National Gambling Treatment Service

2019/2020

Annual Statistics from the National Gambling Treatment Service (Great Britain)

1st April 2019 to 31st March 2020

Contents

1 Executive Summary

Client characteristics

- A total of 9,008 individuals were treated within gambling services (who report to Data Reporting Framework (DRF)) in Great Britain within 2019/20.
- A large majority of clients (75%) were male.
- Nine tenths (89%) were from a White ethnic background (Table 5), including 81% White British and 5% White European. The next most commonly reported ethnic backgrounds were Asian or Asian British (5%), and Black or Black British (3%).
- The majority of clients were either in a relationship (36%) or married (29%). A further 28% were single, 4% were separated and 2% divorced.
- In terms of working status, most were employed (75%), with smaller proportions reporting being unemployed (9%), unable to work through illness (7%), retired (2%), homemaker (2%) or a student (2%).

Gambling profile

- Among clients receiving treatment for their own gambling, initial Problem Gambling Severity Index (PGSI) scores indicated that the majority of clients (94%) were problem gamblers (PGSI 8+) at the point of assessment for treatment. Amongst those whose episode of treatment ended within the 2019/20 year, this proportion had reduced to 40% and the majority (75%) showed some improvement on this scale.
- The most common location for gambling was online, used by 69% of clients. Bookmakers were the next most common, used by 38% of gamblers.
- Between 2015/16 and 2019/20 the proportion reporting use of online gambling services increased from 57% to 69%. In the same time period the proportion using bookmakers decreased from 56% to 38%.
- Within online services, gambling on casino slots was the most common activity (38%), followed by sporting events (37%) and casino table games (27%).
- Within bookmakers, gaming machines were the most common form of gambling (53%), followed by sporting events (31%) and horses (24%).
- Compared to White gamblers, those who identified as Black or Black British were more likely to use bookmakers (54% compared to 37%) or casinos (21% compared to 8%). Those who identified as Asian or Asian British were also more likely to use bookmakers (49%) or casinos (26%) than White clients.
- The majority of gamblers (71%) reported having a debt due to their gambling. 12% had experienced a job loss as a result of their gambling and 26% had experienced a relationship loss through their gambling.
- On average (mean) gamblers reported spending £2,102 on gambling in the previous 30 days before assessment.

Treatment engagement

- A majority of referrals into treatment (90%) were self-made.
- For clients treated within the year, 50% of clients were seen for a first appointment within three days of making contact and 75% within eight days.
- Among all those receiving and ending treatment within 2019/20, treatment lasted for an average (median) of 8 weeks.

Treatment outcomes

- Among clients who ended treatment during 2019/20, a majority (69%) completed their scheduled treatment. One quarter (24%) dropped out of treatment before a scheduled endpoint.
- Those who were unemployed were considerably more likely than the average to drop out of treatment (32%) and less likely to complete treatment (61%).
- Between 2015/16 and 2019/20 the proportion of clients completing scheduled treatment increased from 59% to 69% whilst the proportion dropping out of treatment decreased from 35% to 24%.
- Among gamblers PGSI scores improved by an average (median) of 12 points between earliest and last appointment in treatment.
- Among those defined as problem gamblers[1] at the start of treatment, 60% were not defined as problem gamblers at the end of treatment.
- 55% of clients were defined as 'below clinical cut-off' on the CORE-10 scale at the end of treatment, compared to only 17% at the start of treatment.

---

1   PGSI Score of 8 or above

2 About the National Gambling Treatment Service

The National Gambling Treatment Service (NGTS) is a network of organisations working together to provide confidential treatment and support for anyone experiencing gambling-related harms and is free to access across England, Scotland and Wales. The NGTS is commissioned by GambleAware, an independent grant-making charity that takes a public health approach to reducing gambling harms.

Wherever someone makes contact throughout this network these providers work alongside each other through referral pathways to deliver the most appropriate package of care for individuals experiencing difficulties with gambling, and for those who are impacted by someone else's gambling.

The data for the 2019/20 period presented within this report covers submissions from the following organisations[2], with details of the services they provide listed below.

GamCare[3] and its partner network offers:

- Online treatment supported by regular contact with a therapist, which can be accessed at a time and place convenient for the client over the course of eight weeks.
- One-to-one face-to-face, online and telephone therapeutic support and treatment for people with gambling problems as well as family and friends who are impacted by gambling.
- Group based Gambling Recovery Courses delivered face-to-face or online for between six to eight weeks.

Gordon Moody Association offers:

- Residential Treatment Centres – two unique specialist centres, providing an intensive residential treatment programme for men with a gambling addiction over a period of 14 weeks.
- Recovery Housing – specialist relapse prevention housing for those who have completed the treatment programmes requiring additional recovery support.
- Retreat & Counselling Programme – retreat programmes for women-only-cohorts and men-only-cohorts which combine short residential stays with at-home counselling support.

Central and North West London NHS Foundation Trust (London Problem Gambling Clinic) offers:

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.
- GambleAware funded treatment providers are required to submit quarterly datasets in a standardised format[4]. This report is informed by analysis of these submissions.

---

2 The NHS Northern Gambling Service, provided by Leeds and York Partnership NHS Foundation Trust opened mid-year. Figures from the service will be incorporated into NGTS statistics for 2020/21, when the service has been operational for one full reporting period.

3 In addition, GamCare operates the National Gambling Helpline which offers telephone and online live chat support, providing immediate support to individuals and referral into the treatment service. GamCare also offer information and advice via their website, moderated forums and online group chatrooms. These services are not within the scope of data presented in this report.

4 https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf

3 Background and policy context

The Gambling Act 2005 contains a provision at section 123[5] for a levy on gambling operators to fund projects to reduce gambling harms. Successive governments have not commenced this provision. In the absence of a mandatory levy, the Gambling Commission imposes a requirement on operators through the Licence Conditions & Code of Practice[6] to make a donation to fund research, education and treatment for this purpose. The independent charity GambleAware[7] is the most prominent organisation active in all three areas of research, education and treatment[8] and for this reason, a high proportion of donations are made to the organisation. This statistical report covers activity which is commissioned by GambleAware.

In January 2019, NHS England announced that it would be establishing additional specialist clinics to treat gambling disorder[9] and in July 2019 announced the timetable for the new clinics to start[10]. The first of these clinics began offering treatment in 2019/20. In addition, some activity funded by the NHS for people whose primary or secondary diagnosis is gambling disorder takes place outside the specialist clinics. Activity funded by the NHS is reported in the official statistics produced by the NHS in England, Scotland and Wales.

The three-year *National Strategy to Reduce Gambling Harms*[11], which was published by the Gambling Commission in April 2019, referenced the work of GambleAware in commissioning the majority of specialist services for those affected by gambling harms in Great Britain.

The respective roles of the Gambling Commission, the Advisory Board for Safer Gambling and GambleAware in relation to arrangements for prioritising, commissioning, funding and evaluating research, education and treatment were set out in a Statement of Intent published in August 2012[12].

The *Annual Report for 2016/17* of the Chief Medical Officer for Wales[13], published in January 2018 discussed the need for improved measures to prevent gambling harm, including services to help those already experiencing harm.

By combining figures from individual GambleAware funded treatment services into a National Gambling Treatment Service-wide dataset, new opportunities are afforded to better understand, amongst the treatment population:

- The scale and severity of gambling harms
- Demographics and behavioural characteristics of those accessing help
- Treatment progression and outcomes.

---

5   http://www.legislation.gov.uk/ukpga/2005/19/section/123

6   http://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/LCCP/Licence-conditions-and-codes-of-practice.aspx

7   Information about GambleAware and its governance is available at https://about.gambleaware.org/about/

8   https://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/General-compliance/Social-responsibility/Research-education-and-treatment-contributions.aspx

9   https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

10   https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

11   http://reducinggamblingharms.org/treatment-and-support

12   https://www.rgsb.org.uk/About-us/Governance/Statement-of-intent.pdf#:~:text=Statement%20of%20intent%20between%20the%20Gambling%20Commission%2C%20Responsible,strategy%20%28hereafter%20referred%20to%20as%20%E2%80%9CRET%E2%80%9D%29%20were%20established

13   https://gov.wales/sites/default/files/publications/2019-03/gambling-with-our-health-chief-medical-officer-for-wales-annual-report-2016-17.pdf

4   The DRF database

The collection of data on clients receiving treatment from the National Gambling Treatment Service is managed through a nationally co-ordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015. Individual treatment services collect data on clients and treatment through bespoke case management systems. The DRF is incorporated into each of these systems. Data items within the DRF are set out in the DRF Specification[14] and provided in the appendix to this report. Data are collected within four separate tables, providing details of client characteristics, gambling history, referral details and appointment details. The DRF constitutes a co-ordinated core data set, collected to provide consistent and comparable reporting at a national level. Some minor differences exist in data collection between agencies, such as the addition of supplementary categories in individual fields or in the format of collected data. These are reformatted or recoded at a national level to ensure consistency within the DRF specification.

4.1   Notes on interpretation

The national collation of the DRF operates as an anonymous data collection system. At a service level, client codes are collected to distinguish one client from another. Totals for services are summed to provide an estimate of national treatment levels. If a client attends more than one service within the reporting period, they will be counted in each service they attend. The level of overlap between services cannot be accurately calculated but is expected to be a very small percentage of the total estimated number of clients nationally. The total number presented in this report should therefore be interpreted as an estimate of the total number of clients receiving treatment at participating agencies.

Clients of gambling treatment services can either be gamblers themselves, 'affected others' or persons at risk of developing a gambling problem. Within this report clients are categorised as either 'gamblers' or 'other clients'. 'Other clients' includes 'affected others', persons at risk of developing a gambling problem and those for whom this information was not recorded. Client characteristics and treatment engagement are presented for both client categories. Details of gambling activity and history are only presented for clients identified as gamblers.

---

14   https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf

5 Assessment of quality and robustness of 2019/20 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2019/20. Details of gambling activity and history are not routinely collected for clients who are not themselves gamblers. Levels of completeness of gambling information relate only to clients identified as gamblers. Most data items are close to 100% complete, making the data representative of this treatment population, minimising any likelihood of bias and validating comparisons between time periods and sub-samples.

