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

1st April 2022 to 31st March 2023

GambleAware

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List of abbreviations

ACT   Acceptance and Commitment Therapy

CBT   Cognitive Behavioural Therapy

CNWL   Central and North West London NHS Foundation Trust

DBT   Dialectical Behaviour Therapy

DCMS   Department for Culture, Media & Sport

DHSC   Department of Health and Social Care

DRF   Data Reporting Framework

EBI   Extended Brief Intervention

EMDR   Eye Movement Desensitisation and Reprocessing

FOBT   Fixed Odds Betting Terminal

GB   Great Britain

GMA   Gordon Moody Association

GP   General Practitioner

IVA   Individual Voluntary Arrangement

LYPFT   Leeds and York Partnership NHS Foundation Trust

NGSN   National Gambling Support Network

NGTS   National Gambling Treatment Service

NHS   National Health Service

OHID   Office for Health Improvement and Disparities

PGSI   Problem Gambling Severity Index

UK   United Kingdom

1. Executive Summary

This report presents the 2022/23 Annual Statistics from the National Gambling Treatment Service (NGTS) covering all Tier 3 and Tier 4 treatment services commissioned by GambleAware.

Due to changes in NHS England policy from April 2022 onwards, NHS clinics previously funded by GambleAware stopped reporting new data for inclusion in these statistics. Data from these clinics were included in previous annual statistics, which means the overall treatment numbers in this report are not comparable with figures from previous years. Furthermore, and in keeping with previous years, the report does not include data for Tier 1 or Tier 2 services, including the National Gambling Helpline.

Following a relaunch in April 2023, the NGTS is now known as the National Gambling Support Network (NGSN), but since this report relates to 2022/23, the old name is used here.

Treatment numbers

- A total of 6,645 individuals were reported to the Data Reporting Framework (DRF) as having been treated by NGTS in Great Britain between April 2022 and March 2023.
- While this is less than the total number for 2021/22 (7,072 people), the overall treatment numbers for 2022/23 and 2021/22 are not comparable. This apparent reduction is entirely accounted for the by fact that NHS clinics previously funded by GambleAware did not generally submit data for 2022/23. On a like-for-like basis, among third-sector treatment providers there was an increase of 228 clients treated between 2021/22 and 2022/23.
- Whilst the DRF does yet include data on provision of support at lower tiers (namely Tier 2), there is evidence that this type of provision has also increased. Between 2021/22 and 2022/23, the number of calls and chats to the National Gambling Helpline increased by 5% to 44,049, while the number of Extended Brief Interventions (EBIs) delivered through the Helpline increased by 10% to 8,765.

Client characteristics

- 85% of clients in 2022/23 were receiving support for their own gambling while 15% were receiving support to address the impacts of someone else's gambling.
- A majority of clients (69%) identified as male.
- Three quarters (75%) of clients were aged 45 years or younger. The highest number were reported in the 25-29 years old and 30-34 years old age bands, accounting for 38% of clients in total.
- 90% were from a white ethnic background, including 82% White British and 4% White European. The next most reported ethnic backgrounds were Asian or Asian British (6%), Black or Black

British (3%) and Mixed (2%).

- Most clients were in a relationship (39%) or married (25%). A further 29% were single, 4% were separated and 2% divorced.
- Most clients were employed (72%). People living with long-term disabilities/illness and not in work accounted for 12%, followed by unemployed (9%), retired (2%), looking after family/home and not working (2%) and student (1%).
- The proportion of clients seeking help due to another individual's gambling has remained consistent with the past five-year average at 13%.
- The proportion of female gambling clients was 21% in 2022/23 (higher than the past five-year average of 17%).

Gambling behaviour

- Problem Gambling Severity Index (PGSI) [1] scores indicated that most gambling clients (88%) were classed as experiencing 'problem gambling' as defined by the scale (i.e. had a score of eight or more) during initial assessment for treatment. This was slightly lower among clients who went on to complete treatment compared to those who subsequently dropped out of treatment 85.6% vs. 92.5%).
- The most common location for gambling was online, used by 67% of gambling clients. Bookmakers were the next most common, used by 36% of gambling clients. Use of online gambling was noticeably higher among younger age groups.
- The proportion reporting use of online gambling services peaked in at 75% in 2021/22. In the same time period, the proportion using bookmakers was at its lowest (30%). However, proportions in 2022/23 (67% online and 36% bookmakers) were more similar to 2019/20 than the pandemic-influenced years of 2020/21 and 2021/22.
- Among online gambling activities, the most common one was gambling on casino slots (38%, identical to 2021/22 but up from 32% in 2020/21), followed by sporting events (16%, down from 20% in 2021/22 and 27% in 2020/21) and casino table games (10%, down from 12% in 2021/22 and 21% in 2020/21).
- Among bookmakers, gaming machines were he most common form of gambling (23%), followed by sporting events (10%) 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 (45% compared to 36%) or casinos (23% compared to 8%); a higher proportion of those who identified as Asian or Asian British also reported using casinos (22%).
- Most people who gambled (64%) reported having a debt due to their gambling. 11% had experienced a job loss because of their gambling and 25% 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 reported by people who had gambled in the previous 30 days before assessment was £1,000, with 40% spending more than this.

[1]See Appendix, section 14.2

Treatment engagement

- Most referrals were from the National Gambling Helpline (53%), self-made (20%) or from the GamCare/Partner Network (14%).
- 50% of clients had a first appointment within five days of making contact and 75% within nine days.
- Among those whose treatment ended in 2022/23, treatment lasted for an average (median) of 10 weeks. Overall, clients received a median of seven appointments within their treatment episode.

Treatment outcomes

- Among those whose treatment ended in 2022/23, a majority (64%) completed their scheduled treatment, slightly lower than the past five-year average of 67%.
- Just under one third (28%) dropped out of treatment before a scheduled endpoint, a slight improvement compared to 30% the previous year. The remainder of clients were referred to other services or discharged following assessment without receiving treatment.
- Between the earliest and latest recorded scores by the end of treatment, PGSI scores improved by an average (median) of 11 points across all clients, with those who completed treatment seeing a median improvement of 14 points.
- At the latest point in treatment, 68% of clients had a PGSI score of below 8 (the cut-off for being defined as experiencing 'problem gambling' on the PGSI scale), compared to 12% at the start of treatment. Among those who completed their treatment, 87% had a PGSI score below 8 at the end of their treatment, compared to 41% of users who dropped out of treatment.
- Among clients who completed treatment, the proportion experiencing 'problem gambling' fell from 86% at the start of treatment to 13% at the end of treatment.
- Improvements in PGSI score were seen in 75% of people who gamble, including 88% in those who completed treatment, compared to 58% of those who dropped out.
- At the end of treatment, 66% of clients were defined as 'below clinical cut-off' on the CORE-10 scale , compared to only 26% at the start of treatment. 80% of clients who completed treatment were defined as 'below clinical cut-off' at the end of treatment, compared to 41% of those who dropped out of treatment.
- Improvements in CORE-10 score were seen in 85% of clients who completed treatment, compared to 50% of those who dropped out.

[2] See section 14.3

2. About the National Gambling Treatment Service

The National Gambling Treatment Service (NGTS) is a network of organisations working together to provide confidential treatment and support for anyone experiencing gambling-related harms, either as a person who gambles or someone who is impacted by someone else's gambling. The NGTS is free to access across England, Scotland and Wales. The NGTS is commissioned by GambleAware, an independent grant-making charity that takes a public health approach to reducing gambling harms. Wherever someone makes contact with the NGTS, the providers work alongside each other through referral pathways to deliver the most appropriate package of care.

In April 2023, the National Gambling Treatment Service was **relaunched** based on new **commissioning intentions**, **outcomes framework** and **service blueprint** under the name of the National Gambling Support Network (NGSN). From 1 April 2023 there has been a refreshed helpline, more integrated regional services and increased support for residential treatment. These changes have enabled the new NGSN to respond to the growing needs of people at risk of gambling harm more effectively by enabling and supporting service providers to work closely with Local Authorities and local partners to deliver targeted support.

Given that this report covers the period prior to this reorganisation, it uses the old name (NGTS).

3. Policy Context

The key policy change during this reporting period was that with effect from April 2022, two NHS gambling treatment clinics previously funded by GambleAware – the National Problem Gambling Clinic and the Northern Gambling Service – became solely NHS-funded and therefore sat outside of the NGTS. As a result, these pro viders in general did not submit any data to the Data Reporting Framework (DRF) from 2022/23 onward. The effect of this change has been to reduce by around 650 the reported number of service users captured by the DRF, compared to the previous year (2021/22). This change is further analysed in Section 13.

During the reporting period for these Annual Statistics, there were several delays to the long publication of the Government's Gambling White Paper, eventually published in April 2023. This included a commitment to introduce a statutory levy on the gambling industry to pay for research, education and treatment, which was welcomed by GambleAware.

4. The DRF database

The collection of data from clients receiving treatment through the NGTS is managed through a nationally co-ordinated system known as the Data Reporting Framework (DRF), initiated in 2015. The DRF is a core data set that provides consistent and comparable reporting at a national level. GambleAware funded are required to submit quarterly updates to the DRF in a standardised format. As mentioned above, 2022/2023 was the first reporting year in which the DRF did not include data uploaded by any NHS providers. Note that the DRF does not cover all GambleAware commissioned treatment, as for example the Primary Care Gambling Service has recently joined the NGTS and does not yet upload treatment data to the DRF.

Treatment service providers collect data about their clients and treatment through bespoke case management systems. 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 NGTS, and the suitability and success of currently administered treatment. Data on clients'

personal characteristics is collected less often for Tiers 1 and 2, as detailed knowledge of the client such as demographics and gambling history details 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, NGTS 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 **NGTS providers** in line with the DRF specification, pseudonymised and uploaded to a centralised system.

The Specification used to collect data for 2022/2023 is provided in the appendix to this report and can be found on the **GambleAware website**. For future collection from 2023/2024 onwards, the DRF specification has been **heavily updated** to accommodate a greater range of data collection.

Because the DRF is focussed on client outcomes, it only includes information on clients who have completed their treatment. The annual statistics therefore present data on those clients who have completed Tier 3 or Tier 4 treatment within the 2022/2023 financial year. Clients who received treatment at only Tier 1 or Tier 2 are not included in the annual statistics, nor are those for whom Tier 3 or Tier 4 treatment remains ongoing beyond the reporting period. 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.

5. About this report

This report summarises information on the clients of NGTS providers, 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 provider, nor does it capture any activity of providers that do not report to the DRF system. Adferiad and Gordon Moody provide their data directly to the DRF, while data collection for other providers is managed and provided by GamCare. Notes on interpretation

Total treatment numbers for each service provider are added together to provide national treatment numbers. At the service provider 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 provider within the reporting period, they will be counted in each service provider

they attended and therefore may be 'double counted' overall. 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 2022/23, 91 (1.4%) 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 as they relate to separate episodes of care.

Clients of NGTS providers can either be people who experience issues with their gambling, people who are indirectly affected by another person's gambling (often termed 'affected others') or people who consider themselves at risk of developing gambling disorder, and/or problems or harms associated with gambling. Within this report, we combine the second 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 either as means or medians, or sometimes both. 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 14.1.

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.

6. About GambleAware

GambleAware[3] is the leading independent charity and strategic commissioner of gambling harm education, prevention, early intervention and treatment across Great Britain.

GambleAware is dedicated to tackling gambling harms as a public health issue through whole-system approaches and societal change. The charity delivers this by bringing together public sector and charity partners into a coalition of expertise to provide targeted, innovative, and effective services that help reduce gambling harm. Led by strategy and evidence, GambleAware is focused on evidence-based decision making to meet our vision and to bring together public and third sector expertise to create a prevention and treatment network. GambleAware's strategy is based on an understanding of the needs of the population, and is informed by the evidence of what works, as well as the voices of people with lived experience of gambling-related harm.

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[3] Information about GambleAware and its governance is available at https://about.gambleaware.org/about/

The charity works in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other mental health services, across four key areas by:

- **Advice, tools and support** – Providing information to help people make informed decisions about gambling. GambleAware can help individuals understand and recognise the risks of gambling and direct people to more information, help and support if needed.
- **Research** – Commissioning research and evaluation to increase knowledge and understanding of what works in the prevention of harm. The gambling industry has absolutely no input at any stage in our research commissioning, delivery or publication processes.
- **National Gambling SupportNetwork**–Commissioning the National Gambling Support Network (NGSN), a group of organisations across Great Britain which provide free, confidential treatment, as well as the National Gambling Helpline which takes around 42,000 calls a year.
- **Prevention programmes** – Producing public health campaigns on a national scale and providing practical support to local services and partners. Alongside this we work with local organisations to facilitate and execute awareness training for different workforces and sectors, including those across education, debt and health to prevent harm at a local level across Great Britain.

GambleAware has an extremely robust system of governance and is accountable to the Charity Commission. The charity's independent Board of trustees are leaders within the NHS and public health sector, and the organisation works alongside DCMS, DHSC, OHID and the Gambling Commission and those with lived experience of gambling harm inform and guide its work.

GambleAware made a commitment in its **organisational strategy** 2021-2026 to "improving the coherence, accessibility, diversity, and effectiveness of the National Gambling Treatment Service". In line with this commitment, GambleAware developed a long-term commissioning strategy for the National Gambling Services in November 2021 to ensure that it effectively served to reduce gambling harm across Great Britain. GambleAware's **Commissioning Intentions** were published in September 2022 and the NGTS was recommissioned on this basis from April 2023, under the new name of the National Gambling Support Network (NGSN).

7. Assessment of completeness of 2022/23 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2022/23. Completion means that the question was asked and any response was 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

Data item	% with a response (including "not stated"/"not known")	% with a response (excluding "not stated"/"not known")
Referral reason	100%	100%
Referral source	99.9%	99.9%
Gender	99.9%	99.6%
Ethnicity	99.4%	95.8%
Employment status	99.7%	94.5%
Relationship status	99.4%	89.6%
Religion	99.0%	54.4%
Sexual orientation	99.0%	62.6%
Care for children	99.9%	87.7%
Local Authority of residence	99.8%	99.8%
Primary gambling activity*	99.4%	99.4%
Money spent on gambling (per month)*	89.3%	89.3%
Job loss*	99.9%	91.7%
Relationship loss*	99.9%	91.6%
Early big win*	99.9%	90.4%
Debt due to gambling*	98.8%	94.3%
Length of gambling history*	98.2%	98.2%
Age of onset ('problem gambling')*	91.7%	91.7%
Days gambling per month*	97.8%	97.8%
Use of self-exclusion tools*	98.6%	91.2%

*People who gamble only.

8. Characteristics 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 highest number of clients were reported in the 25-29 (17%) and 30-34 (21%) age bands (Table 2), consistent with previous years. Clients who do not gamble had a higher median age of 42 years and were more likely than people who gamble to be in the over 45 age bands (Table 3).

