

Annual Statistics from the National Gambling Treatment Service

1st April 2020 to 31st March 2021

2020/ 2021



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1 Executive Summary

Client characteristics

- A total of 8,490 individuals were treated within gambling services (who report to the Data Reporting Framework (DRF)) in Great Britain within 2020/21.
- A large majority of clients (70%) were male.
- Three quarters (75%) of clients were aged 44 years or younger. The highest numbers were reported in the 25–29 years old and 30–34 years old age bands, accounting for 39% of clients in total.
- Nine tenths (88%) were from a white ethnic background, including 81% White British and 5% White European. The next most commonly reported ethnic backgrounds were Asian or Asian British (5%), and Black or Black British (4%).
- The majority of clients were either in a relationship (36%) or married (26%). A further 30% were single, 4% were separated and 3% divorced.
- In terms of working status, most were employed (73%), with smaller proportions reporting being unemployed (10%), unable to work through illness (9%), retired (2%), homemaker (3%) or a student (2%).

Gambling profile

- Among clients receiving treatment for their own disordered gambling behaviour, initial Problem Gambling Severity Index (PGSI)¹ scores indicated that the majority of clients (94%) had a score of eight or more (which the PGSI scale classes as problem gambler) at the point of assessment for treatment. Amongst those whose episode of treatment ended within the 2020/21 year, this proportion had reduced to 28% and the majority (80%) showed some improvement on this scale.
- The most common location for gambling was online, used by 79% of clients. Bookmakers were the next most common, used by 29% of gamblers. Use of online services was noticeably higher among younger age groups.
- Between 2015/16 and 2020/21 the proportion reporting use of online gambling services increased from 57% to 79%. In the same time period, the proportion using bookmakers decreased from 56% to 29%.
- Among online services, gambling on casino slots was the most common activity (32%), followed by sporting events (27%) and casino table games (21%).
- Among bookmakers, gaming machines were the most common form of gambling (13%), followed by sporting events (9%) and horses (8%).
- Compared to White gamblers, those who identified as Black or Black British were more likely to use bookmakers (46% compared to 28%) or casinos (17% compared to 5%). Those who identified as Asian or Asian British were also more likely to use bookmakers (33%) or casinos (15%) than White clients.
- The majority of gamblers (63%) reported having a debt due to their gambling, 11% had experienced a job loss as a result of their gambling and 27% had experienced a relationship loss through their gambling. At the point of presentation to gambling services, gamblers had been (problem) gambling for an average (median) of 10 years.

¹ See Appendix, section 11.2

- On average (median) gamblers reported spending £1,000 on gambling in the previous 30 days before assessment, with 50% spending more than this.

Treatment engagement

- A majority of referrals into treatment (93%) were self-made.
- For clients treated within the year, 50% of clients had a first appointment within three days of making contact and 75% within eight days.
- Among all those receiving and ending treatment within 2020/21, treatment lasted for an average (median) of 9 weeks. Overall, clients received a mean of eight appointments within their treatment episode.

Treatment outcomes

- Among clients who ended treatment during 2020/21, a majority (74%) completed their scheduled treatment. One fifth (20%) dropped out of treatment before a scheduled endpoint.
- Between 2015/16 and 2020/21 the proportion of clients completing scheduled treatment increased from 59% to 74% whilst the proportion dropping out of treatment decreased from 35% to 20%.
- Among gamblers, PGSI scores improved by an average (median) of 13 points between earliest and last appointment in treatment.
- At the latest point in treatment 72% had a PGSI score of seven or less, compared to 6% at the start of treatment.
- Improvements in PGSI score were seen in 92% of gamblers who completed treatment, compared to 60% of those who dropped out.
- At the end of treatment 63% of clients were defined as 'below clinical cut-off' on the CORE-10 scale, compared to only 17% at the start of treatment.
- Improvements in CORE-10 score were seen in 88% of clients who completed treatment, compared to 52% of those who dropped out.

2 About the National Gambling Treatment Service

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

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

The data for the 2020/21 period presented within this report covers submissions from the following organisations, with details of the services they provide listed below.

GamCare² and its partner network offers:

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

Gordon Moody offers:

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

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

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

NHS Northern Gambling Service, provided by Leeds and York Partnership NHS Foundation Trust offers:

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

GambleAware funded treatment providers are required to submit quarterly datasets in a standardised format³. This report is informed by analysis of these submissions.

² In addition, GamCare operates the National Gambling Helpline which offers telephone and online live chat support providing immediate support to individuals and referral into the treatment service. GamCare also offer information and advice via their website, moderated forums and online group chatrooms. These services are not within the scope of data presented in this report.

³ <https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

3 Background and Policy Context

The Gambling Act 2005 contains a provision at section 123⁴ for a levy on gambling operators to fund projects to reduce gambling harms, however successive governments have not commenced this provision. In the absence of such a levy, the Gambling Commission imposes a requirement on operators through the Licence Conditions & Code of Practice⁵ to make a donation to fund research, education and treatment. At the time of publishing, the Government is in the process of conducting a review of the 2005 Gambling Act and is due to release a white paper at the end of 2021 outlining its proposals for reform.

GambleAware⁶ is an independent charity that commissions evidence-informed prevention and treatment services in partnership with expert organisations and agencies and is also a strong advocate for a mandatory levy. The charity is the most prominent organisation active in all three areas of research, education and treatment⁷ and for this reason, a high proportion of donations are made to GambleAware. In particular, a recent pledge of up to £100 million was made by the largest four gambling companies to the charity up to the year 2024.

In September 2021, Public Health England (which has since disbanded) published a review of the evidence of gambling harms⁸. The paper concluded that harmful gambling should be considered a public health issue because of the association with harms to the individual, their families, friends and wider society. The new Office for Health Improvement and Disparities (OHID) will work closely with the Department for Digital, Culture, Media and Sport (DCMS) and other key partners to develop a plan to address the gaps identified in the report to help reduce gambling harms.

In January 2019, NHS England announced it would be establishing additional specialist clinics to treat gambling disorder⁹ and in July 2019 announced the timetable for the new clinics to start¹⁰. The first of these clinics began offering treatment in 2019/20. In addition, some activity funded by the NHS for people whose primary or secondary diagnosis is gambling disorder takes place outside the specialist clinics. Activity funded by the NHS is reported in the official statistics produced by the NHS in England, Scotland and Wales.

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

GambleAware is working to ensure a public health approach to preventing gambling harms is adopted in Great Britain and is guided by the framework for harm prevention, as set out in the National Strategy to Reduce Gambling Harms.

The COVID-19 pandemic has presented huge challenges for communities, individuals, service providers and the statutory sector. Many areas have seen swift change in response to new demands because of the pandemic, however some may have missed out on receiving support due to service changes or developed new needs that remain unmet. The long-term effect of the pandemic is likely to be felt for many years and effective commissioning should always be

4 <http://www.legislation.gov.uk/ukpga/2005/19/section/123>

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

6 Information about GambleAware and its governance is available at <https://about.gambleaware.org/about/>

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

8 <https://www.gov.uk/government/news/landmark-report-reveals-harms-associated-with-gambling-estimated-to-cost-society-at-least-1-27-billion-a-year>

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

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

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

responsive to the changing needs of society. GambleAware remains committed to working in partnership with the NHS, public health agencies, local authorities and voluntary sector organisations across England, Scotland and Wales to further develop the National Gambling Treatment Service. As the primary funder of the NGTS, this statistical report covers activity which is commissioned by GambleAware.

GambleAware is a member of a joint-working group on preventing gambling harms co-chaired by the Department for Digital, Culture, Media and Sport and Department for Health and Social Care, and a member of the National Suicide Prevention Strategy Advisory Group. GambleAware has established advisory boards in Wales and Scotland to guide future commissioning plans in those nations and is an approved National Institute for Health Research (NIHR) non-commercial partner. In addition, GambleAware is establishing an Advisory Group in consultation with other bodies to ensure the best use of available funding, and to support alignment, integration and the expansion of treatment services across the system so patients get the right treatment at the right time.

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

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

4 The DRF database

The collection of data on clients receiving treatment from the National Gambling Treatment Service is managed through a nationally co-ordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015. Individual treatment services collect data on clients and treatment through bespoke case management systems. The DRF is incorporated into each of these systems. Data items within the DRF are set out in the DRF Specification¹² (valid until March 31st 2021) and provided in the appendix to this report. Data are collected within four separate tables, providing details of client characteristics, gambling history, referral details and appointment details. The DRF constitutes a co-ordinated core data set, collected to provide consistent and comparable reporting at a national level. Some minor differences exist in data collection between agencies, such as the addition of supplementary categories in individual fields or in the format of collected data. These are reformatted or recoded at a national level to ensure consistency within the DRF specification.

¹² <https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

5 About this report

This report summarises information on clients of National Gambling Treatment Service agencies and provides details of client characteristics, gambling activities and history, and treatment receipt and outcomes. It is restricted to clients for who evidence exists of structured treatment receipt within the reporting period and so does not represent all activity of the reporting agencies, nor does it capture any activity of agencies that do not report to the DRF system. It provides a consistently reported summary, comparable across years.

6 Notes on interpretation

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

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

Within this report averages are presented either as means or medians, or sometimes both together. As extreme individual values affect the mean but not the median, the median is often preferred as a measure of central tendency.

The treatment period April 1st 2020–March 31st 2021 coincided with the Covid-19 pandemic. During this period, rights of movement and access to public venues was often restricted. Details of lockdowns and other restrictions can be found here:

- [England](#)
- [Scotland](#)
- [Wales](#)

Within each lockdown access was restricted to services defined as essential. Hospitality and entertainment sector venues, such as pubs, restaurants and cinemas, but also betting shops, casinos and bingo halls were closed during lockdowns and subject to curfews and distancing restrictions outside of lockdowns.

7 Assessment of quality and robustness of 2020/21 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2020/21. Details of gambling activity and history are not routinely collected for clients who are not themselves gamblers. Levels of completeness of gambling information relate only to clients identified as gamblers. Most data items are close to 100% complete, making the data representative of this treatment population, minimising any likelihood of bias and validating comparisons between time periods and sub-samples.

Table 1 Level of completion of selected data fields

Data item	Level of completion
Referral reason	100%
Referral source	99.9%
Gender	98.0%
Ethnicity	96.8%
Employment status	94.2%
Relationship status	95.5%
Primary gambling activity	91.7%
Money spent on gambling	96.3%
Job loss	96.7%
Relationship loss	96.8%
Early big win	97.1%
Debt due to gambling	95.1%
Length of gambling history	91.4%
Age of onset (problem gambling)	93.8%
Days gambling per month	85.8%

8 Characteristics of Clients

A total of 8,490 individuals were treated by gambling services providing DRF data within 2020/21. This includes 7,726 Residents of England, 268 of Scotland and 347 of Wales.

The majority of those seen by gambling services were gamblers (7191, 85%). However, 1245 (15%) referrals related to 'affected others' that is, individuals who are not necessarily gamblers but whose lives have been affected by those who are. A small number of referrals (53, 1%) related to persons at risk of developing a gambling problem (see section 6). All clients are included in breakdowns of client characteristics and treatment engagement but only identified gamblers are included in breakdowns of gambling activity and history.

One quarter (22%) of cases seen in 2020/21 were for recurring treatment (clients previously seen by the reporting service).

8.1 Age and gender of Clients

Clients had an average (median) age of 35 years at time of referral, with three quarters (75%) aged 44 years or younger. The highest numbers were reported in the 25–29 years old and 30–34 years old age bands. Gender differed considerably by type of client (Table 4) with 80% of gamblers being male compared to only 15% of other clients.

Table 2 accounting for 39% of clients in total. Clients other than gamblers had a higher median age of 40 years and were more likely to be in the over 50 age bands (Table 3).

A large majority of clients (70%) were male. This compares to 49% in the general population of Great Britain¹³. The distribution of age differs by gender (Table 2 and Figure 1), with female age being more evenly dispersed, including a greater proportion in the older age groups (45+) compared to males. This results in a higher average (median) age of 38 years for females compared to 33 years for males. Gender differed considerably by type of client (Table 4) with 80% of gamblers being male compared to only 15% of other clients.

Table 2 Age and gender of clients

		Male			Female			Total*		
		N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Age bands	< 20	96	1.7%	87.3%	14	0.6%	12.7%	110	1.3%	100.0%
	20–24	643	11.1%	83.9%	123	5.1%	16.1%	766	9.3%	100.0%
	25–29	1181	20.4%	78.3%	326	13.5%	21.6%	1509	18.4%	100.0%
	30–34	1266	21.9%	74.7%	427	17.6%	25.2%	1694	20.6%	100.0%
	35–39	920	15.9%	69.4%	405	16.7%	30.5%	1326	16.2%	100.0%
	40–44	607	10.5%	71.3%	244	10.1%	28.7%	851	10.4%	100.0%
	45–49	404	7.0%	65.8%	209	8.6%	34.0%	614	7.5%	100.0%
	50–54	293	5.1%	53.4%	256	10.6%	46.6%	549	6.7%	100.0%
	55–59	185	3.2%	46.8%	209	8.6%	52.9%	395	4.8%	100.0%
	60+	185	3.2%	46.7%	210	8.7%	53.0%	396	4.8%	100.0%
Total*	5780	100.0%	70.4%	2423	100.0%	29.5%	8210	100.0%	100.0%	

*excludes those with missing age or gender or with a gender category of less than 10

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

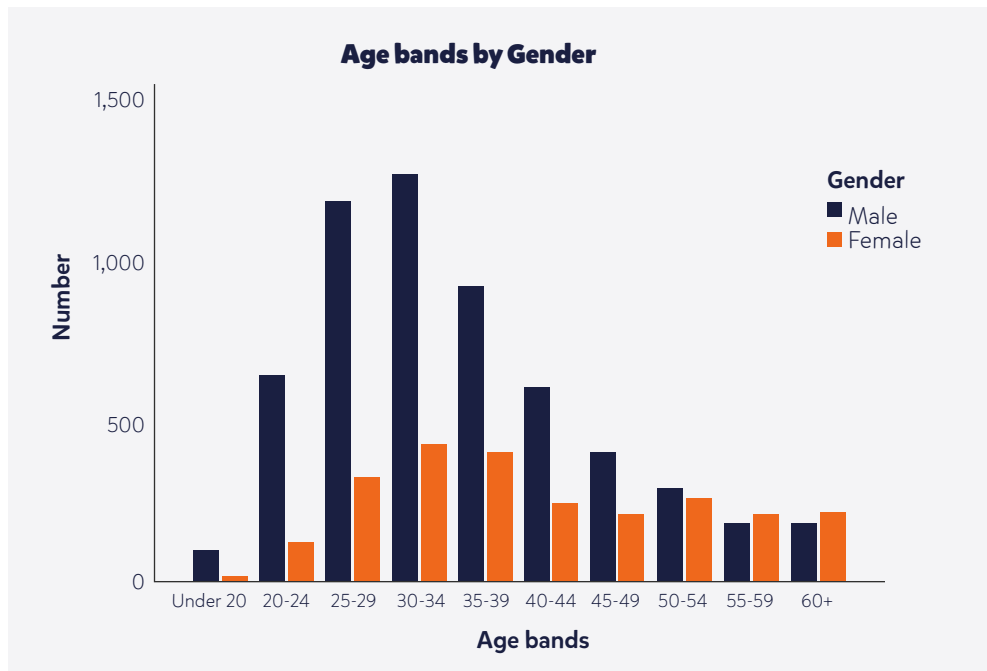


Table 3 Age bands by type of client

		Gambling clients		Other clients	
		%	N	%	N
Age bands	Under 20	101	1.4%	10	0.8%
	20-24	724	10.2%	57	4.4%
	25-29	1381	19.5%	172	13.3%
	30-34	1515	21.4%	208	16.1%
	35-39	1153	16.3%	200	15.4%
	40-44	745	10.5%	122	9.4%
	45-49	528	7.5%	95	7.3%
	50-54	422	6.0%	133	10.3%
	55-59	277	3.9%	126	9.7%
	60+	236	3.3%	172	13.3%
Total		7082	100.0%	1295	100.0%
Missing		109		4	
Total clients		7191		1299	

Table 4 Gender by type of client*

		Gambling clients		Other clients	
		%	N	%	N
Male		5668	80.3%	171	13.5%
Female		1382	19.6%	1092	86.3%

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

8.2 Ethnicity of Clients

Nearly nine tenths (88%) of clients were from a White ethnic background (Table 5) including 81% White British and 5% White European. The next most reported ethnic backgrounds were Asian or Asian British (5%), and Black or Black British (4%). This compares to national (UK) proportions¹⁴ of 87% White or White British, 7% Asian or Asian British and 3% Black or Black British.

Although no large differences existed between genders within ethnic categories, female clients were slightly less likely than males to be Asian or Asian British (3% compared to 6%) or Black or Black British (3% compared to 4%).

Table 5 Ethnicity of clients

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
White or White British	British	5643	80.8%	990	80.2%	6633	80.7%
	Irish	59	0.8%	19	1.5%	78	0.9%
	European	316	4.5%	56	4.5%	372	4.5%
	Other	91	1.3%	26	2.1%	117	1.4%
Black or Black British	African	89	1.3%	8	0.6%	97	1.2%
	Caribbean	66	0.9%	5	0.4%	71	0.9%
	Other	131	1.9%	8	0.6%	139	1.7%
Asian or Asian British	Bangladeshi	38	0.5%	2	0.2%	40	0.5%
	Indian	126	1.8%	26	2.1%	152	1.8%
	Pakistani	80	1.1%	8	0.6%	88	1.1%
	Chinese	27	0.4%	5	0.4%	32	0.4%
	Other	107	1.5%	11	0.9%	118	1.4%
Mixed	White and Asian	32	0.5%	9	0.7%	41	0.5%
	White and Black African	20	0.3%	5	0.4%	25	0.3%
	White and Black Caribbean	35	0.5%	4	0.3%	39	0.5%
	Other	54	0.8%	7	0.6%	61	0.7%
Other ethnic group		70	1.0%	46	3.7%	116	1.4%
	Total	6984	100.0%	1235	100.0%	8219	100.0%
	Missing	207		64		271	
	Total clients	7191		1299		8490	

¹⁴ Office for National Statistics. UK 2011 census. It should be noted that UK proportions include Northern Ireland, which is not within the scope of the NGTS.

8.3 Relationship status of Clients

The majority of clients were either in a relationship (36%) or married (26%). A further 30% were single, 4% were separated and 3% divorced (Table 6). Compared to male clients, female clients were less likely to be single (24% compared to 33%) and more likely to be married (32% compared to 23%), divorced (4% compared to 2%) or widowed (2% compared to <1%).

Table 6 Relationship status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
In relationship	2470	36.0%	460	37.2%	2930	36.2%
Single	2348	34.2%	115	9.3%	2463	30.4%
Married	1565	22.8%	530	42.8%	2095	25.8%
Separated	293	4.3%	62	5.0%	355	4.4%
Divorced	152	2.2%	51	4.1%	203	2.5%
Widowed	40	0.6%	19	1.5%	59	0.7%
Total	6868	100.0%	1237	100.0%	8105	100.0%
Missing	323		62		385	
Total Clients	7191		1299		8490	

8.4 Employment status of Clients

The majority of clients were employed (73%). The next most reported status was unemployed (10%) followed by unable to work through illness (9%), homemaker (3%), retired (2%) and student (2%). Female clients were less likely to be employed (62% compared to 77% males) and more likely to be a homemaker (8% compared to <1%), unable to work through illness (14% compared to 7%) or retired (4% compared to 2%).

Table 7 Employment status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Employed	4936	72.7%	878	72.4%	5814	72.7%
Unemployed	746	11.0%	65	5.4%	811	10.1%
Student	151	2.2%	21	1.7%	172	2.1%
Unable to work through illness	682	10.0%	51	4.2%	733	9.2%
Homemaker	109	1.6%	92	7.6%	201	2.5%
Not seeking work	25	0.4%	5	0.4%	30	0.4%
Prison-care	12	0.2%	2	0.2%	14	0.2%
Volunteer	17	0.3%	3	0.2%	20	0.3%
Retired	94	1.4%	88	7.3%	182	2.3%
Not stated	16	0.2%	7	0.6%	23	0.3%
Total	6788	100.0%	1212	100.0%	8000	100.0%
Missing	403		87		490	
Total clients	7191		1299		8490	

8.5 Gambling profile

Section 8.5 reports information collected only from clients who reported disordered gambling behaviour.

8.5.1 Gambling locations

Up to three gambling activities (specific to location) are recorded for each gambling client and these are ranked in order of significance.

The most common gambling location reported (Table 8) was online, used by 79% of gamblers who provided this information. Bookmakers were the next most common, used by 29% of gamblers. No other locations were used by more than 10% of gamblers, although casinos were used by 7% and miscellaneous (such as lottery, scratch-cards and football pools) by 8%.

Table 8 shows the location of primary gambling activity and again shows that online services are the most common, followed by bookmakers. These two locations account for the majority of primary gambling activities, at 89%.

Table 8 Location of gambling activity reported in 2020/21

	Any gambling in this location	%	Main gambling location	%
Online	5206	79.0%	4595	69.7%
Bookmakers	1902	28.8%	1254	19.0%
Miscellaneous	535	8.1%	289	4.4%
Casino	433	6.6%	196	3.0%
Adult Entertainment Centre	166	2.5%	95	1.4%
Pub	131	2.0%	55	0.8%
Bingo Hall	84	1.3%	37	0.6%
Other	63	1.0%	35	0.5%
Family Entertainment Centre	39	0.6%	19	0.3%
Live Events	30	0.5%	14	0.2%
Private Members Club	9	0.1%	5	0.1%
Total	6594	100.0%	6594	100.0%
Missing	597		597	
Total gamblers	7191		7191	

8.5.2 Gambling activities

Table 9 shows that within online services, casino slots were the most common individual activity, used by 32% of gamblers overall (making this the most common individual activity reported), followed by sporting events (27%) and casino table games (21%). Within bookmakers, gaming machines were the most common form of gambling, used by 14% of gamblers, followed by sporting events (9%) and horses (8%).

Table 9 Gambling activities, grouped by location

Location	Activity	N	% among gamblers	% within location
Bookmakers				
	Gaming Machine (FOBT)	864	13.1%	45.4%
	Sports or other event	612	9.3%	32.2%
	Horses	538	8.2%	28.3%
	Dogs	155	2.4%	8.1%
	Gaming Machine (other)	50	0.8%	2.6%
	Other	178	2.7%	9.4%
Bingo Hall				
	Live draw	48	0.7%	57.1%
	Gaming Machine (other)	33	0.5%	39.3%
	Skill Machine	8	0.1%	9.5%
	Terminal	3	0.0%	3.6%
	Other	2	0.0%	2.4%
Casino				
	Roulette	240	3.6%	55.4%
	Gaming Machine (other)	87	1.3%	20.1%
	Non-poker card games	58	0.9%	13.4%
	Poker	42	0.6%	9.7%
	Gaming Machine (FOBT)	31	0.5%	7.2%
	Other	14	0.2%	3.2%
Live events				
	Horses	18	0.3%	60.0%
	Sports or other event	9	0.1%	30.0%
	Dogs	5	0.1%	16.7%
	Other	2	0.0%	6.7%
Adult Entertainment Centre				
	Gaming Machine (other)	149	2.3%	89.8%
	Gaming Machine (FOBT)	13	0.2%	7.8%
	Skill prize machines	2	0.0%	1.2%
	Other	3	0.0%	1.8%
Family Entertainment Centre				
	Gaming Machine (other)	34	0.5%	87.2%
	Gaming Machine (FOBT)	1	0.0%	2.6%
	Other	4	0.1%	10.3%

Location	Activity	N	% among all gamblers	% within location
Pub				
	Pub- Gaming Machine (other)	124	1.9%	94.7%
	Pub- Poker	2	0.0%	1.5%
	Pub- Sports	1	0.0%	0.8%
	Pub- Other	4	0.1%	3.1%
Online				
	Casino (slots)	2104	31.9%	40.4%
	Sports events	1772	26.9%	34.0%
	Casino (table games)	1363	20.7%	26.2%
	Horses	631	9.6%	12.1%
	Bingo	218	3.3%	4.2%
	Poker	178	2.7%	3.4%
	Spread betting	122	1.9%	2.3%
	Dogs	110	1.7%	2.1%
	Scratchcards	30	0.5%	0.6%
	Betting exchange	12	0.2%	0.2%
	Other	338	5.1%	6.5%
Miscellaneous				
	Scratchcards	286	4.3%	53.5%
	Football pools	99	1.5%	18.5%
	Lottery (National)	97	1.5%	18.1%
	Private/organised games	37	0.6%	6.9%
	Lottery (other)	30	0.5%	5.6%
	Service station (gaming machine)	28	0.4%	5.2%
	Private members club			
	Non poker card games	4	0.1%	44.4%
	Poker	2	0.0%	22.2%
	Gaming Machine	2	0.0%	22.2%
	Other	2	0.0%	22.2%
Other Location				
		63	1.0%	
	Total	6594		
	Missing	597		
	Total gamblers	7191		

* %'s may add up to > 100%

8.5.3 Gambling history

The DRF contains a number of measures of detrimental outcomes of gambling. Where known, a majority of gamblers (62%) had experienced an early big win in their gambling career. Among those providing a response to the question 11% had experienced a job loss as a result of their gambling and 27% had experienced a relationship loss through their gambling.

Nearly four in ten gamblers (37%) had no debt due to gambling at the time of assessment (Table 10). However, 23% had debts up to £5,000 and 40% had debts over £5,000 or were bankrupt or in an Individual Voluntary Arrangement (IVA).

Table 10 Debt due to gambling

	N	%
No debt	2273	36.9%
Under £5000	1434	23.3%
£5000-£9,999	711	11.5%
£10,000-£14,999	439	7.1%
£15,000-£19,999	324	5.3%
£20,000-£99,999	777	12.6%
£100,000 or more	81	1.3%
Bankruptcy	39	0.6%
In an IVA	89	1.4%
Total	6167	100.0%
Missing	1024	
Total gamblers	7191	

There was no clear relationship between the type of gambling activities reported and reports of an early big win. Use of bookmakers was more common among those reporting a loss of relationship through gambling (39% compared to 25% of those not reporting loss), whereas use of online services was more common among those who reported no loss of relationship (82% compared to 74% of those who did report a loss). Similarly, bookmakers (47% compared to 26%) and casinos (11% compared to 6%) were more commonly used by those who had suffered job loss through gambling compared to those who had not, whereas online services were more commonly used by those with no job loss (81% compared to 67% of those not reporting loss).

