

A Needs Assessment for Treatment and Support Services

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Contents

Acknowledgements	1
Executive Summary	2
1 Background	5
1.1 Treatment Delivery Gap project	5
1.2 Objectives	6
1.3 Report Overview	6
1.4 Methodology	7
1.4.1 Inclusion criteria.....	7
1.4.2 Recruitment	7
1.4.3 Research ethics.....	8
1.4.4 Interviews	9
1.4.5 Sample	9
1.3.7 Analysis	11
2 Individuals who have experienced/are at moderate risk of problem gambling.....	12
2.1 Introduction	12
2.2 Experiences and impacts of gambling	12
2.2.1 History of gambling activity	12
2.2.2 Gambling behaviour and impact	13
2.3 Awareness and knowledge of gambling treatment and support services	17
2.3.1 Awareness of treatment and support services	17
2.3.2 Information sources and type of information received.....	18
2.4 Experiences of informal support to help control gambling behaviour	19
2.5 Pathways and facilitators for accessing support	20
2.5.1 Pathways to informal support.....	20
2.5.2 Facilitators for accessing support.....	21
2.6 Barriers to accessing treatment and support	22
2.6.1 Personal and social barriers	23
2.6.2 Social barriers and perception of self.....	23
2.6.3 Lack of motivation to change gambling behaviour	24
2.6.4 Lack of awareness about problem gambling and treatment	24
2.6.5 Treatment format and service delivery.....	25
2.6.6 Treatment, support services, and diversity.....	25
2.6.7 Practical barriers.....	26
2.7 Impacts of treatment and support	26
2.7.1 Informal support.....	26
2.7.2 Outcomes of treatment and support.....	27
2.8 Summary	27
3 Staff and stakeholders	29

3.1	Introduction	29
3.2	Awareness and experience of contact with problem gamblers	29
	3.2.1 Nature of contact	29
	3.2.2 Awareness of range of impacts from problem gambling.....	30
3.3	Awareness and views of gambling treatment and support services	31
	3.3.1 Levels of awareness amongst staff and stakeholders	31
	3.3.2 Perceived levels of awareness amongst colleagues	31
	3.3.3 Type of information received.....	32
	3.3.4 Pathways for accessing support	32
3.4	Barriers and facilitators from problem gamblers engaging with treatment and support services.....	32
	3.4.1 Barriers for accessing support	32
	3.4.2 Facilitators for accessing support.....	33
3.5	Impacts of treatment and support services on gamblers.....	34
3.6	Summary	34
4	Discussion and conclusion	36
	4.1.1 Addressing unmet needs and barriers to treatment: recommendations for future provision of treatment and support.....	37
	Appendix A. References.....	39
	Appendix B. Topic guide: Gamblers	40
	Appendix C. Topic guide: Staff and Stakeholders	47

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GambleAware is a wholly independent charity and has a framework agreement with the Gambling Commission to deliver the National Strategy to Reduce Gambling Harms within the context of arrangements based on voluntary donations from the gambling industry. GambleAware commissions research and evaluation to build knowledge of what works in prevention and reduction of gambling harms that is independent of industry, government and the regulator.

The authors alone are responsible for the views expressed in this article, which do not necessarily represent the views, decisions or policies of the institutions with which they are affiliated.

Executive Summary

Background

This study is part of a larger programme of studies in collaboration between NatCen and ACT Recovery. The primary division involved:

- 1) NatCen focus on unmet need for gambling treatment at a population level (i.e. among those who have never previously accessed treatment but may be high risk).
- 2) ACT Recovery focusing through four work packages on indicated populations who have either attempted to or who have previously engaged with services.

This report is part of NatCen's work on this programme of studies. The overarching study led by NatCen a multi-method approach with three work streams (WS): A Rapid Evidence Assessment (WS1); a secondary analysis comparing gamblers in the general population with those in treatment (WS2), and qualitative depth interviews with stakeholders and problem gamblers (WS3).

This report covers the third part of the project, Work Stream 3; qualitative interviews with two groups; individuals who experience different levels of problem gambling, and stakeholders who may come into contact with problem gamblers but do not work within treatment or support services for gambling problems.

Objectives

The study had a number of objectives related to unmet need and barriers to accessing treatment as experienced and/or perceived by problem gamblers and stakeholders. This workstream also drew on findings from the Rapid Evidence Review (REA, WS1). In particular, part of the aims of this analysis were formed to address and extend key themes and gaps identified in the REA in relation to pathways to care, unmet need, as well as any barriers and facilitators to accessing treatment and support for individuals experiencing gambling harms who do not access treatment/support services. The key research objectives focused on identifying:

- The type of unmet need and demand for services;
- Barriers to accessing treatment and support; and
- Differences in barriers between groups.

The study involved qualitative depth interviews with:

- Twenty-eight individuals experiencing different levels of problem gambling who have not yet accessed any treatment or support services.
- Ten staff and stakeholders who have contact with people experiencing problem gambling and/or those at risk of problem gambling as part of their professional role, but do not work within gambling treatment and support services.

Findings

Findings are reported separately for individuals experiencing problem gambling and staff/stakeholders. Common themes are explored in the conclusion of this summary.

Individuals experiencing problem gambling

Interviews explored peoples' experiences of problem gambling, their awareness and understanding of treatment and support services and mapped the range of barriers and facilitators to accessing treatment and support. Participants gambled through a range of mediums including online and in person and included those who viewed their gambling behaviour as problematic and those who did not. In particular:

- Participants showed varied levels of awareness of treatment and support services. There was a general view that there is lack of clear and informative advertising.
- Whilst problem gamblers had not accessed formal treatment/support services, most gamblers that were interviewed had used a range of informal support strategies to manage their gambling behaviour when they became aware that it was having, or could potentially have, a negative impact.
- Strategies included seeking information from various sources about the nature of problem gambling, using self-imposed methods of control (e.g. spending or time limits), signing up to responsible gambling tools and, seeking help and support from family and friends.
- Accessing tools online was favoured as it removed the need to travel or speak with a treatment provider face to face. In addition, participants also questioned whether their gambling was problematic enough to warrant accessing more formal treatment and support. For some, the informal tools appeared to have been successful in controlling their gambling behaviour.
- One view was that gambling behaviour would need to have a significant negative impact on an individual before they would access more formal treatment and support. This suggests that there is limited 'preventative' treatment or support, with participants delaying accessing treatment until their gambling is having an extensive impact on their lives (e.g., debt).

Staff and stakeholders

Interviews with staff and stakeholders explored their experiences of their contact with problem gamblers, awareness of the range of impacts from problem gambling, understanding of existing treatment and support services, and views on the facilitators and barriers to accessing support services. In particular:

- Whilst staff and stakeholders did not directly work with problem gamblers, they were aware of the issues around problem gambling. Through their professional capacity they had encountered problem gamblers and/or had been involved with minimising gambling-related harms.
- Problem gambling was felt to affect a range of people and have a number of negative impacts on people's lives and wellbeing including low self-esteem and financial difficulties.
- Awareness of problem gambling-related issues was identified through a range of explicit and implicit signs such as bank statements showing large transactions to gambling operators or a person suddenly becoming interested in sporting events.
- While it was felt that some problem gamblers would identify their behaviour as problematic and readily tell staff about their gambling behaviour, others were less willing to do so and subsequently more reluctant to engage with services available.

- Lack of engagement with support services was understood to be associated with various social barriers, for example, people not identifying their behaviour as problematic and the stigma associated with problem gambling.
- Practical barriers identified related to clarity and assurances over confidentiality, the nature of treatment and support available, accessibility of treatment and support services for non-native speakers as well as travel, time, and cost.
- Whilst support for gambling problems was not part of their job role, staff and stakeholders felt that support was in many cases seen to be part of their wider job role and, were aware of a range of treatment and support services available.
- Participants felt that there were potential gaps in knowledge about problem gambling and treatment and support services among their colleagues and that these gaps need to be addressed.

Conclusion

Both gamblers and stakeholders identified a number of gaps in provision and delivery of treatment and support. Whilst informal tools and support networks were perceived to be beneficial (and effective) in managing gambling behaviour, the right time to access treatment and support was less clear. Often people were not aware (or in denial) about the extent of their gambling activity and as a result, delayed accessing treatment and support until their gambling had an extensive impact on their lives. Regardless of whether people identify as problem gamblers, there was a common perception shared by gamblers and stakeholders alike that adverts currently in place to communicate available treatment and support options were particularly scarce (both in general as well as within social media). Similarly, the limited advertising available was perceived to solely focus on problem gambling rather than including messages on prevention or education. Lack of visibility and general awareness of healthy and unhealthy gambling practices was also found to exacerbate the stigma attached to gambling problems.

It was reported that any support needed to include a variety of mechanisms ranging from self-exclusion to psychological support to advice about financial management, bankruptcy and loans. Different modes of delivery of treatment such as face to face, online or group therapy was perceived by participants as providing the flexibility to ensure engagement and reduce the stigma associated with seeking treatment for gambling problems. Participants also perceived that any therapy received should be regular and intensive to ensure they had the support to continue to reduce or stop their gambling. It was also identified that staff in roles outside traditional gambling support (e.g., education providers, healthcare clinicians and non-clinicians, prison officers and third sector staff) will need further training to identify problem gamblers as well as to act as 'navigators'; signposting problem gamblers to wider treatment and support services.

Some groups were identified as facing more barriers than others in accessing treatment and support. Both younger and older age groups as well as ethnic minorities were identified as more vulnerable and in need of targeted support. For ethnic minorities the perceived lack of culturally adapted support was notable. The risks of gambling for young people was also highlighted in terms of developing more educational services on the risks of gambling from a young age, a common recommendation from both problem gamblers and stakeholders.

1 Background

Gambling in various forms is a well-established leisure activity in Great Britain. In 2016/17, an estimated 63% of British adults aged 16 or over gambled at least once, with 45% of adults participating in gambling activities other than the National Lottery. It is estimated that around 430,000 adults are problem gamblers, with an additional 2.4 million individuals identified as being at risk (Conolly et al., 2017). These are significant numbers given the harms that are known to be associated with problem gambling, including: mental and physical health impacts (e.g., depression, insomnia, intestinal disorders, migraine, suicidal ideation and other stress related disorders); effects on relationships (including neglect of family and divorce); financial impacts (such as debt, work absenteeism, and bankruptcy) and criminal behaviour (including acquisitive crime and domestic and child abuse) (Connolly et al., 2017; Meyer & Stadler, 1999; Velleman et al., 2013; Wardle, 2012).

The Advisory Board for Safer Gambling has identified a gap between the number of people estimated to be problem gamblers in Britain and the proportions known to be receiving treatment. For example, around 9,000 individuals accessed GambleAware-funded treatment services in 2016/17, which equates to around 2% of problem gamblers (Responsible Gambling Strategy Board (now the Advisory Board for Safer Gambling). Given the number of problem gamblers, the negative effects of problem gambling on the individual, their immediate family and wider society, and the limited and fragmented evidence on the barriers, facilitators and access to treatment and support options, the Advisory Board for Safer Gambling commissioning of a delivery gap analysis is to be welcomed. We have ensured that the outcomes of this analysis can provide appropriate recommendations on relative priorities, opportunities and options for effective and cost-effective interventions across the health, social and third sector (e.g., GambleAware) services; providing a robust foundation for strategic developments in this area.

1.1 Treatment Delivery Gap project

This study is part of a larger project with a broad range of research questions ranging from unmet need, demand, service-mix, barriers and facilitators to treatment and the overarching care pathway. The project was a collaboration between NatCen and ACT Recovery, with regular dialogue and participation in joint updates and meetings to ensure synergy and synthesis of the work. While there was shared learning, the primary division involved:

- 1) NatCen focus on unmet need for gambling treatment at a population level (i.e. among those who have never previously accessed treatment but may be high risk).
- 2) ACT Recovery focus on indicated populations who have either attempted to or who have previously engaged with services.

