

Annual Statistics from the National Gambling Support Network (Great Britain)

1 April 2023 to 31 March 2024

GambleAware

Contents

List of abbreviations	6
1. Executive Summary	7
2. About the National Gambling Support Network	10
2.1 Adferiad	10
2.2 Aquarius	10
2.3 Ara	11
2.4 Beacon Counselling Trust (BCT)	11
2.5 Breakeven	12
2.6 GamCare	12
2.7 Gordon Moody	12
2.8 NECA	13
2.9 Primary Care Gambling Service	13
2.10 RCA Trust	13
3. Policy Context	14
4. The DRF database	15
4.1 PGSI	16
4.2 CORE-10	16
5. About this report	17
6. Notes on interpretation	18
7. About GambleAware	19
8. Assessment of completeness of 2023/24 DRF data	20
9. Type(s) of service received by clients	21
10. Tier 2 clients	22
11. Clients receiving Tier 3 or 4 treatment in 2023/24	25
11.1 Client characteristics	25
11.1.1 Number of clients	25
11.1.2 Age and gender of clients	25
11.1.3 Ethnicity of clients	27
11.1.4 Relationship status of clients	28
11.1.5 Employment status of clients	28

11.1.6 Sexual orientation of clients	30
11.1.7 Responsibility for children	30
11.1.8 Client religion	31
11.2 Gambling profile	32
11.2.1 Gambling locations	32
11.2.2 Gambling activities	33
11.2.3 Gambling history	35
11.2.4 Money spent on gambling	37
11.2.5 Gambling location by age	39
11.2.6 Gambling location by gender	40
11.2.7 Gambling location by ethnic group	40
11.2.8 Gambling location by employment status	41
11.2.9 Use of self-exclusion tools	41
11.3 Access to services	42
11.3.1 Source of referral into treatment	42
11.3.2 Where client heard of service	43
11.3.3 Waiting times for first appointment	43
11.4 Engagement	44
11.4.1 Length of time in treatment	45
11.5 Treatment outcomes	47
11.5.1 Treatment exit reasons	47
11.6 Severity scores	50
11.6.1 Baseline and latest severity scores	50
11.6.1.1 CORE-10	55
11.6.2 Change in severity scores	60
11.6.2.1 PGSI	60
11.6.2.2 CORE-10	61
12. Trends	62
12.1 Trends in numbers in treatment	62
12.2 Trends in gambling type	64
12.3 Trends in treatment exit reason	67
12.4 Trends in client characteristics	67
13. Appendices	70
13.1 DRF data items	70

13.1.1 Person table codes	70
P1: Gender identity	70
P2: Postcode	70
P3: Employment	70
P4: Relationship status	70
P5: Ethnic background	70
P6: Additional diagnoses	71
P8: Sexual orientation	71
P9: Care responsibility for children	71
P10: Religious affiliation	71
P11: Local authority	71
13.1.2 Gambling history table codes	71
G2: Length of time gambling	71
G3: Job loss due to gambling	71
G4: Relationship loss due to gambling	71
G5: Age of problem gambling onset	71
G6: Early big win	72
G7: Debt due to gambling	72
G8: No. of gambling days (past 30 days)	72
G9: Average daily hours gambling (past 30 days)	72
G10: Average daily spend on gambling (past 30 days)	72
G11: Total monthly spend on gambling	72
G12: Use of self-exclusion tools	72
G21–G30: Gambling activities	73
13.1.3 Referral table codes	74
R1: Referral source	74
R2: Date referral received	74
R4: Client type	74
R5: Previous treatment for gambling	74
R6: Episode of care end reason	75
R7: Treatment end date	75
R8: Where client heard about service	75
R10: Assessment stage	75
13.1.4 Appointment codes	75

A1: Appointment date	75
A2: Unique caregiver code	75
A3: Attendance	75
A4: Contact duration	75
A5: Appointment purpose	76
A6: Appointment medium	76
A7: Intervention given	76
A8: PGSI score	76
A9: CORE-10 score	76
A10: Treatment setting	77
A11: Treatment attendees	77
A12: Use of self-exclusion tools since last appointment	77
A13: Treatment tier	77
13.2 Problem Gambling Severity Index (PGSI)	78
13.3 CORE-10	79
13.4 Client characteristics by Tier receipt	80

List of abbreviations

The following are a list of abbreviations that are used in this document:

Acronym	Meaning
NGSN	National Gambling Support Network
PGSI	Problem Gambling Severity Index
DRF	Data Reporting Framework
CORE-10	Clinical Outcomes in Routine Evaluation-10
BCT	Beacon Counselling Trust
PCGS	Primary Care Gambling Service
NHS	National Health Service
DCMS	Department for Culture, Media and Sport
DHSC	Department of Health and Social Care
OHID	Office for Health Improvement and Disparities
NIHR	National Institute for Health and Care Research
UK	United Kingdom
IVA	Individual Voluntary Arrangement
GP	General Practitioner
CNWL	Central North West London
LYPFT	Leeds and York Partnership NHS Foundation Trust
EBI	Extended Brief Intervention
CBT	Cognitive Behavioural Therapy
ACT	Acceptance and Commitment Therapy
DBT	Dialectical Behaviour Therapy
EMDR	Eye Movement Desensitisation and Reprocessing

1. Executive Summary

Type(s) of service received by clients

- This year (2023/24) is the first year for which data on 'early intervention' Tier 2¹ treatment services have been recorded and reported on, in addition to the structured treatment Tier 3 and Tier 4 services.
- A total of 10,754 clients were reported as being treated by the National Gambling Support Network (NGSN) providers in Great Britain between April 2023 and March 2024. This includes 3,291 receiving Tier 2 treatment only, 6,931 receiving Tier 3 treatment and 532 receiving Tier 4 treatment. Among those receiving Tier 3 or 4 treatment, 3,048 clients also received Tier 2 treatment.
- Mean Problem Gambling Severity Index (PGSI)² score for clients receiving Tier 2 treatment only (at the earliest point of measurement) was 7. This was considerably lower than for those who also went on to receive Tier 3 or 4 treatment (16).

Client characteristics (Tier 3/4 treatment)

- A total of 7,463 clients were treated (Tier 3 or 4) within the National Gambling Support Network Services (who report to the Data Reporting Framework (DRF) in 2023/24). This figure represents a 12% increase compared to the total number of Tier 3 or 4 clients treated in 2022/23 (6,645), although approximately half of this increase is accounted for by the inclusion of an additional service provider – the Primary Care Gambling Service – in the DRF in 2023/24.
- This included 6,225 people who gamble and 1,214 people who were impacted by someone else's gambling ('affected others') or at risk of developing problematic gambling behaviour.
- The proportion of clients seeking help due to another person's gambling has increased over time and was higher this year (15%) than the past five-year average of 13%.
- The majority of clients (70%) identified as male. The proportion of gambling clients who were female was 21% in 2023/24 (similar to the past five-year average of 20%).
- Three quarters (75%) of clients were aged 45 years or younger. The highest number of clients were reported in the 30-34 years old and 35-39 years old age bands, accounting for 38% of clients in total.
- 90% of clients were from a white ethnic background, including 82% White British and 5% White European. The next most common ethnic backgrounds were Asian or Asian British (5%), Black or Black British (3%) and Mixed (2%).
- Most clients were employed (70%). People living with long-term disabilities/illness and not in work accounted for 13%, followed by unemployed (10%), retired (2%), looking after family/home and not working (2%) and student (2%).

¹See section 4 The DRF Database for definitions of Tiers

²See Appendix, section 13.2

Gambling behaviour preceding Tier 3/4 treatment

- PGSI³ scores indicated that most gambling clients (89%) were classed as experiencing problem gambling (i.e. PGSI score of 8+) when they started treatment.
- The most common location for gambling was online, used by 70% of clients (up from 57% in 2015/16). Bookmakers were the next most common, used by 35% of people who gamble. Use of online services was noticeably higher among younger age groups.
- Among online services, gambling on casino slots was the most common activity (41%, up from 38% in 2021/22 and 2022/23 and 32% in 2020/21), followed by sporting events (16%, identical to 2022/23 but down from 20% in 2021/22 and 27% in 2020/21) and casino table games (11%, down from 12% in 2021/22 and 21% in 2020/21).
- Among bookmakers, gaming machines were the most common form of gambling (23%), followed by sporting events (11%) and horses (8%).
- Compared to White or White British people who gambled: a higher proportion who identified as Black or Black British reported using bookmakers (40% compared to 34%) or casinos (23% compared to 9%); a higher proportion of those who identified as Asian or Asian British also reported using bookmakers (42%) or casinos (22%).
- Most people who gambled (66%) reported having a debt due to their gambling. 11% had experienced a job loss because of their gambling and 24% had experienced a relationship loss. At the point of presentation to gambling services, clients reported having started gambling on average (median) 10 years prior.
- The median spend in the previous 30 days before initial assessment was £1,000, with 39% spending more than this.

Treatment engagement (Tier 3/4)

- Most referrals were from the National Gambling Helpline (54%), self-made (23%) or through providers within the National Gambling Support Network (NGSN)⁴ (11%).
- 50% of clients had their first appointment within six days of making contact and 75% within twelve days.
- The proportion of referrals receiving Tier 3 or 4 treatment has remained consistently high (95%) since 2021/22.
- Among those whose treatment ended in 2023/24, treatment lasted for an average (median) of 10 weeks. Overall, clients received a median of six appointments within their treatment episode.

³See Appendix, section 13.2

⁴See section 2.0

Treatment outcomes (Tier 3/4)

- Among those whose treatment ended in 2023/24, 61% completed their scheduled treatment, slightly lower than the past five-year average of 68%.
- Just under one third (28%) dropped out of treatment before a scheduled endpoint, consistent with 28% in the previous year.
- Between the earliest and latest recorded scores, by the end of treatment, PGSI scores improved by an average (median) of 10 points among those exiting treatment for any reason. Among those completing treatment, the median improvement was 14 points.
- Improvements in PGSI score were seen in 87% of people who gamble, including 95% in those who completed treatment, compared to 62% of those who dropped out.
- Among clients who completed treatment, the rate of 'problem gambling' fell from 87% to 10% between initial assessment and treatment completion.
- At the end of treatment, 69% of clients were defined as 'below clinical cut-off' on the CORE-10 scale⁵, compared to only 26% at the start of treatment.
- Improvements in CORE-10 score were seen in 88% of clients who completed treatment, compared to 68% of those who dropped out.
- Among clients who completed treatment, the proportion experiencing at least a moderate level of psychological distress fell from 49% to 10% between initial assessment and treatment completion, while the proportion experiencing severe psychological distress fell from 11.5% to 0.7%.

⁵See section 13.3

2. About the National Gambling Support Network

The National Gambling Support Network (NGSN), formerly known as the National Gambling Treatment Service, is available for anyone who is experiencing harm from gambling and wants support for it, as well as those who are affected by someone else's gambling. It provides free, confidential early intervention and treatment services which offer joined up support across the whole of Great Britain. The Network provides the British public with a connected and well-funded support system of early intervention and prevention from gambling harm, across GP surgeries, social care and the criminal justice system.

Every year, thousands of people receive treatment through the Network and over 52,000 calls to the National Gambling Helpline. The Network has consistently short waiting times with people receiving treatment in less than two weeks from initial referral and for those who complete treatment nine in 10 see an improvement in their condition.

There is expertise across the National Gambling Support Network which means people have access to effective, treatment, education, prevention and early interventions that provide wraparound care that meets the need of diverse communities. A whole-system approach is applied throughout the National Gambling Support Network, which means services are connected and there is a seamless experience for those using them locally, regionally and nationally across Great Britain. This is reflected across the range of support and treatment options available within the NGSN, from one-to-one support to peer support and Cognitive Behavioural Therapy to residential treatment.

NGSN providers work to a common set of outcomes, creating consistency in standards and approaches to risk assessment and safeguarding. Providers come together to discuss complex cases across the entirety of the Network, which maximises the expertise across the system and aids learning. The National Gambling Support Network operates a 'no wrong door' policy, which means that wherever people present for treatment, through the Network they will be able to access the right Network or NHS provider and, in some cases, this also includes other third sector organisations.

2.1 Adferiad

Adferiad offers evidence-based and trauma-informed therapy for people presenting with co-occurring mental health, alcohol and drug issues alongside a primary gambling disorder diagnosis. They have two inpatient detoxification centres and one residential unit, all services are regulated, and they draw on expertise and experience from across the field of addiction treatment. All interventions are delivered by a skilled and experienced staff team, within a clinical governance framework. The programme draws on solution-focused and person-centred models of care to achieve sustainable recovery from harmful behaviours. Adferiad's services are patient led and offer bespoke medical management and support packages, including aftercare, that are tailored to meet the needs of clients.

2.2 Aquarius

Aquarius is a charitable organisation operating over the West Midlands region, offering support to 18+ individuals who are experiencing gambling harms. Aquarius support family members, friends or anyone affected by gambling behaviour. Their therapeutic interventions are delivered through a variety of mediums:

- Face to face
- Virtual
- Telephone interventions
- One to one or with an affected other
- Affected other in their own right

Their team of complex needs practitioners use psychosocial interventions to help individuals understand the tools to enable them to deal with cravings, urges to gamble, triggers and relapses. Aquarius uses a holistic approach, all other co-morbidities are addressed by signposting and working with partner agencies collaboratively to address:

- mental health
- physical health
- debt management
- homelessness
- abuse
- criminal activity
- any other needs of the individual

Aquarius work closely with all communities, recognising and understanding barriers, striving to make treatment accessible and comfortable for all. Aquarius has an active outreach team who provide training, team talks and events across our region.

2.3 Ara

The Ara services take a whole system and life journey approach, working with communities and partner agencies to raise awareness of and tackle gambling harm. They have a community-based information, advice, and guidance team. Their structured interventions service provides talking therapies, groups, and recovery management. Ara also run lived experience groups, services for those affected by someone else's gambling and programmes for culturally and linguistically diverse communities. Furthermore, they provide support for those involved in the criminal justice system and run an Armed Forces gambling harms service. In addition, Ara provide a young people's education and prevention service for both under 21's and for professionals working with young people, as well as Ara gambling first aid training sessions for professionals via the Bet You Can Help program and the Workplace Charter. Their service is available over the phone, online, and through in person one-to-one or group settings.

2.4 Beacon Counselling Trust (BCT)

BCT offers specialist gambling harms support across the North-West, through its innovative life journey modelling. This model reaches people at each touchpoint of their journey with gambling through the following programmes:

- Bet You Can Help, an RSPH-accredited education
- Armed Forces Gambling Support Network
- Gambling Harms Workplace Charter, a framework to help employers build good practice in the workplace through support with developing policies and free BYCH training
- Brief interventions around gambling harms
- One-to-one therapy for those experiencing gambling harms, including affected others
- Couples therapy
- One-to-one peer support

- Weekly support groups
- Practical advice sessions for families affected by gambling
- Walking outdoor recovery sessions in collaboration with Trek Therapy

BCT also have specific targeted work within the community for groups we recognize are at an increased risk, such as:

- Armed forces communities
- Criminal justice
- BAME and ethnic minority communities
- Homeless

2.5 Breakeven

Breakeven offer treatment in the East of England as well as Sussex, Kent and Medway in the Southeast of England for anyone affected by gambling related harm whether they are a gambler, or affected by the gambling behaviour of a family member or friend. Breakeven provide treatment and support over the phone, video calls, face to face in various locations in one-to-one or group settings.

2.6 GamCare

GamCare offer a range of interventions across different regions (East Midlands, London, Scotland, Southeast, Yorkshire & Humber). They offer a range of user led support, working with service users on their chosen goals e.g., control, abstinence or otherwise. The team provide a menu of support and treatment options to the service user appropriate for their care. This could be in the form of delivering a Brief Intervention or Extended Brief Intervention initially and then being moved on to structured treatment.

The team utilise psychosocial interventions, psychoeducation and Motivational Interviewing techniques when providing treatment, all within the guidance of the NGSN Model of Care⁶. Treatment sessions are delivered face-to-face, in an accessible location to the service user, or via the phone or Zoom video conference.

2.7 Gordon Moody

Gordon Moody is the UK's leading charity dedicated to providing support and treatment for those severely affected by gambling harms. The organisation was set up in South London in 1971 and now has centres across the UK offering residential treatment for men and women to help them reclaim and rebuild their lives through recovery in a safe, supported environment.

Along with their unique specialist treatment centres for men and women, they offer recovery housing that provides residential relapse prevention and aftercare programmes. They also deliver a unique retreat and counselling programme that combines short-stay residential treatment with ongoing at-home support.

These programmes provide seamless care and support for those in treatment, along with friends and family support to help those who are affected by someone else's gambling harms.

⁶The Model of Care (MoC) defines the way services are delivered. It outlines best practice and provides a framework for services to ensure people receive the right care, at the right time, and in the right place and is guided by a principle of person-centered practice.

2.8 NECA

NECA offers a comprehensive range of resources, advice, and support for anyone affected by gambling harms across the North-East, Yorkshire and Humber. Over the past 12 months, more than 9,600 individuals have benefited from NECA's services, whether through educational programs, prevention initiatives, personalised advice/information, or structured support.

As the leading provider of Gambling Support Services across these regions for nearly 30 years, NECA provides high quality one-to-one and group support, designed to address the unique needs of each individual. The service is staffed by highly experienced practitioners with a proven track record of supporting individuals to achieve sustained recovery through personalised, evidence-based support, with 1,333 individuals impacted by gambling harm, either directly or indirectly, actively receiving support from the service during the last financial year.

NECA have a strong focus on community impact, working successfully in partnership with local organisations, leading awareness campaigns, developing pathways and providing valuable educational resources to reduce gambling-related harm.

Last year, NECA forged dynamic partnerships with 1,231 organisations, spreading vital awareness about gambling harms and connecting people with the local support service. This effective collaboration led to the recruitment of 61 individual organisations from across many sectors joining NECA Gambling Harms champion network with the recruitment of 80 passionate Organisational Gambling Harms Champions. These dedicated individuals are now championing the Gambling harms cause within their own organisations and their own networks, sharing crucial resources, and raising awareness of available support.

2.9 Primary Care Gambling Service

The NHS Primary Care Gambling Service (PCGS) provides long and short-term therapeutic intervention to those experiencing gambling harm, as well as people affected by someone else's gambling. The Primary Care Gambling Service is a free confidential NHS service delivered nationally for adults over 18, who experience harms from gambling. The service also provides support with physical, social and mental health problems. PCGS offers a holistic, multidisciplinary team approach with Mental Health Nurses, GP's, therapists, peer support and Psychiatrists. The PCGS also supports family and friends affected by gambling behaviours.

2.10 RCA Trust

The RCA Trust is an independent voluntary organisation based in Paisley, just south of Glasgow with over 20 years' experience working in the field of gambling harms. Utilising a recovery-oriented system of care, they support individuals and family members who are affected by gambling harms, through a range of services including one-to-one support, group work and family support. They also provide early intervention, prevention and education along with training to upskill non-specialist services on supporting people who are affected by gambling harms through the Bet You Can Help programme. Working collaboratively with a wide range of stakeholders across Scotland, they are proud members of the National Gambling Support Network, supporting recovery across Scotland.

3. Policy context

In April 2023 the Government published a new Gambling White Paper, which included a substantial package of measures to support the prevention of gambling harms. The White Paper included commitments for the introduction of a sustainable and transparent funding model, as well as greater consumer protections, particularly in the online space.

Since 2017 GambleAware has been calling for the introduction of a statutory levy to replace the voluntary funding system and wholeheartedly supports the new funding proposals. With the introduction of the new funding system, and changes to the existing construct of treatment, research and prevention commissioning, a smooth and stable transition is vital.

To determine the specifics of the new statutory funding system, the Government issued a consultation on the levy. At the time of writing, the outcome of this consultation has not been made public and has been delayed as a result of the 2024 General Election. The consultation outcome is expected to provide clarity on the funding estimates for each area as well as where the responsibility for prevention commissioning will sit, with the NHS expected to take on the role of treatment commissioner and UKRI leading on research commissioning.

In the interim until the levy consultation outcome is published and new levy system is implemented, GambleAware is committed to ensuring there is no disruption to services. GambleAware and its commissioned partners continue to ensure system integration is strengthened with those working across the statutory sector and with government to ensure a smooth and stable transition to the new commissioning arrangements and funding system.

4. The DRF database

The collection of data from clients receiving treatment through the NGSN is managed through a nationally co-ordinated system known as the Data Reporting Framework (DRF), initiated by GambleAware 2015.

Treatment service providers collect data about their clients and their treatment through bespoke case management systems in line with the DRF. This data is then pseudonymised and uploaded to a centralised system. Data items collected and uploaded by the treatment providers are set out in the DRF Specification.

The Specification used to collect data for the 2023/2024 is provided in the appendix to this report (Section 13.1) and can be found on the [GambleAware website](#). Data are collected using four separate tables which provide details of client characteristics, gambling history, referrals and appointments.

The DRF constitutes a co-ordinated core data set, collected to provide consistent and comparable reporting at a national level. GambleAware funded treatment providers are required to submit quarterly datasets in a standardised format. This report is informed by analysis of these submissions.

Clients may receive intervention at four tiers of support: Tier 1 (provision of information and advice); Tier 2 (early interventions); Tier 3 (structured treatment); and Tier 4 (residential rehabilitation treatment).

Clients usually progress in an ascending manner through the treatment tiers depending on the nature of treatment that they require, how they are referred to the NGSN, and the suitability and success of currently administered treatment.

Data on clients' personal characteristics are collected less often for Tiers 1 and 2, as detailed knowledge of the client such as demographics and gambling history are not required for information or treatment administered at this level.

Furthermore, the system benefit of collecting this information is not considered to outweigh the potential harm to the client from declining to continue with the service or missing treatment. Because of the more structured and involved nature of treatment at Tier 3 or Tier 4, NGSN providers require a greater amount of information on clients to be able to tailor their treatment accordingly. Client information at Tier 3 and Tier 4 is therefore collected by NGSN providers in line with the DRF specification, pseudonymised and uploaded to a centralised system. The Specification used to collect data for 2023/2024 has been heavily updated to accommodate a greater range of data collection.

Information on client outcomes is provided for clients whose treatment ended in the reporting period. Clients who received treatment at only Tier 1 are not included in the annual statistics. Because of the inclusion criteria for the DRF, it differs as a sample to other data sources used by GambleAware.

As such, numbers reported in these annual statistics will not match figures from other data sources such as total helpline contacts, total treatments across all tiers, or total ongoing treatment contacts at Tier 3 or Tier 4.

Two measures of severity are routinely recorded within appointments; the Problem Gambling Severity Index (PGSI), which is recorded for people who gamble only, and the Clinical Outcomes in Routine Evaluation (CORE-10) score, which is recorded for all clients. Clients are asked directly for their responses to questions that underlie the measures.

4.1 PGSI

The PGSI is a validated and widely used tool⁷ designed to assess an individual's level of gambling related risk behaviour. The PGSI consists of nine items, each of which are scored on a four-point scale (0, 1, 2, or 3) and summed to give a total score of between 0 and 27 points (see appendix, 13.2 for further details).

A PGSI score of eight or more is used to classify an individual as having problematic gambling behaviour, defined by the scale as a person experiencing 'problem gambling'. Scores between three and seven represent individuals classified as being a 'moderate risk gambler' by the scale (those who experience a moderate level of problems leading to some negative consequences).

A score of 1-2 represents individuals classified by the scale as undertaking low risk gambling (those who experience a low level of problems with few or no identified negative consequences). Therefore, anyone scoring one or more on the scale is experiencing some level of difficulty or problem. A score of 0 represents a person with no gambling problems, harms, or consequences as identified by the measure.