On average (median) gamblers reported problem gambling starting at the age of 25 years, although this was highly variable. Three quarters reported problem gambling starting by the age of 32 years and one quarter by the age of 19 years. At the point of presentation to gambling services, gamblers had been (problem) gambling for an average (median) of 10 years. Again, this was highly variable, ranging from one month to 60 years.

8.5.4 Money spent on gambling

Gamblers reported spending an average (median) of £100 per gambling day in the previous 30 days before assessment. As some gamblers spent at considerably higher levels, the mean value is higher at £417 per day. The majority (56%) spent up to £100 per gambling day in the previous 30

days before assessment (Table 11), 14% spent between £100 and £200, 17% spent between £200 and £500 and 13% spent over £500.

Table 11 Average spend on gambling days

	N	%
Up to £100	3848	55.6%
Up to £200	994	14.4%
Up to £300	543	7.8%
Up to £400	170	2.5%
Up to £500	482	7.0%
Up to £1000	190	2.7%
Up to £2000	414	6.0%
Over £2000	282	4.1%
Total	6923	100.0%
Missing	268	
Total gamblers	7191	

In the preceding month, gamblers reported spending a median of £1000 and a mean of £2,070 on gambling. One half (50%) of gamblers spent up to £1,000 in the preceding month, with 50% spending over £1,000 (Table 12). One quarter of gamblers (25%) reported spending over £2000 in the preceding month.

Table 12 Reported spend on gambling in month preceding treatment

	N	%
Up to £100	724	10.5%
Up to £200	376	5.4%
Up to £300	418	6.0%
Up to £400	329	4.8%
Up to £500	738	10.7%
Up to £1000	876	12.7%
Up to £2000	1717	24.8%
Over £2000	1746	25.2%
Total	6924	100.0%
Missing	267	
Total gamblers	7191	

Mean values and the range of spend differed considerably between those reporting different gambling locations (Table 13), although that spend cannot be attributed specifically to gambling in those locations. Mean value of spend on gambling days was highest among those using casinos, live events and online services. These means can be affected by outliers (extreme individual values) but the median values were also higher for casinos (£150). The median value among users of

online services was similar to that of most other gambling types (£100 per gambling day). Average monthly spend was particularly elevated among those using casinos and online services, but also among those using bookmakers, more so than seen for average daily spend, suggesting that frequent use of these services may contribute to a high monthly spend.

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

	Average spend per gambling day (£)		Spend in past month (£)	
	Mean	Median	Mean	Median
Bookmakers	313	100	1927	800
Bingo Hall	166	100	986	800
Casino	578	150	2413	1000
Live Events	558	38	1495	1000
Adult Entertainment Centre	231	100	1083	600
Family Entertainment Centre	203	100	1271	750
Pub	260	100	1482	600
Online	463	100	2117	1000
Miscellaneous	149	50	1061	500
Private Members Club	388	150	1669	675
Other	355	50	1957	500

8.5.5 Gambling type by age

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

Table 14 Gambling locations by age group

	Age bands*								
	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Bookmakers	23.9%	27.4%	27.8%	28.9%	26.5%	33.8%	32.4%	36.3%	32.5%
Bingo Hall	0.6%	1.0%	0.8%	1.0%	0.7%	2.5%	1.6%	3.7%	2.4%
Casino	8.6%	6.8%	6.9%	6.1%	6.6%	5.2%	4.5%	7.8%	4.8%
Live Events	0.0%	0.5%	0.5%	0.4%	0.1%	0.6%	1.1%	0.4%	1.9%
Adult Entertainment Centre	1.9%	1.8%	2.2%	2.5%	3.1%	1.7%	5.1%	3.7%	6.7%
Family Entertainment Centre	0.4%	0.2%	0.4%	0.7%	0.9%	0.4%	0.5%	2.0%	1.9%
Pub	1.3%	1.8%	1.4%	2.5%	2.8%	1.7%	3.2%	2.0%	2.9%
Online	87.0%	85.4%	83.3%	79.6%	77.4%	69.5%	69.7%	60.4%	58.4%
Miscellaneous	8.3%	6.9%	7.3%	7.5%	8.5%	10.8%	9.6%	10.6%	13.4%
Private Members Club	0.0%	0.0%	0.2%	0.1%	0.0%	0.2%	0.8%	0.0%	0.0%
Other	1.3%	1.1%	0.8%	0.7%	1.2%	0.6%	0.5%	1.6%	2.4%
Total gamblers*	677	1295	1405	1048	682	482	376	245	209

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

Note: %s may total > 100% as more than one location can be reported

8.5.6 Gambling location by gender

Compared to male gamblers, females were less likely to use bookmakers (10% compared to 33%), casinos (4% compared to 7%), pubs (1% compared to 2%) or online services (78% compared to 83%) but more likely to use bingo halls (5% compared to <1%), adult entertainment centres (4% compared to 2%), family entertainment centres (1% compared to <1%) or miscellaneous activities (13% compared to 7%).

Table 15 Gambling location by gender

	Male		Female	
	%	Number	%	Number
Bookmakers	1752	33.4%	126	10.2%
Bingo Hall	16	0.3%	67	5.4%
Casino	375	7.2%	46	3.7%
Live Events	29	0.6%	1	0.1%
Adult Entertainment Centre	110	2.1%	54	4.4%
Family Entertainment Centre	25	0.5%	13	1.0%
Pub	113	2.2%	16	1.3%
Online	4083	77.9%	1030	83.1%
Miscellaneous	367	7.0%	157	12.7%
Private Members Club	6	0.1%	1	0.1%
Other	53	1.0%	8	0.6%
Total gamblers*	5238		1239	

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

Note: %s may total > 100% as more than one location can be reported

8.5.7 Gambling location by ethnic group

Some considerable differences were evident between the gambling locations reported by different ethnic groups (Table 16). Compared to White or White British gamblers, those who identified as Black or Black British were more likely to use bookmakers (46% compared to 28%) or casinos (17% compared to 5%). Those who identified as Asian or Asian British were also more likely than White or White British gamblers to use bookmakers (33%) or casinos (15%). Overall, those who identified as Black or Black British were the most likely to use bookmakers and the least likely to use online services (63%).

Table 16 Gambling location by ethnic group

	White or White British		Black or Black British		Asian or Asian British		Mixed	
	N	%	N	%	N	%	N	%
Bookmakers	1590	27.8%	111	46.3%	111	33.0%	29	24.2%
Bingo Hall	75	1.3%	7	2.9%	0	0.0%	0	0.0%
Casino	298	5.2%	41	17.1%	51	15.2%	17	14.2%
Live Events	26	0.5%	3	1.3%	0	0.0%	0	0.0%
Adult Entertainment Centre	152	2.7%	5	2.1%	5	1.5%	3	2.5%
Family Entertainment Centre	36	0.6%	1	0.4%	0	0.0%	1	0.8%
Pub	126	2.2%	2	0.8%	1	0.3%	0	0.0%
Online	4581	80.0%	152	63.3%	252	75.0%	106	88.3%
Miscellaneous	475	8.3%	18	7.5%	20	6.0%	10	8.3%
Private Members Club	7	0.1%	0	0.0%	1	0.3%	1	0.8%
Other	52	0.9%	6	2.5%	4	1.2%	1	0.8%
Total gamblers*	5724		240		336		120	

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

Note: %s may total > 100% as more than one location can be reported

8.5.8 Gambling type by relationship status

Gamblers defined as not in a relationship ('divorced', 'separated', 'single') were more likely to report use of bookmakers (33%), casinos (8%) and adult entertainment centres (4%) (Table 17). Those in a relationship or married were more likely to use online services (84%). Those who are divorced were more likely than those with any other relationship status to report bingo hall activity (5%) and the least likely to use online services (57%).

Table 17 Gambling type by relationship status

	Divorced		Separated		Single		In relationship		Married	
	N	%	N	%	N	%	N	%	N	%
Bookmakers	51	39.2%	89	32.7%	707	32.7%	625	26.3%	339	23.6%
Bingo Hall	7	5.4%	2	0.7%	38	1.8%	19	0.8%	14	1.0%
Casino	13	10.0%	14	5.1%	183	8.5%	124	5.2%	80	5.6%
Live Events	1	0.8%	1	0.4%	13	0.6%	4	0.2%	7	0.5%
Adult Entertainment Centre	3	2.3%	4	1.5%	79	3.7%	46	1.9%	26	1.8%
Family Entertainment Centre	1	0.8%	1	0.4%	17	0.8%	11	0.5%	7	0.5%
Pub	1	0.8%	10	3.7%	44	2.0%	41	1.7%	31	2.2%
Online	74	56.9%	208	76.5%	1593	73.8%	2029	85.4%	1171	81.4%
Miscellaneous	18	13.8%	23	8.5%	201	9.3%	160	6.7%	121	8.4%
Private Members Club	0	0.0%	0	0.0%	5	0.2%	0	0.0%	3	0.2%
Other	2	1.5%	1	0.4%	25	1.2%	21	0.9%	13	0.9%
Total gamblers*	130	100.0%	272	100.0%	2159	100.0%	2376	100.0%	1438	100.0%

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

Note: %s may total > 100% as more than one location can be reported

8.5.9 Gambling type by employment status

Online services were the most commonly reported gambling location for all categories of employment status (Table 18). Use of adult entertainment centres (6%) and miscellaneous activities (17%) was noticeably higher among those defined as unable to work through illness, with use of online services the lowest (66%). Use of online services (88%) and casinos (10%) was noticeably higher among students.

Table 18 Gambling type by employment status

	Employed		Unemployed		Student		Unable to work through illness	
	N	%	N	%	N	%	N	%
Bookmakers	1260	27.1%	228	32.9%	26	19.1%	202	31.8%
Bingo Hall	32	0.7%	20	2.9%	0	0.0%	19	3.0%
Casino	273	5.9%	68	9.8%	14	10.3%	35	5.5%
Live Events	18	0.4%	1	0.1%	2	1.5%	2	0.3%
Adult Entertainment Centre	83	1.8%	22	3.2%	2	1.5%	39	6.1%
Family Entertainment Centre	18	0.4%	4	0.6%	2	1.5%	12	1.9%
Pub	86	1.8%	16	2.3%	2	1.5%	14	2.2%
Online	3869	83.2%	513	74.1%	120	88.2%	420	66.0%
Miscellaneous	318	6.8%	64	9.2%	8	5.9%	107	16.8%
Private Members Club	5	0.1%	2	0.3%	0	0.0%	0	0.0%
Other	36	0.8%	13	1.9%	1	0.7%	7	1.1%
Total gamblers*	4649	100.0%	692	100.0%	136	100.0%	636	100.0%

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

Note: %s may total > 100% as more than one location can be reported

9 Access to services

9.1 Source of referral into treatment

A clear majority of referrals (93%) were self-made. Independent health sector mental health services, 'other primary health care' and 'other services or agencies' accounted for 4% of referrals between them (Table 19). Other sources accounted for less than 1% of referrals each.

Table 19 Referral source for clients treated in 2020/21, by type of client

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Self-referral	6612	92.2%	1227	94.7%	7839	92.6%
Other service or agency	161	2.2%	20	1.5%	181	2.1%
Independent sector mental health services	96	1.3%	4	0.3%	100	1.2%
Other primary health care	85	1.2%	3	0.2%	88	1.0%
GP	49	0.7%	21	1.6%	70	0.8%
Mental health NHS trust	47	0.7%	5	0.4%	52	0.6%
Probation service	33	0.5%	1	0.1%	34	0.4%
Employer	26	0.4%	5	0.4%	31	0.4%
Prison	23	0.3%	7	0.5%	30	0.4%
Police	17	0.2%	1	0.1%	18	0.2%
Carer	8	0.1%	0	0.0%	8	0.1%
Social services	5	0.1%	2	0.2%	7	0.1%
Drug Misuse services	2	0.0%	0	0.0%	2	0.0%
Court liaison and Diversion service	2	0.0%	0	0.0%	2	0.0%
Courts	1	0.0%	0	0.0%	1	0.0%
Education service	1	0.0%	0	0.0%	1	0.0%
Jobcentre plus	0	0.0%	0	0.0%	0	0.0%
Asylum services	0	0.0%	0	0.0%	0	0.0%
A& E department	0	0.0%	0	0.0%	0	0.0%
Health visitor	0	0.0%	0	0.0%	0	0.0%
Total	7168	100.0%	1296	100.0%	8464	100.0%
Missing	23		3		26	
Total clients	7191		1299		8490	

9.2 Waiting times for first appointment

Waiting time was calculated as the time between referral date and first recorded appointment. For clients treated during 2020/21, 50% of clients had an appointment within three days and 75% within eight days. Waiting times for residential services were higher, with 50% of clients seen within two months (62 days).

10 Engagement

A total of 67,149 appointments were recorded for clients treated in 2020/21 (Table 20). This represents an average of between just under eight appointments per client, similar for both gamblers and other clients. The majority of these (84%) were for the purpose of treatment, with 14% being for assessment.

Table 20 Appointment purpose for clients treated in 2020/21

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Treatment	46722	84.2%	7906	85.0%	54628	84.3%
Assessed	7404	13.3%	1341	14.4%	8745	13.5%
Follow-up after treatment	952	1.7%	57	0.6%	1009	1.6%
Review only	234	0.4%	0	0.0%	234	0.4%
Other	134	0.2%	0	0.0%	134	0.2%
Review and treatment	27	0.0%	0	0.0%	27	0.0%
Assessed and treatment	16	0.0%	0	0.0%	16	0.0%
Total	55489	100.0%	9304	100.0%	64793	100.0%
Missing	2311		45		2356	
Total appointments	57800		9349		67149	

In a clear reflection of pandemic conditions, most (82%) appointments were conducted remotely by telephone (67%) or web camera (15%), although a substantial minority (16%) were conducted on a face-to-face basis. Most appointments (97%) were defined as counselling activity (Table 21).

Table 21 Interventions received at appointments in 2020/21

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Counselling	52028	96.2%	9240	99.3%	61268	96.6%
CBT	847	1.6%	0	0.0%	847	1.3%
Other	542	1.0%	0	0.0%	542	0.9%
Psychotherapy	457	0.8%	61	0.7%	518	0.8%
Brief advice	232	0.4%	2	0.0%	234	0.4%
Total	54106	100.0%	9303	100.0%	63409	100.0%
Missing	3694		46		3740	
Total appointments	57800		9349		67149	

10.1 Length of time in treatment

Among all those receiving and ending treatment within 2020/21, treatment lasted for an average (median) of nine weeks. One quarter of clients received treatment for five weeks or less, half received treatment for between five and 15 weeks and one quarter received treatment for over 15 weeks. Treatment for clients other than gamblers was slightly shorter, with a median of 8 weeks compared to 9 weeks for gamblers. Treatment in residential centres was generally longer, lasting an average (median) of 15 weeks.

11 Treatment Outcomes

Among clients treated within 2020/21, 2,006 (24%) were still in treatment at the end of March 2021, whereas 6,484 (76%) exited treatment before the end of March 2021. Treatment outcomes are presented for those clients who were discharged in this period in order to represent their status at the end of treatment.

11.1 Treatment exit reasons

A majority of clients (74%) who exited treatment within 2020/21 completed their scheduled treatment. However, one fifth (20%) dropped out of treatment before a scheduled endpoint. Much smaller proportions were either discharged early by agreement (3%) or referred on to another service (3%). Clients other than gamblers were more likely to complete treatment (83% compared to 72%) and less likely to drop out (12% compared to 21%).

Table 22 Reasons for treatment exit for clients treated within 2020/21

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Completed scheduled treatment	3838	71.8%	833	82.6%	4671	73.5%
Dropped out	1131	21.2%	116	11.5%	1247	19.6%
Discharged by agreement	138	2.6%	38	3.8%	176	2.8%
Referred on (Assessed & treated)	159	3.0%	12	1.2%	171	2.7%
Not known (Assessed only)	25	0.5%	6	0.6%	31	0.5%
Referred on (Assessed only)	26	0.5%	2	0.2%	28	0.4%
Not known (Assessed & treated)	23	0.4%	2	0.2%	25	0.4%
Deceased (Assessed & treated)	2	0.0%	0	0.0%	2	0.0%
Deceased (Assessed only)	0	0.0%	0	0.0%	0	0.0%
Total	5342	100.0%	1009	100.0%	6351	100.0%
Missing	124		9		133	
Total clients	5466		1018		6484	

Some minor differences in discharge reason were noted between male and female clients, with female clients being slightly less likely to drop out of treatment (17% compared to 20%). However, when restricting to gambling clients, female clients were less likely to complete treatment (69% compared to 73%).

Among gamblers, drop out was associated with some client characteristics. Those who were a student (26%) or unemployed (25%) were more likely to drop out of treatment (Table 23), whereas those who were employed were the most likely to complete treatment (75%). Level of drop out decreased with age, falling from 26% among those under 30 years old to 13% among those over 50 years old. Rates were also higher among those not in a relationship (24%) compared to those who were (19%). Rates were comparable among males and females.

Table 23 Discharge reason by employment status (among gambling clients)

	Employed		Unemployed		Student		Unable to work through illness	
	N	%	N	%	N	%	N	%
Discharged by agreement	89	2.3%	21	3.6%	1	0.9%	19	4.0%
Referred on (Assessed only)	17	0.4%	5	0.9%	1	0.9%	2	0.4%
Deceased (Assessed only)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Completed scheduled treatment	2907	75.2%	374	64.7%	76	67.9%	309	64.5%
Dropped out	791	20.5%	143	24.7%	29	25.9%	99	20.7%
Referred on (Treated)	62	1.6%	35	6.1%	4	3.6%	50	10.4%
Deceased (Assessed & treated)	1	0.0%	0	0.0%	1	0.9%	0	0.0%
Total	3867	100.0%	578	100.0%	112	100.0%	479	100.0%

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

11.2 Severity scores

11.2.1 Baseline severity scores

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

PGSI

The PGSI is a validated tool¹⁵ used in the Health Survey for England, Scottish Health Survey and the Welsh Problem Gambling Survey. The PGSI consists of nine items and each item is assessed on a four-point scale, giving a total score of between zero and 27 points.

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

¹⁵ PGSI is a validated population level screening tool. It should be noted that the PGSI was not designed as a clinical tool, nor as an outcome measure for treatment. PGSI cannot be directly interpreted as a benchmark of treatment effectiveness, as longer-term outcomes are not captured. However, in the absence of a widely agreed clinical measure, the PGSI provides an internationally recognised indicator of gambling harm.

At the earliest known appointment for gamblers treated during 2020/21, PGSI score was recorded for 84% of gamblers. Among these (Table 24), the majority (94%) recorded a PGSI score of 8 or more. Much smaller proportions were defined as moderate risk (5%), low risk (1%) or no problem (1%). Among those in the highest PGSI category, mean PGSI score was 19, considerably higher than the minimum of eight for this category.

Table 24 PGSI category of severity at earliest appointment, gamblers only

	N	%	Mean score
No problem (0)	33	0.5%	0
At low risk (1-2)	41	0.7%	1.5
At moderate risk (3-7)	283	4.7%	5.6
Score of 8+	5647	94.1%	18.8
Total	6004	100.0%	17.8
Missing	1187		
Total gamblers	7191		

CORE-10

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

At the earliest known appointment for clients treated during 2020/21, CORE-10 score was recorded for 84% of clients. Among these clients, scores were distributed relatively evenly across the categories of severity (Table 25) with around one fifth of clients scoring as severe (18%), moderate-to-severe (20%), moderate (23%) or mild (23%) and 17% scoring below clinical cut-off. Gamblers were more likely than other clients to score severe (20% compared to 10%). Within the category of 'severe', mean scores were 30 for gamblers and 29 for other clients.

Table 25 CORE-10 category of severity at earliest appointment

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	974	16.2%	217	19.0%	1191	16.6%
Mild	1314	21.8%	311	27.3%	1625	22.7%
Moderate	1359	22.6%	279	24.5%	1638	22.9%
Moderate severe	1191	19.8%	216	18.9%	1407	19.6%
Severe	1184	19.7%	118	10.3%	1302	18.2%
Total	6022	100.0%	1141	100.0%	7163	100.0%
Missing	1169		158		1327	
Total clients	7191		1299		8490	

11.2.2 Change in severity scores

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

PGSI

Changes in PGSI score were calculated for clients who ended treatment before the end of March 2021 (see section 11.1). Between earliest and latest appointment within treatment where PGSI scores were recorded, clients improved, on average (median), by a score of 13 points on the PGSI scale.

Table 26 summarises the direction and extent of change in PGSI scores with the majority (81%) improving between start and end of treatment, 17% showing no change and a small minority (3%) recording a higher score of severity at latest appointment compared to earliest. Clients were most likely (35%) to improve by 10–19 points, with a further quarter (27%) improving by 20–27 points.

Table 27 shows these changes in PGSI score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (92%). Level of change also differed by discharge reason with a median of 15 points for those completing treatment, compared to six for those dropping out.

Table 26 Changes in PGSI score between earliest and latest appointments

	N	%
Improved by 20- 27 points	1422	26.9%
Improved by 10- 19 points	1875	35.4%
Improved by 1- 9 points	966	18.3%
No Change	891	16.8%
Increased: 1 to 9 points	127	2.4%
Increased: 10 to 18 points	8	0.2%
Increased: 19 to 27 points	1	0.0%
Total	5290	100.0%
Missing	176	
Total Gamblers	5466	

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

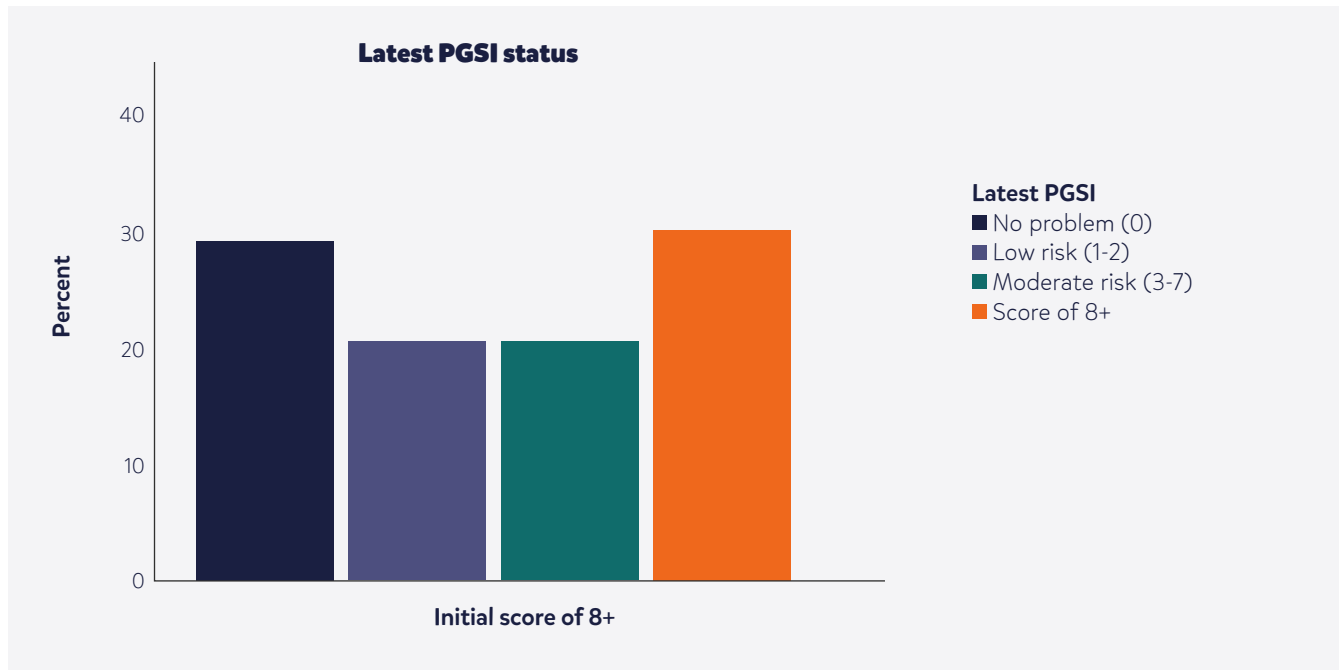
	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	3	2.3%	119	91.5%	8	6.2%
Referred on (Assessed only)	1	4.2%	23	95.8%	0	0.0%
Completed scheduled treatment	73	1.9%	223	5.9%	3478	92.2%
Dropped out	44	4.0%	395	35.7%	666	60.3%
Referred on (Assessed & treated)	7	4.4%	88	55.3%	64	40.3%
Deceased (Assessed & treated)	0	0.0%	0	0.0%	2	100.0%
Not known (Assessed only)	0	0.0%	14	93.3%	1	6.7%
Not known (Assessed & treated)	2	9.1%	4	18.2%	16	72.7%

Table 28 shows the latest category of severity recorded before the end of treatment (compared with the earliest in Table 24). At this point a much smaller proportion of clients (28%) still had a PGSI score of 8+. Around three in ten gamblers (30%) were now defined as 'non-problem', with the remainder defined as at either low (21%) or moderate (21%) risk.

Table 28 Latest PGSI category of severity recorded within treatment, all gamblers

	N. Clients	%	Mean score
No problem (0)	1580	29.9	0
At low risk (1-2)	1113	21.0	1.4
At moderate risk (3-7)	1108	20.9	4.6
Score of 8+	1489	28.1	15.9
Total	5290	100.0	5.7
Missing	176		
Total gamblers	5466		

Figure 2 shows the status at the last recorded assessment within treatment, for the subset of gamblers PGSI score of 8+ at treatment start. Approximately 70% no longer recorded a score of 8+ at this stage, with 29% now being defined as 'no problem'. For those completing treatment, 84% no longer recorded a score of 8+ at this stage, with 37% being defined as 'no problem'.

Figure 2 Latest PGSI status for clients with a score of 8 or more at treatment start**CORE-10**

Changes in CORE-10 score were calculated for clients who ended treatment within the period. Between earliest and latest appointment within treatment where CORE-10 scores were recorded, client's scores improved, on average (mean), by 9 points on the CORE-10 scale (8 points for clients other than gamblers).

