



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

1st April 2018 to 31st March 2019

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1 Executive Summary

Client characteristics

- A total of 7,675 individuals were treated within gambling services (who report to Data Reporting Framework (DRF)) in Great Britain within 2018/19.
- A large majority of clients (79%) were male.
- Nine tenths (90%) were from a white ethnic background (Table 5) including 84% White British and 4% White European. The next most commonly reported ethnic backgrounds were Asian (5%), and Black or Black British (3%).
- The majority of clients were either in a relationship (37%) or married (29%). A further 29% were single, 4% were separated and 2% divorced.
- In terms of working status, most were employed (78%), with smaller proportions reporting being unemployed (8%), sick/disabled (7%), retired (2%), homemaker (2%) or a student (2%).

Gambling profile

- Among clients receiving treatment for their own gambling, initial Problem Gambling Severity Index (PGSI) scores indicated that the majority of clients (96%) were problem gamblers (PGSI 8+) at the point of assessment for treatment. Amongst those whose episode of treatment ended within the 18/19 year, this proportion had reduced to 39% and the majority (78%) showed some improvement on this scale.
- The most common location for gambling was online, used by 65% of clients. Bookmakers were the next most common, used by 43% of gamblers.
- Between 2015/16 and 2018/19 the proportion reporting use of online gambling services increased from 57% to 66%. In the same time period the proportion using bookmakers decreased from 56% to 43%.
- Within online services, gambling on sporting events was the most common activity (38%), followed by use of casino slots (33%) and casino table games (30%).
- Within bookmakers, gaming machines were the most common form of gambling (60%), followed by sporting events (25%) and horses (20%).
- Compared to White gamblers, those who identified as Black or Black British were more likely to use bookmakers (63% compared to 41%) or casinos (19% compared to 7%). Those who identified as Asian or Asian British were also more likely to use bookmakers (55%) or casinos (32%) than White clients.
- The majority of gamblers (73%) reported having a debt due to their gambling. 11% had experienced a job loss as a result of their gambling and 27% had experienced a relationship loss through their gambling.
- On average (mean) gamblers reported spending £2,048 on gambling in the previous 30 days before assessment.

Treatment engagement

- A majority of referrals into treatment (92%) were self-made.
- For clients treated within the year, 50% of clients were seen for a first appointment within three days of making contact and 75% within nine days.
- Among all those receiving and ending treatment within 2018/19, treatment lasted for an average (median) of 10 weeks.

Treatment outcomes

- Among clients who ended treatment during 2018/19, a majority (69%) completed their scheduled treatment. One quarter (25%) dropped out of treatment before a scheduled endpoint.
- Those who were unemployed were considerably more likely than the average to drop out of treatment (37%) and less likely to complete treatment (27%).

Between 2015/16 and 2018/19 the proportion of clients completing scheduled treatment increased from 59% to 69% whilst the proportion dropping out of treatment decreased from 35% to 25%.

- Among gamblers PGSI scores improved by an average (median) of 13 points between earliest and last appointment in treatment.
- Among those considered problem gamblers¹ at the start of treatment, 61% were no longer categorised as problem gamblers at the end of treatment.
- 55% of clients were defined as 'below clinical cut-off' on the CORE-10 scale at the end of treatment, compared to only 15% at the start of treatment.

¹ PGSI Score of 8 or above

2 About the National Gambling Treatment Service

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

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

The data for the 2018/19 period presented within this report covers submissions from the following organisations², with details of the services they provide listed below.

GamCare³ and its partner network offers:

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

Gordon Moody Association offers:

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

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

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.
- GambleAware funded treatment providers are required to submit quarterly datasets in a standardised format⁴. This report is informed by analysis of these submissions.

² Between the period of 2018/19 data collection and publication, the NGTS was expanded to include the NHS Northern Gambling Service, provided by Leeds and Yorkshire Partnership Foundation Trust. As the NGTS network grows, any future providers will be required to also submit regular reporting data.

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

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

3 Background and policy context

The Gambling Act 2005 contains a provision at section 123⁵ for a levy on gambling operators to fund projects to reduce gambling harms. Successive governments have not commenced this provision. In the absence of a mandatory levy, the Gambling Commission imposes a requirement on operators through the Licence Conditions & Code of Practice⁶ to make a donation to fund research, education and treatment for this purpose. The independent charity GambleAware⁷ is the only organisation recognised as active in all three areas of research, education and treatment⁸ and for this reason, a high proportion of donations are made to the organisation.

This statistical report covers activity which is commissioned by GambleAware. Some activity is funded by the NHS for people whose primary or secondary diagnosis is gambling disorder; such activity is reported in the official statistics produced by the NHS in England, Scotland and Wales.

The National Responsible Gambling Strategy for 2016-17 to 2018-19⁹ which was published by the Responsible Gambling Strategy Board (now the Advisory Board for Safer Gambling) in April 2016, had as Priority Action 9 "Building the capacity and quality of treatment". This referenced the work of the Responsible Gambling Trust, a predecessor organisation of GambleAware.

The respective roles of the Gambling Commission, the Advisory Board for Safer Gambling and GambleAware in relation to arrangements for prioritising, commissioning, funding and evaluating research, education and treatment were set out in a Statement of Intent published in August 2012¹⁰.

The Annual Report for 2016/17 of the Chief Medical Officer for Wales¹¹, published in January 2018 discussed the need for improved measures to prevent gambling harm, including services to help those already experiencing harm.

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

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

NHS England announced in its *Long Term Plan* in January 2019¹² that it would expand NHS specialist clinics to help more people with serious gambling problems. The NHS has to committed to opening 14 new problem gambling clinics by 2023/24.

Since the period covered by this statistical report, there have been further official reports published and development of the policy context which will be covered in future reports.

12 https://www.longtermplan.nhs.uk/

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

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

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

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

 $^{9 \} https://consult.gamblingcommission.gov.uk/author/copy-of-national-strategy-to-reduce-gambling-harms/user_uploads/the-current-national-responsible-gambling-strategy.pdf$

¹⁰ https://www.rgsb.org.uk/About-us/Governance/Statement-of-intent.pdf#:~:text=Statement%20of%20intent%20between%20 the%20Gambling%20Commission%2C%20Responsible,strategy%20%28hereafter%20referred%20to%20as%20%E2%8-0%9CRET%E2%80%9D%29%20were%20established

¹¹ https://gov.wales/sites/default/files/publications/2019-03/gambling-with-our-health-chief-medical-officer-for-wales-annual-report-2016-17.pdf

4 The DRF database

The collection of data on clients receiving treatment from the National Gambling Treatment Service is managed through a nationally co-ordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015. Individual treatment services collect data on clients and treatment through bespoke case management systems. The DRF is incorporated into each of these systems. Data items within the DRF are set out in the DRF Specification¹³ and provided in the appendix to this report. Data are collected within four separate tables, providing details of client characteristics, gambling history, referral details and appointment details. The DRF constitutes a co-ordinated core data set, collected to provide consistent and comparable reporting at a national level. Some minor differences exist in data collection between agencies, such as the addition of supplementary categories in individual fields or in the format of collected data. These are reformatted or recoded at a national level to ensure consistency within the DRF specification.

4.1 Notes on interpretation

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

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

¹³ https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf

5 Assessment of quality and robustness of 2018/19 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2018/19. Details of gambling activity and history are not routinely collected for clients who are not themselves gamblers. Levels of completeness of gambling information relate only to clients identified as gamblers. Most data items are close to 100% complete, making the data representative of this treatment population, minimising any likelihood of bias and validating comparisons between time periods and sub-samples.

