westmeath and Wexford.

4.3 Affected others group

This questionnaire received 25 valid responses from individuals who identified as family members, partners, or close associates of people experiencing gambling related harm. Their demographic characteristics provide further insight into how gambling impacts households and communities beyond the individual gambler.

Age

The majority of the respondents were between 45-54 years old (32%) and 35-44 (28%) and 55-64 (28%) followed by 25-34 (12%). There were no respondents in the 18-24 and 65+ age groups. This age distribution mirrors that of the lived experience group and highlights the burden borne by mid-life adults, many of whom are managing both care responsibilities and financial pressures.

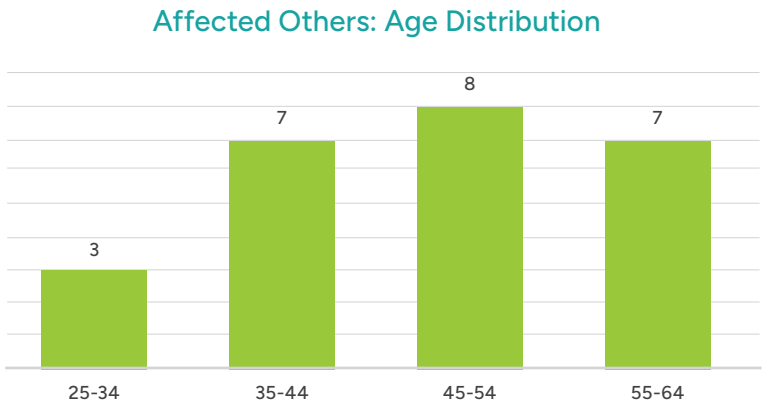


Figure 4.3.1 Affected Others: Age Distribution

Gender

Gender representation was strongly weighted towards women who made up 72% of respondents. 24% of respondents were male with 4% identifying as other. This gender imbalance may reflect the often gendered role women play in providing support within families and the emotional labour associated with responding to addiction-related harm.

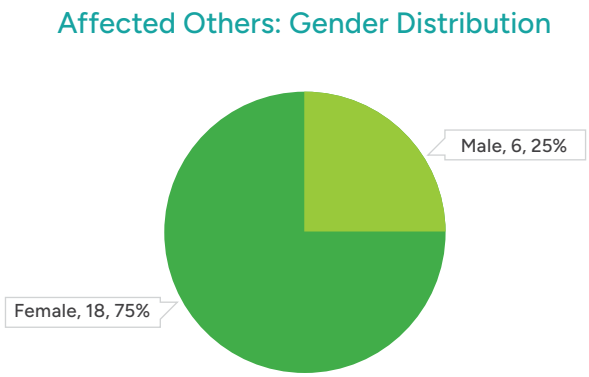


Figure 4.3.2 Affected Others: Gender Distribution

Ethnic or cultural background

92% of respondents identified as White Irish with 4% identifying as White Irish Traveller and 4% as any Other White background. Though not representative of Ireland's ethnic diversity, these figures are consistent with other national consultations and highlight the need to further explore gambling harm in minority communities.

County

County data was not gathered from the affected other group.

4.4 Overview of respondent organisations

The consultation drew responses from a wide range of organisations operating across community, clinical and academic settings. These stakeholders completed targeted questionnaires designed to capture their perspectives on gambling related harm, current service delivery and future needs. The responses reflect a robust and diverse organisational cross-section with extensive reach into frontline service delivery, research and public health.

The following table provides an overview of the organisational focus and target populations.

Type of Organisation	Target Populations
Family Resource Centres	Families, children, disadvantaged communities
Mental Health & Addiction services	Individuals with co-occurring disorders, addiction, trauma
Youth & community development organisations	Young people, early intervention, at-risk youth
Traveller & Roma advocacy groups	Traveller, Roma communities
Migrant & refugee support services	Migrants, asylum seekers, refugees
LGBTQI+ support organisation	LGBTQI+ individuals
Prison & post release services	Individuals in custody, former prisoners, those with criminal justice involvement

The 45 addiction service respondents represented a range of statutory and community-based organisations as presented in the following table.

Service Type	No. of Respondents	Experience with Gambling Harm
Community-based Addiction Services	12	Mixed experience: some had no gambling specific training or clients
Residential Treatment Centres	8	Reported growing presentations; several offer limited support
Family Support Service	7	Often support affected others; lac of clear referral pathways
Youth Services / Early Intervention Teams	5	Noted increasing concern; lack of age-appropriate resources
General Counselling / Psychotherapy	6	Some familiarity; heightened need for CPD and screening tools
Other / not specified	3	Mixed views; one respondent unfamiliar with gambling presentations
Total	**45**	

Among the 20 academic respondents were representatives from universities and public health agencies, as well as independent researchers. Their departments included public health, social science, economics and policy evaluation. All respondents reported involvement in, or plans for, gambling-related research, and all expressed strong support for the establishment of a dedicated research fund.

This diverse set of organisational responses provides a strong foundation for understanding the current landscape of gambling-related services, supports and research in Ireland and informs the thematic analysis presented in the following sections.

4.5 Focus group workshops

As part of the stakeholder consultation five structured focus group workshops were conducted between 9th and 30th May 2025. These sessions were designed to supplement the questionnaire data and provide richer insight into the lived experience, service experiences and sectoral perspectives on gambling related harm in Ireland. Participants were not drawn from the questionnaire respondents but were identified through a dedicated stakeholder identification and mapping process conducted at the outset of the consultation. This mapping exercise ensured representation from key service providers, professional networks and individuals with lived experience in line with the project's inclusive and targeted engagement strategy.

The focus group series involved a total of 54 participants representing a broad spectrum of experience and expertise. Distinct sessions were organised for the following groups

1.	Community-based addiction services
2.	Residential treatment centres
3.	Gambling counsellors from the NPGSS
4.	Individuals with lived experience of gambling addiction
5.	Affected others

Each session lasted approximately three hours and followed a semi-structured format, allowing participants to reflect openly while ensuring all thematic areas were addressed. Discussions focused on structural and psychosocial dimensions of gambling harm, including gambling behaviours and trajectories, help seeking patterns, access and barriers to support, recovery experiences, service system gaps and recommendations for improvement.

5 Stakeholder group findings

The findings presented in this section draw from the combined data gathered through five stakeholder questionnaires and five facilitated focus group workshops, representing 162 total questionnaire respondents and 54 focus group participants. Each stakeholder group brought a unique lens to the consultation, highlighting both shared systemic challenges and distinct service needs based on their roles, experience or professional engagement.

Across all groups there was a deep concern about the severity of gambling-related harm and a widely shared belief that current responses, both in terms of prevention and intervention, are seen to be inadequate. Participants described gambling addiction as a hidden and often misunderstood issue, exacerbated by the normalisation of gambling in Irish society, the ubiquity of advertising and the accessibility of online platforms. Questionnaire responses and focus group discussions alike emphasised the urgent need for an improved national response grounded in prevention, education, treatment and recovery. The Social Impact Fund is widely viewed as a critical mechanism for resourcing this response.

The structure of findings is organised by stakeholder group, with each section further broken down into key thematic areas such as gambling behaviours, impacts of harm, help-seeking, service accessibility and recovery supports. Verbatim quotes are used throughout to amplify participant voices and preserve the authenticity of lived and professional experience. While stakeholder perspectives varied in emphasis, several strong commonalities emerged, laying the foundation for the cross-cutting themes and funding priorities discussed in later sections.

5.1 People with lived experience of gambling harm

The insights shared by people with lived experience of gambling addiction represent a vital strand of this national stakeholder consultation process. This section draws on data gathered through both a dedicated focus group held on 30th May 2025 with 12 participants, and responses to the public questionnaire designed specifically for individuals with direct experience of gambling related harm. In total 54 responses were received through the questionnaire, offering qualitative and quantitative insights into lived experiences of gambling, treatment access, recovery challenges and service needs.

The consultation placed significant value on amplifying the voices of those with lived experience to better understand the complex pathways into gambling harm, the impact of addiction on mental, emotional, and financial wellbeing and the types of supports that prove most effective in recovery. Participants in both the survey and focus groups shared powerful testimonies reflecting deeply personal accounts of harm, resilience, and insights into service gaps and systemic barriers. Many offered constructive, experience-informed recommendations for how the Social Impact Fund can best respond to the needs of individuals and families affected by gambling harm.

Recurring themes across the group included financial devastation, barriers to help seeking rooted in shame and stigma, and a widespread lack of early intervention or public awareness. While recovery pathways varied, many participants credited structured treatment programmes, peer support and family interventions as transformative. Others highlighted the need for greater recognition of gendered experiences, access to local and affordable services, and stronger financial and legal protections. The following subsections outline the core themes that emerged from this group, enriched by both statistical findings and first-person narratives.

Gambling Behaviour and Patterns

Analysis of both focus group discussions and questionnaire responses revealed significant consistency in the gambling behaviours and patterns described by participants. For many, gambling started at a young age, in some cases well before the legal age of 18, with early exposure often through family, peers or sporting environments. The progression from low-stakes or socially acceptable gambling to problematic or compulsive gambling was frequently described as gradual and insidious, fuelled by accessibility, online platforms and a distorted perception of control or 'chasing losses'.

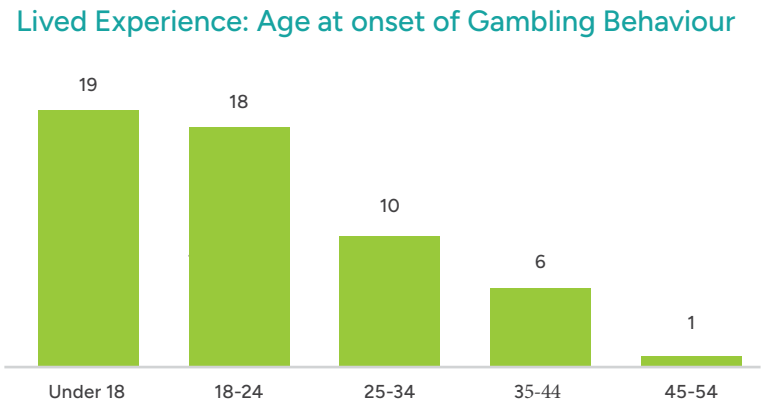


Figure 5.1.1: Lived Experience: Age at Onset of Gambling Behaviour

A substantial proportion of questionnaire respondents (over 70%) reported engaging primarily in online gambling, particularly sports betting, casino-style games and virtual slot machines. The convenience, privacy, and availability of online gambling were described as major contributing factors to escalation. Focus group participants described it as "*gambling in your pocket 24/7*", noting that the shift to online gambling removed social accountability and made it easier to conceal the extent of their behaviour.

The transition from recreational to harmful gambling was frequently characterised by obsessive preoccupation, financial depletion and an emotional dependence on gambling as a coping mechanism. One participant shared "*I felt like gambling was the only way to fix the mess it was creating, the more I lost, the more desperate I became to win it back*". This compulsive cycle was widely reported, with many acknowledging that they continued gambling long after it stopped being enjoyable, driven by desperation, shame or emotional numbing.

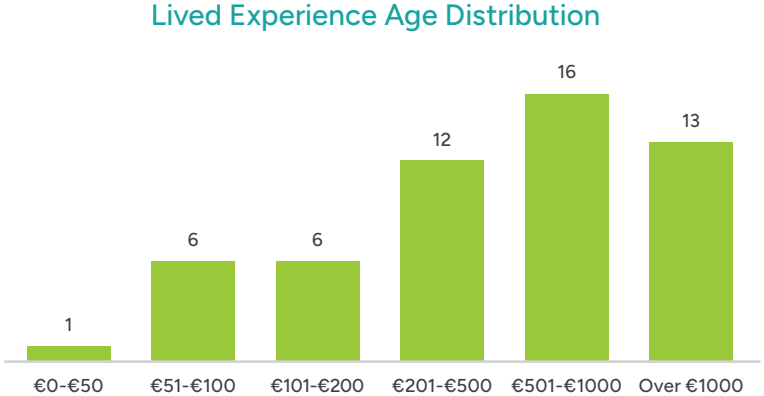


Figure 5.1.2: Weekly Gambling Expenditure at Peak Addiction

Several participants highlighted that gambling addiction is often misunderstood as a matter of poor decision making, rather than a deeply entrenched behavioural health issue. As one individual put it "*Nobody talks about how gambling rewires your brain, it's not about fun or money anymore, it's about survival in your own mind.*" The data affirms that for many, gambling can become an overwhelming and unrelenting compulsion that dominated thoughts, behaviours and relationships, often for years before help was sought.