Table 1 Level of completion of selected data fields

Data item	Level of completion
Referral reason	98.4%
Referral source	100%
Gender	99.7%
Ethnicity	98.4%
Employment status	98.7%
Relationship status	97.6%
Primary gambling activity	96.4%
Money spent on gambling	99.0%
Job loss	99.0%
Relationship loss	99.0%
Early big win	99.0%
Debt due to gambling	98.2%
Length of gambling history	97.3%
Age of onset (problem gambling)	96.5%
Days gambling per month	87.7%

6   Characteristics of clients

A total of 9,008 individuals were treated by gambling services providing DRF data within 2019/20.

The majority of those seen by gambling services were gamblers (7,473, 84%). However, 1,192 (13%) referrals related to 'affected others' that is, individuals who are not necessarily gamblers but whose lives have been affected by those who are. A small number of referrals (202, 2%) related to persons at risk of developing a gambling problem. All clients are included in breakdowns of client characteristics and treatment engagement but only identified gamblers are included in breakdowns of gambling activity and history. This information was not collected for a further 141 (2%) individuals.

One quarter (23%) of cases seen in 2019/20 were for recurring problems (clients previously seen by the reporting service).

6.1   Age and gender of clients

Clients had an average (median) age of 34 years at time of referral, with three quarters (75%) aged 44 years or younger. The highest numbers were reported in the 25-29 years old and 30-34 years old age bands (Table 2) accounting for 40% of clients in total. Clients other than gamblers had a higher median age of 40 years and were more likely to be in the over 50 age bands (Table 3).

A large majority of clients (75%) were male. This compares to 49% in the general population of Great Britain[15]. The distribution of age differs by gender (Table 2 and Figure 1), with female age being more evenly dispersed, including a greater proportion in the older age groups compared to males. This results in a higher average (median) age of 39 years for females compared to 33 years for males. Gender differed considerably by type of client (Table 4) with 85% of gamblers being male compared to only 31% of other clients.

Table 2 Age and gender of clients

		Male			Female			Total*		
		N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Age bands	<20	83	1.2%	88.3%	11	0.5%	11.7%	94	1.0%	100.0%
	20-24	755	11.2%	87.7%	106	4.8%	12.3%	861	9.6%	100.0%
	25-29	1458	21.6%	82.9%	300	13.6%	17.1%	1759	19.6%	100.0%
	30-34	1463	21.7%	80.6%	352	15.9%	19.4%	1815	20.2%	100.0%
	35-39	1064	15.7%	74.9%	357	16.1%	25.1%	1421	15.8%	100.0%
	40-44	640	9.5%	70.6%	266	12.0%	29.4%	906	10.1%	100.0%
	45-49	510	7.5%	73.1%	188	8.5%	26.9%	698	7.8%	100.0%
	50-54	351	5.2%	60.4%	230	10.4%	39.6%	581	6.5%	100.0%
	55-59	232	3.4%	53.7%	200	9.0%	46.3%	432	4.8%	100.0%
	60+	200	3.0%	49.9%	201	9.1%	50.1%	401	4.5%	100.0%
	Total*	6756	100.0%	75.3%	2211	100.0%	24.7%	8968	100.0%	100.0%

*excludes those with missing age or gender or with a gender category of less than 5

---

15   Office for National Statistics. Population Estimates for the UK, England and Wales, Scotland and Northern Ireland: Mid-2019

Figure 1 Age and gender of clients at the point of referral

AGE BANDS BY GENDER
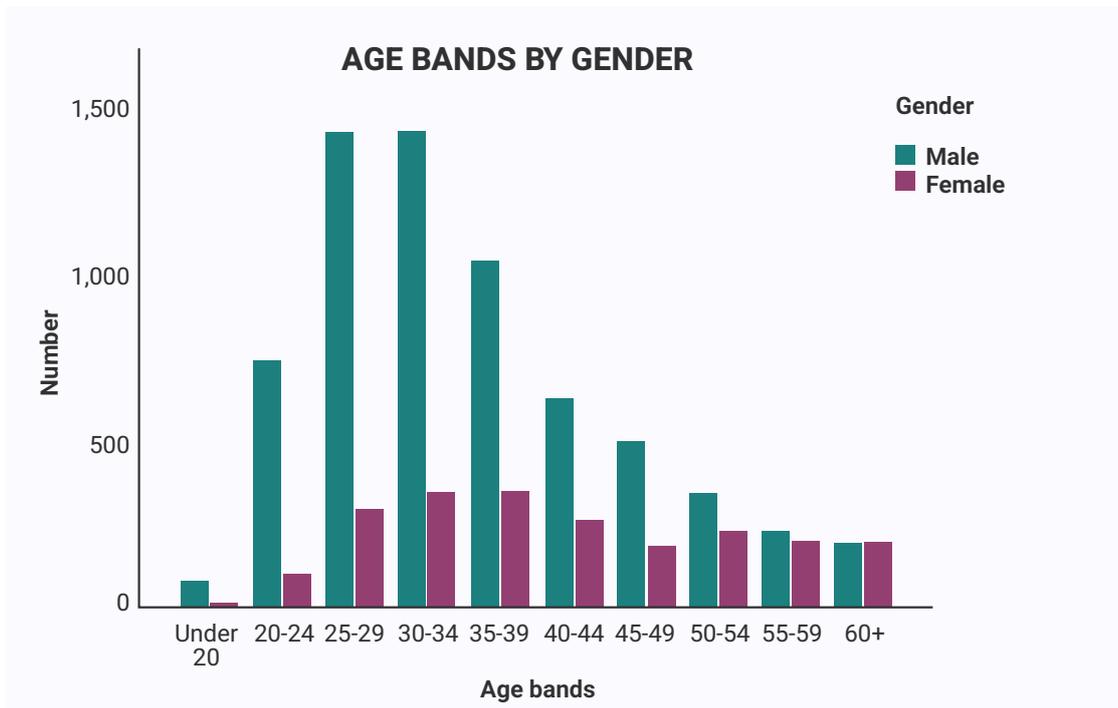
Table 3 Age bands by type of client

		Gambling clients		Other clients	
		N	%	N	%
Age bands	<20	75	1.0%	20	1.3%
	20-24	759	10.2%	103	6.7%
	25-29	1577	21.1%	183	11.9%
	30-34	1585	21.3%	240	15.7%
	35-39	1207	16.2%	217	14.2%
	40-44	752	10.1%	156	10.2%
	45-49	573	7.7%	126	8.2%
	50-54	425	5.7%	158	10.3%
	55-59	300	4.0%	132	8.6%
	60+	205	2.7%	198	12.9%

Table 4 Gender by type of client*

	Gambling clients		Other clients	
	N	%	N	%
Male	6296	84.5%	473	30.9%
Female	1155	15.5%	1059	69.1%

*Categories of gender with less than 100 clients were excluded from this table

6.2 Ethnicity of clients

Nearly nine tenths (89%) of clients were from a White ethnic background (Table 5) including 81% White British and 5% White European. The next most reported ethnic backgrounds were Asian or Asian British (5%), and Black or Black British (3%). This compares to national (UK) proportions[16] of 87% White or White British, 7% Asian or Asian British and 3% Black or Black British.

Although no large differences existed between genders within ethnic categories, female clients were slightly less likely than males to be Asian or Asian British (4% compared to 5%) or Black or Black British (2% compared to 3%).

Table 5 Ethnicity of clients

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
White or White British	**British**	6014	81.7%	1201	80.0%	7215	81.4%
	Irish	75	1.0%	17	1.1%	92	1.0%
	European	382	5.2%	72	4.8%	454	5.1%
	Other	88	1.2%	41	2.7%	129	1.5%
Black or Black British	**African**	95	1.3%	10	0.7%	105	1.2%
	Caribbean	74	1.0%	5	0.3%	79	0.9%
	Other	48	0.7%	32	2.1%	80	0.9%
Asian or Asian British	**Bangladeshi**	46	0.6%	6	0.4%	52	0.6%
	Indian	137	1.9%	30	2.0%	167	1.9%
	Pakistani	74	1.0%	11	0.7%	85	1.0%
	Chinese	35	0.5%	4	0.3%	39	0.4%
	Other	77	1.0%	12	0.8%	89	1.0%
Mixed	**White and Asian**	30	0.4%	7	0.5%	37	0.4%
	White and Black African	21	0.3%	5	0.3%	26	0.3%
	White and Black Caribbean	51	0.7%	7	0.5%	58	0.7%
	Other	39	0.5%	9	0.6%	48	0.5%
Other ethnic group		79	1.1%	32	2.1%	111	1.3%
	Total	7365	100.0%	1501	100.0%	8866	100.0%
	Missing	108		34		142	
	Total clients	7473		1535		9008	

6.3 Relationship status of clients

The majority of clients were either in a relationship (36%) or married (29%). A further 28% were single, 4% were separated and 2% divorced (Table 6). Compared to male clients, female clients were less likely to be single (22% compared to 32%) and more likely to be married (37% compared to 25%), divorced (4% compared to 2%) or widowed (2% compared to <1%).

Table 6 Relationship status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
In relationship	2680	36.7%	462	31.1%	3142	35.7%
Married	2319	31.7%	257	17.3%	2576	29.3%
Single	1884	25.8%	596	40.2%	2480	28.2%
Separated	265	3.6%	86	5.8%	351	4.0%
Divorced	133	1.8%	53	3.6%	186	2.1%
Widowed	30	0.4%	30	2.0%	60	0.7%
Total	7311	100.0%	1484	100.0%	8795	100.0%
Missing	162		51		213	
Total clients	7473		1535		9008	

6.4 Employment status of clients

The majority of clients were employed (75%). The next most reported employment status was unemployed (9%) followed by unable to work through illness (7%), retired (2%), homemaker (2%) and student (2%). Compared to males, female clients were less likely to be employed (66% compared to 78%) and more likely to be a homemaker (8% compared to <1%), unable to work through illness (11% compared to 6%) or retired (6% compared to 1%).