4.2 CORE-10

The CORE-10 is a 10-item questionnaire designed to measure distress, including commonly experienced symptoms of anxiety and depression and associated aspects of life and social functioning^{8,9}. The CORE-10 has 10 items, which include Anxiety (two items), depression (two items), trauma (one item), physical problems (one item), functioning (three items - day to day, close relationships, social relationships) and risk to self (one item). The CORE-10 items are individually scored on a five-point scale (0, 1, 2, 3 or 4) and summed to give a total score of 40 (see appendix, 13.3 for further details).

A CORE-10 score of 25 and above is used to classify an individual as having severe psychological distress, a score of 21 to 25 as moderate to severe distress, a score of 16 to 20 as moderate distress, a score of 11 to 15 as mild distress, and a score of 0 to 10 classifies an individual as being below the clinical cut off for psychological distress.

⁷PGSI 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. It additionally does not weight harms; it is a proxy measure of harm. Moreover, it is argued to use stigmatising language and terminology in its categorisation of various levels of experienced gambling harm. However, in the absence of a widely agreed clinical measure, the PGSI provides an internationally recognised indicator of gambling harm.

⁸CORE-10 USER MANUAL Version 1.0 Released 1st June 2007.

⁹The CORE-10: A short measure of psychological distress for routine use in the psychological therapies <https://onlinelibrary.wiley.com/doi/abs/10.1080/14733145.2012.729069>

5. About this report

This report summarises information on the clients of NGSN agencies, providing details of their characteristics, gambling activities, gambling history, treatment receipt and outcomes.

It is restricted to clients who attended at least one appointment for assessment or were in receipt of structured treatment 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.

The agencies reporting to the DRF for the year 2023/2024 were Adferiad, Ara, Aquarius, Beacon, Breakeven, GamCare, Gordon Moody, NECA, the Primary Care Gambling Service, and RCA Trust.

6. Notes on interpretation

Totals for services are summed to provide an estimate of national treatment levels. The total number presented in this report should therefore be interpreted as an estimate of the actual number of clients receiving treatment at participating agencies. At the service level, client codes are used to distinguish one client from another without the need for identifiable information such as name and date of birth. If a client attends more than one service within the reporting period, they will be counted in each service they attended and therefore may be 'double counted' within the system.

The level of overlap between services can be estimated through the inclusion of a pseudonymised code, aligned to initials, date of birth and gender. In 2023/24, 144 (2%) clients were estimated to have been reported by more than one service provider and each of their records will be included in the totals given in this report.

Clients of gambling treatment services can either be:

- people who are experiencing problems because of their own gambling
- people who are indirectly affected by another person's gambling (often termed 'affected others')
- people who consider themselves at risk of developing gambling problems.

Within this report, we combine the first and third groups above so that clients are categorised as either 'people who gamble' or 'other clients'. Client characteristics and treatment engagement are presented for both client categories. Details of gambling activity and history are only presented for clients identified as people who gamble.

Within this report averages are presented as means and/or medians. As extreme individual values affect the mean but not the median, the median is often preferred.

To avoid drawing comparisons across measures with low numbers of responses, which may not be robust, the tables in this report only compare across categories if there are at least 100 responses in the category (i.e. table row or column). The full list of categories is available in the data specification in appendix section 13.1.

Percentages in tables are presented to one decimal point and represent column percentages unless otherwise stated. Percentages in text are rounded to integer values if above five. Comparisons are only made between categories if the decimal point difference is of interest. For the first time this year, change in PGSI and CORE-10 score has been restricted to clients with at least two scores taken on different dates. This excludes clients who fail to attend more than one initial appointment and gives a better reflection of the impact of treatment received as opposed to treatment intended.

7. About GambleAware

GambleAware is the leading independent charity and strategic commissioner working to keep people safe from gambling harms, including through the commissioning of the National Gambling Support Network.

As the leading strategic commissioner of gambling harm education, prevention, early intervention, and treatment across Great Britain, the charity works in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other mental health services. GambleAware takes a public health approach to all its commissioning activity. Prevention and early intervention are critical for reducing the number of people experiencing gambling harm and preventing them from needing more complex treatment.

GambleAware operates across four key areas by:

- Commissioning the National Gambling Support Network (NGSN), a group of organisations across Great Britain which provides free, confidential treatment, as well as the National Gambling Helpline which takes around 52,000 calls and online chats a year.
- Providing support, advice, and tools to help people make informed decisions about gambling. We help people understand and recognise the risks of gambling, and direct them to more information, help and support, should they need it.
- Commissioning research and evaluation to increase our knowledge and understanding of what works in the prevention of harm.
- Producing public health campaigns on a national scale and providing practical support to local services and partners.

GambleAware is evidence-based, accountable to the Charity Commission and has robust governance processes in place which ensures its independence from the gambling industry.

Members of GambleAware's independent Board of trustees are leaders across the NHS, public health and third sector and have no connections to the gambling industry. GambleAware works closely with the Government, with the charity's integrity and independence recognised by the Government, the Gambling Commission and the Charity Commission.

8. Assessment of completeness of 2023/24 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2023/24. Completion implies that the question was asked and details were recorded to the system, including where the answer was 'not stated' or 'not known'. The table also shows the extent to which specific detail was specified (other than 'not stated' or 'not known'). Details of gambling activity and history are not routinely collected for clients who do not themselves gamble, so levels of completeness of gambling information relate only to clients identified as people who gamble. Most data items have high completion rates, helping to strengthen comparisons with previous years.

Table 1: Level of completion of selected data fields

	Tier 2		Tier 3/4	
	% with response	% with response other than "not known or declined response"	% with response	% with response other than "not known or declined response"
Referral reason	100%	99.8%	100%	99.7%
Referral source	100%	65.6%	100%	98.7%
Gender	100%	98.2%	99.8%	98.5%
Ethnicity	100%	96.0%	99.8%	95.1%
Employment status	100%	93.6%	99.8%	94.4%
Relationship status	100%	88.7%	99.8%	85.6%
Religion	100%	35.4%	99.8%	51.0%
Sexual orientation	100%	47.5%	99.8%	59.7%
Care for children	100%	19.8%	99.8%	85.6%
Local Authority of residence	98.6%	98.6%	97.4%	97.4%
Primary gambling activity*	98.8%	98.8%	97.8%	97.7%
Money spent on gambling (per month)*	7.8%	7.8%	87.1%	87.1%
Job loss*	100%	8.2%	99.8%	95.8%
Relationship loss*	100%	8.2%	99.8%	95.4%
Early big win*	100%	8.0%	99.8%	92.9%
Debt due to gambling*	100%	8.1%	97.9%	92.6%
Length of gambling history*	98.6%	98.6%	97.7%	97.7%
Age of onset (problematic gambling)*	8.0%	8.0%	89.3%	89.3%
Days gambling per month*	100%	100%	98.9%	98.9%
Use of self-exclusion tools*	100%	9.0%	99.8%	94.4%

*People who gamble only.

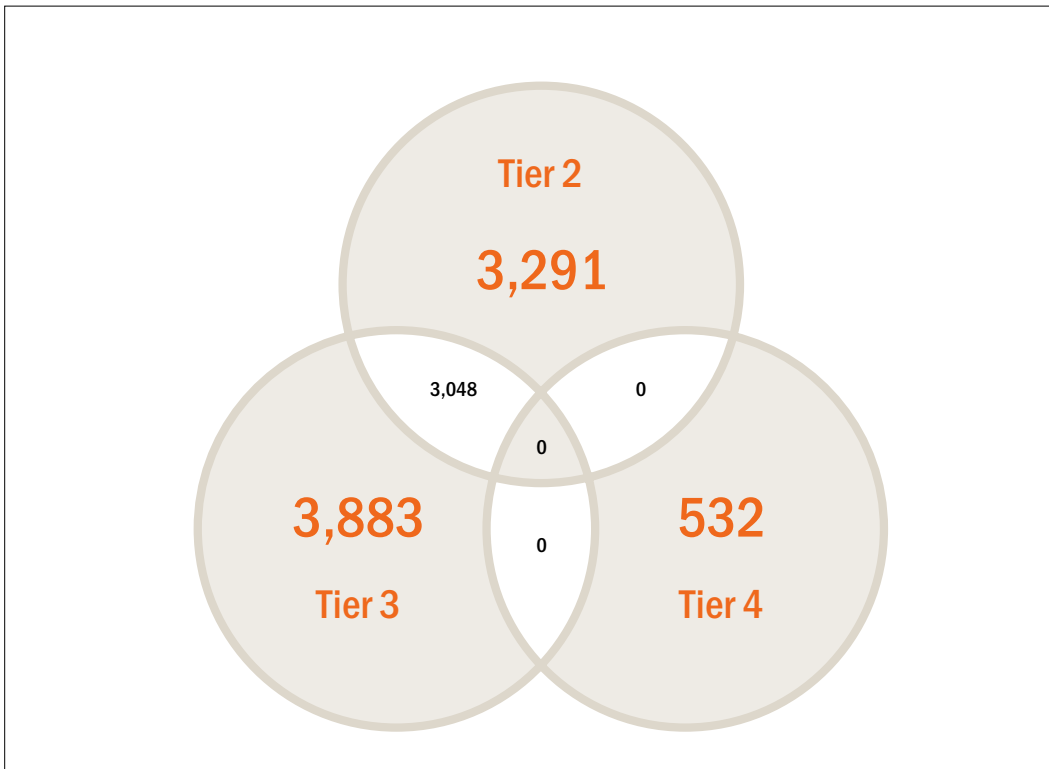
9. Type(s) of service received by clients

A total of 10,754 clients were reported as being treated by the National Gambling Support Network (NGSN) providers in Great Britain between April 2023 and March 2024. This figure consists of:

- 3,291 clients receiving Tier 2 treatment only
- 6,931 clients receiving Tier 3 treatment (some of whom may also have received Tier 2 treatment)
- 532 clients receiving Tier 4 treatment (some of whom may also have received Tier 2 treatment).

Overall, 3,048 clients received Tier 2 treatment as well as Tier 3 or 4 treatment. Note, as the latest episode of Tier 3 or 4 care is selected for this analysis, there cannot be any overlap between them.

Figure 1: Overlap between Tiers of treatment received in 2023/24



10. Tier 2 clients

For those receiving Tier 2 treatment only, 36% were people who gamble, 46% were those at risk of developing a gambling problem, and 18% were ‘affected others’, normally a partner or family member. Compared to clients who went on to receive Tier 3 or 4 treatment, Tier 2 only clients were: more likely to be those at risk of developing a gambling problem (46% vs 1.3%); less likely to be people who gamble (36% vs 85%); more likely to be referred from prison (22% vs 0.5%) and less likely to be referred from the National Gambling Helpline (38% vs 55%); more likely to be unemployed (20% vs 8%) or in prison (15% vs 0.5%). Further comparisons are provided in appendix 13.4.

Mean PGSI score (explained in section 13.2) for clients receiving Tier 2 only (at the earliest point of measurement) was 7 but was higher (16) for those receiving Tier 2 who also went on to receive Tier 3 or 4 treatment (Table 3). Similarly, the CORE-10 score had a mean of 10 for those receiving Tier 2 only but was higher (18) for those receiving Tier 2 who went on to receive Tier 3 or 4 treatment. The mean number of days spent gambling was 9 for clients receiving Tier 2 treatment only and 16 for clients receiving Tier 2 and Tier 3 or 4 treatment.

Table 2: Earliest PGSI score for clients receiving Tier 2 only or both Tier 2 and Tier 3 or 4

	Earliest PGSI assessment			
	Received Tier 2 only		Received Tier 2 and Tier 3 or 4	
	N	%	N	%
No problem (0)	789	29.2%	17	0.6%
At low risk (1-2)	292	10.8%	22	0.8%
At moderate risk (3-7)	525	19.4%	178	6.8%
Score of 8+	1094	40.5%	2404	91.7%
Total	2700		2621	
Missing	591		427	
Total clients	3291		3048	

Figure 2 provides a representation of earliest compared to latest PGSI scores taken within Tier 2 treatment for all those who exited treatment (for any reason) within the reporting period and had at least two measurements taken (n=446). At the latest measurement, fewer clients were defined as at moderate risk or had a score of 8+, whereas more were defined as no problem or at low risk. The majority of clients entering Tier 2 treatment with a PGSI score of less than 8 received Tier 2 treatment only, whereas the majority of clients with a PGSI score of 8+ progressed to Tier 3 or Tier 4 treatment, reflecting the high level of severity associated with these scores. This progression highlights that for many individuals, more intensive intervention is required to address not only gambling behaviours but also the accompanying social, emotional, and financial impacts. However, a minority of clients with a PGSI score of 8+ did not advance to higher levels of treatment. This may be due to various factors, including access to care, individual readiness for more intensive treatment, improvement within Tier 2 treatment or external barriers such as financial or logistical issues. Indeed, the majority of clients with a PGSI score of 8+ who did not receive Tier 3 or 4 treatment, either dropped out of Tier 2 treatment (55%) or reduced PGSI score to below 8 within Tier 2 treatment (16%).

Figure 2: Earliest and latest PGSI scores for clients exiting tier 2 treatment in the reporting period (n=1,816)

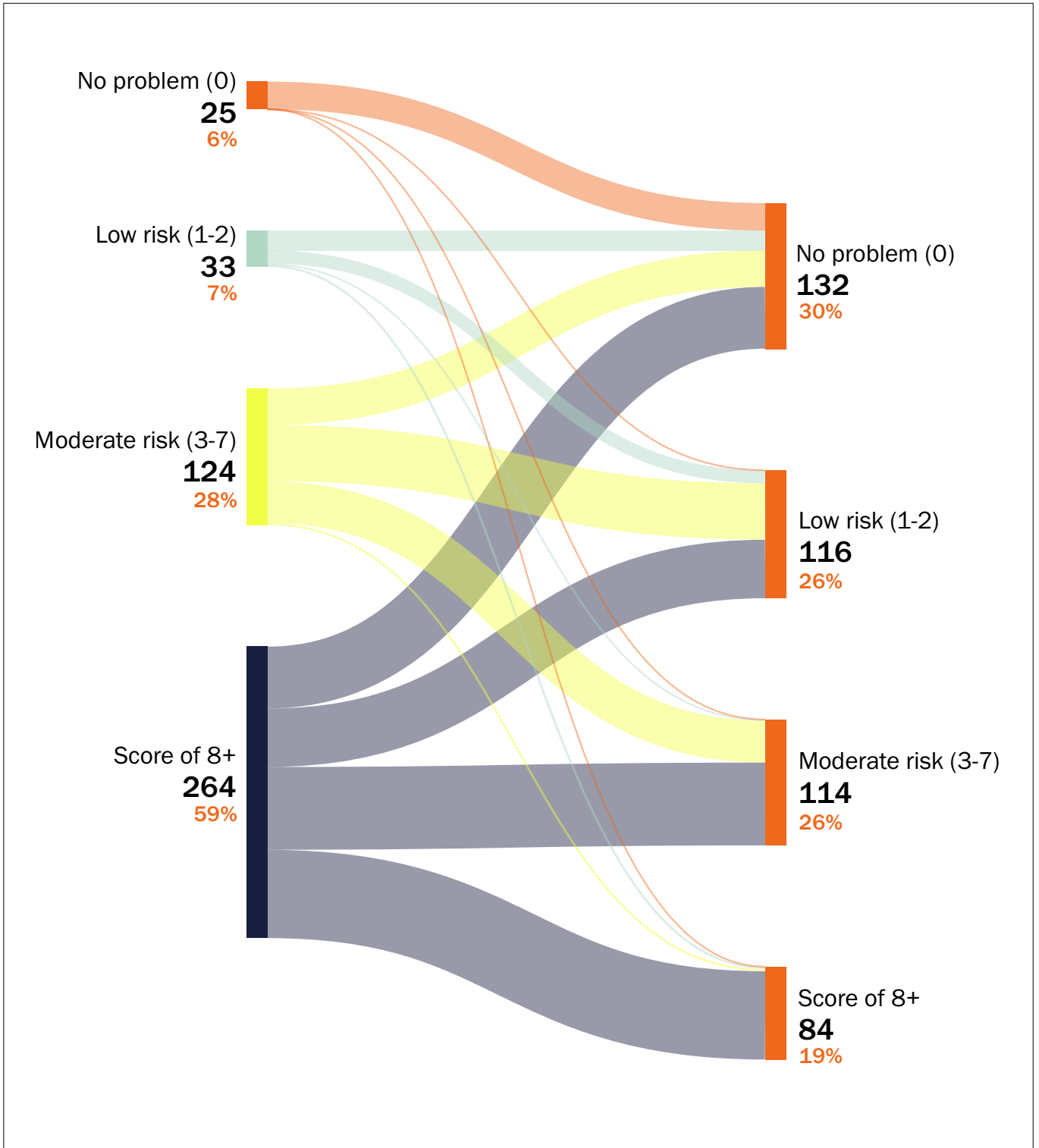
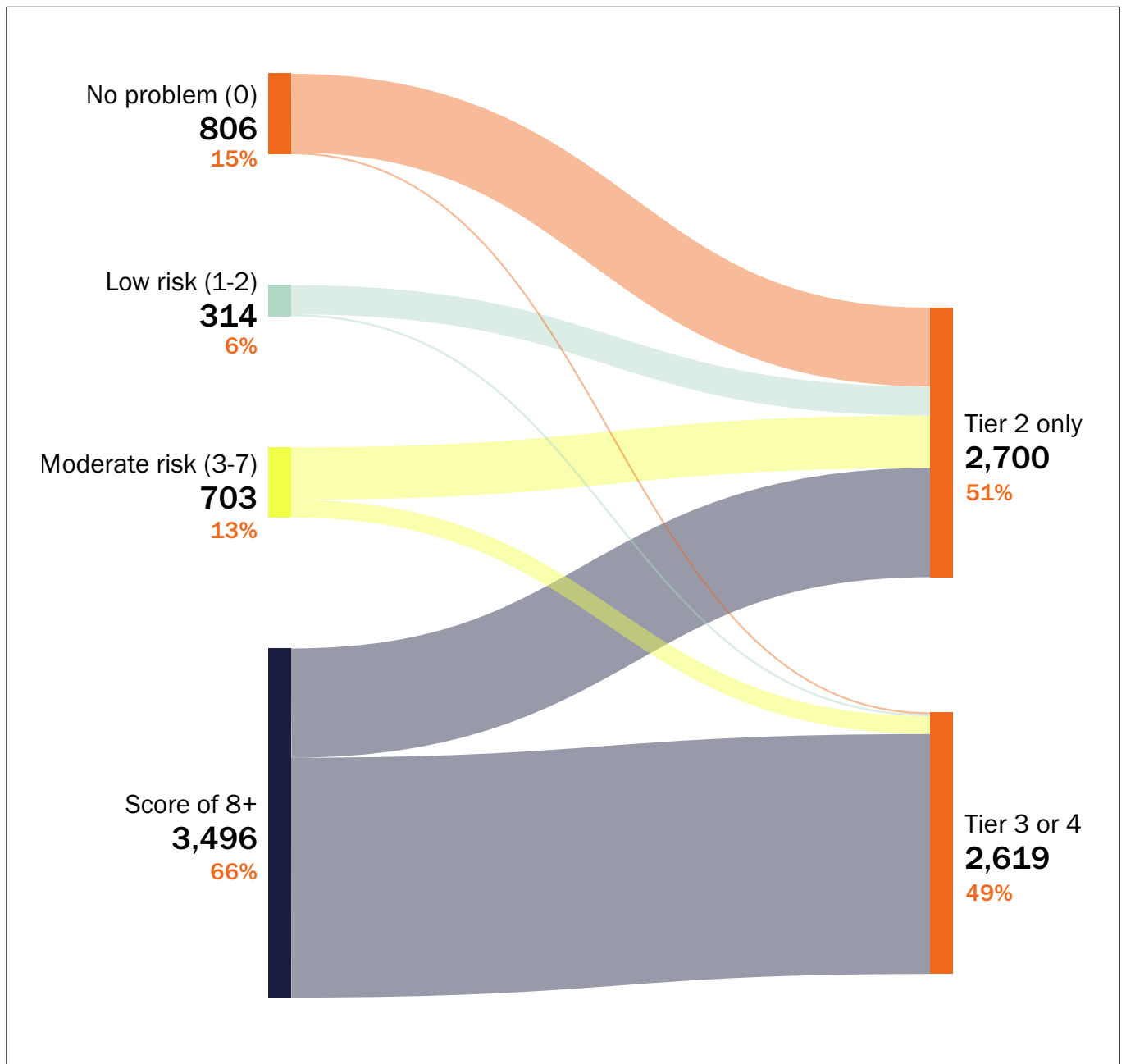


Table 3: Measures of gambling severity by type of treatment received

	Tier 2 only		Tier 2 + Tier 3/4	
	Mean	Median	Mean	Median
Time spent gambling – last 30 days (days)	9	6	16	15
PGSI score*	7	5	16	16
CORE-10 score**	10	8	18	17

*See section 13.2, **See section 13.3.

Figure 3: Movement between Tier 2 and Tier 3/4 by earliest PGSI score (n=5,319)



The remainder of this report relates to the 7,463 clients receiving Tier 3 or 4 treatment and is therefore comparable to previous year's reports.

11. Clients receiving Tier 3 or 4 treatment in 2023/24

11.1 Client characteristics

11.1 Number of clients

A total of 7,463 clients were reported as receiving Tier 3 or 4 treatment from NGSN providers in 2023/24. A total of 6,451 (86%) were residents of England, 213 (3%) of Scotland and 445 of Wales (6%), with 4.7% having unknown region of residence. Most of these clients were people who gamble (6,225; 83%), with 1,112 (15%) being 'affected others'. A small number of referrals (103, 1.4%) related to clients who were not people who gamble but who considered themselves at risk of developing a gambling problem (see section 6). This information was not known for a further 23 clients. Over one quarter (29%) of clients seen in 2023/24 were for recurring treatment (clients previously seen by the reporting service or another service).