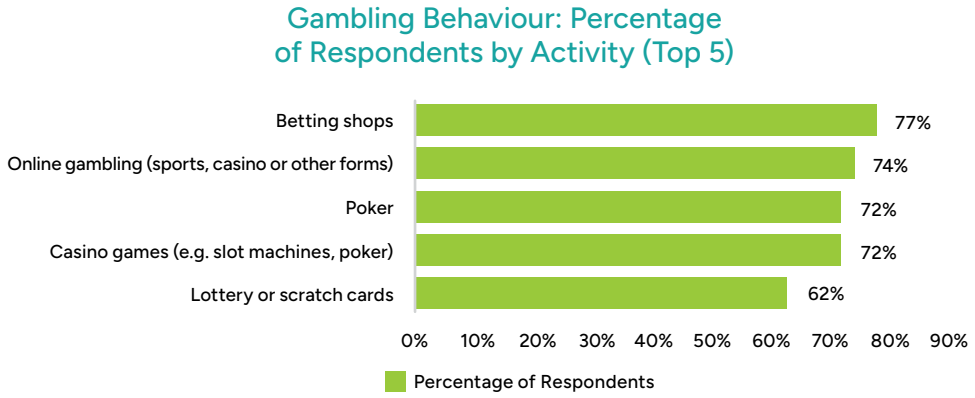


Figure 5.1.3 Gambling Behaviour: Percentage of Respondents by Activity (Top 5)

Impacts and harms

The impacts of gambling harm described by people with lived experience were severe, multifaceted and long-lasting. Emotional, psychological, financial and social consequences were consistently reported across both the questionnaire and the focus group session. The dominant theme was not simply the loss of money, but the profound toll on wellbeing, identity, relationships and future stability.

Many participants described living in a state of ongoing anxiety, self-loathing and isolation. Shame was a recurrent experience, cited as both a barrier to help seeking and a deep source of pain. One participant explained "*It wasn't just that I had no money, I hated myself. The shame of what I'd done, what I'd hidden, it ate me alive*". Several others spoke of mental distress escalating to suicidal ideation, with gambling addiction described as a "*slow erosion of the self*" that was rarely visible to others until crisis point.

Over 80% of questionnaire respondents said their gambling had led to significant financial difficulties. Many referenced accumulated debt, payday loans, theft or misuse of household finances and an inability to meet basic living expenses. The financial legacy was described as a "*debt sentence*" - long-term, often unrecoverable and deeply limiting in terms of life choices. As one person noted, "*Even though I'm in recovery now, I'm still paying for what happened, not just in money, but in trust, in relationships, in everything.*"

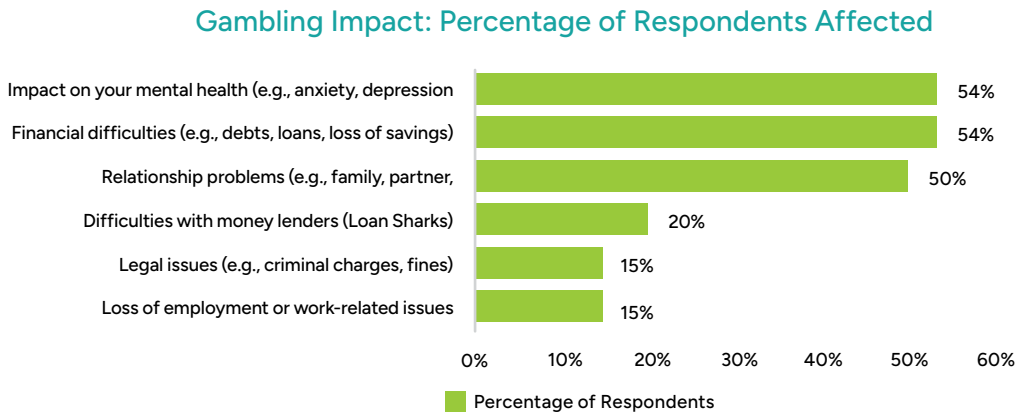


Figure 5.1.4: Gambling Impact: Percentage of Respondents Affected

The relational impacts were similarly profound. Participants in the focus groups recounted the breakdown of marriages, alienation from children and extended family and the destruction of close friendships. "*I lied to everyone I loved. They didn't know who I was anymore,*" shared one person. Emotional detachment, secrecy and the betrayal of trust were described as recurring features of life during addiction, and for many, the emotional fallout continued well into recovery.

Social stigma and misunderstanding were also cited as harmful. Participants expressed frustration that gambling is still not widely recognised as a 'real' addiction, which contributed to feelings of invisibility and self-blame. The cumulative effect of these harms was described as "*devastating*" and long-lasting, affecting personal identity, social functioning and future opportunities, even after abstinence was achieved.

It is noteworthy that while the discussion covered deep emotional, financial and relational harms, impacts on employment or education were not a significant theme in this particular focus group. This may reflect the intensity of personal and interpersonal harms experienced or the specific profile of the group, but it suggests that further targeted exploration of education and workforce impacts may be warranted in subsequent consultation or research phases, particularly for informing future funding priorities.

Help-seeking and support use

Participants' experiences of help seeking for gambling addiction revealed a complex and often frustrating journey marked by delayed intervention, limited service availability and varied levels of understanding among professionals. Many respondents noted that it took a crisis or external intervention before help was sought. As one focus group participant shared, "*There was no early intervention due to pride, shame, denial and secrecy, not being able to confront the problem and reach out for help.*" Stigma and lack of awareness are recognised barriers to help-seeking among people experiencing gambling harm (Gainsbury et al., 2014).

Several people described how their gambling was misunderstood or minimised when they did attempt to seek support. From the questionnaire data only 38% of respondents reported being aware of specialist gambling addiction services at the time they needed help. One person commented, "*I didn't know where to turn. When I went to my GP, they didn't really get it.*" Others spoke of the lack of visibility of support services, noting that unless they already had a connection to addiction recovery networks, gambling-specific help felt inaccessible or hidden.

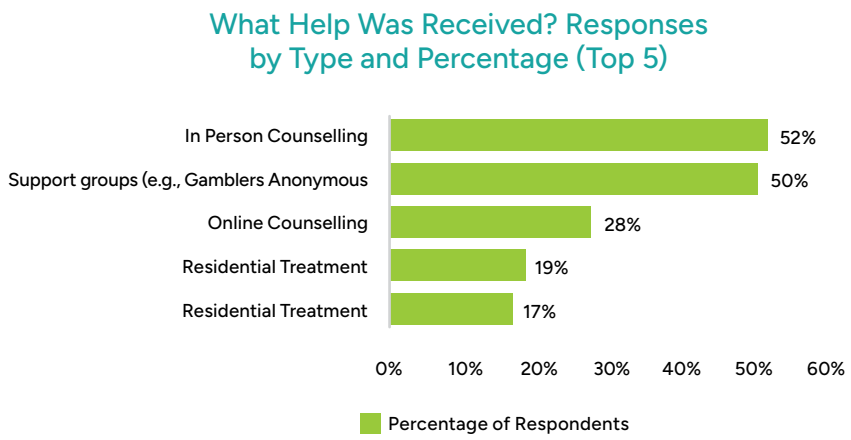


Figure 5.1.5: What Help Was Received? Responses by Type and Percentage (Top 5)

Among those who had accessed supports, the most commonly cited were Gamblers Anonymous (GA), Cuan Mhuire and private counselling. GA was highlighted as a vital pillar of recovery. One respondent stated, "*Gamblers Anonymous was the best thing I ever joined and brilliant people who run it.*" However, others noted that GA is not suitable for everyone and that a more diverse range of support options is needed. Online meetings, while accessible, were not seen as consistently effective or engaging.

Community-based services were described as virtually non-existent, particularly outside urban centres. A focus group participant noted, "*There was no community-based supports. If there was support, there was a lack of understanding.*" Many also expressed concerns about limited availability of female-specific services, noting that current treatment environments can feel male dominated and inaccessible.

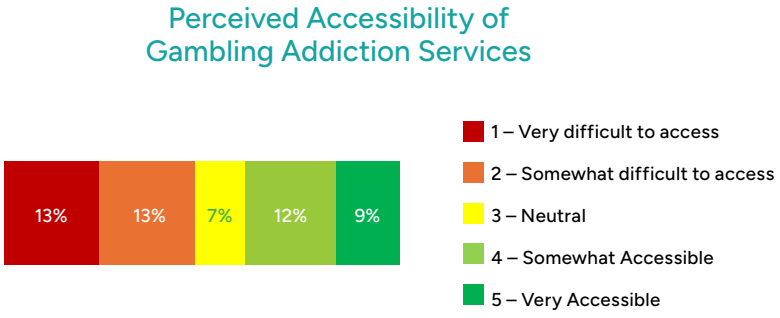


Figure 5.1.6: Perceived Accessibility of Gambling Addiction Services

Additionally, individuals who had contact with the criminal justice system due to their gambling reported receiving no addiction-specific support, which was described as a missed opportunity to intervene. Overall, the consensus was that while some effective supports exist, they are fragmented, poorly advertised and inconsistent in their approach, creating unnecessary barriers for individuals in crisis.

Barriers to accessing help

Participants identified a wide range of barriers that prevented or delayed them from accessing help for their gambling addiction. Chief among those were stigma, shame, denial and a lack of understanding - both personal and societal - of gambling as a legitimate and harmful addiction. One focus group participant reflected, "*It's an exhausting experience, constant preoccupation, sleepless nights, mental torture that leads to the suicidal thoughts,*" noting that the fear of judgement or of not being believed made seeking help even more difficult.

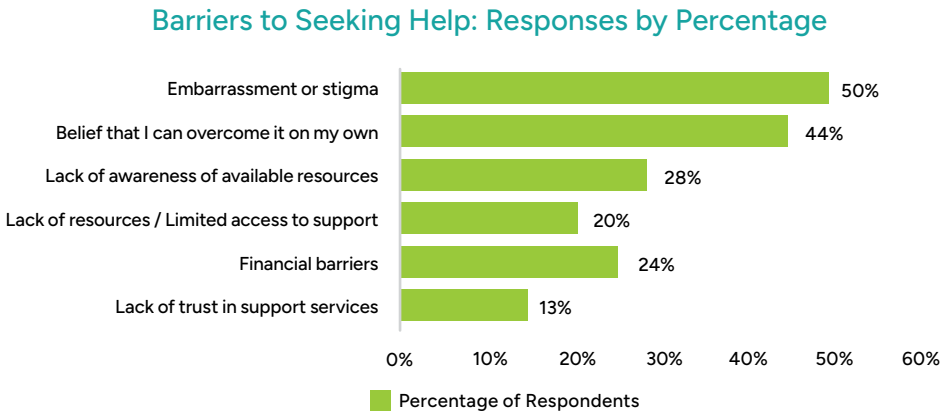


Figure 5.1.7: Barriers to Seeking Help: Responses by Percentage

Many respondents shared that at the height of their addiction; they did not recognise their behaviour as something that required professional support. This was especially true where gambling was viewed as a personal failing or 'bad habit' rather than a diagnosable condition. A questionnaire respondent remarked, "*Yes, it has destroyed my life. Bet365 ads and the like have made it impossible to stop without going into treatment where I have no phone and no money.*"

Structural barriers were also highlighted. Several participants described how services were too geographically distant, particularly in rural areas, or scheduled at times that didn't suit working individuals or those with caring responsibilities. "*Getting to a meeting can involve a lot of travelling,*" one participant noted. Others stressed that the absence of female-specific services, with treatment support perceived as male dominated, contributed to feelings of isolation and exclusion.

The limitations of private counselling were also raised, with some describing it as a "*hit and miss*" experience due to inconsistent levels of gambling addiction knowledge among professionals. "*A negative experience can be detrimental to moving forward with help seeking,*" one person explained.

For many, financial constraints and the absence of insurance cover presented a major obstacle. Some participants recounted having to falsely declare another addiction to access residential care through private insurance. This practice, while offering access to treatment, was described as damaging to the integrity and transparency of recovery. "*You have to say it's drugs or alcohol to get cover, that goes against everything recovery is supposed to be about,*"

The need for a centralised referral system was raised by multiple participants in the focus group, who described the experience of seeking help as confusing and disjointed. This was echoed in questionnaire responses where individuals highlighted a lack of a clear pathway to support and uncertainty about where to go for gambling specific help. One participant noted: "*You have to dig to find help, and when you're in crisis, you're not going to do that,*"

Use of self-exclusion programmes

The concept of self-exclusion was unanimously regarded by participants as a critical, but historically underdeveloped, tool in reducing gambling harm. Both focus group discussions and questionnaire responses revealed that many individuals were unaware of self-exclusion at the height of their gambling or found it difficult to implement effectively across multiple platforms. Participants emphasised that even where self-exclusion tools were available, they were often limited in scope, difficult to navigate, or easily circumvented. While self-exclusion does not fall within the funding scope of the Social Impact Fund, participant feedback in this area is directly relevant in the implementation of the National Gambling Exclusion Register under the Gambling Regulation Act 2024.

One individual in the focus group stated, "*Self-exclusion was absolutely missing at the time but hugely important for reducing harm,*" highlighting how a national, standardised and user-friendly self-exclusion system might have interrupted their gambling behaviour earlier. Another person described the frustration of trying to exclude themselves across several sites: "*It shouldn't be so hard. You should be able to do it once and be done. But every operator is different.*"

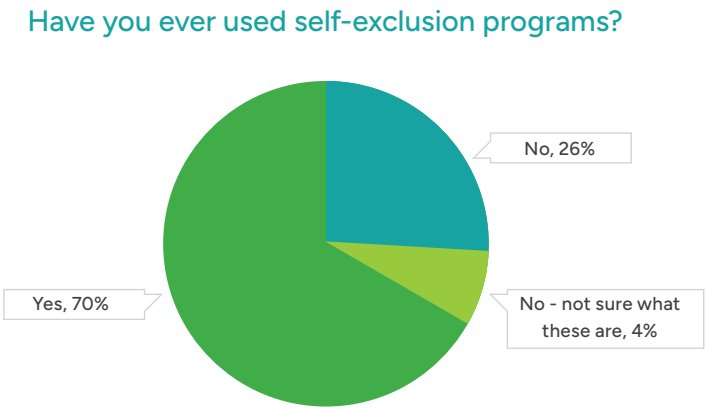


Figure 5.1.8: Have you ever used self-exclusion programs?