Table 29 summarises the direction and extent of change in CORE-10 scores with the majority (76%) improving within treatment, 17% showing no change and a minority (7%) recording a higher score of severity at their latest appointment compared to the earliest. Most improvement recorded (65%) was between one and 20 points, with the most common improvement (1-10 points) being achieved by 36%. Gamblers were more likely than other clients to improve by more than 20 points (12% compared to 6%).

Table 30 shows these changes in CORE-10 score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (88%).

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

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Improved by 31-40 points	71	1.3%	1	0.1%	72	1.1%
Improved by 21-30 points	585	11.0%	47	4.8%	632	10.0%
Improved by 11-20 points	1573	29.6%	295	29.9%	1868	29.7%
Improved by 1-10 points	1812	34.1%	430	43.6%	2242	35.6%
No Change	908	17.1%	151	15.3%	1059	16.8%
Increased by 1-10 points	335	6.3%	57	5.8%	392	6.2%
Increased by 11-20 points	23	0.4%	6	0.6%	29	0.5%
Increased by 21-30 points	1	0.0%	0	0.0%	1	0.0%
Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	5308	100.0%	987	100.0%	6295	100.0%

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

	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	2	1.2%	158	94.0%	8	4.8%
Referred on (Assessed only)	0	0.0%	26	100.0%	0	0.0%
Completed scheduled treatment	265	5.8%	286	6.2%	4053	88.0%
Dropped out	128	10.6%	450	37.2%	633	52.3%
Referred on (Assessed & treated)	15	8.8%	90	52.6%	66	38.6%
Deceased (Assessed & treated)	1	50.0%	0	0.0%	1	50.0%
Not known (Assessed only)	0	0.0%	19	95.0%	1	5.0%
Not known (Assessed & treated)	1	4.2%	3	12.5%	20	83.3%

Table 31 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 25. At this point a small proportion of clients (5%) were still classed as 'severe'. A majority of clients (63%) were now defined as 'below clinical cut-off', with the majority of remainder defined at either mild (17%) or moderate (9%).

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

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	3331	62.8%	639	64.7%	3970	63.1%
Mild	872	16.4%	185	18.7%	1057	16.8%
Moderate	500	9.4%	84	8.5%	584	9.3%
Moderate severe	328	6.2%	57	5.8%	385	6.1%
Severe	277	5.2%	22	2.2%	299	4.7%
Total	5308	100.0%	987	100.0%	6295	100.0%

12 Trends

12.1 Trends in numbers in treatment

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

Table 32 Trends in number of clients treated in the year – 2015/16 to 2020/21

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Clients treated	5909	8133	8219	7675	9008	8490

Figure 3 Trends in number of treated clients – 2015/16 to 2020/21

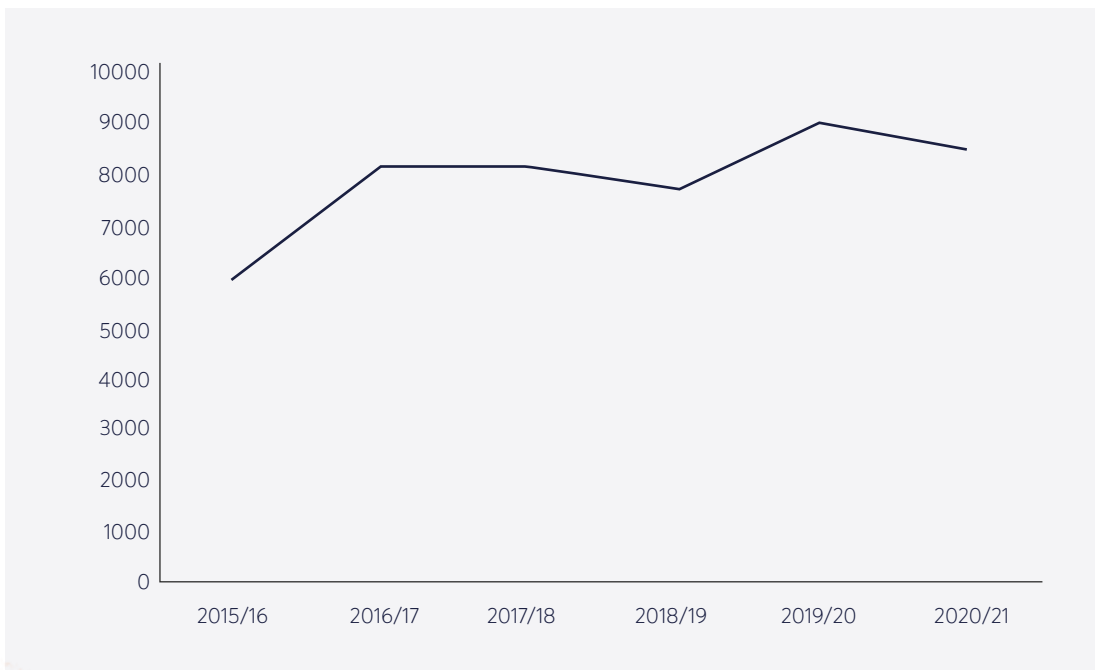


Table 33 shows that the number of referrals received in a given year (including those that do not result in treatment) has varied since 2015/16, with the greatest number of clients referred in 2019/20.

Table 33 Trends in referrals – 2015/16 to 2020/21

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Individuals referred	8194	9266	9081	8453	9726	9046

Gambling services provide a point of contact and support both for disordered gambling behaviour and for those affected by another's gambling. Table 34 shows that the proportion of clients seeking help due to another individual's gambling has increased from 10% in 2015/16 to 15% in 2020/21.

Table 34 Trends in reason for referral – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N.	%	N.	%	N.	%	N.	%	N.	%
Clients with disordered gambling behaviour	5288	90.2%	7293	90.7%	7337	90.1%	6744	88.7%	7473	84.3%	7191	84.7%
Affected other	563	9.6%	744	9.2%	790	9.7%	834	11.0%	1192	13.4%	1245	14.7%
Person at risk of developing gambling problem	9	0.2%	7	0.1%	15	0.2%	25	0.3%	202	2.3%	53	0.6%
Missing	49		89		77		72		141		1	
Total Clients	5909		8133		8219		7675		9008		8490	

12.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2020/21 (Table 35) has been the increase in the proportion reporting use of online gambling services (rising from 57% to 79%) alongside the reduction in the proportion using bookmakers (falling from 56% to 29%). Data for 2020/21 show a general decrease in use of 'in person' venues.

Table 35 Trends in gambling locations – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Bookmakers	2858	56.1%	3564	50.7%	3219	45.5%	2817	42.8%	2740	38.0%	1902	28.8%
Bingo Hall	101	2.0%	120	1.7%	114	1.6%	110	1.7%	110	1.5%	84	1.3%
Casino	614	12.1%	776	11.0%	680	9.6%	589	9.0%	669	9.3%	433	6.6%
Live Events	45	0.9%	44	0.6%	32	0.5%	25	0.4%	23	0.3%	30	0.5%
Adult Entertainment Centre	197	3.9%	265	3.8%	245	3.5%	212	3.2%	269	3.7%	166	2.5%
Family Entertainment Centre	62	1.2%	51	0.7%	48	0.7%	38	0.6%	41	0.6%	39	0.6%
Pub	213	4.2%	234	3.3%	197	2.8%	170	2.6%	212	2.9%	131	2.0%
Online	2890	56.8%	4214	59.9%	4666	66.0%	4331	65.9%	4956	68.8%	5206	79.0%
Miscellaneous	604	11.9%	777	11.1%	619	8.8%	562	8.5%	526	7.3%	535	8.1%
Private Members Club	12	0.2%	10	0.1%	13	0.2%	12	0.2%	10	0.1%	9	0.1%
Other	104	2.0%	143	2.0%	155	2.2%	163	2.5%	136	1.9%	63	1.0%
Total Clients	5288		7293		7337		6744		7473		7191	

Table 36 provides trends in a selected list of activities, grouped by location (bookmakers, casinos and online only). Within online activity, casino slots have increased whereas bingo and online poker have decreased or remained relatively unchanged.

Table 36 Trends in selected individual gambling activities – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Bookmakers-Horses	701	13.8%	820	11.7%	705	10.0%	570	8.7%	656	9.1%	538	8.2%
Bookmakers-Dogs	238	4.7%	278	4.0%	263	3.7%	154	2.3%	207	2.9%	155	2.4%
Bookmakers-Sports or other event	714	14.0%	902	12.8%	803	11.4%	708	10.8%	858	11.9%	612	9.3%
Bookmakers-Gaming Machine	1848	36.3%	2266	32.2%	2056	29.1%	1735	26.4%	1459	20.3%	914	13.9%
Casino- Poker	80	1.6%	92	1.3%	70	1.0%	55	0.8%	65	0.9%	42	0.6%
Casino- Other card games	116	2.3%	157	2.2%	125	1.8%	96	1.5%	99	1.4%	58	0.9%
Casino-Roulette	404	7.9%	508	7.2%	419	5.9%	373	5.7%	412	5.7%	240	3.6%
Casino- Gaming Machine	113	2.2%	141	2.0%	129	1.8%	124	1.9%	154	2.1%	118	1.8%
Online- Horses	452	8.9%	697	9.9%	719	10.2%	626	9.5%	671	9.3%	631	9.6%

Table 36 Trends in selected individual gambling activities – 2015/16 to 2020/21

Online- Other	173	3.4%	232	3.3%	225	3.2%	239	3.6%	251	3.5%	338	5.1%
Online- Sports events	1059	20.8%	1512	21.5%	1740	24.6%	1637	24.9%	1807	25.1%	1772	26.9%
Online- Bingo	159	3.1%	164	2.3%	163	2.3%	126	1.9%	176	2.4%	218	3.3%
Online- Poker	184	3.6%	240	3.4%	236	3.3%	171	2.6%	154	2.1%	178	2.7%
Online- Casino (table games)	908	17.8%	1323	18.8%	1429	20.2%	1311	19.9%	1315	18.3%	1363	20.7%
Online- Casino (slots)	839	16.5%	1285	18.3%	1590	22.5%	1458	22.2%	1900	26.4%	2104	31.9%

12.3 Trends in treatment exit reason

Grouped by year of treatment, Table 37 shows a number of positive trends with increases in the proportion of clients completing scheduled treatment (from 59% to 74%), alongside a decrease in the proportion dropping out of treatment (from 35% to 20%).

Table 37 Trends in exit reason – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Discharged by agreement	136	3.2%	251	3.9%	297	4.5%	232	3.8%	398	5.6%	176	2.8%
Completed scheduled treatment	2513	58.5%	3943	61.7%	4165	62.7%	4215	69.4%	4859	68.7%	4671	73.5%
Dropped out	1515	35.3%	1976	30.9%	1989	29.9%	1517	25.0%	1696	24.0%	1247	19.6%
Referred on	93	2.2%	180	2.8%	132	2.0%	91	1.5%	103	1.5%	199	3.1%
Deceased	1	0.0%	0	0.0%	2	0.0%	1	0.0%	2	0.0%	2	0.0%
Total Clients Discharged	4297		6392		6645		6092		7076		6484	

12.4 Trends in client characteristics

Table 38 shows an overall increase in the proportion of clients who are female, rising from 19% in 2015/16 to 30% in 2020/21.

Table 38 Trends in gender – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Male	4770	80.8%	6594	81.1%	6518	79.4%	6033	78.7%	6769	75.2%	5780	70.4%
Female	1134	19.2%	1536	18.9%	1691	20.6%	1628	21.2%	2214	24.6%	2423	29.5%
Total Clients	5909		8133		8219		7675		9008		8490	

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

Table 39 shows that the proportion of clients accounted for by White or white British ethnic groups has declined since 2015/16, with other ethnic groups all increasing.

Table 39 Trends in ethnicity – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	%	N	%	N	%	N	%	N	%	N	%	N
White or white British	5272	90.6%	7264	90.2%	7361	90.4%	6800	89.7%	7890	89.0%	7200	87.6%
Black or Black British	127	2.2%	190	2.4%	146	1.8%	188	2.5%	264	3.0%	307	3.7%
Asian or Asian British	260	4.5%	368	4.6%	375	4.6%	373	4.9%	432	4.9%	430	5.2%
Mixed	96	1.6%	132	1.6%	144	1.8%	137	1.8%	169	1.9%	166	2.0%
Other	64	1.1%	95	1.2%	116	1.4%	87	1.1%	111	1.3%	116	1.4%
Not known/ Missing	90		84		77		90		142		271	
Total Clients	5909		8133		8219		7675		9008		8490	

Table 40 shows that no clear trends in employment status are observable within this time period.

Table 40 Trends in employment status – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Employed	4375	75.8%	6254	77.9%	6436	79.3%	5926	78.1%	6675	75.1%	5814	72.7%
Unemployed	572	9.9%	708	8.8%	655	8.1%	640	8.4%	767	8.6%	811	10.1%
Student	149	2.6%	161	2.0%	168	2.1%	141	1.9%	146	1.6%	172	2.1%
Unable to work through illness	346	6.0%	470	5.9%	481	5.9%	501	6.6%	630	7.1%	733	9.2%
Homemaker	112	1.9%	138	1.7%	130	1.6%	147	1.9%	194	2.2%	201	2.5%
Not seeking work	10	0.2%	23	0.3%	17	0.2%	20	0.3%	19	0.2%	30	0.4%
Prison-care	60	1.0%	74	0.9%	20	0.2%	39	0.5%	227	2.6%	14	0.2%
Volunteer	21	0.4%	28	0.3%	15	0.2%	12	0.2%	25	0.3%	20	0.3%
Retired	126	2.2%	176	2.2%	191	2.4%	160	2.1%	206	2.3%	182	2.3%
Not known/ Missing	138		101		106		89		117		513	0.3%
Total	5909		8133		8219		7675		9008		8490	

Annual Statistics from the National Gambling Treatment Service England

1st April 2020 to 31st March 2021

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1 Executive Summary

Client characteristics

- A total of 7,726 English residents were treated within gambling services (who report to Data Reporting Framework (DRF)) within 2020/21.
- A large majority of clients (70%) were male.
- Three quarters (75%) of clients were aged 44 years or younger. The highest numbers were reported in the 25–29 years old and 30–34 years old age bands, accounting for 39% of clients in total.
- Nine tenths (87%) were from a white ethnic background, including 80% White British and 5% White European. The next most commonly reported ethnic backgrounds were Asian or Asian British (6%), and Black or Black British (4%).
- The majority of clients were either in a relationship (36%) or married (26%). A further 30% were single, 4% were separated and 3% divorced.
- In terms of working status, most were employed (73%), with smaller proportions reporting being unemployed (10%), unable to work through illness (9%), retired (2%), homemaker (3%) or a student (2%).

Gambling profile

- Among clients receiving treatment for their own disordered gambling behaviour, initial Problem Gambling Severity Index (PGSI)¹⁶ scores indicated that the majority (94%) had a score of eight or more (which the PGSI scale classes as problem gambler) at the point of assessment for treatment. Amongst those whose episode of treatment ended within the 2020/21 year, this proportion had reduced to 28% and the majority (80%) showed some improvement on this scale.
- The most common location for gambling was online, used by 79% of clients. Bookmakers were the next most common, used by 29% of gamblers. Use of online services was noticeably higher among younger age groups.
- Between 2015/16 and 2020/21 the proportion reporting use of online gambling services increased from 57% to 79%. In the same time period, the proportion using bookmakers decreased from 56% to 29%.
- Among online services, gambling on casino slots was the most common activity (32%), followed by sporting events (27%) and casino table games (21%).
- Within bookmakers, gaming machines were the most common form of gambling (14%), followed by sporting events (9%) and horses (3%).
- Compared to White gamblers, those who identified as Black or Black British were more likely to use bookmakers (46% compared to 28%) or casinos (17% compared to 5%). Those who identified as Asian or Asian British were also more likely to use bookmakers (32%) or casinos (15%) than White clients.
- The majority of gamblers (63%) reported having a debt due to their gambling, 11% had experienced a job loss as a result of their gambling and 27% had experienced a relationship loss through their gambling.
- On average (median) gamblers reported spending £1,000 on gambling in the previous 30 days before assessment, with 50% spending more than this.

¹⁶ See Appendix, section 11.2

Treatment engagement

- A majority of referrals into treatment (93%) were self-made.
- For clients treated within the year, 50% of clients received a first appointment within four days of making contact and 75% within eight days.
- Among all those receiving and ending treatment within 2020/21, treatment lasted for an average (median) of 9 weeks. Overall, clients received a mean of eight appointments within their treatment episode.

Treatment outcomes

- Among clients who ended treatment during 2020/21, a majority (74%) completed their scheduled treatment. One fifth (20%) dropped out of treatment before a scheduled endpoint.
- Between 2015/16 and 2020/21 the proportion of clients completing scheduled treatment increased from 59% to 74% whilst the proportion dropping out of treatment decreased from 35% to 20%.
- Among gamblers PGSI scores improved by an average (median) of 13 points between earliest and last appointment in treatment.
- At the latest point in treatment, 72% had a score of seven or less, compared to 6% at the start of treatment.
- Improvements in PGSI score were seen in 92% of gamblers who completed treatment, compared to 61% of those who dropped out.
- 63% of clients were defined as 'below clinical cut-off' on the CORE-10 scale at the end of treatment, compared to only 17% at the start of treatment.
- Improvements in CORE-10 score were seen in 88% of gamblers who completed treatment, compared to 52% of those who dropped out.

2 About the National Gambling Treatment Service

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

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

The data for the 2020/21 period presented within this report covers submissions from the following organisations, with details of the services they provide listed below.

GamCare¹⁷ and its partner network offers:

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

Gordon Moody offers:

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

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

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

NHS Northern Gambling Service, provided by Leeds and York Partnership NHS Foundation Trust offers:

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

GambleAware funded treatment providers are required to submit quarterly datasets in a standardised format¹⁸. This report is informed by analysis of these submissions.

¹⁷ In addition, GamCare operates the National Gambling Helpline which offers telephone and online live chat support providing immediate support to individuals and referral into the treatment service. GamCare also offer information and advice via their website, moderated forums and online group chatrooms. These services are not within the scope of data presented in this report.

¹⁸ <https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

3 Background and Policy Context

The Gambling Act 2005 contains a provision at section 123¹⁹ for a levy on gambling operators to fund projects to reduce gambling harms, however successive governments have not commenced this provision. In the absence of such a levy, the Gambling Commission imposes a requirement on operators through the Licence Conditions & Code of Practice²⁰ to make a donation to fund research, education and treatment. At the time of publishing, the Government is in the process of conducting a review of the 2005 Gambling Act and is due to release a white paper at the end of 2021 outlining its proposals for reform.

GambleAware²¹ is an independent charity that commissions evidence-informed prevention and treatment services in partnership with expert organisations and agencies and is also a strong advocate for a mandatory levy. The charity is the most prominent organisation active in all three areas of research, education and treatment²² and for this reason, a high proportion of donations are made to GambleAware. In particular, a recent pledge of up to £100 million was made by the largest four gambling companies to the charity up to the year 2024.

In September 2021, Public Health England (which has since disbanded) published a review of the evidence of gambling harms²³. The paper concluded that harmful gambling should be considered a public health issue because of the association with harms to the individual, their families, friends and wider society. The new Office for Health Improvement and Disparities (OHID) will work closely with the Department for Digital, Culture, Media and Sport (DCMS) and other key partners to develop a plan to address the gaps identified in the report to help reduce gambling harms.

In January 2019, NHS England announced it would be establishing additional specialist clinics to treat gambling disorder²⁴ and in July 2019 announced the timetable for the new clinics to start²⁵. The first of these clinics began offering treatment in 2019/20. In addition, some activity funded by the NHS for people whose primary or secondary diagnosis is gambling disorder takes place outside the specialist clinics. Activity funded by the NHS is reported in the official statistics produced by the NHS in England, Scotland and Wales.

The *Annual Report for 2016/17* of the Chief Medical Officer for Wales²⁶, published in January 2018 discussed the need for improved measures to prevent gambling harm, including services to help those already experiencing harm.

GambleAware is working to ensure a public health approach to preventing gambling harms is adopted in Great Britain and is guided by the framework for harm prevention, as set out in the National Strategy to Reduce Gambling Harms.

The COVID-19 pandemic has presented huge challenges for communities, individuals, service providers and the statutory sector. Many areas have seen swift change in response to new demands because of the pandemic, however some may have missed out on receiving support due to service changes or developed new needs that remain unmet. The long-term effect of the pandemic is likely to be felt for many years and effective commissioning should always be

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

²⁰ <http://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/LCCP/Licence-conditions-and-codes-of-practice.aspx>

²¹ Information about GambleAware and its governance is available at <https://about.gambleaware.org/about/>

²² <https://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/General-compliance/Social-responsibility/Research-education-and-treatment-contributions.aspx>

²³ <https://www.gov.uk/government/news/landmark-report-reveals-harms-associated-with-gambling-estimated-to-cost-society-at-least-1-27-billion-a-year>

²⁴ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

²⁵ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

²⁶ <https://gov.wales/sites/default/files/publications/2019-03/gambling-with-our-health-chief-medical-officer-for-wales-annual-report-2016-17.pdf>

responsive to the changing needs of society. GambleAware remains committed to working in partnership with the NHS, public health agencies, local authorities and voluntary sector organisations across England, Scotland and Wales to further develop the National Gambling Treatment Service. As the primary funder of the NGTS, this statistical report covers activity which is commissioned by GambleAware.

GambleAware is a member of a joint-working group on preventing gambling harms co-chaired by the Department for Digital, Culture, Media and Sport and Department for Health and Social Care, and a member of the National Suicide Prevention Strategy Advisory Group. GambleAware has established advisory boards in Wales and Scotland to guide future commissioning plans in those nations and is an approved National Institute for Health Research (NIHR) non-commercial partner. In addition, GambleAware is establishing an Advisory Group in consultation with other bodies to ensure the best use of available funding, and to support alignment, integration and the expansion of treatment services across the system so patients get the right treatment at the right time.

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

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

4 The DRF database

The collection of data on clients receiving treatment from the National Gambling Treatment Service is managed through a nationally co-ordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015. Individual treatment services collect data on clients and treatment through bespoke case management systems. The DRF is incorporated into each of these systems. Data items within the DRF are set out in the DRF Specification²⁷ (valid until March 31st 2021) and provided in the appendix to this report. Data are collected within four separate tables, providing details of client characteristics, gambling history, referral details and appointment details. The DRF constitutes a co-ordinated core data set, collected to provide consistent and comparable reporting at a national level. Some minor differences exist in data collection between agencies, such as the addition of supplementary categories in individual fields or in the format of collected data. These are reformatted or recoded at a national level to ensure consistency within the DRF specification.

27 <https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

5 About this report

This report summarises information on clients of National Gambling Treatment Service agencies and provides details of client characteristics, gambling activities and history, and treatment receipt and outcomes. It is restricted to clients for who evidence exists of structured treatment receipt within the reporting period and so does not represent all activity of the reporting agencies, nor does it capture any activity of agencies that do not report to the DRF system. It provides a consistently reported summary, comparable across years.

6 Notes on interpretation

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

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

The DRF collects postal district of residence (first half of postcode). These may span borders of local authority and national boundaries. For this report, postal districts that are wholly or majority contained within Scotland or Wales are excluded.

Within this report averages are presented either as means or medians, or sometimes both together. As extreme individual values affect the mean but not the median, the median is often preferred as a measure of central tendency.

The treatment period April 1st 2020–March 31st 2021 coincided with the Covid-19 pandemic. During this period, rights of movement and access to public venues was often restricted. The first England lockdown began on 23rd March 2020, with social distancing rules remaining in force until 23rd June. A return to working from home was announced on 22nd September and a second national lockdown started in England on 5th November and a third began on 6th January. Within each lockdown access was restricted to services defined as essential. Hospitality and entertainment sector venues, such as pubs, restaurants and cinemas, but also betting shops, casinos and bingo halls were closed during lockdowns and subject to curfews and distancing restrictions outside of lockdowns.

7 Assessment of quality and robustness of 2020/21 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2020/21. Details of gambling activity and history are not routinely collected for clients who are not themselves gamblers. Levels of completeness of gambling information relate only to clients identified as gamblers. Most data items are close to 100% complete, making the data representative of this treatment population, minimising any likelihood of bias and validating comparisons between time periods and sub-samples.

Table 1 Level of completion of selected data fields

Data item	Level of completion
Referral reason	100%
Referral source	100%
Gender	98.1%
Ethnicity	97.1%
Employment status	95.0%
Relationship status	96.2%
Primary gambling activity	92.1%
Money spent on gambling	96.7%
Job loss	97.0%
Relationship loss	97.0%
Early big win	97.3%
Debt due to gambling	95.6%
Length of gambling history	91.7%
Age of onset (problem gambling)	94.3%
Days gambling per month	85.8%

8 Characteristics of Clients

A total of 7,726 individuals were treated by gambling services providing DRF data within 2020/21.

The majority of those seen by gambling services were gamblers (6524, 85%). However, 1155 (15%) referrals related to 'affected others' that is, individuals who are not necessarily gamblers but whose lives have been affected by those who are. A small number of referrals (46, 1%) related to persons at risk of developing a gambling problem (see section 6). All clients are included in breakdowns of client characteristics and treatment engagement but only identified gamblers are included in breakdowns of gambling activity and history.

One quarter (23%) of cases seen in 2020/21 were for recurring treatment (clients previously seen by the reporting service).

8.1 Age and gender of Clients

Clients had an average (median) age of 35 years at time of referral, with three quarters (75%) aged 44 years or younger. The highest numbers were reported in the 25–29 years old and 30–34 years old age bands (Table 2) accounting for 39% of clients in total. Clients other than gamblers had a higher median age of 40 years and were more likely to be in the over 50 age bands (Table 3).

A large majority of clients (70%) were male. This compares to 49% in the general population of England²⁸. The distribution of age differs by gender (Table 2 and Figure 1), with female age being more evenly dispersed, including a greater proportion in the older age groups (45+) compared to males. This results in a higher average (median) age of 38 years for females compared to 33 years for males. Gender differed considerably by type of client (Table 4) with 81% of gamblers being male compared to only 14% of other clients.