Data item	Level of completion
Referral reason	99.1%
Referral source	99.7%
Gender	99.8%
Ethnicity	98.8%
Employment status	98.8%
Relationship status	98.1%
Primary gambling activity	97.5%
Money spent on gambling	99.0%
Job loss	98.8%
Relationship loss	98.8%
Early big win	98.8%
Debt due to gambling	98.2%
Length of gambling history	97.4%
Age of onset (problem gambling)	97.5%
Days gambling per month	87.7%

Table 1 Level of completion of selected data fields

6 Characteristics of clients

A total of 7,675 individuals were treated by gambling services providing DRF data within 2018/19.

The majority of those seen by gambling services were gamblers (6,744, 89%). However, 834 (11%) referrals related to 'affected others' that is, individuals who are not necessarily gamblers but whose lives have been affected by those who are. A small number of referrals (25, 0.3%) related to persons at risk of developing a gambling problem. All clients are included in breakdowns of client characteristics and treatment engagement but only identified gamblers are included in breakdowns of gambling activity and history. This information was not collected for a further 72 (0.9%) individuals.

One quarter (24%) of cases seen in 2018/19 were for recurring problems (clients previously seen by the reporting service).

6.1 Age and gender of clients

Clients had an average (median) age of 33 years at time of referral, with three quarters (75%) aged 42 years or younger. The highest numbers were reported in the 25-29 years old and 30-34 years old age bands (Table 2) accounting for 42% of clients in total. Clients other than gamblers had a higher median age of 40 years and were more likely to be in the over 50 age bands (Table 3)

A large majority of clients (79%) were male. This compares to 49% in the general population of Great Britain¹⁴. As can be seen in Table 2 and Figure 1, the distribution of age differs by gender, with age of females being more evenly dispersed with a greater proportion in the older age groups compared to males.

This results in a higher average (median) age of 38 years for females compared to 32 years for males. Gender differed considerably by type of client (Table 4) with 87% of gamblers being male compared to only 23% of other clients.

		Male			Female			Total*		
		N	Col %	Row %	N	Col %	Row %	Ν	Col %	Row %
Age	<20	86	1.4%	90.5%	9	0.6%	9.5%	95	1.2%	100.0%
bands	20-24	701	11.6%	87.7%	98	6.0%	12.3%	799	10.4%	100.0%
	25-29	1418	23.5%	85.8%	234	14.4%	14.2%	1652	21.6%	100.0%
	30-34	1298	21.5%	81.9%	285	17.5%	18.0%	1583	20.7%	100.0%
	35-39	953	15.8%	80.6%	230	14.1%	19.4%	1183	15.4%	100.0%
	40-44	540	9.0%	77.8%	154	9.5%	22.2%	694	9.1%	100.0%
	45-49	388	6.4%	71.2%	157	9.7%	28.8%	545	7.1%	100.0%
	50-54	297	4.9%	62.3%	180	11.1%	37.7%	477	6.2%	100.0%
	55-59	195	3.2%	59.5%	133	8.2%	40.5%	328	4.3%	100.0%
	60+	154	2.6%	51.3%	146	9.0%	48.7%	300	3.9%	100.0%
	Total*	6030	100.0%	78.8%	1626	100.0%	21.2%	7656	100.0%	100.0%

Table 2 Age and gender of clients

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

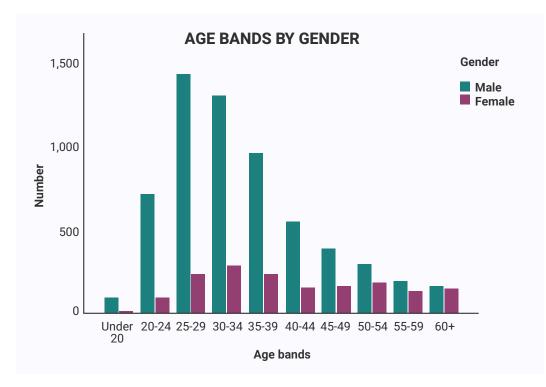


Figure 1 Age and gender of clients at the point of referral

Table 3 Age bands by type of client

		Gamblin	g clients	Other clients		
		N	%	N	%	
Age bands	<20	85	1.3%	10	1.1%	
	20-24	732	10.9%	67	7.2%	
	25-29	1530	22.7%	126	13.5%	
	30-34	1452	21.5%	134	14.4%	
	35-39	1062	15.8%	127	13.6%	
	40-44	611	9.1%	83	8.9%	
	45-49	475	7.0%	70	7.5%	
	50-54	376	5.6%	101	10.8%	
	55-59	243	3.6%	85	9.1%	
	60+	173	2.6%	128	13.7%	

Table 4 Gender by type of client*

	Gamblin	g clients	Other clients		
	N	%	N	%	
Male	5821	86.5%	212	22.8%	
Female	910	13.5%	718	77.1%	

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

6.2 Ethnicity of clients

Nearly nine tenths (90%) of clients were from a White ethnic background (Table 5) including 84% White British and 4% White European. The next most reported ethnic backgrounds were Asian or Asian British (5%), and Black or Black British (3%). This compares to national (UK) proportions¹⁵ of 87% White or White British, 7% Asian or Asian British and 3% Black or Black British.

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

	Gambling clients		Other clients		Total	
	N	%	Ν	%	N	%
White British	5594	83.8%	749	82.7%	6343	83.6%
White Irish	57	0.9%	9	1.0%	66	0.9%
White European	269	4.0%	41	4.5%	310	4.1%
White Other	69	1.0%	12	1.3%	81	1.1%
Black British: African	94	1.4%	5	0.6%	99	1.3%
Black British: Caribbean	62	0.9%	6	0.7%	68	0.9%
Black British: Other	20	0.3%	1	0.1%	21	0.3%
Asian British: Bangladeshi	56	0.8%	2	0.2%	58	0.8%
Asian British: Indian	123	1.8%	18	2.0%	141	1.9%
Asian British: Pakistani	48	0.7%	9	1.0%	57	0.8%
Asian British: Chinese	42	0.6%	8	0.9%	50	0.7%
Asian British: Other	62	0.9%	5	0.6%	67	0.9%
Mixed: White and Asian	40	0.6%	3	0.3%	43	0.6%
Mixed: White and Black African	20	0.3%	1	0.1%	21	0.3%
Mixed: White and Black Caribbean	34	0.5%	2	0.2%	36	0.5%
Mixed: Other	30	0.4%	7	0.8%	37	0.5%
Other ethnic group	59	0.9%	28	3.1%	87	1.1%
Total	6679	100.0%	906	100.0%	7585	100.0%
Missing	65		25		90	
Total clients	6744		931		7675	

Table 5 Ethnicity of clients

6.3 Relationship status of clients

The majority of clients were either in a relationship (37%) or married (29%). A further 29% were single, 4% were separated and 2% divorced (Table 6). Compared to male clients, female clients were less likely to be single (23% compared to 30%) and more likely to be married (36% compared to 27%), divorced (3% compared to 2%) or widowed (2% compared to <1%).

	Gambling clients		Other	clients	То	Total	
	Ν	%	N	%	Ν	%	
In relationship	2471	37.4%	282	30.8%	2753	36.6%	
Married	1730	26.2%	421	45.9%	2151	28.6%	
Single	2010	30.4%	135	14.7%	2145	28.5%	
Separated	261	3.9%	34	3.7%	295	3.9%	
Divorced	117	1.8%	29	3.2%	146	1.9%	
Widowed	26	0.4%	16	1.7%	42	0.6%	
Total	6615	100.0%	917	100.0%	7532	100.0%	
Missing	129		14		143		
Total clients	6744		931		7675		

Table 6 Relationship status of clients

6.4 Employment status of clients

The majority of clients were employed (78%). The next most reported employment status was unemployed (8%) followed by unable to work through illness (7%), retired (2%), homemaker (2%) and student (2%). Compared to males, female clients were less likely to be employed (67% compared to 81%) and more likely to be a homemaker (8% compared to <1%), unable to work through illness (11% compared to 5%) or retired (5% compared to 1%).

