

# Gambling and Homelessness: Developing an information sheet, screening tool and resource sheet



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## EXECUTIVE SUMMARY

The primary aims of this research were to further our understanding of the relationship between gambling and homelessness, and to develop three instruments; an information sheet to assist homeless practitioners in understanding and identifying gambling problems, a screening tool to assist in screening for gambling problems, and a resource sheet to provide information to those who are identified as being at least at risk of gambling problems.

Although a few methodological difficulties were encountered throughout initial recruitment, 19 initial interviews were conducted, which in conjunction with existing gambling literature, contributed to the initial development of the three documents. These documents were assessed through cognitive interviewing of both homeless practitioners and gambling and non-gambling homeless individuals. Following feedback and recommendations from the cognitive interviews, the documents were subsequently adjusted accordingly.

The final documents are:

- An information sheet
- The Lincoln Homelessness and Gambling Scale (L-HAGS) Screening Tool
- Resource Sheet

The three documents produced, the information sheet, The Lincoln Homelessness and Gambling Scale (L-HAGS), and the resource sheet achieve the primary aims of the research.

These instruments require further large-scale validation and evaluation, and offer potential for extension and future development:

- Suggestions are made for assessment and validation to develop the L-HAGS from a tool proficient in identifying potential at risk individuals, to a tool with the capacity to measure disordered gambling prevalence in the homeless community.
- The potential for taking a database and search capacity online is discussed.

## 1 INTRODUCTION

### 1.1 HOMELESSNESS

Homelessness is a growing social problem in the UK, with both the numbers of people affected and the contributing factors constantly evolving. Homelessness has often been linked with poor mental health; existing research in the homeless has revealed elevated levels of mental health problems (Scott, 1993), drug and alcohol abuse (Wincup *et al*, 2003; Neale, 2001), depression and loneliness (Summerlin, 1995), and exposure to negative life events, including early childhood maltreatment (Torchalla *et al*, 2013).

### 1.2 HOMELESSNESS IN NUMBERS

Quantifying the numbers of homeless in the UK can prove challenging, due to the transient, and often hidden and undetectable nature of this specific group, however, this is a task undertaken periodically by Local Authorities. Figures collated by Homeless Link estimate that on any one night in autumn 2016, over 4000 people were thought to be sleeping rough. Although this may not seem to be an extraordinarily high number of people, this figure represents merely those at the very extreme end of the homelessness spectrum, those individuals with nowhere to sleep. This number also represents a 16% increase from autumn 2015, and a 134% increase from the same period in 2010. The steepest increase was seen in the East of England, however the largest numbers of homeless found in a single region was observed in London (Homeless Link, 2017a).

A more numerate category of homelessness is statutory homelessness. A status of statutory homelessness is granted upon application by a local authority if the household is considered to not have a legal right to occupy premises that is accessible, available and safe and secure. In the first quarter of 2017, local authorities received over 28,400 homelessness applications; over 14,500 households were accepted as statutory homeless, an increase on the previous quarter. As of the end of the quarter (March 31<sup>st</sup>), the number of households in temporary accommodation was over 77,000. This figure represents an increase of 8% on the previous year, and a 61% increase since 2010 (DCLG, 2017).

The final, and perhaps most challenging group to estimate instances is the hidden homeless. This group represents those individuals that have no place of their own, but avoid living in the streets or in temporary accommodation by either squatting, sofa surfing, or staying with friends and family. Research from Crisis found that of 2000 homeless single UK adults polled, on the night of the survey, as many as 62% were hidden homeless. Furthermore, as many as 92% had experienced lifetime hidden homelessness, and would not be captured by official figures (Reeves, 2011). Therefore, estimating how many individuals and households would fall in to the category of hidden homeless is almost impossible to estimate.

### 1.3 CONTRIBUTING FACTORS

Homelessness is a complex phenomenon, with many instances being the result of a multifaceted myriad of interwoven factors. Circumstance and events that can contribute to an individual or family experiencing homelessness can range from person-specific events and behaviours, to institutional and governmental policies beyond the sphere of control of the individual.

A recent study revealed relationship breakdown as the most commonly identified reason for homelessness, although the reason behind the relationship breakdown was not explored further. Other commonly identified factors include drug and alcohol problems, being asked to leave the

family home (differentiated from relationship breakdown), and leaving an institutional environment such as prison. Job loss, mental health problems and domestic violence were also commonly identified contributing factors, alongside eviction and problems with benefit payments (Shelter, 2017)

#### 1.4 GAMBLING

Gambling is popular pastime, with a large proportion of the UK adult population engaging in a variety of gambling behaviour, ranging from high stakes casino gambling to a weekly line on the National Lottery. However, for some gamblers, what begins as something 'fun' can become a problem, leading to negative consequences including homelessness.

Using the Problem Gambling Severity Index (PGSI, Ferris & Wynne, 2001), the British Gambling Prevalence Survey (BGPS) found a rate of problem gambling of 0.7% in the UK, equating to approximately 360,000 adults (Wardle *et al* 2011). However, the BGPS is conducted via a postal survey to private residential addresses and consequently does not include a specific sub-groups thought to be vulnerable disordered gambling, including the homeless.

#### 1.5 HOMELESSNESS AND GAMBLING

Although substance problems are regularly cited as factors that are influential in causing homelessness, gambling is rarely specifically asked about when considering the contributory factors and causes of homelessness, despite contributing to family disagreements and relationship breakdown.

Gambling can also have a significantly greater financial impact on an individual's circumstance than substance problem, as a gambler can lose in minutes what it would take an alcoholic years to spend. However, gambling simultaneously offers the promise of a life changing reward, a way out of the problems caused by the gambling and beyond; the potential for change is fundamental to the appeal of gambling to individuals of lesser means.

#### 1.6 PREVIOUS RESEARCH

Elevated levels of disordered gambling have been recorded in homeless populations throughout North America; a recent Canadian study identified a pathological gambling prevalence of 25% in a community homeless service agency (Matheson *et al*, 2014), replicating previous studies (LePage *et al*, 2000; Nower *et al*, 2014). Qualitative studies have identified gambling as a contributing factor to homelessness in both Australia and Europe (Holdsworth & Tiyce, 2012, van Laere, 2009).

Despite international literature demonstrating an apparent vulnerability to problem gambling within the homeless population, until recently, research investigating gambling in this population had not been conducted in the UK.

However, recent research has indicated that gambling problems are also more prevalent in the homeless population than the general population, in the UK; results from the study demonstrated the vulnerability of the homeless population to gambling problems (Sharman *et al*, 2014). Using the PGSI to allow comparison to the general population figure from the BGPS, the study found an elevated level of problem gambling within a sample of the homeless population in London (11.6%), compared to the general population (0.7%).

When analysing the risk category distribution of the homeless individuals who registered any level of risk on the PGSI (i.e. a score of >0), a second pattern emerged; within the general population, the risk category distribution shows a downward stepwise trend, with prevalence decreasing as risk



increases. This pattern was also evident when only analysing the at-risk gamblers. However, within the homeless population, a different pattern emerges; the prevalence of problem gamblers is greater than the low risk or moderate risk categories, indicating that engagement with gambling tends to be minimal, or problematic.

A further study (Sharman *et al*, 2016) investigated the sequence of occurrences in the relationship between gambling and homelessness. The study found that gambling more commonly preceded homelessness; however, in a number of cases, gambling problems were only developed once an individual had become homeless. This result indicates that the relationship between gambling and homelessness is complex, and as such further research is required to understand this relationship.

### 1.7 PROVISION OF GAMBLING SERVICES

Our study also investigated the awareness and provision of treatment services for gambling problems amongst the homeless community, and found that both awareness and utilisation of treatment services for problem gambling were significantly lower than treatment services for substance disorders (Sharman *et al*, 2016). This highlights how there is very little treatment, education and prevention services in place for individuals who present with gambling problems in a homeless setting, despite problem gambling representing a significant risk behaviour.

A range of services are available to problem gamblers in the UK. This can include one to one counselling, online services and the National Gambling Helpline as provided by Gamcare. Cognitive Behavioural Therapy is offered in both one to one and group settings by the National Problem Gambling Clinic in London, whilst the Gordon Moody Association provides intensive residential treatment for gambling at two sites in the UK. Furthermore, localised services are provided by Gamcare, whilst Gambler's Anonymous (GA) offers a twelve-step self-help group support model as practiced by organisations such as Alcoholics Anonymous, and Narcotics Anonymous.

However, almost all of these services require recognition of this problem by the individual, and in most cases a referral from a third-party agency. For the homeless community, this recognition and referral are not always immediately apparent; consequently, most of these services are not always immediately viable options for homeless individuals. Therefore, harm minimisation options tailored specifically for this vulnerable population are extremely limited.

### 1.8 SUMMARY

Although the prevalence of gambling problems in the homeless community is higher than the general population in the UK, the relationship is complex. It is both misleading and over-simplifying to merely claim that gambling causes homelessness, as gambling problems can be both a factor that contributes to the onset of homelessness, and a behavioural problem that only manifests subsequent to the individual becoming homeless.

Although it should be noted some homeless services recognise and take steps to support those with gambling problems, the general lack of gambling specific services for this group should be of concern. It is apparent that homeless services in general have not been provided with the tools to either identify or support those with gambling issues.

The current project aimed to use both depth interviews with homeless gamblers, and cognitive interviews with homeless practitioners and members of the homeless community to develop both an information sheet and a cognition-based gambling screen to aid in identification and recognition of gambling problems in the homeless population, and a brief cognitive intervention to minimise the gambling-related harm experienced by homeless gamblers.

## 2 METHODOLOGY (INITIAL INTERVIEWS)

### 2.1 RECRUITMENT

Participants were recruited from a variety of different sources. Initial recruitment assistance was provided by member of the research advisory panel, comprised of individuals representing major UK homelessness charities, including Crisis, Shelter, Homeless Link and The Foyer Federation. Additionally, participants were recruited through direct communication with homeless shelters and day centres, and with the assistance of Local Authorities. Finally, in some cases, local Gamcare contacts provided the research team with contacts of individuals within the homeless field, to facilitate recruitment in areas where recruitment was proving to be more of a challenge than initially anticipated.

To ensure participants were recruited from all over the UK, and not just from London, homelessness services were contacted in a range of UK cities. Participants were recruited from services in Bristol, Newport (Wales), Brighton, London, Oxford, Manchester, Liverpool, Hull, Newcastle and Edinburgh.

Potential participants were identified within these services by two different approaches. In some services, usually the smaller, less hectic hostels, where key workers are able to form a longer-term, more comprehensive relationship with individuals, participants were usually identified as having issues with gambling prior to interview. The interviewer then travelled specifically to these services to meet with and interview the individuals at a pre-arranged time. For the larger, busier day centres, the researcher was invited in to the main room and introduced to groups of individuals in turn. The researcher explained the purpose of the research, and then asked anyone who would be interested in having a chat to come and talk to him at a later time, in private.

### 2.2 PARTICIPANTS

In total, 19 participants were recruited for a full interview (18 male). Of the 12 who gave their age, the youngest was 30, and the oldest 70 ( $M=49.3$ ,  $s.d.$  13.2). Participants had a range of current housing circumstance, ranging from rough sleeping to settled in private rented accommodation. The majority of participants were either staying in temporary or supported accommodation, or had a place at a hostel or a night shelter; only 2 participants were rough sleeping at point of interview, although it should be noted that most participants disclosed that they had experienced a period of rough sleeping at some point in their lives. The duration of a current homeless episode is often challenging to quantify, as individuals often describe drifting in and out of homelessness. For example, one participant had been at his current hostel for approximately 1 year, but had been sofa-surfing for 20 years prior to this. In the present study, the current homeless episodes described ranged from 6 weeks to 33 years, however the modal current episode was less than one year.

Eight participants were recruited from Day Centres, where they are able to receive hot food and drinks, engage in support groups, but do not sleep there; six participants were recruited in supported accommodation, where they sleep and receive support. Two participants were recruited through existing gambling support services, two were recruited independently, and one was recruited through a specific housing support service that was able to offer housing advice, but no further support.

The forms of gambling engaged in by participants varied, however Fixed Odds Betting Terminals (FOBTs) were the most commonly identified ( $n=9$ ). Horses and slot machines were also commonly identified. In line with previous work (Sharman *et al*, 2015), it appears forms of gambling that are found in bookmakers and arcades are the most common. Fourteen individuals reported that their

gambling problems came before any episodes of homelessness, whereas four only started gambling and therefore experienced gambling related harm after becoming homeless.

Eleven participants disclosed a current mental health disorder, with depression being the most common, followed by anxiety. Three participants disclosed significant physical health problems, and overall, ten participants reported currently taking prescribed medication, predominantly anti-depressants. Ten participants disclosed current alcohol consumption, although it should be noted that of the eight participants who did not drink, three were former alcoholics were currently either going through detox, or were in recovery. Three individuals disclosed current drug use; again, of the sixteen who said they did not use drugs, five were former self-labelled addicts that were currently in recovery. Ten participants named benefits as their primary source of income, three were employed, three received a pension, and two had no current income.

### 2.3 INTERVIEW PROCEDURE

All interviews were conducted by a single male researcher. Fourteen interviews were conducted within the offices or private spaces of the relevant homeless service, two interviews were conducted on the premises of a related gambling service; single interviews were conducted in a private space in a public library, a quiet space in a shopping centre, and one interview was conducted in the individuals own temporary accommodation. All participants identified as having problems with gambling.

Participants were given an information sheet explaining the nature and format of the research, the future aims and intentions of the work, and were given the opportunity to ask any questions. Participants then agreed to the interview being recorded, allowing the researcher to fully focus on interview techniques, rather than note taking.

The interviews were of a semi-structured nature. This allowed the researcher to ensure that the key areas of interest were covered, whilst also allowing the individual to lead the direction of some of the discussion, to cover areas that they considered important. Interviews followed a topic guide, roughly covering four major areas: about the individual, gambling behaviour, gambling cognitions, and treatment and support services. The topic guide was initially designed to cover areas of interest highlighted in previous research (Sharman *et al*, 2014, 2016), and to question behaviours, cognitions, and experiences relevant to the aims of the current work. The initial topic guide was sent to the advisory panel for comments and suggestions, resulting in a slight refining and streamlining of the document.