A majority of clients (69%) were male. This compares to 49% in the general population of Great Britain[4] . Forty-three (0.6%) clients identified as a gender other than male or female (nonbinary (2), transgender (7), or an unspecified additional gender category (34)). The distribution of age differed by gender (Table 2 and Figure 1), 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 39 years for females compared to 34 years for males. Gender differed considerably by type of client (Table 4) with 79% of people who gamble being male compared to only 21% of other clients.

8.1 Age and gender of Clients

Table 2 : Age and gender of clients

		Male			Female			Total	
		N	Col %	Row %	N	Col %	Row %	N	Col %
Age bands	< 20	43	0.9%	82.7%	9	0.5%	17.3%	52	0.8%
	20-24	386	8.4%	84.3%	72	3.7%	15.7%	458	7.0%
	25-29	879	19.1%	78.9%	235	12.0%	21.1%	1114	16.9%
	30-34	1037	22.5%	74.9%	347	17.7%	25.1%	1384	21.0%
	35-39	817	17.7%	71.5%	325	16.5%	28.5%	1142	17.4%
	40-44	540	11.7%	69.8%	234	11.9%	30.2%	774	11.8%
	45-49	296	6.4%	62.3%	179	9.1%	37.7%	475	7.2%
	50-54	256	5.6%	55.8%	203	10.3%	44.2%	459	7.0%
	55-59	177	3.8%	50.1%	176	9.0%	49.9%	353	5.4%
	60+	179	3.9%	49.2%	185	9.4%	50.8%	364	5.5%
	Total*	4610	100.0%	70.1%	1965	100.0%	29.9%	6575	100.0%
	Missing	1			0			1	
	Total clients	4611			1965			6576	

[4]Office for National Statistics. Population Estimates for the UK, England and Wales, Scotland and Northern Ireland: Mid-2020.

* Categories of gender with less than 100 clients were excluded from this table. See section 14 for full categories.

Figure 1: Age and gender of clients at the point of referral
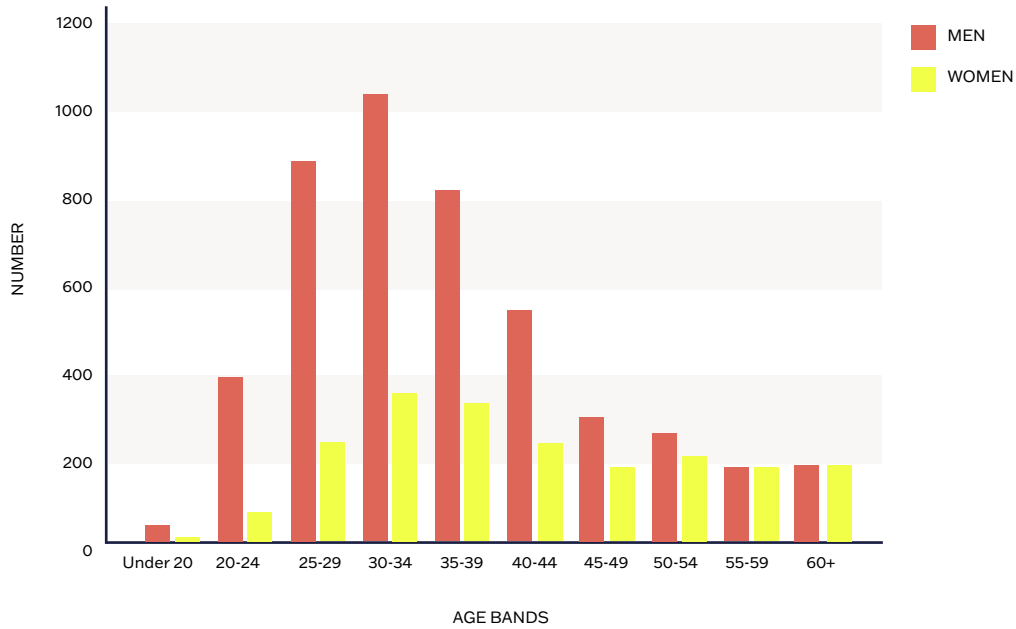
Table 3: Age bands by type of client

		Gambling clients		Other clients	
		N	%	N	%
Age bands	< 20	47	0.8%	5	0.5%
	20-24	431	7.7%	35	3.4%
	25-29	1009	18.0%	118	11.5%
	30-34	1230	21.9%	168	16.4%
	35-39	1021	18.2%	137	13.4%
	40-44	665	11.8%	111	10.8%
	45-49	376	6.7%	102	10.0%
	50-54	356	6.3%	108	10.5%
	55-59	256	4.6%	101	9.9%
	60+	227	4.0%	139	13.6%
	Total*	5618	100.0%	1024	100.0%
	Missing	3		0	
	Total clients	5621		1024	

Table 4 Gender by type of client*

	Gambling clients		Other clients	
	N	%	N	%
Male	4403	79.2%	208	20.5%
Female	1159	20.8%	806	79.5%

8.2 Ethnicity of Clients

Ninety percent of clients were from a White ethnic background (Table 5), including 82% White British and 4.1% White European. The next most reported ethnic backgrounds were Asian or Asian British (6%), Black or Black British (2.9%) and Mixed (1.9%). This compares to national (UK) proportions of 87% White or White British, 7% Asian or Asian British, 3% Black or Black British and Mixed (3%). Although no large differences existed between genders within categories defined by ethnicity (Table 6), a higher proportion of male clients were Asian or Asian British than female clients (6% compared to 4.5%).

* Categories of gender with less than 100 clients were excluded from this table. See section 14 for full categories

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

Table: 5 Client ethnicity

		Gambling clients		Other clients		Total	
		N	**%**	**N**	**%**	**N**	**%**
White or White British	**British**	47	0.8%	5	0.5%	5209	81.8%
	Irish	431	7.7%	35	3.4%	59	0.9%
	European	1009	18.0%	118	11.5%	264	4.1%
	Other	1230	21.9%	168	16.4%	170	2.7%
Black or Black British	**African**	1021	18.2%	137	13.4%	87	1.4%
	Caribbean	665	11.8%	111	10.8%	60	0.9%
	Other	376	6.7%	102	10.0%	36	0.6%
Asian or Asian British	**Bangladeshi**	356	6.3%	108	10.5%	29	0.5%
	Indian	256	4.6%	101	9.9%	126	2.0%
	Pakistani	227	4.0%	139	13.6%	67	1.1%
	Chinese	5618	100.0%	1024	100.0%	22	0.3%
	Other	3		0		107	1.7%
Mixed	**White and Asian**	5621		1024		21	0.3%
	White and Black African					15	0.2%
	White and Black Caribbean					42	0.7%
	Other					43	0.7%
Other ethnic group						10	0.2%
	Total	5384	100.0%	983	100.0%	6367	100.0%
	Missing/Not Stated	237		41		278	
	Total clients	5621		1024		6645	

Table 6: Ethnicity by gender

	Male			Female		
	N	Col %	Row %	N	Col %	Row %
White or White British	3965	88.9%	69.9%	1709	90.9%	30.1%
Black or Black British	137	3.1%	74.9%	46	2.4%	25.1%
Asian or Asian British	267	6.0%	76.1%	84	4.5%	23.9%
Mixed or Multiple	80	1.8%	66.1%	41	2.2%	33.9%
Other Ethnic Group	9	0.2%		1	0.1%	
Total	4458	100.0%		1881	100.0%	
Missing/not known/not stated	153			84		
Total Clients	4611			1965		

8.3 Relationship status of Clients

Most clients were in a relationship (39%) or married (25%). A further 29% were single, 3.7% were separated and 2.2% divorced (Table 7). Compared to male clients, female clients were less likely to be single (25% compared to 31%) and more likely to be married or in a civil partnership (32% compared to 22%) or widowed (1.6% compared to 0.7%) (Table 8).

Table 7: Relationship status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
In relationship	2006	40.3%	322	32.9%	2328	39.1%
Single	1588	31.9%	133	13.6%	1721	28.9%
Married/Civil Partnership	1080	21.7%	424	43.3%	1504	25.2%
Separated	175	3.5%	44	4.5%	219	3.7%
Divorced	94	1.9%	40	4.1%	134	2.2%
Widowed	35	0.7%	16	1.6%	51	0.9%
Total	4978	100.0%	979	100.0%	5957	100.0%
Missing/not known/not stated	643		45		678	
Total Clients	5621		1024		6645	

Table 8: Relationship status of clients by gender

	Gambling clients		Other clients	
	N	%	N	%
In relationship	1702	41.6%	605	33.4%
Single	1252	30.6%	451	24.9%
Married/Civil Partnership	904	22.1%	588	32.4%
Separated	145	3.5%	71	3.9%
Divorced	69	1.7%	65	3.6%
Widowed	17	0.4%	33	1.8%
Total	4089	100.0%	1813	100.0%
Missing/not known/not stated	522		152	
Total Clients	4611		1965	

8.4 Employment status of Clients

Most clients were employed (72%) (Table 9). People living with long-term disabilities or sickness and not in work accounted for 12% of clients, followed by unemployed (9%), retired (2.2%), looking after family/home and not working (1.8%) and student (1.2%). Female clients were less likely to be employed (63% compared to 76% males) (Table 10) and more likely to be looking after family/home and not working (5% compared to 0.4%), long-term sick/disabled & not in work (18% compared to 9%) or retired (7% compared to 1.4%). Employment levels compare broadly to UK levels for the same period (72% female and 79% male), although these data are only provided for adults aged 16-64 and so exclude retired individuals[6].

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[6]Source ONS census data https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes

Table 9: Employment status of clients

	Gambling clients		Other clients		Total	
	N	**%**	**N**	**%**	**N**	**%**
Employed	3856	72.5%	669	69.8%	4525	72.1%
Unemployed	538	10.1%	42	4.4%	580	9.2%
Student	61	1.1%	14	1.5%	75	1.2%
Long-term sick/disabled & not in work	689	13.0%	54	5.6%	743	11.8%
Looking after family/home and not working	51	1.0%	64	6.7%	115	1.8%
Not seeking work	9	0.2%	7	0.7%	16	0.3%
Volunteer	9	0.2%	1	0.1%	10	0.2%
Retired	76	1.4%	60	6.3%	136	2.2%
Seeking asylum	0	0.0%	0	0.0%	0	0.0%
In prison	30	0.6%	47	4.9%	77	1.2%
Total	5319	100.0%	958	100.0%	6277	100.0%
Missing/Not stated	302		66		368	
Total clients	5621		1024		6645	

Table 10: Employment status by gender

	Gambling clients		Other clients	
	N	**%**	**N**	**%**
Employed	3338	76.0%	1147	63.0%
Unemployed	440	10.0%	135	7.4%
Student	46	1.0%	29	1.6%
Long-term sick/disabled & not in work	406	9.2%	324	17.8%
Looking after family/home and not working	16	0.4%	99	5.4%
Not seeking work	11	0.3%	5	0.3%
Volunteer	7	0.2%	3	63.0%
Retired	62	1.4%	73	7.4%
Seeking asylum	0	0.0%	0	1.6%
In prison	68	1.5%	5	17.8%
Total	4394	100.0%	1820	5.4%
Missing/Not stated	217		145	
Total clients	4611		1965	

8.5 Sexual orientation of clients

Sexual orientation was specified by 63% of clients treated in 2022/23 Table 11. The majority, 97% identified as straight/heterosexual, 2.8% as lesbian, gay and/or homosexual, 0.4% as bisexual, and 0.1% as something else. 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 something else[7].

Table 11: Sexual orientation of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Lesbian, gay and/or homosexual	109	3.1%	8	1.2%	117	2.8%
Straight/heterosexual	3356	96.3%	662	98.8%	4018	96.7%
Bisexual	15	0.4%	0	0.0%	15	0.4%
Something else*	6	0.2%	0	0.0%	6	0.1%
Total	3486	100.0%	670	100.0%	4156	100.0%
Missing/not known/not stated	2135		354		2489	
Total Clients	5621		1024		6645	

8.6 Responsibility for children

Responsibility for children was specified for 88% of clients treated in 2022/23. 42% of clients reported being responsible for the care of children, with patterns similar across gambling and other clients.

Table 12: Responsibility for children

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Have responsibility for children	2042	41.5%	376	41.1%	2418	41.5%
Don't have responsibility for children	2876	58.5%	538	58.9%	3414	58.5%
Total	4918	100.0%	914	100.0%	5832	100.0%
Missing/not known/not stated	703		110		813	
Total Clients	5621		1024		6645	

[7]ONS Census 2021 – valid percentages calculated to exclude 'not known'.
https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality

8.7 Client religion

Religion was specified for 54% of clients treated in 2022/23. A majority (69%) of those who specified an answer reported no religion, with a higher proportion among gambling clients (71%) than other clients (59%). A greater proportion of other clients than gambling clients were Christian (24% compared to 20%) or Muslim (9% compared to 4.3%).

Table 13: Client religion

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
No religion	2137	70.6%	342	58.5%	2479	68.6%
Christian	598	19.7%	138	23.6%	736	20.4%
Buddhist	8	0.3%	3	0.5%	11	0.3%
Hindu	29	1.0%	4	0.7%	33	0.9%
Jewish	11	0.4%	2	0.3%	13	0.4%
Muslim	130	4.3%	54	9.2%	184	5.1%
Sikh	22	0.7%	3	0.5%	25	0.7%
Other religion	93	3.1%	39	6.7%	132	3.7%
Total	3028	100.0%	585	100.0%	3613	100.0%
Missing/not known/not stated	2593		439		3032	
Total Clients	5621		1024		6645	

8.8 Gambling profile

Section 9.8 reports information collected only from clients who were defined as people who gamble by the NGTS.

8.8.1 Gambling locations

Up to three 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. 53% of people who gamble reported one gambling activity, 28% reported two and 19% reported three..

The most reported gambling location (Table 14) was online, with 67% of people who gamble identifying it in their top three most significant locations. Bookmakers were the next most reported, used by 36% of people who gamble. No other locations were reported by more than 10% of people

who gamble, although casinos were reported by 9% and miscellaneous (such as lottery, scratch-cards and football pools) by 6%.

Table 14 also shows the location of main gambling activity (ranked as number one), within which online services are the most common, followed by bookmakers. These two locations account for the majority of main gambling activities, at 86%.

Table 14: Location of gambling activity reported in 2022/23

	Any gambling in this location	%	Main gambling location	%
Online	3758	67.2%	3421	61.2%
Bookmakers	2011	36.0%	1356	24.3%
Casino	498	8.9%	213	3.8%
Miscellaneous	312	5.6%	179	3.2%
Adult Entertainment Centre	301	5.4%	142	2.5%
Pub	185	3.3%	99	1.8%
Family Entertainment Centre	99	1.8%	55	1.0%
Bingo Hall	93	1.7%	41	0.7%
Other	82	1.5%	38	0.7%
Live Events	70	1.3%	32	0.6%
Private Members Club	24	0.4%	14	0.3%
Total	5590		5590	100.0%
Missing	31		31	
Total people who gamble	5621		5621	

8.8.2 Gambling activities

Table 15 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 14 because more than one activity per location can be reported.