Table 7 Employment status of clients

	Gambling clients		Other o	Other clients		tal
	N	%	N	%	Ν	%
Employed	5280	79.0%	647	71.4%	5927	78.1%
Unemployed	576	8.6%	64	7.1%	640	8.4%
Student	118	1.8%	23	2.5%	141	1.9%
Unable to work through illness	473	7.1%	28	3.1%	501	6.6%
Homemaker	75	1.1%	72	7.9%	147	1.9%
Not seeking work	18	0.3%	2	0.2%	20	0.3%
Prison-care	32	0.5%	7	0.8%	39	0.5%
Volunteer	12	0.2%	0	0.0%	12	0.2%
Retired	97	1.5%	63	7.0%	160	2.1%
Total	6681	100.0%	906	100.0%	7587	100.0%
Missing	63		25		88	
Total clients	6744		931		7675	

6.5 Gambling profile

6.5.1 Gambling locations

The most common location for gambling (Table 8) was online, used by 66% of gamblers who provided this information. Bookmakers were the next most common, used by 43% of gamblers. No other locations were used by more than 10% of gamblers, although casinos were used by 9% and miscellaneous (such as lottery, scratch-cards and football pools) by 9%.

Up to three gambling activities (specific to location) are recorded for each client and these are ranked in order of significance. Table 8 shows the location of primary gambling activity and again shows that online services are the most common, followed by bookmakers. These two locations account for the majority of primary gambling activities, at 86%.

	Any gambling in this location	%	Main gambling location	%
Online	4331	65.9%	3525	53.6
Bookmakers	2817	42.8%	2099	31.9
Casino	589	9.0%	277	4.2
Miscellaneous	562	8.5%	258	3.9
Adult Entertainment Centre ¹⁶	212	3.2%	139	2.1
Pub	170	2.6%	67	1.0
Other	163	2.5%	117	1.7
Bingo Hall	110	1.7%	57	.9
Family Entertainment Centre	38	0.6%	25	.4
Live Events	25	0.4%	7	.1
Private Members Club	12	0.2%	4	.1
Total	6575	100.0%	6575	100.0
Missing	169		169	
Total gamblers	6744		6744	

Table 8 Location of gambling activity reported in 2018/19

¹⁶ Also known as Adult Gaming Centres (AGC)

6.5.2 Gambling activities

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

Table 9 Gambling activities, grouped by location

Activity		% among all	% within location	Loca
		gamblers		
Bookmakers				Pub
Gaming Machine (FOBT)	1735	26.4%	60.1%	Gan
Sports or other event	708	10.8%	24.5%	
Horses	570	8.7%	19.7%	
Dogs	154	2.3%	5.3%	
Other	423	6.4%	14.6%	Onli
Bingo Hall				
Gaming Machine	53	0.8%	47.7%	
Live draw	50	0.8%	45.0%	C
Skill Machine	4	0.1%	3.6%	
Terminal	2	0.0%	1.8%	
Other	9	0.1%	8.1%	
Casino				
Roulette	373	5.7%	62.5%	
Gaming Machine (not FOBT)	99	1.5%	16.6%	
Non-poker card games	96	1.5%	16.1%	
Poker	55	0.8%	9.2%	Mise
Gaming Machine (FOBT)	25	0.4%	4.2%	
Other	12	0.2%	2.0%	
Live events				
Horses	18	0.3%	69.2%	Se
Dogs	5	0.1%	19.2%	
Sports or other event	4	0.1%	15.4%	
Other	2	0.0%	7.7%	
Adult Entertainment Centre				Priva
Gaming Machine (not FOBT)	185	2.8%	86.9%	
Gaming Machine (FOBT)	23	0.3%	10.8%	
Other	6	0.1%	2.8%	
Family Entertainment Centre				Othe
Gaming Machine (not FOBT)	31	0.5%	79.5%	Tota
Gaming Machine (FOBT)	4	0.1%	10.3%	Tota
Others	4	0.1%	10.3%	

Location Activity	N	% among all gamblers	% within location
Pub		gambrere	
Gaming Machine (other)	157	2.4%	90.8%
Sports	6	0.1%	3.5%
Poker	5	0.1%	2.9%
Other	6	0.1%	3.5%
Online			
Sports events	1637	24.9%	37.5%
Casino (slots)	1458	22.2%	33.4%
Casino (table games)	1311	19.9%	30.0%
Horses	626	9.5%	14.3%
Poker	171	2.6%	3.9%
Bingo	126	1.9%	2.9%
Dogs	106	1.6%	2.4%
Spread betting	58	0.9%	1.3%
Scratchcards	21	0.3%	0.5%
Betting exchange	13	0.2%	0.3%
Other	239	3.6%	5.5%
Miscellaneous			
Scratchcards	251	3.8%	44.5%
Football pools	198	3.0%	35.1%
Lottery (National)	80	1.2%	14.2%
Service station gaming machine	32	0.5%	5.7%
Lottery (other)	27	0.4%	4.8%
Private/organised games	7	0.1%	1.2%
Private members club			
Poker	7	0.1%	58.3%
Gaming Machine	3	0.0%	25.0%
Other card games	1	0.0%	8.3%
Other	1	0.0%	8.3%
Other Location	163	2.5%	
Total	6575	100.0%	
Missing	169		
Total gamblers	6744		

6.5.3 Gambling history

Where known, a majority of gamblers (59%) had experienced an early big win in their gambling career. Among those providing a response to the question 11% had suffered a job loss as a result of their gambling and 27% had suffered a relationship loss through their gambling.

About one quarter of gamblers (27%) had no debt due to gambling at the time of assessment (Table 10). However, 26% had debts up to £5,000 and 47% had debts over £5,000, were bankrupt or were in an Individual Voluntary Arrangement (IVA).

	N	%
No debt	1724	27.4
Under £5,000	1610	25.6
£5,000-£9,999	815	12.9
£10,000-£14,999	504	8.0
£15,000-£19,999	423	6.7
£20,000-£99,999	1032	16.4
£100,000 or more	79	1.3
Bankruptcy	40	.6
In an IVA	68	1.1
Total	6295	100.0
Missing	449	6.7
Total gamblers	6744	

Table 10 Debt due to gambling

There was no clear relationship between the type of gambling activities reported and reports of an early big win. Use of bookmakers was more common among those reporting a loss of relationship through gambling (52% compared to 39%), whereas use of online services was more common among those who reported no loss of relationship (68% compared to 61%). Similarly, bookmakers (58% compared to 41%) and casinos (13% compared to 8%) were more commonly used by those who had suffered job loss through gambling, whereas on-line services were more commonly used by those with no job loss (68% compared to 55%).

On average (median) gamblers reported problem gambling starting at the age of 24 years, although this was highly variable, ranging from 10 to 80 years old. Three quarters reported problem gambling starting by the age of 32 years and one quarter by the age of 19 years. At the point of presentation to gambling services, gamblers had been (problem) gambling for an average (median) of 10 years. Again, this was highly variable, ranging from one month to 60 years.

6.5.4 Money spent on gambling

Gamblers reported spending an average (median) of £100 per gambling day in the previous 30 days before assessment. As some gamblers spent at considerably higher levels, the mean value is greater at £493 per day. The majority (52%) spent up to £100 per gambling day in the previous 30 days before assessment (Table 11), 16% spent between £100 and £200, 19% spent between £200 and £500 and 13% spent over £500.