Table 2 Age and gender of clients

		Male			Female			Total*		
		N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Age bands	< 20	88	1.7%	87.1%	13	0.6%	12.9%	101	1.3%	100.0%
	20–24	573	10.9%	83.3%	115	5.2%	16.7%	688	9.2%	100.0%
	25–29	1093	20.7%	78.6%	295	13.4%	21.2%	1390	18.6%	100.0%
	30–34	1164	22.0%	75.1%	385	17.5%	24.8%	1550	20.7%	100.0%
	35–39	835	15.8%	69.4%	368	16.7%	30.6%	1204	16.1%	100.0%
	40–44	550	10.4%	71.3%	221	10.0%	28.7%	771	10.3%	100.0%
	45–49	377	7.1%	66.1%	192	8.7%	33.7%	570	7.6%	100.0%
	50–54	268	5.1%	53.6%	232	10.5%	46.4%	500	6.7%	100.0%
	55–59	168	3.2%	46.9%	189	8.6%	52.8%	358	4.8%	100.0%
	60+	164	3.1%	46.1%	191	8.7%	53.7%	356	4.8%	100.0%
	Total*	5280	100.0%	70.5%	2201	100.0%	29.4%	7488	100.0%	100.0%

*excludes those with missing age or gender or with a gender category of less than 10

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

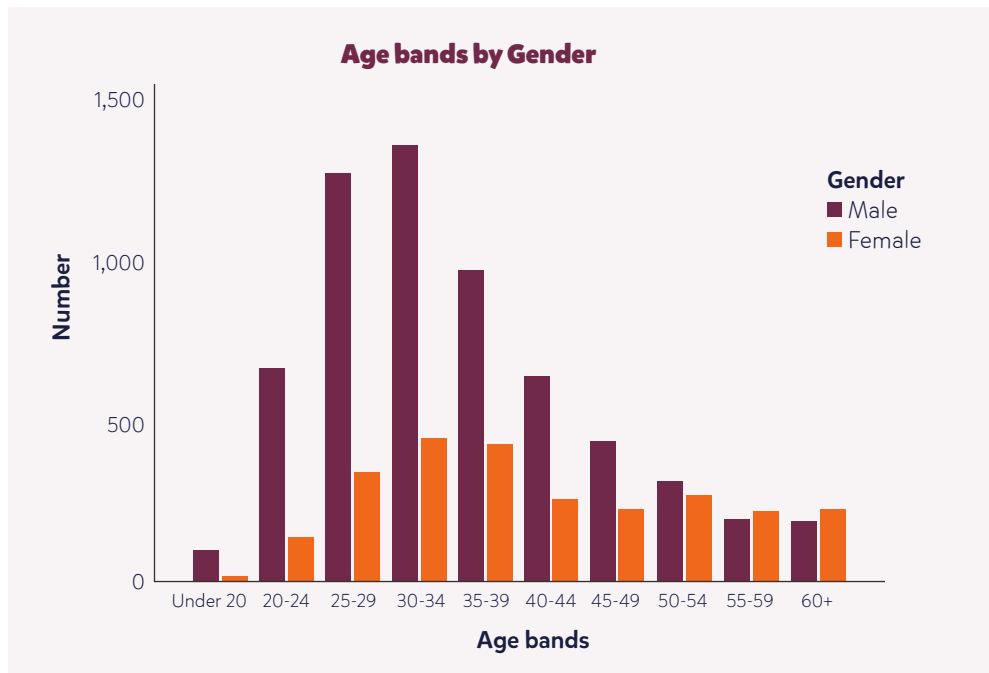


Table 3 Age bands by type of client

		Gambling clients		Other clients	
		N	%	N	%
Age bands	Under 20	92	1.4%	10	0.8%
	20-24	646	10.0%	54	4.5%
	25-29	1269	19.7%	158	13.2%
	30-34	1381	21.5%	195	16.3%
	35-39	1046	16.3%	182	15.2%
	40-44	676	10.5%	109	9.1%
	45-49	486	7.6%	93	7.8%
	50-54	383	6.0%	123	10.3%
	55-59	249	3.9%	116	9.7%
	60+	208	3.2%	159	13.3%
Total		6436	100.0%	1199	100.0%
Missing		88		3	
Total clients		6524		1202	

Table 4 Gender by type of client*

	Gambling clients		Other clients	
	N	%	N	%
Male	5163	80.6%	163	13.9%
Female	1237	19.3%	1006	85.9%

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

8.2 Ethnicity of Clients

Nearly nine tenths (87%) of clients were from a White ethnic background (Table 5) including 80% White British and 5% White European. The next most reported ethnic backgrounds were Asian or Asian British (5%), and Black or Black British (4%). This compares to national (England + Wales) proportions²⁹ of 86% White or White British, 8% Asian or Asian British and 3% Black or Black British.

Although no large differences existed between genders within ethnic categories, female clients were slightly less likely than males to be Asian or Asian British (4% compared to 6%) or Black or Black British (3% compared to 4%).

Table 5 Ethnicity of clients

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
White or White British	British	5071	79.8%	916	79.7%	5987	79.8%
	Irish	54	0.8%	18	1.6%	72	1.0%
	European	307	4.8%	53	4.6%	360	4.8%
	Other	82	1.3%	21	1.8%	103	1.4%
Black or Black British	African	87	1.4%	8	0.7%	95	1.3%
	Caribbean	65	1.0%	4	0.3%	69	0.9%
	Other	127	2.0%	8	0.7%	135	1.8%
Asian or Asian British	Bangladeshi	36	0.6%	2	0.2%	38	0.5%
	Indian	117	1.8%	26	2.3%	143	1.9%
	Pakistani	79	1.2%	7	0.6%	86	1.1%
	Chinese	25	0.4%	4	0.3%	29	0.4%
	Other	105	1.7%	11	1.0%	116	1.5%
Mixed	White and Asian	32	0.5%	9	0.8%	41	0.5%
	White and Black African	18	0.3%	5	0.4%	23	0.3%
	White and Black Caribbean	34	0.5%	4	0.3%	38	0.5%
	Other	49	0.8%	7	0.6%	56	0.7%
Other ethnic group		68	1.1%	46	4.0%	114	1.5%
	Total	6356	100.0%	1149	100.0%	7505	100.0%
	Missing	168		53		221	
	Total clients	6524		1202		7726	

²⁹ Office for National Statistics. UK 2011 census.

8.3 Relationship status of Clients

The majority of clients were either in a relationship (36%) or married (26%). A further 30% were single, 4% were separated and 3% divorced (Table 6). Compared to male clients, female clients were less likely to be single (24% compared to 33%) and more likely to be married (32% compared to 24%), divorced (4% compared to 2%) or widowed (2% compared to <1%).

Table 6 Relationship status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
In relationship	2265	36.0%	430	37.3%	2695	36.2%
Single	2138	34.0%	104	9.0%	2242	30.2%
Married	1450	23.1%	492	42.7%	1942	26.1%
Separated	253	4.0%	59	5.1%	312	4.2%
Divorced	140	2.2%	48	4.2%	188	2.5%
Widowed	37	0.6%	19	1.6%	56	0.8%
Total	6283	100.0%	1152	100.0%	7435	100.0%
Missing	241		50		291	
Total Clients	6524		1202		7726	

8.4 Employment status of Clients

The majority of clients were employed (73%). The next most reported status was unemployed (10%) followed by unable to work through illness (9%) or unable to work through illness (10% compared to 4%), homemaker (3%), retired (2%) and student (2%). Gambling clients were more likely to be unemployed (11% compared to 6% other clients) and less likely to be a homemaker (2% compared to 8%) or retired (1% compared to 7%).

Table 7 Employment status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Employed	4541	73.1%	819	72.6%	5360	73.1%
Unemployed	667	10.7%	62	5.5%	729	9.9%
Student	137	2.2%	20	1.8%	157	2.1%
Unable to work through illness	619	10.0%	46	4.1%	665	9.1%
Homemaker	97	1.6%	85	7.5%	182	2.5%
Not seeking work	24	0.4%	4	0.4%	28	0.4%
Prison-care	9	0.1%	2	0.2%	11	0.1%
Volunteer	15	0.2%	3	0.3%	18	0.2%
Retired	84	1.4%	81	7.2%	165	2.2%
Not stated	15	0.2%	6	0.5%	21	0.3%
Total	6208	100.0%	1128	100.0%	7336	100.0%
Missing	316		74		390	
Total clients	6524		1202		7726	

8.5 Gambling profile

Section 8.5 reports information collected only from clients who reported disordered gambling behaviour.

8.5.1 Gambling locations

Up to three gambling activities (specific to location) are recorded for each client and these are ranked in order of significance. The most common location for gambling (Table 8) was online, used by 79% of gamblers who provided this information. Bookmakers were the next most common, used by 29% of gamblers. No other locations were used by more than 10% of gamblers, although casinos were used by 7% and miscellaneous (such as lottery, scratch-cards and football pools) by 8%.

Table 8 also shows the location of primary gambling activity and again shows that online services are the most common, followed by bookmakers. These two locations account for the majority of primary gambling activities, at 89%.

Table 8 Location of gambling activity reported in 2020/21

	Any gambling in this location	%	Main gambling location	%
Online	4742	78.9%	4181	69.6%
Bookmakers	1745	29.0%	1157	19.3%
Miscellaneous	478	8.0%	252	4.2%
Casino	398	6.6%	181	3.0%
Adult Entertainment Centre	148	2.5%	82	1.4%
Pub	126	2.1%	53	0.9%
Bingo Hall	77	1.3%	34	0.6%
Other	59	1.0%	33	0.5%
Family Entertainment Centre	37	0.6%	19	0.3%
Live Events	27	0.4%	13	0.2%
Private Members Club	9	0.1%	5	0.1%
Total	6010	100.0	6010	100.0
Missing	514		514	
Total gamblers	6524		6524	

8.5.2 Gambling activities

Table 9 shows that within online services, casino slots were the most common individual activity, used by 32% of gamblers overall (making this the most common individual activity reported), followed by sporting events (27%) and casino table games (21%). Within bookmakers, gaming machines were the most common form of gambling, used by 14% of gamblers, followed by sporting events (9%) and horses (8%).

Table 9 Gambling activities, grouped by location

Location	Activity	N	% among gamblers	% within location
Bookmakers				
	Gaming Machine (FOBT)	821	13.7%	47.0%
	Sports or other event	558	9.3%	32.0%
	Horses	492	8.2%	28.2%
	Dogs	140	2.3%	8.0%
	Gaming Machine (other)	43	0.7%	2.5%
	Other	154	2.6%	8.8%
Bingo Hall				
	Live draw	43	0.7%	55.8%
	Gaming Machine (other)	31	0.5%	40.3%
	Skill Machine	8	0.1%	10.4%
	Terminal	3	0.0%	3.9%
	Other	2	0.0%	2.6%
Casino				
	Roulette	220	3.7%	55.3%
	Gaming Machine (other)	84	1.4%	21.1%
	Non-poker card games	53	0.9%	13.3%
	Poker	40	0.7%	10.1%
	Gaming Machine (FOBT)	27	0.4%	6.8%
	Other	13	0.2%	3.3%
Live events				
	Horses	17	0.3%	63.0%
	Sports or other event	7	0.1%	25.9%
	Dogs	5	0.1%	18.5%
	Other	2	0.0%	7.4%
Adult Entertainment Centre				
	Gaming Machine (other)	132	2.2%	89.2%
	Gaming Machine (FOBT)	12	0.2%	8.1%
	Skill prize machines	2	0.0%	1.4%
	Other	3	0.0%	2.0%
Family Entertainment Centre				
	Gaming Machine (other)	32	0.5%	86.5%
	Gaming Machine (FOBT)	1	0.0%	2.7%
	Other	4	0.1%	10.8%
Pub				
	Pub- Gaming Machine (other)	120	2.0%	95.2%
	Pub- Poker	2	0.0%	1.6%
	Pub- Sports	0	0.0%	0.0%
	Pub- Other	4	0.1%	3.2%
Online				
	Casino (slots)	1937	32.2%	40.8%
	Sports events	1625	27.0%	34.3%
	Casino (table games)	1259	20.9%	26.5%
	Horses	580	9.7%	12.2%
	Bingo	200	3.3%	4.2%
	Poker	159	2.6%	3.4%
	Spread betting	90	1.5%	1.9%
	Dogs	104	1.7%	2.2%
	Scratchcards	29	0.5%	0.6%
	Betting exchange	10	0.2%	0.2%
	Other	311	5.2%	6.6%
Miscellaneous				
	Scratchcards	250	4.2%	52.3%
	Football pools	95	1.6%	19.9%
	Lottery (National)	85	1.4%	17.8%
	Private/organised games	36	0.6%	7.5%
	Lottery (other)	22	0.4%	4.6%
	Service station (gaming machine)	24	0.4%	5.0%
	Private members club			
	Non poker card games	4	0.1%	44.4%
	Poker	2	0.0%	22.2%
	Gaming Machine	2	0.0%	22.2%
	Other	2	0.0%	22.2%
Other Location				
		59	1.0%	
Total		6010		
Missing		514		
Total gamblers		6524		

%s may add up to > 100%

8.5.3 Gambling history

Where known, a majority of gamblers (62%) had experienced an early big win in their gambling career. Among those providing a response to the question 11% had experienced a job loss as a result of their gambling and 27% had experienced a relationship loss through their gambling.

Nearly four in ten gamblers (37%) had no debt due to gambling at the time of assessment (Table 10). However, 23% had debts up to £5,000 and 40% had debts over £5,000 or were bankrupt or in an Individual Voluntary Arrangement (IVA).

Table 10 Debt due to gambling

	N	%
No debt	2063	36.6%
Under £5000	1302	23.1%
£5000-£9,999	657	11.7%
£10,000-£14,999	402	7.1%
£15,000-£19,999	289	5.1%
£20,000-£99,999	726	12.9%
£100,000 or more	75	1.3%
Bankruptcy	34	0.6%
In an IVA	84	1.5%
Total	5632	100.0%
Missing	892	
Total gamblers	6524	

There was no clear relationship between the type of gambling activities reported and reports of an early big win. Use of bookmakers was more common among those reporting a loss of relationship through gambling (39% compared to 25% of those not reporting loss), whereas use of online services was more common among those who reported no loss of relationship (82% compared to 74% of those who did report a loss). Similarly, bookmakers (48% compared to 26%) and casinos (11% compared to 6%) were more commonly used by those who had suffered job loss through gambling compared to those who had not, whereas online services were more commonly used by those with no job loss (81% compared to 67% of those not reporting loss).

On average (median) gamblers reported problem gambling starting at the age of 25 years, although this was highly variable. Three quarters reported problem gambling starting by the age of 32 years and one quarter by the age of 19 years. At the point of presentation to gambling services, gamblers had been (problem) gambling for an average (median) of 10 years. Again, this was highly variable, ranging from one month to 60 years.

8.5.4 Money spent on gambling

Gamblers reported spending an average (median) of £100 per gambling day in the previous 30 days before assessment. As some gamblers spent at considerably higher levels, the mean value is higher at £427 per day. The majority (56%) spent up to £100 per gambling day in the previous 30 days before assessment (Table 11), 14% spent between £100 and £200, 17% spent between £200 and £500 and 13% spent over £500.

Table 11 Average spend on gambling days

	N	%
Up to £100	3507	55.6%
Up to £200	898	14.2%
Up to £300	483	7.7%
Up to £400	160	2.5%
Up to £500	438	6.9%
Up to £1000	167	2.6%
Up to £2000	391	6.2%
Over £2000	265	4.2%
Total	6309	100.0%
Missing	215	
Total gamblers	6524	

In the preceding month, gamblers reported spending a median of £1000 and a mean of £2,103 on gambling. One half (49%) of gamblers spent up to £1,000 in the preceding month, with 51% spending over £1,000 (Table 12). One quarter of gamblers (26%) reported spending over £2000 in the preceding month.

Table 12 Reported spend on gambling in month preceding treatment

	N	%
Up to £100	649	10.3%
Up to £200	345	5.5%
Up to £300	366	5.8%
Up to £400	308	4.9%
Up to £500	655	10.4%
Up to £1000	790	12.5%
Up to £2000	1562	24.8%
Over £2000	1635	25.9%
Total	6310	100.0%
Missing	214	
Total gamblers	6524	

Mean values and the range of spend differed considerably between those reporting different gambling locations (Table 13), although that spend cannot be attributed specifically to gambling in those locations. Mean value of spend on gambling days was highest among those using casino, live events and online services. These means can be affected by outliers (extreme individual values) but the median values were also higher for casinos (£150). The median value among users of online services was similar to that of most other gambling types (£100 per gambling day). Average monthly spend was particularly elevated among those using casinos and online services, but also among those using bookmakers, more so than seen for average daily spend, suggesting that frequent use of these services may contribute to a high monthly spend.

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

	Average spend per gambling day (£)		Spend in past month (£)	
	Mean	Median	Mean	Median
Bookmakers	320	100	1977	900
Bingo Hall	136	85	872	720
Casino	587	150	2321	1000
Live Events	555	15	1465	900
Adult Entertainment Centre	217	100	1097	525
Family Entertainment Centre	184	100	1251	700
Pub	263	100	1514	600
Online	474	100	2128	1000
Miscellaneous	145	50	1034	500
Private Members Club	388	150	1669	675
Other	377	70	2054	600

8.5.5 Gambling type by age

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

Table 14 Gambling locations by age group

	Age bands*								
	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Bookmakers	24.1%	27.8%	28.2%	29.0%	26.1%	34.8%	32.6%	37.7%	31.6%
Bingo Hall	0.7%	0.9%	0.9%	1.0%	0.6%	2.2%	1.5%	4.0%	2.7%
Casino	8.6%	7.0%	6.8%	6.0%	6.9%	5.6%	4.7%	7.6%	4.8%
Live Events	0.0%	0.4%	0.5%	0.4%	0.2%	0.4%	1.2%	0.4%	2.1%
Adult Entertainment Centre	1.8%	1.8%	2.3%	2.2%	2.9%	1.8%	5.0%	3.6%	7.0%
Family Entertainment Centre	0.5%	0.1%	0.4%	0.7%	0.8%	0.4%	0.6%	2.2%	2.1%
Pub	1.3%	1.9%	1.6%	2.5%	3.1%	1.8%	2.9%	2.2%	3.2%
Online	87.0%	85.1%	83.4%	79.6%	77.6%	68.6%	70.3%	60.1%	58.3%
Miscellaneous	7.6%	7.0%	7.1%	7.2%	8.4%	11.0%	9.7%	9.4%	13.4%
Private Members Club	0.0%	0.0%	0.2%	0.1%	0.0%	0.2%	0.8%	0.0%	0.0%
Other	1.3%	1.1%	0.8%	0.7%	1.2%	0.6%	0.5%	1.6%	2.4%
Total gamblers*	607	1192	1288	956	621	446	340	223	187

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

%s may total > 100% as more than one location can be reported

8.5.6 Gambling location by gender

Compared to male gamblers, females were less likely to use bookmakers (10% compared to 34%), casinos (4% compared to 7%) or pubs (1% compared to 2%) or online services (78% compared to 83%) but more likely to use bingo halls (6% compared to <1%), adult entertainment centres (4% compared to 2%), family entertainment centres (1% compared to <1%) or miscellaneous activities (12% compared to 7%).

Table 15 Gambling location by gender

	Male		Female	
	Number	%	Number	%
Bookmakers	1607	33.5%	115	10.4%
Bingo Hall	15	0.3%	61	5.5%
Casino	344	7.2%	42	3.8%
Live Events	26	0.5%	1	0.1%
Adult Entertainment Centre	99	2.1%	47	4.2%
Family Entertainment Centre	23	0.5%	13	1.2%
Pub	108	2.3%	16	1.4%
Online	3737	77.9%	924	83.4%
Miscellaneous	336	7.0%	132	11.9%
Private Members Club	6	0.1%	1	0.1%
Other	50	1.0%	7	0.6%
Total gamblers*	4798		1108	

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

Note: %s may total > 100% as more than one location can be reported

8.5.7 Gambling location by ethnic group

Some considerable differences were evident between the gambling locations reported by different ethnic groups (Table 16). Compared to White or White British gamblers, those who identified as Black or Black British were more likely to use bookmakers (46% compared to 28%) or casinos (17% compared to 5%). Those who identified as Asian or Asian British were also more likely than White or White British gamblers to use bookmakers (32%) or casinos (15%). Overall, those who identified as Black or Black British were the most likely to use bookmakers and the least likely to use online services (63%).

Table 16 Gambling location by ethnic group

	White or White British		Black or Black British		Asian or Asian British		Mixed	
	N	%	N	%	N	%	N	%
Bookmakers	1452	28.0%	109	46.2%	103	32.0%	26	22.8%
Bingo Hall	68	1.3%	7	3.0%	0	0.0%	0	0.0%
Casino	272	5.2%	41	17.4%	47	14.6%	14	12.3%
Live Events	23	0.4%	3	1.3%	0	0.0%	0	0.0%
Adult Entertainment Centre	134	2.6%	5	2.1%	5	1.6%	3	2.6%
Family Entertainment Centre	34	0.7%	1	0.4%	0	0.0%	1	0.9%
Pub	121	2.3%	2	0.8%	1	0.3%	0	0.0%
Online	4143	80.0%	148	62.7%	242	75.2%	103	90.4%
Miscellaneous	421	8.1%	17	7.2%	20	6.2%	9	7.9%
Private Members Club	7	0.1%	0	0.0%	1	0.3%	1	0.9%
Other	48	0.9%	6	2.5%	4	1.2%	1	0.9%
Total gamblers*	5181		236		322		114	

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

Note: %s may total > 100% as more than one location can be reported

8.5.8 Gambling type by relationship status

Gamblers defined as not in a relationship ('divorced', 'separated', 'single') were more likely to report use of bookmakers (33%), casinos (9%) and adult entertainment centres (4%) (Table 17). Those in a relationship or married were more likely to use online services (84% overall). Those who are divorced were more likely than those with any other relationship status to report bingo hall activity (6%) and the least likely to use online services (59%).

Table 17 Gambling type by relationship status

	Divorced		Separated		Single		In relationship		Married	
	N	%	N	%	N	%	N	%	N	%
Bookmakers	44	37.0%	80	34.3%	655	33.3%	577	26.5%	324	24.2%
Bingo Hall	7	5.9%	2	0.9%	34	1.7%	18	0.8%	13	1.0%
Casino	13	10.9%	11	4.7%	171	8.7%	110	5.1%	78	5.8%
Live Events	1	0.8%	1	0.4%	13	0.7%	4	0.2%	7	0.5%
Adult Entertainment Centre	2	1.7%	3	1.3%	74	3.8%	40	1.8%	22	1.6%
Family Entertainment Centre	1	0.8%	1	0.4%	16	0.8%	11	0.5%	7	0.5%
Pub	1	0.8%	8	3.4%	43	2.2%	40	1.8%	31	2.3%
Online	70	58.8%	173	74.2%	1447	73.5%	1854	85.1%	1089	81.4%
Miscellaneous	15	12.6%	18	7.7%	182	9.2%	148	6.8%	106	7.9%
Private Members Club	0	0.0%	0	0.0%	5	0.3%	0	0.0%	3	0.2%
Other	2	1.7%	1	0.4%	24	1.2%	18	0.8%	13	1.0%
Total gamblers*	119	100.0%	233	100.0%	1969	100.0%	2178	100.0%	1338	100.0%

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

Note: %s may total > 100% as more than one location can be reported

8.5.9 Gambling type by employment status

Online services were the most commonly reported gambling location for all categories of employment status (Table 18). Use of adult entertainment centres (7%) and miscellaneous activities (16%) was noticeably higher among those defined as unable to work through illness, with use of online services the lowest (66%). Use of online services (87%) and casinos (11%) was noticeably higher among students.

Table 18 Gambling type by employment status

	Employed		Unemployed		Student		Unable to work through illness	
	N	%	N	%	N	%	N	%
Bookmakers	1173	27.4%	208	33.5%	24	19.4%	185	32.0%
Bingo Hall	30	0.7%	17	2.7%	0	0.0%	18	3.1%
Casino	255	6.0%	62	10.0%	13	10.5%	31	5.4%
Live Events	18	0.4%	1	0.2%	2	1.6%	2	0.3%
Adult Entertainment Centre	72	1.7%	20	3.2%	2	1.6%	38	6.6%
Family Entertainment Centre	17	0.4%	4	0.6%	2	1.6%	12	2.1%
Pub	83	1.9%	15	2.4%	2	1.6%	14	2.4%
Online	3556	83.1%	456	73.5%	108	87.1%	381	65.8%
Miscellaneous	287	6.7%	57	9.2%	8	6.5%	93	16.1%
Private Members Club	5	0.1%	2	0.3%	0	0.0%	0	0.0%
Other	34	0.8%	12	1.9%	1	0.8%	7	1.2%
Total gamblers*	4280	100.0%	620	100.0%	124	100.0%	579	100.0%

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

Note: %s may total > 100% as more than one location can be reported

9 Access to services

9.1 Source of referral into treatment

Most referrals (93%) were self-made. Independent health sector mental health services, 'other primary health care' and 'other services or agencies' accounted for 4% of referrals between them (Table 19). Other sources accounted for less than 1% of referrals each.

Table 19 Referral source for clients treated in 2020/21, by type of client

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Self-referral	6025	92.7%	1133	94.5%	7158	93.0%
Other service or agency	135	2.1%	19	1.6%	154	2.0%
Independent sector mental health services	84	1.3%	3	0.3%	87	1.1%
Other primary health care	78	1.2%	3	0.3%	81	1.1%
GP	43	0.7%	21	1.8%	64	0.8%
Mental health NHS trust	33	0.5%	4	0.3%	37	0.5%
Probation service	26	0.4%	5	0.4%	31	0.4%
Employer	29	0.4%	1	0.1%	30	0.4%
Prison	21	0.3%	7	0.6%	28	0.4%
Police	14	0.2%	1	0.1%	15	0.2%
Carer	7	0.1%	0	0.0%	7	0.1%
Social services	1	0.0%	2	0.2%	3	0.0%
Drug Misuse services	2	0.0%	0	0.0%	2	0.0%
Court liaison and Diversion service	1	0.0%	0	0.0%	1	0.0%
Courts	1	0.0%	0	0.0%	1	0.0%
Education service	1	0.0%	0	0.0%	1	0.0%
Jobcentre plus	0	0.0%	0	0.0%	0	0.0%
Asylum services	0	0.0%	0	0.0%	0	0.0%
A& E department	0	0.0%	0	0.0%	0	0.0%
Health visitor	0	0.0%	0	0.0%	0	0.0%
Total	6501	100.0%	1199	100.0%	7700	100.0%
Missing	23		3		26	
Total clients	6524		1202		7726	

9.2 Waiting times for first appointment

Waiting time was calculated as the time between referral date and first recorded appointment. For clients treated during 2020/21, 50% of clients had an appointment within four days and 75% within eight days. Waiting times for residential services were higher, with 50% of clients seen within two months (62 days).