Table 7 Employment status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Employed	5692	77.0%	983	65.7%	6675	75.1%
Unemployed	655	8.9%	112	7.5%	767	8.6%
Student	125	1.7%	21	1.4%	146	1.6%
Unable to work through illness	581	7.9%	49	3.3%	630	7.1%
Homemaker	102	1.4%	92	6.1%	194	2.2%
Not seeking work	16	0.2%	3	0.2%	19	0.2%
Prison-care	108	1.5%	119	7.9%	227	2.6%
Volunteer	22	0.3%	3	0.2%	25	0.3%
Retired	91	1.2%	115	7.7%	206	2.3%
Total	7392	100.0%	1497	100.0%	8889	100.0%
Missing	81		38		119	
Total clients	7473		1535		9008	

6.5 Gambling profile

6.5.1 Gambling locations

The most common location for gambling (Table 8) was online, used by 69% of gamblers who provided this information. Bookmakers were the next most common, used by 38% of gamblers. No other locations were used by more than 10% of gamblers, although casinos were used by 9% and miscellaneous (such as lottery, scratch-cards and football pools) by 7%.

Up to three gambling activities (specific to location) are recorded for each client and these are ranked in order of significance. Table 8 shows the location of primary gambling activity and again shows that online services are the most common, followed by bookmakers. These two locations account for the majority of primary gambling activities, at 85%.

Table 8 Location of gambling activity reported in 2019/20

	Any gambling in this location	%	Main gambling location	%
Online	4956	68.8%	4202	58.3%
Bookmakers	2740	38.0%	1953	27.1%
Casino	669	9.3%	341	4.7%
Miscellaneous	526	7.3%	256	3.6%
Adult Entertainment Centre[17]	269	3.7%	165	2.3%
Pub	212	2.9%	106	1.5%
Other	136	1.9%	75	1.0%
Bingo Hall	110	1.5%	60	0.8%
Family Entertainment Centre	41	0.6%	28	0.4%
Live Events	23	0.3%	10	0.1%
Private Members Club	10	0.1%	7	0.1%
Total	7203	100.0%	7203	100.0%
Missing	270		270	
Total gamblers	7473		7473	

---

17   Also known as Adult Gaming Centres (AGC)

6.5.2 Gambling activities

Table 9 shows that within online services, sporting events were the most common individual activity, used by 25% of gamblers overall, followed by casino slots (22%) and casino table games (20%). Within bookmakers, gaming machines were the most common form of gambling, used by 26% of gamblers (making this the most common individual activity reported), followed by sporting events (11%) and horses (9%).

Table 9 Gambling activities, grouped by location

Location / Activity	N	% among all gamblers	% within location
Bookmakers			
Gaming Machine (FOBT)	1459	20.3%	53.2%
Sports or other event	858	11.9%	31.3%
Horses	656	9.1%	23.9%
Dogs	207	2.9%	7.6%
Other	326	4.5%	11.9%
Bingo Hall			
Gaming Machine	63	0.9%	57.3%
Live draw	46	0.6%	41.8%
Skill Machine	4	0.1%	3.6%
Terminal	1	0.0%	0.9%
Other	5	0.1%	4.5%
Casino			
Roulette	412	5.7%	61.6%
Gaming Machine (not FOBT)	133	1.8%	19.9%
Non-poker card games	99	1.4%	14.8%
Poker	65	0.9%	9.7%
Gaming Machine (FOBT)	21	0.3%	3.1%
Other	13	0.2%	1.9%
Live events			
Horses	18	0.2%	78.3%
Dogs	3	0.0%	13.0%
Sports or other event	3	0.0%	13.0%
Other	1	0.0%	4.3%
Adult Entertainment Centre			
Gaming Machine (not FOBT)	245	3.4%	91.1%
Gaming Machine (FOBT)	10	0.1%	3.7%
Skill prize machines	1	0%	0.4%
Other	19	0.3%	7.1%
Family Entertainment Centre			
Gaming Machine (not FOBT)	2	0.0%	90.2%
Gaming Machine (FOBT)	37	0.5%	4.9%
Others	2	0.0%	4.9%

Location / Activity	N	% among all gamblers	% within location
Pub			
Gaming Machine (other)	201	2.8%	94.8%
Poker	6	0.1%	2.8%
Sports	1	0.0%	0.5%
Other	6	0.1%	2.8%
Online			
Casino (slots)	1900	26.4%	38.3%
Sports events	1807	25.1%	36.5%
Casino (table games)	1315	18.3%	26.5%
Horses	671	9.3%	13.5%
Bingo	176	2.4%	3.6%
Poker	154	2.1%	3.1%
Dogs	103	1.4%	2.1%
Spread betting	72	1.0%	1.5%
Scratchcards	21	0.3%	0.4%
Betting exchange	14	0.2%	0.3%
Other	251	3.5%	5.1%
Miscellaneous			
Scratchcards	270	3.7%	51.3%
Football pools	123	1.7%	23.4%
Lottery (National)	70	1.0%	13.3%
Service station gaming machine	53	0.7%	10.1%
Lottery (other)	24	0.3%	4.6%
Private/organised games	17	0.2%	3.2%
Private members club			
Poker	4	0.1%	40.0%
Gaming Machine	3	0.0%	30.0%
Other card games	3	0.0%	30.0%
Other Location	136	1.9%	
Total			
Missing			
Total gamblers			

6.5.3 Gambling history

Where known, a majority of gamblers (61%) had experienced an early big win in their gambling career. Among those providing a response to the question 12% had suffered a job loss as a result of their gambling and 26% had suffered a relationship loss through their gambling.

Three in ten gamblers (29%) had no debt due to gambling at the time of assessment (Table 10). However, 26% had debts up to £5,000 and 45% had debts over £5,000 or were bankrupt or in an Individual Voluntary Arrangement (IVA).

Table 10 Debt due to gambling

	N	%
No debt	2027	29.4%
Under £5,000	1769	25.6%
£5,000-£9,999	851	12.3%
£10,000-£14,999	531	7.7%
£15,000-£19,999	415	6.0%
£20,000-£99,999	1075	15.6%
£100,000 or more	107	1.6%
Bankruptcy	30	.4%
In an IVA	95	1.4%
Total	6900	100.0%
Missing	573	
Total gamblers	7473	

There was no clear relationship between the type of gambling activities reported and reports of an early big win. Use of bookmakers was more common among those reporting a loss of relationship through gambling (47% compared to 35%), whereas use of online services was more common among those who reported no loss of relationship (71% compared to 64%). Similarly, bookmakers (51% compared to 36%) and casinos (13% compared to 9%) were more commonly used by those who had suffered job loss through gambling, whereas online services were more commonly used by those with no job loss (70% compared to 59%).

On average (median) gamblers reported problem gambling starting at the age of 24 years, although this was highly variable, ranging up to 79 years old. Three quarters reported problem gambling starting by the age of 32 years and one quarter by the age of 19 years. At the point of presentation to gambling services, gamblers had been (problem) gambling for an average (median) of 10 years. Again, this was highly variable, ranging from one month to 60 years.

6.5.4 Money spent on gambling

Gamblers reported spending an average (median) of £100 per gambling day in the previous 30 days before assessment. As some gamblers spent at considerably higher levels, the mean value is higher at £382 per day. The majority (54%) spent up to £100 per gambling day in the previous 30 days before assessment (Table 11), 16% spent between £100 and £200, 18% spent between £200 and £500 and 15% spent over £500.

Table 11 Average spend on gambling days

	N	%
Up to £100	3985	53.9%
Up to £200	1176	15.9%
Up to £300	592	8.0%
Up to £400	197	2.7%
Up to £500	558	7.5%
Up to £1000	206	2.8%
Up to £2000	424	5.7%
Over £2000	261	3.5%
Total	7399	100.0%
Missing	74	
Total gamblers	7473	

In the preceding month, gamblers reported spending a median of £1,000 and a mean of £2,102 on gambling. Just under one half (48%) of gamblers spent up to £1,000 in the preceding month, with 52% spending over £1,000 (Table 12). About a quarter of gamblers (25%) reported spending over £2,000 in the preceding month.

Table 12 Reported spend on gambling in month preceding treatment

	N	%
Up to £100	710	9.6%
Up to £200	378	5.1%
Up to £300	420	5.7%
Up to £400	385	5.2%
Up to £500	740	10.0%
Up to £1000	944	12.8%
Up to £2000	1956	26.4%
Over £2000	1864	25.2%
Total	7397	100.0%
Missing	76	
Total gamblers	7473	

Mean values and the range of spend differed considerably between those reporting different gambling locations (Table 13), although that spend cannot be attributed specifically to gambling in those locations. Mean value of spend on gambling days was highest among those using casinos and online services. These means can be affected by outliers (extreme individual values) but the median values were also higher for casinos (£200). The median value among users of online services was similar to that of most other gambling types (£100 per gambling day). Average monthly spend was particularly elevated among those using casinos, adult entertainment centres and online services, but also among those using bookmakers and bingo halls, more so than seen for average daily spend, suggesting that frequent use of these services contributes to a high monthly spend.

Table 13 Money spent on average gambling days and in the past month, by gamblers reporting each gambling location.

	Average spend per gambling day (£)		Spend in past month (£)	
	Mean	Median	Mean	Median
Bookmakers	295	100	1785	1000
Bingo Hall	210	100	1007	775
Casino	544	200	2973	1000
Live Events	170	45	974	600
Adult Entertainment Centre	241	100	2807	640
Family Entertainment Centre	136	100	737	600
Pub	212	100	1519	700
Online	435	100	2145	1000
Miscellaneous	324	100	1467	575
Private Members Club	160	50	1777	700
Other	265	52	2038	600

6.5.5 Gambling location by age

Table 14 shows that use of bookmakers, bingo halls and adult entertainment centres was more commonly reported by those in older age categories, whereas use of online services tended to be more popular among younger age bands.