	N	%
Up to £100	3473	52.0
Up to £200	1075	16.1
Up to £300	561	8.4
Up to £400	230	3.4
Up to £500	476	7.1
Up to £1000	238	3.6
Up to £2000	391	5.9
Over £2000	230	3.4
Total	6674	100.0
Missing	70	1.0
Total gamblers	6744	

Table 11 Average spend on gambling days

In the preceding month, gamblers reported spending a median of $\pm 1,000$ and a mean of $\pm 2,048$ on gambling.

Just over one half (51%) of gamblers spent up to £1,000 in the preceding month, with 49% spending over £1,000 (Table 12). About a quarter of gamblers (26%) reported spending over £2,000 in the preceding month.

Table 12 Reported spend on gambling in month preceding treatment

	Ν	%
Up to £100	566	8.5
Up to £200	356	5.3
Up to £300	392	5.9
Up to £400	378	5.7
Up to £500	636	9.5
Up to £1000	928	13.9
Up to £2000	1693	25.4
Over £2000	1723	25.8
Total	6672	100.0
Missing	72	1.1
Total gamblers	6744	

Mean values and the range of spend differed considerably between those reporting different gambling types (Table 13), although that spend cannot be attributed specifically to those gambling types. Mean value of spend on gambling days was highest among those using casinos, online services and private members clubs. These means can be affected by outliers (extreme individual values) but the median values were also higher for casinos (£200) and private members clubs (£400). The median value among users of online services was similar to that of most other gambling types (£111 per gambling day). Average monthly spend was again elevated among those using casinos and private members clubs, but also among those using bookmakers and online services (and to a lesser extent, bingo halls), in a way not seen for average daily spend, suggesting that frequent use of these services contributes to a high monthly spend.

	Average s gambling		Spend in past month (£)			
	Mean	Median	Mean	Median		
Bookmakers	345	100	1534	100		
Bingo Hall	236	100	892	600		
Casino	1494	200	3373	1000		
Live Events	230	100	988	500		
Adult Entertainment Centre	203	100	921	500		
Family Entertainment Centre	184	100	690	500		
Pub	246	100	1279	675		
Online	597	111	2373	1000		
Miscellaneous	210	100	1170	600		
Private Members Club	1567	400	3867	1500		
Other	197	50	1285	450		

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

6.5.5 Gambling location by age

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

				A	.ge bands'	*			
	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Bookmakers	38.6%	41.1%	42.3%	42.4%	45.9%	46.8%	47.4%	51.9%	50.0%
Bingo Hall	0.7%	1.2%	1.1%	1.2%	1.5%	3.7%	1.9%	5.6%	7.9%
Casino	11.9%	8.8%	9.1%	9.2%	8.0%	7.0%	7.5%	8.6%	7.9%
Live Events	0.7%	0.3%	0.2%	0.4%	0.3%	0.4%	0.8%	0.4%	0.0%
Adult Entertainment Centre	2.4%	1.2%	1.7%	2.9%	6.4%	7.6%	5.4%	7.3%	7.3%
Family Entertainment Centre	0.8%	0.4%	0.2%	0.6%	0.3%	0.9%	1.6%	1.3%	1.2%
Pub	1.5%	2.5%	2.5%	3.5%	3.1%	2.0%	2.7%	2.1%	3.7%
Online	71.1%	73.6%	70.2%	68.1%	60.5%	55.3%	52.8%	42.5%	30.5%
Miscellaneous	7.2%	7.9%	8.9%	8.6%	8.5%	7.8%	10.8%	10.3%	11.0%
Private Members Club	0.1%	0.2%	0.1%	0.3%	0.0%	0.2%	0.3%	0.9%	0.0%
Other	5.1%	2.5%	2.9%	1.4%	1.7%	2.0%	0.3%	1.3%	1.2%
Total gamblers*	720	1490	1425	1036	590	459	371	233	164

Table 14 Gambling location by age group

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

6.5.6 Gambling location by gender

Compared to male gamblers, females were considerably less likely to use bookmakers (14% compared to 47%), casinos (6% compared to 10%) or pubs (1% compared to 3%) but more likely to use bingo halls (9% compared to 1%), adult entertainment centres (9% compared to 2%), family entertainment centres (2% compared to <1%) or miscellaneous activities (13% compared to 8%).

Table 15 Gambling location by gender

	Ма	ale	Fen	nale
	Number	%	Number	%
Bookmakers	2683	47.3%	128	14.4%
Bingo Hall	33	0.6%	77	8.7%
Casino	537	9.5%	50	5.6%
Live Events	23	0.4%	2	0.2%
Adult Entertainment Centre	131	2.3%	81	9.1%
Family Entertainment Centre	23	0.4%	15	1.7%
Pub	155	2.7%	12	1.4%
Online	3668	64.6%	657	74.0%
Miscellaneous	446	7.9%	116	13.1%
Private Members Club	11	0.2%	1	0.1%
Other	157	2.8%	6	0.7%
Total gamblers*	5675		888	

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

6.5.7 Gambling location by ethnic group

Some considerable differences were evident between the gambling locations reported by different ethnic groups (Table 16). Compared to White or White British gamblers, those who identified as Black or Black British were more likely to use bookmakers (63% compared to 41%) or casinos (19% compared to 7%). Those who identified as Asian or Asian British were also more likely than White or White British gamblers to use bookmakers (55%) or casinos (32%). Overall those who identified as Black or Black British were the most likely to use bookmakers and the least likely to use online services, whereas those who identified as Asian or Asian British were the most likely to use casinos.

	White or White British			Black or Black British		n or British	Mixed		
	N	%	Ν	%	N	%	N	%	
Bookmakers	2428	41.4%	105	62.9%	173	55.4%	54	46.2%	
Bingo Hall	102	1.7%	3	1.8%	1	55.4%	3	2.6%	
Casino	414	7.1%	31	18.6%	99	0.3%	22	18.8%	
Live Events	22	0.4%	0	0.0%	1	31.7%	2	1.7%	
Adult Entertainment Centre	195	3.3%	8	4.8%	5	0.3%	2	1.7%	
Family Entertainment Centre	33	0.6%	1	0.6%	1	1.6%	1	0.9%	
Pub	166	2.8%	1	0.6%	1	0.3%	0	0.0%	
Online	3988	67.9%	63	37.7%	155	0.3%	66	56.4%	
Miscellaneous	518	8.8%	10	6.0%	15	49.7%	11	9.4%	
Private Members Club	9	0.2%	1	0.6%	2	4.8%	0	0.0%	
Other	2428	41.4%	105	62.9%	173	0.6%	54	46.2%	
Total gamblers*	5871		167		312		117		

Table 16 Gambling location by ethnic group

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

6.5.8 Gambling type by relationship status

Gamblers defined as not in a relationship ('divorced', 'separated', 'single') were more likely to report use of bookmakers (46%), casinos (12%) and adult entertainment centres (5%) (Table 17). Those in a relationship or married were more likely to use on-line services (71%). Those who are divorced were more likely than those with any other relationship status to report bingo hall activity (6%) and the least likely to use online services (53%).