This study is part of NatCen's work. The project involves a multi-method design with three work streams (WS): a rapid evidence assessment (WS1) and, a secondary analysis of existing administrative treatment data collected by GambleAware funded treatment services (DRF) as well as the Health Survey for England (WS2). The final work stream is a qualitative study involving interviews with stakeholders and individuals experiencing gambling harms who have yet to come into contact with treatment provision (WS3).

1.2 Objectives

This report is a presentation of findings from WS3. The key research objectives for WS3 are to identify:

- The type of unmet need and demand for services;
- Barriers (if any) to accessing treatment and support;
- Whether these barriers differ between groups.

This tranche of our research involved qualitative depth interviews with problem or moderate risk gamblers (as defined by the Problem Gambling Severity Index¹) and staff and stakeholders. Qualitative interviews were conducted with:

- Individuals experiencing problem gambling or who felt that they were at risk of problem gambling who have not yet accessed any treatment and support services; and,
- Staff and stakeholders who have contact with people experiencing problem gambling and/or those who they felt may be at risk of problem gambling as part of their professional role, but do not work within gambling treatment and support services.

As a qualitative approach, depth interviews enable a detailed understanding of participants' own perspectives of their needs, (including unmet needs), and whether there are any barriers and facilitators to accessing treatment and support. Depth interviews enable an exploration of these issues with individuals and provide rich insights in relation to the above objectives.

1.3 Report Overview

The remainder of the sections in this Chapter describe the research methodology, including sampling and recruitment; the conduct of the qualitative depth interviews; and, analysis. The findings in this report begin in Chapter 2, which provides an overview of the profiles and gambling background of individuals who have experienced or who feel they are at risk of, gambling harms. The chapter discusses the participants' gambling journey from first contact with gambling to subsequent gambling behaviour. In addition, we provide information of participants' awareness and/or knowledge of gambling treatment and support services as well as any experiences of any informal support used to help control harmful gambling behaviour. Barriers to accessing treatment and support services are also highlighted. Chapter 3 provides an analysis of accounts provided by staff and stakeholders who come into contact with gamblers experiencing harm. It reports on their awareness and experience of any contact with gamblers and their views on treatment and support services. Barriers and facilitators for gamblers engaging with treatment and support services are also discussed. Chapter 4 concludes by providing an overview of the key findings from both gamblers and stakeholders, bringing the data together to identify and highlight gaps in accessing treatment and support.

¹ PGSI score can be used to group respondents into four categories: **Gamblers who do not experience any harm:** a PGSI score of zero. **Low risk:** a PGSI score of 1 or 2, defined as experiencing a low level of problems with few or no identified negative consequences **Moderate risk:** a PGSI score of 3 to 7, defined as experiencing a moderate level of problems leading to some negative consequences. **Problem gamblers:** a PGSI score of 8 or over, those who gamble with negative consequences and a possible loss of control.

As is the case with all qualitative research, the study did not aim to quantify the prevalence of views and experiences. As such, the numbers of participants expressing particular views or exhibiting particular behaviours is not reported as this has no statistical significance and no conclusions about the wider population could be drawn from them. Instead the qualitative methodology used for the study captured information from a range of different perspectives. Participant quotes have been used throughout the report to illustrate the findings.

1.4 Methodology

1.4.1 Inclusion criteria

Gamblers

Participants were included in the study if they self-identified as being at risk of problem gambling or were problem gamblers (based on their PGSI score) who had not yet contacted any gambling treatment or support services. The sample was reviewed throughout the recruitment stage to monitor diversity across specific criteria including geographical location, gender, and type of gambling activity (e.g., on-line, casino-based).

Staff and Stakeholders

For this sample, the focus was on participants who, as part of their professional role, came into contact with people experiencing gambling problems and/or those who they felt may be at risk of gambling harms, but did not work within gambling treatment and support services. The sample was monitored for representation of different roles and types of service that they deliver. These included, for example, religious and faith services, mental health support services, and relationship support services.

1.4.2 Recruitment

Gamblers

The main method for recruitment of gambler participants to the study was via the Gambling Commission's online tracker survey². Three questions were added to the questionnaire for the purposes of recruiting for this study. Where additional questions had previously been added to the survey (outside of completing the tracker survey), 50% of eligible respondents had typically agreed to be re-contacted.

Of the three questions added to the survey, the first asked whether the respondent had used treatment services. The second question covered willingness to participate in research, and the third question was included to collect respondent details for those who wanted to opt in. This was a successful recruitment strategy, as 90 'moderate risk' and 'problem' gamblers (classified using the PGSI) who had not received treatment indicated that they would be prepared to be interviewed. This led to 26 gamblers participating in the study.

² This online tracker survey is used to monitor online gambling behaviour and is conducted quarterly in March, June, September and December by Populus on behalf of the Gambling Commission.

In addition to the tracker survey, social media was used to raise awareness of the research and invite eligible members of the public to find out more about the study with the possibility of opting into the research. An advertisement was placed on Facebook with interested members of the public being able to complete an online form to share their details. A tweet was also published using NatCen's official twitter handle inviting people to find out more about the study. This included an email address and freephone number that potential participants could use to contact the research team and find out more about the study. This led to two additional gamblers participating in the study.

Staff and Stakeholders

A number of methods were used to recruit stakeholder participants. The research team made direct contact via email and telephone with organisations to explain the study and what participation would involve. An initial list of organisations with relevant staff expected to meet the inclusion criteria was shared with the Gambling Commission. The team was also able to draw on GambleAware and the Gambling Commission's network, with both organisations sharing contacts. In addition, we asked for referrals from relevant charities, societies and other organisations within NatCen's existing network.

In the same way that social media was applied to recruit gambler participants, a tweet was published using the NatCen twitter handle explaining that the team were looking to interview people who did not work in gambling treatment and support services but came into contact with people with gambling problems in their day-to-day job. Interested members of the public were able to email NatCen or dial a freephone number. This was complemented by an advert in the Criminal Justice Alliance bulletin about the study and inviting participants to get involved. Finally, the team also used snowballing sampling, by asking participants asked if they were aware of any additional people for whom the study is relevant and that might be interested in participating.

It needs to be highlighted that a lower number than originally anticipated of achieved interviews were completed although a significant number of stakeholders were contacted. Staff and stakeholders who did not have direct contact/involvement with people experiencing gambling harm as part of their role felt that they either did not have enough relevant knowledge that would be valuable for the project (although the team reassured them that this is not needed) or that their contact had been so minimal that they would not be able to share any worthwhile insights (even though again they were reassured that this is not needed).

1.4.3 Research ethics

Ethical approval was sought from the NatCen Ethics Review Committee prior to commencing fieldwork with both Stakeholder and Gambler participants. The concept of informed consent underpinned the recruitment procedures followed by the research team. At each stage of the process, potential participants were provided with an appropriate amount of information to enable them to make an informed decision about whether they wished to take part. Participants were made aware that they could withdraw and discontinue the interview at any point. As part of NatCen's robust procedures for managing potential disclosures (e.g., self-harm or danger to self or others), the team was briefed on the safeguarding processes in place and how they were to manage such disclosures.

Separate information leaflets (gamblers and stakeholders) to explain more about the research were developed for potential participants. These leaflets set out the key principles underlying the basis on which the interviews would take place, including an explanation that participation was voluntary. Participants were reassured about the

confidentiality of the interview and were made aware that they were not obliged to discuss any topics that may make them feel uncomfortable. Prior to interviews taking place, interviewers asked participants to record their verbal consent on the telephone.

1.4.4 Interviews

Gamblers

A set of screening questions were developed for the NatCen research team to use when contacting potential participants about the research. In-depth telephone interviews of 60 minutes duration were conducted and audio-recorded with participant's consent. Participants were offered a £25 voucher incentive as a thank you for taking part in the study.

Interviews enabled treatment gap issues to be explored sensitively with each individual and gave space to participants to map their own needs and barriers. The range of topics covered during the interview included:

- Experiences of gambling and reasons for gambling;
- Impact of gambling on different areas of life;
- Views and awareness of treatment and support;
- Views around the reasons for accessing and not accessing treatment and support; and,
- Suggestions for improvements to the provision of gambling treatment and support.

Staff and Stakeholders

In-depth telephone interviews of 60 minutes duration were conducted with participants and audio-recorded with their consent. A number of topics were covered during the interview, including:

- Awareness and understanding of issues around gambling and problem gambling;
- Views and experiences of engaging with people with problem gambling and those who they felt may be at risk of gambling problems.
- Knowledge of resources available to people with gambling issues and the quality and availability of services;
- Improvements to service provision and challenges that need to be addressed.

1.4.5 Sample

The gamblers in the sample self-identified as moderate risk or problem gamblers (based on PGSI scores³). It is possible that interviews with those gamblers that did not self-identify with the inclusion criteria may have yielded slightly different data, perhaps associated with different barriers to accessing treatment and support to those discussed

³ The Problem Gambling Severity Index (PGSI) score can be used to group respondents into four categories: Gamblers who do not experience any harm (PGSI 0), Low risk (PGSI 1-2) defined as experiencing a low level of problems with few or no identified negative consequences, Moderate risk (PGSI 3 to 7) defined as experiencing a moderate level of problems leading to some negative consequences and Problem gamblers (PGSI 8+) those who gamble with negative consequences and a possible loss of control.

by the participants in this sample. We have taken care to consider this when interpreting and analysing those data that address the research aims. Tables 1 and 2 (below) provide details on both samples.

Table 1: Sample of Gambler participants

Key characteristics	Number of participants
Age	
25-34	6
35-44	8
45-54	5
55-64	4
65+	3
Unknown / Prefer not to say	2
Gender	
Male	17
Female	9
Other / Prefer not to say	2 (including 1 participant identifying as transgender)
Ethnicity	
White British/ White Other	23
Asian British/ Asian Other	2
Black British/ Black Other	1
Unknown	2
Location	
North England	8
Midlands	2
South England	6
London	7
Scotland	2
Wales	2
England unknown	1
Age Started Gambling	
Under 19	12
20-29	4
30-39	4
40+	2
Unknown	6
Total	28

Table 2: Sample of Stakeholder participants

Type of organisation	Number of participants
Church of England	1
Prisoner support charity	1
Mental health charity	2
Relationship support charity	1
Gambling operator	4
Digital financial service provider	1
Total:	10

1.3.7 Analysis

Interviews were digitally recorded and transcribed verbatim with participants' permission. The interview data were then managed and analysed using the Framework approach developed by NatCen (Spencer et al., 2013). This involved identifying the key topics and issues through familiarisation with the interview transcripts. An analytical framework was then drawn up and a series of matrices set up, each relating to a different thematic issue. The columns in each matrix represented the key sub-themes or topics and the rows represented interviews with participants.

Data from the transcripts were then summarised into the appropriate cells. This meant that the data was ordered in a systematic way that was grounded in the participants' own accounts, while oriented to the research objectives. The Framework approach is embedded into NVivo version 10. This software enables a highly flexible approach to the creation of matrices, enabling new columns or 'themes' to be added during the data management process as required. The software also allowed the summarised data from the research to be hyperlinked to the verbatim transcripts, so that each part of every transcript that was relevant to a particular theme was noted, ordered and accessible. This enabled the analysts to move from the more abstracted summary to the original data. The final analytic stage involved working through the charted data, drawing out the range of experiences and views, identifying similarities and differences and interrogating the data to seek to explain emergent patterns and findings.

2 Individuals who have experienced/are at moderate risk of problem gambling

2.1 Introduction

This chapter includes a description of peoples' gambling experiences. It highlights their various motivations for gambling, awareness and understanding of treatment and support including the range of services available and, maps the range of barriers and facilitators to accessing treatment and support.