There was widespread agreement that self-exclusion must be made easier, more visible, and more consistent across all operators, both online and in retail settings.

This proposal was echoed by others who called for stronger regulatory oversight and a system of mandatory self-exclusion compliance across licensed operators. One respondent emphasised, "*There certainly should be limits set by a bank. I have put through thousands of euros in transactions over a very short period of time, not once was I contacted.*"

Many expressed a desire for banks to play a more pro-active role in preventing gambling harm through transaction monitoring and card-blocking. The ability to access gambling via credit card was flagged as particularly harmful. Several participants called for a ban on gambling on credit and advocated for banks to issue cards that could be restricted from online purchases.

The clear consensus was that self-exclusion, while a valuable harm-reduction measure, needs to be centralised, easily accessible, and strongly supported by operators, regulators and financial institutions. Without these supports, participants noted, self-exclusion can feel more like a token option than a meaningful preventative measure.

Preferred support options

When asked about their preferred types of support, participants were clear and consistent in calling for a range of accessible, tailored and flexible services that account for individual circumstances and stages of recovery. There was a strong preference for services that are integrated and community-based, as well as treatment programmes that offer continuum of care from crisis to long-term recovery.

Many highlighted the value of wraparound services such as those provided by the National Problem Gambling Support Service, which was widely praised for being easy to access, community-based, and available to both gamblers and affected others. Participants also cited the National Gambling Support Network (NGSN) in the UK as an example of a well-structured, centralised service with built-in triage, diverse entry points and a recovery-oriented model. "*It's easy to navigate and gives you a path to follow,*" said one participant, reflecting on the benefits of a clear and coordinated support journey.

Residential treatment was acknowledged as a key resource, particularly when paired with aftercare and family supports. Services such as Cuan Mhuire were repeatedly identified as life saving for participants. However, there was consensus that residential treatment must be supplemented by day programmes and shorter stays for those unable to commit to longer-term inpatient care, particularly women or those with work or caring responsibilities.

Peer support emerged as another strong preference. One participant noted, "*Knowing you're not alone and that someone understands what you're going through makes all the difference.*" The therapeutic value of lived experience, both in formal peer support roles and informal group settings was repeatedly highlighted.

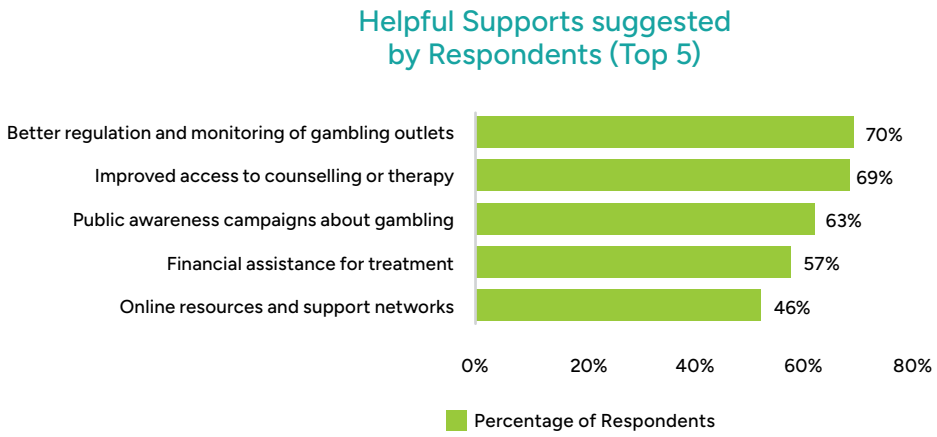


Figure 5.1.9: Helpful Supports suggested by Respondents (Top 5)

Participants also called for more specialist services tailored to specific groups, particularly women, parents and people from marginalised communities. "*The treatment and support space are male dominated,*" *said one individual, "and that has to change if you want women to come forward for help.*" Some also advocated for greater involvement of people with lived experience in the design and delivery of services, as well as in training frontline staff.

Finally, accessibility was a key concern, geographically, financially and culturally. Several individuals stressed the need for local services with flexible hours, including evenings and weekends, as well as services that do not require private health insurance or co-payment. One participant summed it up by saying, "*People will go where they feel seen, understood, and supported, that's what makes a real difference.*"

Perceived barriers to recovery

Participants were candid in sharing the range of systemic, personal and societal barriers they encountered on their recovery journeys. Many described recovery as a complex, non-linear process that requires ongoing support, and they emphasised that current structures do not always accommodate the realities of living with a gambling addiction.

Stigma and shame were repeatedly identified as the most significant barriers. As one participant put it, "*I wanted to stop but I just couldn't, the shame nearly killed me.*" This internalised stigma often delayed help seeking for years, particularly among women who feared judgement or repercussions in their families and communities. Others spoke of the silence surrounding gambling addiction and the lack of public discourse: "*It's the hidden addiction. Nobody talks about it, so you carry it alone.*"

Financial legacy and the burden of debt were also cited as major obstacles. Many participants described how debt persisted long after treatment, limiting their ability to rebuild their lives. Some had been denied credit or mortgages despite years in recovery, and others noted the lack of coordinated financial supports. "*I'm still in massive debt even with a good job,*" one participant said.

Access to appropriate and timely support was another key concern. Some participants described negative experiences with private therapists who lacked training in gambling addiction, while others were unable to find services in their local areas or suitable options for women. "*Residential treatment just doesn't work for everyone",* one individual remarked, "*and women are often completely left out.*" Waiting lists, cost barriers and a lack of structured aftercare were noted as further compounding access issues.

Participants also highlighted system level gaps based on their experiences, including limited awareness of gambling issues among some GPs, the absence of a national referral directory and insufficient screening for gambling problems within addiction services. Several participants emphasised the need for improved pathways into care, more visibility of available supports and standardised protocols across services.

The criminal justice system was identified as another area where people with gambling addiction fall through the cracks. One participant explained, "*If you end up in the courts or in prison because of your addiction, there's no support. It makes the road back even longer.*"

Overall, participants stressed the importance of person-centred, compassionate and well-resourced support structures. They called for greater awareness, reduced stigma and an integrated response system that recognises gambling addiction as a serious public health issue requiring a tailored response.

Figure 5.1.10 Barriers to Overcoming Addiction: Respondents View

5.2 Affected others

The term "*affected other*" is widely used in gambling research and policy to describe individuals such as family members, partners and close associates who experience harm due to someone else's gambling behaviour. Research indicates that each person with a gambling addiction can adversely affect up to ten other individuals, underscoring the extensive ripple effect of gambling related harm on social networks.

Across both the questionnaire and the focus group, participants reported experiences of significant mental health distress, financial strain, social isolation and disrupted family dynamics as a direct result of their loved one's gambling. Respondents emphasised that gambling harm does not occur in isolation; it ripples outwards affecting households, children, extended families and support networks. Many described the emotional toll of deception, broken trust and fear of financial instability as more damaging than the losses themselves. Some were unaware of the extent of the gambling problem for years due to the secrecy and stigma associated with the addiction. Several participants had also engaged in protective behaviours, such as taking control of finances or shielding children from fallout often at great personal cost. These experiences are consistent with a growing body of literature highlighting the significant psychological distress and social consequences experienced by those close to individuals with gambling disorder.

Emotional and relational impacts

The emotional and relational toll of gambling addiction was a central theme for affected others, with the majority of participants and respondents conveying deep and enduring distress. Many described the psychological burden of living with or supporting someone with a gambling addiction as overwhelming and isolating. In the Affected Others Questionnaire, 91% reported experiencing moderate to severe emotional distress as a direct result of another person's gambling behaviour. Participants in the focus group consistently echoed this, with one stating, "*You become consumed by it, the lies, the secrecy, the sleepless nights.*" Gambling harm's emotional and relational effects are well-documented in both Irish and international literature (Browne et al., 2016; Li et al., 2017).

The erosion of trust was a dominant concern. Participants spoke of repeated betrayals, manipulation, and financial deceit that led to the breakdown of relationships and, in many cases, permanent estrangement. As one focus group attendee put it, "*I was living with a stranger, everything was hidden, every word was a lie.*" Another noted, "*Even when the gambling stopped, the mistrust didn't go away. The damage was already done.*"

Feelings of anxiety, depression, anger, and helplessness were common. One respondent explained, "*I couldn't sleep, I couldn't eat, I was constantly worried about what would happen next.*" Several described developing their own mental health issues as a result of the prolonged stress, with some requiring medication or counselling themselves. The emotional impact was not limited to partners; parents, siblings, and adult children also described living in states of constant tension, fear, or denial. One parent wrote, "*I was always hoping this would pass, that it was just a phase, but it got worse. Much worse.*"

In the questionnaire, 73% of respondents reported that the person's gambling had caused serious damage to family dynamics, with 55% saying it led to the breakdown of their intimate relationship. Focus group participants described strained communication, emotional withdrawal, and the impact on children. "*Our kids knew more than we thought, they felt everything,*" said one participant. Others noted intergenerational impacts and a deep concern for the future wellbeing of children growing up in gambling-affected households.

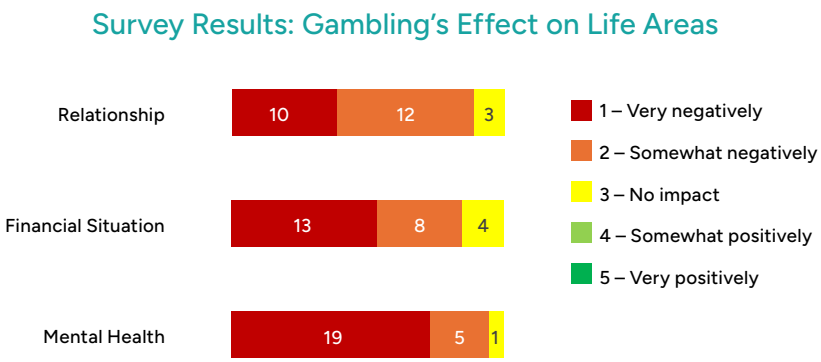


Figure 5.2.1 Survey Results: Gambling's Effect on Life Areas

The secrecy and shame surrounding gambling also led to widespread social isolation. One participant remarked, "*I didn't want anyone to know. I felt like I'd failed, and that I couldn't talk to anyone about it.*" Some respondents withdrew from friends and extended family to avoid judgment or exposure. As a result, many participants described carrying the burden of the addiction alone, exacerbating the emotional toll and limiting their capacity to seek help or support.

While some participants noted positive relational changes following the gambler's recovery, particularly when therapy or group support was involved, these were the exception. Most agreed that recovery was a long, painful process that demanded significant emotional labour and often did not restore relationships to their former state. One participant concluded, "*You don't just come back from this. Everyone's hurt, and not everyone heals the same way.*"

Barriers to help-seeking and service navigation

Affected others described multiple barriers to accessing support, often at points of acute distress. Many respondents noted that services for families and partners were either unknown to them, difficult to locate or not explicitly advertised as relevant to gambling harm. The invisibility of supports was frequently cited with participants stating they discovered services only after "*hitting rock bottom*" *or through informal networks. As one person put it,* "*We didn't even know gambling supports existed until we were in crisis.*"

The difficulty of navigating available resources was compounded by the absence of a single access point or clear referral route. Participants reported frustration with having "*to do all the work*" of identifying help options themselves, often while simultaneously managing the fallout of financial loss, emotional trauma and household disruption. A number of respondents said they searched online for help but were discouraged by confusing layouts, inconsistent information or intrusive gambling advertisements appearing during searches. As one participant stated, "*You're looking for help and gambling ads pop up, it's a slap in the face.*"

Several participants also described being excluded from their loved one's treatment journey with limited communication from services and no parallel supports offered to affected others. This created feelings of isolation and left families without tools to support recovery or manage their own wellbeing. In some cases, affected others became the de facto case manager, handling debts, arranging treatment and coordinating interventions without formal guidance.

The lack of tailored family supports, unclear pathways and low visibility of available support contributed to delays in help seeking and heightened emotional strain. Respondents consistently called for better signposting, centralised information hubs and dedicated resources for families. One participant concluded, "*There is no clear path. You have to know someone or get lucky.*"

Stigma, silence, and cultural barriers

Stigma, shame, and cultural silence emerged as powerful forces that shaped how affected others experienced gambling harm and sought support. Across both the questionnaire and the focus group, participants described how the hidden and stigmatised nature of gambling addiction delayed help-seeking, deepened emotional distress, and reinforced a sense of isolation. Many described internalising blame and struggling with feelings of failure. One participant remarked, "*You're made to feel like it's your failure, that you should've known or fixed it.*"

The normalisation of gambling in Irish society, particularly in the context of sport and male social spaces, contributed to a perception that gambling is harmless or culturally accepted. This made it harder for families to recognise problematic behaviour or raise concerns. Several participants expressed frustration that gambling addiction is not taken as seriously as substance use, and that its impacts are often dismissed or misunderstood. "*Nobody talks about it. There's shame on both sides, the person gambling and the family,*" one person said.