Table 15: Gambling activities, grouped by location

Location	Activity	N	% among people who gamble	% within location
Bookmakers				
	Fixed Odds Gaming Machine	717	12.8%	35.7%
	Sports or other event	566	10.1%	28.1%
	Gaming Machine (other)	566	10.1%	28.1%
	Horses	426	7.6%	21.2%
	Dogs	196	3.5%	9.7%
	Other	180	3.2%	9.0%
Bingo premises				
	Gaming Machine (Other)	62	1.1%	62.6%
	Live draw	17	0.3%	17.2%
	Terminal	10	0.2%	10.1%
	Skill Machine	6	0.1%	6.1%
	Other	20	0.4%	20.2%
Casino				
	Roulette	200	3.6%	40.2%
	Fixed Odds Gaming Machine	115	2.1%	23.1%
	Gaming Machine (other)	93	1.7%	18.7%
	Non-poker card games	43	0.8%	8.6%
	Poker	39	0.7%	7.8%
	Other	81	1.4%	16.3%
Live events				
	Sports or other event	39	0.7%	55.7%
	Horses	26	0.5%	37.1%
	Dogs	11	0.2%	15.7%
	Other	5	0.1%	7.1%
Adult Entertainment Centre (18+ arcade)				
	Fixed Odds Gaming Machine	176	3.1%	58.5%
	Gaming Machine (other)	116	2.1%	38.5%
	Skill prize machines	8	0.1%	2.7%
	Other	18	0.3%	6.0%
Family Entertainment Centre (arcade)				
	Gaming Machine (other)	47	0.8%	50.5%
	Fixed Odds Gaming Machine	38	0.7%	40.9%
	Skill prize machines	1	0.0%	1.1%
	Other	8	0.1%	8.6%

Location	Activity	N	% among people who gamble	% within location
Pub				
	Gaming Machine (other)	170	3.0%	91.9%
	Sports	6	0.1%	3.2%
	Poker	4	0.1%	2.2%
	Other	7	0.1%	3.8%
Online				
	Casino (slots)	2119	37.9%	56.4%
	Sports events	874	15.6%	23.3%
	Casino (table games)	536	9.6%	14.3%
	Horses	302	5.4%	8.0%
	Betting exchange	218	3.9%	5.8%
	eSports betting	187	3.3%	5.0%
	Bingo	147	2.6%	3.9%
	Financial Markets	147	2.6%	3.9%
	Dogs	68	1.2%	1.8%
	Poker	66	1.2%	1.8%
	Within video games	36	0.6%	1.0%
	Scratchcards	33	0.6%	0.9%
	Spread betting	26	0.5%	0.7%
	Virtual sports betting	26	0.5%	0.7%
	Other	166	3.0%	4.4%
Miscellaneous				
	Scratchcards	184	3.3%	59.0%
	Lottery (National)	59	1.1%	18.9%
	Football pools	51	0.9%	16.3%
	Service station gaming machine	23	0.4%	7.4%
	Lottery (other)	20	0.4%	6.4%
	Private/organised games	2	0.0%	0.6%
Private members club				
	Gaming Machine	11	0.2%	45.8%
	Poker	7	0.1%	29.2%
	Non-poker card games	2	0.0%	8.3%
	Other	5	0.1%	20.8%
Other Location		82	1.5%	
Total		5590		
	Missing	31		
Total people who gamble		5621		

* %s and location totals 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 38% of people who gamble overall, followed by sporting events (16%) and casino table games (10%). 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%).

8.8.3 Gambling history

The median age of onset of significant gambling harm reported by clients was 24 years, although this was highly variable. One quarter of clients (1,333) reported first experiencing gambling harms 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 harm from gambling for up to 5 years and three quarters for up to 18 years. Figure 2 and Figure 3 show the distributions of age of self-defined problem gambling 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 2: Distribution of age of self-defined problem gambling onset

Mean = 26.55
Std. Dev = 10.502
N = 5.106

AGE OF PROBLEM GAMBLING ONSET
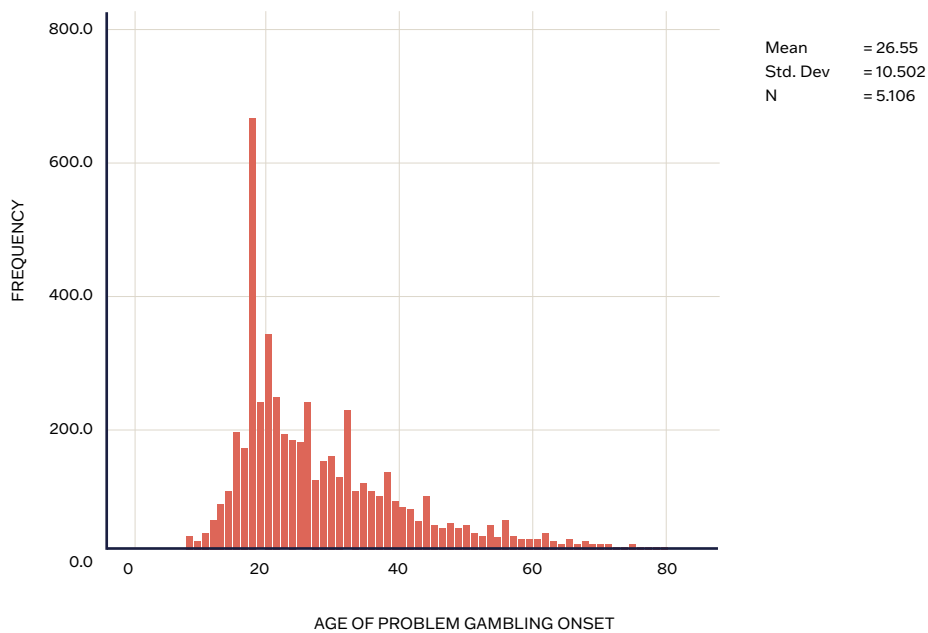
Figure 3: Distribution of length of time gambling prior to presentation

Mean = 26.55
Std. Dev = 10.502
N = 5.106

FREQUENCY

AGE OF PROBLEM GAMBLING ONSET
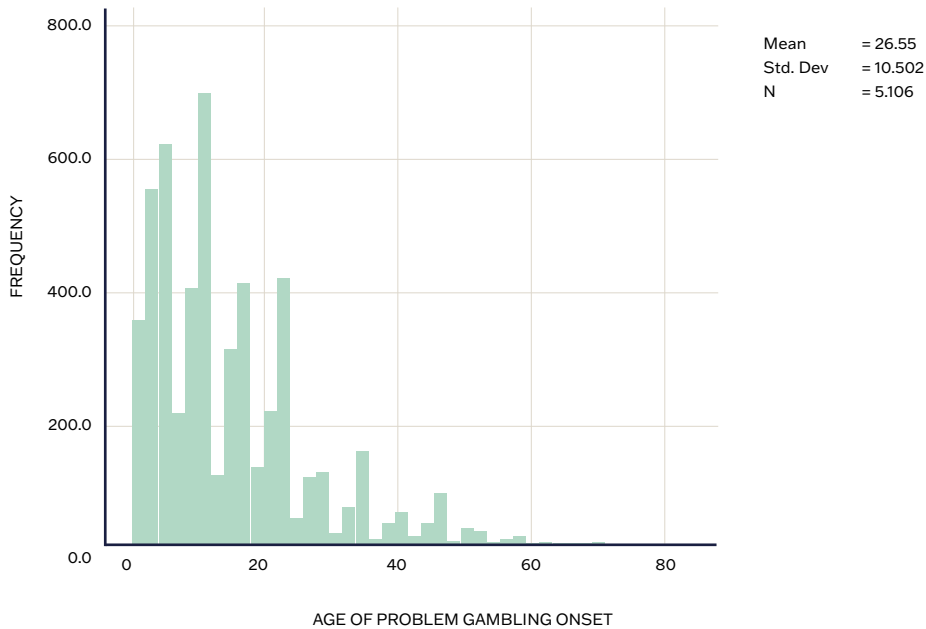
The DRF contains a number of measures of detrimental outcomes of gambling, some of which are not presented here in table form, but summarised as follows. A majority of people who gamble (62%) had experienced an early big win in their life when they started gambling. Job loss (because of gambling) was reported by 11% (13% for males, 5% for females) and relationship loss by 25% (28% for males, 14% for females).

Just over one in three people who gamble (36%) had no debt due to gambling at the time of assessment (Table 16), while one in four (23%) had debts under £5,000 and another one in three (32%) had debts of £5,000 or more. A further 1.5% were bankrupt or in an Individual Voluntary Arrangement (IVA) and 6% did not know the size of their debts.

Table 16: Debt due to gambling

	N	%
No debt	1924	36.3%
Under £5000	1209	22.8%
£5000-£9,999	544	10.3%
£10,000-£14,999	320	6.0%
£15,000-£19,999	220	4.1%
£20,000-£29,999	256	4.8%
£30,000 - £49,999	220	4.1%
£50,000 - £99,999	156	2.9%
£100,000 or more	62	1.2%
Bankruptcy	18	0.3%
In an IVA	66	1.2%
Don't know (some)	309	5.8%
Total	5304	100.0%
Missing/not stated	317	
Total people who gamble	5621	

A greater proportion of those reporting job loss through gambling (Table 17) reported using bookmakers (51% compared to 33% with no job loss) and casinos (13% compared to 8%), whereas a greater proportion of those reporting no job loss through gambling reported using online services (70% compared to 56% of those not job loss). Similarly (Table 18), a greater proportion of those reporting a loss of relationship through gambling reported using bookmakers (46% compared to 31% of those not reporting loss), whereas a greater proportion of those reporting no loss of relationship through gambling reported using online services (71% compared to 61% of those who did report a loss).

Table 17: Gambling location by job loss

	Job loss		No job loss	
	N	%	N	%
Bookmakers	287	51.2%	1510	33.0%
Bingo premises	14	2.5%	62	1.4%
Casino	73	13.0%	360	7.9%
Live Events	11	2.0%	38	0.8%
Adult Entertainment Centre (18+ arcade)	38	6.8%	227	5.0%
Family Entertainment Centre (arcade)	11	2.0%	70	1.5%
Pub	18	3.2%	148	3.2%
Online	314	56.0%	3203	70.0%
Miscellaneous	20	3.6%	259	5.7%
Private Members Club	4	0.7%	11	0.2%
Other	6	1.1%	65	1.4%
Total	561	100.0%	4578	100.0%

Table 18: Gambling location by relationship loss

	Relationship loss		No relationship loss	
	N	%	N	%
Bookmakers	594	45.8%	1188	30.9%
Bingo premises	32	2.5%	47	1.2%
Casino	152	11.7%	275	7.2%
Live Events	20	1.5%	28	0.7%
Adult Entertainment Centre (18+ arcade)	74	5.7%	189	4.9%
Family Entertainment Centre (arcade)	30	2.3%	51	1.3%
Pub	49	3.8%	116	3.0%
Online	784	60.5%	2738	71.3%
Miscellaneous	59	4.6%	221	5.8%
Private Members Club	4	0.3%	12	0.3%
Other	19	1.5%	53	1.4%
Total	1296	100.0%	3840	100.0%

8.8.4 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 £382 per day demonstrates that some people who gamble spent at considerably higher levels.

Almost half (46%) spent less than £100 per gambling day in the previous 30 days before assessment (Table 19), 17% spent between £100 and £200, 23% spent between £200 and £500 and 14% spent over £500. These figures are consistent with previous years data for spend.

Table 19: Average spend on gambling days

	N	%
Up to £100	2037	46.4%
£101 to £200	751	17.1%
£201 to £300	374	8.5%
£301 to £400	154	3.5%
£401 to £500	471	10.7%
£501 to £1000	369	8.4%
£1001 to £2000	137	3.1%
Over £2000	100	2.3%
Total	4393	100.0%
Missing	1228	
Total people who gamble	5621	

Figure 4: Distribution of average daily spend on gambling (capped at £5k)

Mean   = 381.63
Std. Dev = 797.094
N   = 4,393

MONEY SPENT, DAILY AVERAGE
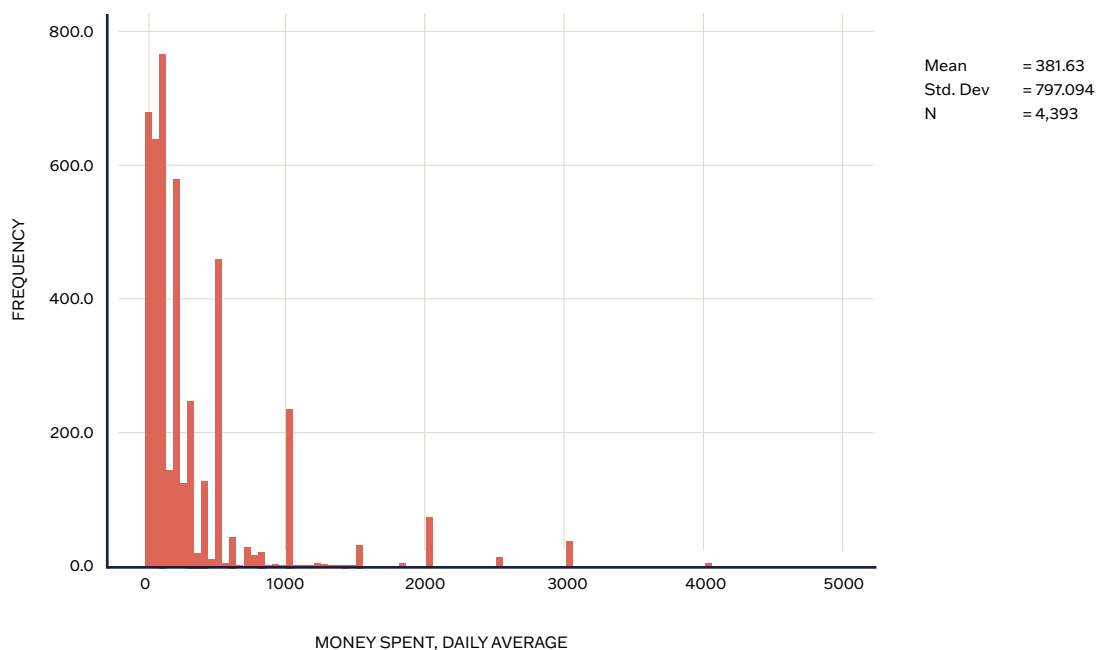
In the preceding month, people who gamble reported spending a median of £1000 and a mean of £2,215 on gambling (Figure 4), consistent with the previous two years (£1,000 and £2,070 in 2020/2021, and £1,000 and £2,288 in 2021/2022 respectively). Sixty percent of people who gamble spent up to £1,000 in the preceding month (Table 20), 18% reported spending over £2000 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	204	4.1%
Up to £200	245	4.9%
Up to £300	238	4.8%
Up to £400	287	5.7%
Up to £500	500	10.0%
Up to £1000	1528	30.5%
Up to £2000	1108	22.1%
Over £2000	896	17.9%
Total	5006	100.0%
Missing	615	
Total people who gamble	5621	

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 and bingo halls. These means can be affected by outliers (extreme individual values) but the median values were also relatively high for casinos and live events (£200). The median value was highest among users of casinos, live events, bookmakers, bingo halls and adult entertainment centres (18+ arcades) (£200) and then online services (£150). Average monthly spend was particularly elevated among those using live events and casinos, but also among those using adult entertainment centres and bookmakers as well as online services, more so than seen for average daily spend, suggesting that frequent use of these services may contribute to a high monthly spend.