2.2 Experiences and impacts of gambling

2.2.1 History of gambling activity

The sample included individuals who gamble on a range of activities including online sports betting, placing bets with bookmakers, going to bingo halls, playing scratch cards, slot machines and the National Lottery. Participants first started gambling either in childhood or later in life. For example, as children, respondents described going to their local arcade with friends or being taken to a local betting shop with a family member. Others started gambling either as young adults or later in life for reasons that included supplementing their income and to relieve boredom⁴. Tempting online deals and adverts for betting sites or the physical presence of an arcade nearby also influenced people to first try gambling.

The cashback sites offer you probably about £40 for over £6 to join a gambling site. So, they'll pay you to join that site and that's how it started. (Male, aged 55-64)

From that initial engagement with gambling, participants had started gambling more frequently over time and/or had tried different activities. For example, one individual started gambling by buying National Lottery tickets from a local shop and then progressed to playing it online, alongside sports betting sites. Online gambling was considered a more discreet as well as convenient way to gamble by several respondents, who stopped betting in bookmakers and started betting on multiple websites.

I suppose it's more discreet, I guess, because you can use it and other people maybe won't know what exactly you're doing, whereas if you're going to the bookmakers all the time then people will know when you probably run into people maybe that you know and that. (Male, aged 35-44)

For certain individuals who grew up around gambling, it was considered an ordinary past-time that they continued with into their adult lives. Experiencing a win could lead to respondents wanting to gamble more frequently to try to replicate that feeling. However, others continued to gamble in a stable way (for example their local betting shop) or had reduced the amount that they gambled over time.

⁴ See 2.2.2 'Motivations for gambling'

2.2.2 Gambling behaviour and impact

Levels of control

Participants either felt that they had always been able to control their gambling behaviour, (seeing it as a leisure pursuit and never spending more than small amounts of their disposable income) or felt that they lacked control. Those who felt that their gambling was problematic explained the negative impact it may have had on them, such as losing money on credit cards and putting strain on their relationships (see impacts below). One participant described having no limits on the amount they would spend on slot machines:

If I hadn't done particularly well on the first bid, I would just go to the cash machine and effectively go up to whatever the limit was on the card. (Male, aged 35-44)

However, not all participants had necessarily realised that their gambling was (or was becoming) problematic. It was only with hindsight that they could describe the signs that their gambling may have moved from a leisure activity to one of addiction.

Participants described using various methods of limiting their spending, including moving to more controlled gambling. This was through, for example, applying self-exclusion on gambling sites or setting credit card limits. However, others described limits to that sense of control, particularly after a loss:

I'm more or less 75 per cent in control of my gambling. As a percentage I would say 25 per cent is the occasion, which is not very often, that I do chase my losses. (Male, aged 55-64)

One respondent was concerned about his degree of self-control if he were to have a traumatising event in his life, such as difficulties with family relationships. These varying levels of control are reflected in the range of motivations for gambling and impacts of gambling behaviour described below.

Motivations for gambling

Excitement

A key motivation reported by participants was the 'thrill' of gambling. This was in relation to the 'adrenalin' of gambling, owing to the risk involved and the possibility of winning a large, life-changing amount of money. While there was acknowledgement that winning was unlikely, one participant described the potential return on playing EuroMillions as 'enormous' and noted that someone has to win the jackpot. The 'buzz' of a win contributed to this sense of anticipation of winning more money next time and, the addictive nature of gambling.

Isolation, loneliness and stress

Across the sample, gambling was also perceived as a distraction from a limited social life and loneliness. Boredom at work contributed to engaging in some gambling during the working day. Participants who were not working due to illness or stayed at home to look after their children during the day described gambling, (mostly online), as an activity to pass the time and relieve feelings of boredom.

I hadn't done it for a very long time and then I was just bored at home and thought, oh, I'll just spend £10. Then, oh, I've lost that. Well, it's only another £10 and then it

ended up accumulating to far more, so yes, but that seems to happen (Female, aged 25-34)

Feeling isolated led to people gambling on live sports, for example, to feel a part of the event. Respondents described being competitive with siblings and friends when placing bets to see who can win more money. Social media, such as Twitter, was also highlighted by participants as a way of getting betting tips. However, negative aspects were also noted, with one respondent stating that they felt unable to escape from the constant notifications that were generated.

Gambling was also described as an activity that participants could engage in to help deal with the stresses and pressures of everyday life. For example, a participant described going to the arcade after a 'bad day' at work to relieve stress. It was also used to cope with difficult life events, such as bereavement. As one individual stated:

Life isn't easy and to escape sometimes into something like that which can be a tremendous high. (Female, aged 65+)

Socialising

Some participants were also using gambling as a way to enjoy time with people in their network and engage in social forms of gambling such as betting on football matches with friends or going to the races as a group to meet other people with similar interests. Betting shops were described as being social places where participants could get to know local people:

[I]t just feels like a warm and welcoming environment, there's like-minded people [...] and you're going, right, this is another community that you feel part of (Male, aged 25-34).

Making money

Potential financial gains were another motivation discussed in interviews. Participants reported making a profit from their gambling behaviour. They treated gambling activity like a business where they were carefully selecting opportunities that seemed fruitful and were considering risk associated with different options.

Your motive is winning money, so that's the main reason of gambling really (Female, aged 25-34)

Gambling winnings were used to supplement participant's income to pay for luxury items (e.g., holidays and cars). Others gambled solely to win enough money to stabilise their financial circumstances which they were unable to do on their current salaries. For example, they wished to move to a situation where they could buy their own homes or pay off their debts.

Intellectual challenge

Participants also reported enjoying the challenge of playing the game and beating the odds. The process around researching which bets to place and thinking strategically was felt to keep the brain 'active'. Betting on a specific sport offered the opportunity to build subject knowledge, for example, in terms of the players, teams and personalities involved in that sport.

I'm interested in sport, which I think that's a primary reason for doing it. I like to get the knowledge of the people and the personalities that are in the sport, and follow them (Male, aged 55-64)

Addiction

Lastly, several participants gambled because they felt that they were in an ongoing cycle of engaging in gambling that they did not know how to 'exit'. One participant felt 'overwhelmed' by the urge to gamble:

It gets in your blood, you know? It's like drinking alcohol - and I have a little drink, but I don't drink a lot; once you've had one pint, you want another. It's difficult to keep away
(Male, aged 65+)

Respondents explained the cyclical nature of winning money and then wanting to win more or losing money and then wanting to win it back. Linked to the desire to win money, the fear of missing out on winning was a further motivator preventing some people from not stopping their gambling. For instance, an individual felt they could not stop participating in the lottery for fear that their numbers would someday come up.

Impacts experienced as a result of gambling

The only positive impact that came out of the interview data was to do with an opportunity to connect socially with friends and family. This theme was intertwined with socialising being a motivation to gamble (discussed above). However, participants mainly spoke about the negative impacts of their gambling behaviour. These included impacts on finances and employment, personal relationships, emotional instability and, use of drugs or alcohol.

Finances

A central concern expressed by participants was the negative impact gambling had on their financial circumstances. This included having to borrow money and getting into debt as a consequence of losing money. This was particularly problematic if the individual gambled away their non-disposable income: such as rent money or money for bills. There were also participants whose level of spending was almost problematic, but they would then 'scrimp and save' in all other areas of their lives (including e.g. food shopping) or, use their savings to account for losses and avoid negative consequences.

I had a particular bankroll that I was betting and I knew that I should only bet a certain percentage of that bankroll in order to be quite safe and manageable about it, but actually the bankroll was my wedding savings really. (Female, aged 45-54)

Employment

A further area reported to be affected by gambling was individuals' employment. A lack of concentration and focus at work was highlighted as an issue, with others describing themselves as being 'moody' at work after suffering losses gambling. One participant experiencing problem gambling described heading to the arcade when it was quiet at work.

[It] Certainly affected my work and my career...It did lead to me kind of losing concentration and focus at work and even, in some instances, losing work - which although possibly not 100 per cent gambling related, definitely on at least one occasion I think it probably caused that. Yes, gambling has had quite an impact on my life. (Male, aged 35-44)

Personal relationships

A further key issue for participants was the way in which their gambling was felt to have affected their personal relationships, including being described as a contributing factor to relationship breakdown. As a consequence of losing money or lying about their spending, participants had jeopardised relationships with partners or felt that they were risking their relationships:

I've said I've just had one bet a week and she found out that I've had three or four, so she's warned me; any more lying and you're putting your marriage on the line really, because I'm defying her and not being truthful. (Male, aged 35-44)

Participants referred to strained relationships with family members as a result of having to borrow money from them, e.g., to pay bills or cover rent costs. While social gamblers felt their friends were more accepting of their gambling behaviour, others described disapproval. Low mood as a result of losses and being distracted by gambling when spending time with others also caused arguments with friends and family members.

Participants that had a greater control of their gambling (and thus spending), not needing to borrow money from family or friends, did not identify negative impacts on their relationships. In many cases, participants' family or friends were unaware of their gambling activity, owing (in part) to their sense of stigma or shame about telling others about their activities.

Emotional instability

Gambling is associated with distinct highs and lows. After winning money, participants described strong positive feelings and a sense of *'elation'*. However, losing money had a negative impact on a participant's emotional state:

It can affect my moods, I guess, if I've lost and maybe... my mood isn't great. But if I've won, it's euphoric, it's like bipolar; it's like you're at one end to the other. (Male, aged 55-64)

For individuals that gambled beyond their means, (e.g., spending their rent or money for bills), the negative impact was greater than for those who gambled controlled amounts and/or spent what they could afford to lose. Some described having low-self-esteem or feeling like a *'failure'* after a loss. Others felt regret when considering what else they could have been doing with their time and money.

Lack of sleep was also reported as a possible consequence of worrying about, for instance, how to recoup losses. Gambling itself also made some participants feel anxious waiting for the outcome of a bet. One participant highlighted the stress associated with not gambling, which caused them to worry that they had missed out on a possible win.

Use of drugs and alcohol

Participants implied that there was a link between gambling and drinking alcohol, with each behaviour acting as a potential trigger for the other. A participant referred to the effect of them wanting to win money on the fruit machines after a drink, which they would not have felt the need to do if they were sober. Conversely, another participant explained that when he lost money gambling, it acted as a *'trigger'* for him to *'drown his sorrows'* with alcohol.

2.3 Awareness and knowledge of gambling treatment and support services

The first step in accessing any form of treatment and support is understanding that the individual behaviour may be problematic as discussed in the previous section. The following section reports on participants' awareness of treatment and support services and the range of information sources.

2.3.1 Awareness of treatment and support services

Levels of awareness about gambling treatment and support services ranged from very little (especially about services at a local level), to participants being able to list the types and range of options available.

I find where I live there are none. I'm not even aware of any [gambling treatment and support services.] (Female, aged 35-44)

If you need more person-to-person help, [name of organisation] especially, when you go on their website there's loads of information available such as telephoning someone and talking to someone personally. I think they've got a live chat option, meeting people in your area suffering with gambling problem. I may be wrong, but I think there is an email address or some sort of websites that offer advice and support not by live chat or telephone but via email. (Female, aged 25-34).

One view was that awareness about treatment and support had increased in recent years. Reasons for this included gambling operators now playing a greater role in advertising gambling treatment and support and, increased general awareness and recognition about the impacts of problem gambling.

In contrast, low levels of awareness and knowledge around gambling treatment and support services was felt to be influenced by two key factors. Firstly, there was seemingly a lack of clear and informative advertising about the treatment and support services available, including its positive outcomes. One view was that there should be more prominent advertising for treatment and support services, ensuring these were easier to find. For example, participants described how information about treatment and support services came at the end of gambling websites or at the end of television advertisements.