10 Engagement

A total of 62,959 appointments were recorded for clients treated in 2020/21 (Table 20). This represents an average of just over eight appointments per client, similar for both gamblers and other clients. The majority of these (85%) were for the purpose of treatment, with 13% being for assessment.

Table 20 Appointment purpose for clients treated in 2020/21

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Treatment	43836	84.5%	7510	85.2%	51346	84.6%
Assessed	6772	13.1%	1251	14.2%	8023	13.2%
Follow-up after treatment	905	1.7%	56	0.6%	961	1.6%
Review only	223	0.4%	0	0.0%	223	0.4%
Other	111	0.2%	0	0.0%	111	0.2%
Review and treatment	25	0.0%	0	0.0%	25	0.0%
Assessed and treatment	15	0.0%	0	0.0%	15	0.0%
Total	51887	100.0%	8817	100.0%	60704	100.0%
Missing	2210		45		2255	
Total appointments	54097		8862		62959	

In a clear reflection of pandemic conditions, most (85%) appointments were conducted remotely by telephone (69%) or web camera (16%), although a substantial minority (14%) were conducted on a face-to-face basis. Most appointments (97%) were defined as counselling activity (Table 21).

Table 21 Interventions received at appointments in 2020/21

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Counselling	48669	96.0%	8753	99.3%	57422	96.5%
CBT	836	1.6%	0	0.0%	836	1.4%
Other	524	1.0%	0	0.0%	524	0.9%
Psychotherapy	449	0.9%	61	0.7%	510	0.9%
Brief advice	221	0.4%	2	0.0%	223	0.4%
Total	50699	100.0%	8816	100.0%	59515	100.0%
Missing	3398		46		3444	
Total appointments	54097		8862		62959	

10.1 Length of time in treatment

Among all those receiving and ending treatment within 2020/21, treatment lasted for an average (median) of nine weeks. One quarter of clients received treatment for five weeks or less, half received treatment for between five and 15 weeks and one quarter received treatment for over 15 weeks. Treatment for clients other than gamblers was slightly shorter, with a median of 8 weeks compared to 9 weeks for gamblers. Treatment in residential centres was generally longer, lasting an average (median) of 15 weeks.

11 Treatment Outcomes

Among clients treated within 2020/21, 1,756 (23%) were still in treatment at the end of March 2021, whereas 5,970 (77%) exited treatment before the end of March 2021. Treatment outcomes are presented for those clients who were discharged in this period in order to represent their status at the end of treatment.

11.1 Treatment exit reasons

A majority of clients (74%) who exited treatment within 2020/21 completed their scheduled treatment. However, one fifth (20%) dropped out of treatment before a scheduled endpoint. Much smaller proportions were either discharged early by agreement (3%) or referred on to another service (3%). Clients other than gamblers were more likely to complete treatment (83% compared to 72%) and less likely to drop out (11% compared to 21%).

Table 22 Reasons for treatment exit for clients treated within 2020/21

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Completed scheduled treatment	3542	71.9%	780	83.1%	4322	73.7%
Dropped out	1039	21.1%	106	11.3%	1145	19.5%
Discharged by agreement	129	2.6%	38	4.0%	167	2.8%
Referred on (Assessed & treated)	149	3.0%	10	1.1%	159	2.7%
Not known (Assessed only)	21	0.4%	2	0.2%	23	0.4%
Referred on (Assessed only)	21	0.4%	2	0.2%	23	0.4%
Not known (Assessed & treated)	21	0.4%	1	0.1%	22	0.4%
Deceased (Assessed & treated)	2	0.0%	0	0.0%	2	0.0%
Deceased (Assessed only)	0	0.0%	0	0.0%	0	0.0%
Total	4924	100.0%	939	100.0%	5863	100.0%
Missing	101		6		107	
Total clients	5025		945		5970	

Some minor differences in discharge reason were noted between male and female clients, with female clients being slightly less likely to drop out of treatment (17% compared to 21%). However, when restricting to gambling clients, female clients were less likely to complete treatment (69% compared to 73%).

Among gamblers, drop out was associated with some client characteristics. Those who were a student (25%) or unemployed (25%) were more likely to drop out of treatment (Table 23), whereas those who were employed were the most likely to complete treatment (75%). Level of drop out decreased with age, falling from 26% among those under 30 years old to 13% among those over 50 years old. Rates were also higher among those not in a relationship (24%) compared to those who were (19%). Rates were comparable among males and females.

Table 23 Discharge reason by employment status (among gambling clients)

	Employed		Unemployed		Student		Unable to work through illness	
	N	%	N	%	N	%	N	%
Discharged by agreement	84	2.3%	19	3.6%	0	0.0%	19	4.3%
Referred on (Assessed only)	14	0.4%	4	0.8%	1	1.0%	2	0.5%
Deceased (Assessed only)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Completed scheduled treatment	2700	75.4%	339	64.6%	71	68.9%	279	63.3%
Dropped out	730	20.4%	130	24.8%	26	25.2%	91	20.6%
Referred on (Treated)	54	1.5%	33	6.3%	4	3.9%	50	11.3%
Deceased (Assessed & treated)	1	0.0%	0	0.0%	1	1.0%	0	0.0%
Total	3583	100.0%	525	100.0%	103	100.0%	441	100.0%

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

11.2 Severity scores

11.2.1 Baseline severity scores

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

PGSI

The PGSI is a validated tool³⁰ used in the Health Survey for England, Scottish Health Survey and the Welsh Problem Gambling Survey. The PGSI consists of nine items and each item is assessed on a four-point scale, giving a total score of between zero and 27 points.

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

At the earliest known appointment for gamblers treated during 2020/21, PGSI score was recorded for 84% of gamblers. Among these (Table 24), the majority (94%) recorded a PGSI score of 8 or more. Much smaller proportions were defined as moderate risk (5%), low risk (1%) or no problem (1%). Among those in the highest PGSI category, mean PGSI score was 19, considerably higher than the minimum of eight for this category.

Table 24 PGSI category of severity at earliest appointment

	N	%	Mean score
No problem (0)	32	0.6%	0
At low risk (1-2)	40	0.7%	1.5
At moderate risk (3-7)	277	5.1%	5.6
Score of 8+	5118	93.6%	18.8
Total	5467	100.0%	17.8
Missing	1057		
Total gamblers	6524		

CORE-10

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

³⁰ PGSI is a validated population level screening tool. It should be noted that the PGSI was not designed as a clinical tool, nor as an outcome measure for treatment. PGSI cannot be directly interpreted as a benchmark of treatment effectiveness, as longer-term outcomes are not captured. However, in the absence of a widely agreed clinical measure, the PGSI provides an internationally recognised indicator of gambling harm.

At the earliest known appointment for clients treated during 2020/21, CORE-10 score was recorded for 85% of clients. Among these clients, scores were distributed relatively evenly across the categories of severity (Table 25) with around one fifth of clients scoring as severe (17%), moderate-to-severe (20%), moderate (23%) or mild (23%) and 17% scoring below clinical cut-off. Gamblers were more likely than other clients to score severe (19% compared to 10%). Within the category of 'severe', mean scores were 30 for gamblers and 29 for other clients.

Table 25 CORE-10 category of severity at earliest appointment

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	921	16.8%	201	18.9%	1122	17.1%
Mild	1213	22.1%	295	27.7%	1508	23.0%
Moderate	1252	22.8%	259	24.3%	1511	23.1%
Moderate severe	1078	19.7%	202	18.9%	1280	19.5%
Severe	1022	18.6%	109	10.2%	1131	17.3%
Total	5486	100.0%	1066	100.0%	6552	100.0%
Missing	1038		136		1174	
Total clients	6524		1202		7726	

11.2.2 Change in severity scores

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

PGSI

Changes in PGSI score were calculated for clients who ended treatment before the end of March 2021 (see section 11.1). Between earliest and latest appointment within treatment where PGSI scores were recorded, clients improved, on average (median), by a score of 13 points on the PGSI scale.

Table 26 summarises the direction and extent of change in PGSI scores with the majority (81%) improving between start and end of treatment, 17% showing no change and a small minority (3%) recording a higher score of severity at latest appointment compared to earliest. Gamblers were most likely (36%) to improve by 10–19 points, with a further quarter (26%) improving by 20–27 points.

Table 27 shows these changes in PGSI score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (92%). Level of change also differed by discharge reason with a median of 15 points for those completing treatment, compared to six for those dropping out.

Table 26 Changes in PGSI score between earliest and latest appointments

	N	%
Improved by 20- 27 points	1257	25.8%
Improved by 10- 19 points	1764	36.2%
Improved by 1- 9 points	912	18.7%
No Change	814	16.7%
Increased: 1 to 9 points	116	2.4%
Increased: 10 to 18 points	8	.2%
Increased: 19 to 27 points	1	0.0%
Total	4872	100.0%
Missing	153	
Total	5025	

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

	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	3	2.4%	112	91.1%	8	6.5%
Referred on (Assessed only)	1	5.0%	19	95.0%	0	0.0%
Completed scheduled treatment	68	2.0%	203	5.8%	3210	92.2%
Dropped out	41	4.0%	359	35.4%	614	60.6%
Referred on (Assessed & treated)	7	4.7%	85	57.0%	57	38.3%
Deceased (Assessed & treated)	0	0.0%	0	0.0%	2	100.0%
Not known (Assessed only)	0	0.0%	12	92.3%	1	7.7%
Not known (Assessed & treated)	1	5.0%	4	20.0%	15	75.0%

Table 28 shows the latest category of severity recorded before the end of treatment (compared with the earliest in Table 24). At this point a much smaller proportion of clients (28%) still had a PGSI score³¹ of 8+. Around three in ten gamblers (30%) were now defined as 'non-problem', with the remainder defined as at either low (21%) or moderate (21%) risk.

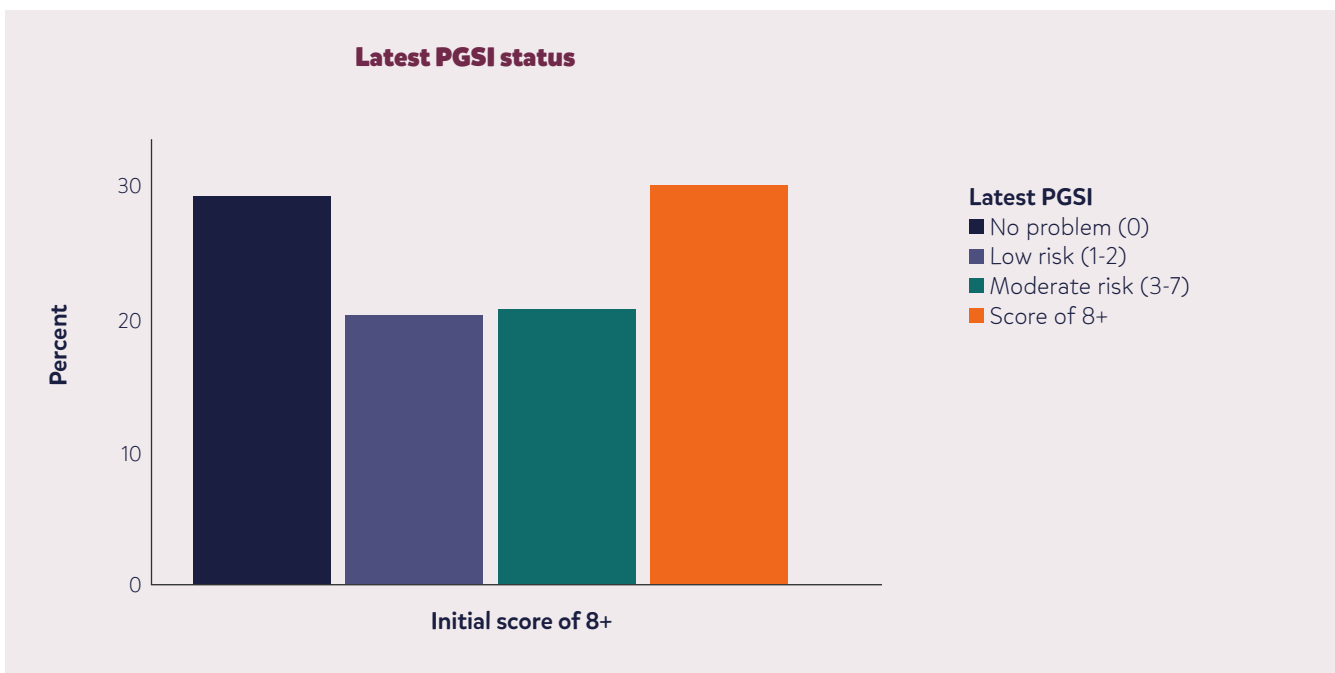
31 As the highest PGSI classification is a score within the range of between 8 and 27, many clients still classified as such at the end of a specific treatment episode will still have experienced a reduction in PGSI score, although not one sufficient to remove them from this category.

Table 28 Latest PGSI category of severity recorded within treatment

	N. Clients	%	Mean score
No problem (0)	1460	30.0%	0
At low risk (1-2)	1015	20.8%	1.4
At moderate risk (3-7)	1031	21.2%	4.6
Score of 8+	1366	28.0%	15.9
Total	4872	100.0%	5.7
Missing	153		
Total gamblers	5025		

Figure 2 shows the status at the last recorded assessment for the subset of gamblers with a PGSI score of 8+ at treatment start. Approximately 70% of clients had a score of seven or under at this stage, with 29% now being defined as 'no problem'. For those completing treatment, 84% no longer had a score of 8+ at this stage, with 37% being defined as 'no problem'.

Figure 2 Latest PGSI status for clients with a score of 8 or more at treatment start



CORE-10

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

Table 29 summarises the direction and extent of change in CORE-10 scores with the majority (77%) improving within treatment, 17% showing no change and a minority (7%) recording a higher score of severity at their latest appointment compared to the earliest. Most improvement recorded (66%) was between one and 20 points, with the most common improvement (1-10 points) being achieved by 36%. Gamblers were more likely than other clients to improve by more than 20 points (12% compared to 5%).

Table 30 shows these changes in CORE-10 score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (88%).

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

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Improved by 31-40 points	57	1.2%	1	0.1%	58	1.0%
Improved by 21-30 points	517	10.6%	43	4.7%	560	9.6%
Improved by 11-20 points	1446	29.6%	272	29.5%	1718	29.6%
Improved by 1-10 points	1697	34.7%	409	44.4%	2106	36.2%
No Change	831	17.0%	136	14.8%	967	16.6%
Increased by 1-10 points	319	6.5%	55	6.0%	374	6.4%
Increased by 11-20 points	23	0.5%	5	0.5%	28	0.5%
Increased by 21-30 points	1	0.0%	0	0.0%	1	0.0%
Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	4891	100.0%	921	100.0%	5812	100.0%

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

	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	2	1.2%	158	94.0%	8	4.8%
Referred on (Assessed only)	0	0.0%	26	100.0%	0	0.0%
Completed scheduled treatment	265	5.8%	286	6.2%	4053	88.0%
Dropped out	128	10.6%	450	37.2%	633	52.3%
Referred on (Assessed & treated)	15	8.8%	90	52.6%	66	38.6%
Deceased (Assessed & treated)	1	50.0%	0	0.0%	1	50.0%
Not known (Assessed only)	0	0.0%	19	95.0%	1	5.0%
Not known (Assessed & treated)	1	4.2%	3	12.5%	20	83.3%

Table 31 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 25. At this point a small proportion of clients (5%) were still classed as 'severe'. A majority of clients (63%) were now defined as 'below clinical cut-off', with the majority of the remainder defined as either mild (17%) or moderate (9%).

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

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	3064	62.6%	598	64.9%	3662	63.0%
Mild	810	16.6%	171	18.6%	981	16.9%
Moderate	466	9.5%	79	8.6%	545	9.4%
Moderate severe	303	6.2%	52	5.6%	355	6.1%
Severe	248	5.1%	21	2.3%	269	4.6%
Total	4891	100.0%	921	100.0%	5812	100.0%

12 Trends

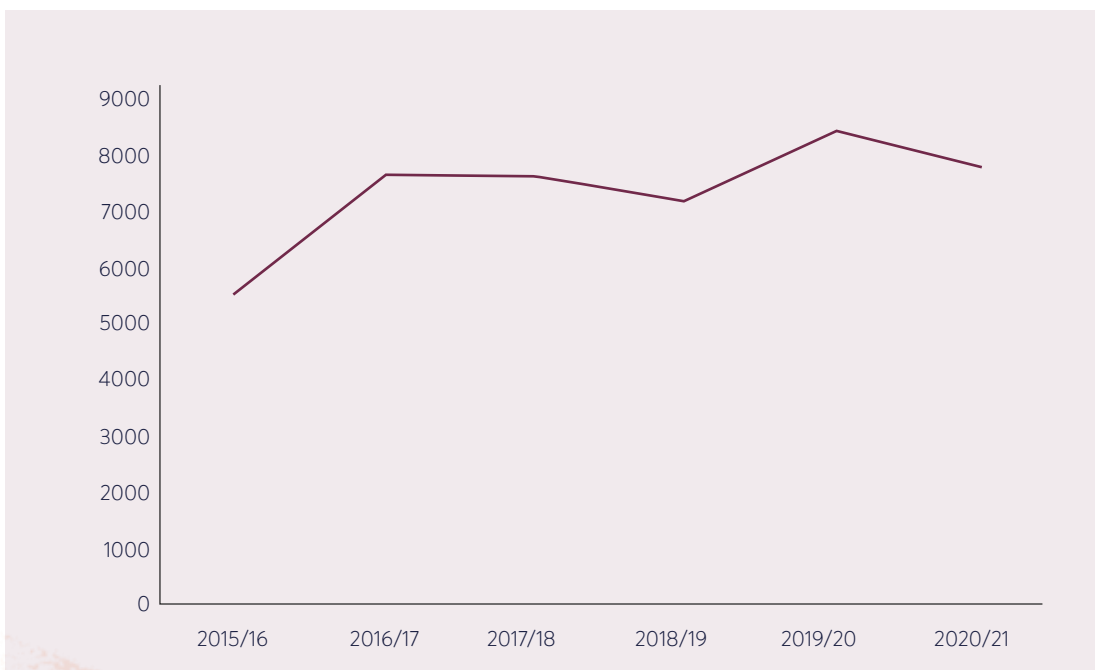
12.1 Trends in numbers in treatment

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

Table 32 Trends in number of clients treated in the year – 2015/16 to 2020/21

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Clients treated	5534	7601	7580	7129	8381	7726

Figure 3 Trends in number of treated clients – 2015/16 to 2020/21



Gambling services provide a point of contact and support both for disordered gambling behaviour and to those affected by another's gambling. Table 33 shows that the proportion of clients seeking help due to another individual's gambling has increased from 10% in 2015/16 to 15% in 2020/21.

Table 33 Trends in reason for referral – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Clients with disordered gambling behaviour	4931	89.9%	6790	90.3%	6740	89.7%	6251	88.5%	6930	84.0%	6524	84.5%
Affected other	548	10.0%	723	9.6%	758	10.1%	793	11.2%	1126	13.6%	1155	15.0%
Person at risk of developing gambling problem	9	0.2%	7	0.1%	13	0.2%	22	0.3%	197	2.4%	46	0.6%
Missing	46		81		69		63		128		1	
Total Clients	5534		7601		7580		7129		8381		7726	

12.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2020/21 (Table 34) has been the increase in the proportion reporting use of online gambling services (rising from 57% to 79%) alongside the reduction in the proportion using bookmakers (falling from 56% to 29%). Data for 2020/21 show a general decrease in use of 'in person' venues.

Table 34 Trends in gambling locations – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Bookmakers	2678	56.5%	3346	51.2%	2978	45.9%	2623	43.1%	2538	38.1%	1745	29.0%
Bingo Hall	94	2.0%	111	1.7%	106	1.6%	102	1.7%	104	1.6%	77	1.3%
Casino	594	12.5%	747	11.4%	642	9.9%	558	9.2%	630	9.4%	398	6.6%
Live Events	44	0.9%	43	0.7%	32	0.5%	23	0.4%	23	0.3%	27	0.4%
Adult Entertainment Centre	184	3.9%	243	3.7%	228	3.5%	193	3.2%	249	3.7%	148	2.5%
Family Entertainment Centre	62	1.3%	49	0.8%	45	0.7%	34	0.6%	39	0.6%	37	0.6%
Pub	204	4.3%	225	3.4%	186	2.9%	163	2.7%	205	3.1%	126	2.1%
Online	2687	56.7%	3887	59.5%	4267	65.7%	4012	65.9%	4590	68.8%	4742	78.9%
Miscellaneous	572	12.1%	729	11.2%	571	8.8%	529	8.7%	489	7.3%	478	8.0%
Private Members Club	11	0.2%	10	0.2%	13	0.2%	12	0.2%	10	0.1%	9	0.1%
Other	99	2.1%	142	2.2%	152	2.3%	161	2.6%	132	2.0%	59	1.0%
Total Clients	4736		6531		6493		6089		6670		6010	

12.3 Trends in treatment exit reason

Grouped by year of treatment, Table 35 shows a number of positive trends with increases in the proportion of clients completing scheduled treatment (from 59% to 74%), alongside a decrease in the proportion dropping out of treatment (from 35% to 20%).

Table 35 Trends in exit reason – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Discharged by agreement	119	3.0%	207	3.5%	265	4.3%	217	3.8%	358	5.4%	167	2.8%
Completed scheduled treatment	2336	58.6%	3705	62.2%	3845	63.0%	3930	69.6%	4518	68.7%	4322	73.7%
Dropped out	1398	35.1%	1828	30.7%	1816	29.7%	1397	24.8%	1576	24.0%	1145	19.5%
Referred on	91	2.3%	175	2.9%	120	2.0%	82	1.5%	102	1.6%	181	3.1%
Deceased	1	0.0%	0	0.0%	1	0.0%	2	0.0%	2	0.0%	2	0.0%
Total Clients Discharged	3983		5955		6105		5644		6572		5863	

12.4 Trends in client characteristics

Table 36 shows an overall increase in the proportion of clients who are female, rising from 19% in 2015/16 to 30% in 2020/21.

Table 36 Trends in gender – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Male	4466	80.8%	6149	80.9%	5995	79.2%	5594	78.6%	6311	75.5%	5326	70.3%
Female	1063	19.2%	1449	19.1%	1576	20.8%	1523	21.4%	2048	24.5%	2243	29.6%
Total Clients	5534		7601		7580		7129		8381		7726	

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

Table 37 shows that the proportion of clients accounted for by White or white British ethnic groups has declined overall since 2015/16, with other ethnic groups all increasing.

Table 37 Trends in ethnicity – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
White or white British	4909	90.1%	6746	89.7%	6753	89.9%	6271	89.1%	7300	88.5%	6522	86.9%
Black or Black British	125	2.3%	190	2.5%	143	1.9%	186	2.6%	261	3.2%	299	4.0%
Asian or Asian British	254	4.7%	362	4.8%	360	4.8%	361	5.1%	412	5.0%	412	5.5%
Mixed	96	1.8%	132	1.8%	142	1.9%	136	1.9%	165	2.0%	158	2.1%
Other	64	1.2%	91	1.2%	110	1.5%	87	1.2%	107	1.3%	114	1.5%
Not known/ Missing	86		80		72		88		136		221	
Total Clients	5534		7601		7580		7129		8381		7726	

Table 38 shows that no clear trends in employment status are observable within this time period.

Table 38 Trends in employment status – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Employed	4090	75.7%	5837	77.8%	5943	79.4%	5518	78.3%	6231	75.4%	5360	73.3%
Unemployed	530	9.8%	655	8.7%	596	8.0%	585	8.3%	705	8.5%	729	10.0%
Student	134	2.5%	153	2.0%	156	2.1%	122	1.7%	133	1.6%	157	2.1%
Unable to work through illness	330	6.1%	442	5.9%	444	5.9%	461	6.5%	565	6.8%	665	9.1%
Homemaker	111	2.1%	135	1.8%	117	1.6%	141	2.0%	179	2.2%	182	2.5%
Not seeking work	9	0.2%	20	0.3%	16	0.2%	19	0.3%	16	0.2%	28	0.4%
Prison-care	60	1.1%	73	1.0%	19	0.3%	39	0.6%	226	2.7%	11	0.2%
Volunteer	18	0.3%	28	0.4%	15	0.2%	12	0.2%	23	0.3%	18	0.2%
Retired	118	2.2%	162	2.2%	175	2.3%	146	2.1%	190	2.3%	165	2.3%
Not known/ Missing	134		96		99		86		113		411	
Total	5534		7601		7580		7129		8381		7726	

Annual Statistics from the National Gambling Treatment Service Scotland

1st April 2020 to 31st March 2021

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1 Executive Summary

Client characteristics

- A total of 268 individuals, resident in Scotland, were treated within gambling services (who report to Data Reporting Framework (DRF)) in Scotland within 2020/21.
- A majority of clients (69%) were male.
- Three quarters (75%) of clients were aged 43 years or younger. The highest numbers were reported in the 25–39 years old age bands, accounting for 53% of clients in total.
- Nearly all (96%) were from a white ethnic background, including 89% White British and 3% White European. The next most commonly reported ethnic background was Asian or Asian British (2%).
- The majority of clients were employed (69%), with smaller proportions reporting being unemployed (15%), unable to work through illness (9%), a student (3%) or a homemaker (2%).

Gambling profile

- Among clients receiving treatment for their own disordered gambling behaviour, initial Problem Gambling Severity Index (PGSI)³² scores indicated that the majority (99%) had a score of eight or more (which the PGSI scale classes as problem gambler) at the point of assessment for treatment. Amongst those whose episode of treatment ended within the 2020/21 year, this proportion had reduced to 36% and the majority (77%) showed improvement on this scale.
- The most common location for gambling was online, used by 83% of gambling clients. Bookmakers were the next most common, used by 26% of gamblers.
- Between 2015/16 and 2020/21 the proportion reporting use of online gambling services increased from 52% to 83%. In the same time period, the proportion using bookmakers decreased from 54% to 26%.
- Among online services, gambling on sporting events was the most common activity (31%), followed by casino slots (29%) and casino table games (23%).
- Within bookmakers, sporting events were the most common form of gambling (12%), followed by horses (10%) and gaming machines (8%).
- The majority of gamblers (63%) reported having a debt due to their gambling. 7% had experienced a job loss as a result of their gambling and 18% had experienced a relationship loss through their gambling.
- On average (median) gamblers reported spending £800 on gambling in the previous 30 days before assessment, with 50% spending more than this.