11.1.2 Age and gender of clients

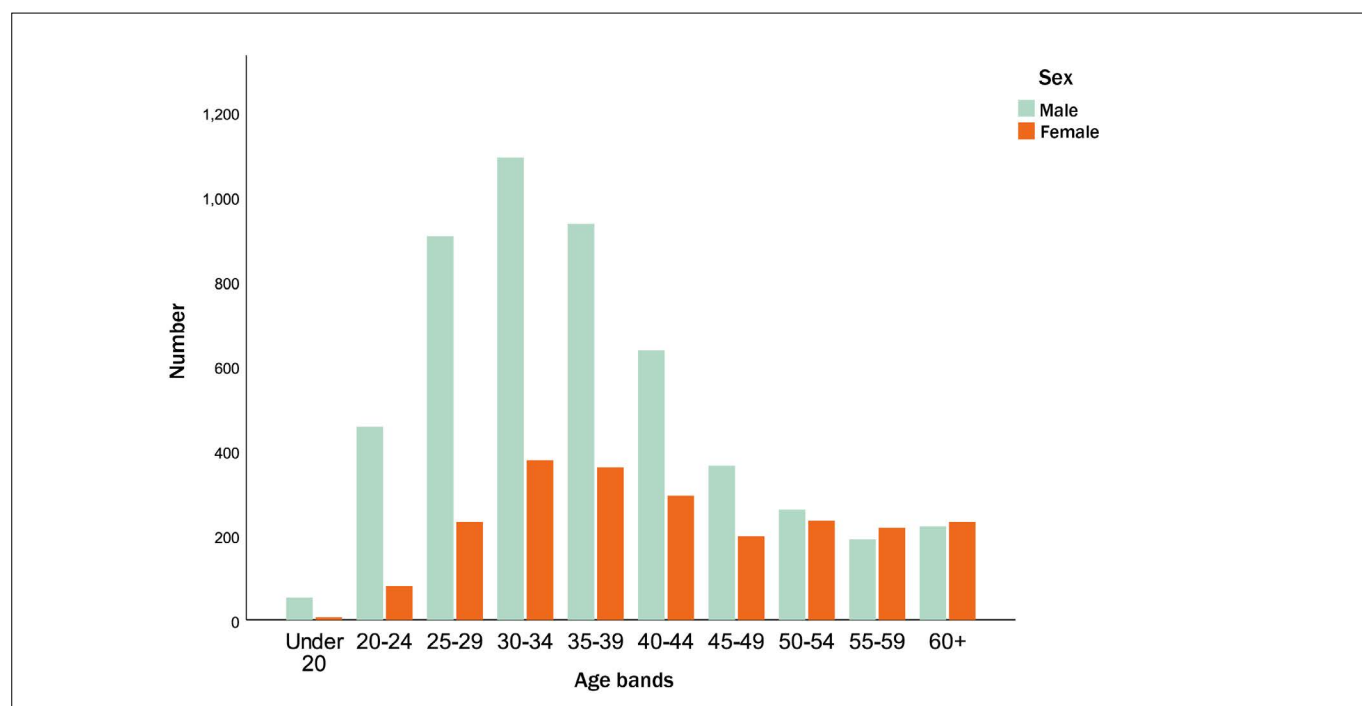
Clients had a median age of 36 years at the point of referral, with three quarters (75%) aged 45 years or younger. The most common age bands of clients were 30-34 (20%) and 35-39 (18%) age bands (Table 4). Non-gambling clients had a higher median age of 41 years and were more likely than people who gamble to be in the over 50 age bands (Table 5). Most of the clients (70%) were male. This compares to 49% in the general population of England and Wales¹⁰. Ten clients (0.1%) identified as a gender other than male or female (transgender, genderqueer or an unspecified additional gender category). The distribution of age differed by gender (Table 4 and Figure 4), with females being more evenly age distributed, including a greater proportion in all higher age groups (40+) compared to males. This resulted in a higher median age of 40 years for females compared to 35 years for males. Gender differed considerably by type of client (Table 6) with 79% of people who gamble being male compared to only 24% of other clients.

Table 4: Age and gender of clients*

		Male			Female			Total	
		N	Col %	Row %	N	Col %	Row %	N	Col %
Age bands	< 20	52	1.0%	89.7%	6	0.3%	10.3%	58	0.8%
	20-24	456	8.9%	85.1%	79	3.6%	14.8%	535	7.3%
	25-29	906	17.7%	79.5%	231	10.4%	20.3%	1137	13%
	30-34	1092	21.4%	74.2%	377	16.9%	25.7%	1469	20.0%
	35-39	935	18.3%	72.1%	360	16.2%	27.8%	1295	17.7%
	40-44	636	12.4%	68.5%	293	13.2%	31.5%	929	12.7%
	45-49	364	7.1%	64.7%	197	8.9%	35.1%	561	7.6%
	50-54	260	5.1%	52.6%	234	10.5%	47.4%	494	6.7%
	55-59	190	3.7%	46.7%	217	9.8%	53.3%	407	5.5%
	60+	221	4.3%	48.9%	231	10.4%	51.1%	452	6.2%
	Total*	5112	100.0%	69.6%	2225	100.0%	30.3%	7337	100.0%
	Missing	4			1			5	
Total clients	5116			2226			7342		

*Categories of gender with less than 100 clients were excluded from this table. See section 13 for full categories.

¹⁰Office for National Statistics. Census 2021.

Figure 4: Age of clients at the point of referral, by gender**Table 5: Age bands by type of client**

		Gambling clients			Other clients		
		N	%	Cum. %	N	%	Cum. %
Age bands	< 20	52	0.8%	0.8%	6	0.5%	0.8%
	20-24	503	8.1%	8.9%	42	3.4%	3.9%
	25-29	1016	16.4%	25.3%	141	11.4%	15.3%
	30-34	1290	20.8%	46.1%	198	16.0%	31.3%
	35-39	1143	18.4%	64.5%	171	13.8%	45.1%
	40-44	777	12.5%	77.0%	161	13.0%	58.1%
	45-49	477	7.7%	84.7%	92	7.4%	65.5%
	50-54	377	6.1%	90.8%	125	10.1%	75.6%
	55-59	289	4.7%	95.5%	126	10.2%	85.8%
	60+	282	4.5%	100.0%	176	14.2%	100.0%
	Total*	6206	100.0%		1238	100.0%	
	Missing	19			0		
Total clients	6225			1238			

Table 6: Gender by type of client*

	Gambling clients		Other clients	
	N	%	N	%
Male	4826	78.9%	290	23.7%
Female	1294	21.1%	932	76.3%

*Categories of gender with less than 100 clients were excluded from this table. See section 13 for full categories

11.1.3 Ethnicity of clients

Ninety percent of clients were from a White ethnic background (Table 7), including 82% White British and 5% White European. The next most common ethnic backgrounds were Asian or Asian British (5%), Black or Black British (2.9%) and Mixed (2.0%). This compares to national (England and Wales) proportions¹¹ of 82% White or White British, 9% Asian or Asian British, 4% Black or Black British and Mixed (3%).

Although no large differences existed between genders within categories defined by ethnicity (Table 8), a higher proportion of male clients were Asian or Asian British compared to female clients of the same ethnicity (6% compared to 3.8%).

Table 7: Client ethnicity

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
White or White British	British	4908	82.8%	926	79.3%	5834	82.2%
	Irish	46	0.8%	12	1.0%	58	0.8%
	European	276	4.7%	57	4.9%	333	4.7%
	Other	92	1.6%	52	4.5%	144	2.0%
Black or Black British	African	83	1.4%	16	1.4%	99	1.4%
	Caribbean	65	1.1%	4	0.3%	69	1.0%
	Other	32	0.5%	9	0.8%	41	0.6%
Asian or Asian British	Bangladeshi	20	0.3%	5	0.4%	25	0.4%
	Indian	120	2.0%	30	2.6%	150	2.1%
	Pakistani	59	1.0%	5	0.4%	64	0.9%
	Chinese	17	0.3%	7	0.6%	24	0.3%
Mixed	Other	90	1.5%	18	1.5%	108	1.5%
	White and Asian	24	0.4%	4	0.3%	28	0.4%
	White and Black African	23	0.4%	4	0.3%	27	0.4%
	White and Black Caribbean	40	0.7%	9	0.8%	49	0.7%
Other ethnic group	Other	29	0.5%	7	0.6%	36	0.5%
		6	0.1%	2	0.2%	8	0.1%
	Total	5930	100.0%	1167	100.0%	7097	100.0%
	Missing/Not Stated		295		71		366
	Total clients	6225		1238		7463	

¹¹Office for National Statistics. Census 2021.

Table 8: Ethnicity by gender

	Male			Female		
	N	Col %	Row %	N	Col %	Row %
White or White British	4409	89.3%	69.5%	1939	90.6%	30.5%
Black or Black British	146	3.0%	69.9%	63	2.9%	30.1%
Asian or Asian British	288	5.8%	77.8%	82	3.8%	22.2%
Mixed or Multiple	88	1.8%	63.3%	51	2.4%	36.7%
Other Ethnic Group	4	0.1%	50.0%	4	0.2%	50.0%
Total	4935	100.0%		2139	100.0%	
Missing/not known/not stated	181			87		
Total clients	5116			2226		

11.1.4 Relationship status of clients

Most clients were in a relationship (40%) or married (26%). A further 28% were single, 3.7% were separated and 1.6% divorced (Table 9).

Table 9: Relationship status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
In relationship	2196	40.8%	342	34.6%	2538	39.8%
Single	1662	30.8%	98	9.9%	1760	27.6%
Married/Civil Partnership	1213	22.5%	462	46.7%	1675	26.3%
Separated	192	3.6%	44	4.4%	236	3.7%
Divorced	78	1.4%	22	2.2%	100	1.6%
Widowed	47	0.9%	21	2.1%	68	1.1%
Total	5388	100.0%	989	100.0%	6377	100.0%
Missing/not known/not stated	837		249		1086	
Total clients	6225		1238		7463	

11.1.5 Employment status of clients

Most clients (70%) were employed (Table 10). People living with long-term disabilities/illness and not in work accounted for 13% of clients, followed by unemployed (10%), retired (2.3%), looking after family/home and not working (1.9%) and student (1.5%). Female clients were less likely to be employed than male clients (63% compared to 74% (Table 11) and more likely to be looking after family/home and not working (5% compared to 0.4%), long-term sick/disabled, and not in work (18% compared to 11%), or retired (4.4% compared to 1.3%). Employment levels for treatment clients compare broadly to UK population levels for the same period (72% female and 79% male), although these data are only provided for adults aged 16-64 and so exclude most retired individuals.¹²

¹²Source ONS census data

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes>

Table 10: Employment status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Employed	4138	70.2%	825	71.8%	4963	70.4%
Unemployed	651	11.0%	60	5.2%	711	10.1%
Student	90	1.5%	14	1.2%	104	1.5%
Long-term sick/disabled & not in work	808	13.7%	93	8.1%	901	12.8%
Looking after family/home and not working	75	1.3%	56	4.9%	131	1.9%
Not seeking work	20	0.3%	7	0.6%	27	0.4%
Volunteer	8	0.1%	3	0.3%	11	0.2%
Retired	88	1.5%	71	6.2%	159	2.3%
In prison	20	0.3%	20	1.7%	40	0.6%
Total	5898	100.0%	1149	100.0%	7047	100.0%
Missing/Not stated	327		89		416	
Total clients	6225		1238		7463	

Table 11: Employment status by gender

	Male		Female	
	N	%	N	%
Employed	3632	74.0%	1274	62.5%
Unemployed	544	11.1%	154	7.5%
Student	75	1.5%	28	1.4%
Long-term sick/disabled & not in work	517	10.5%	366	17.9%
Looking after family/home and not working	20	0.4%	109	5.3%
Not seeking work	13	0.3%	13	0.6%
Volunteer	5	0.1%	6	0.3%
Retired	66	1.3%	90	4.4%
In prison	39	0.8%	0	0.0%
Total	4911	100.0%	2040	100.0%
Missing/Not stated	205		186	
Total clients	5116		2226	

11.1.6 Sexual orientation of clients

Sexual orientation was specified by 60% of clients treated in 2023/24, Table 12. The majority, 96% identified as straight/heterosexual, 3.1% as lesbian, gay and/or homosexual, 1.3% as bisexual, and 0.1% as 'other'. Distributions were similar across gambling and other clients. This compares to national estimates of 97% straight/heterosexual, 1.7% as lesbian, gay and/or homosexual, 1.4% as bisexual, and 0.4% as other.¹³

Table 12: Sexual orientation of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Lesbian, gay or homosexual	125	3.3%	11	1.6%	136	3.1%
Heterosexual	3595	95.2%	656	97.0%	4251	95.5%
Bisexual	52	1.4%	8	1.2%	60	1.3%
Other	4	0.1%	1	0.1%	5	0.1%
Total	3776	100.0%	676	100.0%	4452	100.0%
Missing/not known/not stated	2449		562		3011	
Total clients	6225		1238		7463	

11.1.7 Responsibility for children

Forty two percent of clients reported being responsible for the care of children, with patterns similar across gambling and other clients.

Table 13: Responsibility for children

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Have responsibility for children	2266	41.7%	385	40.1%	2651	41.5%
Don't have responsibility for children	3136	57.8%	576	59.9%	3712	58.1%
Total	5429	100.0%	961	100.0%	6390	100.0%
Missing/not known/not stated	796		277		1073	
Total clients	6225		1238		7463	

¹³ONS Census 2021 – valid percentages calculated to exclude 'not known'.

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality>

11.1.8 Client religion

Religion was specified for 51% of clients treated in 2023/24 (Table 14). A majority (62%) of those who specified an answer reported no religion, with a higher proportion among gambling clients (70%) than other clients (62%).

A greater proportion of other clients than gambling clients were Christian (26% compared to 21%). This compares to population figures for England and Wales of 40% with no religion, 46% Christian, 7% Muslim and 7% other religions.¹⁴

Table 14: Client religion

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
No religion	2283	70.0%	340	62.4%	2623	68.9%
Christian	680	20.8%	144	26.4%	824	21.6%
Hindu	29	0.9%	11	2.0%	40	1.1%
Muslim	117	3.6%	26	4.8%	143	3.8%
Other religion*	140	4.3%	24	4.4%	164	4.3%
Total	3249	100.0%	545	100.0%	3794	100.0%
Missing/not known/not stated	2976		693		3669	
Total clients	6225		1238		7463	

*Buddhist, Jewish and Sikh subsumed into 'other religion' because of low numbers.

¹⁴Valid percentages calculated from Office for National Statistics. [UK 2021 census](#)

11.2 Gambling profile

Section 11.2 reports information collected only from clients who were defined as people who gamble by the NGSN.

11.2.1 Gambling locations

Up to 10 gambling activities are recorded for each gambling client and these are ranked in order of importance, with the first activity (activity 1) considered to be the primary contributor to the client's difficulties (as agreed between the client and provider keyworker). Gambling activities are grouped within the locations in which they take place. 51% of people who gamble reported one gambling activity, 27% reported two and 19% reported three or more.

The most frequently reported gambling location (Table 15) was online, with 70% of people who gamble identifying it as a notable location. Bookmakers were the next most reported, used by 35% of people who gamble, followed by casinos at 11%. No other locations were reported by more than 10% of people who gamble, although adult entertainment centres were reported by 7% and miscellaneous (such as lottery, scratch-cards and football pools) by 6%.

Table 15 also shows the location of main gambling activity (ranked as number one), within which online services are the most common (62%), followed by bookmakers (22%). These two locations account for the majority of main gambling activities, at 84%.

Table 15: Location of gambling activity reported in 2023/24

	All gambling locations reported*	%	Main gambling location	%
Online	4235	69.6%	3790	62.2%
Bookmakers	2117	34.8%	1338	22.0%
Casino	658	10.8%	243	4.0%
Adult Entertainment Centre	400	6.6%	222	3.6%
Miscellaneous	383	6.3%	150	2.5%
Pub	267	4.4%	112	1.8%
Bingo Hall	153	2.5%	51	0.8%
Other	143	2.3%	100	1.6%
Live Events	130	2.1%	27	0.4%
Family Entertainment Centre	108	1.8%	39	0.6%
Private Members Club	24	0.4%	12	0.2%
Total responding	6084		6084	
Missing	141		141	
Total people who gamble	6225		6225	

*Totals add up to more than 100% as clients can report multiple gambling locations

11.2.2 Gambling activities

Table 16 shows the number reporting each gambling activity, as a proportion of people who gamble overall and within specific gambling locations.

Note that the location totals may not match those in Table 15 because more than one activity per location can be reported.

Table 16: Gambling activities, grouped by location

Location	Activity	N	% among people who gamble	% within location
Bookmakers	Fixed Odds Gaming Machine	788	13.0%	37.2%
	Sports or other event	676	11.1%	31.9%
	Gaming Machine (other)	609	10.0%	28.8%
	Horses	466	7.7%	22.0%
	Dogs	228	3.7%	10.8%
	Other	236	3.9%	11.1%
Bingo premises	Gaming Machine (Other)	92	1.5%	60.1%
	Live draw	39	0.6%	25.5%
	Terminal	11	0.2%	7.2%
	Skill Machine	10	0.2%	6.5%
	Other	33	0.5%	21.6%
Casino	Roulette	271	4.5%	41.2%
	Fixed Odds Gaming Machine	168	2.8%	25.5%
	Gaming Machine (other)	159	2.6%	24.2%
	Non-poker card games	82	1.3%	12.5%
	Poker	75	1.2%	11.4%
	Other	128	2.1%	19.5%
Live events	Sports or other event	71	1.2%	10.8%
	Horses	59	1.0%	9.0%
	Dogs	34	0.6%	5.2%
	Other	15	0.2%	2.3%
Adult Entertainment Centre (18+ arcade)	Fixed Odds Gaming Machine	162	2.7%	24.6%
	Gaming Machine (other)	236	3.9%	35.9%
	Skill prize machines	7	0.1%	1.1%
	Other	24	0.4%	3.6%
Family Entertainment Centre (arcade)	Gaming Machine (other)	53	0.9%	8.1%
	Fixed Odds Gaming Machine	48	0.8%	7.3%
	Skill prize machines	2	0.0%	0.3%
	Other	12	0.2%	1.8%

Location	Activity	N	% among people who gamble	% within location
Pub	Gaming Machine (other)	248	4.1%	92.9%
	Sports	9	0.1%	3.4%
	Poker	5	0.1%	1.9%
	Other	16	0.3%	6.0%
Online	Casino (slots)	2503	41.1%	59.1%
	Sports events	989	16.3%	23.4%
	Casino (table games)	659	10.8%	15.6%
	Horses	323	5.3%	7.6%
	Betting exchange	199	3.3%	4.7%
	Financial Markets	220	3.6%	5.2%
	Bingo	175	2.9%	4.1%
	Within video games	105	1.7%	2.5%
	Virtual sports betting	86	1.4%	2.0%
	Poker	84	1.4%	2.0%
	Dogs	73	1.2%	1.7%
	Scratchcards	45	0.7%	1.1%
	eSports betting	39	0.6%	0.9%
	Spread betting	22	0.4%	0.5%
	Other	275	4.5%	6.5%
Miscellaneous	Scratchcards	225	3.7%	58.7%
	Lottery (National)	84	1.4%	21.9%
	Football pools	52	0.9%	13.6%
	Service station gaming machine	33	0.5%	8.6%
	Lottery (other)	39	0.6%	10.2%
	Private/organised games	14	0.2%	3.7%
Private members club	Gaming Machine	11	0.2%	45.8%
	Poker	6	0.1%	25.0%
	Non-poker card games	3	0.0%	12.5%
	Other	6	0.1%	25.0%
Other Location	Gaming Machine (other)	143	2.4%	
Total	Fixed Odds Gaming Machine	6084		
Missing	Skill prize machines	141		
Total people who gamble	Other	6225		

*Column %s may add up to > 100% because more than one activity can be reported.

Within online services, casino slots were the most reported individual activity, reported by 41% of people who gamble overall, followed by sporting events (16%) and casino table games (11%). Within bookmakers, gaming machines were the most common form of gambling, used by 23% of people who gamble, followed by sporting events (10%) and horses (8%).

11.2.3 Gambling history

The median age of onset of problem gambling reported by clients was 24 years, although this was highly variable. One quarter (1,408) reported problem gambling starting by the age of 18 years and three quarters by age 32. At the point of presentation to gambling services, a median of 10 years of gambling was reported. Again, this was highly variable. One quarter reported problem gambling for up to 5 years and three quarters for up to 18 years. Figure 5 and Figure 6 show the distributions of age of onset and length of time gambling. Spikes in these distributions are likely to represent the rounding of answers to milestone years (e.g., rounding onset to age 30 and number of years gambling to 10 years).

Figure 5: Distribution of age of onset of gambling

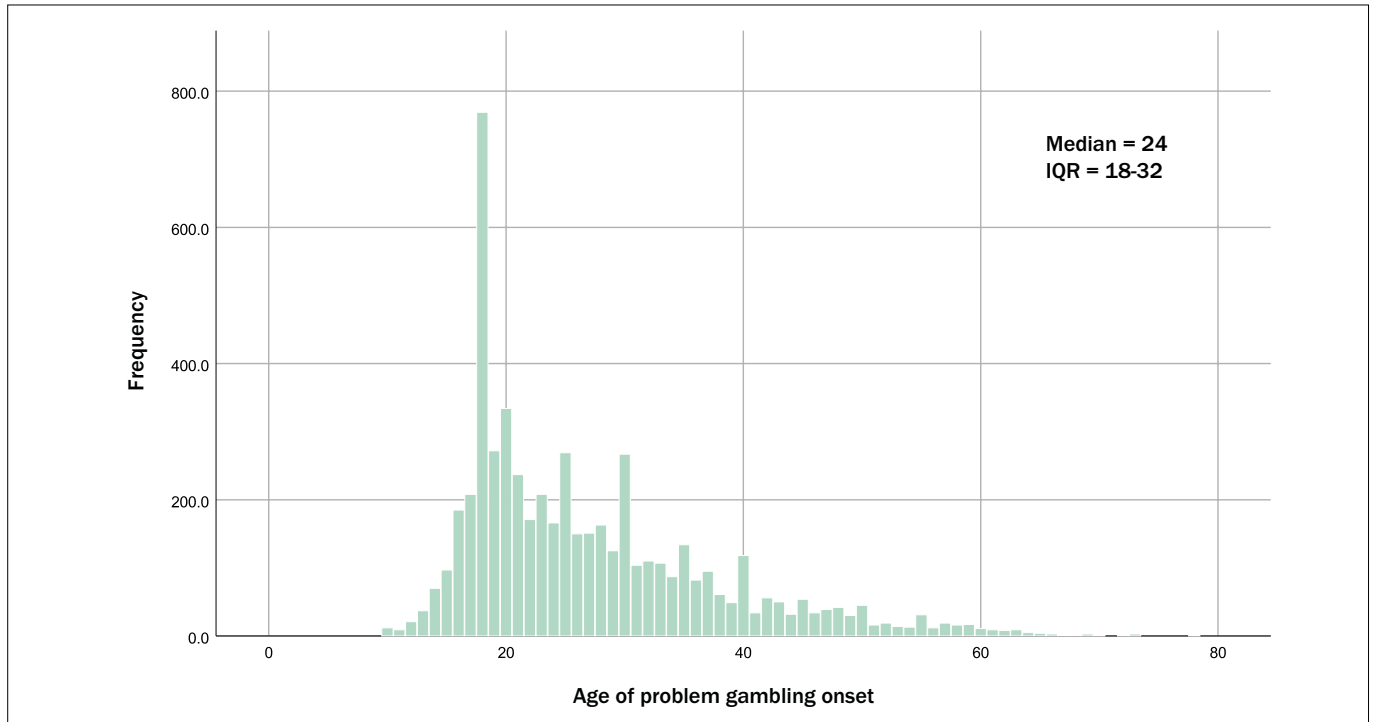
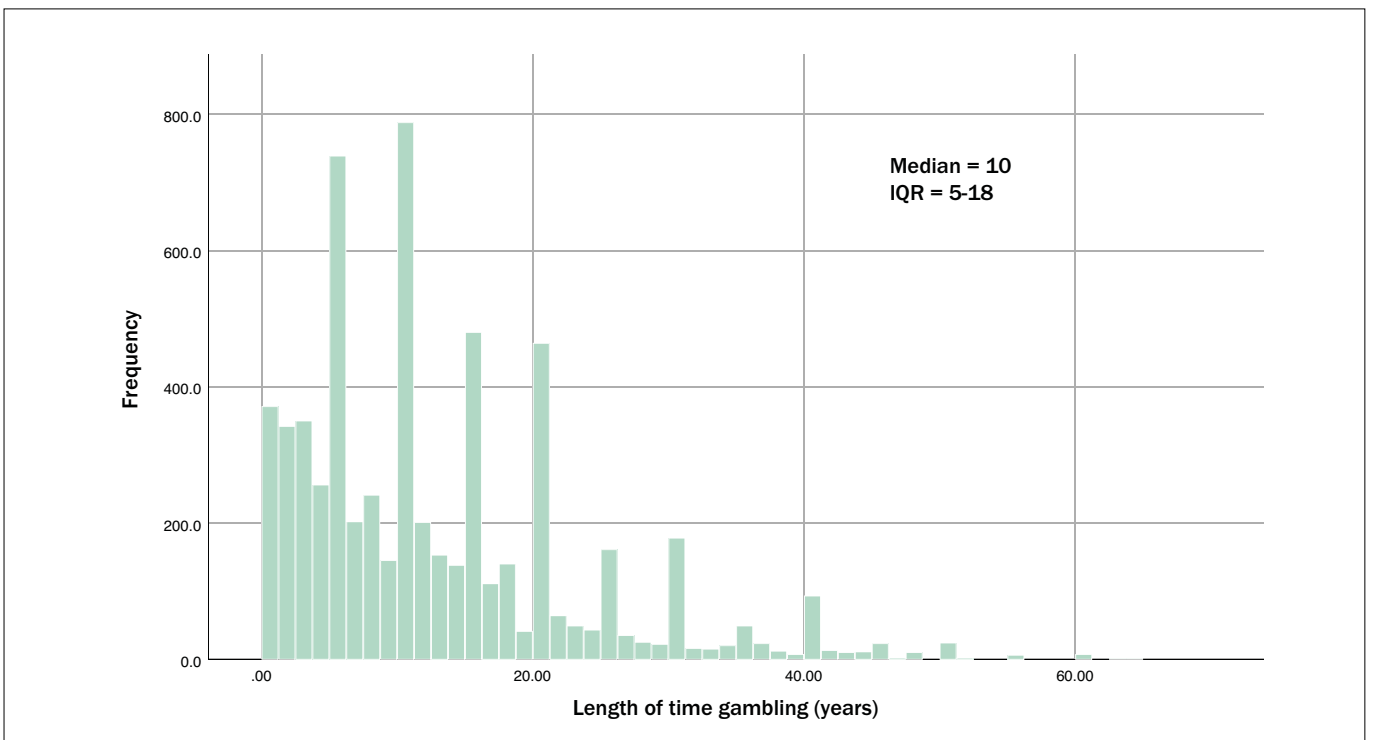


Figure 6: Distribution of length of time gambling prior to presentation



The DRF contains a number of measures of detrimental outcomes of gambling, some of which are not presented here in table form, but summarised as follows. A majority of people who gamble (64%) had experienced an early big win. Job loss (because of gambling) was reported by 11% (12% for males, 6% for females) and relationship loss by 24% (27% for males, 13% for females). About one third of people who gamble (34%) had no debt due to gambling at the time of assessment (Table 17). 24% had debts under £5,000 and 42% had debts of £5,000 or more.