I think [name of organisation] now it is advertised, but it's always at the bottom of the... site, never at the top. (Female, aged 65+)

Secondly, there is a lack of understanding about problem gambling as a public health issue (which could also explain the limited advertising described above), and a reluctance among individuals to discuss their gambling behaviour. Gamblers may have paid less attention to information about gambling treatment and support because they did not feel that it was relevant to them or, they did not want to acknowledge that their gambling was problematic. This is linked to some participants not realising that the nature of their gambling was problematic at the time of engaging in the activity. They could only describe the signs that their gambling was problematic with hindsight.

Maybe deep down us gamblers don't want to talk about it. (Female, aged 65+)

Awareness of treatment and support services was also felt to be influenced by the gambling operator and the activity a person engaged in. This was because levels of advertising and the amount of information on treatment and support was perceived to vary between them.

The only thing I've learnt about any support is through the betting websites... Some are better than others. I've got some accounts with several online bookmakers, and one of them, it's probably the best one... they give different headings about responsible gambling and support and advice, and they give helpful organisations... and I could live chat, telephone, or face-to-face; tells you what's available from each website. (Male, aged 65+)

2.3.2 Information sources and type of information received

Initial awareness

Participants became aware of gambling treatment and support services in the following ways.

- It had been deliberately sought out when they recognised that their gambling behaviour was problematic.
- They had been told about available treatment and support services by a professional. For example, one participant reported how their GP advised them to access cognitive behavioural therapy if their gambling became more problematic.
- They had become aware through family and friends either telling them about available treatment and support or because they had used it themselves.
- Information about treatment and support services had been provided through a gambling operator or a non-gambling source such as in council buildings and at doctor's surgeries. This included advertisements and signposting on television, Twitter, online betting sites, at betting venues, on betting account statements and via leaflets. Further information sources included beer mats and through taking part in previous gambling research.

Service providers and range of treatment

A range of organisations were reported by participants to provide gambling treatment and support. These included specialised providers such as GambleAware, Gamblers Anonymous and GamCare alongside the NHS and other support services. Examples of the latter included Citizens Advice and the Samaritans. Furthermore, participants also recognised the requirement on gambling operators to invest in treatment and support services.

Alongside describing a range of organisations that provided gambling treatment and support, participants reflected on the variety of treatment and support available. This included counselling, helplines, meetings and cognitive behavioural therapy. Participants also spoke about various tools available to help control gambling behaviour, including self-exclusion. If participants wanted to find out more about the treatment and support available they would consult a range of sources including their Doctor, searching online, or visiting the Jobcentre or the local council.

Honestly, I have absolutely no idea! [Laughs] I think having never looked into it, I don't know. I guess my first port of call would be Google at that point. (Male, aged 35-44)

Yes, I think there is a lot of good services and support available if you really need them. Even if you don't know where to go, I think if you go to the Jobcentre you will get information from there, or the government councils. (Female, aged 25-34)

2.4 Experiences of informal support to help control gambling behaviour

Some participants' awareness and knowledge of support for gambling behaviour came from direct experience. Those who considered that their gambling behaviour was, or could potentially be, problematic or lack control had at times drawn on one or more of the following support mechanisms.

- **Increase in their knowledge about problem gambling.** Participants described how they had looked online for information about problem gambling. This included information around the nature of problem gambling and to help them identify whether their own behaviour was problematic and what could be done to address this.
- **Self-imposed measures of control.** Participants had attempted to control or change their accessibility to gambling and make it difficult to gamble. Examples included changing jobs, so they were further away from a gambling venue or setting limits on the amount of money or time spent on gambling. This included taking a set amount of money to the arcade or avoiding gambling for a set period of time by hiding electronic devices, so they were not tempted to gamble.

I have to take the foot off the gas for a few days... It's by putting the tablet away and not looking; that's the discipline of it, not even looking at it...It's cold turkey, that's how I do it. (Male, aged 55-64)

- **Gambling tools.** Participants also reported using a range of tools to help control their gambling, including: self-exclusion schemes; spending limits on betting websites; time reminders to stop gambling after a set period; and, arranging for their bank to block any gambling related transactions.

So, it was a point where whatever online accounts I had I closed them all down through self-exclusion aspect of it and I gave up all together and just went completely cold turkey and closed everything down. (Male, aged 25-34)

- **Support from social networks.** Participants received support to control their gambling from family members and friends. Partners had taken an active role by, e.g., closing the computer if they saw the participant gambling on it. Family and friends were also recognised as an important source of emotional support. For example, one participant described how it was helpful to discuss her gambling with friends she had met online.

It helps that it's somebody else to be accountable to as well I think, but it's also just somebody to share everything with. (Female, aged 45-54)

An awareness and understanding of the impact of gambling on family members and its potential consequences could also be an important motivator for individuals to attempt to control their gambling behaviour. For example, one participant described how an increase in his financial commitments and responsibilities had prompted him to change his gambling behaviour.

I couldn't afford to sort of lose too much money, if you know what I mean, but when it's just me and my wife, well... now you've got the kids to feed. You have a mortgage. (Male, aged 45-54) For another participant, the worry of losing his wife had helped him control the extent of his gambling.

[I]f your wife's going to leave you, then that's just what's in my mind most of the time, so I just stick to what I can afford. (Male, aged 35-44)

Participants accounts imply how such strategies were sometimes viewed as an initial step at controlling gambling behaviour. If they had not been successful, some participants envisaged that they may have then accessed more formal modes of treatment and support.

2.5 Pathways and facilitators for accessing support

For gambling treatment and support services to address problem gambling behaviour, individuals not only need to be aware of these but access and use them. Some participants (as described above) had used a form of informal support. Below, we describe those pathways to accessing this informal support which sheds light on those factors which prompt gamblers to seek help. In applying the term 'informal support' we are referring to a range of options and activities including e.g., family support, self-exclusion and wider non-gambling support services (i.e., Citizen's Advice Bureau and wider health professionals etc.). The section then goes on to consider the range of identified facilitators that were felt to have a bearing on whether gamblers experiencing harm would access treatment and support services.

2.5.1 Pathways to informal support

A self-realisation of the negative impact/s or lack of control over their gambling behaviour, had prompted participants to access informal support. This included a negative impact on a person's financial circumstances or on their relationships with others. This self-realisation was in some cases a gradual process and in other cases triggered by a specific event. For example, one participant described how it was only when they read their bank statement that they accepted the amount of money that they were spending on gambling.

I'm, like, oh no, hold on a minute, and that was last week. I think it just hit me and I said, 'No, this is getting out of hand.' (Female, aged 35-44)

Participants had found out about informal support from an advertisement or by searching online for information on controlling gambling including and exploration of specific tools (e.g., self-exclusion). Participants had also been referred to support from services they were already in contact with, such as healthcare professionals. Speaking to other professionals was reported to be helpful, not only in being signposted to sources of support, but also through offering a space where they could reflect on their gambling and its consequences. Lastly, participants had also approached partners directly to ask for their support.

One mechanism that participants used to help control their gambling behaviour was self-exclusion. Experiences of setting this up varied. One participant described how entering their details onto a gambling site had generated a request to all online operators. In contrast, another participant spoke about how they had not enjoyed the process because they had to answer a number of questions, including the reasons for wanting to self-exclude. Furthermore, not all participants appeared to have a good understanding of the

self-exclusion process. Participants had been surprised at either being excluded from multiple gambling sites for the same overarching operator, or that after self-excluding they were still able to open new gambling accounts.

I've been to my account. I think it's called Self-exclusion...I would click on it and it would say how long for. It can be a day, a week, a month, right up to six months. So I just clicked on the six months, and then I got an email from the company saying, 'You have self-excluded from' - but what I didn't realise, I thought I had to enter them all, but I didn't realise the sites that I've been playing on, it's all the one company, like [name of game], [name] bingo, [name] Casino...but I've self-excluded from one, I was automatically self-excluded from the rest of them, whether I wanted to or not. (Female, aged 35-44)

2.5.2 Facilitators for accessing support

Alongside reflecting on the pathways to informal support, participants also spoke about a range of facilitators to access treatment and support services for themselves and/or others with gambling problems. These related to an individual's personal and social context and the treatment and support services available.

Personal and social facilitators

A shift in the way gambling problems are perceived would help to address the associated 'stigma' and in turn, contribute towards reducing a personal barrier to seeking treatment and support. Participants suggested a range of strategies which could help achieve this. For example, increased awareness about the range of people affected by gambling problems and running a celebrity endorsed campaign.

Linked to helping address the 'stigma' associated with gambling is a shift in the way people assess their gambling behaviour, including how regularly they review their behaviour. A **self-realisation of the negative impacts of gambling** encouraged people to seek support. In addition, **family and friends being aware of gambling problems** meant they could not only offer their support, but also encourage the individual to seek help from more formal treatment and support services.

Treatment and support facilitators

Participants felt that **increased advertising about the signs and symptoms of gambling harms and the range of treatment and support available** would help raise awareness about treatment services and provide clarity over what they involved. Specific areas where this would be helpful included reassurances around confidentiality and anonymity and how treatment could lead to particular outcomes.

What probably needs to happen is someone needs to tell us exactly what therapy looks like, and if there is therapy, actually how successful is it? If you're talking here about 80 per cent of people never go to a gambling shop again, that's going to be a tangible, viable result. Someone needs to communicate that to someone. I think it all focuses around communication and what that can mean to me if I was to seek help. (Male, aged 25-34)

Participants also described how information about treatment and support should be available from a range of sources including websites, social media, and in non-gambling

venues in doctor's surgeries and libraries. In addition, it was felt that any telephone numbers should be free to call.

A further suggestion that emerged from the interviews was a reflection on how gambling **treatment and support could be provided by a range of providers** and address a range of needs. This included non-gambling specific support services and local councils. It was felt that treatment should be holistic and address a range of gambling-related needs including an alternative to the emotional crutch that gambling could provide.

[W]hen you do something like gambling, you do it for fun; that means you have something missing from your life - you have a gap for example. (Female, aged 25-34)

The importance of the treatment provider having a non-judgemental approach was also raised. One way to help address this was for former gamblers to be involved in the delivery of services.

Flexible treatment options

Lastly, participants spoke about the importance of having different modes and timings of treatment and support services to suit individual preferences.

Well, yes, because some people don't like talking in groups. Some people feel like one to one, don't they? It just depends on the individual person really, doesn't it? (Male, aged 45-54)

For example, not wanting to share information in front of others or concern that hearing about others gambling would encourage an individual to gamble again, meant one to one support was the preferred approach. In contrast, others felt that it would be easier to discuss issues face-to-face or as part of a group with people who had similar experiences to their own.

I think a group service like Alcoholics Anonymous where people go in and talk about their experiences, I think people who gamble could do the same thing and I think the comfort that they would get is they're all in the same boat. So if you're talking about your experiences it's probably someone else's experience as well and...maybe people who help others who have had the same experiences in their lives so they can actually help others with it. (Female, aged 65+)

2.6 Barriers to accessing treatment and support

A range of barriers were identified which may deter people experiencing gambling problems from accessing treatment and support. Along with the facilitators described above, the barriers fell into two broad categories: those that 1) centred around the personal and social context of the individual, and 2) barriers around the nature and accessibility of the gambling treatment and support.

2.6.1 Personal and social barriers

Gambling behaviour was not perceived to be problematic or in need of treatment or support

Participants had not accessed treatment and support either because they felt in control of their gambling behaviour, or if they felt that it sometimes may have had elements of less control; it was still viewed as part of their everyday leisure pursuits.

I saw I wasn't the only one buying the Lottery there. There was a long queue, so it's a normal thing anyway, so nobody thinks it's a problem...you are in the same boat like them. (Female, aged 25-34)

Participants also described how gamblers may not be aware or want to acknowledge that their behaviour was problematic.