	Divo	rced	Sepa	rated	Single		In a rela	tionship	Mar	ried
	N	%	Ν	%	Ν	%	Ν	%	Ν	%
Bookmakers	51	45.1%	111	44.2%	897	46.1%	1017	41.6%	683	40.4%
Bingo Hall	7	6.2%	5	2.0%	41	2.1%	29	1.2%	23	1.4%
Casino	14	12.4%	26	10.4%	229	11.8%	183	7.5%	123	7.3%
Live Events	0	0.0%	1	0.4%	8	0.4%	8	0.3%	8	0.5%
Adult Entertainment Centre	5	4.4%	9	3.6%	96	4.9%	54	2.2%	40	2.4%
Family Entertainment Centre	2	1.8%	3	1.2%	12	0.6%	13	0.5%	7	0.4%
Pub	2	1.8%	4	1.6%	61	3.1%	61	2.5%	40	2.4%
Online	60	53.1%	163	64.9%	1117	57.4%	1775	72.5%	1146	67.8%
Miscellaneous	8	7.1%	26	10.4%	186	9.6%	189	7.7%	143	8.5%
Private Members Club	0	0.0%	1	0.4%	3	0.2%	3	0.1%	5	0.3%
Other	2	1.8%	3	1.2%	73	3.8%	52	2.1%	27	1.6%
Total gamblers*	113		251		1945	55.4%	2447		1691	

Table 17 Gambling type by relationship status

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

6.5.9 Gambling type by employment status

Bookmakers were the most commonly reported point of access (Table 18) for those defined as unemployed (54%) or unable to work through illness (48%). On-line services were the most commonly reported for the employed (70%) and students (78%). Use of bingo halls (4%), adult entertainment centres (10%), family entertainment centres (3%) and miscellaneous activities (15%) was noticeably higher among those defined as unable to work through illness. Use of casinos (21%) was noticeably higher among students.

	Employed		Unem	Unemployed		Student		Unable to work through illness	
	N	%	N	%	N	%	N	%	
Bookmakers	2152	41.6%	293	53.5%	32	27.6%	220	47.8%	
Bingo Hall	56	1.1%	15	2.7%	0	0.0%	18	3.9%	
Casino	440	8.5%	57	10.4%	24	20.7%	35	7.6%	
Live Events	19	0.4%	3	0.5%	1	0.9%	0	0.0%	
Adult Entertainment Centre	109	2.1%	30	5.5%	2	1.7%	46	10.0%	
Family Entertainment Centre	18	0.3%	4	0.7%	1	0.9%	12	2.6%	
Pub	121	2.3%	25	4.6%	2	1.7%	16	3.5%	
Online	3605	69.7%	277	50.5%	90	77.6%	213	46.3%	
Miscellaneous	401	7.7%	60	10.9%	3	2.6%	71	15.4%	
Private Members Club	9	0.2%	1	0.2%	0	0.0%	0	0.0%	
Other	132	2.6%	11	2.0%	1	0.9%	15	3.3%	
Total gamblers*	5175		548		116		460		

Table 18 Gambling type by employment status

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

7 Access to services

7.1 Source of referral into treatment

A clear majority of referrals (92%) were self-made. Primary health care (GP or other), mental health trusts, prisons and 'other services or agencies' accounted for 7% of referrals between them (Table 19). Other sources accounted for less than 2% of referrals in total.

	Gambling	clients	Other o	clients	Tot	al
-	N	%	N	%	N	%
Self-referral	6198	92.2%	821	88.3%	7019	91.7%
Other service or agency	164	2.4%	53	5.7%	217	2.8%
GP	116	1.7%	24	2.6%	140	1.8%
Prison	54	0.8%	21	2.3%	75	1.0%
Mental health NHS trust	59	0.9%	3	0.3%	62	0.8%
Other primary health care	53	0.8%	4	0.4%	57	0.7%
Probation service	20	0.3%	1	0.1%	21	0.3%
Police	15	0.2%	0	0.0%	15	0.2%
Social services	13	0.2%	1	0.1%	14	0.2%
Independent sector mental health services	12	0.2%	0	0.0%	12	0.2%
Carer	7	0.1%	0	0.0%	7	0.1%
Education service	4	0.1%	1	0.1%	5	0.1%
Other service or agency	4	0.1%	0	0.0%	4	0.1%
Employer	3	0.0%	0	0.0%	3	0.0%
Jobcentre plus	1	0.0%	1	0.1%	2	0.0%
A& E department	1	0.0%	0	0.0%	1	0.0%
Courts	1	0.0%	0	0.0%	1	0.0%
Jobcentre plus	0	0.0%	0	0.0%	0	0.0%
Drug misuse agency	0	0.0%	0	0.0%	0	0.0%
Asylum services	0	0.0%	0	0.0%	0	0.0%
Voluntary sector	0	0.0%	0	0.0%	0	0.0%
Court liaison and Diversion service	0	0.0%	0	0.0%	0	0.0%
Health visitor	0	0.0%	0	0.0%	0	0.0%
Total	6725	100.0%	930	100.0%	7655	100.0%
Missing	19		1		20	
Total clients	6744		931		7675	

7.2 Waiting times for first appointment

Waiting time was calculated as the time between referral date and first recorded appointment. For clients treated during 2018/19, 50% of clients were seen within three days and 75% within nine days. Waiting times for residential services were higher, with 50% of clients seen within just under four months (116 days) and 75% within five months (152 days).

8 Engagement

A total of 52,029 appointments were recorded for clients treated in 2018/19 (Table 20). This represents an average of between just under seven appointments per client. The majority of these (83%) were for the purpose of treatment, with 16% being for assessment.

	Gambling client		Other	client	То	Total		
	N	%	N	%	N	%		
Treatment	37973	84.0%	5189	77.3%	43162	83.1%		
Assessed	7178	15.9%	1036	15.4%	8214	15.8%		
Follow-up after treatment	21	0.0%	272	4.1%	293	0.6%		
Review only	14	0.0%	122	1.8%	136	0.3%		
Review and treatment	15	0.0%	80	1.2%	95	0.2%		
Other	1	0.0%	14	0.2%	15	0.0%		
Assessed and treatment	4	0.0%	1	0.0%	5	0.0%		
Total	45206	100.0%	6714	100.0%	51920	100.0%		

Table 20 Appointment purpose for clients treated in 2018-19

Most (85%) appointments were conducted on a face-to-face basis, although a substantial minority (15%) were conducted remotely by telephone or web camera. Most appointments (97%) were defined as counselling activity, with cognitive behavioural therapy (CBT) being conducted in 3% of appointments (Table 21).

Table 21 Interventions received at appointments in 2018/19

	Gambling client		Other	client	Total	
	Count	Column N %	Count	Column N %	Count	Column N%
Counselling	42868	96.3%	5312	100.0%	48180	96.7%
СВТ	1497	3.4%	0	0.0%	1497	3.0%
Other	152	0.3%	0	0.0%	152	0.3%
Psychotherapy	9	0.0%	0	0.0%	9	0.0%
Brief advice	5	0.0%	0	0.0%	5	0.0%
Residential Programme	0	0.0%	0	0.0%	0	0.0%
Total	44531	100.0%	5312	100.0%	49843	100.0%

8.1 Length of time in treatment

Among all those receiving and ending treatment within 2018/19, treatment lasted for an average (median) of 10 weeks. One quarter of clients received treatment for four weeks or less, half received treatment for between four and 15 weeks and one quarter received treatment for over 15 weeks. Treatment for clients other than gamblers was slightly shorter, with a median of 9 weeks. Treatment in residential centres was generally longer, lasting an average (median) of 14 weeks.

9 Treatment outcomes

Among clients treated within 2018/19, 1,583 (21%) were still in treatment at the end of March 2019, whereas 6,092 (79%) were discharged before the end of March 2019. Treatment outcomes are presented for those clients who were discharged in this period in order to represent their status at the end of treatment.

9.1 Treatment exit reasons

A majority of clients who were discharged within 2018/19 (69%) completed their scheduled treatment. However, one quarter (25%) dropped out of treatment before a scheduled endpoint. Much smaller proportions were either discharged early by agreement (4%) or referred on to another service (1%). Clients other than gamblers were more likely to complete treatment (79% compared to 68%) and less likely to drop out (16% compared to 26%).