Treatment engagement

- Most referrals into treatment (96%) were self-made.
- For clients treated within the year, 50% of clients had a first appointment within six days of referral and 75% within eight days.
- Among all those receiving and ending treatment within 2020/21, treatment lasted for an average (median) of 8 weeks.

Treatment outcomes

- Among clients who ended treatment during 2020/21, a majority (63%) completed their scheduled treatment. One quarter (26%) dropped out of treatment before a scheduled endpoint.
- Between 2015/16 and 2020/21 the proportion of clients completing scheduled treatment increased from 51% to 63%, whilst the proportion dropping out of treatment decreased from 43% to 26%.
- Among gamblers, PGSI scores improved by an average (median) of 12 points between earliest and last appointment in treatment.
- At the end of treatment, 64% had a PGSI score of seven or less, compared to 1.5% at the start of treatment.
- Improvements in PGSI score were seen in 89% of those completing treatment, compared to 66% among those who dropped out.
- 66% of clients were defined as 'below clinical cut-off' on the CORE-10 scale at the end of treatment, compared to only 17% at the start of treatment.
- Improvements in CORE-10 score were seen in 85% of those completing treatment, compared to 66% among those who dropped out.

2 About the National Gambling Treatment Service

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

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

The data for the 2020/21 period presented within this report covers submissions from the following organisations, with details of the services they provide listed below.

GamCare³³ and its partner network offers:

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

Gordon Moody offers:

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

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

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

NHS Northern Gambling Service, provided by Leeds and York Partnership NHS Foundation Trust offers:

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

GambleAware funded treatment providers are required to submit quarterly datasets in a standardised format³⁴. This report is informed by analysis of these submissions.

³³ In addition, GamCare operates the National Gambling Helpline which offers telephone and online live chat support providing immediate support to individuals and referral into the treatment service. GamCare also offer information and advice via their website, moderated forums and online group chatrooms. These services are not within the scope of data presented in this report.

³⁴ <https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

3 Background and Policy Context

The Gambling Act 2005 contains a provision at section 123³⁵ for a levy on gambling operators to fund projects to reduce gambling harms, however successive governments have not commenced this provision. In the absence of such a levy, the Gambling Commission imposes a requirement on operators through the Licence Conditions & Code of Practice³⁶ to make a donation to fund research, education and treatment. At the time of publishing, the Government is in the process of conducting a review of the 2005 Gambling Act and is due to release a white paper at the end of 2021 outlining its proposals for reform.

GambleAware³⁷ is an independent charity that commissions evidence-informed prevention and treatment services in partnership with expert organisations and agencies and is also a strong advocate for a mandatory levy. The charity is the most prominent organisation active in all three areas of research, education and treatment³⁸ and for this reason, a high proportion of donations are made to GambleAware. In particular, a recent pledge of up to £100 million was made by the largest four gambling companies to the charity up to the year 2024.

In September 2021, Public Health England (which has since disbanded) published a review of the evidence of gambling harms³⁹. The paper concluded that harmful gambling should be considered a public health issue because of the association with harms to the individual, their families, friends and wider society. The new Office for Health Improvement and Disparities (OHID) will work closely with the Department for Digital, Culture, Media and Sport (DCMS) and other key partners to develop a plan to address the gaps identified in the report to help reduce gambling harms.

In January 2019, NHS England announced it would be establishing additional specialist clinics to treat gambling disorder⁴⁰ and in July 2019 announced the timetable for the new clinics to start⁴¹. The first of these clinics began offering treatment in 2019/20. In addition, some activity funded by the NHS for people whose primary or secondary diagnosis is gambling disorder takes place outside the specialist clinics. Activity funded by the NHS is reported in the official statistics produced by the NHS in England, Scotland and Wales.

The *Annual Report for 2016/17* of the Chief Medical Officer for Wales⁴², published in January 2018 discussed the need for improved measures to prevent gambling harm, including services to help those already experiencing harm.

GambleAware is working to ensure a public health approach to preventing gambling harms is adopted in Great Britain and is guided by the framework for harm prevention, as set out in the National Strategy to Reduce Gambling Harms.

The COVID-19 pandemic has presented huge challenges for communities, individuals, service providers and the statutory sector. Many areas have seen swift change in response to new demands because of the pandemic, however some may have missed out on receiving support due to service changes or developed new needs that remain unmet. The long-term effect of the pandemic is likely to be felt for many years and effective commissioning should always be

35 <http://www.legislation.gov.uk/ukpga/2005/19/section/123>

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

37 Information about GambleAware and its governance is available at <https://about.gambleaware.org/about/>

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

39 <https://www.gov.uk/government/news/landmark-report-reveals-harms-associated-with-gambling-estimated-to-cost->

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

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

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

responsive to the changing needs of society. GambleAware remains committed to working in partnership with the NHS, public health agencies, local authorities and voluntary sector organisations across England, Scotland and Wales to further develop the National Gambling Treatment Service. As the primary funder of the NGTS, this statistical report covers activity which is commissioned by GambleAware.

GambleAware is a member of a joint-working group on preventing gambling harms co-chaired by the Department for Digital, Culture, Media and Sport and Department for Health and Social Care, and a member of the National Suicide Prevention Strategy Advisory Group. GambleAware has established advisory boards in Wales and Scotland to guide future commissioning plans in those nations and is an approved National Institute for Health Research (NIHR) non-commercial partner. In addition, GambleAware is establishing an Advisory Group in consultation with other bodies to ensure the best use of available funding, and to support alignment, integration and the expansion of treatment services across the system so patients get the right treatment at the right time.

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

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

4 The DRF database

The collection of data on clients receiving treatment from the National Gambling Treatment Service is managed through a nationally co-ordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015. Individual treatment services collect data on clients and treatment through bespoke case management systems. The DRF is incorporated into each of these systems. Data items within the DRF are set out in the DRF Specification⁴³ (valid until March 31st 2021) and provided in the appendix to this report. Data are collected within four separate tables, providing details of client characteristics, gambling history, referral details and appointment details. The DRF constitutes a co-ordinated core data set, collected to provide consistent and comparable reporting at a national level. Some minor differences exist in data collection between agencies, such as the addition of supplementary categories in individual fields or in the format of collected data. These are reformatted or recoded at a national level to ensure consistency within the DRF specification.

5 About this report

This report summarises information on clients of National Gambling Treatment Service agencies and provides details of client characteristics, gambling activities and history, and treatment receipt and outcomes. It is restricted to clients for who evidence exists of structured treatment receipt within the reporting period and so does not represent all activity of the reporting agencies, nor does it capture any activity of agencies that do not report to the DRF system. It provides a consistently reported summary, comparable across years.

⁴³ <https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

6 Notes on interpretation

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

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

The DRF collects postal district of residence (first half of postcode). These may span borders of local authority and national boundaries. For this report, postal districts that are wholly or majority contained within Scotland are included. Districts that are partly Scotland but majority England are excluded. Postal districts starting with 'AB', 'DD', 'DG', 'EH', 'FK', 'G_', 'HS', 'IV', 'KA', 'KW', 'KY', 'ML', 'PA', 'PH' or 'ZE' are fully included. Postal districts starting with 'TD' are included, except for TD12 and TD15.

Within this report averages are presented either as means or medians, or sometimes both together. As extreme individual values affect the mean but not the median, the median is often preferred as a measure of central tendency.

The treatment period April 1st 2020–March 31st 2021 coincided with the Covid-19 pandemic. During this period, rights of movement and access to public venues was often restricted. The first lockdown in Scotland began on 24th March 2020, with a move to phase one of the route map out of lockdown beginning on 29th May. Pupils returned to school on 11th August. Following localised restrictions, a further lockdown began on 5th January 2021. Within each lockdown access was restricted to services defined as essential. Hospitality and entertainment sector venues, such as pubs, restaurants and cinemas, but also betting shops, casinos and bingo halls were closed during lockdowns and subject to curfews and distancing restrictions outside of lockdowns.

7 Assessment of quality and robustness of 2020/21 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2020/21. Details of gambling activity and history are not routinely collected for clients who are not themselves gamblers. Levels of completeness of gambling information relate only to clients identified as gamblers. Most data items are close to 100% complete, making the data representative of this treatment population, minimising any likelihood of bias and validating comparisons between time periods and sub-samples.

Table 1 Level of completion of selected data fields

Data item	Level of completion
Referral reason	100%
Referral source	100%
Gender	97.8%
Ethnicity	96.6%
Employment status	97.8%
Relationship status	97.4%
Primary gambling activity	92.3%
Money spent on gambling	99.6%
Job loss	100%
Relationship loss	100%
Early big win	100%
Debt due to gambling	94.9%
Length of gambling history	92.8%
Age of onset (problem gambling)	91.9%
Days gambling per month	89.4%

8 Characteristics of clients

A total of 268 individuals, resident in Scotland, were treated by gambling services providing DRF data within 2020/21. This is a reduction of 9% compared to 2019/20.

The majority (88%) of those seen by gambling services were gamblers (235). However, 31 (12%) referrals related to 'affected others' that is, individuals who are not necessarily gamblers but whose lives have been affected by those who are. A small number of referrals (2, 1%) related to persons at risk of developing a gambling problem (see section 6). All clients are included in breakdowns of client characteristics and treatment engagement but only identified gamblers are included in breakdowns of gambling activity and history.

8.1 Age and gender of clients

Clients had an average (median) age of 35 years at time of referral, with three quarters (75%) aged 43 years or younger. The highest numbers were reported in the 25–39 years old age bands (Table 2) accounting for 53% of clients in total. Clients other than gamblers had a higher median age of 38 years and were more likely to be in the over 50 age bands.

The majority of clients (69%) were male. This compares to 49% in the general population of Scotland⁴⁴. The distribution of age differs to some extent by gender (Table 2), with a median age of 39 years for females compared to 33 years for males. Gender differed considerably by type of client with 78% of gamblers being male compared to 6% of other clients.

Table 2 Age and gender of clients

		Male			Female			Total*		
		N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Age bands	< 20	4	2.3%	100.0%	0	0.0%	0.0%	4	1.6%	100.0%
	20–24	23	13.0%	88.5%	3	3.8%	11.5%	26	10.2%	100.0%
	25–29	36	20.3%	76.6%	11	14.1%	23.4%	47	18.4%	100.0%
	30–34	32	18.1%	78.0%	9	11.5%	22.0%	41	16.1%	100.0%
	35–39	31	17.5%	62.0%	19	24.4%	38.0%	50	19.6%	100.0%
	40–44	21	11.9%	65.6%	11	14.1%	34.4%	32	12.5%	100.0%
	45–49	9	5.1%	50.0%	9	11.5%	50.0%	18	7.1%	100.0%
	50–54	8	4.5%	50.0%	8	10.3%	50.0%	16	6.3%	100.0%
	55–59	5	2.8%	45.5%	6	7.7%	54.5%	11	4.3%	100.0%
	60+	8	4.5%	80.0%	2	2.6%	20.0%	10	3.9%	100.0%
	Total*	177	100.0%	69.4%	78	100.0%	30.6%	255	100.0%	100.0%

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

8.2 Ethnicity of clients

Nearly all (96%) of clients were from a White ethnic background (Table 3) including 89% White British and 3% White European. The next most reported ethnic background was Asian or Asian British (2%) with <1% reported from Black or Black British background. This compares to national (Scotland) proportions⁴⁵ of 96% White or White British, 3% Asian or Asian British and 1% Black or Black British.

Table 3 Ethnicity of clients

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
White or White British	British	203	89.8%	27	81.8%	230	88.8%
	Irish	4	1.8%	1	3.0%	5	1.9%
	European	4	1.8%	3	9.1%	7	2.7%
	Other	5	2.2%	2	6.1%	7	2.7%
Black or Black British	African	1	0.4%	0	0.0%	1	0.4%
	Caribbean	0	0.0%	0	0.0%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%
Asian or Asian British	Bangladeshi	1	0.4%	0	0.0%	1	0.4%
	Indian	3	1.3%	0	0.0%	3	1.2%
	Pakistani	0	0.0%	0	0.0%	0	0.0%
	Chinese	0	0.0%	0	0.0%	0	0.0%
	Other	1	0.4%	0	0.0%	1	0.4%
Mixed	White and Asian	0	0.0%	0	0.0%	0	0.0%
	White and Black African	1	0.4%	0	0.0%	1	0.4%
	White and Black Caribbean	0	0.0%	0	0.0%	0	0.0%
	Other	2	0.9%	0	0.0%	2	0.8%
Other ethnic group		1	0.4%	0	0.0%	1	0.4%
	Total	226	100.0%	33	100.0%	259	100.0%
	Missing	9		0		9	
	Total clients	235		33		268	

⁴⁵ Office for National Statistics. UK 2011 census.

8.3 Employment status of clients

The majority of clients were employed (69%). The next most reported employment status was unemployed (15%) followed by unable to work through illness (9%), student (3%) and homemaker (2%).

Table 4 Employment status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Employed	157	68.0%	23	74.2%	180	68.7%
Unemployed	37	16.0%	2	6.5%	39	14.9%
Student	7	3.0%	1	3.2%	8	3.1%
Unable to work through illness	22	9.5%	2	6.5%	24	9.2%
Homemaker	4	1.7%	1	3.2%	5	1.9%
Not seeking work	1	0.4%	0	0.0%	1	0.4%
Prison-care	0	0.0%	0	0.0%	0	0.0%
Volunteer	1	0.4%	0	0.0%	1	0.4%
Retired	1	0.4%	1	3.2%	2	0.8%
Not stated	1	0.4%	1	3.2%	2	0.8%
Total	231	100.0%	31	100.0%	262	100.0%
Missing	4		2		6	
Total clients	235		33		268	

8.4 Gambling profile

Section 8.5 reports information collected only from clients who reported disordered gambling behaviour.

8.4.1 Gambling locations

Up to three gambling activities (specific to location) are recorded for each client and these are ranked in order of significance. The most common location for gambling (Table 5) was online, used by 83% of gamblers who provided this information (compared to 69% in 2019/20). Bookmakers were the next most common, used by 26% of gamblers (42% in 2019/20). No other locations were used by more than 10% of gamblers, although casinos were used by 6% and miscellaneous (such as lottery, scratch-cards and football pools) by 10%.

Table 5 also shows the location of primary gambling activity and again shows that online services are the most common, followed by bookmakers. These two locations account for the majority of primary gambling locations, at 87%.

Table 5 Location of gambling activity reported in 2020/21

	Any gambling in this location	%	Main gambling location	%
Online	179	82.5%	154	71.0%
Bookmakers	56	25.8%	34	15.7%
Miscellaneous	21	9.7%	16	7.4%
Casino	13	6.0%	6	2.8%
Bingo Hall	5	2.3%	3	1.4%
Adult Entertainment Centre⁴⁶	4	1.8%	2	0.9%
Pub	2	0.9%	1	0.5%
Other	1	0.5%	1	0.5%
Family Entertainment Centre	1	0.5%	0	0.0%
Private Members Club	0	0.0%	0	0.0%
Live Events	0	0.0%	0	0.0%
Total	217		217	
Missing	18		18	
Total gamblers	235		235	

8.4.2 Gambling activities

Table 6 shows that within online services, sports events were the most common individual activity, used by 31% of gamblers overall (making this the most common individual activity reported), followed by casino slots (29%) and casino table games (23%). Within bookmakers, sporting events were the most common form of gambling, used by 12% of gamblers, followed by horses (10%) and gaming machines (8%).

⁴⁶ Also known as Adult Gaming Centres (AGC)

Table 6 Gambling activities, grouped by location

Location	Activity	N	% among all gamblers	% within location
Bookmakers				
	Sports or other event	27	12.4%	48.2%
	Horses	21	9.7%	37.5%
	Gaming Machine (FOBT)	17	7.8%	30.4%
	Dogs	8	3.7%	14.3%
	Other	2	0.9%	3.6%
Bingo Hall				
	Live draw	3	1.4%	60.0%
	Gaming Machine	2	0.9%	40.0%
	Casino			0.0%
	Roulette	8	3.7%	61.5%
	Non-poker card games	3	1.4%	23.1%
	Gaming Machine (not FOBT)	1	0.5%	7.7%
	Poker	1	0.5%	7.7%
Adult Entertainment Centre				
	Gaming Machine (not FOBT)	4	1.8%	100%
	Family Entertainment Centre			
	Gaming Machine (not FOBT)	1	0.5%	100%
Pub				
	Gaming Machine (other)	1	0.5%	50.0%
	Sports	1	0.5%	50.0%

Location	Activity	N	% among all gamblers	% within location
Online				
	Sports events	68	31.3%	38.0%
	Casino (slots)	63	29.0%	35.2%
	Casino (table games)	49	22.6%	27.4%
	Horses	31	14.3%	17.3%
	Bingo	7	3.2%	3.9%
	Poker	7	3.2%	3.9%
	Other	7	3.2%	3.9%
	Dogs	6	2.8%	3.4%
	Spread betting	3	1.4%	1.7%
Miscellaneous				
	Scratchcards	16	2.3%	76.2%
	Lottery (National)	5	2.3%	23.8%
	Football pools	1	0.5%	4.8%
	Service station gaming machine	1	0.5%	4.8%
	Lottery (other)	1	0.5%	4.8%
Other Location				
		1	0.5%	
Total		217		
Missing		18		
Total gamblers		235		

%s may add up to > 100%

8.4.3 Gambling history

Where known, a majority of gamblers (71%) had experienced an early big win in their gambling history. Among those providing a response to the question, 7% had experienced a job loss as a result of their gambling and 18% had experienced a relationship loss through their gambling.

Over one third of gamblers (37%) had no debt due to gambling at the time of assessment (Table 7). However, 27% had debts up to £5,000 and 36% had debts over £5,000 or were in an Individual Voluntary Arrangement (IVA).

Table 7 Debt due to gambling

	N	%
No debt	66	37.1%
Under £5000	48	27.0%
£5000-£9,999	20	11.2%
£10,000-£14,999	10	5.6%
£15,000-£19,999	9	5.1%
£20,000-£99,999	21	11.8%
£100,000 or more	1	0.6%
Bankruptcy	3	1.7%
In an IVA	0	0.0%
Total	178	
Missing/not known	57	
Total gamblers	235	

On average (median), gamblers reported problem gambling starting at the age of 27 years, although this was highly variable. Three quarters reported problem gambling starting by the age of 35 years and one quarter by the age of 21 years. At the point of presentation to gambling services, gamblers had been (problem) gambling for an average (median) of 10 years. Again, this was highly variable, ranging from six months to 50 years.

8.4.4 Money spent on gambling

Gamblers reported spending an average (median) of £150 per gambling day in the previous 30 days before assessment. As some gamblers spent at considerably higher levels, the mean value is higher at £266 per day. Fifty percent spent up to £100 per gambling day in the previous 30 days before assessment (Table 8), 18% spent between £100 and £200, 23% spent between £200 and £500 and 10% spent over £500.

Table 8 Average spend on gambling days

	N	%
Up to £100	116	49.6%
Up to £200	41	17.5%
Up to £300	22	9.4%
Up to £400	4	1.7%
Up to £500	28	12.0%
Up to £1000	10	4.3%
Up to £2000	9	3.8%
Over £2000	4	1.7%
Total	234	
Missing	1	
Total gamblers	235	

In the preceding month, gamblers reported spending a median of £800 and a mean of £1,490 on gambling. Just over one half (52%) of gamblers spent up to £1,000, with 49% spending over £1,000 (Table 9). About one fifth of gamblers (17%) reported spending over £2000 in the preceding month.

Table 9 Reported spend on gambling in month preceding treatment

	N	%
Up to £100	35	14.9%
Up to £200	8	3.4%
Up to £300	16	6.8%
Up to £400	7	3.0%
Up to £500	21	8.9%
Up to £1000	34	14.5%
Up to £2000	74	31.5%
Over £2000	40	17.0%
Total	235	
Missing	0	
Total gamblers	235	

Mean values and the range of spend differed considerably between those reporting different gambling locations (Table 10), although that spend cannot be attributed specifically to gambling in those locations. Average value of spend on gambling days was highest among those using casinos, followed by online services. Average monthly spend was also elevated among those using casinos.

Table 10 Money spent on average gambling days and in the past month, by gamblers reporting each gambling location.

	Average spend per gambling day (£)		Spend in past month (£)	
	Mean	Median	Mean	Median
Bookmakers	184	100	1278	800
Casino	500	300	6173	1000
Online	278	150	1671	1000
Miscellaneous	127	50	579	300

9 Access to services

9.1 Source of referral into treatment

Nearly all referrals (96%) were self-made. Mental health trusts and 'other services or agencies' accounted for 4% of referrals between them (Table 11).

Table 11 Referral source for clients treated in 2020/21, by type of client

	Gambling client		Other client		Total	
	N	%	N	%	N	%
Self-referral	224	95.3%	32	97.0%	256	95.5%
Other service or agency	4	1.7%	1	3.0%	5	1.9%
Mental health NHS trust	5	2.1%	0	0.0%	5	1.9%
Drug Misuse services	1	0.4%	0	0.0%	1	0.4%
GP	1	0.4%	0	0.0%	1	0.4%
Total	235		33		268	

9.2 Waiting times for first appointment

Waiting time was calculated as the time between referral date and first recorded appointment. For clients treated during 2020/21, 50% of clients had an appointment within six days and 75% within eight days.

9.3 Length of time in treatment

Among all those receiving and ending treatment within 2020/21, treatment lasted for an average (median) of eight weeks. One quarter of clients received treatment for three weeks or less, half received treatment for between three and 13 weeks and one quarter received treatment for over 13 weeks.

10 Treatment Outcomes

Among clients treated within 2020/21, 108 (40%) were still in treatment at the end of March 2021, whereas 160 (60%) exited treatment before the end of March 2021. Treatment outcomes are presented for those clients who were discharged in this period in order to represent their status at the end of treatment.

10.1 Treatment exit reasons

A majority of clients (63%) who exited treatment within 2020/21 completed their scheduled treatment. However, 26% dropped out of treatment before a scheduled endpoint. A smaller proportion were discharged early by agreement (4%). Clients other than gamblers were more likely to complete treatment (73% compared to 61%), less likely to drop out (18% compared to 28%), and more likely to be discharged early by agreement (9% compared to 4%).

Table 12 Reasons for treatment exit for clients treated within 2020/21

	Gambling client		Other client		Total	
	N	%	N	%	N	%
Completed scheduled treatment	84	61.3%	16	72.7%	100	62.9%
Dropped out	38	27.7%	4	18.2%	42	26.4%
Discharged by agreement	5	3.6%	2	9.1%	7	4.4%
Not known	6	4.4%	0	0.0%	6	3.8%
Referred on	2	1.5%	0	0.0%	2	1.3%
Deceased	2	1.5%	0	0.0%	2	1.3%
Total	137	100.0%	22	100.0%	159	100.0%

10.2 Severity scores

10.2.1 Baseline severity scores

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

PGSI

The PGSI is a validated tool⁴⁷ used in the Health Survey for England, Scottish Health Survey and the Welsh Problem Gambling Survey. The PGSI consists of nine items and each item is assessed on a four-point scale, giving a total score of between zero and 27 points.

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

⁴⁷ PGSI is a validated population level screening tool. It should be noted that the PGSI was not designed as a clinical tool, nor as an outcome measure for treatment. PGSI cannot be directly interpreted as a benchmark of treatment effectiveness, as longer-term outcomes are not captured. However, in the absence of a widely agreed clinical measure, the PGSI provides an internationally recognised indicator of gambling harm.

At the earliest known appointment for gamblers treated during 2020/21, PGSI score was recorded for 84% of gamblers. Among these (Table 13), most (99%) recorded a PGSI score of 8 or more. A much smaller proportion was defined as moderate risk (1%). Among those in the highest PGSI category, mean PGSI score was 21, considerably higher than the minimum of eight for this category.

Table 13 PGSI category of severity and score at earliest appointment

	N	%
No problem (0)	1	0.5%
At low risk (1-2)	0	0.0%
At moderate risk (3-7)	2	1.0%
Score of 8+	195	98.5%
Total	198	100.0%
Missing	37	
Total gamblers	235	

CORE-10

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

At the earliest known appointment for clients treated during 2020/21, CORE-10 score was recorded for 83% of clients. Among these clients, scores were distributed relatively evenly across the categories of severity (Table 14) with around one fifth of clients scoring as severe (17%), moderate-to-severe (19%) or moderate (20%), 28% scoring as mild and 17% scoring below clinical cut-off. Compared to other clients, gamblers were more likely to score severe (17% compared to 15%). Within the category of 'severe', mean scores were 29 for gamblers and 28 for other clients.

Table 14 CORE-10 category of severity at earliest appointment

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	31	15.8%	6	23.1%	37	16.7%
Mild	57	29.1%	6	23.1%	63	28.4%
Moderate	39	19.9%	5	19.2%	44	19.8%
Moderate severe	36	18.4%	5	19.2%	41	18.5%
Severe	33	16.8%	4	15.4%	37	16.7%
Total	196	100.0%	26	100.0%	222	100.0%
Missing	39		7		46	
Total clients	235		33		268	

10.2.2 Change in severity scores

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

PGSI

Changes in PGSI score were calculated for clients who ended treatment before the end of March 2020 (see section 10.1). Between earliest and latest appointment within treatment where PGSI scores were recorded, clients improved, on average (median), by a score of 12 points on the PGSI scale.

Table 15 summarises the direction and extent of change in PGSI scores with the majority (77%) improving between start and end of treatment, around one fifth (22%) showing no change and a small minority (2%) recording a higher score of severity at latest appointment compared to earliest. Gamblers were most likely (39%) to improve by 20–27 points, with a further quarter (24%) improving by 10–19 points.

Table 16 shows these changes in PGSI score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. Improved scores were recorded for most (89%) who completed scheduled treatment. Level of change also differed by discharge reason with a median of 19 points for those completing treatment, compared to eight for those dropping out.