Table 14 Gambling location by age group

	Age bands*								
	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Bookmakers	35.4%	34.6%	39.5%	36.5%	39.0%	45.7%	39.3%	45.1%	41.5%
Bingo Hall	1.1%	0.7%	0.7%	1.6%	1.4%	2.8%	2.7%	4.2%	6.7%
Casino	9.9%	10.8%	10.3%	7.7%	8.0%	8.3%	7.7%	8.1%	7.2%
Live Events	0.1%	0.3%	0.2%	0.3%	0.6%	0.6%	0.5%	0.0%	1.0%
Adult Entertainment Centre	1.8%	2.3%	2.9%	3.5%	4.0%	6.6%	6.0%	8.5%	9.7%
Family Entertainment Centre	0.5%	0.3%	0.2%	0.7%	0.3%	0.9%	1.2%	1.4%	2.6%
Pub	2.3%	2.7%	2.5%	3.8%	3.5%	2.9%	2.7%	2.8%	4.6%
Online	75.9%	76.2%	72.6%	70.7%	65.3%	56.7%	58.5%	46.1%	39.0%
Miscellaneous	6.5%	5.5%	7.0%	7.8%	8.9%	5.9%	9.5%	11.3%	10.8%
Private Members Club	0.0%	0.2%	0.2%	0.3%	0.0%	0.0%	0.2%	0.0%	0.0%
Other	1.6%	2.3%	1.8%	1.6%	1.5%	1.8%	0.7%	2.8%	4.6%
Total gamblers*	740	1532	1538	1155	723	545	402	284	195

*Categories of age with less than 100 gamblers were excluded from this table

6.5.6 Gambling location by gender

Compared to male gamblers, females were considerably less likely to use bookmakers (13% compared to 43%), casinos (4% compared to 10%) or pubs (2% compared to 3%) but more likely to use bingo halls (7% compared to 1%), adult entertainment centres (9% compared to 3%), family entertainment centres (1% compared to <1%) or miscellaneous activities (13% compared to 6%).

Table 15 Gambling location by gender

	Male		Female	
	Number	%	Number	%
Bookmakers	2589	42.6%	146	13.2%
Bingo Hall	35	0.6%	75	6.8%
Casino	621	10.2%	45	4.1%
Live Events	23	0.4%	0	0.0%
Adult Entertainment Centre	172	2.8%	96	8.7%
Family Entertainment Centre	26	0.4%	15	1.4%
Pub	194	3.2%	18	1.6%
Online	4096	67.3%	851	76.9%
Miscellaneous	383	6.3%	142	12.8%
Private Members Club	9	0.1%	1	0.1%
Other	129	2.1%	7	0.6%
Total gamblers*	6082		1106	

*Categories of age with less than 100 gamblers were excluded from this table

6.5.7 Gambling location by ethnic group

Some considerable differences were evident between the gambling locations reported by different ethnic groups (Table 16). Compared to White or White British gamblers, those who identified as Black or Black British were more likely to use bookmakers (54% compared to 37%) or casinos (21% compared to 8%). Those who identified as Asian or Asian British were also more likely than White or White British gamblers to use bookmakers (49%) or casinos (26%). Overall those who identified as Black or Black British were the most likely to use bookmakers and the least likely to use online services (51%), whereas those who identified as Asian or Asian British were the most likely to use casinos.

Table 16 Gambling location by ethnic group

	White or White British		Black or Black British		Asian or Asian British		Mixed	
	N	%	N	%	N	%	N	%
Bookmakers	2335	36.6%	110	53.7%	172	49.3%	54	41.9%
Bingo Hall	104	1.6%	4	2.0%	0	0.0%	0	0.0%
Casino	479	7.5%	43	21.0%	90	25.8%	32	24.8%
Live Events	19	0.3%	1	0.5%	0	0.0%	2	1.6%
Adult Entertainment Centre	243	3.8%	8	3.9%	10	2.9%	3	2.3%
Family Entertainment Centre	39	0.6%	0	0.0%	1	0.3%	1	0.8%
Pub	205	3.2%	0	0.0%	1	0.3%	1	0.8%
Online	4477	70.2%	105	51.2%	200	57.3%	86	66.7%
Miscellaneous	493	7.7%	10	4.9%	9	2.6%	9	7.0%
Private Members Club	7	0.1%	2	1.0%	0	0.0%	0	0.0%
Other	121	1.9%	5	2.4%	6	1.7%	1	0.8%
Total gamblers*	6373		205		349		129	

*Categories of ethnic groups with less than 100 gamblers were excluded from this table

6.5.8 Gambling type by relationship status

Gamblers defined as not in a relationship ('divorced', 'separated', 'single') were more likely to report use of bookmakers (43%), casinos (12%) and adult entertainment centres (5%) (Table 17). Those in a relationship or married were more likely to use online services (74%). Those who are divorced were more likely than those with any other relationship status to report bingo hall activity (4%) and the least likely to use online services (48%).

Table 17 Gambling type by relationship status

	Divorced		Separated		Single		In a relationship		Married	
	N	%	N	%	N	%	N	%	N	%
Bookmakers	54	43.2%	116	45.7%	937	42.0%	959	36.4%	609	33.6%
Bingo Hall	5	4.0%	3	1.2%	33	1.5%	31	1.2%	31	1.7%
Casino	15	12.0%	31	12.2%	256	11.5%	213	8.1%	127	7.0%
Live Events	1	0.8%	3	1.2%	7	0.3%	4	0.2%	8	0.4%
Adult Entertainment Centre	6	4.8%	13	5.1%	114	5.1%	69	2.6%	56	3.1%
Family Entertainment Centre	3	2.4%	2	0.8%	18	0.8%	10	0.4%	8	0.4%
Pub	2	1.6%	10	3.9%	86	3.9%	64	2.4%	48	2.6%
Online	60	48.0%	166	65.4%	1374	61.6%	1979	75.1%	1300	71.7%
Miscellaneous	12	9.6%	16	6.3%	174	7.8%	175	6.6%	139	7.7%
Private Members Club	0	0.0%	1	0.4%	4	0.2%	1	0.0%	2	0.1%
Other	5	4.0%	3	1.2%	68	3.1%	30	1.1%	19	1.0%
Total gamblers*	125		254		2229		2634		1814	

*Categories of ethnic groups with less than 100 gamblers were excluded from this table

6.5.9 Gambling type by employment status

Online services were the most commonly reported gambling location for all categories of employment status (Table 18), whereas bookmakers have previously been the most commonly reported point of access for those defined as unemployed or unable to work through illness. Use of bingo halls (4%), adult entertainment centres (10%), family entertainment centres (2%) and miscellaneous activities (14%) was noticeably higher among those defined as unable to work through illness. Use of online services (82%) and casinos (16%) was noticeably higher among students.

Table 18 Gambling type by employment status

	Employed		Unemployed		Student		Unable to work through illness	
	N	%	N	%	N	%	N	%
Bookmakers	2086	37.8%	265	42.4%	32	26.2%	234	42.2%
Bingo Hall	57	1.0%	14	2.2%	0	0.0%	20	3.6%
Casino	503	9.1%	72	11.5%	20	16.4%	39	7.0%
Live Events	16	0.3%	1	0.2%	0	0.0%	1	0.2%
Adult Entertainment Centre	138	2.5%	40	6.4%	4	3.3%	54	9.7%
Family Entertainment Centre	19	0.3%	7	1.1%	1	0.8%	9	1.6%
Pub	160	2.9%	25	4.0%	3	2.5%	17	3.1%
Online	3974	72.0%	379	60.6%	100	82.0%	281	50.7%
Miscellaneous	350	6.3%	55	8.8%	6	4.9%	78	14.1%
Private Members Club	6	0.1%	0	0.0%	0	0.0%	0	0.0%
Other	97	1.8%	14	2.2%	0	0.0%	15	2.7%
Total gamblers*	5522	100.0%	625	100.0%	122	100.0%	554	100.0%

*Categories of ethnic groups with less than 100 gamblers were excluded from this table

7   Access to services

7.1   Source of referral into treatment

A clear majority of referrals (90%) were self-made. Prisons, primary health care (GP or other), mental health trusts and 'other services or agencies' accounted for 9% of referrals between them (Table 19). Other sources accounted for less than 1% of referrals in total.

Table 19 Referral source for clients treated in 2019/20, by type of client

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Self-referral	6879	92.2%	1199	80.0%	8078	90.2%
Prison	109	1.5%	150	10.0%	259	2.9%
Other service or agency	152	2.0%	91	6.1%	243	2.7%
GP	107	1.4%	26	1.7%	133	1.5%
Mental health NHS trust	70	0.9%	2	0.1%	72	0.8%
Other primary health care	65	0.9%	5	0.3%	70	0.8%
Probation service	23	0.3%	3	0.2%	26	0.3%
Employer	12	0.2%	13	0.9%	25	0.3%
Social services	16	0.2%	3	0.2%	19	0.2%
Drug Misuse Services	7	0.1%	2	0.1%	9	0.1%
Police	9	0.1%	0	0.0%	9	0.1%
Carer	6	0.1%	0	0.0%	6	0.1%
Independent sector mental health services	1	0.0%	4	0.3%	5	0.1%
Jobcentre plus	2	0.0%	0	0.0%	2	0.0%
A& E department	1	0.0%	0	0.0%	1	0.0%
Asylum services	0	0.0%	0	0.0%	0	0.0%
Court liaison and Diversion service	0	0.0%	0	0.0%	0	0.0%
Courts	0	0.0%	0	0.0%	0	0.0%
Education service	0	0.0%	0	0.0%	0	0.0%
Health visitor	0	0.0%	0	0.0%	0	0.0%
Total	7459	100.0%	1498	100.0%	8957	100.0%
Missing	14		37		51	
Total clients	7473		1535		9008	

7.2   Waiting times for first appointment

Waiting time was calculated as the time between referral date and first recorded appointment. For clients treated during 2019/20, 50% of clients were seen within three days and 75% within eight days. Waiting times for residential services were higher, with 50% of clients seen within three and a half months (104 days).

8 Engagement

A total of 60,413 appointments were recorded for clients treated in 2019/20 (Table 20). This represents an average of between just under seven appointments per client, similar for both gamblers and other clients. The majority of these (82%) were for the purpose of treatment, with 16% being for assessment.

Table 20 Appointment purpose for clients treated in 2019/20

	Gambling client		Other client		Total	
	N	%	N	%	N	%
Treatment	42550	83.4%	7169	76.3%	49719	82.3%
Assessed	8128	15.9%	1550	16.5%	9678	16.0%
Follow-up after treatment	327	0.6%	583	6.2%	910	1.5%
Review only	4	0.0%	33	0.4%	37	0.1%
Review and treatment	3	0.0%	25	0.3%	28	0.0%
Other	1	0.0%	20	0.2%	21	0.0%
Assessed and treatment	1	0.0%	19	0.2%	20	0.0%
Total	51014	100.0%	9399	100.0%	60413	100.0%

Most (72%) appointments were conducted on a face-to-face basis, although a substantial minority (28%) were conducted remotely by telephone or web camera. The use of telephone based appointments has increased over the previous year from 12% to 25%. Most appointments (98%) were defined as counselling activity, with cognitive behavioural therapy (CBT) being conducted in 2% of appointments (Table 21).