Table 17: Debt due to gambling

	N	%	Cum. %
No debt	1964	34.0%	34.0%
Under £5000	1388	24.1%	58.1%
£5000 - £9,999	647	11.2%	69.3%
£10,000 - £14,999	374	6.5%	75.8%
£15,000 - £19,999	241	4.2%	80.0%
£20,000 - £29,999	292	5.1%	85.0%
£30,000 - £49,999	251	4.4%	89.4%
£50,000 - £99,999	151	2.6%	92.0%
£100,000 or more	66	1.1%	93.1%
Bankruptcy	20	0.3%	93.5%
In an Individual Voluntary Arrangement (IVA)	78	1.4%	94.8%
Unsure of amount	298	5.2%	100.0%
Total	5770		
Missing/not stated	455		
Total people who gamble	6225		

A greater proportion of those reporting a loss of relationship through gambling (Table 18) reported using bookmakers (50% compared to 30% of those not reporting loss), whereas a greater proportion of those reporting no loss of relationship through gambling reported using online services (72% compared to 64% of those who did report a loss).

Table 18: Gambling location by relationship loss

	Relationship loss		No relationship loss	
	N	%	N	%
Bookmakers	706	49.7%	1297	29.4%
Bingo premises	50	3.5%	84	1.9%
Casino	231	16.3%	380	8.6%
Live Events	57	4.0%	62	1.4%
Adult Entertainment Centre (18+ arcade)	92	6.5%	285	6.5%
Family Entertainment Centre (arcade)	26	1.8%	71	1.6%
Pub	86	6.1%	162	3.7%
Online	913	64.3%	3172	71.9%
Miscellaneous	76	5.3%	286	6.5%
Private Members Club	9	0.6%	12	0.3%
Other	19	1.3%	119	2.7%
Total	1421	100.0%	4414	100.0%

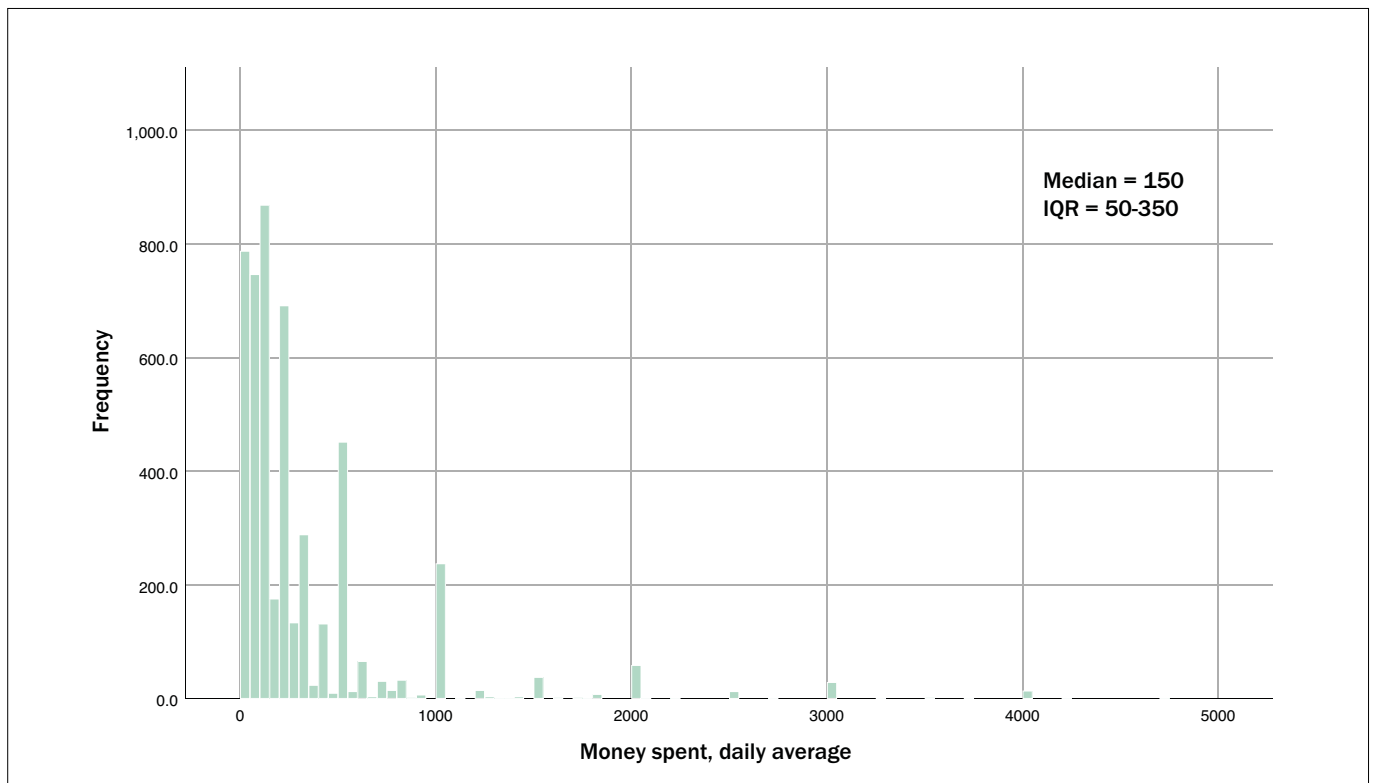
11.2.4 Money spent on gambling

Clients who gamble reported gambling on a median of 15 days in the last 30 and spending a median of £150 per gambling day in the previous 30 days before assessment. The mean value of £387 per day demonstrates that some people who gamble spent at considerably higher levels. Almost half (48%) spent less than £100 per gambling day in the previous 30 days before assessment (Table 19), 18% spent between £100 and £200, 21% spent between £200 and £500 and 13% spent over £500. These figures are consistent with those from previous years.

Table 19: Average spend on gambling days

	N	%	Cum. %
Up to £100	2358	47.8%	47.8%
£101 to £200	906	18.4%	66.2%
£201 to £300	419	8.5%	74.7%
£301 to £400	156	3.2%	77.9%
£401 to £500	463	9.4%	87.3%
£501 to £1000	401	8.1%	95.4%
£1001 to £2000	130	2.6%	98.1%
Over £2000	96	1.9%	100.0%
Total	4929		
Missing	1296		
Total people who gamble	6225		

Figure 7: Distribution of average daily spend on gambling (capped at £5k)



In the preceding month, people who gamble reported spending a median of £1,000 and a mean of £1,944 on gambling (Figure 7), consistent with the previous two years (£1,000 and £2,288 in 2021/2022, and £1,000 and £2,215 in 2022/2023 respectively). Sixty one percent of people who gamble spent up to £1,000 in the preceding month (Table 20), while 17% reported spending over £2,000 in the preceding month. This again was broadly consistent with previous years.

Table 20: Reported spend on gambling in month preceding treatment

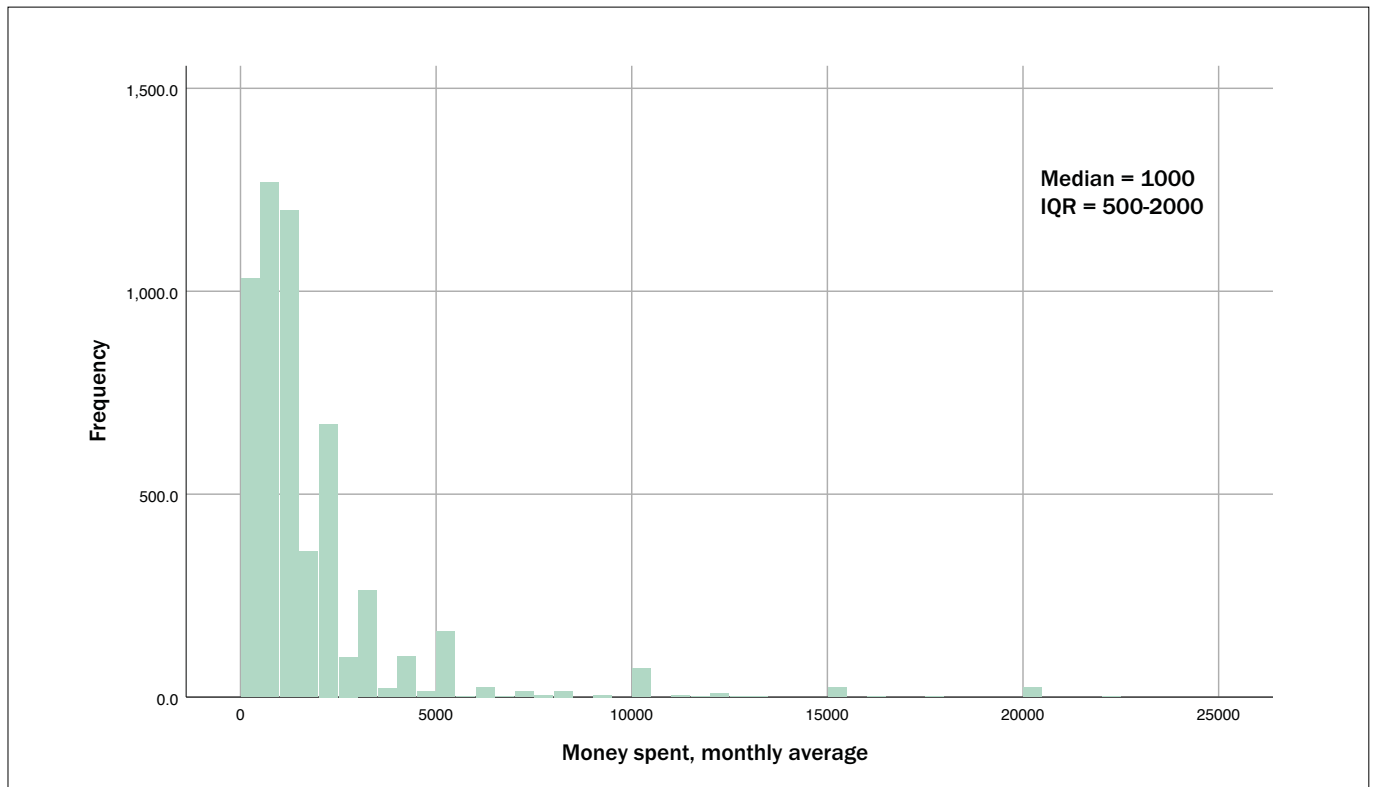
	N	%
Up to £100	172	3.2%
Up to £200	255	4.7%
Up to £300	294	5.4%
Up to £400	283	5.2%
Up to £500	575	10.6%
Up to £1000	1717	31.7%
Up to £2000	1218	22.5%
Over £2000	897	16.6%
Total	5411	
Missing	814	
Total people who gamble	6225	

Mean values and the range of spend differed considerably between those reporting different gambling locations (Table 21), 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, private members clubs and 'other' locations. These means can be affected by outliers (extreme individual values) but the median values were also relatively high for private members' clubs (£300). The median value lower for online services (£150) than most other locations (£200). Average (mean) monthly spend was particularly elevated among those using private members clubs' and 'other' services, but also among those using casinos and live events.

Table 21: Money spent on average gambling days and in the past month, by people who gamble reporting each gambling location

	Average spend per gambling day (£)		Spend in past month (£)	
	Mean	Median	Mean	Median
Bookmakers	347	200	1640	1000
Bingo premises	436	200	1646	1000
Casino	513	200	2071	1000
Live Events	509	200	2236	1000
Adult Entertainment Centre (18+ arcade)	345	200	1449	1000
Family Entertainment Centre (arcade)	268	200	1418	950
Pub	297	100	1466	970
Online	340	150	1816	1000
Miscellaneous	197	100	1255	600
Private Members Club	542	300	3249	1000
Other	564	200	2805	1000

Figure 8: Distribution of spend on gambling in last month (capped at £25k)



11.2.5 Gambling location by age

Table 22 shows that use of bingo premises, adult entertainment centres (18+ arcades) and pubs was more commonly reported by those in older age categories, whereas use of online services is clearly related to age, being more popular among younger age bands. The proportions using bookmakers was relatively even in all age bands over 25 years.

Table 22: Gambling locations by age group

	Age bands								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Bookmakers	21.7%	32.9%	36.5%	37.2%	36.8%	37.9%	33.7%	37.3%	38.5%
Bingo premises	1.6%	0.8%	1.3%	2.3%	4.0%	3.7%	4.3%	5.8%	4.8%
Casino	13.2%	11.0%	10.2%	10.8%	12.9%	10.6%	7.6%	9.4%	8.1%
Live Events	1.8%	3.2%	2.9%	1.7%	2.0%	0.6%	1.4%	2.5%	0.7%
Adult Entertainment Centre (18+ arcade)	3.8%	3.6%	3.7%	6.3%	7.8%	9.9%	12.8%	12.0%	14.8%
Family Entertainment Centre (arcade)	1.3%	0.9%	1.2%	1.7%	2.0%	3.9%	3.3%	2.2%	2.6%
Pub	3.8%	2.3%	2.8%	5.1%	5.4%	6.7%	6.5%	6.9%	5.2%
Online	84.6%	79.3%	72.8%	70.9%	67.6%	57.3%	56.8%	53.3%	42.2%
Miscellaneous	4.2%	4.5%	5.3%	6.0%	6.6%	8.4%	11.4%	9.4%	8.1%
Private Members Club	0.5%	0.3%	0.3%	0.3%	0.5%	0.6%	0.0%	1.1%	0.4%
Other	4.5%	2.8%	2.0%	2.2%	2.2%	1.1%	2.2%	1.4%	1.9%
Total people who gamble*	553	1001	1275	1122	759	464	368	276	270

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

11.2.6 Gambling location by gender

A lower proportion of women who gamble reported using bookmakers (11% compared to 41% males who gamble) or casinos (7% compared to 12%), or live events (0.9% compared to 2.5%), whereas a higher proportion reported using bingo premises (7% compared to 1.3%), online services (77% compared to 68%) or miscellaneous activities (11% compared to 5%).

Table 23: Gambling location by gender

	Male		Female	
	N	%	N	%
Bookmakers	1961	41.3%	135	10.8%
Bingo premises	61	1.3%	90	7.2%
Casino	568	12.0%	83	6.6%
Live Events	118	2.5%	11	0.9%
Adult Entertainment Centre (18+ arcade)	268	5.6%	124	9.9%
Family Entertainment Centre (arcade)	74	1.6%	31	2.5%
Pub	232	4.9%	32	2.6%
Online	3207	67.6%	962	76.8%
Miscellaneous	238	5.0%	143	11.4%
Private Members Club	20	0.4%	4	0.3%
Other	107	2.3%	34	2.7%
Total people who gamble*	4746		1252	

*Categories of gender with less than 100 people who gamble were excluded from this table. See section 13 for available categories.

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

11.2.7 Gambling location by ethnic group

Some considerable differences were evident between the gambling locations reported by different ethnic groups (Table 24). Compared to White or White British people, a higher proportion of people who identified as Black or Black British reported using bookmakers (40% compared to 34%) or casinos (23% compared to 9%); a higher proportion of those who identified as Asian or Asian British also reported using bookmakers (42%) or casinos (25%). Use of online services was highest among those identifying as White or White British (71%).

Table 24: Gambling location by ethnic group

	White or White British		Black or Black British		Asian or Asian British		Mixed	
	N	%	N	%	N	%	N	%
Bookmakers	1786	34.3%	72	40.7%	127	41.8%	50	43.1%
Bingo premises	139	2.7%	1	0.6%	1	0.3%	7	6.0%
Casino	486	9.3%	41	23.2%	77	25.3%	21	18.1%
Live Events	113	2.2%	3	1.7%	4	1.3%	2	1.7%
Adult Entertainment Centre (18+ arcade)	347	6.7%	14	7.9%	15	4.9%	8	6.9%
Family Entertainment Centre (arcade)	95	1.8%	1	0.6%	8	2.6%	0	0.0%
Pub	244	4.7%	0	0.0%	9	3.0%	2	1.7%
Online	3676	70.5%	102	57.6%	180	59.2%	78	67.2%
Miscellaneous	338	6.5%	7	4.0%	12	3.9%	14	12.1%
Private Members Club	23	0.4%	0	0.0%	1	0.3%	0	0.0%
Other	124	2.4%	5	2.8%	7	2.3%	3	2.6%
Total people who gamble*	5211	100.0%	177	100.0%	304	100.0%	116	100.0%

*Categories of ethnic group with less than 100 people who gamble were excluded from this table. See section 13 for available categories.

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

11.2.8 Gambling location by employment status

Use of bingo premises (6%), adult entertainment centres (18+ arcades) (13%), family entertainment centres (4%), pubs (8%) and miscellaneous activities (13%) was higher among those defined as long-term living with a disability or sickness and not in work than among those who were employed or unemployed (Table 25), with use of online services the lowest (56). Use of online services was highest (72%) among those employed. Use of casinos was highest (17%) among those unemployed.

Table 25: Gambling location by employment status

	Employed		Unemployed		Long-term sick/disabled & not in work	
	N	%	N	%	N	%
Bookmakers	1423	34.7%	261	41.2%	276	36.5%
Bingo premises	64	1.6%	22	3.5%	46	6.1%
Casino	408	10.0%	108	17.0%	80	10.6%
Live Events	85	2.1%	22	3.5%	11	1.5%
Adult Entertainment Centre (18+ arcade)	203	5.0%	48	7.6%	100	13.2%
Family Entertainment Centre (arcade)	46	1.1%	18	2.8%	32	4.2%
Pub	156	3.8%	29	4.6%	60	7.9%
Online	2963	72.3%	415	65.5%	438	57.9%
Miscellaneous	200	4.9%	49	7.7%	95	12.5%
Private Members Club	17	0.4%	3	0.5%	2	0.3%
Other	96	2.3%	12	1.9%	11	1.5%
Total	4098	100.0%	634	100.0%	757	100.0%
Missing	865		77		144	
Total people who gamble*	4963		711		901	

*Categories of employment status with less than 100 people who gamble were excluded from this table. See section 13 for available categories.

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

11.2.9 Use of self-exclusion tools

Self-exclusion tools can be used by clients to place limits on their gambling activity. Self-exclusion involves a client requesting that a gambling operator excludes them from gambling with them for a set amount of time by for example blocking their online account or denying service at a bookmaker. 79% of gambling clients reported using a tool, though 20% stated that they had the ability to circumvent these.

Table 26: Use of self-exclusion tools

	N	%
Yes	3436	58.5%
Yes, but have ability to circumvent	1182	20.1%
No	1256	21.4%
Total*	5874	100.0%
Missing/not stated	351	
Total people who gamble	6225	

*Categories of ethnic group with less than 100 people who gamble were excluded from this table. See section 13 for available categories.

11.3 Access to services

11.3.1 Source of referral into treatment

Referrals can be made from a variety of sources, including those within the NGSN. Most referrals were from the National Gambling Helpline (54%), self-made (23%) or from the National Gambling Support Network (11%). Gordon Moody and 'other services or agencies' accounted for between 1% and 5% of referrals each (Table 27). Other sources accounted for less than 1% of referrals each. Source of referral was broadly comparable between people who gamble and other clients, though a greater proportion of people who gamble accessed the NGSN via the National Gambling Helpline and a greater proportion of other clients accessed via self-referral, GPs or the Primary Care Gambling Service.

Table 27: Referral source for clients treated in 2023/24, by type of client

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
National Gambling Helpline	3472	56.5%	540	44.0%	4012	54.4%
Self-Referral	1387	22.6%	326	26.5%	1713	23.2%
Partner Network	678	11.0%	147	12.0%	825	11.2%
Other service or agency	234	3.8%	110	9.0%	344	4.7%
Gordon Moody	84	1.4%	18	1.5%	102	1.4%
Primary Care Gambling Service (PCGS)	30	0.5%	39	3.2%	69	0.9%
GP	42	0.7%	20	1.6%	62	0.8%
Other Primary Health Care	50	0.8%	5	0.4%	55	0.7%
Prison	20	0.3%	20	1.6%	40	0.5%
Probation Service	26	0.4%	0	0.0%	26	0.4%
Social Services	21	0.3%	1	0.1%	22	0.3%
Mental Health NHS Trust	19	0.3%	0	0.0%	19	0.3%
Citizen's Advice	15	0.2%	0	0.0%	15	0.2%
Independent Sector Mental Health Services	13	0.2%	0	0.0%	13	0.2%
Voluntary Sector	12	0.2%	0	0.0%	12	0.2%
London Problem Gambling Clinic/CNWL	8	0.1%	0	0.0%	8	0.1%
Police	8	0.1%	0	0.0%	8	0.1%
Employer	5	0.1%	0	0.0%	5	0.1%
Drug Action Team/Drug Misuse Agency	4	0.1%	0	0.0%	4	0.1%
Carer	3	0.0%	1	0.1%	4	0.1%
Health Visitor	3	0.0%	1	0.1%	4	0.1%
Northern Gambling Service/LYPFT	3	0.0%	0	0.0%	3	0.0%
Jobcentre plus	3	0.0%	0	0.0%	3	0.0%
Courts	1	0.0%	0	0.0%	1	0.0%
Total	6141	100.0%	1228	100.0%	7369	100.0%
Missing/Not stated	84		10		94	
Total clients	6225		1238		7463	

11.3.2 Where client heard of service

This information is recorded for self-referred clients only. Internet searches accounted for 34% of cases, sources other than those specified for 33% of cases, family or friend for 17% and the GamCare website for 6% and 'other professional' for 5%. Having heard of the service via newspaper, radio, TV or social media was uncommon (<1% combined).