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	387	200	1835	1000
Bingo premises	618	200	1561	900
Casino	534	200	2648	1200
Live Events	341	200	2721	1500
Adult Entertainment Centre (18+ arcade)	341	200	1340	1000
Family Entertainment Centre (arcade)	335	130	1526	800
Pub	292	100	1286	800
Online	387	150	2013	1000
Miscellaneous	230	70	1371	500
Private Members Club	267	100	2524	500
Other	530	200	2347	1100
Total	1296	100.0%	3840	100.0

Figure 5: Distribution of spend on gambling in last month (capped at £50k)

Mean   = 1889.0757
Std. Dev = 3573.05145
N   = 5,006
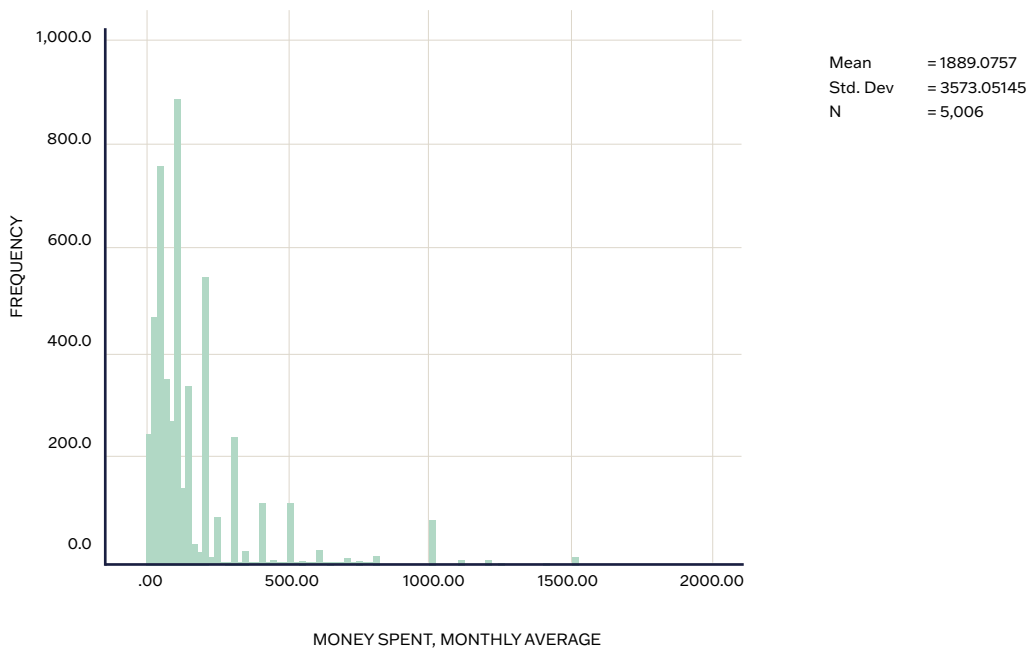
8.8.5 Gambling location by age

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 30 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	22.9%	34.8%	37.8%	36.9%	39.2%	38.6%	36.2%	40.3%	36.1%
Bingo premises	0.6%	0.8%	1.6%	1.1%	2.3%	3.5%	3.1%	4.3%	3.5%
Casino	9.2%	9.4%	8.7%	9.5%	8.5%	7.2%	10.2%	7.1%	8.4%
Live Events	1.9%	1.8%	1.3%	1.0%	0.8%	0.8%	0.8%	2.0%	0.4%
Adult Entertainment Centre (18+ arcade)	3.1%	2.5%	3.9%	5.5%	6.4%	9.9%	9.6%	8.7%	9.7%
Family Entertainment Centre (arcade)	0.4%	1.2%	1.3%	1.5%	1.8%	3.5%	2.8%	3.2%	2.2%
Pub	1.7%	1.8%	3.4%	3.0%	4.2%	6.7%	3.7%	3.6%	5.7%
Online	83.2%	73.9%	69.0%	68.7%	64.0%	56.0%	57.9%	52.6%	46.7%
Miscellaneous	3.4%	4.3%	4.4%	5.8%	6.1%	7.2%	8.8%	7.1%	10.6%
Private Members Club	0.0%	0.4%	0.2%	0.2%	0.8%	0.5%	0.3%	1.2%	2.2%
Other	1.5%	1.9%	1.2%	1.7%	1.4%	0.8%	2.0%	1.2%	0.9%
Total people who gamble*	477	1006	1223	1016	659	373	354	253	227

8.8.6 Gambling location by gender

A lower proportion of women who gamble reported using bookmakers (13% compared to 42% males who gamble) or casinos (6% compared to 9%), whereas a higher proportion reported using bingo premises (6% compared to 0.8%), online services (77% compared to 65%) or miscellaneous activities (9% compared to 5%).

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

Table 23: Gambling location by gender

	Male		Female	
	N	%	N	%
Bookmakers	1857	42.4%	143	12.5%
Bingo premises	35	0.8%	63	5.5%
Casino	424	9.7%	66	5.7%
Live Events	67	1.5%	3	0.3%
Adult Entertainment Centre (18+ arcade)	209	4.8%	87	7.6%
Family Entertainment Centre (arcade)	61	1.4%	31	2.7%
Pub	154	3.5%	29	2.5%
Online	2832	64.6%	884	77.0%
Miscellaneous	203	4.6%	102	8.9%
Private Members Club	23	0.5%	1	0.1%
Other	67	1.5%	15	1.3%
Total people who gamble*	4383		1148	

8.8.7 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 who gamble: a higher proportion of people who gamble who identified as Black or Black British reported using bookmakers (45% compared to 36%) or casinos (23% compared to 8%); a higher proportion of those who identified as Asian or Asian British also reported using casinos (22%). Use of pubs was lowest among those who identified as Black or Black British (1.2%). Use of online services was highest among those identifying as White or White British (68%).

*Categories of gender with less than 100 people who gamble were excluded from this table. See section 14 for available categories.
Note: %s may total > 100% as more than one location can be reported.

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	1703	35.5%	73	45.3%	111	39.1%	42	39.3%
Bingo premises	88	1.8%	1	0.6%	3	1.1%	3	2.8%
Casino	370	7.7%	37	23.0%	63	22.2%	7	6.5%
Live Events	64	1.3%	2	1.2%	2	0.7%	0	0.0%
Adult Entertainment Centre (18+ arcade)	253	5.3%	11	6.8%	17	6.0%	5	4.7%
Family Entertainment Centre (arcade)	84	1.8%	1	0.6%	6	2.1%	0	0.0%
Pub	162	3.4%	2	1.2%	6	2.1%	3	2.8%
Online	3278	68.3%	85	52.8%	163	57.4%	68	63.6%
Miscellaneous	264	5.5%	7	4.3%	15	5.3%	8	7.5%
Private Members Club	21	0.4%	0	0.0%	3	1.1%	0	0.0%
Other	70	1.5%	2	1.2%	4	1.4%	3	2.8%
Total	4796		161		284		107	

8.8.8 Gambling location by relationship status

Compared to those in a relationship (in relationship or married/civil partner), a greater proportion of people who gamble defined as not in a relationship (divorced, separated or single) reported using bookmakers (41% compared to 34%), bingo premises (2.8% compared to 1.0%), casinos (12% compared to 7%), and adult entertainment centres (18+ arcades) (8% compared to 3.9%) or family entertainment centres (2.0% compared to 1.4%)(Table 25). A greater proportion of those in a relationship or married/ in a civil partnership reported using online services (72% compared to 60%).

*Categories of ethnic group with less than 100 people who gamble were excluded from this table. See section 14 for available categories.
Note: %s may total > 100% as more than one location can be reported.

Table 25: Gambling location by relationship status

	Separated divorced		Single		In relationship		Married/ Civil Partnership	
	N	%	N	%	N	%	N	%
Bookmakers	113	42.8%	638	40.4%	692	34.6%	347	32.2%
Bingo premises	13	4.9%	45	2.8%	20	1.0%	10	0.9%
Casino	37	14.0%	181	11.5%	141	7.0%	78	7.2%
Live Events	1	0.4%	18	1.1%	29	1.4%	10	0.9%
Adult Entertainment Centre (18+ arcade)	22	8.3%	116	7.3%	79	3.9%	47	4.4%
Family Entertainment Centre (arcade)	9	3.4%	32	2.0%	28	1.4%	16	1.5%
Pub	10	3.8%	54	3.4%	50	2.5%	34	3.2%
Online	156	59.1%	954	60.4%	1472	73.5%	746	69.3%
Miscellaneous	15	5.7%	90	5.7%	98	4.9%	74	6.9%
Private Members Club	4	1.5%	6	0.4%	4	0.2%	6	0.6%
Other	1	0.4%	22	1.4%	29	1.4%	27	2.5%
Total people who gamble*	264	100.0%	1579	100.0%	2002	100.0%	1077	100.0%

8.8.9 Gambling location by employment status

Use of bingo premises (5%), adult entertainment centres (18+ arcades) (13%) and miscellaneous activities (9%) 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 26), with use of online services the lowest (56%). Use of online services was highest (70%) among those employed. Use of casinos was highest (13%) among those unemployed.

*Categories of relationship status with less than 100 people who gamble were excluded from this table.
See section 14 for available categories. Note: %s may total > 100% as more than one location can be reported.

Table 26: Gambling location by employment status

	Employed		Unemployed		Long-term sick/disabled & not in work	
	N	%	N	%	N	%
Bookmakers	1396	36.3%	204	38.1%	249	36.8%
Bingo premises	38	1.0%	15	2.8%	31	4.6%
Casino	325	8.4%	71	13.3%	55	8.1%
Live Events	41	1.1%	5	0.9%	3	0.4%
Adult Entertainment Centre (18+ arcade)	158	4.1%	26	4.9%	87	12.9%
Family Entertainment Centre (arcade)	46	1.2%	12	2.2%	26	3.8%
Pub	114	3.0%	23	4.3%	25	3.7%
Online	2710	70.4%	324	60.6%	377	55.8%
Miscellaneous	179	4.7%	32	6.0%	58	8.6%
Private Members Club	15	0.4%	0	0.0%	6	0.9%
Other	63	1.6%	9	1.7%	3	0.4%
Total	3849	100.0%	535	100.0%	676	100.0%
Missing	7		3		13	
Total people who gamble*	3856		538		689	

8.9 Use of self-exclusion tools

Self-exclusion tools can be used by individuals to place limits on their gambling activity. Self-exclusion involves an individual 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. 75% of gambling clients reported using a tool, though 18% stated that they had the ability to circumvent these.

Table 27: Use of self-exclusion tools

	N	%
Yes	2945	57.4
Yes, but have ability to circumvent	910	17.7
No	1273	24.8
Total	5128	100.0
Missing/not stated	493	
Total people who gamble	5621	

*Categories of employment status with less than 100 people who gamble were excluded from this table.
See section 14 for available categories. Note: %s may total > 100% as more than one location can be reported.

9. Access to Services

9.1 Source of referral into treatment

Most referrals were from the National Gambling Helpline (53%), self-made (20%) or from the GamCare/Partner Network (14%). GPs, prisons, Gordon Moody Association and 'other services or agencies' accounted for between 1% and 5% of referrals each (Table 28). 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 other clients attended via self-referral, GPs or prisons.

Table 28: Referral source for clients treated in 2022/23, by type of client

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
National Gambling Helpline	3024	53.8%	497	48.5%	3521	53.0%
Self-Referral	1116	19.9%	230	22.5%	1346	20.3%
GamCare/partner network	758	13.5%	136	13.3%	894	13.5%
Other service or agency	265	4.7%	54	5.3%	319	4.8%
Gordon Moody Association (GMA)	103	1.8%	7	0.7%	110	1.7%
Not stated	104	1.9%	2	0.2%	106	1.6%
Prison	33	0.6%	51	5.0%	84	1.3%
GP	33	0.6%	39	3.8%	72	1.1%
Independent Sector Mental Health Services	34	0.6%	4	0.4%	38	0.6%
Other Primary Health Care	37	0.7%	0	0.0%	37	0.6%
Probation Service	23	0.4%	0	0.0%	23	0.3%
Mental Health NHS Trust	19	0.3%	1	0.1%	20	0.3%
Social Services	17	0.3%	0	0.0%	17	0.3%
Voluntary Sector	11	0.2%	0	0.0%	11	0.2%
Police	9	0.2%	2	0.2%	11	0.2%
Citizen's Advice	8	0.1%	0	0.0%	8	0.1%
Drug Action Team / Drug Misuse Agency	5	0.1%	0	0.0%	5	0.1%
London Problem Gambling Clinic / CNWL	5	0.1%	0	0.0%	5	0.1%

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Carer	5	0.1%	0	0.0%	5	0.1%
Courts	4	0.1%	0	0.0%	4	0.1%
Health Visitor	3	0.1%	0	0.0%	3	0.0%
Education Service	1	0.0%	1	0.1%	2	0.0%
Northern Gambling Service / LYPFT	1	0.0%	0	0.0%	1	0.0%
Employer	1	0.0%	0	0.0%	1	0.0%
Total	5619	100.0%	1024	100.0%	6643	100.0%
Missing/Not stated	2		0		2	
Total clients	5621		1024		6645	

9.2 Where client heard of treatment services

Where clients heard of the service is recorded for self-referred clients only. Sources other than those specified accounted for 37% of cases, internet searches for 30%, Family or friend for 17% and the GamCare website for 6%. Having heard of the service via newspaper, radio, TV or social media was uncommon (<1% combined).

Table 29: Where heard of service

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Other source	415	39.0%	69	30.0%	484	37.4%
Internet search	334	31.4%	52	22.6%	386	29.8%
Family or friend	140	13.2%	84	36.5%	224	17.3%
GamCare website	73	6.9%	6	2.6%	79	6.1%
Other professional	64	6.0%	9	3.9%	73	5.6%
Other website	20	1.9%	7	3.0%	27	2.1%
BeGambleAware website	9	0.8%	1	0.4%	10	0.8%
TV	4	0.4%	2	0.9%	6	0.5%
Social Media	4	0.4%	0	0.0%	4	0.3%
Newspaper	1	0.1%	0	0.0%	1	0.1%
Radio	0	0.0%	0	0.0%	0	0.0%
Total	1064	100.0%	230	100.0%	1294	100.0%
Missing	52		0		52	
Total clients self-referred	1116		230		1346	

9.3 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 2022/23, 50% had an appointment within five days and 75% within nine days. Waiting times for residential services were higher, with 50% of clients seen within three weeks.