Interviews were designed to last approximately one hour, but in reality, ranged from 30 to 90 minutes, depending on the willingness and ability of the individual to talk about relevant experiences. Participants who completed a full interview were given a £20 high street shopping voucher, and were provided with a full debrief explaining how to withdraw data and details of local, potentially relevant support services.

Audio-recordings of the interviews were then transcribed, in preparation for analysis.

### 2.4 RECRUITMENT AND INTERVIEW DIFFICULTIES

Our previous research in this area, where approximately 11% of homeless individuals surveyed were categorised as problem gamblers (as indicated by the PGSI), indicated that recruiting individuals with gambling problems from homeless services, some who see over 200 people per day, would be a relatively straightforward task. However, there were a number of issues which meant that this was not the case:

- Many services simply had not considered gambling as a potential contributory factor to homelessness. Therefore, when conducting an initial needs assessment, gambling was not something that was routinely asked about, resulting in gambling problems going unrecorded.
- Identification of gambling problems by homeless services is hindered by a lack of spontaneous disclosure from the individuals. Due to the lack of obvious physiological symptoms apparent in substance misuse disorders, gambling problems are more easily hidden from a key worker, making identification of an undisclosed behavioural disorder more difficult.
- Furthermore, a number of misconceptions regarding gambling problems were apparent within these individuals that prevented open disclosure. Fundamental to this was the embarrassment and shame associated with gambling problems, meaning the individual did not believe their problem was anything that would be taken seriously, and even within the individual, gambling problems are often not viewed as seriously as substance misuse problems, despite the clear negative consequences.
- Additionally, some individuals were concerned that due to the financial nature of gambling, disclosure of any gambling problems would negatively impact on any applications for income support, and / or housing benefit. This concern represents a major barrier to open discussion of gambling problems.
- Homeless individuals often represent complex cases, and present with multiple problems. Due to a lack of information available to homeless services, in some cases even when a gambling problem was disclosed, the behaviour was not given appropriate attention, and was superseded by other comorbid mental and physical health disorders
- Within the interviews themselves, the researchers were faced with a number of complications that required careful management; homeless individuals, can by nature, be mistrusting of strangers, and outsiders. It was therefore essential individuals were able to see the trust placed in the researchers by their key workers, before any attempt could be made at rapport building, leading to a fruitful interview. Interviews often followed a similar pattern; the first 5-10 minutes of the interviews were at times tense, with the individual often wary and nervous, and almost conducting their own 'test' of the researcher's intentions. However, once this 'test' phase was complete, the individuals often opened up, and were willing and grateful to have the opportunity to talk to someone who was just there to listen to their (gambling related) problems.
- The researchers also had to be wary of malingerers; once words spread through day centres that the researchers were offering voucher payment for interviews, more people were suddenly interested in talking. This was something that had been anticipated by the researchers, and a short, informal pre-interview screening chat was conducted to establish the validity of the individuals gambling issues.
- Finally, the accurate description of their gambling problems relied completely on the individual's ability to accurately self-report and communicate thoughts and experiences; it became apparent in one interview that the individual was something of a fantasist, describing a Walter Mitty-esque life history. Whilst the information was not complete enough to fully validate or discount, the stories did become increasingly fantastic throughout the course of the interview. This interview was therefore discounted, and did not contribute to instrument development.

## 2.5 ETHICS

Ethical approval for the study was granted by the Lincoln School of Psychology Research Ethics Committee (SOPREC), reference number PSY1516150. Fully informed consent was gained from participants prior to interview commencement; participants were invited to read the study information sheet, or, if literacy was a problem, the researcher read the information to them. The individuals were then given the opportunity to ask any questions, and provided consent for the interview to be recorded.

The confidentiality and anonymity of the content of the interviews was stressed to the participants, as was the independence of the research from any homeless services the individual was accessing. Participants were also advised that they were free to not answer any questions, and to withdraw their data at any point up to two weeks after the interview.

Upon completion of the interviews, participants were provided with a location specific debrief document, providing details of local support services for gambling, alcohol and drug issues, as well as details of access to emotional and financial support. Information on how to withdraw data were also provided in the debrief.

### 3 INTERVIEWS – QUALITATIVE DATA

Interviews were designed to add some ‘expert by experience’ flesh to the bones of previous, basic statistical analysis, to allow a deeper understanding of the complex relationship between homelessness and gambling.

#### 3.1 DATA HANDLING AND ANALYSIS

With participant’s permission, the interviews were audio recorded. This allowed the researcher to focus more fully on what the individual was saying, rather taking pages of notes, or relying on memory. Interviews were then transcribed, and the original audio recordings were destroyed. All identifying information such as names, were removed from the transcripts.

As the participants were talking about their own experiences of the gambling, homelessness, and the relationship between the two, transcripts were analysed using Interpretative Phenomenological Analysis (IPA) (Smith, 1996). This process allowed the researchers to draw relevant themes out of the data, relevant not just to the development of the screening tool, but also to the structure and content of both the information sheet and the resource sheet.

#### 3.2 RESULTS

The interviews were predominantly split in to three sections: about the person, gambling behaviour, and help and support. Consequently, this analysis will focus on each interview section in turn, highlighting the consistent themes that were identified.

##### 3.2.1 ABOUT THE PERSON

Individuals interviewed in the current study often presented with complex life stories and case histories. It was relatively unusual for gambling to be the only issue faced; more commonly, the individual had co-occurring mental and physical health disorders, and were grappling with a range psychological issues.

###### *Childhood experience*

Almost all individuals, at some stage in the interview, referred to factors in their childhood that they felt were related not just to their gambling problems, but also to their wider difficulties. Some individuals offered remarkable insight in to the influence of those around them and their developmental environment on subsequent behaviour, both in childhood and adulthood. When asked about their first experience, or memories of gambling, many participants would refer to a childhood memory of gambling with family members, with activities ranging from small bets on the Grand National, to family outing to the pub or to a bingo hall, to card games at home, highlighting the influence of early exposure to gambling. Many of these memories were positive, framing initial exposure in a positive light.

Negative childhood experiences were varied; parental behaviour was commonly identified as an important factor, with individuals detailing disordered alcohol and drug use by their parents. Many individuals describe parental relationship difficulties leading to divorce and break-up of the nuclear family, whilst a number of individuals experienced either verbal, physical, or sexual abuse at the hands of family members. Family difficulties often led to the individuals spending significant amounts of time away from their natural family, including being placed within the care system. Some individuals identified how these early experiences generated trust issues that significantly

hinder their ability to form 'normal' relationships as adults, and instil a desire to rebel against authority.

However, it should also be noted that although significant negative childhood experiences were common amongst the sample, they were not identified in every interview. This could either be because the individual did not feel comfortable disclosing details, or that the individual did not experience any significant negative events in childhood.

#### *Adult experience*

Throughout the course of the interviews, individuals also identified a range of experiences in adulthood that had a significant impact on their current circumstance. Similar to childhood experiences, family and relationships were central to many of these events. Individuals disclosed fall-out with family members which resulted in loss of home, with gambling and the related deception often fundamental to these arguments. Individuals also identified gambling as a causal factor in relationship breakdown, which in turn led to the individual being asked to leave their home.

Many individuals were able to pinpoint a specific event that they believed acted as a trigger to difficulties experienced, often the death of a close family relative. Furthermore, many individuals disclosed suffering from depression, exacerbated by the lack of a support network due to alienation of friends and family. The majority of participants indicated that they had previously attempted suicide, however it should be noted that although there were cases where the suicide attempt was directly resulting from gambling difficulties, there were also instances where the attempt was the result of a number of cumulative factors. Overdose was the most common method of attempted suicide.

A familiar pattern to emerge was involvement with crime. This ranged from stealing the odd few pounds from Mum's purse to large scale drug dealing and armed robbery. Several participants had been to prison, some on multiple occasions. One consistent theme across many of the crimes described by participants that they believed the crime was justified as they had every intention of paying back the money, or replacing the items that they had stolen once the bet the money was funding had won.

### 3.2.2 GAMBLING BEHAVIOUR

#### *Reasons for gambling*

A common theme identified by individuals was the use of gambling as a coping mechanism often in relation to issues arising from a difficult childhood. Gambling was regularly described as an escape, from the difficulties faced by individuals such as mental and physical health issues, psychological distress, and the stark reality of their current life situation. One individual described how when gambling, he could make his problems disappear. This reason for gambling appears to be particularly pertinent to machine gamblers, who more commonly engage in this activity on their own, and who describe how gambling on a machine allows them to not really focus on reality. In contrast to the isolation and escapism offered by machine gambling, individuals identified some forms of gambling as offering a social element; this was particularly salient to those who gambled on horses, sharing tips and form with other gamblers, often providing an important source of human interaction for an otherwise isolated existence.

A further important motivation for gambling was financial. A recurrent theme across the interviews was the view of gambling as a legitimate income source, and as an opportunity to change your life in one day, or with one bet. Individuals describe seeing gambling as a change to escape from poverty,

with one individual reflecting when gambling he is 'paying for a dream'. This theme was consistent across those who gambled prior to becoming homeless, and those who only started gambling after they became homeless. Further reasons for gambling were offered across the interviews, including many individuals who indicated that gambling provided an alleviation of boredom, a break from the tedious monotony of days filled with nothing to do.

### *Cognitions regarding gambling*

Gamblers identified a range of cognitive distortions that were consistent across interviews. Many describe how once gambling, they were able to put previous losses out of their minds, and focus only on the potential for wins on the current day. Whilst statistically the likelihood of success in a game of chance on a given day is not related to success (or lack thereof) on a previous day, gamblers disclose how they think a win is 'due' if they have had a run 'bad luck', emphasising the warped belief that gambling is the solution to the individual's problems, not the cause.

Furthermore, machine gamblers talked about systems and strategies that they were convinced were going to bring them the life changing win; strategies ranged from a simple 'double up' to 'shop hopping', and fed in to the belief that today is going to be the 'lucky day'. Gamblers also described becoming fixated on an activity, and being able to see patterns that were not there, particularly when playing FOBT Roulette. Individuals describe losing all sense of the real world, how once in the 'gambling vibe', they become unable to think about anything but gambling, and lose the ability to think logically and rationally about their behaviour, and all inhibitions 'go out the window'.

Thinking about gambling post binge was also prevalent in the interviews. Gamblers describe ruminating on specific outcomes, demonstrating a form of cognitive regret, rueing what might have been. This was especially common amongst sports gamblers, who were able to rationalise loss in their own minds as bad luck, i.e. the horse didn't jump as well as the previous race, or the going was not as suitable to a particular horse as the forecast predicted. Although more common in sports gamblers, this pattern was also evident in FOBT gamblers, and even those who played the lottery. Gamblers described specific spins or draws where a significant number landed or was drawn (e.g. family members birthday, lucky number etc). This distortion allows the gamblers to convince themselves that any past outcome was in fact within their reach, reinforcing the belief that next time will be the one.

### *Feelings around gambling*

The feelings described by gamblers were both positive and negative. Several individuals describe the 'thrill' and the 'buzz' of a win. This seemed to be particularly strong amongst those who played poker, a feeling perhaps exacerbated by the additional element of the competitive nature of poker.

It is interesting to note that although many individuals described an overall feeling of powerlessness to stop gambling, it was rare for experiences of negative emotions to be described whilst the individual was engaged in gambling. Perhaps related to the use of gambling as an escape, it appears that gamblers do not experience, or at the very least do not acknowledge negative emotions until after the gambling has finished. Gamblers used strong terms to describe how they would feel post-gambling, such as 'ashamed', 'hate', 'self-loathing', and 'disgust'. Therefore, although gambling offered a temporary respite from real world problems, the negative emotion associated with a big loss only served to intensify the underlying emotional and practical real-world difficulties.

### *Gambling Behaviour*



Analysis of the discussions regarding gambling behaviour identified further consistent themes. Gamblers describe a repetitive pattern of behaviour, primarily revolving around payday, or a time when they are due to receive some money. Interviews reveal that payday is a highly stressful time for gamblers. It was not uncommon for gamblers to describe waiting until midnight, refreshing their balance, and then either depositing or heading to an ATM to start gambling instantly. Individuals describe how they paid no regard to future consequences; there was little thought paid to planning or budgeting, with all money heading straight in to the bookies' pockets.

Individuals also disclosed that winning was not particularly helpful, or useful. It was a familiar theme that if the gambler won, this merely encouraged more gambling at higher stakes. Most gamblers recalled that any winnings accrued would almost always be lost either within the same session, or within the next 24 hours. To some gamblers, when the feeling when the last penny was lost was actually a relief, as this signalled the end of the session, whereas further wins merely prolong the time spent until the end is reached. Almost all gamblers also describe chasing losses, always clinging to the hope that even the last pound can spark a recovery 'back to zero'; this hope contributes to the extreme behaviour of not stopping and 'cutting losses', but keeping on going until every last penny is gone.

Interestingly, in contrast to the commonly identified feeling of eternal optimism that today could be the day, when talking about thoughts regarding gambling, many individuals describe experiencing a sense of inevitability regarding gambling. The prospect of a life changing win evolved from expectation to hope, with the acceptance of eventual loss becoming a self-fulfilling prophecy that caused the individual to 'give up fighting'.

It is clear that gambling does not occur in a vacuum, and a range of other influencing factors emerged from the data. Although previously identified as a positive aspect, some components of the sociality regarding gambling have a negative influence. Individuals describe how they would often hear fellow gamblers talking about large wins, which in turn inspired them to keep gambling. However as disclosed by the gamblers themselves, nobody talks about losses; the only outcomes shared are wins, creating a false sense of win likelihood.

A consistent narrative within the interview transcripts was the influence of alcohol on gambling behaviour. Many gamblers describe how they would drink and gamble in bookmakers simultaneously, or cross between pub, street drinking, and the bookies. Individuals describe how alcohol loosens inhibitions and self-control. Over the course of a single day, gamblers reported how inebriation often occurs in parallel with loss chasing – with inhibitions relaxed by alcohol, more risky decisions are made, larger stakes are placed, and consequently more money is inevitably lost. An additional alcohol related factor not often considered is the effect on memory of the previous session; gamblers describe how memory of the latter part of gambling on a given day is often hazy at best, allowing the individual to shy away from the reality of the behaviour.

### 3.2.3 HELP AND SUPPORT

Awareness, provision and perception of existing support for gambling disorders from both the gambling industry and homeless services was both positive and negative. Some gamblers were aware of industry led player-protection schemes such as self-exclusion, had utilised such schemes (with varied success). Some homeless services, when approached, were able to respond effectively, signposting to a relevant service. Information relating to existing services (GA, GMA) that was properly and accurately communicated to individuals was generally well received.