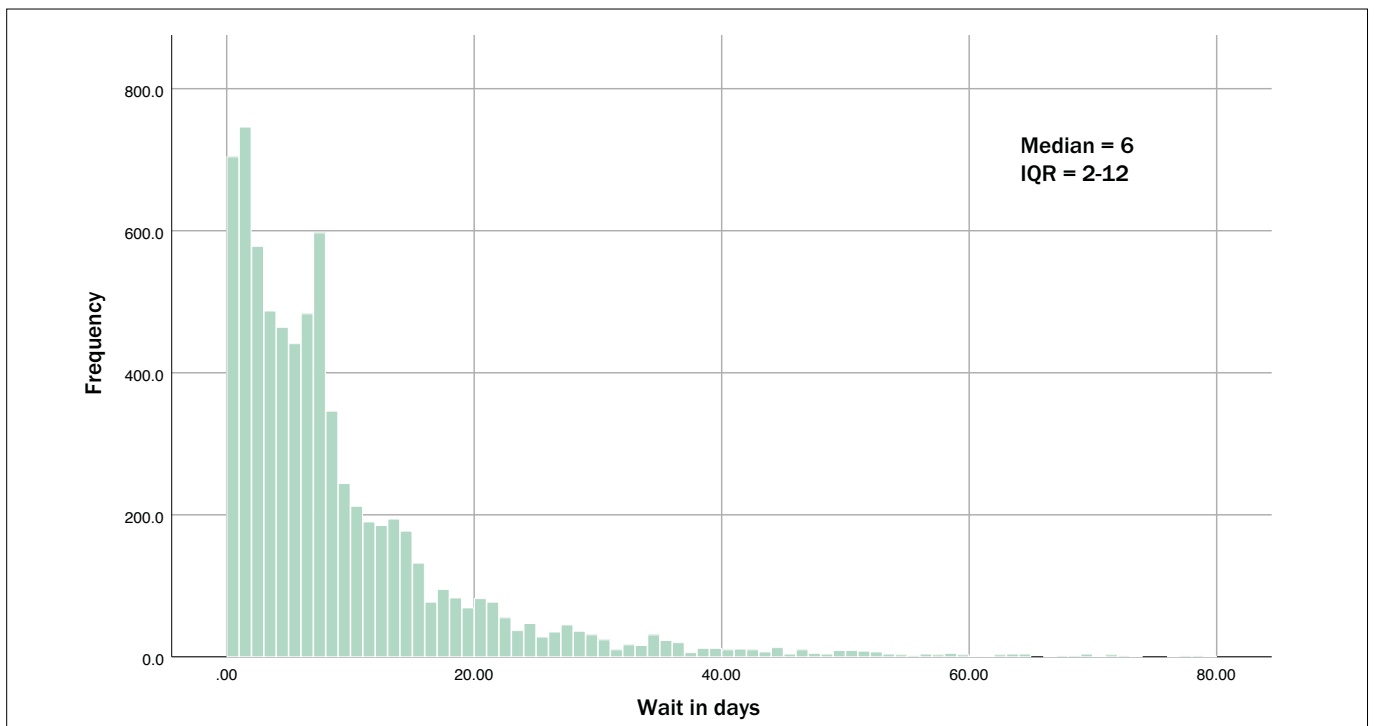
Table 28: Where client heard of service

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Internet search	478	35.4%	81	25.3%	559	33.5%
Other source	460	34.0%	96	30.0%	556	33.3%
Family or friend	178	13.2%	106	33.1%	284	17.0%
GamCare website	85	6.3%	14	4.4%	99	5.9%
Other professional	75	5.6%	12	3.8%	87	5.2%
Other website	27	2.0%	7	2.2%	34	2.0%
GambleAware website	19	1.4%	2	0.6%	21	1.3%
Other provider website	14	1.0%	2	0.6%	16	1.0%
Social Media	11	0.8%	0	0.0%	11	0.7%
TV/Radio/Newspaper	4	0.3%	0	0.0%	4	0.2%
Total	1351	100.0%	320	100.0%	1671	100.0%
Missing	36		6		42	
Total clients self-referred	1387		326		1713	

11.3.3 Waiting times for first appointment

Waiting time was calculated as the time between referral date and date of first recorded appointment. For clients treated during 2023/24, 50% had an appointment within 6 calendar days and 75% within 12 calendar days (this compares to 5 days and 9 days respectively in 2022/23). Waiting times for residential services were higher, with 50% of clients seen within 11 calendar days.

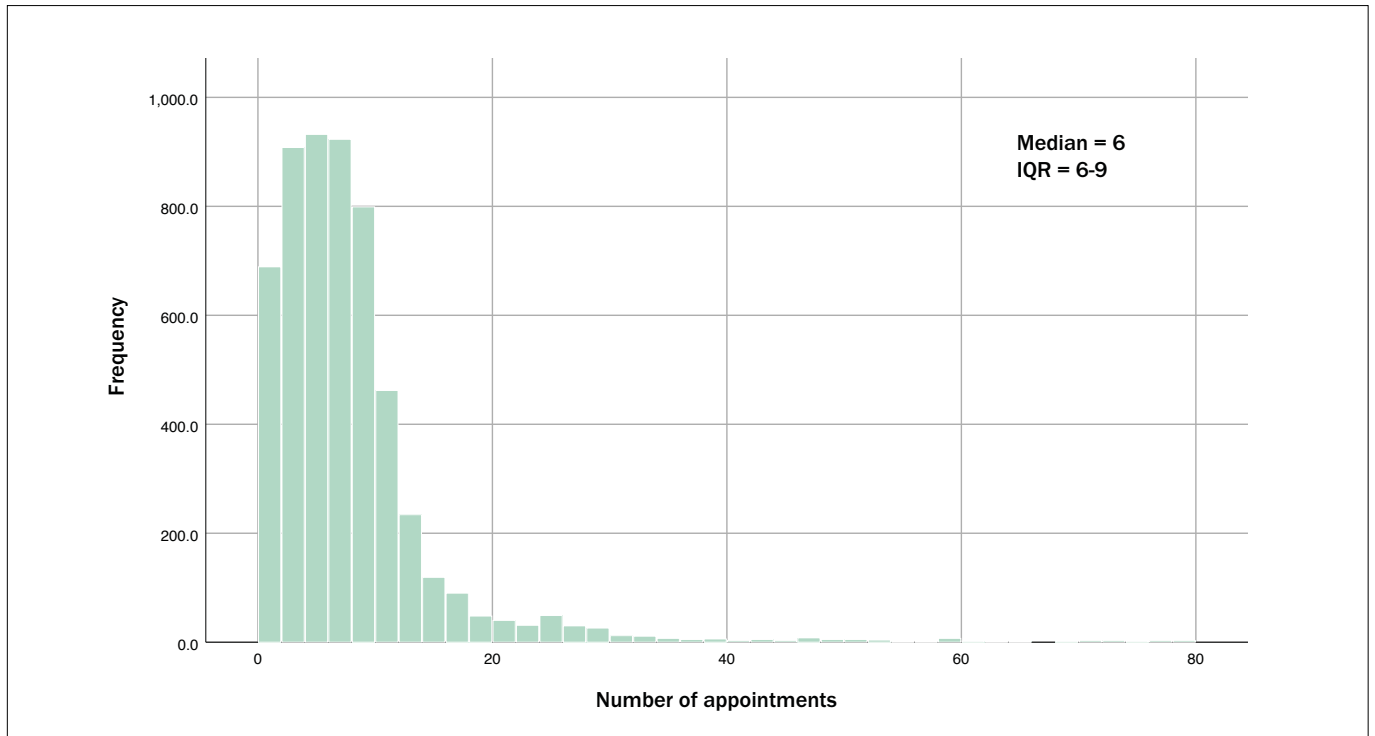
Figure 9: Distribution of days waited for first appointment



11.4 Engagement

A total of 55,845 appointments were recorded for clients treated in 2023/24. This represents a median of six appointments per client, for both people who gamble and other clients. Figure 10 shows the overall distribution of the number of appointments per client.

Figure 10: Distribution of number of appointments recorded per client



Most of these appointments (76%) were for the purpose of treatment, with 17% being for assessment and 3% for aftercare or formal structured follow-up after treatment completion (Table 29).

Table 29: Appointment purpose for clients treated in 2023/24

	Appointments received		Appointments received			
	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Treatment	30951	75.4%	4540	82.7%	35491	76.3%
Assessment	7218	17.6%	840	15.3%	8058	17.3%
Aftercare	1385	3.4%	9	0.2%	1394	3.0%
Review only	712	1.7%	10	0.2%	722	1.6%
Assessment and treatment	224	0.5%	33	0.6%	257	0.6%
Formal structured follow-up	250	0.6%	1	0.0%	251	0.5%
Other	137	0.3%	32	0.6%	169	0.4%
Extended Brief Intervention (EBI)	81	0.2%	13	0.2%	94	0.2%
Review and treatment	71	0.2%	13	0.2%	84	0.2%
Total	41029	100.0%	5491	100.0%	46520	100.0%
Missing/Not recorded	7895		1133		9028	
Total appointments	48924		6624		55548	

In this post-pandemic period, most (70%) appointments were still conducted remotely, by telephone (61%), web camera (8%) or other remote platform (0.3%). One third of appointments (31%) were conducted on a face-to-face basis.

Interventions received were most likely to be described as motivational interviewing (23%), structured psycho-social (22%), counselling (20%), or CBT (Cognitive Behavioural Therapy) (19%).

All other forms of intervention totalled a further 17% (Table 30).

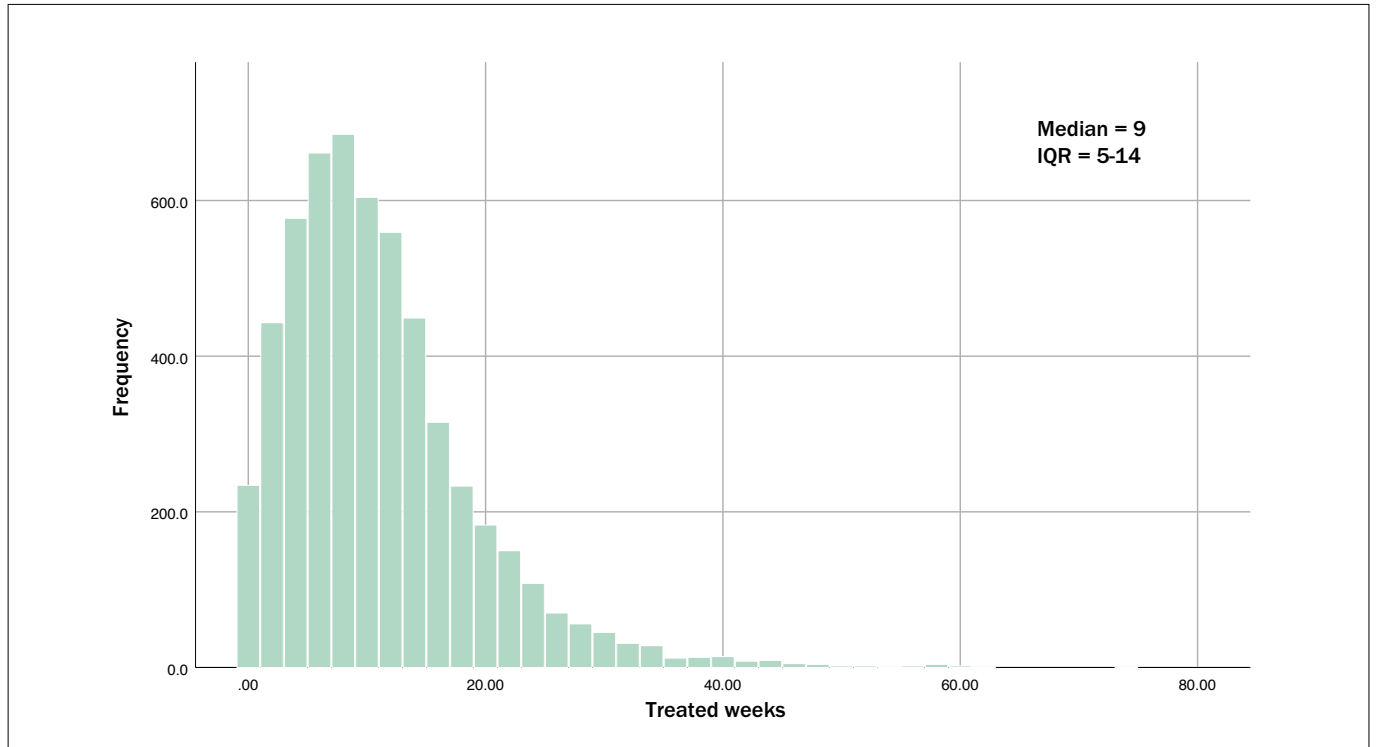
Table 30: Interventions received at appointments in 2023/24

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Motivational Interviewing	8511	23.6%	906	19.8%	9417	23.2%
Structured psycho-social	7806	21.7%	1036	22.7%	8842	21.8%
Counselling	8034	22.3%	0	0.0%	8034	19.8%
Cognitive Behavioural Therapy (CBT)	6309	17.5%	1220	26.7%	7529	18.5%
Other	2564	7.1%	71	1.6%	2635	6.5%
Psychotherapy	1575	4.4%	369	8.1%	1944	4.8%
Brief advice	883	2.4%	135	3.0%	1018	2.5%
5 Step	16	0.0%	765	16.7%	781	1.9%
Psychodynamic therapy	313	0.9%	59	1.3%	372	0.9%
Pharmacological	21	0.1%	4	0.1%	25	0.1%
Acceptance and commitment therapy (ACT)	15	0.0%	4	0.1%	19	0.0%
Dialectical behaviour therapy (DBT)	8	0.0%	3	0.1%	11	0.0%
Eye movement desensitisation and reprocessing (EMDR)	0	0.0%	1	0.0%	1	0.0%
Total	36055	100.0%	4573	100.0%	40628	100.0%
Missing	12983		2234		15217	
Total appointments	49038		6807		55845	

11.4.1 Length of time in treatment

Measured as the length of time between first appointment and exit date, among those receiving and ending treatment within 2023/24, treatment lasted for a median of 9 weeks, the same for both people who gamble and other clients. One quarter of clients received treatment for five weeks or less, half received treatment for between five and 14 weeks and one quarter received treatment for over 14 weeks. Treatment in residential centres was generally longer, lasting a median of 15 weeks.

Figure 11: Distribution of number of weeks in treatment



11.5 Treatment outcomes

Among clients treated within 2023/24, 1,916 (26%) were still in treatment at the end of March 2024 whereas 5,547 (74%) exited treatment before the end of March 2024. Treatment outcomes are presented here for those clients who exited between April 2023 and March 2024 to represent their status at the end of treatment.

11.5.1 Treatment exit reasons

Most clients (61%) who exited treatment within 2023/24 completed their scheduled treatment (Table 31). However, 29% dropped out of treatment before a scheduled endpoint. Smaller proportions were referred on to another service following treatment (10%) discharged by mutual agreement (0.5%) or died (0.1%). Clients other than people who gamble were more likely to complete treatment (76% compared to 58%) and less likely to drop out (20% compared to 30%).

Table 31: Reasons for treatment exit for clients treated within 2023/24

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Completed scheduled treatment	2584	57.9%	616	76.0%	3200	60.7%
Dropped out of treatment	1343	30.1%	164	20.2%	1507	28.6%
Referred to other service	507	11.4%	30	3.7%	537	10.2%
Discharged by mutual agreement	28	0.6%	0	0.0%	28	0.5%
Deceased	3	0.1%	0	0.0%	3	0.1%
Total	4465	100.0%	810	100.0%	5275	100.0%
Missing/not known	155		157		272	
Total clients	4620		967		5547	

Some minor differences in the reasons for exit were noted between male and female clients (Table 32), with a smaller proportion of female clients dropping out of treatment (24% compared to 30% males). However, when restricting to gambling clients only, a similar proportion of male and female clients dropped out of treatment (30% male, 28% female).

Those who were employed (Table 33) were the most likely to complete treatment (61%). Levels of drop out decreased with age, falling from 35% among those under 30 years old to 19% among those over 50 years old (Table 34). Rates of completion were higher among those in a relationship (63%) compared to not in a relationship (51%) (Table 35).

Completion rates were lowest among those whose ethnicity was defined as Black or Black British (51%, 49%) and dropout rates highest (33%, 35%) (Table 36).

Table 32: Treatment exit reason by gender/gambling status

	Male				Female			
	Gambling clients		Other clients		Gambling clients		Other clients	
	N	%	N	%	N	%	N	%
Completed scheduled treatment	2022	58.2%	91	71.7%	518	57.0%	515	76.9%
Dropped out of treatment	1057	30.4%	30	23.6%	255	28.1%	131	19.6%
Referred to other service	371	10.7%	6	4.7%	132	14.5%	24	3.6%
Discharged by mutual agreement	21	0.6%	0	0.0%	4	0.4%	0	0.0%
Deceased	3	0.1%	0	0.0%	0	0.0%	0	0.0%
Total	3474	100.0%	127	100.0%	909	100.0%	670	100.0%

Table 33: Treatment exit reason by employment status (among gambling clients)

	Employed		Unemployed		Long-term sick/disabled & not in work	
	N	%	N	%	N	%
Completed scheduled treatment	1855	61.4%	215	46.5%	250	46.0%
Dropped out of treatment	942	31.2%	157	34.0%	116	21.4%
Referred to other service	217	7.2%	81	17.5%	166	30.6%
Discharged by mutual agreement	4	0.1%	8	1.7%	11	2.0%
Deceased	1	0.0%	1	0.2%	0	0.0%
Total	3019	100.0%	462	100.0%	543	100.0%

*Categories of employment status with less than 100 clients were excluded from this table. See section 13 for available categories.

Table 34: Treatment exit reason by age (among gambling clients)

	Under 30		30-39		40-49		50 and over	
	N	%	N	%	N	%	N	%
Completed scheduled treatment	649	55.1%	958	55.7%	525	59.2%	445	66.4%
Dropped out of treatment	412	35.0%	562	32.7%	243	27.4%	126	18.8%
Referred to other service	107	9.1%	193	11.2%	113	12.7%	94	14.0%
Discharged by mutual agreement	9	0.8%	8	0.5%	4	0.5%	4	0.6%
Deceased	0	0.0%	0	0.0%	2	0.2%	1	0.1%
Total	1177	100.0%	1721	100.0%	887	100.0%	670	100.0%

Table 35: Treatment exit reason by relationship status (among gambling clients)

	In relationship		Not in relationship	
	N	%	N	%
Completed scheduled treatment	1546	62.5%	738	51.3%
Dropped out of treatment	713	28.8%	440	30.6%
Referred to other service	207	8.4%	240	16.7%
Discharged by mutual agreement	5	0.2%	20	1.4%
Deceased	2	0.1%	1	0.1%
Total	2473	100.0%	1439	100.0%

Table 36: Treatment exit reason by ethnic group (among gambling clients)

	White or White British		Black or Black British		Asian or Asian British		Mixed	
	N	%	N	%	N	%	N	%
Completed scheduled treatment	2752	61.2%	76	50.7%	159	60.9%	49	49.0%
Dropped out of treatment	1267	28.2%	50	33.3%	64	24.5%	35	35.0%
Referred to other service	451	10.0%	23	15.3%	38	14.6%	15	15.0%
Discharged by mutual agreement	23	0.5%	1	0.7%	0	0.0%	1	1.0%
Deceased	3	0.1%	0	0.0%	0	0.0%	0	0.0%
Total	4496	100.0%	150	100.0%	261	100.0%	100	100.0%

11.6 Severity scores

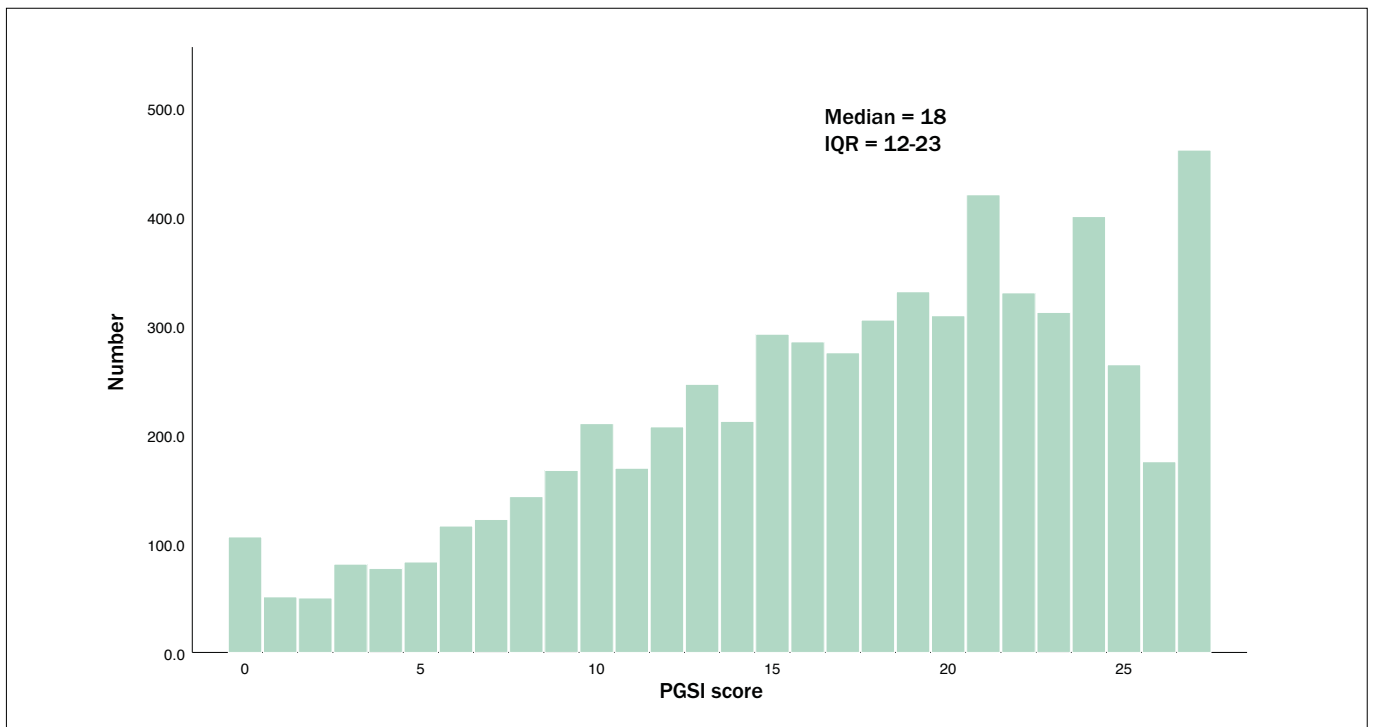
11.6.1 Baseline and latest severity scores

At the earliest PGSI assessment for people who gamble treated during 2023/24, PGSI scores were recorded for 99% of this sample, with the distribution of scores shown in Figure 12. As shown in Table 37, the majority (89%) recorded a PGSI score of 8+ at baseline. Much smaller proportions were defined as moderate risk (8%), low risk (1.6%) or no problem (1.7%). Among those in the highest PGSI category (8+), mean PGSI score was 19, considerably higher than the minimum of eight for this category.