Table 21 Interventions received at appointments in 2019/20

	Gambling client		Other client		Total	
	Count	Column N %	Count	Column N %	Count	Column N%
Counselling	48882	97.2%	8068	99.4%	56950	97.5%
CBT	1337	2.7%	20	0.2%	1357	2.3%
Other	41	0.1%	0	0.0%	41	0.1%
Psychotherapy	5	0.0%	27	0.3%	32	0.1%
Brief advice	6	0.0%	0	0.0%	6	0.0%
Total	50271	100.0%	8115	100.0%	58386	100.0%

8.1 Length of time in treatment

Among all those receiving and ending treatment within 2019/20, treatment lasted for an average (median) of eight weeks. One quarter of clients received treatment for three weeks or less, half received treatment for between three and 15 weeks and one quarter received treatment for over 15 weeks. Treatment for clients other than gamblers was slightly shorter, with a median of 7 weeks compared to 9 weeks for gamblers. Treatment in residential centres was generally longer, lasting an average (median) of 13 weeks.

9 Treatment outcomes

Among clients treated within 2019/20, 1,917 (21%) were still in treatment at the end of March 2020, whereas 7,091 (79%) were discharged before the end of March 2020. Treatment outcomes are presented for those clients who were discharged in this period in order to represent their status at the end of treatment.

9.1 Treatment exit reasons

A majority of clients (69%) who were discharged within 2019/20 completed their scheduled treatment. However, one quarter (24%) dropped out of treatment before a scheduled endpoint. Much smaller proportions were either discharged early by agreement (6%) or referred on to another service (1%). Clients other than gamblers were more likely to complete treatment (80% compared to 66%) and less likely to drop out (13% compared to 26%).

Table 22 Reasons for treatment exit for clients treated within 2019/20

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Completed scheduled treatment	3905	66.3%	954	80.2%	4859	68.7%
Dropped out	1542	26.2%	154	13.0%	1696	24.0%
Discharged by agreement	330	5.6%	68	5.7%	398	5.6%
Referred on (Assessed & treated)	82	1.4%	8	0.7%	90	1.3%
Referred on (Assessed only)	13	0.2%	0	0.0%	13	0.2%
Not known (Assessed only)	7	0.1%	4	0.3%	11	0.2%
Not known (Assessed & treated)	6	0.1%	1	0.1%	7	0.1%
Deceased (Assessed & treated)	2	0.0%	0	0.0%	2	0.0%
Deceased (Assessed only)	0	0.0%	0	0.0%	0	0.0%
Total	5887	100.0%	1189	100.0%	7076	100.0%
Missing	1		14		15	
Total clients	5888		1203		7091	

Some minor differences in discharge reason were noted between male and female clients, with female clients being slightly less likely to drop out of treatment (22% compared to 25%). However, when restricting to gambling clients, female clients were slightly less likely to complete treatment (64% compared to 67%).

Where numbers in individual categories allowed for realistic comparison, some differences in discharge reason by employment status were identified (Table 23). Those who were unemployed were more likely than the average to drop out of treatment (32%) and the least likely to complete treatment (61%). Those who were retired were the most likely to complete treatment (83%) with drop-out being substantially less likely (10%).

Table 23 Discharge reason by employment status

	Employed		Unemployed		Student		Unable to work through illness		Retired	
	N	%	N	%	N	%	N	%	N	%
Discharged by agreement	304	5.8%	30	5.2%	7	6.5%	26	5.4%	10	6.0%
Referred on (Assessed only)	4	0.1%	2	0.3%	0	0.0%	7	1.4%	0	0.0%
Deceased (Assessed only)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Completed scheduled treatment	3639	69.3%	354	60.9%	67	62.0%	294	60.6%	137	82.5%
Dropped out	1253	23.9%	184	31.7%	32	29.6%	136	28.0%	17	10.2%
Referred on (Treated)	48	0.9%	11	1.9%	2	1.9%	22	4.5%	2	1.2%
Deceased (Assessed & treated)	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	5250	100.0%	581	100.0%	108	100.0%	485	100.0%	166	100.0%

*Categories of employment status with less than 100 clients were excluded from this table

Clients who were not in a relationship were slightly more likely to drop out (26% compared to 23%).

Comparison between gambling locations used by at least 100 discharged clients suggested no clear difference in discharge reason between different locations.

9.2 Severity scores

9.2.1 Baseline severity scores

Two measures of severity are routinely recorded within appointments, specifically the Problem Gambling Severity Index (PGSI) and the CORE-10 score.

PGSI

The PGSI is a validated tool[18] used in the Health Survey for England, Scottish Health Survey and the Welsh Problem Gambling Survey. The PGSI consists of nine items and each item is assessed on a four-point scale, giving a total score of between zero and 27 points.

A PGSI score of eight or more represents a problem gambler. Scores between three and seven represent 'moderate risk' gambling (gamblers who experience a moderate level of problems leading to some negative consequences) and a score of one or two represents 'low risk' gambling (gamblers who experience a low level of problems with few or no identified negative consequences).

At the earliest known appointment for gamblers treated during 2019/20, PGSI score was recorded for 90% of gamblers. Among these (Table 24), the majority (94%) recorded a PGSI score of 8 or more and were defined as a problem gambler. Much smaller proportions were defined as moderate risk (4%), low risk (1%) or no problem (1%). Among those defined as a problem gambler, mean PGSI score was 20, considerably higher than the minimum of eight for this category.

---

18   PGSI is a validated population level screening tool. It should be noted that the PGSI was not designed as a clinical tool, nor as an outcome measure for treatment. PGSI cannot be directly interpreted as a benchmark of treatment effectiveness, as longer-term outcomes are not captured. However, in the absence of a widely agreed clinical measure, the PGSI provides an internationally recognised indicator of gambling harm.

Table 24 PGSI category of severity at earliest appointment

	N	%
No problem	54	0.8%
Low risk	49	0.7%
Moderate risk	280	4.2%
Problem gambler	6326	94.3%
Total	6709	100.0%
Missing	764	
Total gamblers	7473	

CORE-10

The CORE-10 is a short 10 item questionnaire covering the following items: Anxiety (2 items), depression (2 items), trauma (1 item), physical problems (1 item), functioning (3 items – day to day, close relationships, social relationships) and risk to self (1 item). The measure has 6 high intensity/severity and 4 low intensity/severity items, which are individually scored on a 0 to 4 scale. A score of 40 (the maximum) would be classed as severe distress, 25 = moderate to severe, 20 = moderate, 15 = mild, with 10 or under below the clinical cut off.

At the earliest known appointment for clients treated during 2019/20, CORE-10 score was recorded for 90% of clients. Among these clients, scores were distributed relatively evenly across the categories of severity (Table 25) with around one fifth of clients scoring as severe (20%), moderate-to-severe (19%), moderate (22%) or mild (22%) and 17% scoring below clinical cut-off. Gamblers were more likely than other clients to score severe (21% compared to 11%) or moderate severe (20% compared to 17%).

Table 25 CORE-10 category of severity at earliest appointment

	Gambling clients		Other clients		Total	
	Count	Column N %	Count	Column N %	Count	Column N %
Below clinical cut-off	997	14.8%	395	28.9%	1392	17.2%
Mild	1463	21.7%	308	22.5%	1771	21.9%
Moderate	1502	22.3%	283	20.7%	1785	22.0%
Moderate severe	1348	20.0%	226	16.5%	1574	19.4%
Severe	1420	21.1%	156	11.4%	1576	19.5%
Total	6730	100.0%	1368	100.0%	8098	100.0%
Missing	743		167		910	
Total clients	7473		1535		9008	

9.2.2 Change in severity of scores

As repeat scores for PGSI and CORE-10 are recorded across appointments, it is possible to report on changes to these scores over time. These are reported here in three ways, specifically: overall change in score, increases and decreases in scores, and changes between categories of severity. Changes are reported as those between earliest and latest appointments within a client episode of treatment, and therefore if a client has received multiple episodes of treatment (from one or more providers), scores may not be reflective of the cumulative change over their entire treatment history.

9.2.2.1 PGSI

Changes in PGSI score were calculated for clients who ended treatment before the end of March 2020 (see section 8.1). Between earliest and latest appointment within treatment where PGSI scores were recorded, clients improved, on average (median), by a score of 12 points on the PGSI scale.

Table 26 summarises the direction and extent of change in PGSI scores with the majority (75%) improving between start and end of treatment, around one fifth (22%) showing no change and a small minority (3%) recording a higher score of severity at latest appointment compared to earliest. Gamblers were most likely (31%) to improve by 10-18 points, with a further quarter (26%) improving by 20-27 points.

Table 27 shows these changes in PGSI score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for the majority (90%).

Table 26 Changes in PGSI score between earliest and latest appointments

	N	%
Improved by 20- 27 points	1503	25.8%
Improved by 10- 18 points	1799	30.9%
Improved by 1- 9 points	1063	18.3%
No Change	1257	21.6%
Increased: 1 to 9 points	183	3.1%
Increased: 10 to 18 points	13	0.2%
Increased: 19 to 27 points	3	0.1%
Total	5821	100.0%
Missing	67	
Total	5888	

Table 27 Direction of change in PGSI score between earliest and latest appointments by discharge reason

|	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	2	0.6%	314	99.1%	1	0.3%
Referred on (Assessed only)	0	0.0%	11	100.0%	0	0.0%
Completed scheduled treatment	114	2.9%	268	6.9%	3495	90.1%
Dropped out	77	5.1%	635	41.7%	809	53.2%
Referred on (Assessed & treated)	5	6.1%	25	30.5%	52	63.4%
Deceased (Assessed & treated)	1	50.0%	0	0.0%	1	50.0%
Not known (Assessed only)	0	0.0%	4	100.0%	0	0.0%
Not known (Assessed & treated)	0	0.0%	0	0.0%	6	100.0%

Table 28 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 24. At this point a much smaller proportion of clients (40%) were still classed as problem gamblers by their PGSI score[19]. Around a quarter of gamblers (23%) were now defined as 'non-problem', with the remainder defined at either low (15%) or moderate (21%) risk.