Figure 6: Distribution of days waited for first appointment

Mean   = 13.7354 Std.
Dev   = 105.58449
N   = 6,610
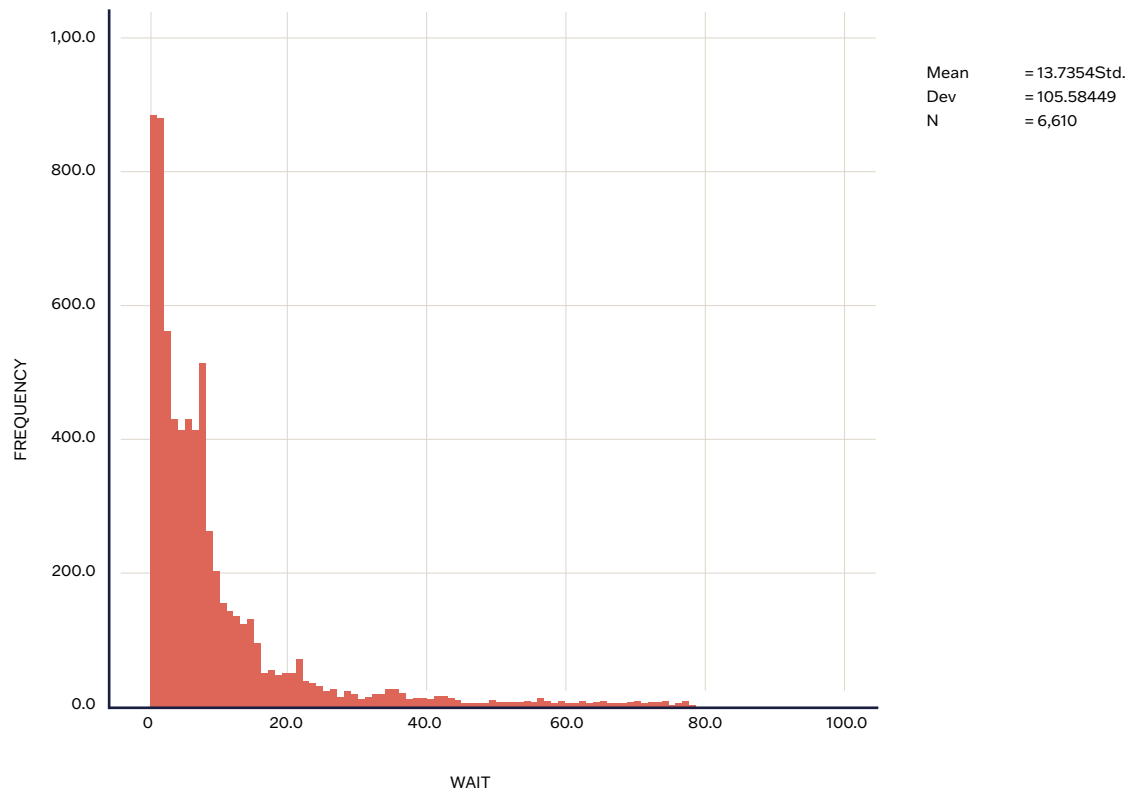
10. Engagament

A total of 53,953 appointments were recorded for clients treated in 2022/23 (Table 30). This represents a median of seven appointments per client, identical for both people who gamble and other clients. Figure 6 shows the distribution of number of appointments across all clients.

Figure 7: Distribution of number of appointments recorded

Mean	= 13.7354Std.
Dev	= 105.58449
N	= 6,610
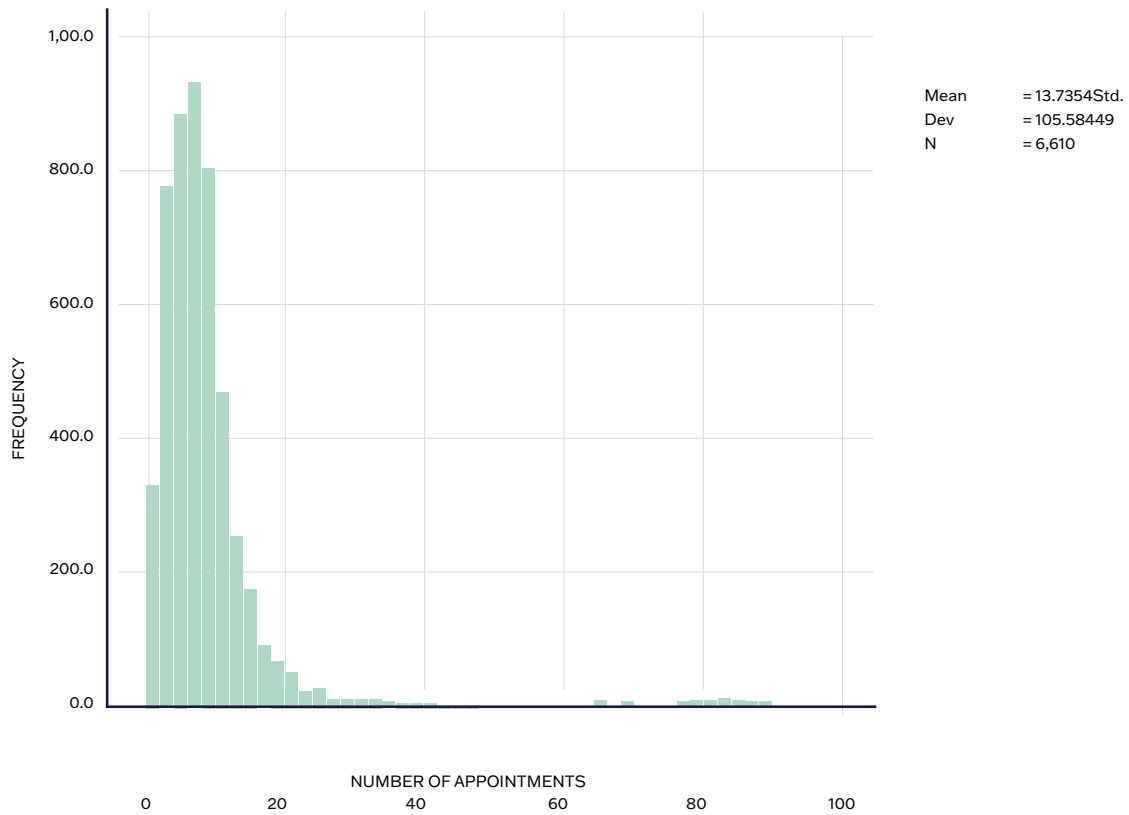
Most of these appointments (72%) were for the purpose of treatment, with 22% being for assessment and 4.0% for formal structured follow-up after treatment completion.

Table 30: Appointment purpose for clients treated in 2022/23

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Treatment	26852	71.0%	4200	81.1%	31052	72.2%
Assessment	8650	22.9%	949	18.3%	9599	22.3%
Formal structured follow-up	1705	4.5%	6	0.1%	1711	4.0%
Review only	465	1.2%	18	0.3%	483	1.1%
Aftercare	143	0.4%	3	0.1%	146	0.3%
Other	3	0.0%	0	0.0%	3	0.0%
Review and treatment	2	0.0%	1	0.0%	3	0.0%
Assessment and treatment	2	0.0%	0	0.0%	2	0.0%
Extended Brief Intervention (EBI)	0	0.0%	0	0.0%	0	0.0%
Total	37822	100.0%	5177	100.0%	42999	100.0%
Missing/Not recorded	9651		1303		10954	
Total appointments	47473		6480		53953	

In this post-pandemic period, most (70%) appointments were still conducted remotely, by telephone (63%), web camera (7%) or other remote platform (0.2%). However, 32% were conducted on a face-to-face basis. This marks a decrease on the 90% remote appointments recorded in 2021/22.

Interventions received were most likely to be described as 'structured psycho-social' (47%). These are structured psychological or social treatment interventions that encompass a wide range of actions to address gambling-related problems. A further 15% were for counselling, 15% for CBT (Cognitive Behavioural Therapy) and 12% for Motivational Interviewing (Table 31).

Table 31: Interventions received at appointments in 2022/23

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Structured psycho-social	21810	46.2%	3516	54.3%	25326	47.2%
Counselling	7307	15.5%	798	12.3%	8105	15.1%
CBT (Cognitive Behavioural Therapy)	6637	14.1%	1351	20.8%	7988	14.9%
Motivational Interviewing	6629	14.1%	0	0.0%	6629	12.4%
Brief advice	3811	8.1%	2	0.0%	3813	7.1%
5 Step	930	2.0%	164	2.5%	1094	2.0%
Other	26	0.1%	649	10.0%	675	1.3%
Psychotherapy	14	0.0%	0	0.0%	14	0.0%
DBT (Dialectical behaviour therapy)	3	0.0%	0	0.0%	3	0.0%
EMDR (Eye movement desensitisation and reprocessing)	0	0.0%	0	0.0%	0	0.0%
ACT (Acceptance and commitment therapy)	0	0.0%	0	0.0%	0	0.0%
Pharmacological	0	0.0%	0	0.0%	0	0.0%
Psychodynamic therapy	0	0.0%	0	0.0%	0	0.0%
Total	47167	100.0%	6480	100.0%	53647	100.0%
Missing	306		0		306	
Total appointments	47473		6480		53953	

10.1 Length of time in treatment

Among those receiving and ending treatment within 2022/23, treatment lasted for a median of ten weeks. One quarter of clients received treatment for six weeks or less, half received treatment for between 6 and 15 weeks and one quarter received treatment for over 15 weeks.

Treatment for clients other than people who gamble was shorter, with a median of 9 weeks compared to 10 weeks for people who gamble. Treatment in residential centres was generally longer, lasting a median of 12 weeks.

Figure 8: Distribution of number of weeks in treatment

Mean	= 11.6996
Std. Dev	= 8,62468
N	= 4,973

AGE OF PROBLEM GAMBLING ONSET
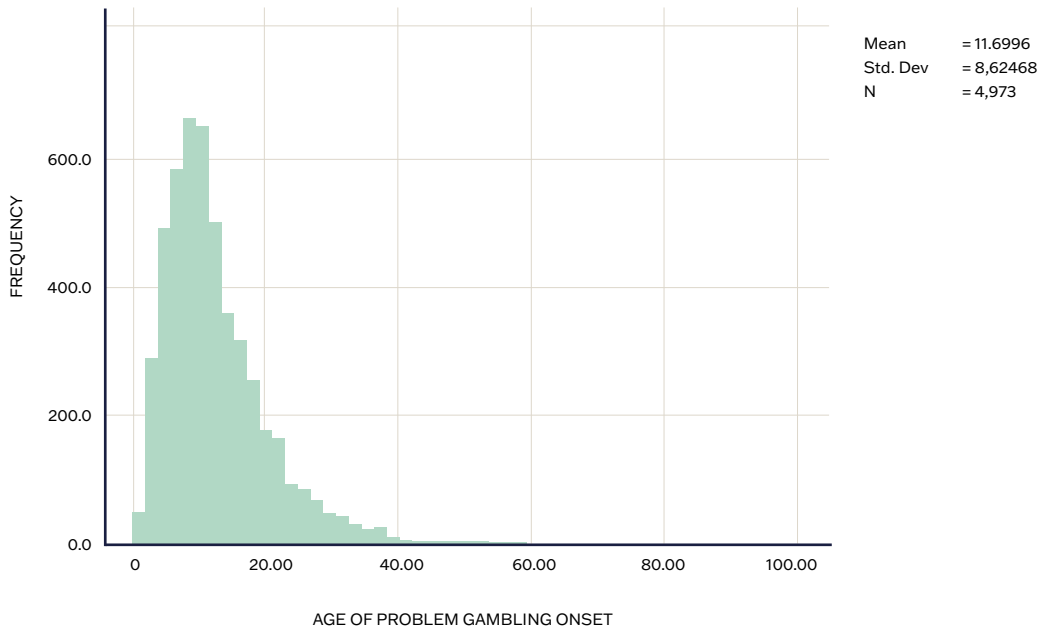
11.   Treatment Outcomes

Among clients treated within 2022/23, 1,672 (25%) were still in treatment at the end of March 2023 whereas 4,973 (75%) exited treatment before the end of March 2023. Treatment outcomes are presented for those clients who were discharged between April 2022 and March 2023 to represent their status at the end of treatment.

11.1 Treatment exit reasons

Most clients (64%) who exited treatment within 2022/23 completed their scheduled treatment (Table 32). However, 28% dropped out of treatment before a scheduled endpoint. Much smaller proportions were referred on to another service following treatment (5%) or discharged or referred on following assessment without receiving treatment (1.0%). Clients other than people who gamble were more likely to complete treatment (79% compared to 62%) and less likely to drop out (18% compared to 30%).

Table 32: Reasons for treatment exit for clients treated within 2022/23

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Treated - Completed scheduled treatment	2523	61.5%	625	79.0%	3148	64.3%
Treated - Dropped out of treatment (unscheduled discontinuation)	1239	30.2%	143	18.1%	1382	28.2%
Treated - Referred to other service	243	5.9%	17	2.1%	260	5.3%
Treated - Not Known	50	1.2%	5	0.6%	55	1.1%
Assessed - Discharged by mutual agreement following advice and support	26	0.6%	1	0.1%	27	0.6%
Assessed - Referred to another therapy service by mutual agreement	20	0.5%	0	0.0%	20	0.4%
Treated - Deceased	1	0.0%	0	0.0%	1	0.0%
Total	4102	100.0%	791	100.0%	4893	100.0%
Missing	80		0		80	
Total clients	4182		791		4973	

Some minor differences in exit reason were noted between male and female clients (Table 33), with a smaller proportion of female clients dropping out of treatment (25% 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, 29% female).

A greater proportion of those who were unemployed (35%) dropped out of treatment (Table 34), whereas those who were employed were the most likely to complete treatment (67%). Levels of drop out decreased with age, falling from 37% among those under 30 years old to 21% among those over 50 years old (Table 35). Rates of completion were higher among those in a relationship (65%) compared to not in a relationship (57%) (Table 36).