Table 37: PGSI category of severity at earliest PGSI assessment, all people who gamble

Earliest PGSI assessment		
	N	%
No problem (0)	106	1.7
At low risk (1-2)	101	1.6
At moderate risk (3-7)	479	7.7
Score of 8+	5513	88.9
Total	6199	
Missing	26	
Total people who gamble	6225	

Figure 12: Distribution of PGSI score at earliest PGSI assessment



Among gambling clients, those who exited treatment before completion (Table 38) were more likely than those who completed planned treatment to record an initial PGSI score of 8+ (93% compared to 86%, Table 38). Gambling clients with an initial PGSI score of 8+ were most likely (21%) to have an ability to circumnavigate self-exclusion tools, compared to those with lower PGSI scores (Table 39).

Table 38: PGSI category of severity at earliest PGSI assessment, all people who gamble by exit status

	Completed treatment		Discharged, not complete	
	N	%	N	%
No problem (0)	57	2.2%	19	1.0%
At low risk (1-2)	56	2.2%	16	0.8%
At moderate risk (3-7)	237	9.2%	101	5.2%
Score of 8+	2228	86.4%	1821	93.1%
Total	2577		1955	
Missing	7		9	
Total people who gamble	2584		1964	

Table 39: PGSI category of severity at earliest PGSI assessment, all people who gamble by use of self exclusion tools

	Earliest PGSI score							
	No problem (0)		At low risk (1-2)		At moderate risk (3-7)		Score of 8+	
	N	%	N	%	N	%	N	%
Yes	75	78.1%	64	67.4%	314	68.3%	2977	57.2%
Yes, but have ability to circumvent	9	9.4%	8	8.4%	52	11.3%	1105	21.2%
No	12	12.5%	23	24.2%	94	20.4%	1124	21.6%
Total	96		95		460		5206	
Missing	10		6		19		307	
Total people who gamble	106		101		479		5513	

Of the 6,199 people who had an initial PGSI measured, 3,832 proceeded to have a further PGSI measurement before exiting treatment.

At the last score taken within treatment before exit for any reason (Table 40), a smaller proportion of clients (23%) still had a PGSI score of 8+.

Over one quarter (27%) were defined by the PGSI as having no gambling problems, with the remainder defined as at either low (23%) or moderate (28%) risk.

Table 40: PGSI category of severity at earliest and latest PGSI assessment, all people exiting treatment (for any reason)

	Earliest PGSI assessment		Latest PGSI assessment	
	N	%	N	%
No problem (0)	66	1.7	1018	26.6
At low risk (1-2)	60	1.6	871	22.7
At moderate risk (3-7)	291	7.6	1057	27.6
Score of 8+	3415	89.1	886	23.1
Total people who gamble	3832		3832	

Table 41: PGSI category of severity at earliest and latest PGSI assessment, by exit status

		Earliest PGSI assessment		Latest PGSI assessment	
		N	%	N	%
Completed treatment	No problem (0)	51	2.1	848	34.4
	At low risk (1-2)	47	1.9	741	30.1
	At moderate risk (3-7)	226	9.2	628	25.5
	Score of 8+	2141	86.9	248	10.1
	Total	2465		2465	
Discharged not complete	No problem (0)	15	1.0	170	12.4
	At low risk (1-2)	13	0.8	130	9.5
	At moderate risk (3-7)	65	5.1	429	31.4
	Score of 8+	1274	93.2	638	46.7
	Total	1367		1367	

Figure 13: Earliest PGSI status mapped to latest PGSI status, all people exiting treatment (for any reason) with more than one PGSI score (n=3832)

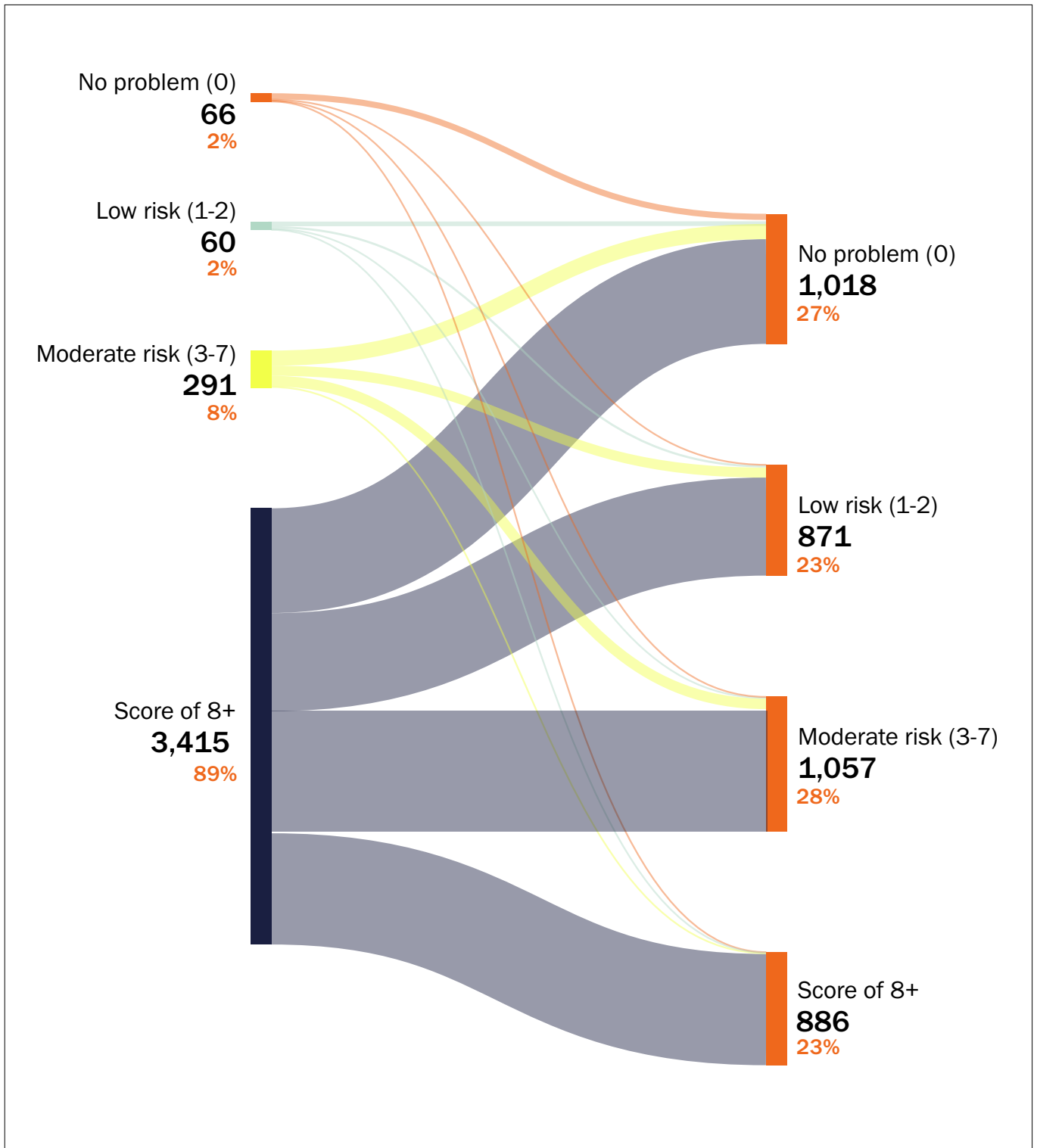
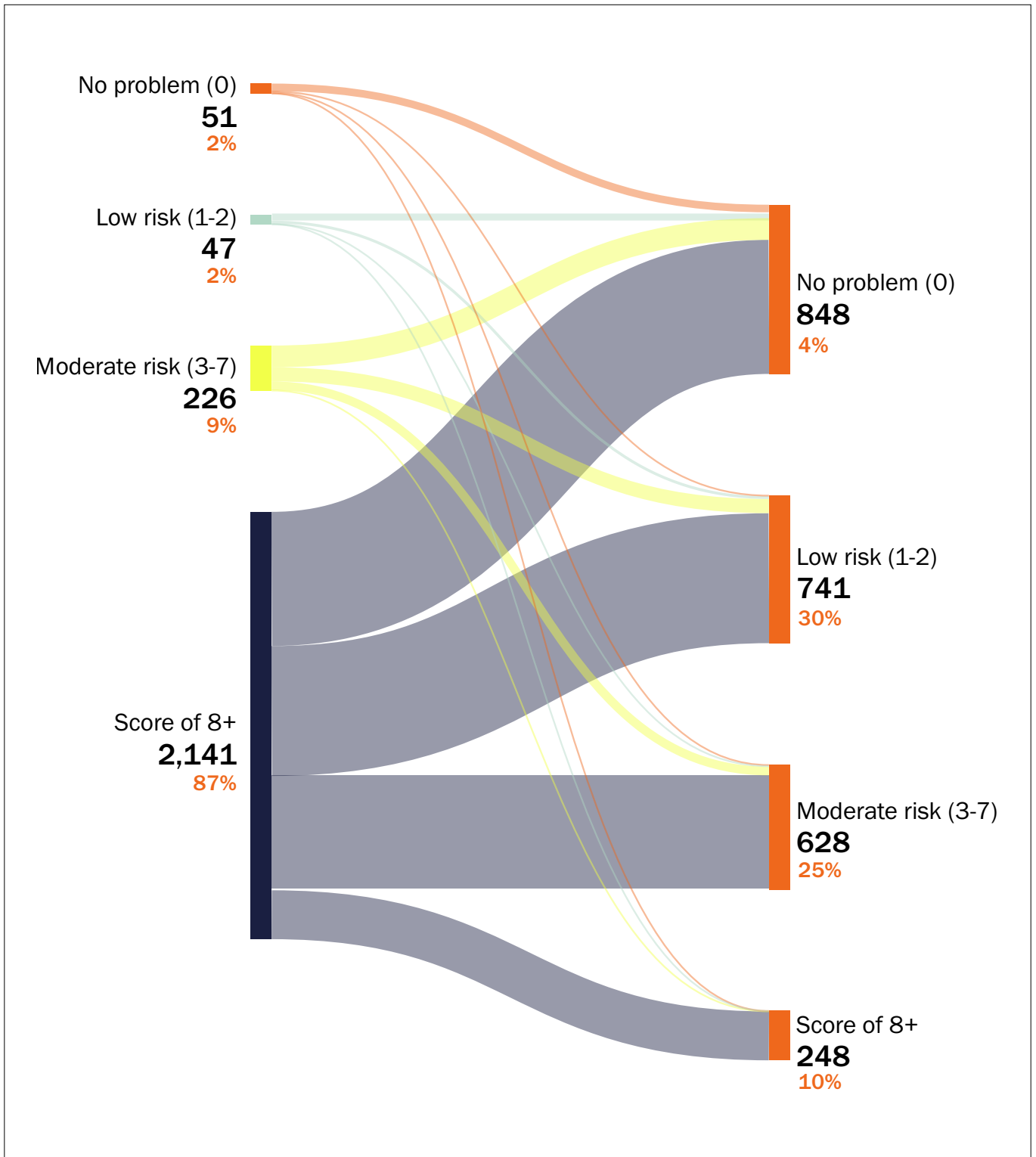


Figure 14: Earliest PGSI status mapped to latest PGSI status, people who completed planned treatment with more than one PGI score (n=2465)



11.6.1.1 CORE-10

At the earliest known appointment for clients treated during 2023/24, CORE-10 scores were recorded for 92% of clients, with the distribution of scores shown in Figure 14.

Among these clients 15% scored as severe, 18% moderate-to-severe, 22% moderate, 20% mild and 26% below clinical cut-off (Table 42). A greater proportion of people who gamble recorded a score of severe than other clients (16% compared to 13%). Within the category of severe, mean scores were 29, both for people who gamble and other clients.

Table 42: CORE-10 category of severity at earliest appointment

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	1455	25.8%	303	24.6%	1758	25.6%
Mild	1062	18.8%	287	23.3%	1349	19.6%
Moderate	1211	21.4%	283	23.0%	1494	21.7%
Moderate severe	1024	18.1%	201	16.3%	1225	17.8%
Severe	894	15.8%	156	12.7%	1050	15.3%
Total	5646	100.0%	1230	100.0%	6876	100.0%
Missing	579		8		587	
Total clients	6225		1238		7463	

Figure 15: Distribution of CORE-10 score at earliest CORE-10 assessment

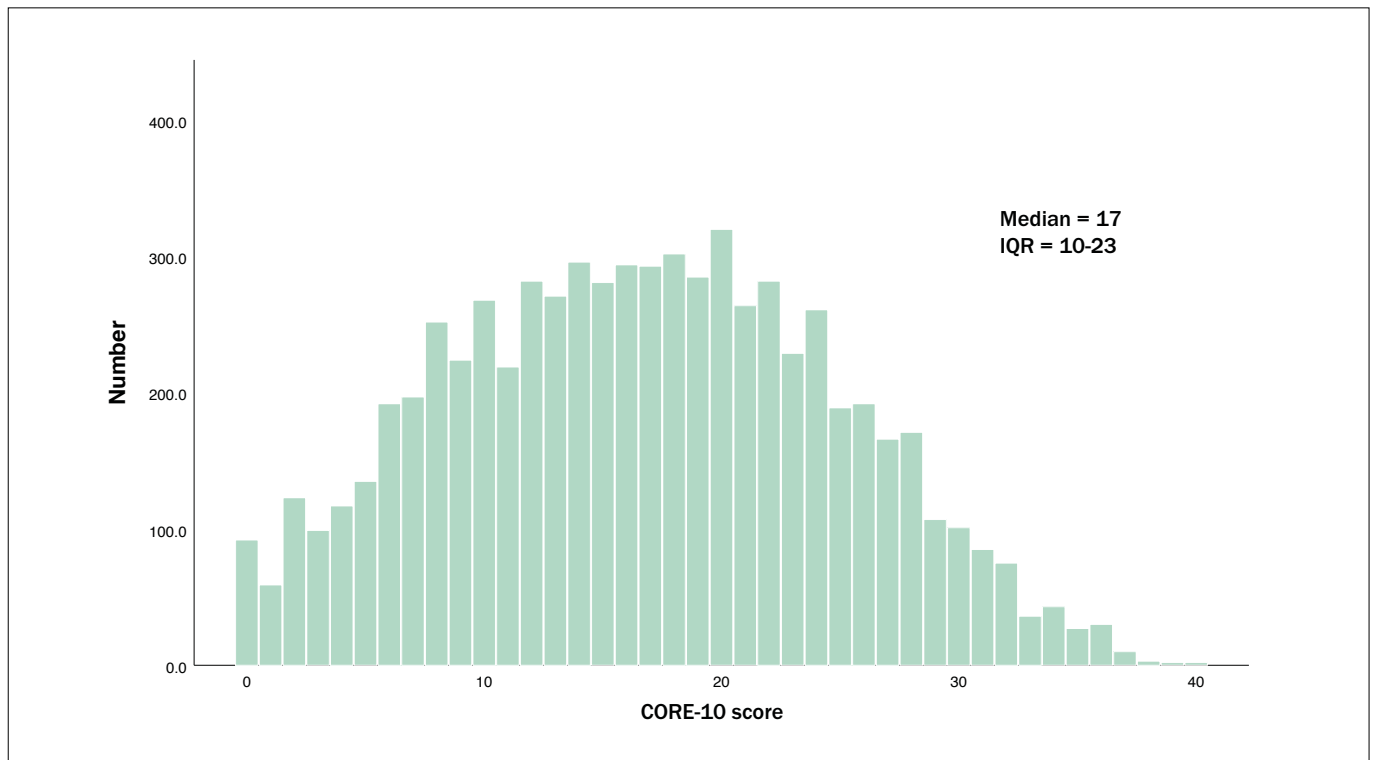


Table 43: CORE-10 category of severity at earliest appointment, by exit status

	Completed treatment		Discharged, not complete	
	N	%	N	%
Below clinical cut-off	860	28.6%	445	22.5%
Mild	630	21.0%	345	17.4%
Moderate	647	21.5%	428	21.6%
Moderate severe	509	16.9%	367	18.5%
Severe	358	11.9%	394	19.9%
Total	3004	100.0%	1979	100.0%
Missing	196		96	
Total clients	3200		2075	

Of the 6,876 people who had CORE-10 measured at the first appointment, 4,616 proceeded to have a further CORE-10 measurement before exiting treatment (for any reason). Table 44 shows the latest severity category recorded in treatment (see Table 42 for earliest). At this point most clients (69%) were now defined as 'below clinical cut-off', with 14% defined as mild, 9% as moderate, 6% as moderate severe and 3% as 'severe'.

Figure 16, Figure 17 and Figure 18 show how CORE-10 category changed from earliest to latest assessment.

Table 44: Latest CORE-10 category of severity recorded within treatment (any exit status), by client type

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	2679	69.0%	500	68.3%	317	68.9%
Mild	520	13.4%	124	16.9%	644	14.0%
Moderate	329	8.5%	69	9.4%	398	8.6%
Moderate severe	225	5.8%	30	4.1%	255	5.5%
Severe	131	3.4%	9	1.2%	140	3.0%
Total clients	3884	100.0%	732	100.0%	4616	100.0%

Table 45: Latest CORE-10 category of severity recorded within treatment (any client type), by exit status

	Completed treatment		Discharged, not complete	
	N	%	N	%
Below clinical cut-off	2493	80.6%	686	45.0%
Mild	333	10.8%	311	20.4%
Moderate	163	5.3%	235	15.4%
Moderate severe	83	2.7%	172	11.3%
Severe	21	0.7%	119	7.8%
Total clients	3093	100.0%	1523	100.0%

Figure 16: Earliest CORE-10 status mapped to latest CORE-10 status – people who gamble with more than one CORE-10 score, any exit reason (n=3,884)

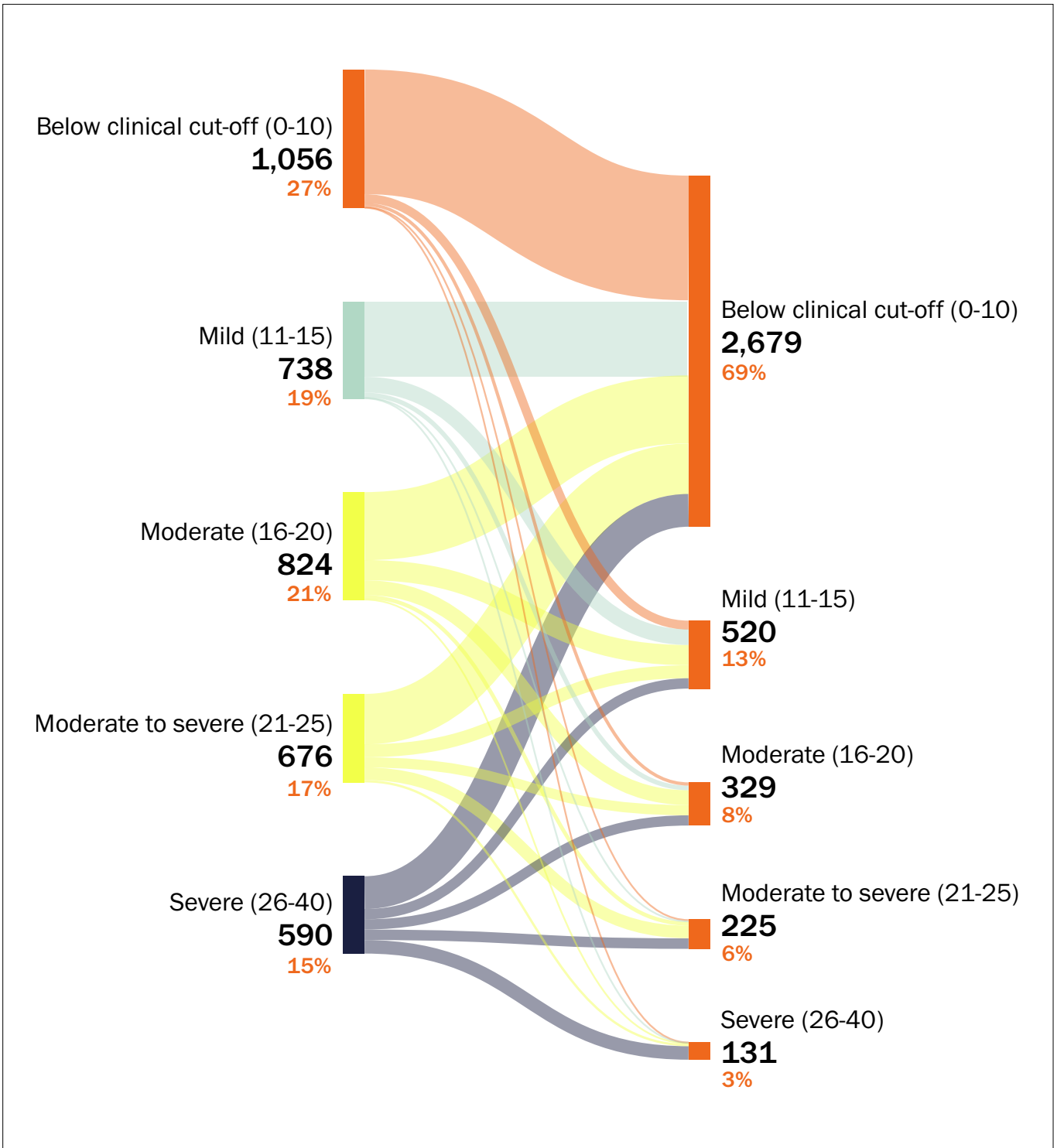


Figure 17: Earliest CORE-10 status mapped to latest CORE-10 status - Other clients with more than one CORE-10 score, any exit reason (n=732)