Table 15 Changes in PGSI score between earliest and latest appointments

	N	%
Improved by 20- 27 points	52	38.5%
Improved by 10- 19 points	32	23.7%
Improved by 1- 9 points	20	14.8%
No Change	29	21.5%
Increased: 1 to 9 points	2	1.5%
Increased: 10 to 18 points	0	0.0%
Increased: 19 to 27 points	0	0.0%
Total	135	100.0%
Missing	3	
Total	138	

Table 16 Direction of change in PGSI score between earliest and latest appointments by reason for discharge

	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	0	0.0%	5	100.0%	0	0.0%
Completed scheduled treatment	0	0.0%	9	10.8%	74	89.2%
Dropped out	1	2.6%	12	31.6%	25	65.8%
Referred on (Assessed & treated)	0	0.0%	1	20.0%	4	80.0%
Not known (Assessed only)	0	0.0%	1	100.0%	0	0.0%
Not known (Assessed & treated)	1	50.0%	0	0.0%	1	50.0%

Table 17 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 13. At this point a much smaller proportion of clients (36%) had a PGSI score⁴⁸ of 8+. Twenty four percent of gamblers were defined as 'non-problem', with the remainder defined as at either low (18%) or moderate (23%) risk.

Table 17 Latest PGSI category of severity recorded within treatment

	N. Clients	%	Mean score
No problem (0)	32	23.7%	0
At low risk (1-2)	24	17.8%	1.6
At moderate risk (3-7)	31	23.0%	5.0
Score of 8+	48	35.6%	16.2
Total	135	100.0%	7.1
Missing	3		
Total gamblers	138		

CORE-10

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

Table 18 summarises the direction and extent of change in CORE-10 scores with the majority (76%) improving within treatment, but with 22% showing no change and a small minority (3%) recording a higher score of severity at their latest appointment compared to the earliest. Most improvement recorded (64%) was between one and 20 points. Improvements were largely comparable between gamblers and other clients.

Table 19 shows these changes in CORE-10 score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (85%).

⁴⁸ As the criteria for PGSI classification as a 'problem gambler' is a score within the range of between 8 and 27, many clients still classified as such at the end of a specific treatment episode will still have experienced a reduction in PGSI score, although not one sufficient to remove them from this category.

Table 18 Direction of change in CORE-10 score between earliest and latest appointments

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Improved by 31-40 points	1	0.8%	0	0.0%	1	0.7%
Improved by 21-30 points	15	11.3%	2	10.0%	17	11.1%
Improved by 11-20 points	35	26.3%	5	25.0%	40	26.1%
Improved by 1-10 points	50	37.6%	8	40.0%	58	37.9%
No Change	28	21.1%	5	25.0%	33	21.6%
Increased by 1-10 points	4	3.0%	0	0.0%	4	2.6%
Increased by 11-20 points	0	0.0%	0	0.0%	0	0.0%
Increased by 21-30 points	0	0.0%	0	0.0%	0	0.0%
Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	133	100.0%	20	100.0%	153	100.0%

Table 19 Direction of change in CORE-10 score between earliest and latest appointments by discharge reason

	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	0	0.0%	5	100.0%	0	0.0%
Completed scheduled treatment	4	4.1%	11	11.3%	82	84.5%
Dropped out	0	0.0%	14	34.1%	27	65.9%
Referred on (Assessed & treated)	0	0.0%	2	28.6%	5	71.4%
Not known (Assessed only)	0	0.0%	1	100.0%	0	0.0%
Not known (Assessed & treated)	0	0.0%	0	0.0%	2	100.0%

Table 20 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 14. At this point a smaller proportion of clients (4%) were still classed as 'severe'. A majority of clients (66%) were now defined as 'below clinical cut-off', with the majority of the remainder defined as mild (18%).

Table 20 Latest CORE-10 category of severity recorded within treatment

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	88	66.2%	13	65.0%	101	66.0%
Mild	23	17.3%	5	25.0%	28	18.3%
Moderate	7	5.3%	0	0.0%	7	4.6%
Moderate severe	9	6.8%	2	10.0%	11	7.2%
Severe	6	4.5%	0	0.0%	6	3.9%
Total	133	100.0%	20	100.0%	153	100.0%

11 Trends

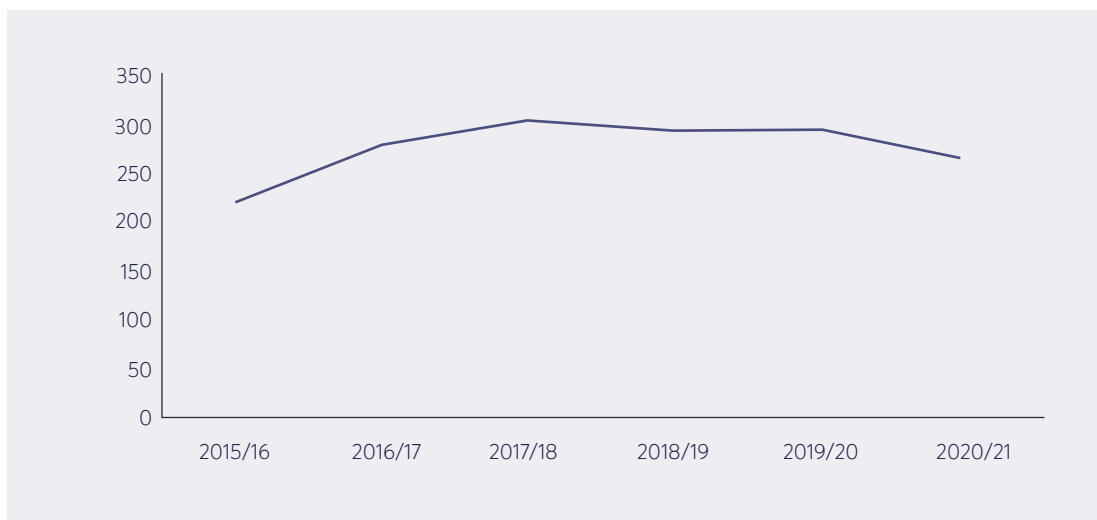
11.1 Trends in numbers in treatment

Table 21 shows that the number of clients treated in a given year has varied since 2015/16, with the greatest number of clients treated in 2017/18.

Table 21 Trends in number of clients treated in the year – 2015/16 to 2020/21

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Clients treated	218	280	302	295	295	268

Figure 1 Trends in number of treated clients – 2015/16 to 2020/21



Gambling services provide a point of contact and support both for disordered gambling behaviour and to those affected by another's gambling. Table 22 shows that the proportion of clients seeking help due to another individual's gambling has increased from 3% in 2015/16 to 12% in 2020/21.

Table 22 Trends in reason for referral – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N.	%	N.	%	N.	%	N.	%	N	%
Clients with disordered gambling behaviour	211	97.2%	267	96.0%	283	95.3%	272	94.4%	258	89.9%	235	87.7%
Affected other	6	2.8%	11	4.0%	14	4.7%	16	5.6%	26	9.1%	31	11.6%
Person at risk of developing gambling problem	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	1.0%	2	0.7%
Missing	1		2		5		7		8		0	
Total Clients	218		280		302		295		295		268	

11.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2020/21 (Table 23) has been the increase in the proportion reporting use of online gambling services (rising from 52% to 83%) alongside the reduction in the proportion using bookmakers (falling from 54% to 26%). There is also clear indication of an increase in use of miscellaneous activities (from 3% to 10%).

Table 23 Trends in gambling locations – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	N	%	N	%	N	N	%
Bookmakers	113	53.6%	114	42.7%	125	45.1%	119	44.4%	105	41.7%	56	25.8%
Bingo Hall	3	1.4%	2	0.7%	3	1.1%	7	2.6%	1	0.4%	5	2.3%
Casino	9	4.3%	10	3.7%	20	7.2%	22	8.2%	21	8.3%	13	6.0%
Live Events	0	0.0%	0	0.0%	0	0.0%	1	0.4%	0	0.0%	0	0.0%
Adult Entertainment Centre	7	3.3%	7	2.6%	7	2.5%	7	2.6%	5	2.0%	4	1.8%
Family Entertainment Centre	0	0.0%	1	0.4%	1	0.4%	1	0.4%	0	0.0%	1	0.5%
Pub	2	0.9%	3	1.1%	5	1.8%	2	0.7%	1	0.4%	2	0.9%
Online	110	52.1%	181	67.8%	186	67.1%	178	66.4%	176	69.8%	179	82.5%
Miscellaneous	7	3.3%	13	4.9%	16	5.8%	16	6.0%	17	6.7%	21	9.7%
Private Members Club	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	1	0.5%	0	0.0%	0	0.0%	0	0.0%	1	0.4%	1	0.5%
Total	211		267		277		268		252		235	

11.3 Trends in treatment exit reason

Grouped by year of treatment, Table 24 shows a number of positive trends with increases in the proportion of clients completing scheduled treatment (from 51% to 63%), alongside a decrease in the proportion dropping out of treatment (from 43% to 26%).

Table 24 Trends in exit reason – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Discharged by agreement	12	6.5%	37	15.5%	27	10.5%	13	5.5%	30	11.9%	6	3.8%
Completed scheduled treatment	94	50.5%	119	49.8%	133	51.6%	133	56.6%	147	58.1%	100	62.9%
Dropped out	80	43.0%	81	33.9%	92	35.7%	86	36.6%	74	29.2%	42	26.4%
Referred on	0	0.0%	1	0.4%	6	2.3%	3	1.3%	1	0.4%	7	4.4%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Clients Discharged	186		239		258		235		253		160	

11.4 Trends in client characteristics

Table 25 shows an overall small increase in the proportion of clients who are female, rising from 17% in 2015/16 to 30% in 2020/21.

Table 25 Trends in gender – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Male	182	83.5%	236	84.3%	248	82.1%	244	82.7%	232	78.6%	182	69.5%
Female	36	16.5%	44	15.7%	54	17.9%	50	16.9%	63	21.4%	80	30.5%
Total Clients	218		280		302		295		295		268	

* Categories of gender with less than 30 clients were excluded from this table

Table 26 shows that the proportion of clients accounted for by different ethnic groupings has not changed substantially over the last five years.

Table 26 Trends in ethnicity – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
White or white British	208	96.7%	274	98.6%	294	97.7%	288	97.6%	277	95.2%	249	96.1%
Black or Black British	2	0.9%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.4%
Asian or Asian British	5	2.3%	3	1.1%	5	1.7%	7	2.4%	11	3.8%	5	1.9%
Mixed	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	3	1.2%
Other	0	0.0%	1	0.4%	1	0.3%	0	0.0%	2	0.7%	1	0.4%
Not known/Missing	3		2		1		0		4		9	
Total Clients	218		280		302		295		295		268	

Annual Statistics from the National Gambling Treatment Service Wales

1st April 2020 to 31st March 2021

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1 Executive Summary

Client characteristics

- A total of 347 Welsh residents were treated within gambling services (who report to the Data Reporting Framework (DRF)) within 2020/21.
- A majority of clients (66%) were male.
- Three quarters (75%) of clients were aged 44 years or younger. The highest numbers were reported in the 25–29 years old and 30–34 years old age bands, accounting for 39% of clients in total.
- Over nine tenths (96%) were from a white ethnic background, including 93% White British. The next most commonly reported ethnic backgrounds were Asian or Asian British (2%), and Black or Black British (2%).
- The majority of clients were employed (68%). The next most reported employment status was unemployed (11%) and unable to work through illness (11%), followed by retired (4%), homemaker (4%) and student (2%).

Gambling profile

- Among clients receiving treatment for their own disordered gambling behaviour, initial Problem Gambling Severity Index (PGSI)⁴⁹ scores indicated that the majority (98%) had a score of eight or more (which the PGSI scale classes as problem gambler) at the point of assessment for treatment. Amongst those whose episode of treatment ended within the 2020/21 year, this proportion had reduced to 25% and the majority (83%) showed some improvement on this scale.
- The most common location for gambling was online, used by 83% of clients. Bookmakers were the next most common, used by 21% of gamblers.
- Between 2015/16 and 2020/21 the proportion reporting use of online gambling services increased from 65% to 83%. In the same time period, the proportion using bookmakers decreased from 47% to 21%.
- Among online services, gambling on casino slots was the most common activity (32%), followed by sporting events (23%) and casino table games (14%).
- The majority of gamblers (58%) reported having a debt due to their gambling. 16% had experienced a job loss as a result of their gambling and 33% had experienced a relationship loss through their gambling.
- On average (median) gamblers reported spending £600 on gambling in the previous 30 days before assessment, with 50% spending more than this.

Treatment engagement

- A majority of referrals into treatment (90%) were self-made.
- For clients treated within the year, 50% of clients had a first appointment within one day of referral and 75% within four days.
- Among all those receiving and ending treatment within 2020/21, treatment lasted for an average (median) of eight weeks.

49 See Appendix, section 10.2

Treatment outcomes

- Among clients who ended treatment during 2020/21, a majority (78%) completed their scheduled treatment. Sixteen percent dropped out of treatment before a scheduled endpoint.
- Between 2015/16 and 2020/21 the proportion of clients completing scheduled treatment increased from 64% to 78% whilst the proportion dropping out of treatment decreased from 28% to 16%.
- Among gamblers, PGSI scores improved by an average (median) of 16 points between earliest and last appointment in treatment.
- At the end of treatment, 75% no longer had a PGSI score of 8+, compared to 2% at the start of treatment.
- Improvements in PGSI score were seen in 94% of those completing treatment, compared to 51% among those who dropped out.
- 64% of clients were defined as 'below clinical cut-off' on the CORE-10 scale at the end of treatment, compared to only 7% at the start of treatment.
- Improvements in CORE-10 score were seen in 92% of those completing treatment, compared to 49% among those who dropped out.

2 About the National Gambling Treatment Service

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

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

The data for the 2020/21 period presented within this report covers submissions from the following organisations, with details of the services they provide listed below.

GamCare⁵⁰ and its partner network offers:

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

Gordon Moody offers:

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

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

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

NHS Northern Gambling Service, provided by Leeds and York Partnership NHS Foundation Trust offers:

- Treatment for gambling problems especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

GambleAware funded treatment providers are required to submit quarterly datasets in a standardised format⁵¹. This report is informed by analysis of these submissions.

⁵⁰ In addition, GamCare operates the National Gambling Helpline which offers telephone and online live chat support providing immediate support to individuals and referral into the treatment service. GamCare also offer information and advice via their website, moderated forums and online group chatrooms. These services are not within the scope of data presented in this report.

⁵¹ <https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

3 Background and Policy Context

The Gambling Act 2005 contains a provision at section 123⁵² for a levy on gambling operators to fund projects to reduce gambling harms, however successive governments have not commenced this provision. In the absence of such a levy, the Gambling Commission imposes a requirement on operators through the Licence Conditions & Code of Practice⁵³ to make a donation to fund research, education and treatment. At the time of publishing, the Government is in the process of conducting a review of the 2005 Gambling Act and is due to release a white paper at the end of 2021 outlining its proposals for reform.

GambleAware⁵⁴ is an independent charity that commissions evidence-informed prevention and treatment services in partnership with expert organisations and agencies and is also a strong advocate for a mandatory levy. The charity is the most prominent organisation active in all three areas of research, education and treatment⁵⁵ and for this reason, a high proportion of donations are made to GambleAware. In particular, a recent pledge of up to £100 million was made by the largest four gambling companies to the charity up to the year 2024.

In September 2021, Public Health England (which has since disbanded) published a review of the evidence of gambling harms⁵⁶. The paper concluded that harmful gambling should be considered a public health issue because of the association with harms to the individual, their families, friends and wider society. The new Office for Health Improvement and Disparities (OHID) will work closely with the Department for Digital, Culture, Media and Sport (DCMS) and other key partners to develop a plan to address the gaps identified in the report to help reduce gambling harms.

In January 2019, NHS England announced it would be establishing additional specialist clinics to treat gambling disorder⁵⁷ and in July 2019 announced the timetable for the new clinics to start⁵⁸. The first of these clinics began offering treatment in 2019/20. In addition, some activity funded by the NHS for people whose primary or secondary diagnosis is gambling disorder takes place outside the specialist clinics. Activity funded by the NHS is reported in the official statistics produced by the NHS in England, Scotland and Wales.

The *Annual Report for 2016/17* of the Chief Medical Officer for Wales⁵⁹, published in January 2018 discussed the need for improved measures to prevent gambling harm, including services to help those already experiencing harm.

GambleAware is working to ensure a public health approach to preventing gambling harms is adopted in Great Britain and is guided by the framework for harm prevention, as set out in the National Strategy to Reduce Gambling Harms.

The COVID-19 pandemic has presented huge challenges for communities, individuals, service providers and the statutory sector. Many areas have seen swift change in response to new demands because of the pandemic, however some may have missed out on receiving support due to service changes or developed new needs that remain unmet. The long-term effect of the pandemic is likely to be felt for many years and effective commissioning should always be

52 <http://www.legislation.gov.uk/ukpga/2005/19/section/123>

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

54 Information about GambleAware and its governance is available at <https://about.gambleaware.org/about/>

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

56 <https://www.gov.uk/government/news/landmark-report-reveals-harms-associated-with-gambling-estimated-to-cost-society-at-least-1-27-billion-a-year>

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

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

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

responsive to the changing needs of society. GambleAware remains committed to working in partnership with the NHS, public health agencies, local authorities and voluntary sector organisations across England, Scotland and Wales to further develop the National Gambling Treatment Service. As the primary funder of the NGTS, this statistical report covers activity which is commissioned by GambleAware.

GambleAware is a member of a joint-working group on preventing gambling harms co-chaired by the Department for Digital, Culture, Media and Sport and Department for Health and Social Care, and a member of the National Suicide Prevention Strategy Advisory Group. GambleAware has established advisory boards in Wales and Scotland to guide future commissioning plans in those nations and is an approved National Institute for Health Research (NIHR) non-commercial partner. In addition, GambleAware is establishing an Advisory Group in consultation with other bodies to ensure the best use of available funding, and to support alignment, integration and the expansion of treatment services across the system so patients get the right treatment at the right time.

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

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

4 The DRF database

The collection of data on clients receiving treatment from the National Gambling Treatment Service is managed through a nationally co-ordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015. Individual treatment services collect data on clients and treatment through bespoke case management systems. The DRF is incorporated into each of these systems. Data items within the DRF are set out in the DRF Specification⁶⁰ (valid until March 31st 2021) and provided in the appendix to this report. Data are collected within four separate tables, providing details of client characteristics, gambling history, referral details and appointment details. The DRF constitutes a co-ordinated core data set, collected to provide consistent and comparable reporting at a national level. Some minor differences exist in data collection between agencies, such as the addition of supplementary categories in individual fields or in the format of collected data. These are reformatted or recoded at a national level to ensure consistency within the DRF specification.

60 <https://about.gambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

5 About this report

This report summarises information on clients of National Gambling Treatment Service agencies and provides details of client characteristics, gambling activities and history, and treatment receipt and outcomes. It is restricted to clients for who evidence exists of structured treatment receipt within the reporting period and so does not represent all activity of the reporting agencies, nor does it capture any activity of agencies that do not report to the DRF system. It provides a consistently reported summary, comparable across years.

6 Notes on interpretation

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

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

The DRF collects postal district of residence (first half of postcode). These may span borders of local authority and national boundaries. For this report, postal districts that are wholly or majority contained within Wales are included. Districts that are partly Wales but majority England are excluded. Postal districts starting with 'LL', 'CF' or 'SA' are fully included. Postal districts starting with 'NP' are included, except for NP5, NP6 and NP16. Postal districts starting with 'SY' are included but SY1, SY2, SY3, SY4, SY5, SY6, SY7, SY8, SY9, SY10, SY11, SY12, SY13, SY14, SY15, SY21 are excluded. CH5, CH6, CH7, and CH8 are also included.

Within this report averages are presented either as means or medians, or sometimes both together. As extreme individual values affect the mean but not the median, the median is often preferred as a measure of central tendency.

The treatment period April 1st 2020–March 31st 2021 coincided with the Covid-19 pandemic. During this period, rights of movement and access to public venues was often restricted. The first lockdown in Wales began on 23rd March 2020. A plan to lift restrictions was announced on 10th July but some form of restrictions remained in place until 20th February 2021. Within lockdown access was restricted to services defined as essential. Hospitality and entertainment sector venues, such as pubs, restaurants and cinemas, but also betting shops, casinos and bingo halls were closed during lockdown and subject to curfews and distancing restrictions outside of lockdown.

7 Assessment of quality and robustness of 2020/21 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2020/21. Details of gambling activity and history are not routinely collected for clients who are not themselves gamblers. Levels of completeness of gambling information relate only to clients identified as gamblers. Most data items are close to 100% complete, making the data representative of this treatment population, minimising any likelihood of bias and validating comparisons between time periods and sub-samples.

Table 1 Level of completion of selected data fields

Data item	Level of completion
Referral reason	100%
Referral source	100%
Gender	97.4%
Ethnicity	99.4%
Employment status	98.6%
Relationship status	98.6%
Primary gambling activity	93.4%
Money spent on gambling	99.0%
Job loss	98.4%
Relationship loss	99.0%
Early big win	98.7%
Debt due to gambling	96.4%
Length of gambling history	94.4%
Age of onset (problem gambling)	97.0%
Days gambling per month	89.8%

8 Characteristics of clients

A total of 347 individuals, resident in Wales, were treated by gambling services providing DRF data within 2020/21.

The majority (88%) of those seen by gambling services were gamblers (305). However, 37 (11%) referrals related to 'affected others' that is, individuals who are not necessarily gamblers but whose lives have been affected by those who are. A small number of referrals (5, 1%) related to persons at risk of developing a gambling problem (see section 6). All clients are included in breakdowns of client characteristics and treatment engagement but only identified gamblers are included in breakdowns of gambling activity and history.

8.1 Age and gender of clients

Clients had an average (median) age of 34 years at time of referral, with three quarters (75%) aged 44 years or younger. The highest numbers were reported in the 25–29 years old and 30–34 years old age bands, accounting for 39% of clients in total. Clients other than gamblers had a higher median age of 44 years and were more likely to be in the over 50 age bands.

The majority of clients (66%) were male. This compares to 49% in the general population of Wales⁶¹. The distribution of age differs to some extent by gender (Table 2), with a median age of 37 years for females compared to 33 years for males. Gender differed considerably by type of client with 74% of gamblers being male compared to only 10% of other clients.

Table 2 Age and gender of clients

		Male			Female			Total*		
		N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Age bands	< 20	4	1.8%	80.0%	1	0.9%	20.0%	5	1.5%	100.0%
	20–24	36	16.2%	92.3%	3	2.7%	7.7%	39	11.7%	100.0%
	25–29	40	18.0%	69.0%	18	16.1%	31.0%	58	17.4%	100.0%
	30–34	44	19.8%	62.0%	27	24.1%	38.0%	71	21.3%	100.0%
	35–39	35	15.8%	71.4%	14	12.5%	28.6%	49	14.7%	100.0%
	40–44	23	10.4%	74.2%	8	7.1%	25.8%	31	9.3%	100.0%
	45–49	15	6.8%	71.4%	6	5.4%	28.6%	21	6.3%	100.0%
	50–54	13	5.9%	52.0%	12	10.7%	48.0%	25	7.5%	100.0%
	55–59	5	2.3%	33.3%	10	8.9%	66.7%	15	4.5%	100.0%
	60+	7	3.2%	35.0%	13	11.6%	65.0%	20	6.0%	100.0%
	Total*	222	100.0%	66.5%	112	100.0%	33.5%	334	100.0%	100.0%

*excludes those with missing age or gender or with a gender category of less than 30

8.2 Ethnicity of clients

Nearly all (96%) clients were from a White ethnic background (Table 3) including 93% White British. The next most reported ethnic background was both Asian or Asian British (2%) and Black or Black British (2%). This compares to national (Wales) proportions⁶² of 96% White or White British, 2% Asian or Asian British and 1% Black or Black British.

Table 3 Ethnicity of clients

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
White or White British	British	282	93.1%	38	90.5%	320	92.8%
	Irish	0	0.0%	0	0.0%	0	0.0%
	European	4	1.3%	0	0.0%	4	1.2%
	Other	4	1.3%	2	4.8%	6	1.7%
Black or Black British	African	1	0.3%	0	0.0%	1	0.3%
	Caribbean	1	0.3%	1	2.4%	2	0.6%
	Other	4	1.3%	0	0.0%	4	1.2%
Asian or Asian British	Bangladeshi	1	0.3%	0	0.0%	1	0.3%
	Indian	3	1.0%	0	0.0%	3	0.9%
	Pakistani	0	0.0%	0	0.0%	0	0.0%
	Chinese	2	0.7%	1	2.4%	3	0.9%
	Other	0	0.0%	0	0.0%	0	0.0%
Mixed	White and Asian	0	0.0%	0	0.0%	0	0.0%
	White and Black African	0	0.0%	0	0.0%	0	0.0%
	White and Black Caribbean	0	0.0%	0	0.0%	0	0.0%
	Other	1	0.3%	0	0.0%	1	0.3%
Other ethnic group		0	0.0%	0	0.0%	0	0.0%
	Total	303	100.0%	42	100.0%	345	100.0%
	Missing	2		0		2	
	Total clients	305		42		347	

8.3 Employment status of clients

The majority of clients were employed (68%). The next most reported employment status was unemployed (11%) and unable to work through illness (11%), followed by retired (4%), homemaker (4%) and student (2%).

62 Office for National Statistics. UK 2011 census.

Table 4 Employment status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Employed	206	68.7%	28	66.7%	234	68.4%
Unemployed	35	11.7%	1	2.4%	36	10.5%
Student	7	2.3%	0	0.0%	7	2.0%
Unable to work through illness	36	12.0%	1	2.4%	37	10.8%
Homemaker	7	2.3%	5	11.9%	12	3.5%
Not seeking work	0	0.0%	1	2.4%	1	0.3%
Prison-care	1	0.3%	0	0.0%	1	0.3%
Volunteer	1	0.3%	0	0.0%	1	0.3%
Retired	7	2.3%	6	14.3%	13	3.8%
Total	0	0.0%	0	0.0%	0	0.0%
Missing	5		42	0	2	
Total clients	305		42		347	

8.4 Gambling profile

Section 8.4 reports information collected only from clients who reported disordered gambling behaviour.

8.4.1 Gambling locations

Up to three gambling activities (specific to location) are recorded for each client and these are ranked in order of significance. The most common location reported for gambling (Table 5) was online, used by 83% of gamblers who provided this information. Bookmakers were the next most common, used by 21% of gamblers, followed by casinos (12%). No other locations were used by more than 10% of gamblers.