I guess admitting that, admitting there's no self-control here, yes... I think the biggest barrier is the accepting that the gambling is a problem. (Male, aged 35-44)

However, even when participants did recognise that their gambling behaviour may be having some negative impact on their lives, some questioned whether the extent of this impact warranted them accessing more formal treatment and support services. One view was that on reflection, it may have helped them to control their gambling at the time. Linked to this, it was also felt that people may only realise that their behaviour was problematic after a period of time.

Until you're willing to admit that there is an issue, you won't get help for it... Maybe it's not so much that they don't recognise it, it's the fact that they don't recognise it soon enough, because once they do recognise it, it's normally far too late! (Male, aged 35-44)

This may also partly explain why some participants opted to seek informal support instead.

2.6.2 Social barriers and perception of self

A lack of self-realisation around problem gambling behaviour was also linked to how gambling problems were generally felt to be perceived. Speaking about problem gambling with others was felt to be challenging, because of the 'shame' associated with it as well as the potential negative consequences that disclosing such information could have on the individual.

I've gambled this much, and I've lost all this much.' I'd be so nervous. I think they'll [the doctor will] judge me. (Female, aged 35-44)

I considered telling family and friends, but I refrained from doing so... I didn't want people to judge me. I wanted to try and take all of it on and to get by with it on my own. (Male, aged 25-34)

In addition, one view was that gender stereotypes may mean that this was a particular deterrent for men in accessing treatment and support.

Especially as a man, you don't want to say, 'Do you know what? I'm a problem gambler'. You don't say that, you just make it worse, don't you? Once you admit you have a problem it reflects badly and poorly on you. (Male, aged 25-34)

I think it's incredibly embarrassing for people, so I think there is a massive stigma, especially a stigma in terms of toxic masculinity. So, gambling seems as though it's only a male problem or predominantly a male problem. (Male, aged 35-44)

Lastly one participant had not told their family about their gambling behaviour as he did not want to worry or concern them.

2.6.3 Lack of motivation to change gambling behaviour

Thirdly, a lack of motivation to change gambling behaviour could act as a barrier for seeking 'general' or specific types of treatment and support. This barrier was sometimes linked with an individual's reasons for gambling. For example, a participant who gambled to make money described how they had decided not to use a self-exclusion tool to control their gambling as it may be permanent. A further participant who gambled as a way to fill their time expressed concern over what other activity they would do if they stopped.

I guess if I was to stop gambling then I'd probably be worried about how else I'd fill my time...It not only gives me something to do, but it does help me use my brain a little bit. (Male, aged 35-44)

Linked to this, losing money was felt to be an integral part of the gambling experience and so would not necessarily prompt people to seek treatment and support.

I think they... enjoy the nature of gambling. They're accepting losses as part of gambling... I just don't think by nature most people who gamble are built that way, will be able to see any kind of therapy through to the end. (Male, aged 35-44)

2.6.4 Lack of awareness about problem gambling and treatment

Some participants felt that there were low levels of awareness about treatment and support services for gambling problems, especially in local areas. This was a barrier to people accessing treatment, as an individual not only had to recognise that their gambling was problematic, but then also invest time and effort to find out about the treatment and support options available.

[If] you're in that position of being addicted to something, you need to be made aware of these things without having to go and hunt them out, because the last thing you're going to want to do is admit that actually it might be an issue. If you're constantly seeing advertising saying, 'If you need help with this give these people a call,' obviously there's, 'When the fun stops, stop' advertising, but they're all on gambling websites...but I guess that's more of a national thing isn't it? I don't know in terms of the local area what there would be in terms of people to talk to, groups to go to or anything like that. It's just not widely known. (Male, aged 35-44)

In addition, there was felt to be less awareness about problem gambling compared with other situations when people may need support such as after a bereavement and for other health issues.

I think the misconception is gambling isn't as much of a problem compared to other addictions and there's not much knowledge about it. (Female, aged 25-34)

Increasing general awareness around problem gambling could help people recognise whether their own behaviour and orientation towards gambling was problematic and in turn whether they may benefit from the treatment and support available.

2.6.5 Treatment format and service delivery

Linked to a lack of awareness around treatment and support, participants' accounts also indicated uncertainty about what services comprised. Concerns were raised over confidentiality and anonymity and participants were unsure as to whether treatment and support providers would understand the experience from the individual's perspective.

Definitely I think part of it is that I just don't want to share stuff with people that won't understand (Male, age unknown)

Not knowing what was involved could also mean that accessing treatment and support could be '*daunting*' and therefore more difficult.

Alongside this, participants also questioned the impact treatment and support may have, including whether it would change not only behaviour but also their attitudes towards gambling. For example, one participant had decided not to use self-exclusion because she did not feel this would help address the way gambling emotionally affected her. Furthermore, participants' accounts implied a lack of trust in treatment and support services that were linked to gambling websites, with one view being that operators were businesses, something which was perceived to be in conflict with providing any legitimate help or support.

2.6.6 Treatment, support services, and diversity

Access to treatment and support services need to be accessible, and also relevant to an individual's backgrounds and needs. One view was that current advertising around gambling treatment and support services was not representative of the range of people with problem gambling and it needed to be more inclusive, also including those from non-white ethnic groups.

[T]hey find they're too scared to come forward to ask for help, because it's not enough advertised for other races... when you see the posters hanging around, it is normally a white person on that poster, which annoys me because I'm going past something and I've got the same problem as he's got. Why isn't there an Asian person, or a black person, or someone else. (Female, aged 35-44)

In addition, there was concern that gamblers who spoke English as a second language, might also be unlikely to seek treatment or support because such support may not be available in a range of languages.

As described above, participants spoke about the importance of different modes and types of treatment and support services to suit individual preferences. For example, speaking about gambling problems face to face can be challenging for some people, especially because of the stigma associated with gambling. Lastly, irrespective of the type of treatment or support a further barrier was a reluctance to discuss issues with anyone else:

I don't want anybody else knowing my business. (Male, aged 55-64)

2.6.7 Practical barriers

Lastly, participants' accounts described a range of practical barriers that may affect how easy or difficult it is for gamblers to access treatment and support. A lack of internet access could mean it was more difficult for people to look up the treatment and support available, as finding out about it in person or via telephone could be challenging.

Going in somewhere to speak to someone face to face seems a bit daunting for people or having to ask somebody face to face if they know where they can get help. (Female, aged 25-34)

However, even if people were aware of the treatment and support options available, a lack of services in local areas meant travelling to them required both time and money.

Mainly I got to the point where I looked to see where some of them were placed and there wasn't a huge amount in my area, so it would be quite a distance to actually go to what was being offered as the nearest one. Part of me looked at it and went, well, distance was quite an impact on it, and also, I suppose time as well was the other thing. It was distance and time. (Male, aged 35-44)

One view was that this may be a particular barrier for those living in rural areas. In addition, travelling to treatment or support services could also be challenging for those in full-time work or who have caring commitments and for those with particular health conditions.

2.7 Impacts of treatment and support

Alongside views around accessing treatment and support, participants also reflected on the impacts of engaging with these services. Participants drew not only their own direct experiences of informal support, but also their perceptions of what could be the impact of accessing treatment and support.

2.7.1 Informal support

The support mechanisms and tools that gamblers can apply, including self-exclusion, helped participants to control their problem gambling behaviour. The strategies used had physically stopped individuals from gambling, introduced elements of control to their behaviour or, had helped them to reassess.

At the time, I was spending more than I should have, but by deleting some websites, setting a deposit limit, and self-excluding from some websites, that controlled my gambling. (Female, aged 25-34)

However, for others the strategies appeared to have been less successful. This included when participants tried to change their accessibility to gambling so that it was more difficult for them to gamble. For example, one participant attempted to control their gambling behaviour by taking a set amount of money to the arcade, however this was no longer an effective strategy when the arcade installed a cash machine on site.

2.7.2 Outcomes of treatment and support

Participants envisaged that treatment and support would help people identify ways of controlling their gambling, increasing their understanding of the motivations for gambling and the negative impact it may be having on their lives.

That your life would change. If you've got a real gambling problem, by seeking help it would clear your mind and see more of a future, this is how you're going to get out of it. (Female, aged 25-34)

[T]hen you'll find out the root of the problem, why people are gambling, why I'm gambling. (Female, aged 35-44)

Controlling problem gambling behaviour was envisaged to improve overall quality of life including people's financial circumstances and their perception of their self. Furthermore, it was felt that positive impacts would extend to family members including children and to wider society. For example, when problem gambling was perceived to be linked to criminal activity.

I think gambling along with alcohol and drugs definitely causes problems with society, be it through crime or other issues. I think, yes, the addiction, I think by just dealing with people's addiction issues, I think that's certainly going to have a knock-on effect in the wider community as well in terms of crime figures. (Male, aged 35-44)

Some participants who had experienced periods of problem gambling also considered how they may have benefited from treatment and support for their gambling behaviour.

I think it probably would've helped me just to control my gambling, rather than being so reckless, and rather than it dominating my life. (Male, aged 35-44)

In contrast, some participants questioned the potential benefits of gambling treatment and support. It was felt that outcomes may depend on the type of help available and whether the individual was motivated to change. Furthermore, one view among participants was that while it may help control gambling it would still be challenging for individuals to completely refrain from any type of gambling activity.

2.8 Summary

Participants gambled on a range of activities including online and in person. Awareness of treatment and support services varied. While one view was that awareness had increased in recent years, an alternative view was it was still relatively low. This was underpinned by a lack of clear and informative advertising and a reluctance among gamblers to admit problematic behaviour. Lack of awareness about problem gambling as a public health issue, may also have impacted on lack of knowledge about gambling treatment and support services.

Some participants had used a range of informal support strategies to try and control their gambling when they recognised that it was having, or could potentially have, a negative impact. For some this was seen as an initial step before accessing more formal treatment and support services. Strategies included seeking information about the nature of problem gambling, using self-imposed methods of control, signing up to gambling tools and drawing on support from family and friends. A range of facilitators were identified which

would help people access treatment and support. These related to both an individual's personal and social context, and the treatment and support available. Barriers to accessing treatment and support also fell within one of these two broad categories and included it having: a negative impact on people's perceptions of themselves; a lack of motivation to change; lack of awareness of the treatment and support available and what it comprised; how accessible it seemed, and practical barriers. In addition, a further reason for not accessing treatment and support was because it was not relevant as the individual did not see their gambling as problematic. Lastly, while some participants felt that treatment and support would help address problem gambling behaviour, others felt that this would depend on the type of help available and how motivated an individual was to change.

3 Staff and stakeholders

3.1 Introduction

Problem gamblers (PGSI 8+) may come into contact with a wide range of professionals who do not work within gambling treatment and support services. This may be because of a direct consequence of their problem gambling behaviour, for example when it has a negative impact on financial circumstances, or for a non-gambling related issue.

This chapter describes staff and stakeholders' experiences of their contact with problem gamblers or those who they felt may be at risk of problem gambling, and their awareness of the range of impacts from problem gambling. The chapter also reports on staff and stakeholders' awareness of problem gambling treatment and support services, and their views on the facilitators and barriers to accessing services..

3.2 Awareness and experience of contact with problem gamblers

This section describes the contact staff and stakeholders have had with problem gamblers and their awareness around the signs and impacts of problem gambling behaviour.

3.2.1 Nature of contact

Participants were aware of the issues around problem gambling and their work had either brought them into contact with problem gamblers or, it was focused on minimising gambling-related harm. This was because they were employed by a gambling operator, they provided support services for issues associated with problematic such as money management and relationship breakdown, or it was an area of interest and expertise. In addition, one participant had a dual role as they also worked for a gambling treatment provider. Frequency of contact with problem gamblers ranged from daily to occasional. One participant was required to support junior staff in how to deal with gamblers in their work but had little direct contact themselves.