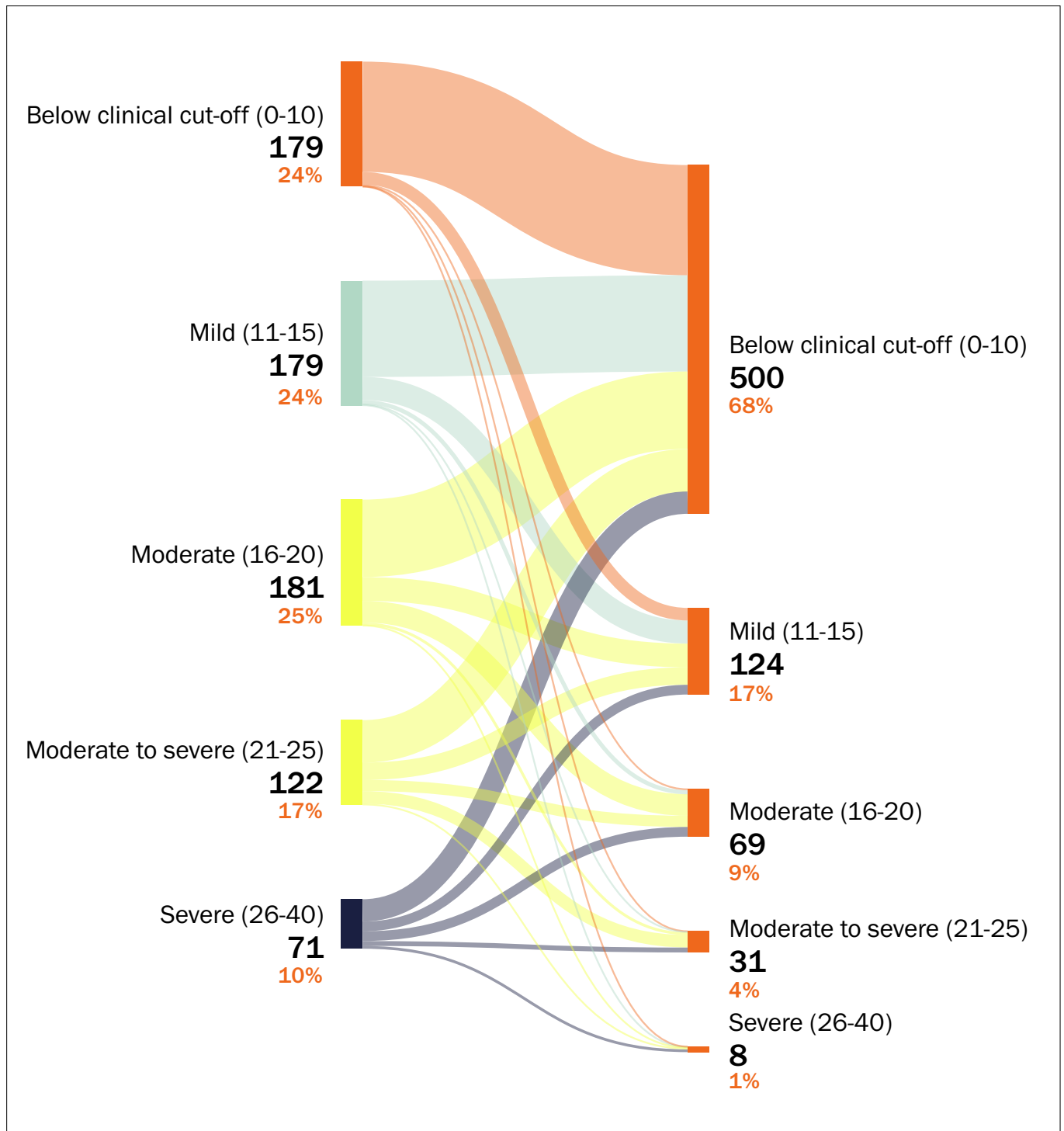
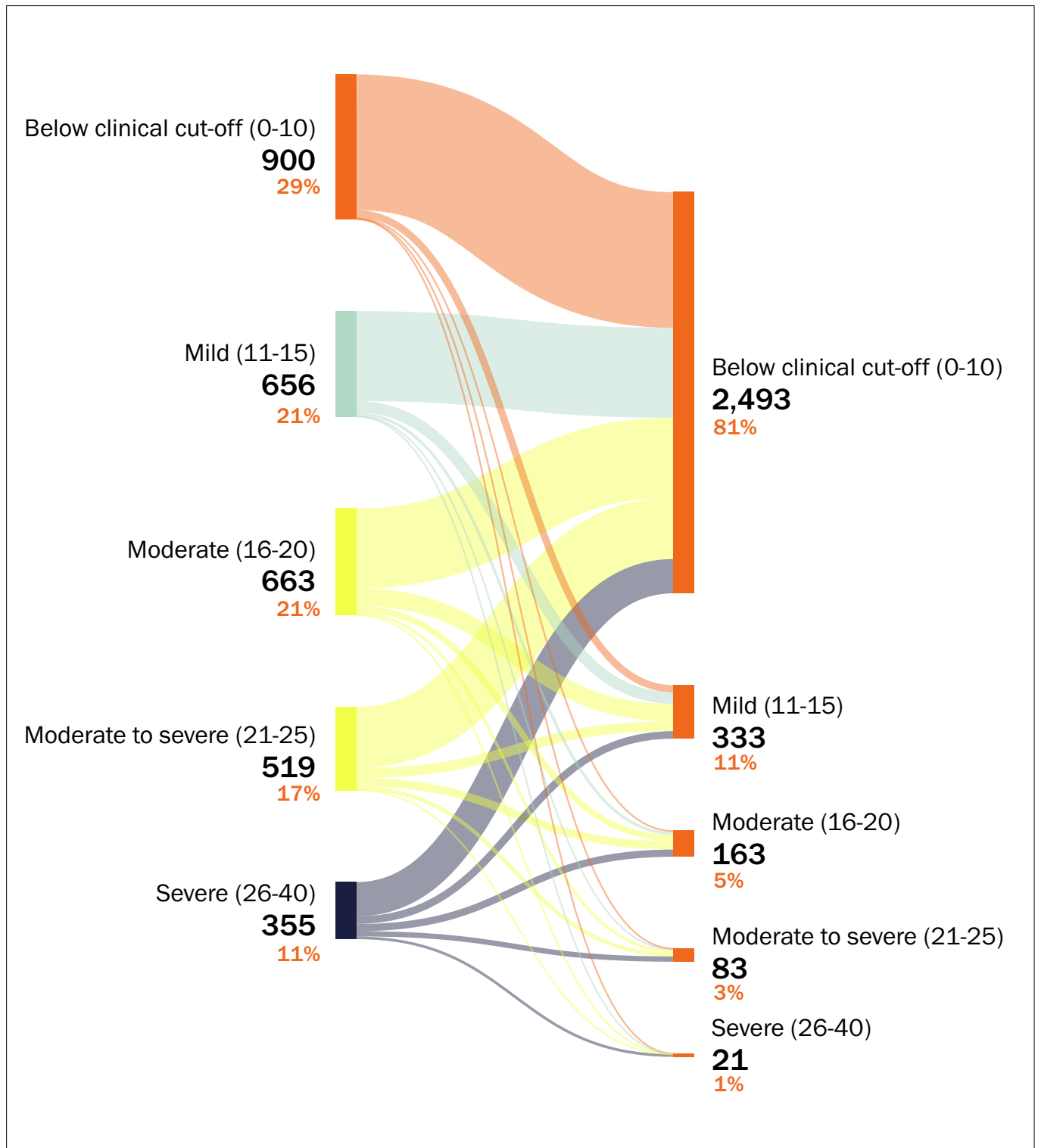


Figure 18: Earliest CORE-10 status mapped to latest CORE-10 status - clients completing treatment with more than one CORE-10 score (n=3,093)



11.6.2 Change in severity scores

Change in scores are reported here in three ways: level of change in scores, direction of change in scores, and changes between categories of severity. Changes are reported only when more than one score was recorded and is calculated as the difference between the earliest and latest scores recorded within a client's latest episode of treatment. Therefore, if a client has received multiple episodes of treatment (from one or more providers), the change in scores reported here may not be reflective of the total progress made throughout their entire treatment journey. For the first time this year, change in PGSI and CORE-10 score has been restricted to clients with at least two scores taken on different dates. This excludes clients who fail to attend more than one initial appointment and gives a better reflection of the impact of treatment received as opposed to treatment intended.

11.6.2.1 PGSI

PGSI scores were taken for most (99%) people who gamble, of whom 92% had more than one score, enabling the measurement of change over time. For clients who exited treatment during the year, there was a median reduction (improvement) between earliest and latest PGSI scores of 13 points on the PGSI scale (14 points for those completing treatment, nine for those discharged not complete). Table 46 summarises the direction and extent of change in PGSI among people with more than one PGSI score. It shows that the majority of people exiting treatment (87%) showing an improvement, 9% showing no change and a small minority (4.1%) recording a higher latest score than their earliest score. The greatest proportion of clients (38%) improved by 10-19 points, with a further 24% improving by 20-27 points¹⁵. An increase in PGSI score was associated with those who were living with long-term sickness or disability (7%). Table 47 shows these changes in PGSI score by exit reason. A greater proportion of those that did not complete treatment recorded no change in score (this was the case for 16% for those who dropped out compared to 3% for those who completed treatment). For those who completed scheduled treatment, improved scores were recorded for most (95%). Level of change also differed by exit reason with a median of 14 points for those completing treatment, compared to 10 points for those dropping out before completion.

Table 46: Changes in PGSI score between earliest and latest appointments for people who gamble, exiting treatment for any reason

	N	%
Improved by 20-27 points	932	24.3%
Improved by 10-19 points	1456	38.0%
Improved by 1-9 points	951	24.8%
No Change	335	8.7%
Worsened by 1-9 points	145	3.8%
Worsened by 10-18 points	12	0.3%
Worsened by 19-27 points	1	0.0%
Total	3832	

Table 47: Direction of change in PGSI score between earliest and latest appointments, by exit reason

	Worse		No change		Better		Median improvement
	N	%	N	%	N	%	
Completed scheduled treatment	54	2.2%	78	3.2%	2333	94.6%	14
Dropped out of treatment	59	6.4%	144	15.7%	712	62.0%	102
Referred to other service	37	9.6%	109	28.4%	238	62.0%	5

*Categories of exit reason with less than 100 clients were excluded from this table. See section 13 for available categories.

¹⁵Note that these categories are designed to group the level of change evenly within the range of values, and do not represent formal categories of severity of gambling problems

11.6.2.2 CORE-10

Within treatment, CORE-10 scores were taken for most (99%) clients and 96% had more than one score, enabling the tracking of progress over different time points. Between earliest and latest CORE-10 assessment within treatment where more than one CORE-10 score was recorded, clients' scores decreased (improved) by a median of seven points on the CORE-10 scale (for both people who gamble and clients other than people who gamble). This increased to nine for clients who completed treatment (nine for people who gamble and eight for clients other than people who gamble).

Table 48 summarises the direction and extent of change in CORE-10 scores. Most clients (81%) saw an improvement during treatment, 9% showed no change and 11% saw an increase in CORE-10 score. Most clients (67%) recorded an improvement of between 1 and 20 points. The most common improvement (1-10 points) was achieved by 44%. A greater proportion of people who gamble improved by more than 20 points (9% compared to 6% other clients)¹⁶.

Table 49 shows these changes in CORE-10 score by exit reason. Lack of change in score was more common amongst those that did not complete treatment (16% for dropped out compared to 4% for completed). For those who completed scheduled treatment, improved scores were recorded for most (88%).

Table 48: Direction of change in CORE-10 score between earliest and latest appointment, for clients exiting treatment for any reason

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Improved by 31-40 points	17	0.4%	0	0.0%	17	0.4%
Improved by 21-30 points	315	8.1%	41	5.5%	356	7.7%
Improved by 11-20 points	1119	28.8%	212	29.0%	1331	28.8%
Improved by 1-10 points	1668	42.9%	343	46.9%	2011	43.6%
No Change	347	8.9%	56	7.7%	403	8.7%
Worsened by 1-10 points	386	9.9%	78	10.7%	464	10.1%
Worsened by 11-20 points	30	0.7%	2	0.3%	32	0.7%
Worsened by 21-30 points	2	0.0%	0	0.0%	2	0.0%
Worsened by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	3884	100.0%	732	100.0%	4616	100.0%

Table 49: Direction of change in CORE-10 score between earliest and latest appointment, by exit reason

	Worse		No change		Better		Median improvement
	N	%	N	%	N	%	
Completed scheduled treatment	242	7.8%	123	4.0%	2728	88.2%	9
Dropped out of treatment	177	17.0%	161	15.5%	704	67.6%	4
Referred to other service	71	17.2%	114	27.7%	227	55.1%	2

*Categories of exit reason with less than 100 clients were excluded from this table. See section 13 for available categories.

¹⁶These categories group level of change evenly across possible values and do not represent formal severity categories

12. Trends

12.1 Trends in numbers in treatment

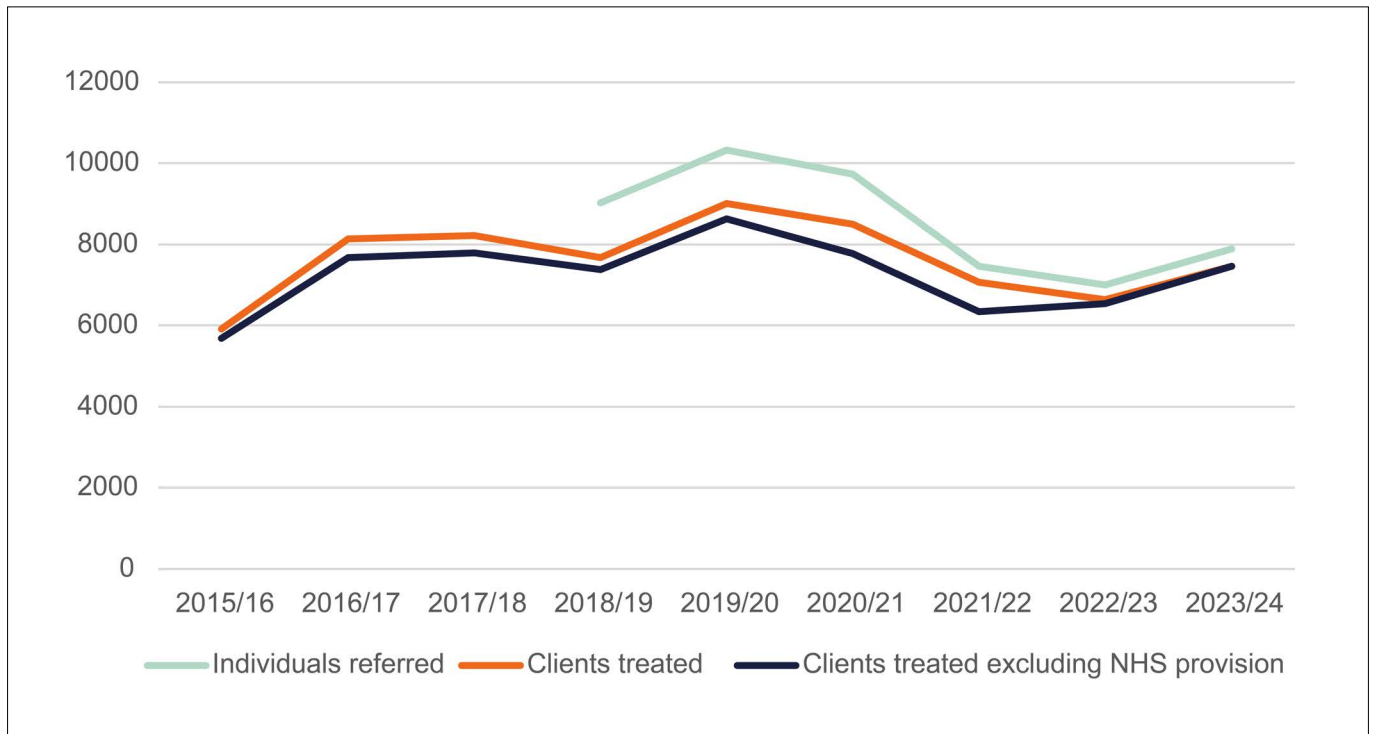
Table 50 and Figure 19 show how the number of Tier 3 and 4 clients referred to and treated within the NGSN network each year has varied since 2015/16. Differences exist between referral and treated numbers because not all individuals who are referred to the NGSN providers will go on to receive Tier 3 or Tier 4 treatment as recorded in the DRF but may instead be offered information or treatment at Tier 2 after triage and assessment. The proportion of referred individuals who received Tier 3 or 4 treatment has remained consistently high since 2021/22. Note: for this report, the method of calculating the number of referrals per year was updated to exclude cases where treatment was received but not in the reporting period. This provides a fairer reflection of the rate of successful referrals but should not be compared with the tables published in previous years' reports. The total reported number of Tier 3 and 4 clients treated peaked in 2019/20, but after this point there were several important changes that reduce the comparability of the data over time. Treatment providers have improved the effectiveness of client triage at earlier stages of the treatment process, supporting a greater number of clients at Tier 2 through earlier intervention, thereby reducing the load on Tier 3 and 4 compared to the counterfactual. Additionally, NHS treatment providers stopped submitting data to the DRF following NHS England policy decisions, which on its own accounted for a drop of roughly 650 clients from 2021/22 to 2022/23. Following the recommissioning of the National Gambling Treatment Service as the National Gambling Support Network, 2023/24 saw the first increase in treated Tier 3 and 4 clients in four years, which represents both an increase in existing agencies as well as the inclusion of an additional one (PCGS). Between 2022/23 and 2023/24 the total number of individuals treated in Tier 3 and 4 increased by 12%, although around half of this increase is accounted for by the inclusion of PCGS in the 2023/24 DRF dataset.

Note that some of the treatment period of the DRF coincided with the Covid-19 pandemic. During this period, access was at times restricted to services defined as essential under national lockdowns. Hospitality and entertainment sector venues, including betting shops, casinos and bingo premises were closed during lockdowns and subject to curfews and distancing restrictions outside of lockdowns. Details of lockdowns and other restrictions across Great Britain can be found here for [England](#), [Scotland](#) and [Wales](#).

Table 50: Trends in number of clients referred and treated per year – 2015/16 to 2023/24

	2015/16	2016/17	2017/18	2018/19	2019/20
Individuals referred	NA	NA	NA	9028	10326
Clients treated	5909	8133	8219	7675	9008
% of referrals receiving Tier 3/4 treatment in the year				84.5%	87.2%
Clients treated – excluding NHS provision	5675	7675	7796	7372	8627

	2020/21	2021/22	2022/23	2023/24
Individuals referred	9741	7459	6995	7886
Clients treated	8490	7072	6645	7463
% of referrals receiving Tier 3/4 treatment in the year	87.2%	94.8%	95.0%	94.6%
Clients treated – excluding NHS provision	7772	6344	6542	7463

Figure 19 Trends in number of referred and treated clients – 2015/16 to 2023/24

Gambling support services provide a point of contact and support both for disordered gambling behaviour and for those affected by another's gambling. Table 51 shows that the proportion of clients seeking help due to another individual's gambling has increased from 10% in 2015/16 to 15% in 2022/23.

Table 51: Trends in reason for referral – 2015/16 to 2023/24

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

	2020/21		2021/22		2022/23		2023/24	
	N.	%	N.	%	N.	%	N.	%
People who gamble	7191	84.7%	5996	84.8%	5621	84.6%	6225	83.7%
Affected other	1245	14.7%	971	13.7%	881	13.3%	1112	14.9%
At risk of developing gambling problem	53	0.6%	105	1.5%	143	2.2%	103	1.4%
Missing	1		0		0		23	
Total Clients	8490		7072		6645		7463	

12.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2023/24 (Table 52) has been the increase in the proportion of clients reporting using online gambling services (rising from 57% to 70%) alongside the reduction in the proportion using bookmakers (falling from 56% to 35%).

Covid-19 conditions, including periodic lockdowns are likely to have affected reports for 2020/21 and 2021/22, when use of online services was at its highest.

Table 52: Trends in gambling locations – 2015/16 to 2023/24

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

	2020/21		2021/22		2022/23		2023/24	
	N.	%	N.	%	N.	%	N.	%
Bookmakers	1902	28.8%	1741	30.3%	2011	36.0%	2117	34.8%
Bingo premises	84	1.3%	101	1.8%	99	1.8%	153	2.5%
Casino	433	6.6%	495	8.6%	498	8.9%	658	10.8%
Live Events	30	0.5%	83	1.4%	70	1.3%	130	2.1%
Adult Entertainment Centre (18+ arcade)	166	2.5%	220	3.8%	301	5.4%	400	6.6%
Family Entertainment Centre (arcade)	39	0.6%	69	1.2%	93	1.7%	108	1.8%
Pub	131	2.0%	145	2.5%	185	3.3%	267	4.4%
Online	5206	79.0%	4291	74.7%	3758	67.2%	4235	69.6%
Miscellaneous	535	8.1%	422	7.3%	312	5.6%	383	6.3%
Private Members Club	9	0.1%	19	0.3%	24	0.4%	24	0.4%
Other	63	1.0%	23	0.4%	82	1.5%	143	2.4%
Total Clients	7191		5177		5621		6225	

Table 53 provides trends in common activities within the three most used gambling locations (bookmakers, casinos and online only). Within online activity, casino slots have consistently increased whereas casino table games have decreased sharply from 2020/21.

Table 53: Trends in selected individual gambling activities – 2015/16 to 2023/24

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Bookmakers										
Horses	701	13.8%	820	11.7%	705	10.0%	570	8.7%	656	9.1%
Dogs	238	4.7%	278	4.0%	263	3.7%	154	2.3%	207	2.9%
Sports/other event	714	14.0%	902	12.8%	803	11.4%	708	10.8%	858	11.9%
Gaming Machine	1848	36.3%	2266	32.2%	2056	29.1%	1735	26.4%	1459	20.3%
Casino										
Poker	80	1.6%	92	1.3%	70	1.0%	55	0.8%	65	0.9%
Other card games	116	2.3%	157	2.2%	125	1.8%	96	1.5%	99	1.4%
Roulette	404	7.9%	508	7.2%	419	5.9%	373	5.7%	412	5.7%
Gaming Machine	113	2.2%	141	2.0%	129	1.8%	124	1.9%	154	2.1%
Online										
Horses	452	8.9%	697	9.9%	719	10.2%	626	9.5%	671	9.3%
Sports events	1059	20.8%	1512	21.5%	1740	24.6%	1637	24.9%	1807	25.1%
Bingo	159	3.1%	164	2.3%	163	2.3%	126	1.9%	176	2.4%
Poker	184	3.6%	240	3.4%	236	3.3%	171	2.6%	154	2.1%
Casino (table games)	908	17.8%	1323	18.8%	1429	20.2%	1311	19.9%	1315	18.3%
Casino (slots)	839	16.5%	1285	18.3%	1590	22.5%	1458	22.2%	1900	26.4%
Betting exchange*										
eSports betting*										
Financial markets*										

	2020/21		2021/22		2022/23		2023/24	
	N.	%	N.	%	N.	%	N.	%
Bookmakers								
Horses	538	8.2%	412	7.2%	426	7.6%	466	7.7%
Dogs	155	2.4%	147	2.6%	196	3.5%	228	3.7%
Sports/other event	612	9.3%	539	9.4%	566	10.1%	676	11.1%
Gaming Machine	914	13.9%	934	16.3%	1235	22.1%	1397	26.0%
Casino								
Poker	42	0.6%	50	0.9%	39	0.7%	75	1.2%
Other card games	58	0.9%	46	0.8%	43	0.8%	82	1.3%
Roulette	240	3.6%	201	3.5%	200	3.6%	271	4.5%
Gaming Machine	118	1.8%	65	1.1%	208	3.8%	327	5.4%
Online								
Horses	631	9.6%	470	8.2%	302	5.4%	323	5.3%
Sports events	1772	26.9%	1156	20.1%	874	15.6%	989	16.3%
Bingo	218	3.3%	223	3.9%	147	2.6%	175	2.9%
Poker	178	2.7%	105	1.8%	66	1.2%	84	1.4%
Casino (table games)	1363	20.7%	670	11.7%	536	9.6%	659	10.8%
Casino (slots)	2104	31.9%	2187	38.1%	2119	37.9%	2503	41.1%
Betting exchange*			202	3.5%	218	3.9%	199	3.3%
eSports betting*			183	3.2%	187	3.3%	39	0.6%
Financial markets*			89	1.5%	93	1.7%	220	3.6%

*Collected from April 2021.

12.3 Trends in treatment exit reason

Table 56 shows an increase in the proportion of clients completing scheduled treatment from 59% in 2015/16 to 74% in 2020/21, before dropping to 60% in 2023/24. Alongside this, the proportion dropping out of treatment fell from 35% in 2015/16 to 20% in 2020/21, before increasing to 29% in 2023/24.

Table 56: Trends in exit reason – 2015/16 to 2023/24

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

	2020/21		2021/22		2022/23		2023/24	
	N.	%	N.	%	N.	%	N.	%
Discharged by agreement	176	2.8%	47	0.9%	27	0.6%	28	0.5%
Completed scheduled treatment	4671	73.5%	3247	62.8%	3148	64.3%	3200	60.7%
Dropped out	1247	19.6%	1525	29.5%	1382	28.2%	1507	28.6%
Referred on	199	3.1%	291	5.6%	260	5.3%	537	10.2%
Total clients discharged	6484		5177		4973		5547	

12.4 Trends in client characteristics

Table 57 shows a consistent increase in the proportion of clients who are female from 19% in 2015/16 to 30% in 2023/24. Table 58 shows that the proportion of female gambling clients increased from 13% in 2015/16 to 21% in 2023/24.