However, a range of negative aspects regarding current support mechanisms were also identified. Posters and leaflets in bookmaker's shops were described as 'pointless' and a 'token gesture', as many individuals describe being too 'in the zone' and 'wrapped up in gambling' to pay any attention to this. Pop-up messages were also quickly dismissed as a gimmick, with the gamblers revealing they do not pay any attention to messages on the screen. Furthermore, within bookmaker's shops, the majority of participants reveal they had not been spoken to by shop staff. Those that had indicated that even if the shop staff asked if they should 'take a break', they still took the bet if the individual wanted to carry on gambling. Furthermore, one individual described how he would not expect the shop staff to approach him; he described himself as a known violent character, and questioned why the responsibility for stopping him gambling, and placing themselves in danger, rested with the shop staff.

Although some gamblers, and some homeless services were aware of support services, there was also a consistent lack of awareness of services identified. Individuals did not know where to turn, or what measures could be implemented to restrict gambling. This includes self-exclusion. Additionally, gamblers revealed that if and when they had approached homeless services regarding gambling problems, the response was mixed. Some services did not see gambling as important as other issues such as substance abuse problems, therefore did not prioritise gambling and did not have any information regarding gambling support services. Support for gambling problems was also hindered by the individual's own perception of gambling problems. Gamblers identified fear of negative reactions as a barrier to disclosure, as well as feeling a sense of shame and embarrassment of having no control over their behaviour, something one individual described as 'admitting a weakness'.

It should be noted that some gamblers were able to identify strategies both self-implemented and in partnership with homeless services that had proved effective. In many cases, gamblers describe just talking to someone, receiving acknowledgement that a gambling problem is something to be taken seriously, was a major first supportive step. One of the major themes identified was control of money – allowing someone else to have control of the individual's money or bank card, and restrict the cash flow to what was absolutely necessary for that day.

### 3.3 UNDERSTANDING GAMBLING AND HOMELESSNESS

Data gleaned from the interviews supports previous assertions that relationship between gambling and homelessness is complex. Gambling can be a direct cause of homelessness, but can also only become problematic after an individual has become homeless. Furthermore, those for whom gambling at least contributed to homelessness, the significance of the contribution can vary widely. In some cases, the individual simply had no money to pay rent due to gambling, so was made homeless. Here it is clear to see the direct causal relationship between gambling and homelessness. In other cases, the relationship is subtler. For example, in more than one case, the lies and deception associated with a gambling problem led to the breakdown of a relationship, which in turn led to homelessness. Here gambling is not necessarily the primary cause of homelessness, but is certainly a significant factor.

Interview data has also offered a deeper insight into the reasons that people engage in gambling behaviour. The primary reason is chasing that big win, the win that can change everything, seen as the ticket out of poverty. Whilst chasing a large financial win is not necessarily unique to homeless gamblers, the potential for life change is greater for an individual of lesser means, than an individual of greater means. Perhaps of greater intrigue are those who gamble after becoming homeless; the reasons these individuals start to gamble are different from those who gamble before. They seek

warmth, shelter, and pick up gambling habits through exposure. Although reasons for starting to gamble may appear different between those who gamble before and after homelessness, ultimately the reasons for continuing to gamble converge – chasing a big win, and escape from something.

Previous research has indicated that awareness and utilisation of gambling support services amongst homeless gamblers is significantly lower than for equivalent drug and alcohol services. Interview data offers some explanations for this finding; homeless services are generally less aware of gambling issues than other substance use disorders. Therefore, the number of support services offered is less. The gamblers themselves can also perceive gambling as something they are embarrassed about, or ashamed of, and are therefore less likely to spontaneously disclose a problem.

Whilst it is important to gain new knowledge to understand the relationship between gambling and homelessness, it is also important to confirm that factors thought to be salient in the general population remain pertinent to homeless gamblers. The interviews have been successful in confirming that factors known to be salient to non-homeless gamblers remain relevant to homeless gamblers. Although the information gleaned from the interviews has added new knowledge that is relevant to the screening tool, the process has allowed us to identify gaps in knowledge and service provision from the perspectives of both the gamblers, and the service providers, which has proved vital to developing the information and resource sheets.

To summarise, the 19 interviews conducted in the initial data collection stage of this project have added some extra depth to the existing research and knowledge base regarding homelessness and gambling, increasing our understanding of not just the gambling behaviour, but of the experiences of the gamblers themselves, and the way in which gambling problems are currently approached within the homeless support services of the UK. This additional understanding is subsequently used to inform the development of the information sheet, screening tool and resource sheet.

## 4 INSTRUMENT DEVELOPMENT – STAGE 1

The information sheet, screening tool and resource sheet were primarily developed through analysis of the interview transcripts. However, additional information was considered from more informal discussion with day centre and hostel staff, incorporating a different perspective of gambling problems.

### 4.1 INFORMATION SHEET (VERSION 1, APPENDIX A)

Throughout the formal, semi-structured interviews with homeless gamblers and the informal conversations with homeless practitioners, it became evident that both parties felt that the majority of homeless services were ill-informed and under equipped to identify and support individuals who present with gambling problems. It is unrealistic and impractical to ask and expect homeless support staff to be able to provide a sufficient level of support for gambling problems when they have not been provided with the knowledge or tools to do so. It should be noted again that some services are extremely well informed and always ask about gambling problems – however these are exception rather than the rule.

Considering the lack of targeted information regarding gambling problems available for homeless service workers, the first instrument to be developed was an information sheet, designed to be used by homeless service staff, in conjunction with the screening tool. The information sheet was divided into four sections:

#### 4.1.1 Why ask about Gambling?

If gambling is not currently considered of high importance as a potential contributory factor then it is unlikely to be asked about when considering the needs of the individual. This section was presented first, to emphasise the importance of merely asking about gambling. All information was presented in short sentence bullet points to ensure information was clear, concise, and easily digestible. Each item added to the information sheet is addressed in turn:

- Gambling is often called ‘the hidden addiction’, and can be difficult to identify

This point was added to emphasise that gambling is not easy to spot. It is easy to hide, and information relating to such issues may not be willingly offered. This item also was included to subtly reassure practitioners that gambling is difficult to spot, and not immediately identifying clients with gambling problems is common.

- Consequences include health and mental health problems, criminal acts, suicidal intentions and relationship difficulties

This item was included to stress the importance of asking about gambling, by highlighting the potential severity of consequences. Although severe consequences might appear more obvious for substance use disorders, this is not always the case for gambling; this item demonstrates that the negative consequences associated with gambling can be at least as severe as for other addictive disorders.

- Recent research has shown that gambling can be a significant factor in homelessness

Having highlighted the potential hidden nature and severity of gambling in the previous two items, this item seeks to alert the service provider that gambling can contribute to homelessness, a phenomenon identified by recent UK based research.

- Problem gambling is 10 times more common in the homeless than the general population

Having made the assertion in the previous item that gambling can contribute to homelessness, it was considered important to support this assertion by providing some factual background. However, provision of statistical support must be balanced with succinctness and accessibility; therefore, it was decided that simple communication of the headline finding from the Sharman *et al* (2014) paper was sufficient.

- Rough sleepers are at greater risk of severe gambling problems

Most homeless services will encounter individuals experiencing different types of homelessness. This item was included with two aims: first to communicate that particular attention should be paid to those sleeping rough, as this sub-group have demonstrated a greater vulnerability to experiencing gambling problems than other sub-groups such as those in temporary accommodation. The second aim of this item was to subtly demonstrate a slightly more in-depth knowledge of the homelessness field on behalf of the researchers, showing an appreciation of the different types of homelessness. It was thought that homeless service providers would be more likely to respond well to information framed from an informed perspective, than an ill-informed perspective.

- Gambling can contribute to missed rent or mortgage payments, and relationship breakdown

This item was included to highlight the direct links between gambling and homelessness; it is well established that financial difficulties and relationship breakdown are major contributory factors for homelessness, however the reason behind these factors is not always explored. Data from the interviews indicate gambling is frequently a cause of financial difficulties and relationship breakdown, and is thus a fundamental factor in homelessness.

#### 4.1.2 What is the appeal of gambling?

As well as acknowledging the severity of gambling related problems, and the potential causal relationship between gambling and homelessness, it was considered important to communicate *why* gambling might appeal to an individual. Reasons for gambling were drawn exclusively from the interview transcripts.

- Gamblers often chase the big win – the win that can change everything

Relating to chasing losses, participants identified ‘chasing’ as a significant factor in their gambling. This could either be through chasing their losses, but was also seen as a viable option for life change potential. Small stakes on longshot bets offer the potential for substantial wins, that could solve all an individual’s financial problems in one go. This item was included to highlight the potential for life change that gamblers believe gambling offers, hence continued engagement, even when experiencing negative consequences.

- Some gambling venues offer shelter, a toilet, and if gambling, a hot drink

On a more practical note, many gamblers identify that some gambling venues offer more than just gambling; for rough sleepers in particular, a venue that offers shelter from the elements (sometimes 24 hours a day), a toilet, and potentially a hot drink has an appeal that goes beyond gambling. The caveat of course being here, that many of these added benefits are only on offer if the individual is

gambling. This item was included to encourage homeless service providers to consider that motivation to gamble can be more than just financial.

- Gambling behaviour can be increased when under the influence of drugs or alcohol

It is well documented that homeless individuals experience substance misuse disorders at a significantly higher rate than general populations (Wincup *et al*, 2003; Neale, 2001), and that executive function can become distorted and less optimal when under the influence of such substances. This item was included highlight the potential increase in risky behaviour in individuals who engage in substance use and gambling behaviour.

- Machine gambling in particular, can offer an escape from other problems or concerns

As previously discussed, homelessness is often the result of complex, inter-related factors. Machine gambling, which is commonly identified as a popular form of gambling amongst the homeless community, can offer an escape from these problems, as machine gamblers can enter the 'machine zone' (Schull, 2012). The machine zone allows temporary relief from other problems. This item was included to highlight an example of why a specific form of gambling may be attractive.

#### 4.1.3 What to look for

As gambling is not something that is commonly considered by homeless practitioners, an awareness of any behavioural indicators was identified as limited. To address this limitation, indicators drawn from gambler's own interpretation of how gambling affects their behaviour, were identified to assist individuals in identifying gambling problems:

- Volatile mood swings – negative following losses, positive following wins
- Excessive anxiety or excitement around any kind of payday (wages, benefits etc)
- Lack of support network – gambling often leads to relationship breakdown due to amount of deceit and lies
- Selling items – desperate for even the smallest amount of cash
- Unwillingness to talk about money and how money is spent

Many of these indicators, as identified by the gamblers themselves, revolve around money. This can be the lack of, the generation of, and / or the imminent receipt of. The gamblers interviews identified payday (either wages or benefits) as being a source of high stress, as having money will inevitably lead to gambling. Therefore, changes in persona, mood, and general attitude towards staff and others can often be money related, and indicative of gambling problems. Furthermore, those experiencing gambling related problems reveal that relationship breakdowns were more commonly caused by lies and deceit, rather than the actual gambling. Most gamblers stated they hide wins, losses, and like to gamble alone. Therefore, individuals who appear secretive and unsociable could also be experiencing gambling related problems.

Although these indicators are not necessarily unique to gambling and could be indicative of other problems, it was felt that by creating an awareness of potential indicators, could at least encourage practitioners to consider gambling, and to ask the questions they might not previously have considered.

#### 4.1.4 Barriers to talking about gambling

Many barriers to talking about gambling related problems stem from the perception of the problem from the individual themselves; this can either relate to the negative emotional states triggered by gambling such as shame, guilt, and embarrassment, or to the actual perception of gambling as the cause of a problem, rather than the solution. Additionally, a number of gamblers said they thought people would consider them 'silly', and ask why they don't just stop, which consequently prohibits the individual from open discussion.

The following items were included to raise awareness of some of these potential barriers amongst homeless practitioners:

- There are some stereotypes around gambling addiction – i.e., not an addiction
- Some individuals have concerns about how disclosing a gambling problem will negatively impact on things like hostel placements, housing, and most importantly, benefits.
- Challenges around getting the individual to understand their own problem behaviour – gambling isn't the solution, it's the problem.
- Gambling can evoke high emotion, both positive and negative. Some people don't want to talk when in this state

Raising awareness of reasons why individuals may be reluctant to disclose and discuss gambling problems was considered an important component of the information sheet for practitioners. Conveying the potential seriousness of the problems, and how the individual may perceive their own circumstance, can also help practitioners to shape the discourse around gambling problems, understanding the gravity of a given situation, rather than playing down the seriousness and reinforcing existing barriers.

#### 4.2 SCREENING TOOL – The Lincoln Homelessness and Gambling Scale (L-HAGS) (APPENDIX B)

The screening tool was designed to incorporate existing psychological constructs known to be relevant to gambling problems, and more circumstantial factors identified through the interviews as being specific to the target population. Questions were designed to be short, and easy to understand. The questionnaire was also designed to be flexible in administration; the questions can be completed either individually by the person, or asked and scored on a one to one basis between the individual and their key-worker. The screening tool was restricted to 11 items; it was intended to be relatively short and succinct, to encourage both complete and recommended use by homeless practitioners, and so as not to overwhelm and intimidate homeless individuals.

The L-HAGS Screening items:

- 1- Have you gambled in the last 12 months (including lottery, scratch card, etc)**
- 2- Do you think gambling contributed to you becoming homeless?**

**In the last 12 months:**

- 3- Have you lied to anyone about the amount you gamble?**
- 4- Have you gambled instead of paying rent, or bills?**
- 5- Have you left yourself with no money through gambling?**
- 6- Has gambling caused relationship difficulties?**
- 7- Have you gambled instead of buying food, or getting somewhere to sleep?**
- 8- Have you committed a crime to get money to gamble?**
- 9- Have you spent more than you intended to when gambling?**

**10- Have you gambled more, to win back what you already lost?**

**11- Have you gambled to escape from negative feelings like stress or loneliness?**

Item 1 was designed confirm a timeframe, indicating current problems rather than lifetime prevalence, similar to the PGSI, and the South Oaks Gambling Screen (SOGS, Lesieur & Blume, 1987). Item 2 seeks to directly establish if the individual themselves recognises a relationship between gambling and their current housing situation, or whether a dissociation exists between the behaviour and the consequence.