Table 33: Treatment exit reason by gender/gambling status

	Male				Female			
	Gambling clients		Other clients		Gambling clients		Other clients	
	N	%	N	%	N	%	N	%
Treated - Completed scheduled treatment	2005	62.3%	142	84.0%	496	58.9%	479	77.9%
Treated - Dropped out of treatment (unscheduled discontinuation)	979	30.4%	25	14.8%	242	28.7%	115	18.7%
Treated - Referred to other service	168	5.2%	2	1.2%	73	8.7%	15	2.4%
Assessed - Discharged by mutual agreement following advice and support	16	0.5%	0	0.0%	6	0.7%	0	0.0%
Assessed - Referred to another therapy service by mutual agreement	14	0.4%	0	0.0%	6	0.7%	0	0.0%
Total	3182		169		823		609	

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

	Employed		Unemployed		Long-term sick/disabled & not in work	
	N	%	N	%	N	%
Treated - Completed scheduled treatment	2219	66.9%	228	55.6%	279	53.8%
Treated - Dropped out of treatment (unscheduled discontinuation)	966	29.1%	145	35.4%	139	26.8%
Treated - Referred to other service	112	3.4%	35	8.5%	81	15.6%
Assessed - Discharged by mutual agreement following advice and support	6	0.2%	1	0.2%	17	3.3%
Assessed - Referred to another therapy service by mutual agreement	13	0.4%	1	0.2%	3	0.6%
Total	3316	100.0%	410	100.0%	519	100.0%

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

See section 14 for available categories

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

	Under 30		30-39		40-49		50 and over	
	N	%	N	%	N	%	N	%
Treated - Completed scheduled treatment	604	55.6%	1009	61.4%	496	64.8%	413	68.3%
Treated - Dropped out of treatment (unscheduled discontinuation)	400	36.8%	507	30.8%	203	26.5%	129	21.3%
Treated - Referred to other service	59	5.4%	87	5.3%	48	6.3%	49	8.1%
Assessed - Discharged by mutual agreement following advice and support	6	0.6%	11	0.7%	4	0.5%	5	0.8%
Assessed - Referred to another therapy service by mutual agreement	4	0.4%	7	0.4%	7	0.9%	2	0.3%
Total	1086	100.0%	1644	100.0%	766	100.0%	605	100.0%

Table 36: Treatment exit reason by relationship status (among gambling clients)

	In relationship		Not in relationship	
	N	%	N	%
Treated - Completed scheduled treatment	1482	65.1%	773	56.6%
Treated - Dropped out of treatment (unscheduled discontinuation)	647	28.4%	438	32.1%
Treated - Referred to other service	100	4.4%	115	8.4%
Assessed - Discharged by mutual agreement following advice and support	10	0.4%	14	1.0%
Assessed - Referred to another therapy service by mutual agreement	10	0.4%	9	0.7%
Total	2831	100.0%	1523	100.0%

11.2 Severity scores

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 CORE-10 score, which is recorded for all clients. Clients are asked directly for their responses to questions that underlie the measures.

PGSI

The PGSI is a validated and widely used tool[8] designed to assess an individual's level of problems associated with gambling. 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 zero and 27 points (see appendix, 14.2 for further details, as well as some critical appraisal of the PGSI's shortcomings).

A PGSI score of eight or more is used to classify a person as experiencing 'problem gambling'. The term 'problem gambling' refers to gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits, with a high level of problems resulting in negative consequences. Scores between three and seven represent individuals classified as experiencing ''moderate risk gambling' by the scale (those who experience a moderate level of problems leading to some negative consequences). A score of one or two 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 zero represents a person with no gambling problems as identified by the measure. Section 14.2 provides some discussion on the problematic nature of the language used in the PGSI.

CORE-10

The CORE-10 is a 10-item questionnaire designed to measure psychological distress, including commonly experienced symptoms of anxiety and depression and associated aspects of life and social functioning[9] [10]. The CORE-10 has 10 items, which include Anxiety (2 items), depression (2 items), trauma (1 item), physical problems (1 item), functioning (3 items - day to day, close relationships, social relationships) and risk to self (1 item). The 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, 14.3 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.

[8]PGSI is a validated population level screening tool. It should be noted that the PGSI was not designed as a clinical tool, nor as an outcome measure for treatment. PGSI cannot be directly interpreted as a benchmark of treatment effectiveness, as longer-term outcomes are not captured. It additionally does not weight harms; it is a proxy measure of harm. Moreover, it is argued to use stigmatising language and terminology (defining people as being a 'problem') 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.

[9]CORE-10 USER MANUAL Version 1.0 Released 1st June 2007.

[10]The 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**

11.2.1 Baseline and latest severity scores

At the earliest PGSI assessment for people who gamble treated during 2022/23, PGSI scores were recorded for 97%, with the distribution of scores shown in Figure 9. Among these (Table 37), the majority (88%) recorded a PGSI score of 8 or more. Much smaller proportions were defined as moderate risk gambling and experiencing a moderate level of problems (8%), low risk gambling and experiencing a low level of problems (1.6%) or no problems (1.8%). Among those in the highest PGSI category (8+), mean PGSI score was 19, considerably higher than the minimum of eight for this category. Clients who subsequently dropped out of treatment before completion were more likely to enter treatment with higher PGSI scores than those who completed treatment (Table 38).

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

| | Earliest PGSI assessment | | |
	N	%	Mean score within category
No problem (0)	89	1.6%	0
Low risk people who gamble (1-2)	98	1.8%	1.6
Moderate risk people who gamble (3-7)	449	8.3%	5.1
Score of 8+	4801	88.3%	18.8
Total	5437	100.0%	
Missing	184		
Total people who gamble	5621		

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

| | Earliest PGSI assessment | | | | | |
| | Completed treatment | | | Discharged, not complete | | |
	N	%	Mean score within category	N	%	Mean score within category
No problem (0)	52	2.1%	0	14	0.9%	0
At low risk (1-2)	63	2.5%	1.5	11	0.7%	1.5
At moderate risk (3-7)	242	9.7%	5.1	92	5.9%	5.2
Score of 8+	2132	85.7%	18.4	1437	92.5%	19.2
Total	2489			1554		
Missing	34			25		
Total people who gamble	2523			1579		

Figure 9: Distribution of PGSI score at earliest PGSI assessment

Mean   = 16.98
Std. Dev = 7.047
N   = 5,437
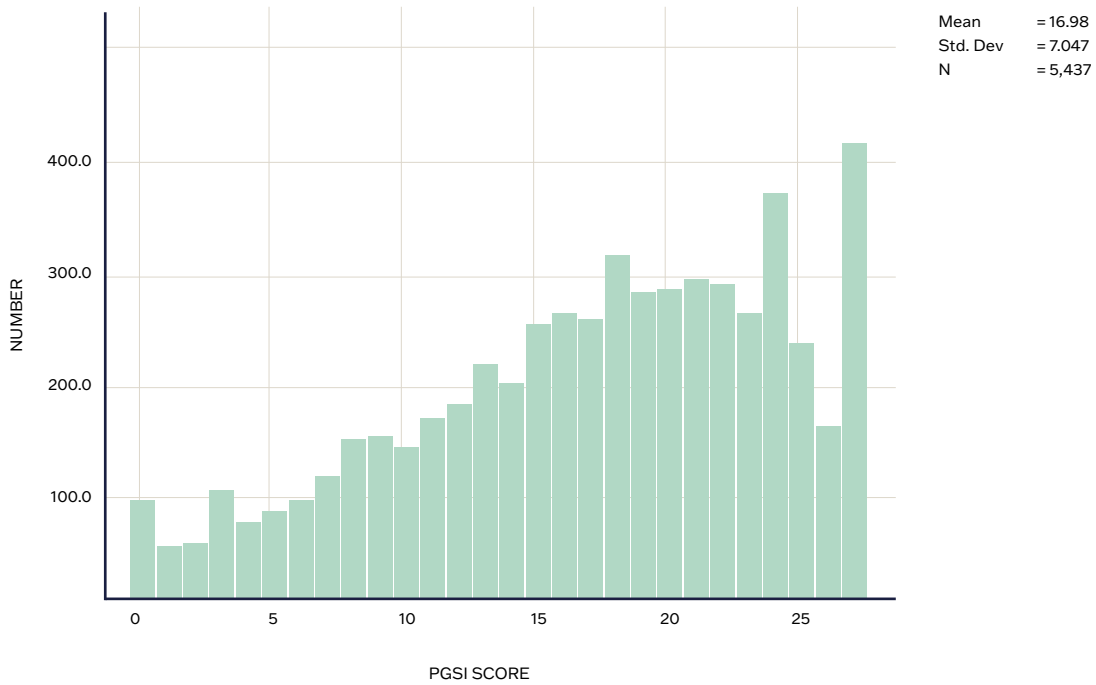
Of the 5,437 people who had PGSI measured at the first appointment, 4,093 proceeded to have a further PGSI measurement before exiting treatment. At the last score taken within treatment (Table 39), a smaller proportion of clients (32%) still had a PGSI score of 8+. One quarter of people who gamble (25%) were defined by the PGSI as having no gambling related problems, with the remainder defined as at either low risk people who gamble (20%) or moderate risk people who gamble (24%). It should be noted that this analysis includes people whose episode of care ended for any reason, including because they dropped out or were referred elsewhere for further treatment. Table 40 shows that the overall decline in PGSI scores was much larger for those who completed treatment than those who dropped out of treatment.

Table 39: PGSI category of severity at earliest and latest PGSI assessment, people who gamble

	Earliest PGSI assessment			Latest PGSI assessment		
	N	**%**	**Mean score**	**N**	**%**	**Mean score**
No problem (0)	66	1.6	0	1028	25.1	0
'Low risk gamblers' (1-2)	74	1.8	1.5	801	19.6	1.4
'Moderate risk gamblers' (3-7)	334	8.2	5.1	964	23.6	4.5
Experiencing 'problem gambling' (score of 8+)	3619	88.4	18.7	1300	31.8	16.7
Total	4093	100.0		4093	100.0	
Missing	89			89		
Total people who gamble	4182			4182		

Table 40: PGSI category of severity at earliest and latest PGSI assessment, people who gamble exiting treatment, by discharge status

	Earliest PGSI assessment			Latest PGSI assessment		
	N	%	Mean score	N	%	Mean score
Completed treatment						
No problem (0)	52	2.1%	0	895	35.5%	0
At low risk (1-2)	63	2.5%	1.5	660	26.2%	1.4
At moderate risk (3-7)	242	9.7%	5.1	603	23.9%	4.3
Score of 8+	2132	85.7%	18.4	331	13.1%	15.3
Total	2489			2489		
Missing	34			34		
Total completed	2523			2523		
Discharged not complete						
No problem (0)	14	0.9%	0	133	8.6%	0
At low risk (1-2)	11	0.7%	1.5	141	9.1%	1.5
At moderate risk (3-7)	92	5.9%	5.2	361	23.2%	4.8
Score of 8+	1437	92.5%	19.2	919	59.1%	17.0
Total	1554			1554		
Missing	25			25		
Total not completed	1579			1579		

Approximately 65% of clients with a PGSI score of 8+ at earliest measure no longer recorded a score of 8+ at the latest, with 24% being in the 'no problem' PGSI category. For those who recorded a PGSI score of 8+ at earliest measure and who completed treatment, 85% no longer recorded a score of 8+ at the end of treatment, with 34% being defined as 'no problem'. Figure 10 shows how clients PGSI category changed from earliest to latest recorded PGSI assessment, with Figure 11 showing this for clients who completed their treatment.

Figure 10: Earliest PGSI status mapped to latest PGSI status (n=4093)
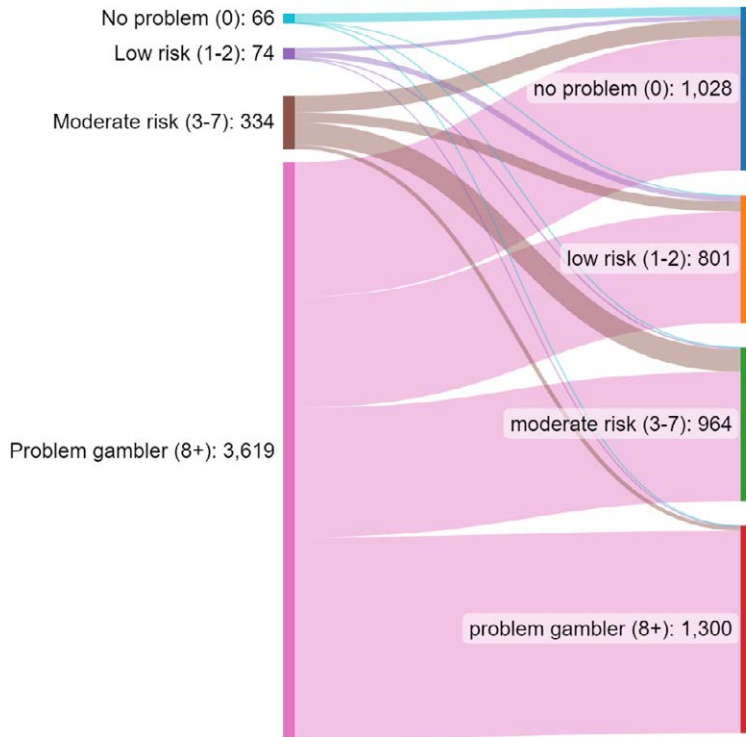
Figure 11: Earliest PGSI status mapped to latest PGSI status, treatment completers (n=2489)
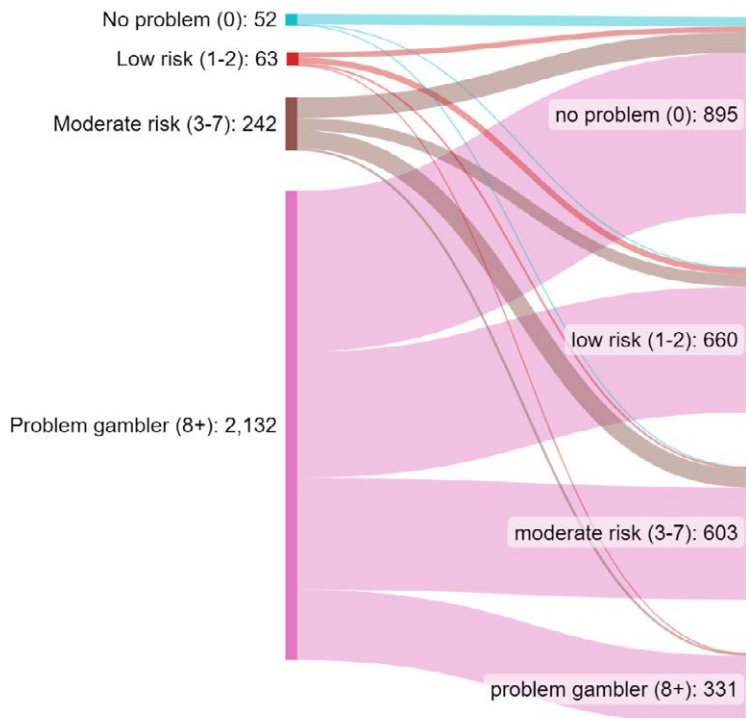
CORE-10

At the earliest known appointment for clients treated during 2022/23, CORE-10 scores were recorded for 82% of clients, with the distribution of scores shown in Figure 12. Among these clients (Table 41) 15% scored as severe, 18% moderate-to-severe, 22% moderate, 20% mild and 26% below clinical cut-off. A greater proportion of people who gamble recorded a score of severe than other clients (16% compared to 10%). Within the category of severe, mean scores were 29, both for people who gamble and other clients. Table 42 displays these figures by treatment completion status. As with the PGSI, clients who did not complete treatment generally had higher CORE-10 scores at treatment start than those who completed their treatment.