Some affected others reported feeling unable to confide in family or community members due to fear of judgment or social repercussions. In certain communities, gambling addiction was described as particularly taboo, with one respondent stating, "*In my culture, addiction is not something we talk about, you're expected to stay silent and deal with it alone.*" Others noted the lack of public discourse about gambling harm, saying that the silence around it made them feel invisible and unsupported.

The cumulative effect of stigma and silence was a profound sense of isolation, even within households. Participants consistently called for public awareness campaigns that include family perspectives, challenge cultural misconceptions, and highlight gambling addiction as a serious and legitimate public health issue. "*We need campaigns that say this is real, this is serious, and families deserve support too,*" one person urged.

Prevention and awareness

Participants strongly emphasised the need for early intervention, awareness, and public education to prevent gambling harm and support affected others before a crisis point is reached. Many respondents shared that they had no understanding of the signs of gambling addiction until significant emotional or financial damage had occurred. "*We didn't know what we were dealing with, we just knew something was wrong,*" said one participant. The absence of clear information, especially about the impact of gambling on families, meant that harm often went unrecognised or was misinterpreted as something else.

Affected others expressed a strong desire for relatable, accessible educational resources that could help them identify the warning signs of gambling harm and understand how to respond effectively. Focus group participants called for materials that speak directly to families, particularly those navigating uncertainty, secrecy or financial confusion. "*If we'd had information earlier, it might never have gotten this bad,*" one person explained.

There was also strong support for national awareness campaigns that include family voices and highlight the broader impact of gambling beyond the individual. Participants recommended storytelling approaches that incorporate real-life experiences to humanise gambling addiction and reduce stigma. Several also proposed targeted prevention efforts for young people, with one respondent suggesting, "*We need to start educating kids early, before they think gambling is just part of sport.*"

Respondents noted that prevention efforts must reflect the realities of modern gambling, including the influence of online platforms and advertising. Others stressed the importance of public messaging that acknowledges the experiences of partners, parents and children, not just those with addiction. As one participant put it, "*Awareness has to include us too, we live with the fallout every day.*"

Support needs and priorities

Affected others prioritised a clear set of needs for services that support families impacted by gambling harm. Across both the questionnaire and focus groups the most frequently cited supports included:

- Dedicated services for families;
- Flexible and accessible delivery options (including evening and online availability);
- Peer led support by professionals or trained facilitators; and,
- Financial counselling and debt management support.

Participants emphasised that these supports must be offered in their own right, not just as adjuncts to treatment for the person with the addiction. As one participant stated, "*I was offered nothing. It was all about him and his treatment. I needed help too.*"

Many respondents described feeling sidelined by current service structures, despite being deeply affected by the harm. Peer-led support groups were highlighted as especially valuable for reducing isolation and building emotional resilience. One focus group participant noted, "*Knowing someone else understands what you're going through makes all the difference.*" Participants also stressed the importance of one-to-one counselling and family therapy, particularly when gambling harm has led to relationship breakdown, anxiety or trauma.

The need for accessible formats was raised repeatedly. Families asked for evening or weekend sessions, options outside of urban centres and online resources that could be accessed privately. Several respondents noted the absence of culturally appropriate services for minority groups and women. "*There's nothing for people like me. I don't feel seen in any of the services out there,*" said one participant.

Innovative suggestions included creating a family recovery café model, producing podcasts or video content based on lived experience, and developing easy-to-read guides for parents and family members. As one respondent concluded, "*Families carry the emotional weight of this addiction, and we need help, not just sympathy, but real tangible supports.*"

Policy and systems change

Affected others expressed deep frustration at being overlooked within the current policy and service landscape. Both questionnaire respondents and focus group participants highlighted the lack of recognition, dedicated funding and structured supports for families impacted by gambling harm. Many felt the systems are designed around the gambler with little thought given to the trauma and burden carried by loved ones. One person said, "*We carry the impact but are invisible to the system.*"

Participants called for policy changes that reflect a public health approach to gambling harm, one that includes affected others as a priority population. Several respondents pointed out that the mental health and financial consequences for families are often severe and long term yet there is no coherent strategy or national framework addressing their needs. A number of participants said that they had to rely on informal peer networks, private counselling or self-education to cope due to the absence of formal pathways for support.

Many advocated for greater inclusion of affected others in policy design, funding allocation and evaluation. "*The Social Impact Fund should make our experiences count,*" one person said. Others proposed the development of national guidelines or standards to ensure consistent, trauma-informed family support across all gambling related services. Suggestions included clear referral protocols, targeted family involvement in treatment and planning, and ring-fenced funding for family support.

Overall, there was strong consensus that a systems-level response is needed to break the cycle of harm and ensure affected others receive the recognition, resources and respect they deserve.

5.3 Gambling counsellors (NPGSS)

A dedicated focus group was held on 9th May 2025, with 12 frontline gambling counsellors from the National Problem Gambling Support Service (NPGSS). All participants are based in Family Resource Centres around the country and deliver specialist counselling support to individuals and families impacted by gambling harm. The session explored the changing nature of gambling addiction, the clinical and systemic challenges faced by practitioners and the supports needed to sustain and grow the national response. Their contributions offered practical insights into service delivery realities, policy gaps and emerging workforce priorities.

Evolving nature of gambling harm

Counsellors reported a clear shift in the presentation of gambling addiction with a marked increase in younger clients and the dominance of online platforms - particularly sports betting, online casinos and crypto-based gambling. Many described the addiction as developing "*quietly and invisibly*", with clients often presenting only after severe harm had already occurred. One participant explained, "*By the time they come to us the financial and emotional damage is already done and usually hidden from family.*"

The normalisation and social acceptability of gambling, especially in male peer groups and sporting contexts, were seen as significant barriers to early recognition. Counsellors described how clients often minimise their behaviour or don't view it as a problem until it has spiralled. Several participants emphasised that because gambling doesn't have obvious physical symptoms it often escapes the notice of both families and professionals. "*It's a hidden addiction, you can't smell it, see it or track it in the same way,*" one counsellor remarked.

Participants also noted that online gambling is "*relentless*", with 24/7 access making recovery more difficult and relapse more common. The integration of gambling features into apps and social platforms was raised as a growing concern, particularly for young people. "*It's not just the betting anymore, it's the dopamine loops, the algorithms, the way it hooks people in,*" said one participant.

Overall, the group highlighted a growing complexity in the types of gambling harm being presented and stressed the need for services to adapt rapidly. They called for stronger public messaging, digital literacy campaigns, and harm-reduction measures targeted at online platforms. One counsellor concluded, "*We're seeing the future of gambling now, and we're already behind.*"

Treatment challenges and referral gaps

Participants described a fragmented and inconsistent landscape for gambling treatment in Ireland. Despite the development of the NPGSS model, there is currently limited national referral pathways or screening protocols in place. Most clients self-refer or are informally directed to services through word of mouth, community centres or concerned family members. "*People fall through the cracks all the time,*" one counsellor explained. "*If they don't say the word 'gambling', nobody asks.*"

The lack of routine screening for gambling harm in healthcare and addiction services was repeatedly raised as a barrier to early identification. Counsellors noted that even within mental health services gambling addiction is often not picked up or is treated as secondary to substance misuse or depression. One participant described the situation as "*catching what we can, not because the system works but in spite of it.*"

Another major challenge reported was the absence of consistent assessment tools and triage systems. Practitioners said that people often arrive in crisis and the service has to start from scratch without background information or structured entry protocols. "*We need a unified process, something that gives people a clear entry point no matter where they start,*" one counsellor said.

Participants also noted that while the NPGSS has created visibility in some communities, it remains under recognised nationally. Without a strong referral infrastructure and central coordination, many people simply never reach the service. There was unanimous agreement that a national framework is needed, one that includes structured referral pathways, early screening across multiple services and awareness building among healthcare professionals, educators and community organisations.

Workforce capacity and training needs

Workforce development was identified as a critical concern by all participants. While counsellors within the NPGSS have developed considerable gambling-specific expertise, many noted that their initial professional training included little or no content on behavioural addictions. "*Most of us came into this with training focused on drugs and alcohol,*" one participant explained. "*We've had to build up our own understanding of gambling addiction as we go.*"

Counsellors acknowledged the support and training provided through the NPGSS pilot, including supervision and Community of Practice sessions, but stressed that this learning must be systematised and made widely available. They emphasised the need for QQI-accredited training at Level 5 and 6 to support entry-level practitioners, and for the inclusion of behavioural addiction content in all third-level counselling and addiction studies programmes. "*There's no formal pathway into this work, and that's a gap that needs closing,*" one person said.

Several participants highlighted the lack of consistent clinical supervision tailored to gambling support work. While peer support and informal mentoring were valued, they noted that gambling cases often present with high complexity, including comorbidity, trauma, and financial abuse. "*This isn't light work. People are coming to us in pieces, we need proper clinical supports behind us,*" said one counsellor.

The group also spoke about the emotional toll of the work and the need for dedicated time to engage in reflective practice, professional development, and cross-sector collaboration. Counsellors expressed concern that without adequate investment in workforce infrastructure, the progress made under the NPGSS could be undermined. As one participant put it, "*We've built something really meaningful here, but if it's not resourced properly, we'll burn out or lose people, and then where will people go for help?*"

Family involvement and holistic care

Gambling counsellors strongly advocated for a more holistic approach to treatment, one that recognises and supports the wider family system, not just the individual presenting with gambling issues. Many participants spoke about the central role families play in seeking help, supporting recovery and managing the fallout of gambling harm. "*It's often the family who makes the first call,*" one counsellor noted. "*They carry the burden long before the gambler walks through the door.*"

While participants acknowledged that the NPGSS structure includes dedicated support for both individuals and affected others, they noted that referrals from family members remain limited, and that broader awareness of the service is still deficient nationally due to a lack of coordinated marketing and promotion. Counsellors also emphasised that families are frequently dealing with trauma, confusion and practical challenges such as financial insecurity or legal consequences. In some cases, safeguarding concerns relating to children were also raised. Participants felt strongly that family members need their own space for emotional support, psychoeducation and recovery planning regardless of whether the person who gambles is also in treatment.

There was clear consensus that a whole family approach is essential to effective intervention. Counsellors supported the development of structured supports for affected others including peer support, dedicated family programmes and increased visibility of the NPGSS among communities and professionals.

Policy gaps and recommendations

Counsellors highlighted several critical policy and system level gaps that hinder the development of a coordinated national response to gambling harm. Chief among these was the lack of a unified national treatment framework. Participants emphasised that without a structured referral pathway, screening protocols or central triage system, access to gambling support remains inconsistent and overly dependent on self-referral or chance. "*Right now, it depends on who you talk to, there's no obvious place to start,*" one participant said.

Several counsellors expressed concern that gambling continues to be treated as a secondary issue within addiction and mental health policy. They noted that gambling harm is frequently left out of strategic planning, funding frameworks and data collection systems, which further limits service development and visibility. "*It's still not taken seriously at policy level, we're filling gaps, but the system is backing up,*" one counsellor remarked.

Participants stressed the need for a national campaign to raise public and professional awareness about gambling harm and the availability of specialist services. They also recommended formal integration of gambling screening into health, youth and social services with clear referral mechanisms. Several highlighted that greater interagency cooperation including GPs, mental health practitioners, Gardaí, and community organisations would improve outcomes and reduce duplication. Digital exclusion was also raised as a barrier particularly for older people and digitally marginalised groups who may struggle to navigate services online.

5.4 Residential Treatment Services

This section presents findings from a focus group held on 15th May 2025 with 16 staff from residential addiction treatment centres. The session included frontline staff and clinical leads from multiple centres offering inpatient and residential care. While most participants did not work in services specifically designed for gambling, all had experience supporting clients presenting with gambling addiction, either as a primary or co-occurring issue. The discussion explored the visibility of gambling addiction in residential settings, the limitations of current service models and the supports required to address gambling addiction more effectively within therapeutic communities.

Invisibility of gambling harm

Staff in residential treatment centres identified multiple limitations in current service models for addressing gambling harm. Most residential programmes are designed around substance misuse and do not offer structured interventions for gambling addiction. Participants described how gambling clients are often accommodated within general addiction cohorts, where their needs may not be fully understood or addressed. "*They don't always fit into the group dynamic, and that can make them feel more isolated,*" one participant said.

The invisibility of gambling-related harm within mixed treatment settings was a recurring concern. Staff noted that because gambling lacks physical symptoms, it can go unnoticed or be underestimated by both peers and clinicians. As a result, gambling clients may disengage, struggle to relate in group therapy, or fail to receive targeted support. Several participants stressed that the psychological and financial toll of gambling can be equally, if not more, severe than substance use, yet is often met with less clinical focus.