Table 28 Latest PGSI category of severity recorded within treatment

	N. Clients	%
Non-problem	1351	23.2%
Low risk	891	15.3%
Moderate risk	1244	21.4%
Problem gambler	2335	40.1%
Total	5821	100.0%
Missing	67	
Total gamblers	5888	

Figure 2 shows the status at the last recorded assessment within treatment for those defined as problem gamblers when treatment started. Approximately 60% of clients were no longer defined as problem gamblers at this stage, with one quarter now being defined as 'non-problem'. For those completing treatment, 74% were no longer defined as problem gamblers at this stage, with 30% being defined as 'non-problem'.

---

19   As the criteria for PGSI classification as a 'problem gambler' is a score within the range of between 8 and 27, many clients still classified as such at the end of a specific treatment episode will still have experienced a reduction in PGSI score, although not one sufficient to remove them from this category.

Figure 2 Latest PGSI status for clients assessed as problem gamblers at treatment start
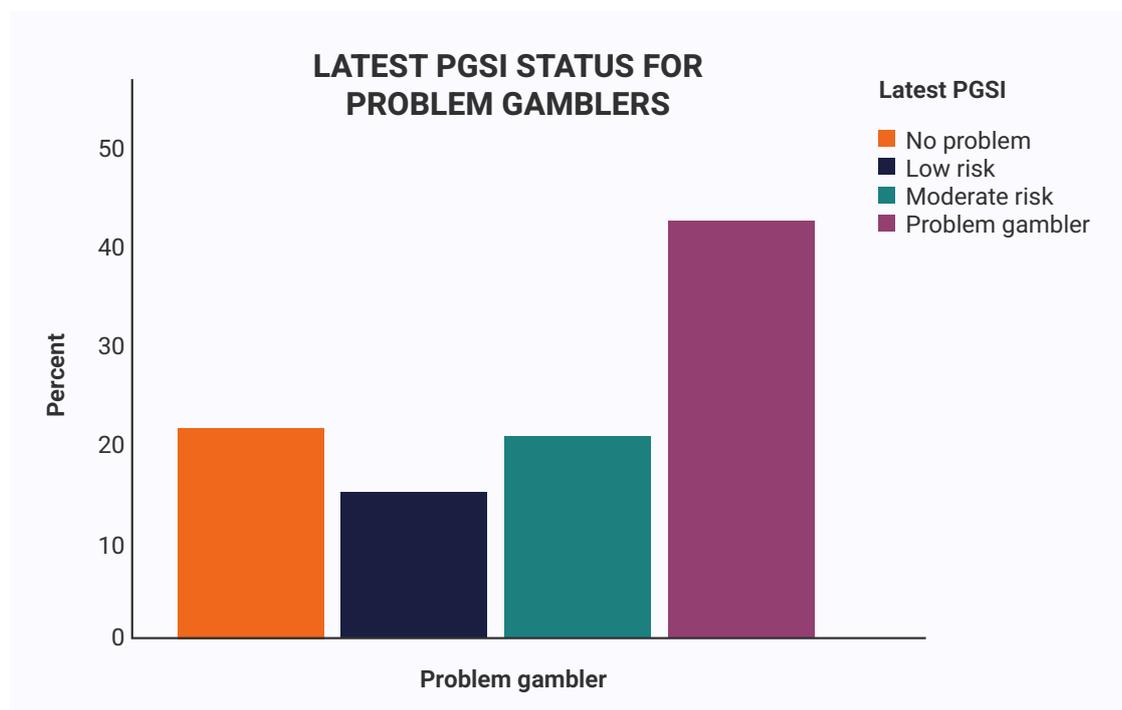
9.2.2.2 CORE-10

Changes in CORE-10 score were calculated for clients who ended treatment within the period. Between earliest and latest appointment within treatment where CORE-10 scores were recorded, client's scores improved, on average (mean), by 8 points on the CORE-10 scale (7 points for clients other than gamblers).

Table 29 summarises the direction and extent of change in CORE-10 scores with the majority (71%) improving within treatment, but with 21% showing no change and a small minority (8%) recording a higher score of severity at their latest appointment compared to the earliest. Most improvement recorded (61%) was between one and 20 points. Gamblers were more likely than other clients to improve by more than 20 points (11% compared to 6%).

Table 30 shows these changes in CORE-10 score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (86%).

Table 29 Direction of change in CORE-10 score between earliest and latest appointments

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Improved by 31-40 points	51	0.9%	1	0.1%	52	0.7%
Improved by 21-30 points	608	10.4%	64	5.4%	672	9.6%
Improved by 11-20 points	1500	25.7%	280	23.6%	1780	25.3%
Improved by 1-10 points	1937	33.2%	555	46.8%	2492	35.5%
No Change	1287	22.0%	199	16.8%	1486	21.2%
Increased by 1-10 points	412	7.1%	80	6.7%	492	7.0%
Increased by 11-20 points	39	0.7%	6	0.5%	45	0.6%
Increased by 21-30 points	5	0.1%	1	0.1%	6	0.1%
Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	5839	100.0%	1186	100.0%	7025	100.0%

Table 30 Direction of change in CORE-10 score between earliest and latest appointments by discharge reason

	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	3	0.8%	379	99.0%	1	0.3%
Referred on (Assessed only)	0	0.0%	11	100.0%	0	0.0%
Completed scheduled treatment	347	7.2%	338	7.0%	4148	85.8%
Dropped out	175	10.4%	726	43.3%	777	46.3%
Referred on (Assessed & treated)	14	15.6%	23	25.6%	53	58.9%
Deceased (Assessed & treated)	1	50.0%	0	0.0%	1	50.0%
Not known (Assessed only)	0	0.0%	6	100.0%	0	0.0%
Not known (Assessed & treated)	0	0.0%	2	28.6%	5	71.4%

Table 31 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 25. At this point a smaller proportion of clients (7%) were still classed as 'severe'. A majority of clients (55%) were now defined as 'below clinical cut-off', with the majority of remainder defined at either 'mild' (20%) or 'moderate' (11%).

Table 31 Latest CORE-10 category of severity recorded within treatment

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	3164	54.2%	527	56.6%	3691	54.5%
Mild	1135	19.4%	203	21.8%	1338	19.8%
Moderate	665	11.4%	108	11.6%	773	11.4%
Moderate severe	453	7.8%	55	5.9%	508	7.5%
Severe	422	7.2%	38	4.1%	460	6.8%
Total	5839	100.0%	931	100.0%	6770	100.0%

10 Trends

10.1 Trends in numbers in treatment

Table 32 shows that the number of clients treated in a given year has varied since 2015/16, with the greatest number of clients treated in 2019/20.

Table 32 Trends in number of clients treated in the year – 2015/16 to 2019/20

	2015/16	2016/17	2017/18	2018/19	2019/20
Clients treated	5909	8133	8219	7675	9008

Figure 3 Trends in number of treated clients – 2015/16 to 2019/20
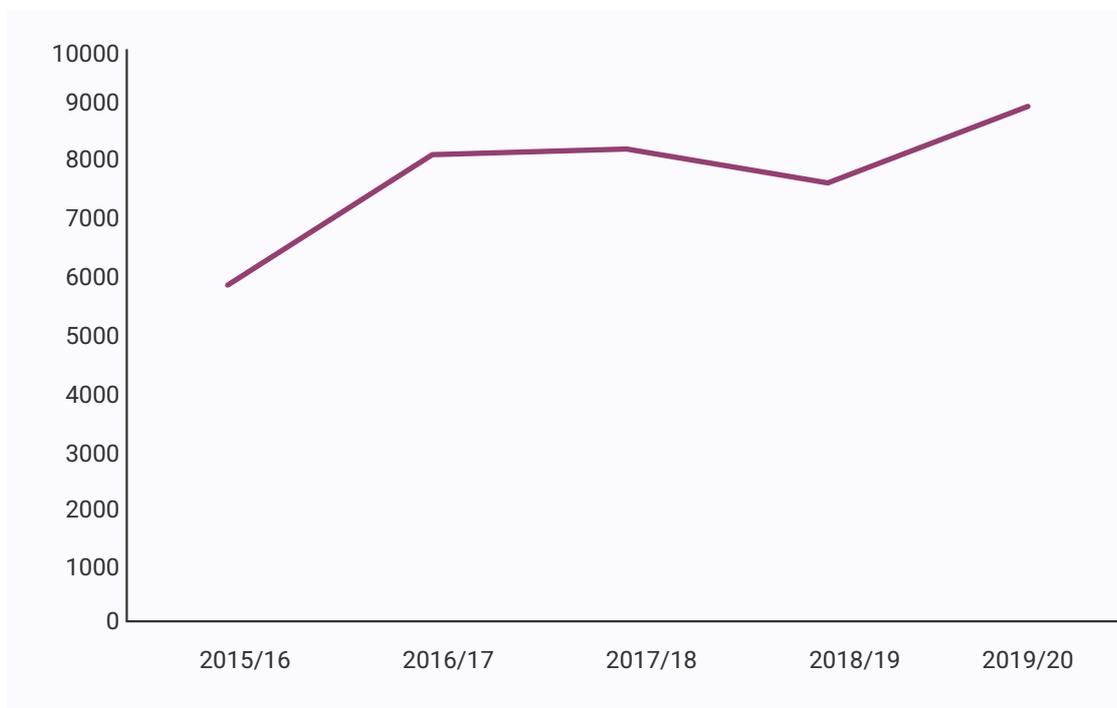
Table 33 shows that the number of referrals received in a given year (including those that do not result in treatment) has varied since 2015/16, with the greatest number of clients referred in 2019/20.

Table 33 Trends in referrals – 2015/16 to 2018/19

	2015/16	2016/17	2017/18	2018/19	2019/20
Individuals referred	8194	9266	9081	8453	9726

Gambling services provide a point of contact and support both for problem gamblers and by those affected by another's gambling. Table 34 shows that the proportion of clients seeking help due to another individual's gambling has increased from 10% in 2015/16 to 13% in 2019/20.