	Gamblin	g clients	Other	clients	Total	
	N	%	N	%	N	%
Completed scheduled treatment	3635	68.1%	580	78.6%	4215	69.4%
Dropped out	1401	26.3%	116	15.7%	1517	25.0%
Discharged by agreement	196	3.7%	36	4.9%	232	3.8%
Referred on (Assessed & treated)	73	1.4%	5	0.7%	78	1.3%
Not known (Assessed only)	15	0.3%	0	0.0%	15	0.2%
Referred on (Assessed only)	12	0.2%	1	0.1%	13	0.2%
Not known (Assessed & treated)	1	0.0%	0	0.0%	1	0.0%
Deceased (Assessed & treated)	1	0.0%	0	0.0%	1	0.0%
Deceased (Assessed only)	1	0.0%	0	0.0%	1	0.0%
Total	5335	100.0%	738	100.0%	6073	100.0%
Missing	10		9		19	
Total clients	5345		747		6092	

Table 22 Reasons for treatment exit for clients treated within 2018/19

Some minor differences in discharge reason were noted between male and female clients, with female clients being slightly more likely to complete treatment (72% compared to 69%) and male clients being slightly more likely to drop out (26% compared to 22%).

Where numbers in individual categories allowed for realistic comparison, some differences in discharge reason by employment status were identified (Table 23). Those who were unemployed were considerably more likely than the average to drop out of treatment (37%) and less likely to complete treatment (56%). Those who were retired were the most likely to complete treatment (86%) with drop out being substantially less likely.

	Empl	oyed	Unemployed Student		Unable to work through illness		Retired			
	Ν	%	N	%	Ν	%	Ν	%	Ν	%
Discharged by agreement	179	3.8%	20	3.9%	2	1.8%	11	2.8%	4	3.2%
Referred on (Assessed only)	3	0.1%	0	0.0%	0	0.0%	7	1.8%	0	0.0%
Deceased (Assessed only)	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Completed scheduled treatment	3341	71.2%	289	56.2%	77	67.5%	257	65.4%	108	85.7%
Dropped out	1112	23.7%	192	37.4%	33	28.9%	110	28.0%	13	10.3%
Referred on (Treated)	53	1.1%	13	2.5%	2	1.8%	8	2.0%	1	0.8%
Deceased (Assessed & treated)	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	4690	100.0%	514	100.0%	114	100.0%	393	100.0%	126	100.0%

Table 23 Discharge reason by employment status

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

Clients who were not in a relationship were slightly more likely to drop out (28% compared to 23%). Completion rates were highest among those who were married (75%).

No clear difference in discharge reason was identified between different types of gambling activity.

9.2 Severity scores

9.2.1 Baseline severity scores

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

PGSI

The PGSI is a validated tool¹⁷ used in the Health Survey for England, Scottish Health Survey and the Welsh Problem Gambling Survey (Appendix 10.2). The PGSI consists of nine items and each item is assessed on a four-point scale, giving a total score of between zero and 27 points.

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

At the earliest known appointment for gamblers treated during 2018/19, PGSI score was recorded for 92% of gamblers. Among these (see Table 24), the majority (96%) recorded a PGSI score of 8 or more and were defined as a problem gambler. Much smaller proportions were defined as moderate risk (3%), low risk (1%) or no risk (1%). Among those defined as a problem gambler, mean PGSI score was 20, considerably higher than the minimum of eight for this category.

¹⁷ PGSI is a validated population level screening tool. It should be noted that the PGSI was not designed as a clinical tool, nor as an outcome measure for treatment. PGSI cannot be directly interpreted as a benchmark of treatment effectiveness, as longerterm outcomes are not captured. However, in the absence of a widely agreed clinical measure, the PGSI provides an internationally recognised indicator of gambling harm.

	N	%
No problem	36	0.6
Low risk	36	0.6
Moderate risk	174	2.8
Problem gambler	5952	96.0
Total	6198	100.0
Missing	546	18.2
Total gamblers	6744	

Table 24 PGSI category of severity at earliest appointment

CORE-10

The CORE-10 is a short 10 item questionnaire covering the following items: Anxiety (2 items), depression (2 items), trauma (1 item), physical problems (1 item), functioning (3 items – day to day, close relationships, social relationships) and risk to self (1 item). The measure has 6 high intensity/severity and 4 low intensity/severity items, which are individually scored on a 0 to 4 scale. A score of 40 (the maximum) would be classed as severe distress, 25 = moderate to severe, 20 = moderate, 15 = mild, with 10 or under below the clinical cut off (Appendix 10.3).

At the earliest known appointment for clients treated during 2018/19, CORE-10 score was recorded for 93% of clients. Among these, clients were spread relatively evenly across the categories of severity (see Table 25) with around one fifth of clients scoring as severe (22%), moderate-to-severe (20%), moderate (22%) or mild (21%) and 15% scoring below clinical cut-off. Clients other than gamblers were less likely to score as severe (17%).

	Gambling client		Other	client	Total		
	Count	Column N %	Count	Column N %	Count	Column N %	
Below clinical cut-off	916	14.7%	160	18.2%	1076	15.1%	
Mild	1290	20.7%	205	23.4%	1495	21.0%	
Moderate	1367	21.9%	197	22.5%	1564	22.0%	
Moderate severe	1284	20.6%	170	19.4%	1454	20.4%	
Severe	1389	22.2%	145	16.5%	1534	21.5%	
Total	6246	100.0%	877	100.0%	7123	100.0%	
Missing	498		54		552		
Total clients	6744		931		7675		

9.2.2 Change in severity of scores

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

9.2.2.1 PGSI

Changes in PGSI score were calculated for clients who ended treatment before the end of March 2019 (see section 8.1). Between earliest and latest appointment within treatment where PGSI scores were recorded, clients improved, on average (median), by a score of 13 points on the PGSI scale.

Table 26 summarises the direction of change in PGSI scores with the majority (78%) improving between start and end of treatment, around one fifth (18%) showing no change and a small minority (3%) recording a higher score of severity at latest appointment compared to earliest. Gamblers were most likely (36%) to improve by 10-18 points, with a further quarter (27%) improving by 20-27 points.

Table 27 shows these changes in PGSI score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for the majority (92%).

	N	%
Improved by 20- 27 points	1434	27.0
Improved by 10- 18 points	1901	35.8
Improved by 1- 9 points	820	15.5
No Change	972	18.3
Increased: 1 to 9 points	174	3.3
Increased: 10 to 18 points	6	.1
Total	5307	100.0
Missing	38	
Total	5345	

Table 26 Changes in PGSI score between earliest and latest appointments

	Worse		No ch	nange	Better	
	Count	Row N %	Count	Row N %	Count	Row N %
Discharged by agreement	0	0.0%	186	99.5%	1	0.5%
Referred on (Assessed only)	0	0.0%	8	100.0%	0	0.0%
Deceased (Assessed only)	0	0.0%	1	100.0%	0	0.0%
Completed scheduled treatment	91	2.5%	141	3.9%	3395	93.6%
Dropped out	79	5.7%	605	43.6%	703	50.7%
Referred on (Assessed & treated)	10	13.7%	16	21.9%	47	64.4%
Deceased (Assessed & treated)	0	0.0%	1	100.0%	0	0.0%
Not known (Assessed only)	0	0.0%	12	100.0%	0	0.0%
Not known (Assessed & treated)	0	0.0%	0	0.0%	1	100.0%

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

Table 28 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 24. At this point a much smaller proportion of clients (39%) were still classed as problem gamblers by their PGSI score¹⁸. Around a quarter of gamblers (25%) were now defined as 'non-problem', with the remainder defined at either low (16%) or moderate (21%) risk.