The lack of tailored therapeutic content and specific treatment planning for gambling was also highlighted. Counsellors reported adapting substance misuse tools to fit gambling cases but emphasised that these do not always align with client experiences or recovery pathways. The need for extended treatment durations was raised repeatedly, with staff observing that the shame, secrecy, and complex financial harm associated with gambling require more time to process than is typically allowed in standard residential programmes.

Additional limitations included the absence of dedicated family support structures, challenges in post-treatment aftercare coordination, and gaps in staff training. There was strong support for integrating family workers into residential teams and developing aftercare pathways that reflect the unique relapse risks associated with gambling.

Overall, participants called for a reconfiguration of residential models to account for the distinct nature of gambling harm, with specific programming, staffing, and policy supports to ensure gambling clients receive effective and appropriate care.

Need for education and psychoeducation

Participants highlighted a significant lack of awareness and understanding of gambling harm, both among staff and clients within residential settings. Many staff members acknowledged that gambling is not routinely addressed in addiction training programmes and that few arrive in their roles with adequate knowledge of behavioural addictions. As one participant explained, "*Our training was all alcohol and drugs, we had to figure gambling out ourselves.*"

There was strong consensus that education is needed at multiple levels. Staff called for the integration of gambling-specific content into third-level and professional training courses, including counselling, social care, psychology, and addiction studies. They also emphasised the importance of CPD opportunities that focus on gambling harm, financial trauma, relapse patterns, and therapeutic approaches that differ

from substance-focused models. "*It's a different mindset,*" *one person said.* "*You need to understand the internal mechanisms, not just the behaviour.*"

In addition to workforce education, the group discussed the importance of psychoeducation for clients and families. Several participants said that individuals entering treatment often don't fully understand gambling addiction or may not see it as equivalent to substance misuse. This can lead to denial, minimisation, or shame, particularly when peers in residential programmes do not relate to their experiences. One staff member noted, "*We've seen clients with deep harm, but they don't feel they belong in addiction treatment, they think they're different.*"

Staff stressed the need for group materials, worksheets, and recovery tools specifically designed for gambling. They also recommended public-facing campaigns and educational resources to raise awareness among families and communities about the signs, risks, and impacts of gambling harm. Overall, the group agreed that a widespread educational response, from frontline training to national campaigns, is essential to reducing stigma, improving engagement, and supporting long-term recovery.

Workforce training and service design

Staff in residential treatment services identified the absence of gambling-specific training as a major limitation in workforce preparedness. Most professionals working in residential settings have formal training focused on alcohol and drug use, with limited or no exposure to behavioural addictions. "*Our background is substance misuse, we were never given the tools for this,*" one participant said. This knowledge gap has required staff to self-educate or adapt existing tools, often without sufficient support or guidance.

Participants called for gambling to be included as a core component of all third-level addiction counselling and social care programmes, noting that gambling addiction requires different therapeutic approaches, including a greater focus on shame, secrecy, and financial trauma. In addition, they recommended that specialist CPD training modules and structured supervision frameworks be developed for those working in residential and inpatient care. There was also strong support for the development of QQI-accredited courses at Level 5 and 6 to create accessible entry points for staff seeking to specialise in gambling support.

Beyond workforce training, the group highlighted the need to rethink the design of residential services to better accommodate gambling clients. Current models were described as "*substance-centred,*" *both in structure and culture. Participants noted that programme content, group therapy models, and even relapse frameworks are often incompatible with the lived experience of gambling harm.* "*You can't treat gambling the same way you treat alcohol, the triggers, the behaviours, the recovery needs are different,*" one staff member explained.

Suggestions for service redesign included the introduction of dedicated gambling streams, enhanced assessment and triage tools, and the development of residential group content tailored to gambling-specific experiences. Participants also recommended embedding family workers and financial advisors into residential teams to provide wraparound care for clients whose harm extended beyond the individual.

Aftercare and recovery support

Participants described significant weaknesses in the aftercare and follow-up support available to clients with gambling addiction after discharge from residential treatment. In contrast to substance misuse pathways, where aftercare options are relatively well-established, services for gambling are limited, inconsistent, or entirely absent in many regions. One staff member commented, "*We can get them to a stable point here, but once they leave, it's like stepping off a cliff.*"

The group noted that there are no formalised gambling-specific aftercare pathways, and most residential programmes do not have the capacity to provide structured post-treatment support. As a result, clients are often discharged back into environments where triggers are pervasive, including online gambling platforms, sports culture, and financial stress, without adequate supports to maintain recovery. Several staff reported that relapse is common in the absence of community-based follow up or peer networks.

Participants highlighted the lack of integration between residential and community services. In many cases, clients are discharged without a warm handover to local counselling, financial support, or peer-led groups. Where community gambling services do exist, referrals may be delayed or informal, and clients are often left to navigate the system on their own. "*We've no clear bridge between here and out there," one person said. "And people fall through that gap.*"

The importance of long-term, flexible aftercare was emphasised, particularly options that include relapse prevention, emotional support, and reintegration into daily life. Staff also called for the development of peer support models, family-inclusive aftercare, and digital tools to support ongoing recovery. As one participant put it, "*You can't treat this in 8 or 12 weeks, recovery takes time, connection, and the right supports.*".

Policy and funding considerations

Staff expressed strong concern that gambling addiction is not adequately reflected in national addiction policy or funding frameworks. Despite increasing visibility of gambling harm, residential services remain structurally and financially oriented toward substance misuse. "*The system wasn't built for gambling and we're trying to squeeze it in,*" one participant said.

Participants highlighted that funding for residential beds, programme design, and clinical staffing is typically tied to drug and alcohol treatment outcomes, leaving little room for innovation or investment in gambling-specific responses. Several reported that they had accepted clients presenting with gambling addiction on a case-by-case basis but lacked designated funding or staff training to deliver consistent care. This reactive approach, they warned, is not sustainable. "*We're doing our best, but there's no strategy behind it,*" said one respondent.

There was broad agreement that gambling harm should be explicitly recognised within national addiction strategies and linked to ring-fenced funding for residential treatment development. Staff also recommended that policy guidance support the inclusion of gambling-specific assessment tools, treatment content, and aftercare planning within residential frameworks.

The group called for greater leadership at national level, including strategic investment in service redesign, staff upskilling, and the integration of gambling into regulatory, treatment, and recovery policy structures. Several participants also emphasised the need for investment in research and evaluation to guide what effective residential care for gambling actually looks like.

As one participant concluded, "*The demand is real. We're seeing more people, younger people, and more complex harm. If gambling isn't factored into future policy and funding, we're just not going to be ready.*"

5.5 Community-based addiction services

This section draws on data from a dedicated focus group held on 13th May 2025 with staff from community-based addiction services, alongside selected responses from the national stakeholder questionnaire completed by organisations operating in non-residential settings . Participants included frontline workers, case managers, service coordinators, and project leads from a range of harm reduction, outreach, day programmes, and wraparound community supports. Their insights reflect the unique challenges of responding to gambling harm within services historically focused on substance misuse, and the policy and practice changes needed to make gambling a recognised and resourced part of community-based addiction care.

Visibility and identification of gambling harm

Staff in community-based addiction services consistently reported that gambling harm is both present and frequently under-recognised within their client populations. Many described encountering clients with gambling-related issues during the course of broader addiction or mental health work, often as a co-occurring problem that only emerges over time. "*It's not always what they come in for," noted one focus group participant, "but when you dig deeper, it's there, sometimes very serious, very hidden.*"

Respondents identified a number of factors that contribute to this invisibility. Gambling is often viewed as a less urgent or less harmful behaviour compared to substance use, particularly when clients are in crisis. There is also a perception among some staff and clients that gambling is a personal failing rather than an addiction, making it harder to detect and address. A questionnaire respondent from a community-based project noted: "*We see it a lot, but it's still minimised. People are ashamed, and we're not always confident in how to ask.*"

Another key barrier identified was the lack of routine screening for gambling in community services. Participants said that unless clients voluntarily disclose gambling issues, they are unlikely to be identified. "*It's not built into our intake forms or assessments," one person explained. "We rely on instinct, not a process.*"

Some services have taken steps to address this, such as adding gambling prompts to initial assessments or training staff to ask more explicitly about gambling behaviours. However, these efforts remain localised and inconsistent. Participants called for national guidance and tools to support the routine identification of gambling harm across all addiction service settings, including standardised screening questions, training modules, and awareness materials.

Treatment challenges and service gaps

Community-based addiction service providers identified a range of challenges that limit their capacity to deliver gambling-specific supports. Many noted a sharp increase in the number and complexity of gambling-related presentations in recent years, particularly in the context of poly-addiction, financial crisis, mental health issues, and social disadvantage. However, services remain structured primarily around drug and alcohol use, making it difficult to respond adequately. "*We're seeing more people with gambling issues, but we're not set up for it,*" said one focus group participant.

A consistent concern was the lack of structured referral pathways. While self-referral was said to work reasonably well, there was limited awareness among potential referrers such as GPs, youth workers, or social care teams about where or how to access gambling-specific support. Several participants said that opportunities for early intervention are routinely missed because frontline professionals do not recognise the signs or know where to direct people for help. One provider noted: "*Even when a GP suspects a gambling problem, they often don't know where to send them.*"

Another key issue was resource constraints. There was a perception that services are overstretched, underfunded, and operating with limited staff capacity, making it difficult to offer the kind of tailored, trauma-informed interventions that gambling clients often require. Questionnaire respondents echoed this concern, highlighting the gap between demand and what is currently resourced. "*We do what we can, but we're not funded to run a dedicated gambling programme,*" one community-based respondent stated.

Participants also noted disparities in service quality and access across the country, with rural areas particularly underserved. The lack of wraparound supports such as financial counselling, peer support, or trauma-focused therapy was seen as a significant barrier to effective treatment. Neurodivergent clients, women, and members of marginalised communities were described as particularly poorly served by current models. As one provider explained, "*It's not just that we're under-resourced, the system isn't designed for the people who need us most.*"

Workforce development and training needs

Participants highlighted serious gaps in workforce readiness to address gambling harm within community-based addiction services. Most staff are trained in substance misuse and have limited exposure to gambling addiction in their initial qualifications or professional development. "*We were never trained for this, we're adapting on the fly,*" said one focus group participant. Several others echoed this, noting that they rely heavily on self-education or informal knowledge sharing to respond to gambling-related presentations.

The absence of gambling-specific content in third-level courses and professional training programmes was seen as a systemic failure. Questionnaire respondents called for urgent reform of counselling, social care, and addiction studies curricula to ensure that behavioural addictions, including gambling, are embedded from the outset. One respondent wrote: "*It's not enough to rely on CPD, we need to build it into the foundation of how addiction professionals are trained.*"

There was strong support for the development of accessible, accredited training pathways at multiple levels. Participants specifically recommended the rollout of QQI Level 5 and 6 courses in gambling addiction, which would provide entry-level and upskilling opportunities for frontline workers. Focus group attendees also called for national standards in clinical supervision for gambling-related work, particularly for staff dealing with complex trauma, comorbidity, and risk management in isolated settings.

Some participants pointed to the success of the SAOR model (Support, Ask and Assess, Offer Assistance, Refer) in mainstreaming brief interventions for alcohol and drugs and proposed that a similar framework be developed for gambling. Adapting this model was seen as a practical, scalable way to embed gambling responses across a wider range of services. "*We've already got the structure, we just need to build gambling into it,*" one participant suggested.

Several participants emphasised that workforce development cannot be left to local services to figure out alone. They advocated for a national training framework, linked to service design and supported through ongoing investment. As one provider put it, "*We're trying to build the plane while flying it, but the training piece needs to be led from the top, or we'll keep reinventing the wheel.*"

Prevention and public awareness

Community-based service providers expressed deep concern about the lack of coordinated prevention efforts related to gambling harm. Many felt that gambling has been excluded from national health promotion strategies, resulting in low public awareness and a failure to challenge the social and cultural normalisation of gambling. "*It's everywhere, and it's accepted,*" *said one focus group participant.* "*We've done the work around alcohol and drugs, but gambling hasn't had that push.*"

Participants stressed the urgent need for early education and youth-focused prevention, particularly in schools, sports clubs, and digital environments, supporting the international consensus that gambling harm prevention should begin early and be embedded in school-based education programmes (Calado et al., 2017). Participants reported that many young people are engaging in gambling-like activities through gaming, social media, or family exposure, with little understanding of the risks involved. Several respondents argued that prevention must go beyond messaging and include critical media literacy, emotional regulation, and peer-led approaches. "*This is about long-term behaviour change not just telling kids not to gamble,*" one questionnaire respondent wrote.

In addition to youth-focused prevention, staff highlighted the need for targeted awareness campaigns for families, community workers, and professionals. Many people do not recognise the signs of gambling harm, and stigma often prevents early disclosure or help-seeking. A number of participants described how clients presented at crisis point, having lived with gambling issues for years in silence. "*By the time we see them, the damage is deep we've missed the chance to intervene earlier,*" one worker said.

Participants called for a national gambling harm awareness campaign, aligned with health promotion principles and backed by sustained funding. They suggested adapting successful campaigns from the alcohol and drug sectors, using real stories, culturally relevant materials, and plain-language messaging to reduce shame and increase understanding. Several also recommended outreach strategies tailored to vulnerable and underserved groups, including minority communities, disability services and those with low literacy or digital access.