Lies, secrecy and deceit are often fundamental elements of relationship breakdown because of gambling problems. Item 3 was designed to ascertain if the individual exhibited these behaviours. This item is important, to create an awareness in practitioners that the individual may not always be entirely truthful when talking about gambling, a common trait in those with gambling problems.

Items 4 and 7 are relatively similar in approach, designed to establish areas of the individual's life where they have prioritised gambling over items that could be considered fundamental to human existence (i.e. food and shelter).

Item 5 relates indirectly to impulsivity, indicating that the gambler has gambled to the point where they have nothing left, demonstrating an inability (or unwillingness) to stop. Continuing to gamble to this extent supports the notion referred to in the information sheet that gamblers often won't stop whilst they still have money in their pocket, as every bet is potentially 'the one', that will change everything, from the small-scale change of winning back losses, to the large, life changing wins.

Related to item 3, item 6 directly addresses whether gambling has caused relationship difficulties. This is an important item, and damaged relationship and the subsequent lack of emotional, financial and practical support can be an important factor in the maintenance of the cycle of homelessness.

Item 8 was, provisionally included to investigate whether individuals had committed any criminal acts to fund gambling. The item was worded in such a way as to not directly query *what* the criminal act was, only whether such an act had been committed. This lack of specific detail was intentional, designed to alleviate any concerns the individual might have regarding admitting committing a crime. However, due to the sensitive nature of the subject matter being questioned, aligned with the decision to drop the criminal acts question from Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> ed., (DSM-5), APA, 2013) Pathological Gambling criteria, this item remains under review.

A common event experienced by gamblers interviewed was spending more than they intended, and gambling for longer than they initially intended within a single session. Item 9 aimed to establish if the individual had experienced this, relating to loss of inhibitory control and either lack of limit setting, or non-adherence to limits set.

Item 10 relates directly to loss chasing, perhaps the most common of gambling problem indicators. Individuals spend more, in an attempt to win back funds already lost.

The final item, item 11, was designed to establish if the individual gambled to alleviate negative emotions. In the interviews, gamblers often described how gambling allowed them to forget about other troubles, offering a temporary respite from reality. One interviewee described an anthropomorphic relationship with a slot machine, stating 'she' was the only one who understood him.



Each question was a yes / no answer with one point allocated to each answer of yes. This design enabled quick and easy scoring that can be done instantly. Initially, a cut-off score of 2+ was recommended as an indicator that further investigation of gambling problems was warranted. At this stage, the questions and the stated cut-off score are not designed to ascribe a label of problem or pathological gambling, but to highlight individuals who may benefit from further gambling related support. Please see section 10.1.1 for a further discussion on cut-off scores and gambling severity classification.

#### 4.3 RESOURCE SHEET (APPENDIX C)

Individuals who score two or more on the L-HAGS can be referred for further support. Again, it should be stressed that in its current guise, and in anticipation of further investigation, the L-HAGS is designed to identify individuals who may benefit from further support, rather than providing a 'diagnosis' of disordered gambling.

The resource sheet was designed to be easy to follow, and attempts to convey the maximum amount of useful information possible, in a clear and concise way. The resource sheet provides some reassurance that challenge basic cognitive distortions, suggestions for risk-reduction Strategies that can be implemented immediately, as well as details of both local and national gambling support services.

##### 4.3.1 REASSURANCE

The headline, or title on the sheet is designed to be positive rather than negative; the lead text reads 'Overcoming Gambling', as opposed to any immediate negative framing of gambling 'problems'. The initial three bullet points are designed to address a some of the cognitive distortions that may manifest as barriers to seeking support:

- You are not alone – there are many different types of support available for gambling problems
- You are not helpless – gambling is something that can be controlled
- Gambling is not the solution – gambling is the problem

A perceived lack of support, or a lack of awareness of the services that are available often leave gamblers feeling isolated and bereft of support; the first bullet point is designed to dispel that myth, and reassure the individual that they do not have to face their gambling problems alone, and that support is available.

Many gamblers described feeling that they were not in control of their gambling, highlighted by stress around payday, where the perceived inevitability to avoid large scale loss became a self-fulfilling prophecy. This item was designed to very simply oppose that perspective, to offer an alternative baseline for thoughts; the individual can be in control of the gambling, rather than the opposite.

Many gamblers identified they continued to gamble despite experiencing gambling related problems because the potential for a win is always there. They see the next gamble as the answer to the problems, not a continuation of existing woes. The third bullet point attempts to highlight and emphasise that gambling is often the cause of problems, and is not the solution.

These statements are designed to be direct, and uncomplicated. They are not designed to provide in depth psychological readjustment, but to provide reassurance the support is there, and things can change.

#### 4.3.2 IMMEDIATE SUPPORT

Once a potential problem has been identified and acknowledged, the gambler will often benefit from some suggestions for immediate support. Whilst these steps are not all relevant to every gambler, and in isolation do not constitute an all-encompassing panacea, the motivational effect of being pro-active and receiving some form of advice and support can provide a strong catalyst for seeking additional support.

- Who has control of your money? Could someone else look after your cash / bankcard?
- When are you at risk? For many gamblers, payday is a high-risk time. Talk to someone around payday, make a plan for coping
- If you use bookmakers or arcades – ask to complete a self-exclusion form, to ban you from entering the bookies or arcade.
- If you gamble online, install blocking software that stops you entering gambling sites
- Contact the services listed below to find support

The first item removes control of money from the individual, which in turn removes some of the stress associated with money coming in to the individual's account. Although not everyone experiencing homelessness has a friend, or relative that can take this responsibility, key workers at hostels and day centres will often perform this function.

This links heavily with the second item, that explicitly identifies a high-risk situation, and advises on formulating plans to cope with high risk situations. This item also encourages the individual to consider, along with their key worker, other high-risk situation personal to them, and to begin to put plans in place to reduce the risk.

The third item encourages individuals who gamble on specific forms to take advantage of existing harm-minimisation schemes offered by the UK gambling industry. Previous research has indicated that the most common forms of gambling engaged in by homeless gamblers are those that can be found in arcades, or bookmakers (Sharman *et al*, 2014), therefore self-exclusion is potentially a viable harm reduction strategy that can be implemented quickly and effectively.

The fourth item continues the theme of immediate self-help. Although not all homeless gamblers have access to online and smartphone gambling, this item serves the dual purpose of assisting those that do, whilst also offering those that don't a further indication that support is available for different types of gambling.

Finally, the fifth item refers the individual to the range of gambling treatment and support services available both locally and nationally.

#### 4.3.3 GAMBLING TREATMENT AND SUPPORT SERVICES

The resource document provides space for each homeless support service to fill in details of local gambling support services. These will generally be a local Gamblers Anonymous (GA) meeting, and the contact details of the local Gamcare counsellor. At this stage, it is envisaged that each homelessness support service will have to manually search both the GA and Gamcare websites, and insert the details of the relevant services. This only needs to be done once, as the completed resource sheet can be photocopied for wider distribution.

National services highlighted on each resource sheet include the Gamcare national gambling helpline number, which is a Freephone number, and details of the Gamcare online support services. Contact details are also provided of the National Problem Gambling Clinic for those seeking and able

to attend Cognitive Behavioural Therapy sessions, whilst details of the Gordon Moody Association residential and online support are also provided.

Perhaps most important item regarding provision of service, in larger, bold text at the very bottom of the document, is an item which stresses to the individual that their key workers, or anyone at the homeless service accessed can help them make the first call. A common theme in the interviews was that individuals were too afraid, too embarrassed, too reluctant to make that first call, yet once that call had taken place, progression into receiving support was much easier.

Further plans to advance the process of locating and communicating local gambling support services, are at an elementary stage; these plans are discussed in more detail in section 10.1.3.

## 5 INTERIM SUMMARY

Gambling problems have a higher prevalence in the homeless community than in the general population. Nineteen interviews were conducted with the aim of establishing a deeper understanding of the relationship between gambling and homelessness, and to understand how homeless individuals perceive gambling from both cognitive and behavioural perspectives. Perhaps most importantly, the interviews sought to establish what treatment services are available, and what services the individuals wanted to see, and what services they would actually engage with, and really find helpful and accessible from a practical perspective.

Themes and findings extracted from the interview transcripts were used to inform the initial development of three instruments, to assist both homeless support staff in identifying gamblers, and the gamblers themselves in getting the help and support they need:

- 1- An information sheet, designed to better inform homeless service staff around gambling behaviour, potential reasons for gambling, and potential signs of gambling behaviour.
- 2- A screening tool, the L-HAGS, with items developed from existing gambling knowledge, and refined from interview data to become more population specific, where applicable.
- 3- A resource sheet, designed for the individual, to be used as a source of immediate support, and information regarding available services, both locally and nationally.

An initial draft of all three documents were subjected to cognitive testing.

## 6 INTRODUCTION – COGNITIVE TESTING

### 6.1 WHAT IS COGNITIVE INTERVIEWING?

Cognitive interviewing provides an insight into the mental processes people have when they are exposed to documents, such as survey questions or information leaflets. The methods are used to help researchers identify problems with document wording, design and implementation. The aims of cognitive interviewing are to establish whether information is communicated in the intended way (e.g. do participants understand the information provided) and to explore whether participants think they will act on the information or not.

### 6.2 WHAT WE TESTED

We tested two documents which had been developed to identify homeless gamblers and to direct them to appropriate support. The documents tested were:

1. An information sheet and screening questionnaire. The aim of this document was to provide staff at hostels and day centres with information about gambling addiction and to help them identify service users in need of support for gambling problems
2. An 'Overcoming Gambling' resource sheet. The aim of this document was to provide advice and a list of services to people who are identified as having a problem with gambling.

Findings on each of the documents tested are included within this report.

### 6.3 HOW TESTING WAS UNDERTAKEN

Cognitive interviews are qualitative, and are conducted with semi-structured interview protocols. The protocols for this project were developed in consultation the University of Lincoln, with the team who had designed the new documents. The protocols incorporated think aloud and probing techniques. The testing explored:

- Comprehension of key information within the documents;
- Missing areas within the information, screening questions and resource sheet;
- Sensitivity of screening questions.

Interviews were carried out by NatCen researchers. Participants were interviewed at various shelters and day centres across London. All interviews were audio recorded with participants' consent. Participants were given a £10 voucher as a thank you for their time and help. Procedures for testing were approved by the NatCen Research Ethics Committee prior to fieldwork being undertaken.

### 6.4 SAMPLING AND RECRUITMENT

Cognitive interviews are depth interviews conducted with small, purposively selected samples. Twelve interviews were carried out in total:

- Six interviews were conducted with members of staff working at organisations who provide services for homeless people (housing associations, shelters and day-centres). In this report, these people are referred to as service providers. The service providers interviewed varied by sex, age and length of time in their current role.

- Six interviews were conducted with homeless people who had accessed the above services. In this report, these people are referred to as service users. All service users interviewed were male. Four service users were current gamblers and two were not gamblers.

## 6.5 ANALYSIS

Interviews were summarised by the NatCen research team, who reviewed the audio recording of each interview. All interview summaries were written into a structured Excel pro-forma. Responses to each screening question were recorded, along with observations made by interviewers, any think aloud data and findings from each of the scripted probes. Data could thus be read horizontally as a complete case record for an individual, or vertically by document tested, looking across all cases. Once the matrix was completed, the data in the matrix were reviewed thematically. This report presents results from this thematic analysis of the documents, and recommendations for alterations.

## 7 FINDINGS ON THE INFORMATION SHEET AND SCREENING QUESTIONNAIRE

### 7.1 DOCUMENT TESTED

The first document tested was an information sheet and the L-HAGS screening questionnaire. Frontline staff working in hostels and day-centres are well-trained in identifying individuals with substance disorders, however this is currently not the case for gambling. Therefore, the purpose of the document tested was to provide detailed information about homeless individuals with gambling problems and how to identify them.

The information sheet included details around the background of homelessness and gambling, including: why to ask service users about gambling; what the appeal of gambling is; what to look for; and the barriers to talking about gambling. Attached to this was the L-HAGS screening questionnaire to help identify people who may need support with their gambling. A copy of the information sheet and L-HAGS questionnaire is provided in Appendices B and C.

The key findings from the cognitive interviews with service providers about the information sheet are outlined below. Findings on the screening questionnaire are described in section 7.4.

### 7.2 FINDINGS ON THE INFORMATION SHEET

- The information sheet provided was tested with service providers only (as they were the target audience for the information being provided).
- Overall, the service providers interviewed thought the information given was a useful summary:

*'In general, I think it is a good sort of summary' (CF06)*

*'It covers it fairly well' (HL01)*

*'The information is really good' (CF02)*

*'The information is true and spot on' (CF05)*

- Further details regarding their views are provided below.

#### 7.2.1 LENGTH AND STRUCTURE OF INFORMATION PROVIDED

- Service providers were asked to comment on the length and structure of the information sheet and whether they thought any information was missing.
- Generally, service providers thought the amount of information provided in the information sheet was about right. It was commented on how too much information can be off-putting and that 'pages and pages of information' are not required. An A4 sheet was considered to be an appropriate length.
- One participant said the length 'is just right. It's all relevant, not too little, not too much and it's easy to read.' (CF03)
- Although the information sheet was considered as an appropriate length, service providers identified some details that could be added to the document. The suggestions made are listed below:

- It was noted that the information sheet does not contain any information on what is meant by gambling. For example, one staff member (CF02) thought a broad definition of gambling should be added to include gambling other than going to a betting shop or casino. Therefore, including some diverse examples of gambling behaviours to set context may be useful i.e. arcades/ online games/ betting apps/ lottery tickets/scratch cards
- One participant (CF06) thought it would be useful to add in the 'what to look for' section, '*people who don't appear to have any conventional support needs.*' This participant noted that any service user could have a gambling problem including individuals who do not have other problems such as substance disorders. This addition could help service providers challenge their existing preconceptions on what a problem gambler looks like.
- The same participant thought the '*shame*' of gambling could be added as a barrier for people wanting to talk about gambling, '*probably a few people have got shame about it, the reason why it may well be undisclosed*' (CF06). A note on this could be added to the barriers section.
- Another participant (HL01) thought the document was missing how '*powerful*' gambling makes individuals feel. They went on to describe how the emotional draw of winning could be an '*attraction for low-income people.*' A point on positive emotional draws (excitement/ exhilaration) could be added to the section on the appeal of gambling.
- One participant (CF02) thought there could be more information on how an individual becomes addicted. A line on this could potentially be added to the section on 'What is the appeal of gambling.'
- The order and structure of the information (with sub-headings and bullet points) was felt to be clear. One participant (CF02) suggested rearranging the information into a different order. She thought a definition should be added to precede the section 'why ask about gambling?' She also suggested that the 'What to look for' section could be made more visually prominent.