Table 57: Trends in gender* – 2015/16 to 2023/24

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

	2020/21		2021/22		2022/23		2023/24		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Male	5780	70.4%	4881	69.0%	4611	69.4%	5116	69.6%	6769	75.2%
Female	2423	29.5%	2113	29.9%	1965	29.6%	2226	30.3%	2214	24.6%
Total clients	8490		7072		6645		7463		9008	

*Categories of gender with less than 100 clients were excluded from this table. See section 13 for available categories.

Table 58: Trends in gender by referral reason – 2015/16 to 2023/24

		2015/16		2016/17		2017/18		2018/19		2019/20	
		N.	%	N.	%	N.	%	N.	%	N.	%
Gambler	Male	4613	87.3%	6386	87.6%	6329	86.4%	5821	86.5%	6296	84.5%
	Female	669	12.7%	904	12.4%	998	13.6%	910	13.5%	1155	15.5%
Other clients	Male	116	20.3%	133	17.7%	120	14.9%	142	16.5%	403	29.0%
	Female	456	79.7%	618	82.3%	685	85.1%	716	83.4%	989	71.0%

*Categories of gender with less than 100 clients were excluded from this table. See section 13 for available categories.

		2015/16		2016/17		2017/18		2018/19	
		N.	%	N.	%	N.	%	N.	%
Gambler	Male	5668	80.3%	4682	78.9%	4403	79.2%	4826	78.9%
	Female	1382	19.6%	1251	21.1%	1159	20.8%	1294	21.1%
Other clients	Male	171	13.5%	199	18.8%	208	20.5%	290	23.7%
	Female	1092	86.3%	862	81.2%	806	79.5%	932	76.3%

Table 59 shows that there has been little change in the split of ethnicity of clients, only a slight increase in clients from ethnic minorities accessing the service.

Table 59: Trends in ethnicity – 2015/16 to 2023/24

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

	2015/16		2016/17		2017/18		2018/19	
	N.	%	N.	%	N.	%	N.	%
White or white British	7200	87.6%	5774	88.0%	5702	89.6%	6369	89.7%
Black or Black British	307	3.7%	184	2.8%	183	2.9%	209	2.9%
Asian or Asian British	430	5.2%	377	5.7%	351	5.5%	371	5.2%
Mixed	166	2.0%	215	3.3%	121	1.9%	140	2.0%
Other	116	1.4%	15	0.2%	10	0.2%	8	0.1%
Not known/Missing	271		507		278		366	
Total clients	8490		7072		6645		7463	

Table 60 shows changes in employment status between 2015/16 and 2023/24. Trends for most categories have remained relatively stable but the largest proportional increase has been for clients who are living with long-term sickness or disability, whereas the proportion employed has reduced from 76% in 2015/16 to 70% in 2023/24.

Table 60: Trends in employment status – 2015/16 to 2023/24

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Employed	4375	75.8%	6254	77.9%	6436	79.3%	5926	78.1%	6675	75.1%
Unemployed	572	9.9%	708	8.8%	655	8.1%	640	8.4%	767	8.6%
Student	149	2.6%	161	2.0%	168	2.1%	141	1.9%	146	1.6%
Long-term sick/disabled & not in work	346	6.0%	470	5.9%	481	5.9%	501	6.6%	630	7.1%
Looking after family/home and not working	112	1.9%	138	1.7%	130	1.6%	147	1.9%	194	2.2%
Not seeking work	10	0.2%	23	0.3%	17	0.2%	20	0.3%	19	0.2%
Volunteer	21	0.4%	28	0.3%	15	0.2%	12	0.2%	25	0.3%
Retired	126	2.2%	176	2.2%	191	2.4%	160	2.1%	206	2.3%
In prison*	60	1.0%	74	0.9%	20	0.2%	39	0.5%	227	2.6%
Missing/Not stated	138		101		106		89		117	
Total	5909		8133		8219		7675		9008	

	2020/21		2021/22		2022/23		2023/24	
	N.	%	N.	%	N.	%	N.	%
Employed	5814	72.7%	4704	73.0%	4525	72.1%	4963	70.4%
Unemployed	811	10.1%	548	8.5%	580	9.2%	711	10.1%
Student	172	2.1%	114	1.8%	75	1.2%	104	1.5%
Long-term sick/disabled & not in work	733	9.2%	684	10.6%	743	11.8%	901	12.8%
Looking after family/home and not working	201	2.5%	159	2.5%	115	1.8%	131	1.9%
Not seeking work	30	0.4%	20	0.3%	16	0.3%	27	0.4%
Volunteer	20	0.3%	11	0.2%	10	0.2%	11	0.2%
Retired	182	2.3%	149	2.1%	136	2.2%	159	2.3%
In prison*	14	0.2%	48	0.7%	77	1.2%	40	0.6%
Missing/Not stated	513		632		368		415	
Total	8490		7072		6645		7463	

*Recorded as 'prison-care' until 2021/22.

13. Appendices

13.1 DRF data items

13.1.1 Person table codes

P1: Gender identity

This defines the client's self-described gender identity.

Code	Response
1	Male
2	Female
4	Female-to male/Transgender male
5	Male-to-female/Transgender female
6	Genderqueer
7	Non-listed category
99	Not known or declined response

P2: Postcode

This defines the postcode of the client's main residence.

P3: Employment

This defines the client's self-described main employment activity.

Code	Response
1	Employed
2	Unemployed and Seeking Work
3	Students who are undertaking education or training and are not working or actively seeking work
4	Long-term sick or disabled
5	Looking after the family or home
6	Unemployed and not seeking work
8	Unpaid voluntary work
9	Retired
11	Seeking asylum
12	In prison
99	Not known or declined response

P4: Relationship status

This defines the client's self-described relationship status.

Code	Response
1	Divorced or dissolved civil partnership
2	Separated
3	Single
4	Widowed
5	In a relationship
6	Married or civil partnership
99	Not known or declined response

P5: Ethnic background

This defines the client's self-described ethnic background.

Code	Response
1	White British
2	White Irish
3	White European
4	White Other
5	Black, Black British: African
6	Black, Black British: Caribbean
7	Black, Black British: Other
8	Asian, Asian British: Bangladeshi
9	Asian, Asian British: Indian
10	Asian, Asian British: Pakistani
11	Asian, Asian British: Chinese
12	Asian, Asian British: other
13	Mixed: White and Asian
14	Mixed: White and Black African
15	Mixed: White and Black Caribbean
16	Mixed: Other
17	Any other ethnic group
99	Not known or declined response

P6: Additional diagnoses

This defines any additional health diagnoses that the client has.

Code	Response
3	Physical
4	Mental
5	Both physical and mental
6	No
99	Not known or declined response

P8: Sexual orientation

This defines the clients self-described sexual orientation.

Code	Response
1	Lesbian, gay or homosexual
2	Heterosexual
3	Bisexual
4	Other
99	Not known or declined response

P9: Care responsibility for children

This defines any caring responsibility that the client has for children (aged 18 or less) as the primary or secondary caregiver.

Code	Response
1	Yes
2	No
99	Not known or declined response

P10: Religious affiliation

This defines the clients self-described religious affiliation.

Code	Response
1	No religion
2	Christian
3	Buddhist
4	Hindu
5	Jewish
6	Muslim
7	Sikh
8	Any other religion
99	Not known or declined response

P11: Local authority

This defines the local authority in which the client's main residence is located.

Code	Response
3	Physical
4	Mental
5	Both physical and mental
6	No
99	Not known or declined response

13.1.2 Gambling history table codes**G2: Length of time gambling**

This defines the length of time in months that a client has been gambling for.

G3: Job loss due to gambling

This defines whether the client has ever experienced a job loss because of their gambling behaviour.

Code	Response
1	Yes
2	No
99	Not known or declined response

G4: Relationship loss due to gambling

This defines whether the client has ever experienced a relationship loss because of their gambling behaviour.

G5: Age of problem gambling onset

This defines the age at which the client states their gambling first became problematic.

G6: Early big win

This defines whether the client experienced a big win early in their gambling. Given that the financial context of clients will differ, what constitutes a definition of a 'big win' is for the clients to decide.

Code	Response
1	Yes
2	No
99	Not known or declined response

G7: Debt due to gambling

This defines a client's total current debt that is due to gambling. It is not a measure of total spend and should only include debts.

Code	Response
1	None
2	Under £5000
3	£5000 - £9,999
4	£10,000 - £14,999
5	£15,000 - £19,999
6	£20,000 - £29,999
7	£30,000 - £49,999
8	£50,000 - £99,999
9	£100,000 or more
10	Bankrupt
11	In an Individual Voluntary Arrangement (IVA)
12	Unsure of amount
99	Declined response

G8: No. of gambling days (past 30 days)

This defines the number of days that the client has gambled during the past 30 days. All gambling behaviour and activities should be included.

G9: Average daily hours gambling (past 30 days)

This defines the average number of hours that the client has gambled on each gambling day during the past 30 days. All gambling behaviour and activities should be included.

G10: Average daily spend on gambling (past 30 days)

This defines the average daily spend in £GBP that the client has gambled on each gambling day during the past 30 days. All gambling behaviour and activities should be included.

G11: Total monthly spend on gambling

This defines the total spend in £GBP that the client has gambled during the past 30 days. All gambling behaviour and activities should be included.

G12: Use of self-exclusion tools

This defines whether a client has ever used self-exclusion tools to help limit their gambling behaviour. Self-exclusion tools include schemes such as GamStop, blocking software, or bank transaction blocking.

Code	Response
1	Yes
2	Yes, but have ability to circumvent
3	No
99	Not known or declined response

G21–G30: Gambling activities

These define the main gambling products or activities that the client participates in. These activities should be listed in order of importance, with the first activity (activity 1) that considered to be the primary contributor to the client’s difficulties. If the client participates in more than 3 activities, only those ranked 1 to 3 should be reported on.

Code	Response	Code	Response
A1	Bookmakers: Horses	G2	Pub: Sports
A2	Bookmakers: Dogs	G3	Pub: Poker
A3	Bookmakers: Sports or other event	G4	Pub: Other
A4	Bookmakers: Fixed odds betting machine	H1	Online: Horses
A5	Bookmakers: Other betting machine	H2	Online: Dogs
A6	Bookmakers: Other	H3	Online: Spread betting
B1	Bingo Premises: Live draw	H4	Online: Sports events
B2	Bingo Premises: Terminal	H5	Online: Bingo
B3	Bingo Premises: Skill Machine	H6	Online: Poker
B4	Bingo Premises: Other betting machine	H7	Online: Casino (table games)
B5	Bingo Premises: Other	H8	Online: Casino (slots)
C1	Casino: Poker	H9	Online: Scratchcards
C2	Casino: Other card games	H10	Online: Betting exchange
C3	Casino: Roulette	H11	Online: eSports betting
C4	Casino: Fixed odds betting machine	H12	Online: Virtual sports betting
C5	Casino: Other betting machine	H13	Online: Within video games
C6	Casino: Other	H14	Online: Financial markets
D1	Live events: Horses	H15	Online: Other
D2	Live events: Dogs	I1	Misc: Private/organised games
D3	Live events: Sports event	I2	Misc: Lottery (National)
D4	Live events: Other	I3	Misc: Lottery (Other)
E1	18+ Arcade ¹⁷ : Fixed odds betting machines	I4	Misc: Scratchcards
E2	18+ Arcade: Other betting machine	I5	Misc: Football pools
E3	18+ Arcade: Skill prize machines	I6	Misc: Service station (gaming machine)
E4	18+ Arcade: Other	J1	Private members club: Poker
F1	Family arcade ¹⁸ : Fixed odds betting machines	J2	Private members club: Other card games
F2	Family arcade: Other betting machine	J3	Private members club: Gaming Machine
F3	Family arcade: Skill prize machines	J4	Private members club: Other
F4	Family arcade: Other	K1	Other not categorised above (specify)
G1	Pub: Gaming Machines	99	Not known or declined response

¹⁷Also known as Adult Entertainment/Gaming Centre

¹⁸Also known as Family Entertainment Centre

13.1.3 Referral table codes

R1: Referral source

This defines the source for a client's referral to the NGSN for their current treatment episode.

Code	Response
1	GP
2	Health Visitor
3	Other Primary Health Care
4	Self-Referral
5	Carer
6	Social Services
7	Education Service
8	Employer
9	Police
10	Courts
11	Probation Service
12	Prison
13	Court Liaison and Diversion Service
14	Independent Sector Mental Health Services
15	Voluntary Sector
16	Accident And Emergency Department
17	Mental Health NHS Trust
18	Asylum Services
19	Drug Action Team/Drug Misuse Agency
20	Jobcentre plus
21	Other service or agency
22	National Gambling Helpline
23	Partner network
24	London Problem Gambling Clinic/CNWL
25	Northern Gambling Service/LYPFT
26	Gordon Moody
27	Citizen's Advice
29	Primary Care Gambling Service (PCGS)
30	Adferiad
99	Not known or declined response

R2: Date referral received

This defines the date that the client's referral was received, entered as DDMMYYYY e.g., 31102022.

Code	Response
3	Physical
4	Mental
5	Both physical and mental
6	No
99	Not known or declined response

R4: Client type

This defines the reason for the client's referral to the NGSN for their current treatment episode.

Code	Response
1	Person who gambles
3	At risk of developing gambling problem
4	Affected other: partner or ex-partner
5	Affected other: child
6	Affected other: parent
7	Affected other: sibling
8	Affected other: colleague or friend
9	Affected other: other
99	Not known or declined response

R5: Previous treatment for gambling

This defines whether the client has ever previously had treatment for their gambling behaviour, either within or outside of the NGSN.

Code	Response
0	No
1	Yes: not known where
3	Yes: GambleAware commissioned provider
4	Yes: London Problem Gambling Clinic
5	Yes: Northern Gambling Service
6	Yes: Gordon Moody Association
7	Yes: other NHS service
8	Yes: other healthcare service
99	Declined response

R6: Episode of care end reason

This defines the reason that the client's current episode of treatment ended.

Code	Response
1	Unable to contact/book client for assessment
2	Client cancelled or did not attend assessment
3	Client suitable for service but referred to another therapy service by mutual agreement
4	Client declined offered treatment
5	Discharged by mutual agreement
6	Client unsuitable for service: no action taken or directed back to referrer
7	Client unsuitable for service: signposted elsewhere with mutual agreement of patient
8	Completed scheduled treatment
9	Dropped out of treatment
10	Referred to other service
11	Deceased
12	Not known

R7: Treatment end date

This defines the date that the client's referral ended, entered as DDMMYYYY e.g., 31102022.

R8: Where client heard about service

This defines where the client reported hearing about the NGSN service for their current episode of treatment.

Code	Response
1	Internet search
2	GambleAware website
3	GamCare website
4	Other treatment provider website
5	Other website
6	Social Media
7	TV, radio or newspaper
8	Family or friend
9	Other professional
10	Other source
99	Not known or declined response

R10: Assessment stage

This defines the client's assessment stage when they were referred from the helpline.

Code	Response
1	Pre-assessment
2	Assessed
3	Assessed and treated

13.1.3 Appointment codes**A1: Appointment date**

This defines the date of each unique appointment, entered as DDMMYYYY e.g., 31102022.

A2: Unique caregiver code

This defines the Unique caregiver code, which is used to identify duplicate cases in the DRF.

A3: Attendance

This defines the client's attendance at the appointment.

Code	Response
2	Appointment cancelled/postponed by patient
3	Did not attend
4	Appointment cancelled/postponed by provider
5	Attended on time
6	Attended late
7	Client arrived late and could not be seen
8	Technical difficulties
9	Client ended appointment early

A4: Contact duration

This defines the duration of the client's appointment (in minutes).

A5: Appointment purpose

This defines the purpose of the client's appointment.

A5: Appointment purpose

This defines the purpose of the client's appointment.

Code	Response
1	Assessment
2	Treatment
3	Assessment and treatment
4	Review only
5	Review and treatment
6	Formal structured follow-up
7	Aftercare
8	Extended Brief Intervention (EBI)
9	Structured Group
10	Unstructured Group
11	Other

A6: Appointment medium

This defines the medium through which the appointment was conducted.

Code	Response
1	Face to face
2	Telephone
3	Web camera (e.g. skype)
4	Online chat
5	Email
6	Text message/Messaging App
7	Other

A7: Intervention given

This defines the main intervention that was used in the appointment. Where multiple interventions were used, please specify the primary intervention. Note that some interventions are given at only one Tier of treatment (e.g., CBT is provided only at Tier 3) while some are given at multiple tiers (e.g. Motivational interviewing may be given at Tier 2 or Tier 3).

Code	Response
1	Cognitive behavioural therapy (CBT)
2	Counselling
3	Structured psycho-social
4	5 step
5	Brief advice
6	Psychotherapy
7	Psychodynamic therapy
8	Pharmacological
9	Motivational Interviewing
10	Dialectical behaviour therapy (DBT)
11	Acceptance and commitment therapy (ACT)
12	Eye movement desensitisation and reprocessing (EMDR)
13	Other

A8: PGSI score

This defines the client's PGSI score as measured during the appointment. Please note that PGSI scores should only be recorded during the first and last sessions, and every 3 sessions between. For further information on the PGSI please see <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>.

A9: CORE-10 score

This defines the client's CORE-10 score as measured during the appointment. Please note that CORE-10 scores should only be recorded during the first and last sessions, and every 3 sessions between. For information on the CORE-10 please see <https://www.corc.uk.net/outcome-experience-measures/core-measurement-tools-core-10/>.

A10: Treatment setting

This defines the treatment setting of the appointment.

Code	Response
1	Community
2	Residential
3	Recovery house
4	Retreat
5	Prison
6	Other

A11: Treatment attendees

This defines the individuals other than the treatment provider who were present at the appointment. Please specify all attendees even if they were only present for part of the appointment.

Code	Response
1	Individual
2	Group
3	Couple
4	Family
5	Other
99	Unknown

A12: Use of self-exclusion tools since last appointment

This defines the client's use of self-exclusion tools since the previous appointment. Note that this differs to field G21 and relates to a client's continued use of any self-exclusion tools.

Code	Response
1	Yes
2	Yes, but have ability to circumvent
3	No
99	Not known or declined response

A13: Treatment tier

This defines the tier of the client's current treatment episode. Treatment tiers are defined as follows:

- Tier 1: provision of information and advice such as websites.
- Tier 2: early interventions. These may be brief interventions or extended brief interventions that use motivational Interviewing, motivational enhancement therapy, helpline advice and support, workbooks, and self-help guides.

Brief Interventions are targeted at individuals whose gambling can be classified as hazardous or low-risk and is used as an opportunity to raise awareness of the potential risks associated with their gambling.

- Tier 3: structured treatment. This may include individual or group based cognitive behavioural therapy treatment (CBT), motivational Interviewing, counselling, psycho-educational groups, psychiatric or clinical psychology input, and psychodynamic work.

Tier 3 treatment includes a comprehensive assessment and a goal-orientated mutually agreed care plan.

- Tier 4: residential rehabilitation treatment care. This offers a holistic, in-depth rehabilitation programme that provides emotional, practical and long-term support and includes facilitated therapeutic treatment.

Code	Response
1	Tier 1
2	Tier 2
3	Tier 3
4	Tier 4

13.2 Problem Gambling Severity Index (PGSI)

The PGSI is the most widely used measure of problem gambling behaviour 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.¹⁹

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’ - a person experiencing problem gambling. That is, people who gamble who do so 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 (people who gamble who experience a moderate level of problems leading to some negative consequences) and a score of one or two represents ‘low risk’ gambling (people who gamble who experience a low level of problems with few or no identified negative consequences).

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

13.3 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.

13.4 Client characteristics by Tier receipt

		Tier 2 only		Tier 2 + Tier 3	
		Count	Column N %	Count	Column N %
Gender identity*	Male	2288	70.8%	2100	69.7%
	Female	939	29.1%	908	30.1%
Employment indicator	Employed	1663	53.8%	2099	75.2%
	Unemployed and seeking work	626	20.3%	231	8.3%
	Student	49	1.6%	39	1.4%
	Long-term sick or disabled	152	4.9%	283	10.1%
	Looking after family or home	34	1.1%	40	1.4%
	Retired	88	2.8%	75	2.7%
	In prison	467	15.1%	14	0.5%
	Other	11	0.4%	9	0.3%
Relationship status	Divorced or dissolved civil partnership	111	3.8%	25	1.0%
	Separated	97	3.3%	84	3.2%
	Single	1233	42.1%	628	24.2%
	Widowed	31	1.1%	22	0.8%
	In relationship	929	31.7%	1121	43.3%
	Married/Civil Partnership	528	18.0%	711	27.4%
Ethnic background	White British	2641	83.6%	2366	80.4%
	White Irish	23	0.7%	27	0.9%
	White European	100	3.2%	163	5.5%
	White Other	51	1.6%	44	1.5%
	Black or Black British: African	39	1.2%	49	1.7%
	Black or Black British: Caribbean	25	0.8%	35	1.2%
	Black or Black British: Other	76	2.4%	20	0.7%
	Asian or Asian British: Bangladeshi	11	0.3%	13	0.4%
	Asian or Asian British: Indian	44	1.4%	62	2.1%
	Asian or Asian British: Pakistani	31	1.0%	20	0.7%
	Asian or Asian British: Other	62	2.0%	73	2.5%
	Mixed: White and Asian	11	0.3%	12	0.4%
	Mixed: White and Black Caribbean	16	0.5%	21	0.7%
	Mixed: Other	27	0.9%	33	1.1%
Referral source	GP/Health Visitor/Health Visitor	14	0.6%	25	0.8%
	Self-Referral	518	24.2%	705	23.2%
	Education Service	12	0.6%	0	0.0%
	Education Service	12	0.6%	0	0.0%

		Tier 2 only		Tier 2 + Tier 3	
		Count	Column N %	Count	Column N %
	Probation Service	64	3.0%	13	0.4%
	Prison	469	21.9%	15	0.5%
	Other service or agency	32	1.5%	78	2.6%
	National Gambling Helpline	812	37.9%	1680	55.3%
	Partner network	146	6.8%	474	15.6%
	Other treatment provider	12	0.5%	18	0.6%
	Other	64	3.0%	31	1.4%
Referral reason	People who gamble	1181	36.0%	2578	84.6%
	Affected other	21	0.6%	106	3.5%
	At risk of developing gambling problem	1518	46.2%	39	1.3%
	Affected other: partner/ex partner	263	8.0%	210	6.9%
	Affected other: child	71	2.2%	15	0.5%
	Affected other: parent	123	3.7%	77	2.5%
	Affected other: sibling	70	2.1%	13	0.4%
	Affected other: colleague/friend	38	1.1%	10	0.3%
Previous treatment for gambling	Yes - not known where	446	16.9%	568	25.0%
	No	2192	83.1%	1702	75.0%
End reason	Completed scheduled treatment	2271	81.2%	1461	63.5%
	Dropped out of treatment	459	16.4%	565	24.6%
	Referred to other service	68	2.4%	272	11.8%
Where heard	Internet search	656	20.4%	1542	52.7%
	BeGambleAware website	22	0.7%	26	0.9%
	GamCare website	134	4.2%	289	9.9%
	Other provider website	46	1.4%	42	1.4%
	Other website	47	1.5%	107	3.7%
	TV/Radio/Newspaper/social media	17	0.5%	41	1.4%
	Family or friend	150	4.7%	312	10.7%
	Other professional	612	19.0%	176	6.0%
	Other source	1532	47.6%	389	13.3%

*Categories of gender identity with fewer than 10 counts per cell excluded for reasons of disclosure.

GambleAware is the leading independent charity
(Charity no. England & Wales 1093910, Scotland SC049433)
and strategic commissioner of gambling harm education,
prevention and treatment across Great Britain to keep people
safe from gambling harms.

For further information, please contact

info@gambleaware.org

Publication date: November 2024