Policy and funding priorities

Community-based addiction services consistently emphasised the structural limitations they face in delivering gambling related supports. Most are operating without dedicated funding or clear mandates for gambling intervention despite increasing demand from clients presenting with gambling harm. Participants highlighted that without specific policy direction gambling tends to fall between existing service streams, "*we've been raising this for years,*" *one participant said.* "*There's no strategic direction, no ring-fenced funding, and we're left to plug the gaps.*"

Staff reported that referrals for gambling issues are inconsistent and often depend on local knowledge rather than system-wide coordination. There was a strong call for gambling harm to be formally recognised as part of the national addiction strategy, alongside clear commissioning pathways and funding mechanisms to support frontline delivery One respondent said, "*We need proper funding to build services, not just one-off small projects.*"

Services also expressed concern about the lack of clarity in funding eligibility, noting that some services are reluctant to expand gambling provision without assurance that it will be resourced sustainably. "*We know what works, we just need to be resourced to deliver it,*" one respondent said. Participants called for equitable allocation of resources between urban and rural areas and between large and small providers. Better data sharing protocols, cross agency collaboration and national leadership were seen as essential to system change.

5.6 NGOs and civil society organisations

This section presents findings from the stakeholder questionnaire completed by 18 non-governmental organisations (NGOs) and civil society organisations supporting vulnerable communities across Ireland. Respondents included family resource centres, community development organisations, services for migrants and people in poverty, and projects working with mental health, addiction, and marginalised populations. These organisations did not participate in focus groups; all data presented below is drawn from their written responses to closed and open-ended questions in the national questionnaire.

While most NGOs encounter gambling harm in their work, few have the dedicated resources, partnerships, or training to provide structured responses. Their feedback reflects a strong willingness to engage more actively in prevention and support, and a clear need for investment, collaboration, and policy direction to build capacity at community level.

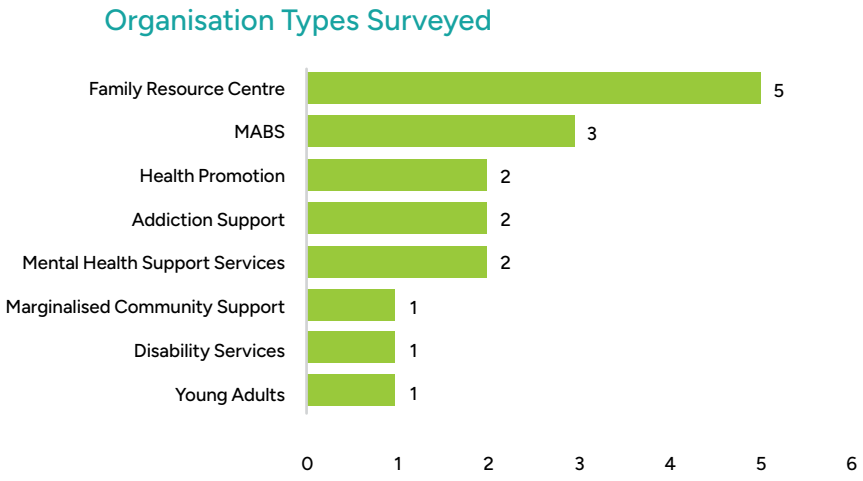


Figure 5.6.1 Organisation Types Surveyed

Visibility of gambling harm in vulnerable communities

Respondents reported increasing awareness of gambling-related harm among their service users, particularly in relation to financial distress, mental health, and family breakdown. The frequency of exposure varied with some NGOs encountering gambling issues weekly and others less often, but nearly all respondents indicated that gambling was present among the populations they work with. One respondent wrote: "*It's often hidden until there's a crisis. Clients won't mention gambling unless you ask and we're not always asking.*"

NGOs noted that gambling is often normalised or overlooked, especially among young men and people facing economic hardship. Others highlighted overlaps between gambling and other risk factors such as substance misuse, trauma, and social isolation. Some felt that the scale of gambling harm is underestimated within national policy and community health frameworks, despite its impact being clearly visible on the ground.

Referral pathways and service gaps

Many NGOs said they had limited knowledge of available services for people experiencing gambling harm. While some identified national helplines or Gamblers Anonymous, others said they were unsure where to refer clients or whether any local services existed. "*We wouldn't know where to send someone,*" one respondent noted. "*There's no obvious pathway.*"

Several NGOs indicated they rely on informal signposting or online resources, but expressed concern that clients may not follow through or may require more supported referrals. A number of respondents called for clear, accessible referral protocols particularly for frontline community and family services that may be the first point of contact.

Capacity building and staff training needs

There was strong consensus among respondents that NGO staff need greater support to recognise and respond to gambling harm. Most staff do not receive training on gambling in their core qualifications or CPD, and few feel equipped to offer more than basic information or crisis support. "*We need training for our teams,*" one organisation wrote. "*Especially on how to spot it early, and how to talk about it without shame.*"

Respondents recommended accessible, modular training programmes tailored for non-clinical staff working in community and family settings. They also highlighted the importance of culturally appropriate resources and trauma-informed approaches. One NGO suggested: "*Give us practical tools, not just theory, so we can respond appropriately in the moment.*"

Prevention, outreach and awareness

NGOs emphasised the need for public awareness campaigns to reduce stigma and promote help-seeking, particularly among youth, families, and under-served communities. Respondents said many people do not recognise gambling as a serious risk or may delay seeking help due to shame, normalisation, or fear of judgement.

Several organisations recommended prevention initiatives that reflect the lived realities of the people they support. These included school-based education, youth outreach, culturally relevant campaigns in multiple languages, and awareness work in settings like sports clubs, community centres, and homeless services. One respondent commented: "*We need materials that work for the people we serve not just generic posters.*"

Funding priorities and role of the Social Impact Fund

When asked how the Social Impact Fund should be used to address gambling harm, NGO respondents consistently prioritised:

1. Community-based intervention supports
2. Early prevention and education
3. Public awareness and stigma reduction

Respondents called for multi-annual funding models that support trusted local services to incorporate gambling harm into their existing work, rather than creating new silos. There was also support for partnerships with addiction services, financial counselling and peer-led recovery networks.

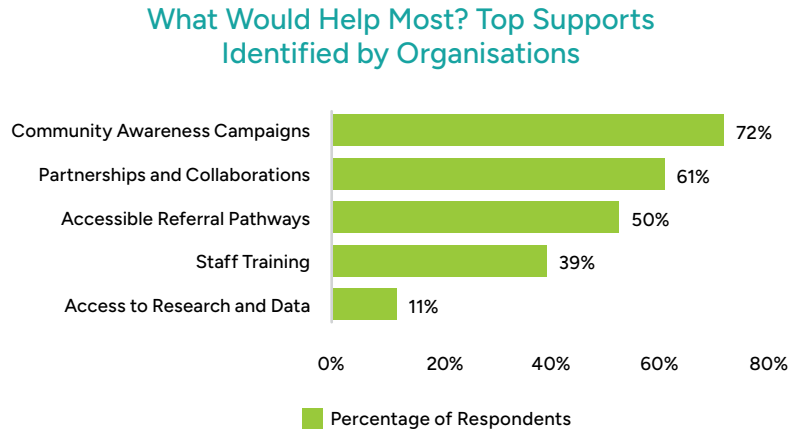


Figure 5.6.2 What Would Help Most? Top Supports Identified by Organisations

5.7 Independent research and academic contributors

This section presents findings from the national stakeholder questionnaire completed by academic researchers and research centres with experience in gambling harm, behavioural addiction and public health. Respondents provided expert commentary on the gaps in data, research priorities and structural barriers that have limited the development of an evidence informed response to gambling harm in Ireland.

There was strong agreement that Irelands lacks a coordinated gambling research strategy and that key data to support service planning, policy development and public health monitoring is missing or fragmented. One respondent wrote: "*We don't even know how many people are in treatment, we're operating in the dark.*"

National data infrastructure and monitoring

Respondents emphasised the urgent need for a national system of gambling data collection, including consistent reporting across treatment, support and prevention services. Several noted that no central body currently collects information on who is accessing help, how often, what interventions are being used, or what outcomes are being achieved. As one respondent noted: "*We're years behind in terms of tracking this like a public health issue.*"

They recommended the development of standardised national datasets, service user outcome measures and the integration of gambling indicators into existing health information systems.

Research priorities

Respondents broadly agreed that independent research must play a central role in understanding and addressing gambling harm in Ireland. The following priority areas were repeatedly identified:

- Longitudinal research into the development, escalation, and recovery pathways of gambling addiction, particularly among vulnerable populations.
- Epidemiological data to accurately estimate prevalence, risk factors, and harm across different demographics and geographic regions.
- Impact evaluation of treatment models, peer support, awareness campaigns, and legislative changes.
- Qualitative studies into lived experience, help-seeking, stigma, and the societal context of gambling.
- Youth-focused research, including gambling-like mechanisms in gaming and early exposure to risk.

There was particular emphasis on research into women and gambling, young people and emerging digital forms of gambling-like behaviour.

Funding and independence

Respondents strongly supported the use of the Social Impact Fund to build long-term research capacity in this field, including the development of gambling harm as a research specialism across disciplines. At the same time, they emphasised that research must be independent, ethical and free from any potential conflicts of interest.

To ensure transparency and credibility, respondents recommended:

- Ring-fenced research funding administered through the Social Impact Fund
- Independent oversight of research commissioning and governance
- Incentives for multidisciplinary collaborations
- National research calls focused on gambling related harm and public health.

Knowledge translation and collaboration

Several respondents emphasised that research must be linked to practice and policy. They recommended stronger structures to ensure that emerging findings are accessible to service providers, policymakers and the public. This includes open access to funding for research, clear pathways for knowledge exchange and more collaboration between academic institutions and service providers. As one respondent stated: "*There's no point in good data if it doesn't reach the people making decisions.*"

5.8 Common themes across stakeholders

Across all stakeholder groups consulted in this process, including people with lived experience, affected others, frontline service providers, NGOs, researchers, and addiction professionals, there was a shared recognition that gambling harm in Ireland is widespread, under-recognised, and under-resourced. Participants consistently described a system that is fragmented and reactive, with significant gaps in prevention, early intervention, treatment, and long-term recovery supports. Many stakeholders reported that people experiencing gambling harm often remain invisible within existing services, and that responses are highly dependent on local capacity, individual staff knowledge, or personal motivation rather than a coordinated national framework.

A dominant theme across the consultation was the lack of public awareness and understanding of gambling as a serious and complex form of addiction. Stakeholders repeatedly emphasised the need for early education, targeted campaigns, and stigma reduction efforts that include real stories and accessible information. This was seen as critical to enabling help-seeking, supporting families, and shifting social attitudes.

There was also widespread concern about the absence of a national treatment infrastructure, particularly the lack of gambling-specific care pathways, trauma-informed services, and integrated supports such as financial counselling, peer support, and aftercare. Stakeholders called for investment in workforce development including training, supervision, and inclusion of gambling in professional qualifications and for clear referral and screening tools across sectors.

Finally, there was a strong call for gambling harm to be embedded in public health policy, data systems, and funding mechanisms. Participants advocated for a sustained, multi-sectoral response that recognises gambling as both an addiction and a social issue, with wide-ranging impacts on families, communities, and systems. Despite their diverse perspectives, stakeholders expressed a shared commitment to improving responses and supporting those affected by gambling harm in Ireland.

Need for public awareness and early education

Stakeholders across all groups consistently identified the lack of public awareness and education about gambling harm as a major barrier to prevention, early intervention, and recovery. Participants described a pervasive misunderstanding of gambling addiction as a moral failing or individual weakness, rather than a recognised behavioural health issue. This stigma contributes to silence, shame, and delayed help-seeking among those affected particularly among younger people, men, and members of marginalised communities.

People with lived experience emphasised how difficult it was to recognise the problem in themselves, often only seeking help after serious financial or emotional consequences. "*I didn't even know it was an addiction,*" one participant said. "*You don't hear about it like you do with drugs or alcohol.*" Frontline workers echoed this, noting that many clients did not identify their gambling behaviour as problematic until asked directly, or until a crisis forced disclosure.

There was strong agreement that public awareness campaigns must go beyond generic messaging to include real stories, plain language, and culturally sensitive materials. Participants recommended campaigns that normalise help-seeking, challenge stigma, and provide clear information on support options. Several groups also highlighted the need for dedicated resources in multiple languages and formats, including audio and visual materials for people with literacy or digital access barriers.

Stakeholders also called for structured, age-appropriate gambling education in schools and youth services, including content on the addictive design of gambling products, financial literacy, emotional regulation, and digital safety. Parents and educators, they argued, also need tools and training to recognise early warning signs and speak openly about gambling. "*We do it for alcohol, for drugs, for consent; gambling needs to be there too,*" one youth worker said.

Across the consultation, early education and awareness were seen as essential to shifting norms, preventing harm, and supporting a healthier, more informed public response to gambling.