Table 28 Latest PGSI category of severity recorded within treatment

	N. Clients	%
Non-problem	1312	24.7
Low risk	822	15.5
Moderate risk	1108	20.9
Problem gambler	2065	38.9
Total	5307	100.0
Missing	38	11.1
Total	5345	

Figure 2 shows the status at the last recorded assessment within treatment for those defined as problem gamblers when treatment started. Approximately 60% of clients were no longer defined as problem gamblers at this stage, with one quarter now being defined as 'non-problem'. For those completing treatment, 76% were no longer defined as problem gamblers at this stage, with 36% being defined as 'non-problem'.

¹⁸ As the criteria for PGSI classification as a 'problem gambler' is a score within the range of between 8 and 27, many clients still classified as such at the end of a specific treatment episode will still have experienced a reduction in PGSI score, although not one sufficient to remove them from this category.

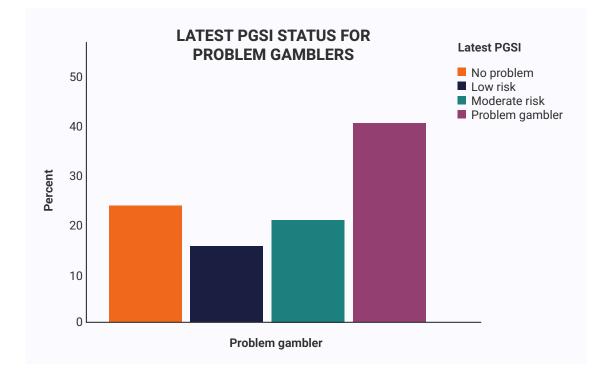


Figure 2 Latest PGSI status for clients assessed as problem gamblers at treatment start

9.2.2.2 CORE-10

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

Table 29 summarises the direction of change in CORE-10 scores with the majority (73%) improving within treatment, but with 19% showing no change and a small minority (8%) recording a higher score of severity at their latest appointment compared to the earliest. Most improvement recorded (62%) was between one and 20 points. Gamblers were more likely than other clients to improve by more than 20 points (12% compared to 7%).

Table 30 shows these changes in CORE-10 score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for the majority (87%).

	Gambling clients		Other	clients	Total	
	N	%	N	%	N	%
Improved by 31-40 points	64	1.2%	1	0.1%	65	1.1%
Improved by 21-30 points	568	10.7%	50	6.7%	618	10.2%
Improved by 11-20 points	1524	28.7%	210	28.3%	1734	28.6%
Improved by 1-10 points	1721	32.4%	299	40.2%	2020	33.3%
No Change	1031	19.4%	119	16.0%	1150	19.0%
Increased by 1-10 points	375	7.1%	55	7.4%	430	7.1%
Increased by 11-20 points	30	0.6%	8	1.1%	38	0.6%
Increased by 21-30 points	4	0.1%	1	0.1%	5	0.1%
Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	5317	100.0%	743	100.0%	6060	100.0%

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

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

	Became worse		No ch	nange	Improved	
	N	%	N	%	N	%
Discharged by agreement	1	0.5%	220	99.5%	0	0.0%
Referred on (Assessed only)	0	0.0%	9	100.0%	0	0.0%
Deceased (Assessed only)	0	0.0%	1	100.0%	0	0.0%
Completed scheduled treatment	303	7.2%	239	5.7%	3669	87.1%
Dropped out	151	10.0%	654	43.4%	702	46.6%
Referred on (treated)	17	21.8%	12	15.4%	49	62.8%
Deceased (Assessed & treated)	1	100.0%	0	0.0%	0	0.0%
Not known (Assessed only)	0	0.0%	12	100.0%	0	0.0%
Not known (Assessed & treated)	0	0.0%	0	0.0%	1	100.0%

Table 31 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 25. At this point a smaller proportion of clients (6%) were still classed as 'severe'. A majority of clients (55%) were now defined as 'below clinical cut-off', with the majority of remainder defined at either 'mild' (20%) or 'moderate' (12%).

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

	Gambling clients		Other	clients	Total	
	N	%	N	%	N	%
Below clinical cut-off	2900	54.5%	428	57.6%	3328	54.9%
Mild	1047	19.7%	150	20.2%	1197	19.8%
Moderate	616	11.6%	78	10.5%	694	11.5%
Moderate severe	405	7.6%	58	7.8%	463	7.6%
Severe	349	6.6%	29	3.9%	378	6.2%
Total	5317	100.0%	743	100.0%	6060	100.0%
Missing	28		4		32	
Total clients	5345		747		6092	

10 Trends

10.1 Trends in numbers in treatment

Table 32 shows that the number of clients treated in a given year has varied since 2015/16, being at its highest so far in 2017/18 at 8,219.

Table 32 Trends in number of clients treated in the year - 2015/16 to 2018/19

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

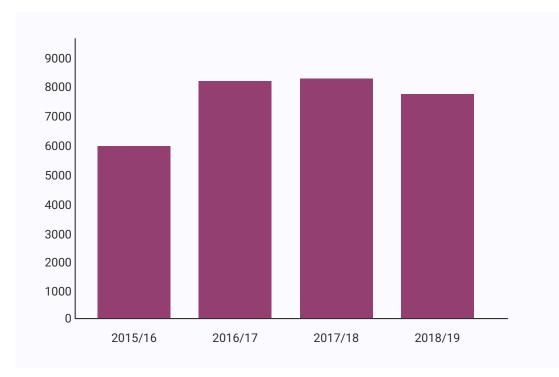




Table 33 shows that the number of referrals received in a given year (including those that do not result in treatment) fluctuated since 2015/16, peaking in 2016/17.

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

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

Gambling services provide a point of contact and support both for problem gamblers and by those affected by another's gambling. Table 34 shows that the proportion of clients seeking help due to another individual's gambling has increased slightly from 10% in 2015/16 to 11% in 2018/19.

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

Table 34 Trends in reason for referral – 2015/16 to 2018/19

10.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2018/19 (Table 35) has been the increase in the proportion reporting use of online gambling services (rising from 57% to 66%) alongside the reduction in the proportion using bookmakers (falling from 56% to 43%). Other gambling types remained relatively stable, although there was some indication of a reduction in use of casinos (from 12% to 9%).

	201	5/16	201	5/17	2017	7/18	2018/19	
	N	%	N	%	N	%	N	%
Bookmakers	2858	56.1%	3564	50.7%	3219	45.5%	2817	42.8%
Bingo Hall	101	2.0%	120	1.7%	114	1.6%	110	1.7%
Casino	614	12.1%	776	11.0%	680	9.6%	589	9.0%
Live Events	45	0.9%	44	0.6%	32	0.5%	25	0.4%
Adult Entertainment Centre	197	3.9%	265	3.8%	245	3.5%	212	3.2%
Family Entertainment Centre	62	1.2%	51	0.7%	48	0.7%	38	0.6%
Pub	213	4.2%	234	3.3%	197	2.8%	170	2.6%
Online	2890	56.8%	4214	59.9%	4666	66.0%	4331	65.9%
Miscellaneous	604	11.9%	777	11.1%	619	8.8%	562	8.5%
Private Members Club	12	0.2%	10	0.1%	13	0.2%	12	0.2%
Other	104	2.0%	143	2.0%	155	2.2%	163	2.5%
Total Clients	5288		7293		7337		6744	