Participants described a range of behaviours that indicated a person may be experiencing problem gambling. This included explicit signs, such as bank statements showing large amounts of money going to gambling operators or an erratic approach to placing bets. However, some signs may be implicit for example a change in an individual's gambling; or large unexplained cash withdrawals. A gambling operator also described how they would use screening tools to help them identify problem gamblers. Participants also described that whilst some people would readily tell them about their problem gambling behaviour, others needed more questioning and general discussion about their circumstances before they started to talk about any gambling related issues.

We have to be kind of like detectives almost to establish what's going on really, and then once we actually are proactive enough to ask those questions, that's when we tend to see them open up a bit more. It's almost like a sense of relief that we've actually given them that window of opportunity to talk to us about it.
(Stakeholder)

Gambling operators described how people had become more willing to discuss their gambling related issues in recent years and this was supported by the ongoing relationships they had with their customers.

People may also be reluctant to talk about their problem gambling behaviour for fear that disclosing it would negatively affect them. This was underpinned by the 'stigma' and 'shame' associated with problem gambling or an individual's personal circumstances. For example, offenders in prison may be reluctant to admit their behaviour as gambling is prohibited and may delay their release.

On identifying the signs of problem gambling, staff described how referring and signposting to specialist services and support was part of their role. They often also suggested methods that could help to address the individual's gambling behaviour. This included using a self-help diary to log gambling activity or suggesting that they give someone else control of their finances. One staff member described how they tended to refer problem gamblers to national services in case the local ones were no longer in operation. Participants also referred gamblers to services because they recognised that they were not equipped to provide direct gambling treatment and support themselves or they had limited time to speak with people about their gambling related problems. In contrast, one view was that other services may find it more difficult to identify problem gamblers because of gaps in their knowledge and training in this area.

3.2.2 Awareness of range of impacts from problem gambling

Problem gambling was perceived to affect a range of people in terms of age and socio-economic backgrounds. One view was that problem gamblers tended to be white middle-aged males. Staff also described an increase in young adults gambling and mental health issues and other addictive behaviours being common among problem gamblers.

A range of negative impacts from problem gambling were identified by staff. These were:

- **Perception of self.** Gambling was reported to have a negative impact on self-esteem, and it encouraged deceitful behaviour.
- **Physical wellbeing and mental health.** Participants described how problem gambling could also have a negative impact on health and wellbeing. This ranged from a problem gambler's mood fluctuating, (depending on whether they had won or lost), to committing suicide.
- **Relationships and role as caregiver** . If family members had been previously unaware of the problem gambling this could undermine their relationship with the individual including levels of trust.

So, the impact upon the relationship is very, very harmful. It's very damaging. It destroys the trust. The trust, if it comes back, is very hard to build back up. (Stakeholder)

The unintentional neglect of family members including children was reported to be a further impact of problem gambling.

- **Financial impact.** A negative impact on problem gamblers financial circumstances included getting into debt and being at risk of their home being repossessed.
- **Educational opportunities and employment.** Problem gambling was seen to have a negative impact on an individual's financial circumstances, meaning in some instances they were unable to pursue educational or employment opportunities because of lack of funds. In addition, problem gambling had also made it difficult for some individuals to remain in work.
- **Criminal activity.** Participants also described how problem gambling and the need to fund it was associated with different types of crime including theft, fraud and economic abuse where loans were taken out in the names of others.

3.3 Awareness and views of gambling treatment and support services

3.3.1 Levels of awareness amongst staff and stakeholders

Participants mentioned several different types of treatment and support services for both individuals who may be at risk of experiencing harm and problem gamblers (as identified by the PGSI). The different types of treatment and support services that were known to those interviewed included:

- GamCare (helpline, website, online forums)
- The National Problem Gambling Clinic
- Gamblers Anonymous
- Gam Anon (support for family members affected by gambling)
- Gordan Moody App and treatment centre in London
- The Living Room
- Addiction recovery agency.

Some participants also highlighted aftercare support services and stated that some of the above services also provided aftercare such as post-treatment support groups.

3.3.2 Perceived levels of awareness amongst colleagues

Some participants expressed that not all colleagues were aware of the different types of treatment and support services available. Colleagues had a lack of understanding around the type of help that existed in relation to gambling with a limited knowledge on treatment and support services. One stakeholder working in the religious sector stated:

I think again my colleagues...they're very aware that I do stuff because we get daily media digests, and so I think we've raised the issue amongst my immediate colleagues.... (Stakeholder)

In contrast, for other participants working as counsellors, there was an understanding that it was part of their job role to know what wider support services were available and felt that their colleagues had the same (high) awareness levels.

3.3.3 Type of information received

Participants mentioned different modes of delivery offered to gamblers trying to control their gambling behaviour. For example, face to face treatment, therapy, counselling, SMART self-management, and recovery tools. The stakeholder from the prison charity support sector discussed that prisoners were provided with 'resettlement packs' once they were released into the community. These packs included gambling support services in their local area for those prisoners where there was a known history of problem gambling behaviour.

3.3.4 Pathways for accessing support

Many staff and stakeholders signposted individuals to treatment and support services. Individuals would be signposted to treatment services such as GamCare, the National Problem Gambling Clinic, Gamblers Anonymous and GamAnon. To access help, gamblers would mostly have to self-refer.

3.4 Barriers and facilitators from problem gamblers engaging with treatment and support services

3.4.1 Barriers for accessing support

Participants in the sample reflected on a range of barriers for gamblers in terms of awareness of what treatment and support is available. Many of the stakeholders although they did not directly work with prisoners they had experience of coming into contact with prisoners as part of their role (e.g. mental health support) and highlighted the challenges of providing support to prisoners as well as on-going treatment on release. This is reflected in the discussion in this section. Nevertheless, the findings highlighted are also reflective of, and relevant to, the wider problem gambling community.

Social barriers

Prisoners returning to the community struggled with engagement and often did not attend support sessions even if they were in need of help. This was compounded by some prisoners not having a family support network because of the length of time that they had served in prison or, the severity of their offences. Stigma and shame around gambling was a further barrier to getting help and treatment. It was suggested that this shame was linked to a belief that gambling problems were a result of their own actions and not directly related to the gambling industry. Finally, where an individual had not yet had any experience of receiving treatment, it was overwhelming, daunting, and likely to induce anxiety.

Self-identifying as a problem gambler

Participants had mentioned that those in prison who gambled through playing cards may not perceive their behaviour as an issue. In the same way, other participants argued that one of the biggest barriers to accessing help was when individuals did not recognise an addiction. Others had also noted that individuals could be in denial about their gambling problems which could reduce their likelihood to seek support. Participants have also mentioned that men specifically tend to not want to admit that they have a problem, thus, they tend to be less likely to access treatment and support services.

Practical factors

In prisons specifically, participants had said that it was difficult to identify those who were active gamblers because gambling was prohibited. Stakeholders had also noted that it was difficult for prisons to have access to one to one treatment and support because of time limitations within prisons. This then acted as a strong barrier for those who could benefit from having a more personal support sessions.

In a wider context, participants have also mentioned that the limited availability of treatment services available from the NHS acts as a barrier to gamblers accessing support services. In addition, General Practitioners (GPs) are perceived to be traditionally less knowledgeable about gambling. This becomes a barrier for gamblers who turn to GP's to access treatment.

Concerns over confidentiality

Participants had expressed further challenges in prisons, such as individuals being worried about giving away too much personal information. Prisoners were also concerned about personal information being spread around the prison. Furthermore, gamblers were also concerned that other people would find out that they have accessed services which was compounded by scepticism around what treatment and support services can do and if they can offer any real help.

3.4.2 Facilitators for accessing support

Staff and stakeholders in our sample reflected on the range of facilitators for engaging with, and continuing to engage with, services available.

Nature of treatment available

A participant suggested that allowing prisoners with gambling problems to leave prisons to attend gambling support meetings within the community would make them much more likely to attend meetings when they are released. It was argued that prisoners needed to build a particular skillset that allowed them to go out into communities and attend sessions. This would allow them to build relationships with those leading support services. Participants also suggested that giving prisoners access to online tools could aid them with managing their problems. Although online support exists, participants have suggested that virtual counselling online should be an option for the wider population of problem gamblers. This could be especially beneficial for disabled individuals who may have limited access due to accessibility issues.

Stakeholders further suggested that those who are problem gamblers need to feel empathy, understanding and non-judgement from informal or formal treatment and support services. One participant highlighted the importance of 'power sharing' and 'equity' in treatment; remembering that both the individual receiving treatment as well as the person providing the support were both human.

Furthermore, stakeholders reported that individuals experiencing gambling problems were concerned that other people would find out that they have accessed treatment or support services. Reaffirming that information about those who do access support will be kept confidential is essential in enabling individuals to feel more at ease and more inclined to access treatment and support services.

Language barriers

One stakeholder suggested that having translators for those that do not speak English is fundamental. Having a translator present when accessing treatment or support would be highly beneficial.

Social enablers

One participant had suggested that addressing issues of stigma was important. Allowing individuals to feel comfortable and work through feelings of shame when accessing treatment or support could be one 'lever' to encouraging access to help. Similarly, other participants had stated:

I think any stories that are told such as true stories of people's lives that have been - where they've got their lives back is always helpful because that normalises it. I think when people who've had some form of gambling-related harm are able to talk about the fact they got through it, that's really going to encourage people to seek out help and believe it could be different. (Stakeholder)

The stories mentioned above could be portrayed via advertisements that raise awareness of support services.

3.5 Impacts of treatment and support services on gamblers

In the main, participants were not aware of any details about how effective the impact of treatment and support services was for people experiencing gambling problems. Such paucity of knowledge was seemingly due to their 'distance' from treatment providers. That is, the stakeholders interviewed were not working directly with these services and did not have any formal follow up procedures.

Where they did meet gamblers that had accessed treatment and support services, there was a consensus that the impacts were positive in terms of the individual's general well-being. One participant commented that if gamblers were in a frame of mind that they were ready and open to treatment, they would be able to benefit. In terms of self-exclusion, this was seen as an effective short-term tool but was not a long-term solution to addressing someone's gambling problem.

Another participant raised the importance of aftercare support and a perceived gap around this type of service. Where problem gamblers had managed to stop themselves for a period of time, it was suggested that a nominated buddy could be helpful. This is in terms of a gambler having someone to speak to if they felt like they wanted to gamble again.

3.6 Summary

Participants were aware of the issues around problem gambling. They identified a range of signs which could indicate that a person was experiencing problem gambling. These could be explicit, such as bank statements showing large transactions to gambling operators, as well as more implicit e.g., people reading about sporting events.

Problem gambling was felt to affect a range of people and participants identified a number of negative impacts including poor perception of self and financial difficulties. While it was

felt that some problem gamblers would readily tell staff about their gambling behaviour, others were more reluctant.

When gamblers did speak about their problems to stakeholders, they would then be referred and signposted to specialist services. In particular cases, stakeholders also suggested methods of informal support. Providing support was in many cases seen to be part of the wider job role and participants were aware of a range of treatment and support services available. However, levels of knowledge about problem gambling and treatment and support services available varied among participants and many have knowledge gaps that needed to be addressed.

Lastly, participants identified a range of factors that could influence whether problem gamblers and those at risk of problem gambling engaged with services available. These included practical and personal barriers, such as stigma and ensuring that treatment and support remains confidential.

4 Discussion and conclusion

4.1. Conclusion

Awareness of treatment and support services varied but there was a general view that there is lack of clear and informative advertising on the treatment and support options available. Many use informal support or control strategies to try and manage problem gambling, which was found to be used as an initial coping strategy before accessing more formal treatment and support. A range of facilitators were identified which would help people access treatment and support. These related to both an individual's personal and social context, and the treatment and support available.

Barriers to accessing treatment and support also fell within one of these two broad categories, which included; a lack of motivation to change; a lack of awareness of the treatment available and what it comprised; accessibility and practical barriers such as not having the time or not being able to travel to services. In addition, a further reason for not accessing treatment and support was because it was not relevant as the individual did not see their gambling as problematic. Lastly, while some participants felt that treatment and support would help address problem gambling behaviour, others felt that this would depend on the type of help available and how motivated an individual was to change.