Lack of national treatment infrastructure

A dominant theme across all stakeholder groups was the absence of a coordinated, adequately resourced national treatment infrastructure for gambling harm. Participants described a fragmented and inconsistent system in which the availability and quality of support is determined by geography, local capacity, or individual staff initiative, rather than by strategic planning or national standards. "*It's postcode-dependent,*" said one service provider. "*If you're lucky, you might get someone trained in gambling, but it's not guaranteed.*"

People with lived experience highlighted the difficulty of finding appropriate support, often spending weeks or months trying to locate services, navigate waiting lists, or understand what was available. Many spoke of being referred from one place to another, with no clear pathway or dedicated care model. One participant recalled, "*I rang everywhere, but no one could tell me where to go. It felt like gambling wasn't even on the radar.*"

Professionals across the sector confirmed that there is no clear entry point or national referral system for gambling support. Most services are structured around drug and alcohol use, and while some have developed local responses, these remain ad hoc and underfunded. Addiction counsellors, community workers and NGOs all reported challenges in providing gambling-specific interventions due to limited resources, training, or clinical supervision. This was particularly acute in rural areas, where specialist staff may be entirely absent.

Stakeholders called for the development of a national gambling treatment framework, with defined care pathways, consistent eligibility criteria, and clear roles for generalist and specialist services. Many

advocated for a stepped-care model, offering a continuum of supports from brief intervention to intensive treatment and aftercare. There was also strong support for embedding financial counselling, peer-led services, trauma-informed care, and mental health support into the broader treatment infrastructure.

Without a national system of care, stakeholders warned, people will continue to fall through the cracks often reaching crisis before support is available.

Critical gaps in aftercare and recovery supports

Stakeholders across the consultation process consistently highlighted the lack of structured aftercare and long-term recovery supports for people affected by gambling harm. While some individuals may access initial counselling or crisis intervention, participants noted that ongoing recovery, including relapse prevention, peer connection and social reintegration is often unsupported. "*You finish your sessions and then that's it,*" said one person with lived experience. "*There's nothing to help you keep going.*"

Addiction counsellors and community-based services reported that aftercare for gambling is significantly underdeveloped in comparison to other forms of addiction. Most services do not have dedicated recovery programmes, drop-in supports or structured peer-led options for those exiting treatment. This is particularly problematic given the psychological, relational and financial complexities that often accompany gambling recovery. Several participants emphasised that gambling recovery is non-linear and often prolonged, yet services are not resourced to maintain engagement over time.

People with lived experience repeatedly point to the value of ongoing peer support, both formal and informal, as a vital part of their recovery. However, they noted that existing groups such as Gamblers Anonymous are not always accessible, inclusive or sufficient for everyone. Some participants expressed a preference for professionally facilitated groups, hybrid models, or peer mentoring support from trained facilitators. "*Peer support is powerful,*" one participant shared, "*but we need options that work for different people at different stages.*"

Stakeholders also stressed the importance of practical aftercare supports such as financial and legal advice, housing support and family inclusive services. Without these wraparound elements individuals may remain vulnerable to relapse or face significant barriers to rebuilding their lives. Several called for aftercare to be embedded in the treatment journey from the outset, rather than treated as an optional or informal add-on.

There was clear consensus that recovery from gambling harm requires sustained, person-centred support, not just isolated interventions.

Workforce development and training needs

A recurring theme across stakeholder groups involved in service provision was the urgent need to build workforce capacity to respond to gambling harm. From addiction counsellors and community service providers to NGO staff and peer supporters, participants consistently reported that most professionals working with vulnerable populations have not received training on gambling addiction, nor do they feel adequately trained to respond. "*We were trained in alcohol and drugs, gambling wasn't even mentioned,*" said one addiction service worker.

This gap was reflected across sectors. Community-based workers, youth staff, family support professionals and frontline NGO staff said they rely on instinct or general therapeutic skills when gambling issues arise. Others noted that without structured training or national guidelines, staff may miss signs of harm, hesitate to raise the issue or make inappropriate referrals.

Stakeholders called for the integration of gambling harm into third level education and professional training pathways, particularly within counselling, addiction studies and mental health programmes. Several

respondents stressed that gambling should be treated as a core element of behavioural addiction not an optional module. In parallel, there was strong support for accessible CPD opportunities for those already working in the field, including both accredited and non-accredited formats.

The development of nationally coordinated training and supervision structures was also widely recommended. Addiction and mental health professionals emphasised the need for regular, specialised clinical supervision for those working with complex gambling presentations. Community services advocated for the rollout of QQI Level 5 and 6 training options to support frontline and non-clinical staff to build competence in gambling harm identification, brief intervention and referral.

Across the board, stakeholders agreed that without investment in workforce development services will remain unprepared and service users will continue to be underserved.

Families and affected others are underserved

Throughout the consultation participants consistently emphasised that families and affected others are among the most neglected in Ireland's current response to gambling harm. Despite often experiencing significant emotional distress, financial insecurity and relationship breakdown, family members including parents, partners, siblings and children are rarely offered structured support in their own right. "*They are suffering too, but no one is looking after them,*" said one person with lived experience.

Affected others who took part in the consultation described feeling isolated, stigmatised and unsure where to turn. Many spoke of the psychological toll of secrecy, betrayal and emotional exhaustion, yet reported that when they sought help, services were either unavailable or focused solely on the person gambling. "*I wasn't looking for him to get fixed,*" one participant said, "*I needed support for me.*"

Service providers echoed these concerns, noting that few services offer dedicated pathways for affected others and where supports do exist, they are often time limited or only available in specific locations. Some practitioners are able to offer joint sessions or short-term engagement with family members, but this is not embedded within the wider treatment system. One addiction worker explained: "*We include families if we can, but there's no structures or resources for it.*"

Stakeholders strongly advocated for the development of dedicated, trauma informed supports for affected others including standalone counselling, family support workers, group programmes and peer-led spaces. These supports should be flexible, accessible and culturally appropriate, recognising the diversity of family structures and the complexity of family dynamics. Participants also stressed the importance of public messaging that explicitly includes families, to reduce stigma and help people understand they are not alone.

There was widespread agreement that families are not only harmed by gambling, but they are also key partners in recovery. Supporting them must be a core part of any national strategy.

Equity, access and inclusion

Stakeholders across all groups raised concerns about inequitable access to gambling related supports, particularly among individuals and communities already experiencing disadvantage. Participants emphasised that gambling harm does not occur in isolation; it intersects with poverty, housing instability, mental health issues, literacy barriers and social exclusion. Without a deliberate focus on inclusion, they warned, current and future responses risk leaving the most affected behind.

NGO representatives noted that people from low-income communities may be more heavily targeted by gambling advertising, while also facing the greatest barriers to accessing help. Community workers spoke of supporting clients in crisis with no internet access, limited awareness of services, or high levels of stigma and shame. "*The people most in need often won't or can't reach out,*" one service provider said. "*We need to go to them, not wait for them to come to us.*"

Lived experience participants and addiction professionals also pointed to the lack of gambling specific supports for women, older people, people with disabilities and minority communities. Several participants raised concerns that mainstream services may not be inclusive of Traveller or migrant populations, and that resources are rarely available in multiple languages or formats. One NGO respondent noted: "*We need culturally relevant materials, plain language, visual, translated. Otherwise, people are excluded by default.*"

Ultimately, participants agree that equity must be embedded into any national gambling strategy, not as an add-on, but as a foundational principle guiding how services are designed, delivered and evaluated.

6 Implications for the Social Impact Fund

The consultation process provided clear direction from stakeholders on how the Social Impact Fund should be structured to have the greatest possible impact. Across all five stakeholder groups there was widespread consensus that the Social Impact Fund represents a pivotal opportunity to rectify long standing gaps in services, public education, workforce training and national coordination. However, stakeholders also emphasised that if the Fund is to be truly effective it must be strategic, equitable, transparent and designed to be accessible to those providing frontline supports and delivering services in the field.

6.1 Strategic role of the Social Impact Fund

Stakeholders consistently highlighted that the Social Impact Fund must go beyond simply distributing grants, it should play a central role in shaping and strengthening a national system of care that effectively responds to gambling harm. There was strong consensus that gambling harm in Ireland remains under recognised and under resourced and that the Social Impact Fund has a unique role to play in addressing this imbalance. Participants urged funders to approach the Fund as a means of building infrastructure, not simply funding isolated projects.

Many stakeholders also called for the Fund to closely align with a national strategy on gambling harm and implemented in partnership with those directly affected, including lived experience advocates and frontline practitioners.

6.2 Investment priorities

Stakeholders identified the following actions as essential to improving Ireland's response to gambling related harm. These investment priorities are grounded in evidence and reflect the most frequently cited recommendations across all groups:

Workforce development and training

- Funding national leadership and coordination to strengthen clinical oversight, service quality and cross sector collaboration in responding to gambling harm.
- Investing in specialist professional development in gambling harm, trauma-informed care and relapse prevention, particularly for those working in addiction and mental health settings.
- Supporting the development and enhancement of educational pathways including the integration of gambling harm into addiction programmes and expanding the accessibility of accredited training for frontline workers and volunteers.
- Service coordination and accessibility
- Support the development and implementation of standardised referral protocols and care pathways across all sectors to ensure consistent and coordinated responses.
- Resource outreach and engagement roles to identify and support individuals at risk particularly in underserved groups.
- Ensure flexible funding streams that allow for both large-scale and community-led initiatives.
- Recovery and family support
- Invest in structured aftercare and recovery programmes including peer-informed and co-produced models.
- Resource the expansion of dedicated services for families and affected others ensuring their inclusion in service planning.
- Awareness, prevention and research
- Fund a targeted national awareness campaign including stigma reduction and age-appropriate education.
- Improve data collection and research capacity to track prevalence, outcomes and service uptake.

These priorities were raised repeatedly across focus groups and questionnaires and were seen as foundational to any effective and equitable response.

6.3 Principles for funding design and delivery

In addition to identifying priority areas for investment, stakeholders shared strong views on how the Social Impact Fund should be structured, administered and evaluated. The following design principles were consistently raised:

- Transparency and accountability: the Fund should be governed through clear, published criteria, with equitable access to funding and publicly available reporting on allocation and impact.
- Flexibility and accessibility: funding mechanisms should support both large scale providers and smaller community-based initiatives. Application processes should be proportionate and accessible to voluntary and grassroots organisations.
- Lived experience inclusion: the Fund's governance and funded activities should meaningfully involve people with lived experience of gambling harm in co-design, delivery and evaluation.
- Cross-sector collaboration: funding streams should encourage partnerships across mental health, addiction, education, youth work, criminal justice and community services.
- Sustainability: multi-year or recurrent funding models should be used where appropriate to support continuity and long-term planning.
- Innovation and evidence: applications should be encouraged to test and evaluate new models while prioritising evidence informed approaches.
- Geographic and demographic equity: funding decisions should ensure national reach and avoid concentration of services in urban centres or particular populations.
- Monitoring and evaluation: all funded projects should include proportionate, outcomes-based monitoring and evaluation to inform future strategy.

These recommendations offer a strategic foundation for the Social Impact Fund and provide a roadmap for addressing gambling harm in a coordinated, inclusive and evidence informed manner. As implementation planning begins, further consultation with key stakeholder groups, including those with lived experience, service providers and funders will be essential to operationalise these priorities. Continued investment in research, data systems and outcome measurement will also play a crucial role in shaping responsive, accountable funding over time.

6.4 Conclusion

This report brings together the voices and perspectives of individuals and organisations directly impacted by gambling harm in Ireland. Through structured consultation with over 200 stakeholders, it reflects a broad consensus around urgent investment needs, systemic service gaps and priority areas for reform. The lived realities captured throughout the consultation underline the devastating impact of gambling addiction on individuals, families and communities across Ireland.

Participants across all groups expressed a clear desire for services that are accessible, consistent and delivered in a safe, respectful and person-centred way. Strong emphasis was placed on the importance of prevention and education, timely access to counselling and recovery supports, greater public awareness and the value of peer and family involvement.

The findings presented here provide a critical evidence base to guide the design and delivery of Ireland's Social Impact Fund to address gambling related harm. They will directly inform the fund's initial strategy ensuring that it is grounded in stakeholder priorities and capable of delivering high-impact, system level change. Beyond the fund itself, this consultation offers a wider call to action for coordinated, transparent and sustained responses. The voices represented in this process must continue to shape future policy, service development and national strategies aimed at reducing gambling harm in communities across the country.

7 References

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8 Appendices

The following materials include both contextual and consultation related materials. Sample tools used during the national stakeholder consultation are provided here; tailored versions were developed for each stakeholder group, though a shared thematic structure was used throughout. The samples included relate specifically to the lived experience group whose insights were central to the consultation process. In addition, key sections of the Gambling Regulation Act are presented to provide legislative context for the establishment, objectives and funding mechanisms of the Social Impact Fund.

8.1 Stakeholder consultation instruments

This is a sample version of the questionnaire designed for people with lived experience of gambling harm.

Questionnaire on Gambling Addiction and Its Impacts for People with Lived Experience

Pobal, on behalf of the Gambling Regulatory Authority of Ireland (GRAI), is gathering insights to help shape a new Social Impact Fund. This fund, created from a levy on gambling operators under the Gambling Regulation Act 2024, will support services for those affected by gambling harm.