#### 7.2.2 CLARITY OF THE INFORMATION

- All the participants thought the information was clear and said they did not have any issues understanding the details provided.
- One participant noted a source should be given to back up the statistic 'Problem gambling is 10 times more common in the homeless than the general population' (CF06).

#### 7.2.3 USEFULNESS OF THE INFORMATION

- Service providers felt the information sheet was useful, although some noted they were already familiar with the issue of gambling in the homeless population.
- Despite this the information sheet was considered a useful reminder and it would help workers in this sector who had not previously received any information on this issue.



### 7.3 RECOMMENDATIONS ON THE INFORMATION SHEET

- Overall, the information sheet that accompanied the screening questions worked well.
- Participants thought it would be useful for service providers working at shelters or day centres.
- Participants suggested a variety of points that could be added to the screening information document. The suggestions made should be reviewed by the information sheet designers. Details that could be added to the document include:
  1. A definition of gambling, including various examples of types of gambling so scope of behaviours is fully understood.
  2. Under the 'What is the appeal of gambling' section a point could be added on the positive emotional draws (excitement/ exhilaration/ power) and the attraction of these to low income people in particular. A point on how people become addicted could also be added.
  3. Under the 'What to look for' section a point could be made that people who gambling problems may not have any know issues (substance disorders) and they may not show outward signs of a problem. This could help service providers challenge their existing preconceptions on what a problem gambler looks life.
  4. Under the 'Barriers to talking about gambling section' a line could be added about people feeling embarrassed or ashamed of their behaviour or fear of being judged.
- Should new additions be inserted we recommend retaining the A4 length if possible, to prevent the volume of text looking off-putting.

### 7.4 FINDINGS ON THE L-HAGS SCREENING QUESTIONNAIRE: SERVICE PROVIDERS

The next aim of the cognitive interviewing was to test the screening questionnaire designed to help service providers identify homeless people who may need further gambling support. The screening questionnaire comprised of eleven 'Yes/No' questions. The questions asked service users to consider their gambling behaviours over the last 12 months and cover a range of issues that gamblers may have faced. People who answer yes to two or more of the questions are referred to a website of further resources and/ or given the 'Overcoming Gambling' resource sheet (discussed in more detail in Chapter 8). The full set of screening questions tested can be seen in Annex C.

The screening questions were tested with both service providers and service users. This section describes the findings from service providers. Section 7.5 provides findings from service receivers.

#### 7.4.1 KEY FINDINGS FROM SERVICE PROVIDERS

- Generally, service providers thought the screening questions were a useful tool to assess whether an individual has a gambling problem. One participant (CF06) said 'yeah I think they are all big flags'.
- There were some views on additional questions that could be included and some suggestions on questions that could be edited for dropped.

- There was concern about the sensitivity of some of the items and whether people would feel comfortable answering them honestly.
- Finally, there were some comments on how the questions should be administered in practice. All these findings are described in more detail in the following sections.

#### 7.4.2 SUGGESTIONS ON 'MISSING QUESTIONS'

- Service providers were asked to comment on they thought any additional items should be added to the screening questions.
- Service providers came up with a variety of suggestions. Many of these were suggestions were for 'open' questions that get more detailed contextual information on the service users gambling behaviours. Examples of these types of questions are shown below.
  - What types of things do you like to gamble on? (e.g. casinos, bookies, horses); (CF05)
  - What do you like about gambling? / What are the benefits of gambling?' (CF01)
  - Are there times when you gamble more than others? What times? (CF06)
  - Are you aware of how gambling affects your thought patterns? (HL01)
- Service providers felt that these types of question would be helpful in terms of allowing people the opportunity to talk more about their personal circumstances and to open up about the issues they are having. It was also felt that by asking open questions about a person's situation a rapport could be built, and that this might help people discuss answer subsequent questions more honestly.
- It should be noted that these types of open questions would not typically be included in a short screening questionnaire. The aim of such tools is to quickly and consistently identify 'at risk' groups in order to direct these individuals to appropriate resources. The open questions suggested could work in face-to-face setting (including a therapeutic setting if this service was being offered) but they would not be useful in for individuals completing the screening questions as part as a self-completion/ self-assessment. For this reason, we do not consider that open questions should be added to the screening tool at this stage. However, the information sheet could suggest to service providers that they can use the tool as part of more general discussions around gambling issues.
- Service providers also made some suggestions that could form the basis of new closed questions. These suggestions included:
  - Questions about frequency of gambling/ how often people gamble/ how much they spend.
  - A question on whether other people have ever expressed a concern about the person's gambling i.e. 'In the last 12 months has any ever been concerned about your gambling or suggested you cut down?' (Yes/No)
  - A question on whether a person has ever experience lack of time awareness when gambling (CF01) i.e. 'In the last 12 months have you ever lost track of time when gambling?' (Yes/No).

- A question on whether people are secretive about their gambling (CF05) i.e. 'In the last 12 months have you tried to keep your gambling a secret from friend or relatives?' (Yes/No). It should be noted that if included this question would potentially overlap with the current Q3 on lying about gambling behaviour.
- A question on whether people feel in control of their gambling (CF05) i.e. 'In the last 12 months have you ever felt that your gambling was out-of-control?' (Yes/No).

#### 7.4.3 SUGGESTIONS FOR QUESTIONS THAT COULD BE AMMENDED OR CUT

- During the cognitive interviews service providers were asked to comment on whether any of the L-HAGS screening questions should be amended or removed.
- The question that appeared most contentious to service providers was Q8; 'Have you committed a crime to get money to gamble?' There were mixed comments about Q8.
  - One participant said 'I think this could be too aggressive'. He said 'You are going to run into a wall, phrasing it that way, essentially you are asking, are you a criminal?'. He thought the question could be phrased more 'positively' and suggested asking 'how do you fund your gambling?' However, it should be noted this open approach is more ambiguous and could not be scored easily.
  - Another participant (CF02) said she would not feel comfortable asking Q8 because she thought it was 'intrusive' and she thought service users will not openly say yes. She suggested asking 'what lengths have you gone to pay for the gambling habit?' Again this open approach would be more ambiguous and would not work in the current scoring system.
  - Others (CF03) said they would feel comfortable asking Q8 and said most service users speak openly.
  - Another participant (CF05) said he would feel comfortable asking this question, as long as the information was anonymous and confidential. He said service users were 'used to being asked similar questions.'
  - Finally, another service provider (CF06) said he would feel comfortable asking Q8 and said his clients are very open about their lives: 'some people are going to answer it and some people aren't'.
- The other questions included were considered to be less controversial. One service provider (CF06) suggested that Q4 and Q7 are similar and could be combined into one question. This could be something along the lines of 'In the last 12 months, have you ever gambled instead of buying food, paying bills or getting somewhere to sleep? (Yes/No)'
- One participant (CF02) said she felt some of the questions were a bit 'judgemental' and 'negative'. She made some suggestions regarding softening the language used. For example:
  1. For Q2 she thought 'not everyone has control over their circumstances'. She suggested, 'looking back on being homeless now, if you had never gambled, do you think you would be in the same situation?' as a softer phrasing. However, it should be noted that this phrasing does not fit the current code scheme (where 'Yes' responses are warning flags and 'No' responses are not).

2. For Q11, she suggested removing some of the negative words and instead asking, ‘when you are feeling stressed are those the times you gamble more?’”

Therefore, the design team should review the questions to see if any of the items could be ‘softened’ without their intended meaning being lost.

#### 7.4.4 COMPREHENSION OF QUESTIONS

- No comprehension issues were detected in the service provider interviews.
- All service providers felt their users would understand all the screening questions. Participants commented that the questions were short, simple and clear.

#### 7.4.5 COMPREHENSION OF THE SCORING SYSTEM

- No comprehension issues were detected related to the scoring system. However, some service providers felt that they would not score the results because this would be unnecessary:

*‘I wouldn’t bother using a scoring system’ (HL01)*

- These service providers felt they would refer people as needed to the resources based on their answers to screening questions and what they had discussed in a more general, open chat.
- One service provider felt that the scoring system was too simplistic. This participant did not suggest any alternatives to scoring.
- It should be noted, that although some service users would not use the scoring system as the sole basis of referral, the information and questions were still a useful prompt/ reminder to service providers to ask their users about gambling. Therefore, even if the formal scoring is not used, the screening questionnaire was still considered to be useful.

#### 7.4.6 VIEWS ON ADMINISTRATION

- Service providers were asked to give their views on how the screening questions should be administered in practice, for example whether they should be asked in a face-to-face interview or whether they should be a self-completion that service providers complete privately and self-refer from.
- Service providers had mixed views on administration. Some felt the screening questions should be asked during a face-to-face session between key workers and service users. Others felt it would work better as self-completion.
- Service providers who felt a face-to-face mode would be better mentioned the following:
  - Two participants (CF03/ CF05) said individuals will be ‘motivated’ to answer if they are going through the questions with a key worker, or someone they already had a professional relationship with. It was felt that this dynamic would help people be more honest.
  - Another participant (CF02) thought the questions would be best asked face-to-face for a ‘personal effect’ with someone there to support them and to develop a plan to help them.

- One participant (CF06) said that face-to-face would be better as some of his clients have low literacy levels.
- Service providers who thought the screening questions would work as a self-completion felt service users would be more likely to complete the questionnaire honestly by themselves. For example, one participant (CF05) felt that some individuals may be worried that their answers will compromise their accommodation or their eligibility to use a service. A self-completion would protect their privacy and anonymity in this area.
- As previously mentioned some service providers felt that the screening questions should not be used in isolation, but should be part of a more of an 'open-ended' conversation with service users.
  - One participant felt they may not use the tool in a standardised way (i.e. asking all questions and completing scoring) as this could be quite 'heavy' and some individuals may 'back off from' difficult questions (HL01).
  - Another participant (CF01) said that the questions must be asked in a 'very supportive' manner, alongside some probing questions.
- Therefore, although the questions have been designed as standardised tool not all service providers will use the tool in the intended way. If the end purpose of the tool is to refer more 'at risk' people to appropriate services this lack of standardisation is not problematic. However, standardisation would be more important if the tool was to be used in other contexts (e.g. to generate accurate statistics on prevalence of gambling).

#### 7.4.7 FURTHER COMMENTS

- It was felt useful that Q1 included examples of different types of gambling i.e. 'lottery, scratch card.' One participant (CF06) said as 'you may find that people have not considered [these examples] as being a form of gambling'. As discussed in section 6.2 it was felt that the information sheet could include more examples of gambling.
- Finally, one service provider mentioned more people might be willing to complete the screening with their key worker if an incentive was offered, for example a breakfast voucher.

### 7.5 FINDINGS ON THE L-HAGS SCREENING QUESTIONS: SERVICE USERS

The screening questions were tested with service users (i.e. homeless people) as well as service providers. This section provides findings from service user interviews.

#### 7.5.1 KEY FINDINGS FROM SERVICE USERS

- Generally service users had no issues with the screening questions. They tended to provide fewer comments on document compared to service providers.
- The service users interviewed (both gamblers and non-gamblers) did not have any issues understanding the questions. Participants found the screening questions easy to answer and generally they did not find them to be overly sensitive.
- Service users varied as to whether they felt the questions should be asked face-to-face (by a key worker) or used as a self-completion.

- Some service users believed the questions might make someone realise the extent of their gambling and make them want to stop (CF04). However, it was also noted that gambling addiction (unlike substance abuse) is a hidden problem with no physical side effects. This means that if people want to hide a gambling problem from their key workers, this will be easier for them to do.

#### 7.5.2 SUGGESTIONS ON MISSING QUESTIONS

- Service providers were asked to comment on whether they thought any additional items should be added to the screening questions.
- One service (SP02) suggested that people should be asked how they gamble. This participant described how he believes gambling has changed a lot over the years and losing money on a machine is much easier than placing a bet on a horse. Therefore, knowing how they gamble might be useful to help key workers identify problem gamblers and to suggest interventions.
- Other than this service users did not suggest any questions which could be added.

#### 7.5.3 SUGGESTIONS ON QUESTIONS THAT COULD BE CUT OR AMMENDED

- Service users felt that all the questions were relevant. They believed every question should be retained.
- Both gamblers and non-gamblers felt the questions were suitable. Non-gamblers felt it was appropriate to ask these questions; even though they were not relevant to their current situation they understood they would be relevant to others.
- All service users reported feeling comfortable answering the questions, particularly as they did not ask for personal details. However, the service users suggested that others might not feel comfortable with the questions as themselves.
- The four gamblers in the cognitive sample all answered 'Yes' to multiple screening questions. Two service users answered 'Yes' to Q8: 'Have you committed a crime to get money to gamble?' This was the question identified by service providers as being the most sensitive item (see section 2.4):
  - CF04 answered 'Yes' as believes he believed that 'honesty is the best policy.'
  - CF08 mentioned that he was happy to answer the question because it does not ask for specific details such as what crime and when. This means that the person cannot go to the police.
- Therefore, in our small cognitive sample at least, there was evidence to suggest that some people would answer Q8 honestly.

#### 7.5.4 COMPREHENSION OF QUESTIONS

- All service users thought the questions were clear and easy to answer. One participant said that the questions are 'as clear as water' (SP01)
- The only issue noted by interviewers was in relation to the reference period. The two non-gamblers in the sample both stated at Q1 that they had not gambled in the last 12 months. However, both of these participants went on to answer 'Yes' in error to a follow-up question

(either Q10 or Q11). These participants used to gamble occasionally but had not done so in the last 12 months.

- One participant queried the reference period used when answering and the interviewer had to repeat 'in the last 12 months' (CF09).
- Clarity of reference period is important to make sure the tool does not screen in 'false positives' i.e. people who had a gambling problem in the past but who no longer have a problem.
- To make this clearer the reference period 'In the last 12 months' could be repeated more frequently, or be included at the start of each question.