Stakeholders were aware of the issues around problem gambling. Their role had brought them into contact with problem gamblers or their work focused on minimising gambling-related harm. They identified a range of signs which may indicate that a person was experiencing problem gambling. These could be explicit such as bank statements showing large transactions to gambling operators, and more implicit such as people reading about sporting events where they would not have done previously. Problem gambling was felt to affect a range of people and staff identified a number of negative impacts. This included an individuals' negative perception of themselves and experiencing financial difficulties. While it was felt that some problem gamblers would readily tell staff about their gambling behaviour, others were more reluctant and took time. However, when such information was shared staff described how referring and signposting on to specialist services and support was part of their role and they were aware of a range of treatment and support services available. However, levels of knowledge about problem gambling and treatment services among participants varied and was not necessarily felt to be reflective of staff more generally.

Stakeholders identified a range of factors that may influence whether problem gamblers engaged with available services. These included social barriers and people not identifying their behaviour as problematic and social enablers including addressing the stigma associated with problem gambling. Other factors centred on practical issues, clarity and assurances over confidentiality, and the nature of treatment available and its perceived impact. Therefore, and as discussed, services need to be flexible in the provision of treatment (e.g. mode, duration, adaptation to individual needs, etc) as well as helping individuals to identify problematic behaviour and dispel the stigma associated with it.

It is worth reiterating that there was a strong consensus between stakeholders and problem gamblers around the type and extent of provision required. This included: a greater focus on prevention and early intervention including education in schools and colleges; changes to advertising, flagging support 'up-front' (rather than at the end); and, that any services should be targeted and tailored to the individual. Finally, there was general agreement that the gambling industry needed to take a greater responsibility for

working alongside their customers, regulating and identifying when gambling moved from a 'leisure activity' to that of 'problem gambling'.

4.1.1 Addressing unmet needs and barriers to treatment: recommendations for future provision of treatment and support

Both gamblers and stakeholders identified a number of gaps in provision and delivery of treatment and support, and recommendations to address these issues.

Advertising of services

A common finding amongst gamblers was that adverts communicating available treatment and support are particularly scarce both in general and on social media platforms. Stakeholders felt that all that is provided is basic literature about gambling problems on leaflets, which is not enough and does not address the issue of problem gambling. Advertisements for treatment and support services need to be delivered in different forms, such as television adverts, leaflets in libraries or community centres, betting shops, General Practice surgeries as well as campaigns highlighting the issues and risks that accompany problem gambling. Gamblers identified that this would help build awareness of the risks of gambling and encourage healthy gambling behaviours. Gamblers also felt that better advertisement of available treatment and support services would create easier pathways to accessing help. In addition, gamblers stated that greater awareness of treatment and support services may aid de-stigmatisation around gambling issues. Gamblers also highlighted that advertisements fail to warn people about the dangers of gambling and the focus is on gambling once it has become a problem, rather than including preventative or early intervention messaging. A common recommendation was that more needs to be done to tackle problem gambling in a more focused and targeted way.

Targeted support for different groups

Whilst a recommendation for more focused and targeted work on the advertisement of treatment and support services were clear, the groups of gamblers that were perceived to be in more (or less) need was unclear. For example, both younger and older age groups were identified to be more vulnerable and in need of targeted support. Similarly, ethnic minorities were identified as vulnerable, as gamblers perceived a complete lack of support adapted ethnic minorities, especially those who did not speak English as a first language. It was suggested that there should be more support for young people. Classes should be delivered at schools and colleges to raise awareness of the risks of gambling as well as educate young people on the different sources of help they can seek if they feel they have a problem.

Addressing the different modes of treatment and support

A common suggestion was that there should be different modes of delivery of treatment and support, for example, face to face support, online support or group therapy. Making sure support is holistic and tailored to the needs of the individual. Stakeholders stated that there was a need for more localised services, as this would encourage people to access treatment and support.

Proactive measures to identify and address risks

Suggestions were made around the responsibility that gambling operators have to proactively monitor problem gambling and make sure that any processes in place (e.g. self-exclusion) are being monitored. In particular, it was felt by those gamblers interviewed that gambling companies need to be more proactive in tracking how much people are spending on gambling in relation to their income. Although such due diligence is already in place in the UK (e.g. through licensing conditions), gamblers stated that operators need to be doing more.

Appendix A. References

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Appendix B. Topic guide: Gamblers

Gambling treatment and unmet need

Interview Topic Guide – Participant interviews with gamblers

The aim of this research is to increase understanding around the need for problem gambling treatment and support provision, in particular focusing on:

- Assessing the **gaps in current treatment and support provision**; and,
- Understanding why some experiencing problem gambling and/or those at risk of problem gambling **may not access the current treatment and support services available**;

The interview will cover:

- Your experiences of gambling and your reasons for gambling;
- The impact of gambling on your life;
- Your views and awareness of treatment and support services;
- Your views around the reasons for accessing and not accessing gambling treatment and support services;
- Your suggestions for any improvements that could be made to the provision of gambling treatment and support in Britain.

This guide is intended to be used flexibly with different participants so that relevant topics can be explored with each individual. As this is an exploratory study, we wish to encourage participants to discuss their views and experiences in an open way without excluding issues which may be of importance to individual participants and the evaluation as a whole. Therefore, unlike a survey questionnaire or semi-structured interview, the questioning will be responsive to participants' own experiences, attitudes and circumstances.

The following guide does not contain pre-set questions but rather lists the key themes and sub-themes to be explored with participants. It does not include follow-up questions like 'why', 'when', 'how', etc. as it is assumed that participants' contributions will be fully explored throughout in order to understand how and why views, behaviours and experiences have arisen.

1. INTRODUCTION

Aim: To remind the participant about the aims of the research, explain how the interview will be conducted and how the data will be used.

- Introduce self and NatCen
 - Independence from GambleAware (a charity committed to minimising gambling-related harm)

- Introduce research, aims of research and interview
- Explain
 - Voluntary participation - *including explaining that they may withdraw at any time from interview as whole, and do not have to answer any questions they would prefer not to*
 - Remind respondent of £25 gift voucher as thank you for their time and help
 - Process for consent
 - Brief overview of topics to be covered
 - Length (approximately one hour)
 - Confidentiality, anonymity and potential caveats
 - What they say is confidential. However, we may have to tell someone else what they have said if we think that they or someone else may be at risk of harm now or in the future.
 - If they do start to talk about this, we will remind them that we might have to tell someone else.
 - Check if they have questions about confidentiality and disclosure issues.
 - How findings will be reported (including use of quotes and case illustrations) and when expected (including publication)
 - Audio recording (including encryption, data storage and destruction)
- Any questions

Turn on recorder

Obtain signed consent to participate in the research if conducting face-to-face or verbal consent to participate if conducting the interview by telephone

2. BACKGROUND

Aim: To start to build rapport and gain any relevant contextual information in relation to the participant's health conditions and involvement in gambling activities.

➤ About themselves

- Household composition and personal relationships (family, friends, community)
- Day to day activities
- In work, education, raising a family
- Details of any qualifications/education level
- Hobbies, leisure activities, likes, dislikes
- Current state of health (physical and mental)
- Ethnicity/age/religion

➤ Involvement in gambling activities – in the past (briefly)

- Describe first contacts with gambling (when, with who, which activities)
- When did they engage with gambling a second and third time?
- How did it become a recurring activity? Was it linked with another regular occurrence (e.g. weekly/monthly meet up with friends, etc.)

- Overview of subsequent gambling experience
- **Involvement in gambling activities – currently**
 - Type of gambling activities they are in involved in now (National Lottery Tickets, Scratch Cards, Gaming machines at bookmakers, Fruit/slot machines (not online, Bingo (including online), Gambling in a Casino (any type), Betting on horse or dog races (online or in person), Betting on football (online or in person), Betting on other sports (online or in person), Online casino games (slot machine style, roulette, poker, instant wins), any other type of gambling
 - Frequency of gambling
 - How do they decide how much to spend/amount of money spent
 - Reasons why they gamble (e.g. to win, for fun/enjoyment, as a hobby/interest, to socialise, to earn money, to escape)

3. PERCEPTIONS AND ATTITUDES TOWARDS GAMBLING

Aim: To understand their awareness and perceptions of own gambling behaviour and whether attempted to control gambling behaviour.

- **Feelings and views about their gambling**
 - Perceptions of their gambling behaviour including reasons for engaging in gambling (for the chance of winning big money, because it's fun, as a hobby, to escape boredom, worries about not winning if they don't play, to compete with others (e.g. bookmaker, other gamblers), excitement, for the mental challenge or to learn about the game/activity, sense of achievement associated with winning, to impress others, to be sociable, helps when feeling tense, to make money, to relax, something to do with friends/family, to show loyalty to the team)
 - How they feel about it – stress/anxiety/guilt/mental health
- **Others' perceptions of their gambling**
 - Positive/negative views/criticism/feedback and from whom (e.g. relative/friend etc.)
 - About their level of control
 - Intentions to change habits and how they might do this (e.g. talk to someone you know about your betting, seek advice/help, set limits on when/how much to bet)
- **Impact of gambling on:**
 - Social life
 - Interpersonal relationships (family, friends, other)
 - Employment
 - Mental and physical health
 - Use of drugs and alcohol
 - Involvement in crime/contact with criminal justice system
- **Extent to which they currently feel that they are in control of their gambling or that their gambling is controlling them**

- Nature of any problems experienced (lack of affordability, loss of money, borrowing money, lying to others)
 - Interaction with other risk/behaviours that cause problems/where they have a lack of control (drugs/alcohol)
- **Whether they have ever felt that their gambling was out of control and causing them problems in the past**
- Nature of any problems experienced (lack of affordability, loss of money, borrowing money, lying to others)
 - Interaction with other risk/ behaviours that cause problems/ where have lack of control (drugs/alcohol)
- **Support received to address problems/lack of control**
- Whether has taken action to control gambling behaviour
 - Type of action taken/support received
 - Family/friends/others
 - Self-excluded from a gambling operator
 - Set financial limits
 - Asked for a reality check (a reminder that would appear on the screen showing they had been playing for a certain duration)
 - Whether considered contacting specialist services and support offering gambling treatment
 - How accessed support
 - How much support has helped - Where do they sit on the scale of the different types of support available (GP, self – help etc.)? How would they think that they would start the journey, and what do they think might be a barrier?
- **Understanding of issues around gambling and problematic gambling behaviour**
- Whether aware of issues around problematic gambling
 - Signs of problem/at risk gambling
 - Financial (e.g. borrowing money, unpaid bills, unexplained sources of money)
 - Mood and general wellbeing (e.g. feeling hopeless)
 - Change in other behaviours e.g. time-related signs (taking sick days, late for commitments) underperformance at work.
 - Impact of problem / at risk gambling on
 - Self (e.g. job loss, education, debt, mental health, secrets and lying)
 - Family (e.g. abuse, controlling behaviour, divorce)
 - Other including prioritising gambling over other activities

4. RESOURCES AND SERVICES AVAILABLE

Aim: to understand participants' views and awareness of gambling treatment resources and services available.

- **Awareness of treatment and support services**
- In your area/more widely
 - Views on own/other gamblers' awareness levels
 - Reasons for own/others' levels of awareness – have they every tried to access support? Where did they go and why? What was the result?