Your experiences matter. By sharing your views, you will help us better understand the impact of gambling addiction in Ireland and ensure that funding is directed where it's needed most.

This survey is completely anonymous and should take no more than 10 minutes to complete.

Thank you for your time — your input can make a real difference.

For further information on the Social Impact Fund or to stay involved in the consultation process go to https://www.grai.ie/social-impact-fund

We realise this is a sensitive topic. If you need support, or would like to talk to someone, please call the National Helpline on 1800936725

Section 1: Demographic Information

1. **Age:**
   - [ ] 18–24
   - [ ] 25–34
   - [ ] 35–44
   - [ ] 45–54
   - [ ] 55–64
   - [ ] 65 and over
2. **Gender:**
   - [ ] Male
   - [ ] Female
   - [ ] Non-binary
   - [ ] Prefer not to say
   - [ ] Other (please specify): _____
3. **What is your ethnic or cultural background?**
   - [ ] White Irish
   - [ ] White Irish Traveller
   - [ ] Any other white background
   - [ ] Black or Black Irish
   - [ ] African
   - [ ] Any other Black background
   - [ ] Asian or Asian Irish
   - [ ] Chinese
   - [ ] Any other Asian background
   - [ ] Other, including mixed background
   - [ ] Other (please specify): _____
4. **What county do you live in?**

   _____

5. **Employment status:**
   - [ ] Employed full-time
   - [ ] Employed part-time
   - [ ] Unemployed and actively seeking work
   - [ ] Unemployed and not seeking work
   - [ ] Retired
   - [ ] Student
   - [ ] Other (please specify): _____

Section 2: Gambling Habits and Addiction

6. **At what age did you first engage in gambling?**
   - [ ] Under 18
   - [ ] 18–24
   - [ ] 25–34
   - [ ] 35-44
   - [ ] 45-54
   - [ ] 55-64
   - [ ] 65+
7. **What types of gambling activities have you engaged in? (Select all that apply)**
   - [ ] Betting Shops
   - [ ] Casino games (e.g., slot machines, poker)
   - [ ] Online gambling (sports, casino, or other forms)
   - [ ] Lottery or scratch cards
   - [ ] Bingo
   - [ ] Online competitions
   - [ ] Totes / Racetracks
   - [ ] Other (please specify): _____

8. **How frequently did you engage in gambling at the peak of your addiction?**

   [ ] Once Daily

   [ ] Several times daily

   [ ] Several times a week

   [ ] Once a week

   [ ] Several times a week

   [ ] Once a month or less

   [ ] Several times a month

   [ ] Other (please specify): _____

9. **At the peak of your gambling, how much money would you typically spend on gambling in a week?**

   [ ] €0–€50

   [ ] €51–€100

   [ ] €101–€200

   [ ] €201–€500

   [ ] €501–€1,000

   [ ] Over €1,000

10. **In the last 12 months, have you experienced any of the following due to your gambling? (Select all that apply)**

    [ ] Financial difficulties (e.g., debts, loans, loss of savings)

    [ ] Difficulties with money lenders (e.g. Loan Sharks)

    [ ] Relationship problems (e.g., family, partner, friends)

    [ ] Impact on your mental health (e.g., anxiety, depression)

    [ ] Legal issues (e.g., criminal charges, fines)

    [ ] Loss of employment or work-related issues

    [ ] Other (please specify): _____

    [ ] None of the above

Section 3: Seeking Help and Support

11. Have you ever sought professional help for gambling addiction?

[ ] Yes

[ ] No

12. If yes, what type of help have you received? (Select all that apply)

[ ] In Person Counselling

[ ] Online Counselling

[ ] Intervention via helpline or online platform

[ ] Support Groups (e.g., Gamblers Anonymous)

[ ] Financial advice or counselling

[ ] Medication

[ ] Residential Treatment Programme

[ ] Other

13. What has prevented you from seeking help? (select all that apply)

[ ] Lack of awareness of available resources

[ ] Lack of resources / Limited access to support

[ ] Embarrassment or stigma

[ ] Financial barriers

[ ] Lack of trust in support services

[ ] Belief that I can overcome it on my own

[ ] Other

14. On a scale of 1 to 5, how accessible do you feel gambling addiction services are in Ireland?

[ ] 1 – Very difficult to access

[ ] 2 – Somewhat difficult to access

[ ] 3 – Neutral

[ ] 4 – Somewhat accessible

[ ] 5 – Very accessible

15. Have you ever used self-exclusion programs (e.g., blocking access to gambling sites, banning yourself from venues)?

[ ] Yes

[ ] No

[ ] No, not sure what these are

Section 4: Social Impact and Fund Development

16. What type of support would be most helpful to you or others affected by gambling addiction? (select all that apply)

[ ] Improved access to counselling or therapy

[ ] Improved access to residential treatment

[ ] Public awareness campaigns about gambling addiction

[ ] Community-based support groups

[ ] Online resources and support networks

[ ] Better regulation and monitoring of gambling outlets

[ ] Other (please specify): _____

17. In your opinion, what is the biggest barrier to overcoming gambling addiction? Select the top 3

[ ] Lack of awareness or understanding of the issue

[ ] Lack of awareness of the risk of developing an addiction

[ ] Stigma and shame surrounding addiction

[ ] Lack of accessible treatment or support services

[ ] Financial difficulties

[ ] Emotional or psychological factors

[ ] Other

Section 5: Final Thoughts

Is there anything else you would like to share about your experience with gambling addiction and the support or resources you believe are needed to address it?

8.2 Focus Group Topic Guide: People with lived experience

This session guide was used in the focus group held on 30th May 2025.

Themes and sample questions

1. **Personal Challenges**
   - [ ] What was the hardest part of your gambling experience?
   - [ ] What support, if any, was available to you?
   - [ ] What do you wish had existed at the time?
2. **Recovery Supports**
   - [ ] What helped you begin recovery?
   - [ ] Were there services you tried that didn't help?
   - [ ] If you could design a recovery support, what would that be?
3. **Family and Community Impacts**
   - [ ] How did your gambling affect your family/friends/community?
   - [ ] Were there supports for your family/friends?
   - [ ] What would have helped them?
4. **Prevention and Education**
   - [ ] What might have helped prevent your gambling issues?
   - [ ] What kind of education or awareness is needed?
   - [ ] How should gambling advertising / access be handled?
5. **Visioning the Social Impact Fund**
   - [ ] Prioritise areas for funding allocations under each area set out in the Social Impact Fund:

- Treatment and Supports
- Education and training
- Awareness and prevention
- Research

8.3 Participating organisations

A total of 83 organisations contributed to the national stakeholder consultation through questionnaire responses, focus group participation or both. These organisations represent a broad cross-section of addiction services, NGOs, and academic or research bodies.

Breakdown by stakeholder group

Stakeholder group	Number of respondent organisations
Addiction services	45
NGOs	18
Academic and Research Institutions	20

8.4 Relevant legislative excerpts

Section 50. Establishment of Social Impact Fund

The Authority shall, as soon as practicable after the coming into operation of this section, establish and maintain a fund which shall be known as the Social Impact Fund which shall be managed and controlled by the Authority.

Payments out of Social Impact Fund

51. (1) The Authority may, from time to time, make a payment or payments to a person out of the Social Impact Fund of such amount of money as the Authority considers appropriate for any or all of the following purposes:

(a) research, training, community interventions and other initiatives aimed at reducing or eliminating compulsive or excessive gambling and the social impact of compulsive or excessive gambling;

(b) public education and awareness-raising measures for the purposes of—

(i) highlighting the social impact of compulsive or excessive gambling, or

(ii) informing the public about the resources available to address compulsive or excessive gambling;

(c) the provision of services—

(i) for the treatment of participants engaged in compulsive or excessive gambling, and

(ii) to other persons affected by compulsive or excessive gambling;

(d) cooperation with persons outside the State in research and training which will benefit persons in the State by reducing or eliminating compulsive or excessive gambling and the social impact of compulsive or excessive gambling;

(e) projects, programmes or initiatives which are compatible with the purposes referred to in paragraphs (a) to (d).

(2) Without prejudice to the generality of subsection (1), the Authority may invite persons to—

(a) make proposals for the provision of services or engagement in activities referred to in any of paragraphs (a) to (e) of subsection (1), and

(b) apply for a payment from the Social Impact Fund for the provision of such services or engagement in such activities.

(3) The Authority shall publish an invitation under subsection (2) on its website and shall set out, in the invitation concerned—

(a) the criteria the Authority will use to assess proposals, and

(b) where a proposal is accepted, the manner in which a payment of money shall be made from the Social Impact Fund.

(4) A person who receives money from the Social Impact Fund shall keep an account, as required under section 55 , of the expenditure of that money.

(5) The Authority may attach a condition to a payment of money made to a person out of the Social Impact Fund and, where it does so, the person concerned shall comply with that condition.

(6) A person who fails to comply with subsection (4) or (5) is guilty of an offence and is liable—

(a) on summary conviction, to a class A fine or to imprisonment for a period of 12 months, or both, or

(b) on conviction on indictment, to a fine or to imprisonment for a period of 5 years, or both.

(7) The Authority may by notice in writing request a report in writing from a person who receives money from the Social Impact Fund and the report shall contain such information as may be specified by the Authority concerning the use of that money and relating to compliance with such conditions (if any) as are imposed under subsection (5).

(8) A person shall comply with a request under subsection (7) within such period as is specified in the request or within such other period as may be agreed in writing by the Authority and that person.

Payment of expenses of Authority from Social Impact Fund

52. The Minister may, from time to time, authorise the payment out of the Social Impact Fund to the Authority of such money as he or she considers necessary for the purpose of defraying, in whole or in part, the expenses incurred by the Authority in connection with the administration of the Fund.

Money transferred to Social Impact Fund following closure of gambling account

53. (1) The Authority shall keep a record of all moneys transferred to it by licensees under section 171 (4).

(2) The Authority shall refund, to a person directed to it by a licensee in accordance with section 171 (5), the money specified in a notification sent to it under that provision in respect of that person, within 28 days of being requested to do so by that person.

Funding of Social Impact Fund

54. (1) A licensee, other than a licensee of a gambling licence for a charitable or philanthropic purpose, shall pay an annual contribution to the Authority in respect of the Social Impact Fund.

(2) The contribution payable by a licensee to the Social Impact Fund shall be determined by the Authority in accordance with regulations made by the Minister under subsection (3).

(3) The Minister shall make regulations in relation to the contributions payable by licensees, other than licensees of a gambling licence for a charitable or philanthropic purpose, to the Social Impact Fund and, without prejudice to the generality of the foregoing, such regulations—

(a) shall provide—

(i) the percentage of licensees' turnover which shall be payable as a contribution, and

(ii) the manner in which, and the date by which, contributions shall be made,

and

(b) may provide for the payment of contributions by licensees by instalment.

(4) The Authority shall give a licensee liable to pay a contribution a notice in writing specifying—

(a) the contribution payable by the licensee to the Social Impact Fund, and

(b) the manner in which, and the date by which, the contribution is required to be paid to the Authority by the licensee.

(5) Where a contribution to the Social Impact Fund is payable by a licensee pursuant to a notice under subsection (4) and during the year to which the contribution concerned relates, the gambling licence of the licensee is transferred to a person under section 109 , the person to whom the licence is transferred is liable to pay the contribution concerned for that year only to the extent that the full amount of the contribution has not been paid prior to the transfer.

(6) The Authority may recover as a simple contract debt, in any court of competent jurisdiction, from a person by whom a contribution to the Social Impact Fund is payable, any amount due and owing to the Authority in respect of contributions imposed in accordance with this section.

Obligation to keep account of expenditure of money received from Social Impact Fund

55. (1) A person in receipt of money from the Social Impact Fund under section 51 shall keep, in such form and manner as may be approved by the Minister, with the concurrence of the Minister for Public Expenditure, National Development Plan Delivery and Reform, an account of the expenditure of that money by that person in each financial year in which that money is expended.

(2) Accounts kept pursuant to subsection (1) shall be submitted to the Authority not later than 1 March in the year immediately following the financial year to which they relate or on such earlier date as the Authority may specify.

Direction of Minister

56. (1) The Minister may give a direction in writing to the Authority in relation to the management and control of the Social Impact Fund by the Authority.

(2) The Authority shall comply with a direction given by the Minister under subsection (1).

Accounts: Social Impact Fund

57. (1) The Authority shall keep, in such form as may be approved by the Minister with the consent of the Minister for Public Expenditure, National Development Plan Delivery and Reform, all proper and usual accounts of all money received in respect of the Social Impact Fund or expended from the Fund.

(2) Accounts referred to in subsection (1) shall be submitted by the Authority for audit not later than 1 April in the year immediately following the financial year to which they relate or on such earlier date as the Minister may specify.

(3) The Authority shall, immediately after the audit referred to in subsection (2), present to the Minister a copy of—

(a) the accounts, and

(b) the report of the Comptroller and Auditor General on those accounts.

(4) The Minister shall cause copies of the accounts and report presented to him or her under subsection (3) to be laid before each House of the Oireachtas as soon as practicable after such presentation.


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