Table 34 Trends in reason for referral − 2015/16 to 2019/20

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N	%	N	%	N	%	N	%	N	%
Problem gambler	5288	90.2%	7293	90.7%	7337	90.1%	6744	88.7%	7473	84.3%
Affected other	563	9.6%	744	9.2%	790	9.7%	834	11.0%	1192	13.4%
Person at risk of developing gambling problem	9	0.2%	7	0.1%	15	0.2%	25	0.3%	202	2.3%
Missing	49		89		77		72		141	
Total clients	5909		8133		8219		7675		9008	

10.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2019/20 (Table 35) has been the increase in the proportion reporting use of online gambling services (rising from 57% to 69%) alongside the reduction in the proportion using bookmakers (falling from 56% to 38%). Other gambling types remained relatively stable, although there was some indication of a reduction in use of casinos (from 12% to 9%).

Table 35 Trends in gambling locations − 2015/16 to 2019/20

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N	%	N	%	N	%	N	%	N	%
Bookmakers	2858	56.1%	3564	50.7%	3219	45.5%	2817	42.8%	2740	38.0%
Bingo Hall	101	2.0%	120	1.7%	114	1.6%	110	1.7%	110	1.5%
Casino	614	12.1%	776	11.0%	680	9.6%	589	9.0%	669	9.3%
Live Events	45	0.9%	44	0.6%	32	0.5%	25	0.4%	23	0.3%
Adult Entertainment Centre	197	3.9%	265	3.8%	245	3.5%	212	3.2%	269	3.7%
Family Entertainment Centre	62	1.2%	51	0.7%	48	0.7%	38	0.6%	41	0.6%
Pub	213	4.2%	234	3.3%	197	2.8%	170	2.6%	212	2.9%
Online	2890	56.8%	4214	59.9%	4666	66.0%	4331	65.9%	4956	68.8%
Miscellaneous	604	11.9%	777	11.1%	619	8.8%	562	8.5%	526	7.3%
Private Members Club	12	0.2%	10	0.1%	13	0.2%	12	0.2%	10	0.1%
Other	104	2.0%	143	2.0%	155	2.2%	163	2.5%	136	1.9%
Total Clients	5288		7293		7337		6744		7473	

Table 36 provides trends in a selected list of activities, grouped by location (bookmakers, casinos and online only). Within these locations, most individual activities follow a similar trend. However, some individual trends are counter to these. Specifically, alongside an increase in overall online activity, online bingo and online poker have decreased. Similarly, the general decline in casino activity was not seen in casino gaming machine use.

Table 36 Trends in selected individual gambling activities – 2015/16 to 2019/20

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N	%	N	%	N	%	N	%	N	%
Bookmakers- Horses	701	13.8%	820	11.7%	705	10.0%	570	8.7%	656	9.1%
Bookmakers- Dogs	238	4.7%	278	4.0%	263	3.7%	154	2.3%	207	2.9%
Bookmakers- Sports or other event	714	14.0%	902	12.8%	803	11.4%	708	10.8%	858	11.9%
Bookmakers- Gaming Machine (FOBT)	1848	36.3%	2266	32.2%	2056	29.1%	1735	26.4%	1459	20.3%
Casino- Poker	80	1.6%	92	1.3%	70	1.0%	55	0.8%	65	0.9%
Casino- Other card games	116	2.3%	157	2.2%	125	1.8%	96	1.5%	99	1.4%
Casino- Roulette	404	7.9%	508	7.2%	419	5.9%	373	5.7%	412	5.7%
Casino- Gaming Machine (other)	81	1.6%	106	1.5%	105	1.5%	99	1.5%	133	1.8%
Casino- Gaming Machine (FOBT)	32	0.6%	35	0.5%	24	0.3%	25	0.4%	21	0.3%
Online- Horses	452	8.9%	697	9.9%	719	10.2%	626	9.5%	671	9.3%
Online- Other	173	3.4%	232	3.3%	225	3.2%	239	3.6%	251	3.5%
Online- Sports events	1059	20.8%	1512	21.5%	1740	24.6%	1637	24.9%	1807	25.1%
Online- Bingo	159	3.1%	164	2.3%	163	2.3%	126	1.9%	176	2.4%
Online- Poker	184	3.6%	240	3.4%	236	3.3%	171	2.6%	154	2.1%
Online- Casino (table games)	908	17.8%	1323	18.8%	1429	20.2%	1311	19.9%	1315	18.3%
Online- Casino (slots)	839	16.5%	1285	18.3%	1590	22.5%	1458	22.2%	1900	26.4%

10.3 Trends in exit reasons

Grouped by year of treatment, Table 37 shows a number of positive trends with increases in the proportion of clients completing scheduled treatment (from 59% to 69%), alongside a decrease in the proportion dropping out of treatment (from 35% to 24%).

Table 37 Trends in exit reason – 2015/16 to 2019/20

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N	%	N	%	N	%	N	%	N	%
Discharged by agreement	136	3.2%	251	3.9%	297	4.5%	232	3.8%	398	5.6%
Completed scheduled treatment	2513	58.5%	3943	61.7%	4165	62.7%	4215	69.4%	4859	68.7%
Dropped out	1515	35.3%	1976	30.9%	1989	29.9%	1517	25.0%	1696	24.0%
Referred on (Assessed only)	93	2.2%	180	2.8%	132	2.0%	91	1.5%	103	1.5%
Deceased (Assessed only)	1	0.0%	0	0.0%	2	0.0%	1	0.0%	2	0.0%
Total Clients	4297		6392		6645		6092		7076	

10.4 Trends in client characteristics

Table 38 shows an overall small increase in the proportion of clients who are female, rising from 19% in 2015/16 to 25% in 2019/20.

Table 38 Trends in gender – 2015/16 to 2019/20

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N	%	N	%	N	%	N	%	N	%
Male	4770	80.8%	6594	81.1%	6518	79.4%	6033	78.7%	6769	75.2%
Female	1134	19.2%	1536	18.9%	1691	20.6%	1628	21.2%	2214	24.6%
Total Clients	5909		8133		8219		7675		9008	

*Categories of gender with less than 100 gamblers were excluded from this table

Table 39 shows that the proportion of clients accounted for by different ethnic groupings has not changed substantially over the last five years.

Table 39 Trends in ethnicity – 2015/16 to 2019/20

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N	%	N	%	N	%	N	%	N	%
White or White British	5272	90.6%	7264	90.2%	7361	90.4%	6800	89.7%	7890	89.0%
Black or Black British	127	2.2%	190	2.4%	146	1.8%	188	2.5%	264	3.0%
Asian or Asian British	260	4.5%	368	4.6%	375	4.6%	373	4.9%	432	4.9%
Mixed	96	1.6%	132	1.6%	144	1.8%	137	1.8%	169	1.9%
Other	64	1.1%	95	1.2%	116	1.4%	87	1.1%	111	1.3%
Not known/Missing	90		84		77		90		142	
Total Clients	5909		8133		8219		7675		9008	

Table 40 shows that no clear trends in employment status are observable within this time period, aside from a small but consistent decrease in the proportion of clients reported as 'student'.

Table 40 Trends in employment status – 2015/16 to 2019/20

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N	%	N	%	N	%	N	%	N	%
Employed	4375	75.8%	6254	77.9%	6436	79.3%	5926	78.1%	6675	75.1%
Unemployed	572	9.9%	708	8.8%	655	8.1%	640	8.4%	767	8.6%
Student	149	2.6%	161	2.0%	168	2.1%	141	1.9%	146	1.6%
Unable to work through illness	346	6.0%	470	5.9%	481	5.9%	501	6.6%	630	7.1%
Homemaker	112	1.9%	138	1.7%	130	1.6%	147	1.9%	194	2.2%
Not seeking work	10	0.2%	23	0.3%	17	0.2%	20	0.3%	19	0.2%
Prison-care	60	1.0%	74	0.9%	20	0.2%	39	0.5%	227	2.6%
Volunteer	21	0.4%	28	0.3%	15	0.2%	12	0.2%	25	0.3%
Retired	126	2.2%	176	2.2%	191	2.4%	160	2.1%	206	2.3%
Not known/Missing	138		101		106		89		117	
Total	5909		8133		8219		7675		9008	

11 Appendices

11.1 DRF data items

11.1.1 Person Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
P1	Gender	M	P-A
P2	Postcode	R	-
P3	Socio-economic indicator	R	P-B
P4	Relationship status	R	P-C
P5	Ethnic background	R	P-D
P6	Additional Client Diagnosis	R	P-E

11.1.1.1 Person Table Codes

P-A Gender	
0	Not known
1	Male
2	Female
3	Transgender
9	Not stated (person asked but declined to provide a response)

P-B Socio-economic indicator	
01	Employed
02	Unemployed and Seeking Work
03	Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work
04	Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance
05	Homemaker looking after the family or home and who are not working or actively seeking work
06	Not receiving benefits and who are not working or actively seeking work
07	In prison, in care, or seeking asylum
08	Unpaid voluntary work who are not working or actively seeking work
09	Retired
ZZ	Not Stated (Person asked but declined to provide a response)

P-C Relationship Status	
0	Not known
1	Divorced/Dissolved Civil Partnership
2	Separated
3	Single
4	Widowed
5	In a relationship
6	Married/Civil partnership
9	Not stated

P-D Ethnic background	
A	White British
B	White Irish
C	White European
D	White Other
E	Black, Black British: African
F	Black, Black British: Caribbean
G	Black, Black British: Other
H	Asian, Asian British: Bangladeshi
J	Asian, Asian British: Indian
K	Asian, Asian British: Pakistani
L	Asian, Asian British: Chinese
M	Asian, Asian British: Other
N	Mixed: White and Asian
P	Mixed, White and Black African
R	Mixed: White and Black Caribbean
S	Mixed: Other
Z	Any other ethnic group

P-E Additional client diagnosis	
0	Not stated (Person asked but declined to provide a response)
1	Yes – Pharmacological
2	Yes – Psychological
3	Yes – Both pharmacological and psychological
4	No