Table 5 shows the location of primary gambling activity and again shows that online services are the most common, followed by bookmakers. These two locations account for the majority of primary gambling activities, at 87%.

Table 5 Location of gambling activity reported in 2020/21

	Any gambling in this location	%	Main gambling location	%
Online	237	83.2%	221	77.5%
Bookmakers	60	21.1%	28	9.8%
Casino	33	11.6%	6	2.1%
Miscellaneous	12	4.2%	19	6.7%
Adult Entertainment Centre⁶³	11	3.9%	9	3.2%
Pub	3	1.1%	1	0.4%
Bingo Hall	2	0.7%	1	0.4%
Other	2	0.7%	0	0.0%
Family Entertainment Centre	0	0.0%	0	0.0%
Private Members Club	0	0.0%	0	0.0%
Live Events	0	0.0%	0	0.0%
Total	285		285	
Missing	20		20	
Total gamblers	305		305	

8.4.2 Gambling activities

Table 6 shows that within online services, casino slots were the most common individual activity, used by 32% of gamblers overall (making this the most common individual activity reported), followed by sports events (23%) and casino table games (14%). Within bookmakers, gaming machines were the most common form of gambling, used by 7% of gamblers, followed by sporting events (5%) and horses (3%).

⁶³ Also known as Adult Gaming Centres (AGC)

Table 6 Gambling activities, grouped by location

Location	Activity	N	% among all gamblers	% within location
Bookmakers				
	Gaming Machine (FOBT)	20	7.0%	33.3%
	Sports or other event	13	4.6%	21.7%
	Horses	9	3.2%	15.0%
	Dogs	3	1.1%	5.0%
	Gaming Machine (other)	1	0.4%	1.7%
	Other	19	6.7%	31.7%
Bingo Hall				
	Live draw	2	0.7%	100.0%
	Gaming Machine	0	0.0%	0.0%
	Skill Machine	0	0.0%	0.0%
	Terminal	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Casino				
	Roulette	7	2.5%	58.3%
	Gaming Machine (not FOBT)	3	1.1%	25.0%
	Non-poker card games	1	0.4%	8.3%
	Poker	1	0.4%	8.3%
	Gaming Machine (FOBT)	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Live events				
	Horses	0	0.0%	
	Dogs	0	0.0%	
	Sports or other event	0	0.0%	
	Adult Entertainment Centre			
	Gaming Machine (not FOBT)	11	3.9%	100.0%
	Gaming Machine (FOBT)	0	0.0%	0.0%
	Skill prize machines	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Family Entertainment Centre				
	Gaming Machine (not FOBT)	0	0.0%	
	Gaming Machine (FOBT)	0	0.0%	
	Other	0	0.0%	

Location	Activity	N	% among all gamblers	% within location
Pub				
	Gaming Machine (other)	2	0.7%	100.0%
	Poker	0	0.0%	0.0%
	Sports	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Online				
	Casino (slots)	92	32.3%	38.8%
	Sports events	64	22.5%	27.0%
	Casino (table games)	40	14.0%	16.9%
	Spread betting	27	9.5%	11.4%
	Horses	15	5.3%	6.3%
	Bingo	10	3.5%	4.2%
	Poker	7	2.5%	3.0%
	Scratchcards	1	0.4%	0.4%
	Betting exchange	1	0.4%	0.4%
	Dogs	0	0.0%	0.0%
	Other	16	5.6%	6.8%
Miscellaneous				
	Scratchcards	19	6.7%	57.6%
	Lottery (National)	6	2.1%	18.2%
	Lottery (other)	4	1.4%	12.1%
	Football pools	3	1.1%	9.1%
	Service station gaming machine	3	1.1%	9.1%
	Private/organised games	1	0.4%	3.0%
	Private members club			
	Poker	0	0.0%	
	Gaming Machine	0	0.0%	
	Other card games	0	0.0%	
	Other Location	3	1.1%	
Total		285		
Missing		20		
Total gamblers		305		

%s may add to > 100%

8.4.3 Gambling history

Where known, a majority of gamblers (60%) had experienced an early big win in their gambling history. Among those providing a response to the question 16% had suffered a job loss as a result of their gambling and 33% had suffered a relationship loss through their gambling.

Over four in ten gamblers (42%) had no debt due to gambling at the time of assessment (Table 7). However, 24% had debts up to £5,000 and 34% had debts over £5,000 or were bankrupt or in an Individual Voluntary Arrangement (IVA).

Table 7 Debt due to gambling

	N	%
No debt	120	42.0%
Under £5000	68	23.8%
£5000-£9,999	23	8.0%
£10,000-£14,999	22	7.7%
£15,000-£19,999	22	7.7%
£20,000-£99,999	26	9.1%
£100,000 or more	0	0.0%
Bankruptcy	1	.3%
In an IVA	4	1.4%
Total	286	
Missing	19	
Total gamblers	305	

On average (median), gamblers reported problem gambling starting at the age of 25 years, although this was highly variable. Three quarters reported problem gambling starting by the age of 32 years and one quarter by the age of 18 years. At the point of presentation to gambling services, gamblers had been (problem) gambling for an average (median) of nine years.

8.4.4 Money spent on gambling

Gamblers reported spending an average (median) of £100 per gambling day in the previous 30 days before assessment. As some gamblers spent at considerably higher levels, the mean value is higher at £298 per day. Fifty nine percent spent up to £100 per gambling day in the previous 30 days before assessment (Table 8), 14% spent between £100 and £200, 18% spent between £200 and £500 and 10% spent over £500.

Table 8 Average spend on gambling days

	N	%
Up to £100	179	59.3%
Up to £200	41	13.6%
Up to £300	34	11.3%
Up to £400	6	2.0%
Up to £500	13	4.3%
Up to £1000	11	3.6%
Up to £2000	10	3.3%
Over £2000	8	2.6%
Total	302	100.0%
Missing	3	
Total gamblers	305	

In the preceding month, gamblers reported spending a median of £600 and a mean of £1,850 on gambling. Just over one half (59%) of gamblers spent up to £1,000 in the preceding month, with 41% spending over £1,000 (Table 9). One fifth of gamblers (20%) reported spending over £2000 in the preceding month.

Table 9 Reported spend on gambling in month preceding treatment

	N	%
Up to £100	26	8.6%
Up to £200	19	6.3%
Up to £300	30	9.9%
Up to £400	11	3.6%
Up to £500	50	16.6%
Up to £1000	43	14.2%
Up to £2000	64	21.2%
Over £2000	59	19.5%
Total	302	100.0%
Missing	3	
Total gamblers	305	

9 Access to services

9.1 Source of referral into treatment

A clear majority of referrals (90%) were self-made. Mental health trusts and 'other services or agencies' accounted for 6% of referrals and GP/other primary health care 2% between them (Table 11). Other sources accounted for less than 4% of referrals in total.

Table 11 Referral source for clients treated in 2020/21, by type of client

	Gambling client		Other client		Total	
	N	%	N	%	N	%
Self referral	270	88.5%	41	97.6%	311	89.6%
Other service or agency	11	3.6%	0	0.0%	11	3.2%
Mental health NHS trust	5	1.6%	1	2.4%	6	1.7%
Other primary health care	6	2.0%	0	0.0%	6	1.7%
Social services	4	1.3%	0	0.0%	4	1.2%
Independent sector mental health services	2	0.7%	0	0.0%	2	0.6%
Police	2	0.7%	0	0.0%	2	0.6%
GP	2	0.7%	0	0.0%	2	0.6%
Prison	1	0.3%	0	0.0%	1	0.3%
Probation service	1	0.3%	0	0.0%	1	0.3%
Carer	1	0.3%	0	0.0%	1	0.3%
Total	305		42		347	

9.2 Waiting times for first appointment

Waiting time was calculated as the time between referral date and first recorded appointment. For clients treated during 2020/21, 50% of clients had an appointment within one day and 75% within four days.

9.3 Length of time in treatment

Among all those receiving and ending treatment within 2020/21, treatment lasted for an average (median) of eight weeks. One quarter of clients received treatment for five weeks or less, half received treatment for between five and 11 weeks and one quarter received treatment for over 11 weeks.

10 Treatment Outcomes

Among clients treated within 2020/21, 72 (21%) were still in treatment at the end of March 2021, whereas 275 (79%) exited treatment before the end of March 2021. Treatment outcomes are presented for those clients who were discharged in this period in order to represent their status at the end of treatment.

10.1 Treatment exit reasons

A majority of clients (78%) who exited treatment within 2020/21 completed their scheduled treatment. Only 16% dropped out of treatment before a scheduled endpoint. A smaller proportion was referred on or discharged early by agreement (4%). Completion and drop-out rates were similar between gamblers and other clients.

Table 12 Reasons for treatment exit for clients treated within 2020/21

	Gambling client		Other client		Total	
	N	%	N	%	N	%
Completed scheduled treatment	185	78.1%	28	73.7%	213	77.5%
Dropped out	40	16.9%	5	13.2%	45	16.4%
Referred on	8	3.4%	1	2.6%	9	3.3%
Discharged by agreement	3	1.3%	0	0.0%	3	1.1%
Not known	1	0.4%	4	10.5%	5	1.8%
Deceased	0	0.0%	0	0.0%	0	0.0%
Total	237	100.0%	38	100.0%	275	100.0%

10.2 Severity scores

10.2.1 Baseline severity scores

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

PGSI

The PGSI is a validated tool⁶⁴ used in the Health Survey for England, Scottish Health Survey and the Welsh Problem Gambling Survey. The PGSI consists of nine items and each item is assessed on a four-point scale, giving a total score of between zero and 27 points.

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

⁶⁴ PGSI is a validated population level screening tool. It should be noted that the PGSI was not designed as a clinical tool, nor as an outcome measure for treatment. PGSI cannot be directly interpreted as a benchmark of treatment effectiveness, as longer-term outcomes are not captured. However, in the absence of a widely agreed clinical measure, the PGSI provides an internationally recognised indicator of gambling harm.

At the earliest known appointment for gamblers treated during 2020/21, PGSI score was recorded for 94% of gamblers. Among these (Table 13), the majority (98%) recorded a PGSI score of 8 or more. A much smaller proportion was defined as at moderate or low risk (2%), and none were defined as no problem. Among those in the highest PGSI category, mean PGSI score was 22, considerably higher than the minimum of eight for this category.

Table 13 PGSI category of severity at earliest appointment

	N	%
No problem (0)	0	0.0%
At low risk (1-2)	1	0.3%
At moderate risk (3-7)	4	1.4%
Score of 8+	281	98.3%
Total	286	100.0%
Missing	19	
Total gamblers	305	

CORE-10

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

At the earliest known appointment for clients treated during 2020/21, CORE-10 score was recorded for 94% of clients (Table 14). Among these clients, 36% scored as severe, with other scores distributed relatively evenly across the categories of moderate-to-severe (22%) or moderate (21%), 14% scoring as mild and 7% scoring below clinical cut-off. Gamblers were slightly more likely than other clients to score severe (40% compared to 12%).

Table 14 CORE-10 category of severity at earliest appointment

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	15	5.2%	9	22.0%	24	7.3%
Mild	37	12.9%	7	17.1%	44	13.5%
Moderate	57	19.9%	12	29.3%	69	21.1%
Moderate severe	64	22.4%	8	19.5%	72	22.0%
Severe	113	39.5%	5	12.2%	118	36.1%
Total	286	100.0%	41	100.0%	327	100.0%
Missing	19		1		20	
Total clients	305		42		347	

10.2.2 Change in severity scores

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

PGSI

Changes in PGSI score were calculated for clients who ended treatment before the end of March 2020 (see section 8.1). Between earliest and latest appointment within treatment where PGSI scores were recorded, clients improved, on average (median), by a score of 16 points on the PGSI scale.

Table 15 summarises the direction and extent of change in PGSI scores with the majority (83%) improving between start and end of treatment, 15% showing no change and a small minority (3%) recording a higher score of severity at latest appointment. Gamblers were most likely (43%) to improve by 19–27 points, with a further 27% improving by 10–19 points.

Table 16 shows these changes in PGSI score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (94%).

Table 15 Changes in PGSI score between earliest and latest appointments

	N	%
Improved by 19- 27 points	100	42.7%
Improved by 10- 19 points	62	26.5%
Improved by 1- 9 points	32	13.7%
No Change	34	14.5%
Increased: 1 to 9 points	6	2.6%
Increased: 10 to 18 points	0	0.0%
Increased: 19 to 27 points	0	0.0%
Total	234	100.0%
Missing	3	
Total	237	

Table 16 Direction of change in PGSI score between earliest and latest appointments by discharge reason

	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	0	0.0%	2	100.0%	0	0.0%
Completed scheduled treatment	5	2.7%	7	3.8%	172	93.5%
Dropped out	1	2.6%	18	46.2%	20	51.3%
Referred on	0	0.0%	2	50.0%	2	50.0%

Table 17 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 13. At this point a much smaller proportion of clients (25%) still had a PGSI score⁶⁵ of eight or more. About one third (32%) of gamblers were now defined as 'non-problem', with the remainder defined as at either low (27%) or moderate (16%) risk.

Table 17 Latest PGSI category of severity recorded within treatment

	N. Clients	%	Mean score
No problem (0)	75	32.1%	0
At low risk (1-2)	64	27.4%	1.3
At moderate risk (3-7)	37	15.8%	4.3
Score of 8+	58	24.8%	18.7
Total	234	100.0%	5.7
Missing	3		
Total gamblers	237		

⁶⁵ As the highest PGSI classification is a score within the range of between 8 and 27, many clients still classified as such at the end of a specific treatment episode will still have experienced a reduction in PGSI score, although not one sufficient to remove them from this category.

CORE-10

Changes in CORE-10 score were calculated for clients who ended treatment within the period. Between earliest and latest appointment within treatment where CORE-10 scores were recorded, clients' scores improved, on average (mean), by 13 points on the CORE-10 scale (9 points for clients other than gamblers).

Table 18 summarises the direction and extent of change in CORE-10 scores with the majority (80%) improving within treatment, but with 15% showing no change and a small minority (5%) recording a higher score of severity at their latest appointment compared to the earliest. Most improvement recorded (58%) was between one and 20 points. Gamblers were much more likely than other clients to improve by more than 20 points.

Table 19 shows these changes in CORE-10 score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (92%).

Table 18 Direction of change in CORE-10 score between earliest and latest appointments

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Improved by 31-40 points	11	4.7%	0	0.0%	11	4.1%
Improved by 21-30 points	49	21.0%	2	5.3%	51	18.8%
Improved by 11-20 points	78	33.5%	16	42.1%	94	34.7%
Improved by 1-10 points	52	22.3%	10	26.3%	62	22.9%
No Change	33	14.2%	8	21.1%	41	15.1%
Increased by 1-10 points	10	4.3%	1	2.6%	11	4.1%
Increased by 11-20 points	0	0.0%	1	2.6%	1	0.4%
Increased by 21-30 points	0	0.0%	0	0.0%	0	0.0%
Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	233	100.0%	38	100.0%	271	100.0%

Table 19 Direction of change in CORE-10 score between earliest and latest appointments by discharge reason

	Worse		No change		Better	
	N	%	N	%	N	%
Discharged by agreement	0	0.0%	2	100.0%	0	0.0%
Completed scheduled treatment	9	4.3%	7	3.3%	194	92.4%
Dropped out	3	6.7%	20	44.4%	22	48.9%
Referred on	0	0.0%	7	77.8%	2	22.2%

Table 20 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 14. At this point a smaller proportion of clients (7%) were still classed as 'severe'. A majority of clients (63%) were now defined as 'below clinical cut-off', with the majority of the remainder defined as either mild (14%) or moderate (9%).

Table 20 Latest CORE-10 category of severity recorded within treatment

	Gambling clients		Other clients		Total	
		%	N	%	N	%
Below clinical cut-off	150	64.4%	23	60.5%	173	63.8%
Mild	31	13.3%	8	21.1%	39	14.4%
Moderate	21	9.0%	4	10.5%	25	9.2%
Moderate severe	13	5.6%	2	5.3%	15	5.5%
Severe	18	7.7%	1	2.6%	19	7.0%
Total	233	100.0%	38	100.0%	271	100.0%

11 Trends

11.1 Trends in numbers in treatment

Table 21 shows that the number of clients treated in a given year has varied since 2015/16, with the greatest number of clients treated in 2020/21.

Table 21 Trends in number of clients treated in the year – 2015/16 to 2020/21

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Clients treated	129	209	270	210	271	347

Figure 1 Trends in number of treated clients – 2015/16 to 2020/21



Gambling services provide a point of contact and support both for disordered gambling behaviour and to those affected by another's gambling. Table 22 shows that the proportion of clients seeking help due to another individual's gambling has increased from 4% in 2015/16 to 11% in 2020/21.

Table 22 Trends in reason for referral – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Clients with disordered gambling behaviour	123	96.1%	197	96.1%	252	93.7%	186	88.6%	233	86.6%	305	87.9%
Affected other	5	3.9%	8	3.9%	15	5.6%	21	10.0%	34	12.6%	37	10.7%
Person at risk of developing gambling problem	0	0.0%	0	0.0%	2	0.7%	3	1.4%	2	0.7%	5	1.4%
Missing	1		4		1		0		2		0	
Total Clients	129		209		270		210		271		347	

11.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2020/21 (Table 23) has been the increase in the proportion reporting use of online gambling services (rising from 65% to 83%) alongside the reduction in the proportion using bookmakers (falling from 47% to 21%) or miscellaneous (falling from 20% to 12%).

Table 23 Trends in gambling locations – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Bookmakers	57	47.1%	85	43.8%	92	37.7%	66	35.9%	77	33.3%	60	21.1%
Bingo Hall	3	2.5%	6	3.1%	5	2.0%	1	0.5%	5	2.2%	2	0.7%
Casino	7	5.8%	16	8.2%	11	4.5%	5	2.7%	14	6.1%	12	4.2%
Live Events	1	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adult Entertainment Centre	6	5.0%	13	6.7%	8	3.3%	11	6.0%	11	4.8%	11	3.9%
Family Entertainment Centre	0	0.0%	1	0.5%	2	0.8%	3	1.6%	2	0.9%	0	0.0%
Pub	6	5.0%	5	2.6%	5	2.0%	4	2.2%	6	2.6%	2	0.7%
Online	79	65.3%	125	64.4%	173	70.9%	118	64.1%	159	68.8%	237	83.2%
Miscellaneous	24	19.8%	32	16.5%	25	10.2%	10	5.4%	13	5.6%	33	11.6%
Private Members Club	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	4	3.3%	0	0.0%	3	1.2%	2	1.1%	3	1.3%	3	1.1%
Total	121		194		244		184		231		305	

11.3 Trends in treatment exit reason

Grouped by year of treatment, Table 24 shows a number of positive trends with increases in the proportion of clients completing scheduled treatment (from 64% to 78%), alongside a decrease in the proportion dropping out of treatment (from 28% to 16%).

Table 24 Trends in exit reason – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Discharged by agreement	5	4.7%	6	3.5%	4	1.8%	1	0.6%	9	4.4%	3	1.1%
Completed scheduled treatment	68	64.2%	104	60.8%	153	67.1%	128	80.0%	164	80.4%	213	77.5%
Dropped out	30	28.3%	56	32.7%	64	28.1%	25	15.6%	30	14.7%	45	16.4%
Referred on	2	1.9%	4	2.3%	5	2.2%	6	3.8%	0	0.0%	9	3.3%
Deceased	0	0.0%	0	0.0%	1	0.4%	0	0.0%	0	0.0%	0	0.0%
Total Clients Discharged	106		171		228		160		204		275	

11.4 Trends in client characteristics

Table 25 shows an overall increase in the proportion of clients who are female, rising from 20% in 2015/16 to 34% in 2020/21.

Table 25 Trends in gender – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
Male	103	79.8%	174	83.3%	218	80.7%	160	76.2%	184	67.9%	224	66.3%
Female	26	20.2%	35	16.7%	51	18.9%	50	23.8%	87	32.1%	114	33.7%
Total Clients	129		209		270		210		271		347	

* Categories of gender with less than 30 clients were excluded from this table

Table 26 shows that the proportion of clients accounted for by ethnic minorities has increased overall in relation to the proportion White or White British since 2015/16 but not in 2020/21.

Table 26 Trends in ethnicity – 2015/16 to 2020/21

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	N	%	N	%	N	%	N	%	N	%	N	%
White or white British	128	99.2%	204	98.1%	256	95.5%	205	97.6%	256	94.5%	330	95.7%
Black or Black British	0	0.0%	0	0.0%	2	0.7%	2	1.0%	3	1.1%	7	2.0%
Asian or Asian British	1	0.8%	2	1.0%	5	1.9%	2	1.0%	8	3.0%	7	2.0%
Mixed	0	0.0%	0	0.0%	1	0.4%	1	0.5%	3	1.1%	1	0.3%
Other	0	0.0%	2	1.0%	4	1.5%	0	0.0%	1	0.4%	0	0.0%
Total Clients	129		208		268		210		271		347	

Appendices



12 Appendices

12.1 DRF data items

12.1.1 Person Table

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

12.1.1.1 Person Table Codes

P-A Gender

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

P-B Socio-economic indicator

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

P-C Relationship Status

0	Not known
1	Divorced/Dissolved Civil Partnership
2	Separated
3	Single
4	Widowed
5	In a relationship
6	Married/Civil partnership
9	Not Stated (Person asked but declined to provide a response)

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

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

12.1.2 Gambling History Table

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

12.1.2.1 Gambling History Codes

G-A Gambling Activities		
A - Bookmakers	1 Horses	Insert client rating
	2 Dogs	Insert client rating
	3 Sports or other event	Insert client rating
	4 Gaming Machine (FOBT)	Insert client rating
	5 Gaming Machine (other)	Insert client rating
	6 Other	Insert client rating
B - Bingo Hall	1 Live draw	Insert client rating
	2 Terminal	Insert client rating
	3 Skill Machine	Insert client rating
	4 Gaming Machine (other)	Insert client rating
	5 Other	Insert client rating
C - Casino	1 Poker	Insert client rating
	2 Other card games	Insert client rating
	3 Roulette	Insert client rating
	4 Gaming Machine (other)	Insert client rating
	5 Gaming Machine (FOBT)	Insert client rating
	6 Other	Insert client rating
D - Live events	1 Horses	Insert client rating
	2 Dogs	Insert client rating
	3 Sports or other event	Insert client rating
	4 Other	Insert client rating
E - Adult Entertainment Centre (18+ Arcade)	1 Gaming Machine (FOBT)	Insert client rating
	2 Gaming Machine (other)	Insert client rating
	3 Skill prize machines	Insert client rating
	4 Other	Insert client rating
F - Family Entertainment Centre (Arcade)	1 Gaming Machine (FOBT)	Insert client rating
	2 Gaming Machine (other)	Insert client rating
	3 Skill prize machines	Insert client rating
	4 Other	Insert client rating
G - Pub	1 Gaming Machine (other)	Insert client rating
	2 Sports	Insert client rating
	3 Poker	Insert client rating
	4 Other	Insert client rating

H - Online	1 Horses	Insert client rating
	2 Dogs	Insert client rating
	3 Spread betting	Insert client rating
	4 Sports events	Insert client rating
	5 Bingo	Insert client rating
	6 Poker	Insert client rating
	7 Casino (table games)	Insert client rating
	8 Casino (slots)	Insert client rating
	9 Scratchcards	Insert client rating
	10 Betting exchange	Insert client rating
	11 Other	Insert client rating
I - Misc	1 Private/organised games	Insert client rating
	2 Lottery (National)	Insert client rating
	3 Lottery (other)	Insert client rating
	4 Scratchcards	Insert client rating
	5 Football pools	Insert client rating
	6 Service station (gaming machine)	Insert client rating
J - Private members club	1 Poker	Insert client rating
	2 Other card games	Insert client rating
	3 Gaming Machine	Insert client rating
	4 Other	Insert client rating
K - Other	1 Other not categorised above	Insert client rating

G-B Job loss through gambling

0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

G-C Relationship loss through gambling

0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

G-D Early big win

0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

G-F Debt due to gambling

0	Not stated (Person asked but declined to provide a response)
1	No

2	Under £5000
3	£5000 – £9,999
4	£10,000 – £14,999
5	£15,000 – £19,999
6	£20,000 – £99,999
7	£100,000 or more
8	Bankruptcy
9	In an IVA
10	Don't know (some)

12.1.3 Referral Table

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

12.1.3.1 Referral Codes

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

R-B Referral acceptance indicator

1	Yes
2	No

R-C Referral reason

1	Problem gambler
2	Affected other
3	Person at risk of developing gambling problem

R-D Recurrence indicator

0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

R-E End Reason

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

12.1.4 Appointment Table

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

12.1.4.1 Appointment Codes

A-A Attendance

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

A-B Appointment purpose

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

A-C Appointment medium

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

A-D Intervention given

1	CBT
2	Counselling
3	Residential programme
4	Brief advice
5	Psychotherapy
6	Other (please specify)

12.2 Problem Gambling Severity Index (PGSI)

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

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

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

When used as a population screening tool, the typical reference period used for the questions is “the past 12 months”. Within treatment settings, the scale is usually adjusted by providers so that clients are asked about their behaviour since their appointment, or in the past two weeks.⁶⁶

The nine items are as listed below:

Thinking about the last [TIMEFRAME]...

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

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

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

⁶⁶ The consistency of the timeframe asked about by providers has been noted as a potential area for methodological improvement in the collection of DRF submissions.

12.3 CORE-10

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

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

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

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

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

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

About GambleAware

GambleAware is an independent charity (Charity No. England & Wales 1093910, Scotland (SC049433)) that champions a public health approach to preventing gambling harms.

GambleAware is a commissioner of integrated prevention, education, and treatment services on a national scale, with over £56 million of funding under active management. As an independent charity, GambleAware is regulated by the Charity Commission for England and Wales, and the Scottish Charity Regulator (OSCR).

For further information about GambleAware please contact info@gambleaware.org.

About ViewIt

ViewIt Ltd is a University of Manchester start-up company, supported by GC Business Growth Hub, specialising in data management and analysis to provide a platform for simple reporting.

The company originates from the team that provides National Statistics production and validation for National Drug Treatment Monitoring Service outputs on behalf of Public Health England.