- **Levels of provision**
 - Type of services available
 - Mode and cost of delivery (phone, face to face/individual, group)
 - Content
 - Delivered by whom
- **Whether received/seen information about controlling gambling behaviour/treatment and support services**
- **Information sources**
 - Gambling operator and venues
 - Advertisements on TV, radio, newspapers, social media
 - Family/friends/GP/others
 - Campaign groups
- **Type of information received/seen**
 - Tools to help control their gambling (Spend calculator, Information about self-exclusion schemes/gambling participation/gambling regulation, Gambling Therapy App)
 - Where to seek help
- **Experiences of considering to access/trying to access services and support available**
 - Previously discussed or considered accessing support (with whom e.g. family/gambling buddies)
 - Decision-making and feelings at the time
 - Outcome
- **Barriers to engaging with services and support available**
 - Social barriers e.g. stigma/shame
 - Lack of motivation to seek help
 - Does not identify as a problem/at risk gambler
 - Concerns over confidentiality/anonymity
 - Nature of treatment available (e.g. only delivered as group/1-1, not available online)
 - Lack of awareness of services
 - Practical factors (e.g. distance, time, family commitments)
- **Facilitators to engaging with services and support available**
 - Nature of treatment available (e.g. 1-1 support)
 - Clarity over confidentiality / anonymity
 - External influences (e.g. media coverage, leaflets)
 - Practical factors (e.g. distance, time, family commitments)
 - Social enablers
- **Whether receiving other forms of (non-gambling) support**
 - Brief overview of this
 - Financial (e.g. StepChange debt charity)
 - Emotional
 - Other e.g. housing, Citizens Advice
 - Role this may have played / not played in accessing gambling treatment services and support (*if not already covered above*)
- **Unmet needs**

- Gaps in current delivery
- Differences for different type of gambler
 - Age/gender/ethnicity/religion/family and household circumstances
 - Type of gambler (e.g. betting, lotteries)

➤ **Perceived possible outcomes of engaging with treatment services**

- Gambling behaviour
 - Increased awareness of effects of gambling
 - Improved self-control, coping skills
 - Amount of money spent/frequency of gambling
- Motivation to seek other forms of help (e.g. counselling, self-barring)
- Wider impacts
 - Improved wellbeing (feeling comfortable, healthy and happy)
 - Co-morbidity (multiple physical and mental health issues)

5. RECOMMENDATIONS AND VIEWS ON TREATMENT AND SUPPORT

Aim: Reflections around treatment and support in Britain, and any recommendations to inform future provision. This section also brings the discussion to close.

➤ **Explore key recommendations/thoughts on current treatment and support services in Britain**

- What is working well/less well in terms of mode
- How does this vary by personal characteristics and types of gambling activities that people engage in?

➤ **Suggestions for the future provision of treatment and support**

- Who this should be aimed at
- Who should provide it
- Nature and mode of delivery
- Anticipated difference it would make

Anything else respondent would like to raise.

6. NEXT STEPS AND CLOSE

- Final closing comments – anything else to raise
- Any questions?
- Thank participant and reaffirm confidentiality and anonymity
 - Explain caveats and provide opportunity to review their contribution

End recording

- Confirm has a copy of the information leaflet/link to website and knows how to contact research team
- Give copy of support information leaflet
- Give high street voucher
- Check whether they want to be alerted when the report is published

Thank respondent and close interview.

Appendix C. Topic guide: Staff and Stakeholders

Interview Topic Guide – Stakeholder interviews

The aim of this research is to increase understanding around the need for treatment for problem gambling, in particular focusing on:

- Assessing the **gaps in current treatment provision**; and,
- Understanding why some experiencing problem gambling and/or those at risk of problem gambling **may not access the current treatment services available**

Interview will cover

- Your awareness and understanding of issues around gambling and problematic gambling;
- Views and experiences of engaging with people with problem gambling and those at risk;
- Knowledge of resources available to people with gambling issues and the quality and availability of services;
- Improvements to service provision and challenges that need to be addressed; and
- Your reflections and feedback on the evidence review and analysis existing data in this area conducted by NatCen.

This guide is intended to be used flexibly across the range of staff participant groups so that the relevant topics can be explored for each individual role. As this is an exploratory study, we wish to encourage participants to discuss their views and experiences in an open way without excluding issues which may be of importance to individual participants and the evaluation as a whole. Therefore, unlike a survey questionnaire or semi-structured interview, the questioning will be responsive to participants' own experiences, attitudes and circumstances.

The following guide does not contain pre-set questions but rather lists the key themes and sub-themes to be explored with participants. It does not include follow-up questions like 'why', 'when', 'how', etc. as it is assumed that participants' contributions will be fully explored throughout in order to understand how and why views, behaviours and experiences have arisen.

1. INTRODUCTION

Aim: to remind the participant about the aims of the research, explain how the interview will be conducted and how the data will be used

- Introduce self and NatCen
 - Independence from GambleAware
- Introduce research, aims of research and interview
- Explain
 - Voluntary participation
 - Process for consent
 - Brief overview of topics to be covered
 - Length (up to 60 minutes)
 - Confidentiality, anonymity and potential caveats
 - How findings will be reported (including use of quotes) and when expected (including potential publication)
 - Audio recording (including encryption, data storage and destruction)
- Any questions

Turn on recorder

Obtain verbal consent to participate in the evaluation (or signed consent if conducting face-to-face)

2. BACKGROUND

Aim: to understand the participant's background and working role in relation to coming into contact with people experiencing problem gambling and/or those at risk

- **Current position / job title**
 - Nature of role
 - Overview of responsibilities
 - Length of time in role
- **Profile of population they work with**
 - Gender/ethnicity/age/religion
 - Education level / employment
 - State of health (physical and mental)
 - Addiction issues (alcohol, drugs, smoking)
- **How they would define problem gambling**
 - Problem gambling vs. at risk of problem gambling
 - Frequency of gambling

3. AWARENESS AND EXPERIENCES OF CONTACT WITH PEOPLE EXPERIENCING PROBLEM GAMBLING / THOSE AT RISK

Aim: to understand their awareness and experiences of contact with people experiencing problem gambling / those at risk through their work

- **Awareness of profile / types of people who experience problem gambling within the population they work with**
 - Demographics (gender, age, ethnicity, religion)
 - Education level / employment
 - Co-morbidity (e.g. substance abuse, depression)
 - Severity of problem gambling in local area
 - Types of gambling (e.g. arcades, betting, bingo, casino, lotteries, gaming machines)

- **Awareness of profile / types of people who are at risk of problem gambling within the population they work with**
 - Demographics (gender, age, ethnicity, religion)
 - Education level / employment
 - Co-morbidity (e.g. substance abuse, depression)
 - Severity of at-risk problem gambling in local area
 - Types of gambling among people at risk (e.g. arcades, betting, bingo, casino, lotteries, gaming machines)

- **Understanding of issues around gambling and problematic gambling**
 - Issues around problematic gambling
 - Signs of problem / at risk gambling
 - Financial (e.g. borrowing money, unpaid bills)
 - Mood and general wellbeing (e.g. feeling hopeless)
 - Change in other behaviours e.g. time-related signs (taking sick days, late for commitments) underperformance at work.
 - Impact of problem / at risk gambling on
 - Self (e.g. job loss, education, debt, mental health)
 - Family (e.g. abuse, controlling behaviour, divorce)
 - Other
 - Differences in issues between people experiencing problem gambling and those at risk across who they work with
 - Differences in issues between individuals engaged in different types of gambling (e.g. betting, casino, lotteries)

- **Experiences of engaging with people experiencing problem gambling and those at risk**
 - How they come into contact with people experiencing problem gambling / those at risk
 - Frequency of contact
 - Regular
 - Ad hoc
 - How they identify someone is experiencing problem gambling / at risk
 - Person tells them
 - Spot signs

- Use a screening tool / questions about gambling behaviour
- Barriers to identifying someone is experiencing problem gambling / at risk
- Action taken, if any, if identify someone is experiencing problem gambling / at risk
 - No action taken
 - Discuss with individual
 - Refer to specialist services
- Outcome of their contact with individual about their gambling
 - Person self-identified experiencing problem gambling
 - Access treatment
- What role they / others in a similar role should play (if any) in individual accessing treatment
- Differences in experiences of engaging with different types of people who experience problem gambling / at risk
 - Demographics (ethnicity, gender, age, religion)
 - Education level / employment
 - Co-morbidity
 - Type of gambling (e.g. betting, casino, lotteries)
 - Reasons for differences in experiences

4. RESOURCES AND SERVICES AVAILABLE (including aftercare)

Aim: to understand participants' views and experiences of gambling treatment resources and services available, including aftercare.

Interviewer note: Can explore treatment services first and then after-care

- **Awareness of services (including after-care)**
 - In your area
 - Views on own / colleagues' awareness levels
 - Views on individuals who gamble awareness levels
 - Reasons for own / others' levels of awareness
- **Levels of provision**
 - Type of services available
 - Mode of delivery
 - Content
 - Delivered by whom
 - Aftercare
 - Mode of delivery
 - Delivered by whom
 - Who are services for (people who gamble, family members)
- **Quality of services available**
 - What works well / less well
 - Reasons
- **Referral pathways**
- **Whether those in need are accessing services available**

- **Barriers to engaging / continuing to engage with services available**
 - Social barriers e.g. stigma / shame
 - People do not self-identify their gambling as problematic / at risk
 - Concerns over confidentiality / anonymity
 - Nature of treatment available (e.g. only delivered as group / 1-1, not available online)
 - Lack of awareness of services
 - Practical factors (e.g. distance, time, family commitments)
- **Facilitators to engaging/ continuing to engage with services available**
 - People self-identify their gambling as problematic / at risk
 - Nature of treatment available (e.g. 1-1 support)
 - Clarity over confidentiality / anonymity
 - External influences (e.g. media coverage, leaflets)
 - Practical factors (e.g. distance, time, family commitments)
 - Social enablers

5. OUTCOMES AND IMPACTS

Aim: to explore perceived and expected outcomes of current treatment provision and unmet need (including after-care)

Interviewer note: For each area of impact it will be important to understand any differences across types of participant in terms of demographics, type of gambling etc. Can explore treatment services first and then after-care.

- **Key outcomes the treatment services / after-care services aim to achieve**
 - Gambling behaviour
 - Increased awareness of effects of gambling
 - Ability to control urges / improved self-control, coping skills
 - Amount of money spent / frequency of gambling
 - Motivation to seek other forms of help (e.g. counselling, self-barring)
 - Wider impacts
 - Improved wellbeing
 - Co-morbidity
- **Perceived impact of gambling treatment services / after-care services**
 - On people they work with / those experiencing problem gambling /at risk
 - On themselves and other staff
 - Wider impacts
 - Family members
 - Wider population
- **Barriers to treatment services helping individuals address their behaviour**
 - Personal barriers (e.g. motivation)
 - Nature of treatment available e.g. mode, length, content
 - Practical barriers (e.g. time, distance)
 - Social barriers (e.g. stigma)

-
- **Facilitators to treatment services helping individuals address their behaviour**
 - Personal capacity to change
 - Nature of treatment available e.g. mode, length, content
 - Individual receiving other forms of support / treatment

 - **Unmet needs**
 - Gaps in current delivery
 - Differences for different type of individual
 - Age/gender/ethnicity/religion
 - Type of gambling (e.g. betting, lotteries)

6. RECOMMENDATIONS and reflections on the REA

Aim: to discuss key learning, recommendations for gambling treatment provision

- Reflections on general treatment provision
- Is it targeting the right people
 - Demographics (gender, age, ethnicity)
 - Type of gambling (e.g. betting, lotteries)
 - Others who may be affected by gambling behaviour

- Views on sustainability
- Lessons for treatment services going forward
- Other recommendations
- Reflections on REA summary
 - Key findings
 - Whether matches own experiences around treatment gaps
 - Areas for future research

7. NEXT STEPS AND CLOSE

- Final closing comments – anything else to raise
- Any questions?
- Thank participant and reaffirm confidentiality and anonymity
 - Explain caveats and provide opportunity to review their contribution

End recording

Give copy of support information leaflet