Table 41 CORE-10 category of severity at earliest appointment

	Gambling clients			Other clients			Total		
	N	%	Mean score	N	%	Mean score	N	%	Mean score
Below clinical cut-off	1131	25.1%	6.1	266	27.7%	6.3	1397	25.5%	6.2
Mild	868	19.2%	13.1	238	24.8%	13.1	1106	20.2%	13.1
Moderate	974	21.6%	18.1	209	21.7%	18.0	1183	21.6%	18.0
Moderate severe	805	17.8%	22.9	157	16.3%	22.9	962	17.6%	22.9
Severe	736	16.3%	29.2	91	9.5%	28.8	827	15.1%	29.2
Total	4514	100.0%		961	100.0%		5475	100.0%	
Missing	917			63			980		
Total clients	5431			1024			6455		

Table 42: CORE-10 category of severity at earliest appointment, by discharge status

	Completed treatment			Discharged, not complete		
	N	%	Mean score	N	%	Mean score
Below clinical cut-off	913	27.4%	6.0	372	21.1%	6.4
Mild	662	21.1%	13.1	320	19.5%	13.1
Moderate	625	20.8%	17.9	364	21.6%	18.2
Moderate severe	506	17.0%	22.9	327	18.6%	22.9
Severe	410	13.7%	29.0	320	19.1%	29.2
Total	3116	100.0%		1703	100.0%	
Missing	32			242		
Total clients	3148			1745		

Figure 12: Distribution of CORE-10 score at earliest CORE-10 assessment

Mean   = 16.98
Std. Dev = 7.047
N   = 5,437
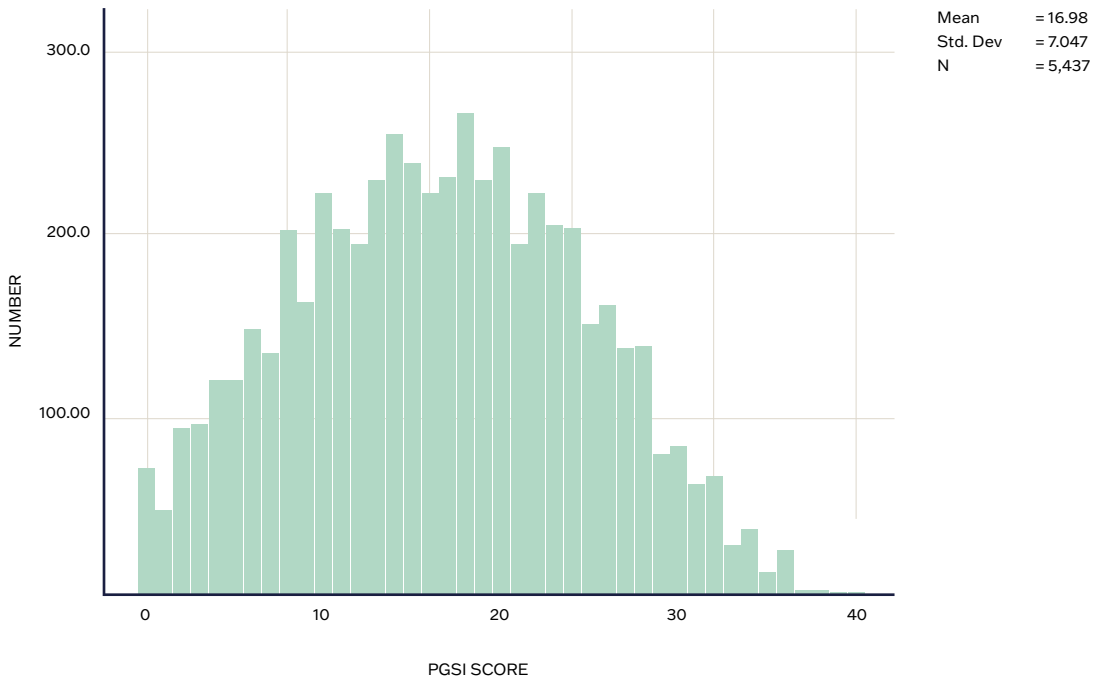
Of the 5,475 people who had CORE-10 measured at the first appointment, 4,834 proceeded to have a further CORE-10 measurement before exiting treatment. Table 43 shows the latest severity category recorded in treatment (see Table 41 for earliest). At this point most clients (66%) were now defined as 'below clinical cut-off', with 14% defined as mild, 9% as moderate, 6% as moderate severe and 5% as 'severe'. Splitting this by treatment completion (Table 44) shows that clients who completed their treatment had lower CORE-10 severity scores than those who dropped out, at the end of their treatment.

Figures 13 to 15: show visually how CORE-10 category changed from earliest to latest assessment, for clients who gamble; other clients; and for clients who completed treatment.

Table 43 Latest CORE-10 category of severity recorded within treatment

	Gambling clients		Other clients		Total	
	N	**%**	**N**	**%**	**N**	**%**
Below clinical cut-off	2630	65.1%	546	69.0%	3176	65.7%
Mild	569	14.1%	127	16.1%	696	14.4%
Moderate	392	9.7%	62	7.8%	454	9.4%
Moderate severe	258	6.4%	32	4.0%	290	6.0%
Severe	194	4.8%	24	3.0%	218	4.5%
Total	4043	100.0%	791	100.0%	4834	100.0%

Table 44: Latest CORE-10 category of severity recorded within treatment, by discharge status

	Completed treatment		Discharged, not complete	
	N	%	N	%
Below clinical cut-off	2476	79.5%	691	40.6%
Mild	343	11.0%	351	20.6%
Moderate	161	5.2%	292	17.1%
Moderate severe	85	2.7%	204	12.0%
Severe	51	1.6%	165	9.7%
Total	3116	100.0%	1703	100.0%

Figure 13: Earliest CORE-10 status mapped to latest CORE-10 status – people who gamble (n=4043)

Below clinical cut-off (0-10): 1,069
Mild (11-15): 793
Moderate (16-20): 826
Moderate to severe (21-25): 701
Severe (26-40): 654

below clinical cut-off (0-10): 2,630
mild (11-15): 569
moderate (16-20): 392
moderate to severe (21-25): 258
severe (26-40): 194
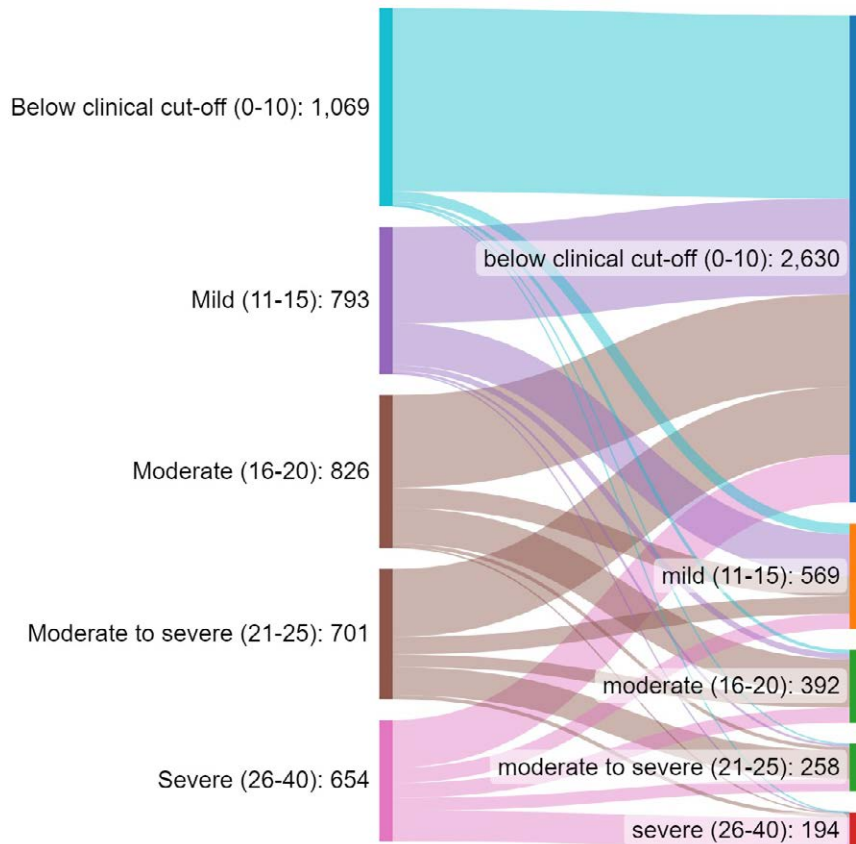
Figure 14: Earliest CORE-10 status mapped to latest CORE-10 status – Other clients (n=791)
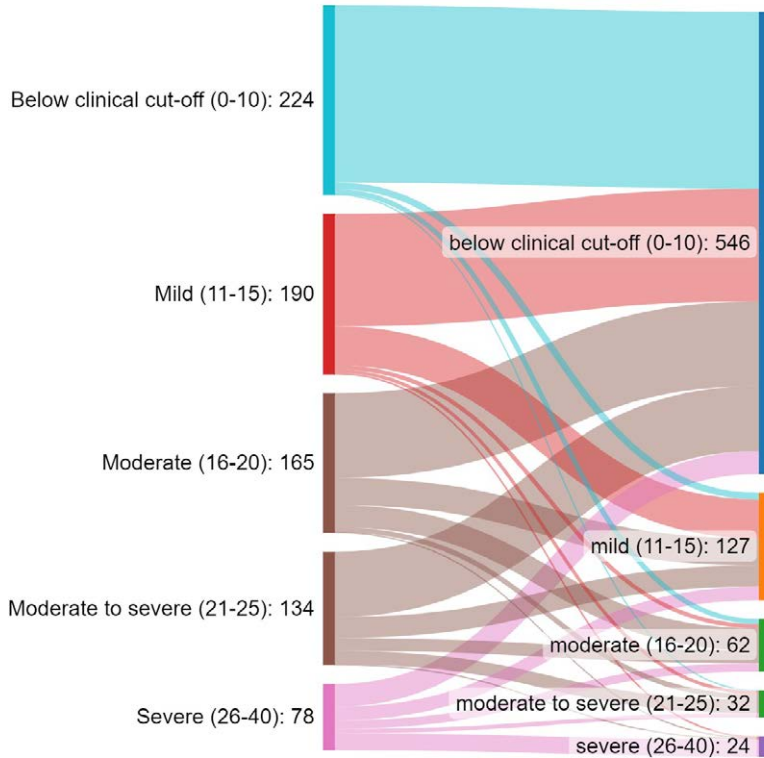
Figure 15: Earliest CORE-10 status mapped to latest CORE-10 status – all clients completing treatment (n=3116)
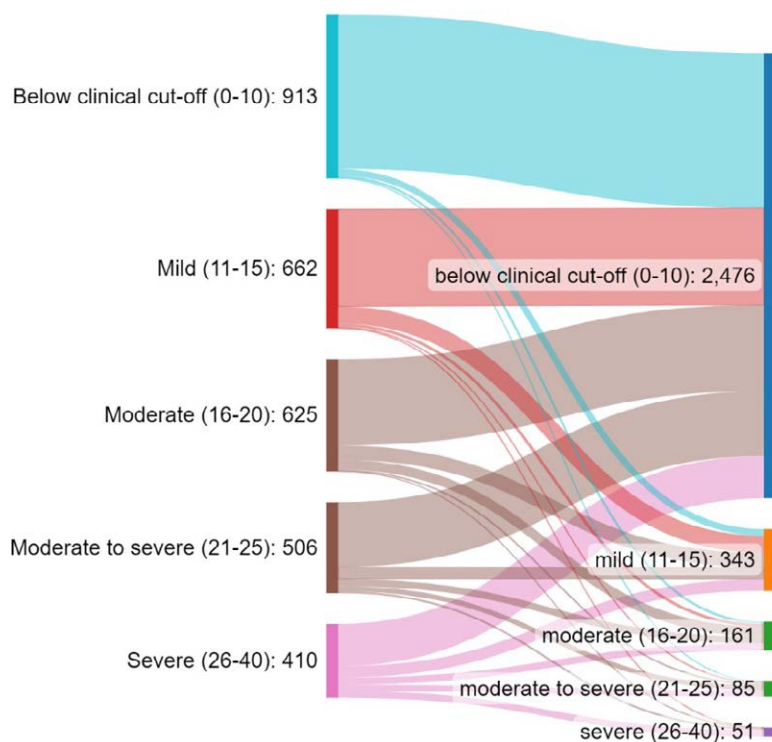
11.2.2 Change in severity scores

As scores for PGSI and CORE-10 are recorded periodically, it is possible to report on changes to these scores during treatment. 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 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), scores may not be reflective of the cumulative change over their entire treatment history.

11.2.2.1 PGSI

Within treatment, PGSI scores were taken for most (98%) clients and 85% had more than one score, enabling the tracking of progress over different time points.
Between earliest and latest PGSI scores, clients saw a median reduction (improvement) of 11 points on the PGSI scale. This varied by discharge reason, with a median of 14 points for those completing treatment, compared to five points for those dropping out before completion.

Table 45 summarises the direction and extent of change in PGSI scores with most clients (75%) improving, 22% showing no change and a small minority (3.8%) recording a higher latest score than their earliest score. Among clients who completed their treatment, 87.8% saw an improvement in PGSI score compared to 55.4% of those who dropped out of treatment. The greatest proportion of all clients (32%) improved by 10-19 points, with a further 22% improving by 20-27 points[11] . This was also the case for those who completed treatment (37.3% and 28.9% respectively), while for those who dropped out of treatment the greatest proportion saw no change (37.3%). An increase in PGSI score was associated with those who were: over 60 (7%), Asian or Asian British (7%) and those living with a living with long-term sickness or disability (7%).

Table 46 shows these changes in PGSI score by discharge reason. A greater proportion of those that did not complete treatment recorded no change in score (for e.g. 36% for those who dropped out compared to 10% for those who completed treatment). For those who completed scheduled treatment, improved scores were recorded for 88% of clients while a deterioration was seen for 2% of clients.

[11]Categories designed to group level of change evenly within the range of values and do not represent formal categories of severity.

Table 45 Changes in PGSI score between earliest and latest appointments

	Completed treatment		Discharged, not complete		Total	
	N	%	N	%	N	%
Improved by 20- 27 points	720	28.9%	182	11.7%	902	22.0%
Improved by 10- 19 points	929	37.3%	386	24.8%	1315	32.1%
Improved by 1- 9 points	537	21.6%	299	18.9%	836	20.4%
No Change	245	9.8%	589	37.3%	884	21.6%
Increased: 1 to 9 points	51	2.0%	92	5.8%	143	3.5%
Increased: 10 to 18 points	7	0.3%	6	0.4%	13	0.3%
Increased: 19 to 27 points	0	0.0%	0	0.0%	0	0.0%
Total	2489	100.0%	1554	100.0%	4093	100.0%
Missing	34		25		89	
Total	2523		1579		4182	

Table 46 Direction of change in PGSI score between earliest and latest appointments by discharge reason

	Worse		No change		Better		Median improve-ment
	N	%	N	%	N	%	
Treated – Completed scheduled treatment	58	2.3%	245	9.8%	2186	87.8%	14
Treated – Dropped out of treatment (unscheduled discontinuation)	71	5.8%	440	35.9%	713	58.3%	5
Treated – Referred to other service	22	9.1%	95	39.3%	125	51.7%	1
Missing	34		25		89		
Total	2523		1579		4182		

*Categories of discharge reason with less than 100 clients were excluded from this table. See section 14 for available categories.