Table 35 Trends in gambling locations - 2015/16 to 2018/19

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

	2015	5/16	2016	5/17	2017	7/18	2018	3/19
	N	%	N	%	N	%	Ν	%
Bookmakers- Horses	701	13.8%	820	11.7%	705	10.0%	570	8.7%
Bookmakers- Dogs	238	4.7%	278	4.0%	263	3.7%	154	2.3%
Bookmakers- Sports or other event	714	14.0%	902	12.8%	803	11.4%	708	10.8%
Bookmakers- Gaming Machine (FOBT)	1848	36.3%	2266	32.2%	2056	29.1%	1735	26.4%
Casino- Poker	80	1.6%	92	1.3%	70	1.0%	55	0.8%
Casino- Other card games	116	2.3%	157	2.2%	125	1.8%	96	1.5%
Casino- Roulette	404	7.9%	508	7.2%	419	5.9%	373	5.7%
Casino- Gaming Machine (other)	81	1.6%	106	1.5%	105	1.5%	99	1.5%
Casino- Gaming Machine (FOBT)	32	0.6%	35	0.5%	24	0.3%	25	0.4%
Online- Horses	452	8.9%	697	9.9%	719	10.2%	626	9.5%
Online- Other	173	3.4%	232	3.3%	225	3.2%	239	3.6%
Online- Sports events	1059	20.8%	1512	21.5%	1740	24.6%	1637	24.9%
Online- Bingo	159	3.1%	164	2.3%	163	2.3%	126	1.9%
Online- Poker	184	3.6%	240	3.4%	236	3.3%	171	2.6%
Online- Casino (table games)	908	17.8%	1323	18.8%	1429	20.2%	1311	19.9%
Online- Casino (slots)	839	16.5%	1285	18.3%	1590	22.5%	1458	22.2%

Table 36 Trends in selected individual gambling activities - 2015/16 to 2018/19

10.3 Trends in exit reasons

Grouped by year of treatment, Table 37 shows a number of positive trends with increases in the proportion of clients completing scheduled treatment (from 59% to 69%), alongside a decrease in the proportion dropping out of treatment (from 36% to 25%).

Table 37 Trends in exit reason - 2015/16 to 2018/19

	2015/16		201	2016/17		2017/18		2018/19	
	N	%	N	%	N	%	N	%	
Discharged by agreement	136	3.2%	251	3.9%	297	4.5%	231	3.8%	
Completed scheduled treatment	2513	58.5%	3943	61.7%	4165	62.7%	4215	69.4%	
Dropped out	1515	35.3%	1976	30.9%	1989	29.9%	1517	25.0%	
Referred on (Assessed only)	93	2.2%	180	2.8%	132	2.0%	92	1.5%	
Deceased (Assessed only)	1	0.0%	0	0.0%	2	0.0%	2	0.0%	
Total Clients	5909		8133		8219		7675		

10.4 Trends in client characteristics

Table 38 shows an overall small increase in the proportion of clients who are female, rising from 19% in 2015/16 to 21% in 2018/19.

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

Table 38 Trends in gender - 2015/16 to 2018/19

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

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

Table 39 Trends in ethnicity - 2015/16 to 2018/19

	2015/16		201	2016/17		2017/18		8/19
	N	%	N	%	Ν	%	Ν	%
White or White British	5272	90.6%	7264	90.2%	7361	90.4%	6800	89.7%
Black or Black British	127	2.2%	190	2.4%	146	1.8%	188	2.5%
Asian or Asian British	260	4.5%	368	4.6%	375	4.6%	373	4.9%
Mixed	96	1.6%	132	1.6%	144	1.8%	137	1.8%
Other	64	1.1%	95	1.2%	116	1.4%	87	1.1%
Not known/Missing	90		84		77		90	
Total Clients	5909		8133		8219		7675	

Table 40 shows that no clear trends in employment status are observable within this time period. The only consistent change has been the decrease in the proportion of clients reported as 'student'.

Table 40 Trends in employment status - 2015/16 to 2018/19

	2015	2015/16		5/17	2017/18		2018/19	
	N	%	N	%	N	%	N	%
Employed	4375	75.8%	6254	77.9%	6436	79.3%	5926	78.1%
Unemployed	572	9.9%	708	8.8%	655	8.1%	640	8.4%
Student	149	2.6%	161	2.0%	168	2.1%	141	1.9%
Unable to work through illness	346	6.0%	470	5.9%	481	5.9%	501	6.6%
Homemaker	112	1.9%	138	1.7%	130	1.6%	147	1.9%
Not seeking work	10	0.2%	23	0.3%	17	0.2%	20	0.3%
Prison-care	60	1.0%	74	0.9%	20	0.2%	39	0.5%
Volunteer	21	0.4%	28	0.3%	15	0.2%	12	0.2%
Retired	126	2.2%	176	2.2%	191	2.4%	160	2.1%
Not known/Missing	138		101		106		89	
Total	5909		8133		8219		7675	

11 Appendices

11.1 DRF data items

11.1.1 Person Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	Μ	-
X2	Provider code	Μ	-
Х3	Date of Birth (MMYY)	Μ	-
P1	Gender	Μ	P-A
P2	Postcode	R	-
P3	Socio-economic indicator	R	P-B
P4	Relationship status	R	P-C
P5	Ethnic background	R	P-D
P6	Additional Client Diagnosis	R	P-E

11.1.1.1 Person Table Codes

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

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

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

P-D Ethnic background		
Α	White British	
В	White Irish	
С	White European	
D	White Other	
E	Black, Black British: African	
F	Black, Black British: Caribbean	
G	Black, Black British: Other	
н	Asian, Asian British: Bangladeshi	
J	Asian, Asian British: Indian	
К	Asian, Asian British: Pakistani	
L	Asian, Asian British: Chinese	
М	Asian, Asian British: Other	
Ν	Mixed: White and Asian	
Р	Mixed, White and Black African	
R	Mixed: White and Black Caribbean	
S	Mixed: Other	
Z	Any other ethnic group	

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

11.1.2 Gambling History Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	Μ	-
X2	Provider code	М	-
Х3	Date of Birth (MMYY)	М	-
G1	Gambling activity/ies	Μ	G-A
G2	Gambling location(s)	Μ	G-B
G3	Length of time gambling	М	-
G4	Job loss through gambling	R	G-C
G5	Relationship loss through gambling	R	G-D
G6	Age of problem gambling onset	М	-
G7	Early big win	R	G-E
G8	Debt due to gambling	R	G-F
G9	Time spent gambling	R	G-G
G10	Money spent gambling	R	G-H

11.1.2.1 Gambling History Codes

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

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

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

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

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

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

11.1.3 Referral Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	Μ	-
X2	Provider code	М	-
Х3	Date of Birth (MMYY)	М	-
R1	Referral Source	Μ	R-A
R2	Date referral received	Μ	-
R3	Referral acceptance indicator	М	R-B
R4	Referral reason	Μ	R-C
R5	Recurrence indicator	R	R-D
R6	End reason	R	R-E
R7	End date	R	-

11.1.3.1 Referral Codes

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

R-B Referral acceptance indicator			
1	Yes		
2	No		

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

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

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

11.1.4 Appointment Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	М	-
X2	Provider code	М	-
Х3	Date of Birth (MMYY)	М	-
A1	Appointment date	М	-
A2	Unique caregiver code	R	-
A3	Attendance	М	A-A
A4	Contact duration	R	-
A5	Appointment purpose	R	A-B
A6	Appointment medium	R	A-C
A7	Intervention given	М	A-D
A8	PGSI score	R	-
A9	CORE-10 score	М	-

11.1.4.1 Appointment Codes

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

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

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

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

11.2 Problem Gambling Severity Index (PGSI)

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

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

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

When used as a population screening tool, the typical reference period used for the questions is "the past 12 months". Within treatment settings, the scale is usually adjusted by providers so that clients are asked about their behaviour since their appointment, or in the past two weeks¹⁹.

The nine items are as listed below:

Thinking about the last [TIMEFRAME]...

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

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

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

¹⁹ The consistency of the timeframe asked about by providers has been noted as a potential area for methodological improvement in the collection of DRF submissions.

11.3 CORE-10

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

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

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

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

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

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



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About ViewItUK:

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

About GambleAware:

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

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