#### 7.5.5 SCORING SYSTEM IMPLICATIONS

- The service users themselves raised no issues with the scoring system provided on the sheet (i.e. if people answer 'Yes' to two or more questions they should be referred for support).
- The four gamblers in cognitive sample answered 'Yes' to between seven and nine of the screening questions.
- Q10 (on chasing losses) and Q11 (gambling to escape negative emotions) were both selected by service users who were not gamblers (albeit the questions were answered in error as the reference period was not clear).
- Therefore, there is query about whether two 'Yes' responses are sufficient to warrant a referral to support services or not. For example, it is possible someone may have gambled on one occasion in the last 12 months, and on that occasion, they either chased their losses (Q10) or gambled due to negative emotions (Q11). In this case the person would be referred according to the current scoring system.
- We recommend that designers review the scoring and decide whether they want to 'up' the score they use to make referrals from. One alternative form of scoring could be that a person must answer 'Yes' to Q1 (so has gambled in the last 12 months) and they must answer 'Yes' to at least two further items.

#### 7.5.6 VIEWS ON ADMINISTRATION

- Service users varied as to whether they would prefer to be asked the questions face to face or as a self-completion.
- Some service users felt that homeless people would be more honest if they were asked the questions face to face by a key worker, as it would be easier to select 'no' if completing something yourself.
- However, some service users may prefer to answer these questions in privacy. One participant felt that it would depend on who was asking the questions, and how that person reacted:

*"...they could throw it back in your face." (CF09)*

- Therefore, preference on mode of administration is likely to vary between individuals, and be dependent on the type of relationship they have with their key workers.

#### 7.5.7 FURTHER COMMENTS

- Service users had no further comments about the screening questionnaire.

## 7.6 RECOMMENDATIONS ON THE L-HAGS SCREENING QUESTIONS

- There were no major issues identified with the screening questions as they currently stand.
- Some service providers felt that they would not use these questions in isolation, but rather as part of a more open conversation on gambling. Likewise, some service users felt they would not use the scoring system but base their decisions on referral on conversations they had with their users. That said, these service providers still felt the information sheet and screening questions were a useful resource and would prompt providers to have these conversations.
- Some service providers were concerned about the inclusion of Q8 (on whether a person had funded their gambling through crime). These service providers felt that this question was too sensitive. However, this objection to Q8 was not raised by service users themselves, and two people in our small sample answered 'Yes' to these items. Given the mixed reaction to Q8 we recommend the inclusion of this question should be reviewed, as we do not want this question to deter service providers from using the tool.
- It was suggested that Q4 and Q7 are similar and could be combined into one question. i.e. *'In the last 12 months, have you ever gambled instead of buying food, paying bills or getting somewhere to sleep? (Yes/No)'*
- A number of new areas for questions were suggested. These were:
  1. Frequency of gambling/ Preferred types of gambling (it should be noted that these types of questions would be more for contextual information- it is unclear how these should be treated using the current scoring system).
  2. *'In the last 12 months has anyone ever been concerned about your gambling or suggested you cut down?'* (Yes/No)
  3. *'In the last 12 months have you ever lost track of time when gambling?'* (Yes/No).
  4. *'In the last 12 months have you tried to keep your gambling a secret from friend or relatives?'* (Yes/No). This question would potentially overlap with the current Q3 on lying about gambling behaviour. However, it is a softer framing that might be more palatable to some service providers.
  5. *'In the last 12 months have you ever felt that your gambling was out-of-control?'* (Yes/No).
- Whether to add these questions should be at the discretion of the design team. Adding additional questions would increase the length of the questionnaire. We recommend the questionnaire remains as short as possible to avoid participant fatigue and ensure simplicity.
- The reference period 'In the last 12 months' should be repeated more frequently, or be included at the start of each question, to prevent false positives.
- The scoring system was well understood. However, we recommend that designers review the scoring and decide whether they want to 'up' the score they use to make referrals from. One alternative form of scoring could be a person must answer 'Yes' to Q1 (so has gambled in the last 12 months) and they must answer 'Yes' to at least two further items.
- Both service providers and service users had mixed preferences on whether the questions should be administered face-to-face or as a self-completion. We therefore recommend that the screening questions continue to be available in a format where they could be asked in either mode.



## 8 FINDINGS ON THE 'OVERCOMING GAMBLING' RESOURCE SHEET

The final document tested during the cognitive interviews was the 'Overcoming Gambling' resource sheet. This document provides details regarding support networks that are available locally and nationally for gambling related problems. The document lists services, including contact details, and outlines ideas that can support individuals immediately. The aim of this resource sheet is for it to be used in conjunction with the L-HAGS screening questions: individuals who are identified as potential in need of help would be given this resource sheet. A copy of the document tested is included in Annex B.

The following chapter describes the findings from testing the resource sheet with both service providers and service users.

### 8.1 FINDINGS FROM SERVICE PROVIDERS

#### 8.1.1 KEY FINDINGS FROM SERVICE PROVIDERS

- Overall, service providers thought the resource sheet was useful:  
*'...it shows people they are not alone and the support is there' (CF02)*
- All service providers found the resource sheet easy to understand.
- There were some comments from service providers about content that could be added and some thoughts on administration. These are described in the following sections.

#### 8.1.2 VIEWS ON SUGGESTIONS MADE

- One service provider commented that it would be difficult to self-exclude individuals in London due to the high volume of betting shops.

#### 8.1.3 SUGGESTIONS ON 'MISSING RESOURCES AND INFORMATION'

- Service providers had a number of suggestions for extra information and resources that could be added. These were as follows:
  - Some service providers felt that the resource sheet could try and summarise why people gamble and provide some suggestions of other activities that might be used as an alternative:

*'What are you getting from gambling and how can you get that feeling elsewhere...'* (HL01)

- These service providers felt the resource sheet could try and educate people more about gambling, for example by explaining why people get addicted and how gambling machines work (e.g. the machine is designed to take customer's money).
- One service provider thought more local services could be added to the list, including the location and times of the support groups or meetings.
- One service provider felt the resource sheet should mention the sorts of psychological treatments that can help, including Cognitive Behavioural Therapy (CBT), counselling and online support groups.

- Despite the suggestions for extra content all service providers felt the resource sheet was about the right length. It was felt that an A4 size was appropriate and anything longer may be off-putting.

#### 8.1.4 VIEWS ON ADMINISTRATION

- Some service providers mentioned that the people who use their services may require assistance making phone calls or getting support online. This was felt to be another good reason why the screening questions should be administered face-to-face, so key workers could help people access resources.

### 8.2 FINDINGS FROM SERVICE USERS

#### 8.2.1 KEY FINDINGS FROM SERVICE USERS

- Generally, all service users found the resource sheet clear and believed the level of detail was about right. It is thought that this document would be a useful resource for those with a gambling problem.
- One service user (CF04) was particularly pleased with the information and described it as 'Brilliant advice.' He had not come across all the support services named and had never seen a leaflet with this type of advice before.
- However, one service user (SP02) felt that too much information was provided. He did not suggest what should be removed.

#### 8.2.2 VIEWS ON THE SUGGESTIONS MADE

- The four gamblers in cognitive sample had mixed views on the advice provided in the leaflet. This group were positive about the leaflet in as much that the contacts details were considered a useful resource for those with a gambling problem.
- However, the queried the utility of some of the advice:
  - Some gamblers queried whether exclusion forms work, as staff won't always recognise you, stop you or have time to check during busy events.
  - Some gamblers said that people can uninstall blocking software on their devices if they want to so it was not a real deterrent. However, it was felt that useful that shelters tend to block gambling websites.
- One service user (CF08) described how the resource sheet was useful in that it is good for people to know where they can go. However, it would only work for people who want to change; otherwise it will make no difference.
  - This participant felt that the gambling industry needs to take greater responsibility for protecting people. He gave the example of how cigarette companies now have 'disgusting' pictures on them to warn people about the dangers of smoking, whereas the gambling companies only have to say 'gamble responsibly'. He felt that both addictions cause serious harm but that gambling protection lacked depth.

### 8.2.3 SUGGESTIONS ON 'MISSING RESOURCES AND INFORMATION'

- Service users made a couple of suggestions regarding missing information.
- One service user (SP01) queried whether the freephone number mentioned is free to call from mobile phones. He mentioned that homeless people will generally make calls from a 'pay as you go' phone, and people without credit would not be able to call if it wasn't for free for mobiles.
- Two service users (SP02 and CF07) mentioned having been to meetings or groups at their shelters. It was felt that the days and times group run at the shelters should be explicitly mentioned on the resource sheet.

### 8.2.4 VIEWS ON ADMINISTRATION

- Service users had mixed views regarding whether they would prefer to be given this information in a face-to-face session or whether they would want to read the resource sheet privately in their own time.
- It was noted that some people won't want to carry the resource sheet around with them. Therefore, copies of the resource sheet should be left at the shelters. They could also be given out during gambling meetings.

### 8.2.5 RECOMMENDATIONS AND SUGGESTIONS ON RESOURCE SHEET

- The resource sheet was understood by both service providers and service users. It was generally considered to be a useful document for people who wished to seek help.
- Service providers felt the document should include a bit more information on how people become addicted to gambling. It was also suggested that sources of psychological treatment and online resources could be added to the resource list. If this information is added it should be kept brief to prevent the length of the document from becoming off-putting.
- Both service providers and service users felt that the dates and times of local support groups should be included on the resource sheet. Given that the information sheet is designed to be used nationally an alternative suggestion is to leave space in which local support group times can be added (or to provide a template document that services can edit prior to printing themselves).
- Finally, service users suggested that it should be made clear whether Freephone numbers are free only from mobiles or not.

## 9 INSTRUMENT DEVELOPMENT – STAGE 2

### 9.1 STAGE 2 INTRODUCTION

The cognitive testing performed by NatCen allowed us to consider a range of perspectives on the instruments from both service users, and service providers. The interviewing raised some valuable questions and suggestions, whilst also highlighting some of the difficulties and discrepancies in approaches, between research and treatment and support focussed approaches.

For each instrument, the key recommendation and suggestions will be addressed in turn. Justification for either incorporation of the comments in to re-design of the instruments, or rejection of the comments is provided, followed by a highlighting of the adjustment made.

### 9.2 INFORMATION SHEET (REVISED, APPENDIX D)

The overall response to the information sheet was positive with service providers indicating that the information was useful, and delivered in an appropriate format. A few key suggestions to the information sheet were suggested:

#### 9.2.1 WHAT IS GAMBLING

**SUGGESTION:** A definition of gambling, including various examples of types of gambling so scope of behaviours is fully understood.

**RESPONSE:** The original design of the information sheet had erroneously over-estimated the pre-existing knowledge of homeless practitioners; when this suggestion is considered, it becomes relatively obvious that a definition of gambling, and examples of gambling behaviour should be included for clarification. As such, a new pair of bullet points under the new heading ‘What is Gambling?’ have been added at the very start of the information sheet. The first gives a definition of gambling, identifying that gambling constitutes placing something of value at risk in the hope of gaining something of greater value:

- Gambling can be defined as placing something of value (usually money) at risk, in the hope of gaining something of greater value

Although to those within the gambling research, treatment and education fields this may seem like stating the obvious, this point highlights the utility of cognitive testing neatly, demonstrating what can perhaps be taken for granted.

The second bullet point gives examples of gambling. Again, although this may seem obvious to those within the gambling field, there is a distorted perception within the general public as what exactly constitutes gambling, as some forms are presented in a different way from others (i.e. lotteries and scratchcards).

- There are many different forms of gambling, including (but not limited to) Lottery, Sports, Machines, Scratchcards, Bingo, Cards etc. Gambling can be in person, online, or mobile.

The decision was made in the initial document *not* include any examples of gambling, as it was thought that by only listing what there is room on the document to list, the individual might be constrained by those examples. There is not room within a single page document with other information to list all possible types of gambling. The list included therefore includes a wide range of gambling forms, whilst emphasising that there are more available. The second bullet point also

highlights the different mediums that are available to access gambling such as land-based, and remote.

### 9.2.2 WHY ASK ABOUT GAMBLING?

There was no key recommendation under the 'Why about gambling' section.

### 9.2.3 WHAT IS THE APPEAL OF GAMBLING?

**SUGGESTION:** Under the 'What is the appeal of gambling' section a point could be added on the positive emotional draws (excitement/ exhilaration/ power) and the attraction of these to low income people in particular. A point on how people become addicted could also be added.

**RESPONSE:** These suggestions imply that the current 'What is the appeal of gambling' can be improved by highlighting some of the positive emotions experienced when gambling, by highlighting why gambling is particularly appealing to low income individuals, and describing how individuals can become addicted to gambling. The address each suggestion in turn:

The initial aim of the section was to delve beyond the generic appeal of gambling, and to focus specifically on characteristics of the behaviour that can be considered more salient to the homeless community. However, as with 'What is gambling', this section perhaps assumes a greater level of background knowledge relating to gambling than is perhaps appropriate. It was therefore accepted that a more general, over-reaching item relating the positive experiences that gamblers can have that are fundamental to the development and maintenance of gambling problems should be added.

Gamblers will feel positive emotional, and physiological responses to positive outcomes (i.e. wins) when gambling. An item acknowledging positive response has been added:

- When winning, gambling can stimulate feelings of excitement, happiness and satisfaction

To fully discuss the psychological neurological and psychophysiological underpinning of the reward system is beyond the scope of the information sheet, therefore the item highlights the primary positive emotional responses experienced by gamblers.

It was also suggested that the appeal of gambling to those of lower income could be included on the information sheet. One explanation of the appeal of gambling to those of lower income can be considered in the context of the psychoeconomics of gambling (Shaffer *et al*, 2002), which relates to the magnitude of the reward relative to the individual. A ten-pound win on a scratchcard can have a significantly greater impact to a low or no income individual than a high-income individual. However, the concept of psychoeconomics is difficult to communicate using plain, non-technical language, it was therefore decided to replace the item 'Gamblers often chase the big win – the win that can change everything', with:

- Gambling offers the chance of life changing wins – particularly to those of lower income

It was thought the revised item reflected that win magnitude can vary as a function of socio-economic status, but using language that was more clearly understandable.

The final suggestion was to explain how people come addicted to gambling; gambling addiction is a complex behavioural disorder, with no single over-riding theory offering a complete explanation as to why some individuals get addicted to gambling, whilst others don't. Theories of addiction can be

grounded in many different perspectives, such as genetic, neurological, cognitive, psychological and social. To prioritise one of these explanations and include in the information sheet is to perhaps diminish the influence of the others, when all perspectives have something to offer. Therefore, it was considered that to offer an explanation of why people become addicted to gambling was beyond the scope of this information sheet, and an item was not added. However, it was accepted that individuals may wish to understand more about gambling, and as such, an item detailing where further information can be gathered can be included on the resource sheet.