11.1.2 Gambling History Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
G1	Gambling activity/ies	M	G-A
G2	Gambling location(s)	M	G-B
G3	Length of time gambling	M	-
G4	Job loss through gambling	R	G-C
G5	Relationship loss through gambling	R	G-D
G6	Age of problem gambling onset	M	-
G7	Early big win	R	G-E
G8	Debt due to gambling	R	G-F
G9	Time spent gambling	R	G-G
G10	Money spent gambling	R	G-H

11.1.2.1 Gambling History Codes

	G-A Gambling Activities	
A - Bookmakers	1 Horses	Insert client rating
	2 Dogs	Insert client rating
	3 Sports or other event	Insert client rating
	4 Gaming Machine (FOBT)	Insert client rating
	5 Gaming Machine (other)	Insert client rating
	6 Other	Insert client rating
B - Bingo Hall	1 Live draw	Insert client rating
	2 Terminal	Insert client rating
	3 Skill Machine	Insert client rating
	4 Gaming Machine (other)	Insert client rating
	5 Other	Insert client rating
C - Casino	1 Poker	Insert client rating
	2 Other card games	Insert client rating
	3 Roulette	Insert client rating
	4 Gaming Machine (other)	Insert client rating
	5 Gaming Machine (FOBT)	Insert client rating
	6 Other	Insert client rating
D - Live events	1 Horses	Insert client rating
	2 Dogs	Insert client rating
	3 Sports or other event	Insert client rating
	4 Other	Insert client rating
E - Adult Entertainment Centre (18+ Arcade)	1 Gaming Machine (FOBT)	Insert client rating
	2 Gaming Machine (other)	Insert client rating
	3 Skill prize machines	Insert client rating
	4 Other	Insert client rating
F - Family Entertainment Centre (Arcade)	1 Gaming Machine (FOBT)	Insert client rating
	2 Gaming Machine (other)	Insert client rating
	3 Skill prize machines	Insert client rating
	4 Other	Insert client rating
G - Pub	1 Gaming Machine (other)	Insert client rating
	2 Sports	Insert client rating
	3 Poker	Insert client rating
	4 Other	Insert client rating
H - Online	1 Horses	Insert client rating
	2 Dogs	Insert client rating
	3 Spread betting	Insert client rating
	4 Sports events	Insert client rating
	5 Bingo	Insert client rating
	6 Poker	Insert client rating
	7 Casino (table games)	Insert client rating
	8 Casino (slots)	Insert client rating
	9 Scratchcards	Insert client rating
	10 Betting exchange	Insert client rating
	11 Other	Insert client rating

	G-A Gambling Activities	
	1 Private/organised games	Insert client rating
	2 Lottery (National)	Insert client rating
I - Misc	3 Lottery (other)	Insert client rating
	4 Scratchcards	Insert client rating
	5 Football pools	Insert client rating
	6 Service station (gaming machine)	Insert client rating
	1 Poker	Insert client rating
J - Private members club	2 Other card games	Insert client rating
	3 Gaming Machine	Insert client rating
	4 Other	Insert client rating
K - Other	1 Other not categorised above	Insert client rating

G-B Job loss through gambling	
0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unkown

G-C Relationship loss through gambling	
0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

G-D Early big win	
0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

G-F debt due to gambling	
0	Not stated (Person asked but declined to provide a response)
1	No
2	Under £5000
3	£5000 - £9,999
4	£10,000 - £14,999
5	£15,000 - £19,999
6	£20,000 - £99,999
7	£100,000 or more
8	Bankruptcy
9	In an IVA
10	Don't know (some)

11.1.3 Referral Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
R1	Referral Source	M	R-A
R2	Date referral received	M	-
R3	Referral acceptance indicator	M	R-B
R4	Referral reason	M	R-C
R5	Recurrence indicator	R	R-D
R6	End reason	R	R-E
R7	End date	R	-

11.1.3.1 Referral Codes

R-A Referral source	
A1	GP
A2	Health Visitor
A3	Other Primary Health Care
B1	Self Referral
B2	Carer
C1	Social Services
C2	Education Service
D1	Employer
E1	Police
E2	Courts
E3	Probation Service
E4	Prison
E5	Court Liaison and Diversion Service
G1	Independent Sector Mental Health Services
G4	Voluntary Sector
H1	Accident And Emergency Department
I1	Mental Health NHS Trust
M1	Asylum Services
M4	Drug Action Team / Drug Misuse Agency
M5	Jobcentre plus
M6	Other service or agency

R-B Referral acceptance indicator	
1	Yes
2	No

R-C Referral reason	
1	Problem gambler
2	Affected other
3	Person at risk of developing gambling problem

40

R-D Recurrence indicator	
0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

R-A Referral source	
9	Offered Assessment but DNA
	ASSESSED ONLY
10	Not suitable for service – no action taken or directed back to referrer
11	Not suitable for service – signposted elsewhere with mutual agreement of patient
12	Discharged by mutual agreement following advice and support
13	Referred to another therapy service by mutual agreement
14	Suitable for service, but patient declined treatment that was offered
15	Deceased (assessed only)
97	Not Known (assessed only)
	ASSESSED AND TREATED
42	Completed scheduled treatment
43	Dropped out of treatment (unscheduled discontinuation)
44	Referred to other service
45	Deceased (assessed and treated)
98	Not Known (assessed and treated)

11.1.4 Appointment Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
A1	Appointment date	M	-
A2	Unique caregiver code	R	-
A3	Attendance	M	A-A
A4	Contact duration	R	-
A5	Appointment purpose	R	A-B
A6	Appointment medium	R	A-C
A7	Intervention given	M	A-D
A8	PGSI score	R	-
A9	CORE-10 score	M	-

11.1.4.1 Appointment Codes

A-A Attendance	
5	Attended on time or, if late, before the relevant care professional was ready to see the patient
6	Arrived late, after the care professional was ready to see the patient, but was seen
7	Patient arrived late and could not be seen
2	Appointment cancelled by, or on behalf of, the patient
3	Did not attend – no advance warning given
4	Appointment cancelled or postponed by the health care provider

A-B Appointment purpose	
1	Assessment
2	Treatment
3	Assessment and treatment
4	Review only
5	Review and treatment
6	Follow-up appointment after treatment end
7	Other
8	Not Recorded

A-C Appointment medium	
1	Face-to-face communication
2	Telephone
3	Web camera (e.g. skype)
4	Online chat
5	Email
6	Short Message Service (SMS)

A-D Intervention given	
1	CBT
2	Counselling
3	Residential programme
4	Brief advice
5	Psychotherapy
6	Other (please specify)

11.2 Problem Gambling Severity Index (PGSI)

The PGSI is the most widely used measure of problem gambling in Great Britain. It consists of nine items and each item is assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item are scored as follows:

- never = zero
- sometimes = one
- most of the time = two
- almost always = three

Scores are then summed to give a total score which can range from a minimum of 0 to a maximum of 27.

When used as a population screening tool, the typical reference period used for the questions is "the past 12 months". Within treatment settings, the scale is usually adjusted by providers so that clients are asked about their behaviour since their appointment, or in the past two weeks[20].

The nine items are as listed below:

Thinking about the last [TIMEFRAME]…

1. Have you bet more than you could really afford to lose?
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
3. When you gambled, did you go back another day to try to win back the money you lost?
4. Have you borrowed money or sold anything to get money to gamble?
5. Have you felt that you might have a problem with gambling?
6. Has gambling caused you any health problems, including stress or anxiety?
7. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
8. Has your gambling caused any financial problems for you or your household?
9. Have you felt guilty about the way you gamble or what happens when you gamble?

A PGSI score of eight or more represents a problem gambler, that is, gamblers who gamble with negative consequences and a possible loss of control. This is the threshold recommended by the developers of the PGSI and the threshold used for this analysis.

Scores between three and seven represent 'moderate risk' gambling (gamblers who experience a moderate level of problems leading to some negative consequences) and a score of one or two represents 'low risk' gambling (gamblers who experience a low level of problems with few or no identified negative consequences).

---

20   The consistency of the timeframe asked about by providers has been noted as a potential area for methodological improvement in the collection of DRF submissions.

11.3 CORE-10

CORE stands for "Clinical Outcomes in Routine Evaluation" and the CORE system comprises tools and thinking to support monitoring of change and outcomes in routine practice in psychotherapy, counselling and any other work attempting to promote psychological recovery, health and wellbeing. CORE System Trust owns the copyright on all the instruments in the system.

The CORE outcome measure (CORE-10) is a session by session monitoring tool with items covering anxiety, depression, trauma, physical problems, functioning and risk to self. The measure has six high intensity/ severity and four low intensity/ severity items.

Clients are asked to answer 10 items on a frequency response scale. Details of the items, response and scoring are as follows:

For each statement please say how often you have felt that way over the last week…

	Response option and corresponding item score				
	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1. I have felt tense, anxious or nervous	0	1	2	3	4
2. I have felt I have someone to turn to for support when needed	4	3	2	1	0
3. I have felt able to cope when things go wrong	4	3	2	1	0
4. Talking to people has felt too much for me	0	1	2	3	4
5. I have felt panic or terror	0	1	2	3	4
6. I have made plans to end my life	0	1	2	3	4
7. I have had difficulty getting to sleep or staying asleep	0	1	2	3	4
8. I have felt despairing or hopeless	0	1	2	3	4
9. I have felt unhappy	0	1	2	3	4
10. Unwanted images or memories have been distressing me	0	1	2	3	4

Scores are then summed to give a total score which can range from a minimum of 0 to a maximum of 40. A score of 40 would be classed as severe distress, 25 = moderate to severe, 20 = moderate, 15 = mild, with 10 or under below the clinical cut off.

Annual Statistics from the National Gambling Treatment Service (Great Britain)

1st April 2019 to 31st March 2020

About ViewItUK:
ViewItUK Ltd specialises in data management and analysis. The company originates from the team at the University of Manchester that provides National Statistics production and validation for National Drug Treatment Monitoring Service outputs on behalf of Public Health England.

About GambleAware:
GambleAware is an independent charity (Charity No. England & Wales 1093910, Scotland (SC049433) that champions a public health approach to preventing gambling harms. GambleAware is a commissioner of integrated prevention, education and treatment services on a national scale, with over £40 million of grant funding under active management.

For further information about the content of the report please contact **info@gambleaware.org**