#### 9.2.4 WHAT TO LOOK FOR

**SUGGESTION:** Under the ‘What to look for’ section a point could be made that people who gambling problems may not have any know (sic) issues (substance disorders) and they may not show outward signs of a problem. This could help practitioners challenge their existing preconceptions on what a problem gambler looks like.

**RESPONSE:** The ‘what to look for’ section was designed to give homeless practitioners an idea of behaviours that are often exhibited by gamblers that may serve as possible indicators of hidden gambling problems. The suggestion above appears to be focussing on the fact that those suffering from gambling problems do not exhibit that same outward physiological symptoms as someone with substance dependence; whilst this is entirely true, the items in this section are extracted primarily from the homeless gambler interviews, where gamblers described what they considered in their own behaviour to be indicators. Subsequently, these items are specific to gambling, and in the opinion of the researchers, already give a behaviour specific list of indicators that vary significantly from those associated with substance disorders.

An alternative interpretation of the phrase ‘existing preconceptions on what a problem gambler looks like’ is that the suggestions is seeking advice on how to challenge existing preconception on the physical appearance of a problem gambler. This was an extremely interesting point, and not one considered by the research team; what do practitioners think a gambler looks like? Whilst most gamblers, and indeed a large proportion of the homeless community are male, both gambling and homelessness are increasing in females. The age range of those affected by gambling can also vary immensely. The following item has been added:

- There is no physical ‘type’ to look for - anyone can be affected by gambling

This item is designed to challenge any existing stereotypes and preconceptions that may be held about what a gambler looks like, and emphasise that gambling problems can afflict anyone. This item may make practitioners more mindful of asking the questions to everyone, rather than just those that fit in to a pre-existing stereotype.

#### 9.2.5 BARRIERS TO TALKING ABOUT GAMBLING

**SUGGESTION:** Under the ‘Barriers to talking about gambling section’ a line could be added about people feeling embarrassed or ashamed of their behaviour or fear of being judged.

**RESPONSE:** This is an excellent suggestion, as most of the existing items focus on practical barriers to talking about gambling, rather than the negative emotional preconceptions. The following item has been added:

- Individuals may feel a sense of shame, embarrassment or judgment around gambling

This item allows the practitioners to understand some of the emotional negativity around gambling, and can inform their approach when questioning gambling behaviour.

**SUGGESTION:** Should new additions be inserted we recommend retaining the A4 length if possible, to prevent the volume of text looking off-putting.

**RESPONSE:** The addition of the new items resulted in the information sheet being slightly longer than a single page. The researchers agree that the single page format is important for brevity and consistent engagement; therefore, two changes were made. One item was removed, and one item changed. The item from the barriers to talking about gambling section relating to high emotional states was removed, as it was felt that this item, whilst valid from a psychological approach, is not as practical as other items. This item was therefore removed, and effectively replaced by new item relating to shame and embarrassment.

The second change was adjusting the closing statement on the information sheet; rather than a heading with a single item, heading was removed, and the single item 'Sometimes just asking about gambling is the most important step' was made bold, and the text size was increased.

#### 9.2.6 INFORMATION SHEET KEY CHANGES SUMMARY

##### **ITEMS ADDED / CHANGED**

###### **WHAT IS GAMBLING?**

- Gambling can be defined as placing something of value (usually money) at risk, in the hope of gaining something of greater value
- There are many different forms of gambling, including (but not limited to) Lottery, Sports, Machines, Scratchcards, Bingo, Cards etc. Gambling can be in person, online, or mobile.

###### **WHAT IS THE APPEAL OF GAMBLING?**

- When winning, gambling can stimulate feelings of excitement, happiness and satisfaction
- Gambling offers the chance for life changing wins – particularly to those of lower income

###### **WHAT TO LOOK FOR**

- There is no physical 'type' to look for - anyone can be affected by gambling

###### **BARRIERS TO TALKING ABOUT GAMBLING**

- Individuals may feel a sense of shame, embarrassment or judgement around gambling

### 9.3 L-HAGS SCREENING QUESTIONS (REVISED, APPENDIX E)

The cognitive interviewing did not reveal any major concerns from either homeless practitioners or the homeless community with the screening questions. However, a number of minor suggestions were put forward for consideration relating to question wording and potential additional questions. These will be addressed in turn.

The interviews also revealed some potential difficulties in implementation and administration. These points will be discussed further in section 9.3.5.

#### 9.3.1 COMBINING / MODIFYING EXISTING QUESTIONS

A suggestion that emerged from the cognitive interviews was that questions 4 and 7 are similar in nature, and could be combined in to one question. Both questions seek to establish whether the individual has prioritised gambling over other things such as food, rent etc. The two questions were initially separated as the focus of question 4 was more directly related to housing expenditure such as rent and bills, whereas question 7 focussed more subsistence expenditure once an individual has become homeless such as accommodation and food. Due to the suggestions for additional items (detailed below), it was accepted that this distinction in prioritising was not important enough to take up two items on the questionnaire. Therefore, the items have been combined in to one item:

- **Have you gambled instead of paying rent, or bills, or paying for food or accommodation?**

Although losing the element of specificity of sacrifice offered by dividing this in to two separate items, the revised question is still able to establish whether an individual has prioritised gambling over other, arguably more important things.

A further additional question that was suggested to be added but would actually benefit from being absorbed into an existing question relates to the types of deception involved in gambling problems. The L-HAGS currently asks about lying, however it was suggested to add an item questioning whether an individual has kept things secret. As such, the existing item was modified from 'Have you lied to anyone about the amount you gamble?' to:

- **Have you tried to keep your gambling a secret from friend / relatives?**

It was agreed that the slightly softer framing of this approach was make the question seem less abrasive and judgemental, whilst still retaining the capacity to examine deception.

#### 9.3.2 QUESTIONS TO BE ADDED

Based on the suggestions from the interviews, two additional questions have been added:

- **Has anyone ever been concerned about your gambling or suggested you cut down?**

And

- **Have you ever felt that your gambling was out-of-control?**

The first question indicates whether other people known to the individual have expressed concern over the individuals gambling behaviour. A positive answer to this question indicates that gambling related concern is extending beyond the individual, therefore potentially impacting relationships. As previously discussed, relationship breakdown is a significant contributory factor to homelessness. The second additional question relates to the individual's own perception of their gambling behaviour. Awareness of a lack of control of behaviour can demonstrate agency in relation to a



problem, and is a positive indicator of willingness to address the problem. A negative answer to this question could indicate the individual is still in denial about the extent of their problems, and maybe be more resistant to accessing treatment and support.

### 9.3.3 REJECTED ADDITIONAL QUESTIONS

Two suggestions for additional questions were rejected; the first suggestion was to interrogate frequency of gambling and preferred form. Whilst this information is extremely interesting, the aim of the L-HAGS is not to collect data on individual's gambling behaviour, rather questions indicators of problems. Although it can be argued that frequency of gambling could potentially be an indicator of gambling problems, it was thought by the research team that this was indirectly covered in other questions within the L-HAGS screening tool.

Preferred form of gambling is not necessarily indicative of whether someone has a gambling problem; due to limits in space, it was decided that collection of this data was therefore not of paramount importance, and thus this suggested item was also rejected.

### 9.3.4 GAMBLING AND CRIME

Question 8, relating to gambling and crime, generated a mixed response; some practitioners expressed concern that this question was too sensitive. However, service users appeared to be happy to answer this question. The item was specifically designed as to not question directly the nature of the crime, or ask for any details. The item was simply worded to establish if the individual had committed a crime expressly to fund gambling.

Due to the acceptance of the question by the homeless cognitive interviewees, the researchers have made the decision to keep the item in the L-HAGS. However, the item is still under review, and its final inclusion will be subject to further analysis of item endorsement.

### 9.3.5 ADMINISTRATIVE AND STRUCTURAL CHANGES

To maintain simplicity and encourage full completion, it was recommended that the questionnaire be kept as short as possible. After reviewing the recommendations from the cognitive interviewing, the L-HAGS increasing from 11, to 12 questions.

The scoring system for the L-HAGS was well understood, and thought to be easy to administer. However, there was some query with regard to the cut-off for referral to further services. In the current format, individuals are given a resource sheet with information about contacting further services if they endorse two or more items. It was suggested that an alternative system could be introduced, whereby the individuals must endorse item 1 (indicating past year gambling) plus a further two items to be referred for further support. Although this system is not without merit, the original scoring system was designed to be as simple as possible. Therefore, both the scoring system and the cut-off score warrant further analysis and investigation. This will be discussed further in section 10.1.1.

The questions on the L-HAGS are designed to investigate past year gambling behaviour; although this time period is specified in question 1, and then again in a statement before question three, it was suggested that the time frame could be specified more frequently. To add 'In the last 12 months' to every item creates a lot of repetition, and increases the density of the text on the page. Therefore, a reference to the time frame has been added intermittently, to items 4, 7, and 10. However further review is needed to ascertain if this is sufficient, or whether the time frame needs to be referenced in each item.

There was mixed feedback on whether the L-HAGS should be administered face to face, or via self-completion. The L-HAGS is designed to be flexible and easy to use in either way, therefore there is not set protocol for tool administration.

There was also some discrepancy highlighted in the cognitive interviews as to how the L-HAGS would be used by practitioners. The L-HAGS is designed to be used as an easy to administer, stand-alone tool where all questions are asked, with answers indicating whether the individual may need further support. Some service providers highlighted that they may not use the tool in this way, instead using the questions to guide a conversation around gambling, rather than ask them directly. Furthermore, it was also indicated that the suggested scoring was to be disregarded, and a decision to be taken for referral would be made on the basis of a conversation, rather than a score on a screening tool.

When considering these points, it is important to remember the overall aim of this research, and of the tool development. Variation in administration of this tool, in the ways highlighted above, would be problematic if the tool was being used to measure population level gambling prevalence. However, the primary aim of these documents is to raise awareness of gambling problems within the homeless community, and to offer information and support to both homeless practitioners, and service users. Regardless of whether the L-HAGS is used as a strictly administered and scored screen, or as a basis for a less formal conversation, gambling problems are being asked about, and support will be offered. Thus, the tools have achieved their major objective.

#### 9.3.6 L-HAGS SCREENING TOOL KEY CHANGES SUMMARY

**ITEMS CHANGED**

- **Have you gambled instead of paying rent, or bills, or paying for food or accommodation? (combination of items 4 and 7)**
- **Have you tried to keep your gambling a secret from friend / relatives?**

**ITEMS ADDED**

- **Has anyone ever been concerned about your gambling or suggested you cut down?'**
- **Have you ever felt that your gambling was out-of-control?'**

**OTHER**

- **Items questioning gambling frequency and preferred form rejected**
- **More references to time frame added**
- **Gambling and Crime question retained, although under review**

#### 9.4 RESOURCE SHEET (REVISED, APPENDIX F)

The feedback on the resource sheet was generally positive, with most comments suggesting additional information, whilst maintaining the short, one-page format.

##### 9.4.1 ADDITIONAL INFORMATION – GAMBLING ADDICTION

The primary suggestion was that the resource sheet should provide more information on how people become addicted to gambling. This suggestion was also made for the information sheet. As stated in section 9.2.3, providing anything approaching full, balanced, information regarding why individuals get addicted to gambling is very difficult to within the scope of either the information sheet, or the resource sheet. Suggestions for both the information and resource sheets indicate that easily accessible and digestible information on a single page was of high importance; therefore, rather than provide incomplete information, an alternative solution is suggested.

The recurring request for more information about how and why some people get addicted to gambling highlights the importance of the ability of homeless services to be able to provide more in-depth information. The current documents provide practical information relevant to the target population – this request is for more detailed information about gambling addiction, as applicable generally rather than specifically for homelessness.

It is therefore suggested a 4<sup>th</sup> document needs to be developed, to be written as both a gambling addiction information sheet for homeless service providers seeking more in-depth information than that provided on the current information, and for those identified as needing further support. The 4<sup>th</sup> document, the gambling addiction information sheet, would therefore be designed to be used in conjunction with the initial practical and basic information sheet, and the resource sheet. This document would be able to succinctly communicate the explanations of gambling addiction from multiple perspectives. This would also give scope to elaborate on why gambling is more attractive to people of lesser means, a point previously raised in relation to the information sheet.

#### 9.4.2 ADDITIONAL INFORMATION – LOCAL SERVICES

The information of details of support groups provided on the sample documents was intended to be an example of what can be included, rather than a definitive template. Times and dates of local groups can be included.

The capacity to automatically input local service details was initially designed to reduce the burden on homeless services. However, feedback appears to be that services would be willing to input, by hand, details of local services. Leaving these boxes blank also allows for any existing service-specific gambling services to be considered, adding increased flexibility to the document.

The template of the resource sheet has been adjusted accordingly, with the local service boxes left blank, for local service times and locations to be input by hand. There is the potential to automate this function, and for it to be completed online, however this is discussed further in section 10.1.3.

#### 9.4.3 ADDITIONAL INFORMATION – NATIONAL SERVICES

The only feedback related to national services was a query as to whether the national helpline was free to call from mobiles. It is, and a line has been added to make this clear.

## 10 INSTRUMENT DEVELOPMENT – WHAT HAPPENS NEXT?

In their current format, the information sheet, the L-HAGS screening tool, and resource sheet, having been adjusted following cognitive testing feedback, are ready to be used for their initial, primary functions. That is, to raise awareness of gambling problems within the homeless community and in homeless practitioners, to give homeless service staff a tool to help identify potential problems, and a resource to detail what to do once a problem gambler has been identified.

Although the documents are able to do this – further testing and validation is required to assess the documents, and the utility of each individual item within the screening tool. Additionally, there is potential for future development to refine the process.

### 10.1 ASSESSMENT AND VALIDATION

These instruments have been developed from interviews with homeless gamblers, and cognitively tested through interviews with both homeless service staff, and gambling and non-gambling homeless individuals. This methodology has ensured that end-user input has been considered throughout instrument development. However, some constructs warrant further investigation.

#### 10.1.1 CUT-OFF SCORES AND PROBLEM GAMBLING PREVALENCE

The primary aim of the instruments is to raise awareness of gambling, assists in problem gambling identification, and provide a pathway to treatment for those identified as begin at risk. The current scoring system on the L-HAGS is not designed to identify problem / pathological gamblers, but to identify those who may benefit further support.

Currently, the cut off score is set at two; an individual endorsing any two items will be given a resource sheet, and referred, if necessary to further gambling support services. The result is that anyone who indicates they have gambled in the last 12 months, and then endorses one further item, will be referred for further support. The cut-off score was deliberately set low to ensure that the screening tool did not miss anyone. However, the low cut-off also increases the possibility of false positives. An individual may have gambled once and told one lie in the last 12 months; it may not be appropriate to refer such an individual for further support for gambling.

Additionally, the current scoring system also does not allow the L-HAGS to be used to estimate prevalence of problem gambling within the homeless community and thus does not have an accurate diagnostic utility

To address both of these limitations, the instruments need to be validated in a larger sample. If paired with existing tool that has previously been used in this population such as the Problem Gambling Severity Index (PGSI, Ferris & Wynne, 2001), an adjusted cut-off level could be calculated to reduce false positives, whilst maintaining problem identification accuracy. Furthermore, problem severity classifications could be added, replacing the over-simplified but functional ‘refer to other service’ dichotomy currently implemented. We would be able to establish what score on The L-HAGS equates to problem / pathological gambling, and less severe risk categories, and thus calculate generate a scoring system that allows reliable prevalence estimates within this population.

It is possible that this large-scale validation could be conducted in conjunction with the Gambling Commission, and Local Authorities throughout the UK. It is the suggestion of the research team that the documents, along with a comparison screen, are piloted in a small number of local authorities throughout the UK. This data would allow us to calculate accurate classifications and cut off points,

allowing this instrument to be used to measure prevalence, in addition to the primary function of identifying those demonstrating some risk of gambling harms, and needing further support.

#### 10.1.2 L-HAGS ITEM VALIDATION

Large scale validation would also allow us to analyse the contribution of each item to the scale. We can assess which items load most heavily on to which factors, and establish how inclusion or removal of each item would affect risk category distribution. Such an analysis would influence final L-HAGS composition.

Further analysis of factor loading may also effect the order in which the items are presented within the L-HAGS; it may be that items that load on to the same factor are presented in clusters, or alternatively that they are distributed evenly across the L-HAGS.

#### 10.1.3 FUTURE DEVELOPMENT

Although the current instruments achieve the primary aims of the project, there are two ways that the existing work can be developed; development of an online service directory, and production of further gambling addiction information sheet.

The online directory would offer homeless service practitioners a simple tool to access all services local to their organisation, as offered by Gamblers Anonymous and Gamcare. The practitioner would visit a specific website, and enter the postcode of their service. The search engine within the website would locate the nearest GA and Gamcare services, and automatically input these into a template similar to the resource sheet designed for the current work. The practitioner would then only have to print out the generated document, to communicate location of services, rather than have to search and enter them by hand

The final consideration for future development is the creation of 4<sup>th</sup> document, the gambling addiction specific information sheet. Cognitive interviews for both the information sheet and the resource sheet highlighted the desire from both practitioners and service users to access information beyond the scope of these documents. A further document could therefore be produced to introduce the different theoretical perspectives on gambling addiction, to be used by practitioners in conjunction with the initial information sheet, and by service users in conjunction with the resource sheet.

## **11 SUMMARY AND CONCLUSION**

The cycle of homelessness is a desperate one that an individual can become trapped in, with little hope for escape. Gambling can be a contributory factor in this cycle. This work has reiterated the acute need for homeless services to be better informed, and receive better support when identifying and supporting those experiencing gambling problems, and helping them break the cycle of homelessness.

The documents developed in this research have been designed to inform, educate and assist. To that end, they are successful, and ready to be more fully assessed through large sample validation, prior to large scale, nationwide implementation.

Homelessness is a complex phenomenon, with many contributing factors, of which gambling can be considered a part. This work will serve to assist homeless practitioners in the identification of gambling problems, and ultimately make a contribution to breaking the cycle of homelessness.

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## APPENDICES

### APPENDIX A – INFORMATION SHEET (VERSION 1)

# GAMBLING AND HOMELESSNESS

It is well known that there are many factors that can contribute to an individual becoming homeless, and that many individuals who experience homelessness can present with complex needs. One behaviour that can be considered when assessing the needs of a person, is gambling.

#### WHY ASK ABOUT GAMBLING?

- Gambling is often called ‘the hidden addiction’, and can be difficult to identify
- Consequences include health and mental health problems, criminal acts, suicidal intentions and relationship difficulties
- Recent research has shown that gambling can be a significant factor in homelessness
- Problem gambling is 10 times more common in the homeless than the general population
- Rough sleepers are at greater risk of severe gambling problems
- Gambling can contribute to missed rent or mortgage payments, and relationship breakdown

#### WHAT IS THE APPEAL OF GAMBLING?

- Gamblers often chase the big win – the win that can change everything
- Some gambling venues offer shelter, a toilet, and if gambling, a hot drink
- Gambling behaviour can be increased when under the influence of drugs or alcohol
- Machine gambling in particular can offer an escape from other problems or concerns

#### WHAT TO LOOK FOR

- Volatile mood swings – negative following losses, positive following wins
- Excessive anxiety or excitement around any kind of payday (wages, benefits etc)
- Lack of support network – gambling often leads to relationship breakdown due to amount of deceit and lies
- Selling items – desperate for even the smallest amount of cash
- Unwillingness to talk about money and how money is spent

#### BARRIERS TO TALKING ABOUT GAMBLING

- There are some stereotypes around gambling addiction – i.e., not an addiction
- Some individuals have concerns about how disclosing a gambling problem will negatively impact on things like hostel placements, housing, and most importantly, benefits.
- Challenges around getting the individual to understand their own problem behaviour – gambling isn’t the solution, it’s the problem.
- Gambling can evoke high emotion, both positive and negative. Some people don’t want to talk when in this state

#### WHAT TO ASK

Sometimes just asking is the most important thing.

APPENDIX B - Lincoln Homelessness and Gambling Scale (L-HAGS) (VERSION 1)

		YES	NO
1	Have you gambled in the last 12 months (including lottery, scratch card, etc)		
2	Do you think gambling contributed to you becoming homeless?		
	In the last 12 months:		
3	Have you lied to anyone about the amount you gamble?		
4	Have you gambled instead of paying rent, or bills?		
5	Have you left yourself with no money through gambling?		
6	Has gambling caused relationship difficulties?		
7	Have you gambled instead of buying food, or getting somewhere to sleep?		
8	Have you committed a crime to get money to gamble?		
9	Have you spent more than you intended to when gambling?		
10	Have you gambled more, to win back what you already lost?		
11	Have you gambled to escape from negative feelings like stress or loneliness?		

Scoring – every ‘yes’ answer equates to a value of 1. If the individual has a score of 2 or more, then they may require gambling support. Visit [www.enterthewebsitenamehere.com](http://www.enterthewebsitenamehere.com) and enter your postcode to produce a personalised support sheet.

## Overcoming Gambling

Your answers to the gambling questions show that you might benefit from gambling support.

- You are not alone – there are many different types of support available for gambling problems
- You are not helpless – gambling is something that can be controlled
- Gambling is not the solution – gambling is the problem

### WHAT CAN BE DONE IMMEDIATELY?

- Who has control of your money? Could someone else look after your cash / bankcard?
- When are you at risk? For many gamblers, payday is a high risk time. Talk to someone around payday, make a plan for coping
- If you use bookmakers or arcades – ask to complete a self-exclusion form, to ban you from entering the bookies or arcade.
- If you gamble online, install blocking software that stops you entering gambling sites
- Contact the services listed below to find support

#### GAMBLERS ANONYMOUS

Braintree & Bocking Community Association

Bocking End

Braintree,

United Kingdom

CM7 9AH

Tuesday 19:00 - 20:00

#### LOCAL SERVICES:

#### GAMCARE COUNSELLOR

Chelmsford

Breakeven Website:

<http://www.breakeven.org.uk/Locations.aspx?VenueID=28>

phone: 0127 383 3722

### NATIONAL GAMBLING SERVICES

**Gamcare** - Gamcare can provide live, confidential, one-to-one information, advice and emotional support, and can signpost to further sources of specialist help.

Freephone **0808 8020 133**, 8am to midnight, seven days a week, or you can chat to an advisor online. <http://www.gamcare.org.uk/>

**National Problem Gambling Clinic** - The National Problem Gambling Clinic offers treatments for gambling addiction, depending on the needs of the individual. Individuals can be referred via a referral form.

Phone: 020 7381 7722

Email: [gambling.cnwl@nhs.net](mailto:gambling.cnwl@nhs.net)

**Gordon Moody Association** - Gordon Moody offers a residential recovery programme for those suffering with gambling addiction. They have two centres, one in London and one in Dudley.

Phone: 01384 241292

Email: [help@gordonmoody.org.uk](mailto:help@gordonmoody.org.uk)

**\*\*\*\* YOUR KEYWORKER CAN HELP YOU TAKE THE FIRST STEP, TO MAKE THE  
CALL TO PUT YOU IN TOUCH WITH ANY OF THESE SERVICES\*\*\*\***

# GAMBLING AND HOMELESSNESS

It is well known that there are many factors that can contribute to an individual becoming homeless, and that many individuals who experience homelessness can present with complex needs. One behaviour that can be considered when assessing the needs of a person, is gambling.

## WHAT IS GAMBLING?

- Gambling can be defined as placing something of value (usually money) at risk, in the hope of gaining something of greater value
- There are many different forms of gambling, including (but not limited to) Lottery, Sports, Machines, Scratchcards, Bingo, Cards etc. Gambling can be in person, online, or mobile.

## WHY ASK ABOUT GAMBLING?

- Gambling is often called ‘the hidden addiction’, and can be difficult to identify
- Consequences include health and mental health problems, criminal acts, suicidal intentions and relationship difficulties
- Recent research has shown that gambling can be a significant factor in homelessness
- Problem gambling is 10 times more common in the homeless than the general population
- Rough sleepers are at greater risk of severe gambling problems
- Gambling can contribute to missed rent or mortgage payments, and relationship breakdown

## WHAT IS THE APPEAL OF GAMBLING?

- When winning, gambling can stimulate feelings of excitement, happiness and satisfaction
- Gambling offers the chance for life changing wins – particularly to those of lower income
- Some gambling venues offer shelter, a toilet, and if gambling, a hot drink
- Gambling behaviour can be increased when under the influence of drugs or alcohol
- Machine gambling in particular can offer an escape from other problems or concerns

## WHAT TO LOOK FOR

- There is no physical ‘type’ to look for - anyone can be affected by gambling
- Volatile mood swings – negative following losses, positive following wins
- Excessive anxiety or excitement around any kind of payday (wages, benefits etc)
- Lack of support network – gambling often leads to relationship breakdown due to amount of deceit and lies
- Selling items – desperate for even the smallest amount of cash
- Unwillingness to talk about money and how money is spent

## BARRIERS TO TALKING ABOUT GAMBLING

- There are some stereotypes around gambling addiction – i.e., not an addiction
- Individuals may feel a sense of shame, embarrassment or judgement around gambling
- Some individuals have concerns about how disclosing a gambling problem will negatively impact on things like hostel placements, housing, and most importantly, benefits.
- Challenges around getting the individual to understand their own problem behaviour – gambling isn’t the solution, it’s the problem.

**SOMETIMES JUST ASKING ABOUT GAMBLING IS THE MOST IMPORTANT STEP.**

APPENDIX E – LINCOLN HOMELESS AND GAMBLING SCALE (L-HAGS, REVISED)

		YES	NO
1	Have you gambled in the last 12 months (including lottery, scratch card, etc)		
2	Do you think gambling contributed to you becoming homeless?		
	In the last 12 months:		
3	Have you tried to keep your gambling a secret from friend / relatives?		
4	In the last 12 months, have you gambled instead of paying rent, or bills, or paying for food or accommodation?		
5	Have you left yourself with no money through gambling?		
6	Has gambling caused relationship difficulties?		
7	In the last 12 months, has anyone ever been concerned about your gambling, or suggested you cut down?		
8	Have you committed a crime to get money to gamble?		
9	Have you spent more than you intended to when gambling?		
10	Still thinking about the last 12 months, have you gambled more, to win back what you already lost?		
11	Have you gambled to escape from negative feelings like stress or loneliness?		
12	Have you ever felt your gambling was out of control?		

Scoring – every ‘yes’ answer equates to a value of 1. If the individual has a score of 2 or more, then they may require gambling support. Visit [www.enterthewebsitenamehere.com](http://www.enterthewebsitenamehere.com) and enter your postcode to produce a personalised support sheet.

## Overcoming Gambling

Your answers to the gambling questions show that you might benefit from gambling support.

- You are not alone – there are many different types of support available for gambling problems
- You are not helpless – gambling is something that can be controlled
- Gambling is not the solution – gambling is the problem

### WHAT CAN BE DONE IMMEDIATELY?

- Who has control of your money? Could someone else look after your cash / card?
- When are you at risk? For many gamblers, payday is a high-risk time. Talk to someone around payday, make a plan for coping
- If you use bookmakers or arcades – ask to complete a self-exclusion form, to ban you from entering the bookies or arcade.
- If you gamble online, install blocking software that stops you entering gambling sites
- Contact the services listed below to find support

### LOCAL SERVICES:

GAMBLERS ANONYMOUS
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GAMCARE COUNSELLOR
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### NATIONAL

### GAMBLING SERVICES

**Gamcare** - Gamcare can provide live, confidential, one-to-one information, advice and emotional support, and can signpost to further sources of specialist help.

Freephone **0808 8020 133**, 8am to midnight, seven days a week, or you can chat to an advisor online. <http://www.gamcare.org.uk/> This number is free from landlines or mobile phones.

**National Problem Gambling Clinic** - The National Problem Gambling Clinic offers treatments for gambling addiction, depending on the needs of the individual. Individuals can be referred via a referral form. Phone: 020 7381 7722 Email: [gambling.cnwl@nhs.net](mailto:gambling.cnwl@nhs.net)

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**\*\*\* YOUR KEYWORKER CAN HELP YOU TAKE THE FIRST STEP, TO MAKE THE CALL TO PUT YOU IN TOUCH WITH ANY OF THESE SERVICES\*\*\***