11.2.2.2 CORE-10

Between earliest and latest CORE-10 assessment within treatment where CORE-10 scores were recorded, client's scores decreased (improved) by a median of six points on the CORE-10 scale (seven for people who gamble and six for clients other than people who gamble). Amongst clients who completed treatment the median decrease was nine points, while for those who did not complete treatment the median change was zero). Within treatment, CORE-10 scores were taken for most (98%) clients and 94% had more than one score, enabling the tracking of progress over different time points.

Table 47 summarises the direction and extent of change in CORE-10 scores. Most clients (72%) saw an improvement during treatment, 19% showed no change and a minority (9%) saw an increase in CORE-10 score. Amongst those who completed treatment, 85% saw an improvement, 7% saw no change, and 8% saw an increase in CORE-10 score, while for those who dropped out of treatment 50% saw an improvement, 39% saw no change, and 11% saw an increase (Table 48). Most clients (65%) recorded an improvement of between 1 and 20 points. The most common improvement (1-10 points) was achieved by 38%. A greater proportion of people who gamble improved by more than 20 points (8% compared to 5% other clients)[12]. An increase in CORE-10 score was associated with those who were: over 60 (11%), Black or Black British (14%) and those living with a living with long-term sickness or disability (12%).

Table 49 shows these changes in CORE-10 score by discharge reason. Lack of change in score was much more common amongst those that did not complete treatment (39% for dropped out compared to 7% for completed). For those who completed scheduled treatment, improved scores were recorded for most (85%).

Table 47: Direction of change in CORE-10 score between earliest and latest appointments

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Improved by 31-40 points	19	0.5%	1	0.1%	20	0.4%
Improved by 21-30 points	315	7.8%	38	4.8%	353	7.3%
Improved by 11-20 points	1062	26.3%	208	26.3%	1270	26.3%
Improved by 1-10 points	1504	37.2%	344	43.5%	1848	38.2%
No Change	787	19.5%	122	15.4%	909	18.8%
Increased by 1-10 points	329	8.1%	74	9.4%	403	8.3%
Increased by 11-20 points	26	0.6%	3	0.4%	29	0.6%
Increased by 21-30 points	1	0.0%	1	0.1%	2	0.0%
Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	4043	100.0%	791	100.0%	4834	100.0%

[12]These categories group level of change evenly across possible values and do not represent formal severity categories.

Table 48: Change in CORE-10 score between earliest and latest appointments, by discharge status

	Completed treatment		Discharged, not complete		Total	
	N	%	N	%	N	%
Improved by 31-40 points	17	0.5%	3	0.2%	20	0.4%
Improved by 21-30 points	309	9.9%	44	2.6%	353	7.3%
Improved by 11-20 points	1004	32.2%	266	15.6%	1270	26.4%
Improved by 1-10 points	1317	42.3%	529	31.1%	1846	38.3%
No Change	227	7.3%	669	39.3%	896	18.6%
Increased by 1-10 points	225	7.2%	178	10.5%	403	8.4%
Increased by 11-20 points	17	0.5%	12	0.7%	29	0.6%
Increased by 21-30 points	0	0.0%	2	0.1%	2	0.0%
Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	3116	100.0%	1703	100.0%	4819	100.0%

Table 49: Direction of change in CORE-10 score between earliest and latest record by discharge reason

	Worse		No change		Better	
	N	%	N	%	N	%
Treated – Completed scheduled treatment	242	7.8%	227	7.3%	2647	84.9%
Treated – Dropped out of treatment (unscheduled discontinuation)	145	10.5%	538	39.0%	695	50.4%
Treated – Referred to other service	39	15.1%	103	39.9%	116	45.0%

*Categories of discharge reason with less than 100 clients were excluded from this table. See section 14 for available categories.

12. Trends

12.1 Trends in numbers in treatment

Table 50 and Figure 14 show how the number of clients referred to and treated within the DRF each year has varied since 2015/16. Differences exist between referral and treated numbers because not all individuals who are referred to the NGTS providers will receive Tier 3 or Tier 4 treatment (as recorded in the DRF) within the year, but may instead receive information or treatment at Tier 2 after triage and assessment.

However, treatment providers have improved the effectiveness of client triage at earlier stages of the treatment process, reducing unnecessary referral to Tier 3/4 services in favour of other forms of support (e.g. Tier 2). This has resulted in an increase in the proportion of people referred for Tier 3/4 treatment who then received it, from 72.1% in 2015/2016, to 94.4% in 2022/2023.

Alongside this has been an increase in Tier 2 provision. Whilst the DRF does yet include data on this for 2022/23, figures published by Gamcare indicate that the number of calls and chats to the National Gambling Helpline increased by 5% over this time period, from 42,070 in 2021/22 to 44,049 in 2022/23. Furthermore, the number of Extended Brief Interventions (EBIs) delivered through the Helpline was 8,765 in 2022/23 – a 10% increase on the year before[13].

Table 50: Trends in number of clients referred and treated per year – 2015/16 to 2022/23

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Individuals referred	8194	9266	9081	8453	9726	9046	7429	7037
Clients treated	5909	8133	8219	7675	9008	8490	7072	6645
% referrals treated	72.1%	87.8%	90.5%	90.8%	92.6%	93.9%	95.2%	94.4%

[13]Source: Gamcare Annual Report 2022-23, available here. Note that the number of contacts is not the number of unique individuals as people may contact the Helpline multiple times throughout the year, and not all contacts agree to have their information recorded on the Helpline system.

*Collected from April 2021.

Figure 16: Trends in number of referred and treated clients – 2015/16 to 2022/23
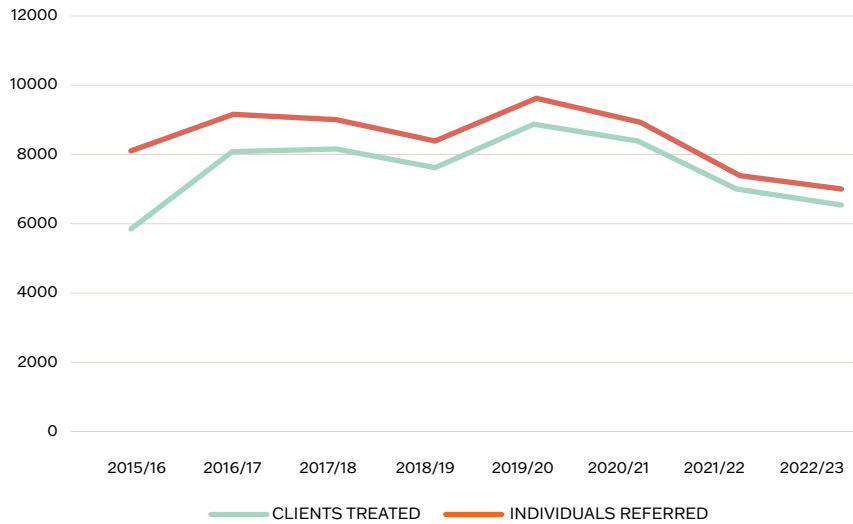
As mentioned in the Executive Summary, NHS treatment providers that previously reported data to the DRF generally stopped doing so because of NHS England policy changes in April 2022. This accounted for a reported reduction of 655 clients from 2021/22 to 2022/23 (Table 51). This means that the overall total treatment numbers for 2022/23 cannot be compared to the same number for 2021/22. A like-for-like comparison (i.e. excluding the NHS providers and focussing on the third-sector providers) shows that there was an increase of 228 clients between 2021/22 and 2022/23. Note that there are 73 clients included for LYPFT in this year's annual statistics; this is because the final data submission for 2021/22 included the first two weeks of April 2022 in which 73 clients were recorded to have received treatment.

Table 51: Treated clients by provider in 2021/22 and 2022/23

	2021/22	2022/23	Change
GamCare	6,132	6,013	-119
Gordon Moody	212	456	+244
CNWL (NHS)	414	0	-414
LYPFT (NHS)	314	73	-241
Adferiad	0	103	+103
Total	7,072	6,645	-427
Total (NHS providers)	728	73	-655
Total excluding NHS providers	6,344	6,572	+228

Gambling services provide a point of contact and support both for disordered gambling behaviour and for those affected by another's gambling. Table 52 shows that the proportion of clients seeking help due to another individual's gambling has increased from 10% in 2015/16 to 13% in 2022/23, peaking at 15% in 2020/21.

Table 52: Trends in reason for referral – 2015/16 to 2022/23

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
	N.	%	N.	%	N.	%	N.	%	N.	%	N.	%	N.	%	N.	%
Disordered gambling behaviour	5288	90.2%	7293	90.7%	7337	90.1%	6744	88.7%	7473	84.3%	7191	84.7%	5996	84.8%	5621	84.6%
Affected other	563	9.6%	744	9.2%	790	9.7%	834	11.0%	1192	13.4%	1245	14.7%	971	13.7%	881	13.3%
'Low risk' and 'moderate risk' people who gamble	9	0.2%	7	0.1%	15	0.2%	25	0.3%	202	2.3%	53	0.6%	105	1.5%	143	2.2%
Missing	49		89		77		72		141		1		0		0	
Total Clients	5909		8133		8219		7675		9008		8490		7072		6645	

12.2 Trends in gambling type

The most notable difference in reported gambling locations (based on three main activities) between 2015/16 and 2021/22 (Table 53) has been the increase in the proportion of clients reporting using online gambling services (rising from 57% to 75%) alongside the reduction in the proportion using bookmakers (falling from 56% to 31%). However, data for 2022/23 reflect a reduction in online services (to 67%) and an increase in bookmakers (to 36%) which is more similar to 2019/20 than the two pandemic influenced years in-between. Covid-19 conditions such as periodic lockdowns may have affected reports for 2020/21 and 2021/22.

Table 53: Trends in gambling locations – 2015/16 to 2022/23

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
	N	%	N	%	N	%	N	%	N	%	N.	%	N.	%	N.	%
Book-makers	2858	56.1%	3564	50.7%	3219	45.5%	2817	42.8%	2740	38.0%	1902	28.8%	1741	30.3%	2011	36.0%
Bingo premises	101	2.0%	120	1.7%	114	1.6%	110	1.7%	110	1.5%	84	1.3%	101	1.8%	99	1.8%
Casino	614	12.1%	776	11.0%	680	9.6%	589	9.0%	669	9.3%	433	6.6%	495	8.6%	498	8.9%
Live Events	45	0.9%	44	0.6%	32	0.5%	25	0.4%	23	0.3%	30	0.5%	83	1.4%	70	1.3%
Adult Entertainment Centre (18+ arcade)	197	3.9%	265	3.8%	245	3.5%	212	3.2%	269	3.7%	166	2.5%	220	3.8%	301	5.4%
Family Entertainment Centre (arcade)	62	1.2%	51	0.7%	48	0.7%	38	0.6%	41	0.6%	39	0.6%	69	1.2%	93	1.7%
Pub	213	4.2%	234	3.3%	197	2.8%	170	2.6%	212	2.9%	131	2.0%	145	2.5%	185	3.3%
Online	2890	56.8%	4214	59.9%	4666	66.0%	4331	65.9%	4956	68.8%	5206	79.0%	4291	74.7%	3758	67.2%
Miscellaneous	604	11.9%	777	11.1%	619	8.8%	562	8.5%	526	7.3%	535	8.1%	422	7.3%	312	5.6%
Private Members Club	12	0.2%	10	0.1%	13	0.2%	12	0.2%	10	0.1%	9	0.1%	19	0.3%	24	0.4%
Other	104	2.0%	143	2.0%	155	2.2%	163	2.5%	136	1.9%	63	1.0%	23	0.4%	82	1.5%
Total Clients	5288		7293		7337		6744		7473		7191		5177		5621	

Table 54 provides trends in common activities within the three most used gambling locations (bookmakers, casinos and online only). Within online activity, casino slots have increased whereas poker has gradually decreased. Casino table games decreased sharply since 2020/21.

Table 54: Trends in selected individual gambling activities – 2015/16 to 2022/23

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
	N	%	N	%	N	%	N	%	N	%	N.	%	N.	%	N.	%
Bookmakers																
Horses	701	13.8%	820	11.7%	705	10.0%	570	8.7%	656	9.1%	538	8.2%	412	7.2%	426	7.6%
Dogs	238	4.7%	278	4.0%	263	3.7%	154	2.3%	207	2.9%	155	2.4%	147	2.6%	196	3.5%
Sports/ other event	714	14.0%	902	12.8%	803	11.4%	708	10.8%	858	11.9%	612	9.3%	539	9.4%	566	10.1%
Gaming Machine	1848	36.3%	2266	32.2%	2056	29.1%	1735	26.4%	1459	20.3%	914	13.9%	934	16.3%	1235	22.1%
Casino																
Poker	80	1.6%	92	1.3%	70	1.0%	55	0.8%	65	0.9%	42	0.6%	50	0.9%	39	0.7%
Other card games	116	2.3%	157	2.2%	125	1.8%	96	1.5%	99	1.4%	58	0.9%	46	0.8%	43	0.8%
Roulette	404	7.9%	508	7.2%	419	5.9%	373	5.7%	412	5.7%	240	3.6%	201	3.5%	200	3.6%
Gaming Machine	113	2.2%	141	2.0%	129	1.8%	124	1.9%	154	2.1%	118	1.8%	65	1.1%	208	3.8%
Online																
Horses	452	8.9%	697	9.9%	719	10.2%	626	9.5%	671	9.3%	631	9.6%	470	8.2%	302	5.4%
Sports events	1059	20.8%	1512	21.5%	1740	24.6%	1637	24.9%	1807	25.1%	1772	26.9%	1156	20.1%	874	15.6%
Bingo	159	3.1%	164	2.3%	163	2.3%	126	1.9%	176	2.4%	218	3.3%	223	3.9%	147	2.6%
Poker	184	3.6%	240	3.4%	236	3.3%	171	2.6%	154	2.1%	178	2.7%	105	1.8%	66	1.2%
Casino (table games)	908	17.8%	1323	18.8%	1429	20.2%	1311	19.9%	1315	18.3%	1363	20.7%	670	11.7%	536	9.6%
Casino (slots)	839	16.5%	1285	18.3%	1590	22.5%	1458	22.2%	1900	26.4%	2104	31.9%	2187	38.1%	2119	37.9%
Betting exchange*													202	3.5%	218	3.9%
eSports betting*													183	3.2%	187	3.3%
Financial markets*													89	1.5%	93	1.7%

Table 55 shows a stable median number of days gambled out of the last 30 days, between 2015/16 and 2022/23. Table 56 shows an increased median spend in the previous 30 days, rising from £750 in 2015/26 to £1,000 from 2018/19 onwards.

Table 55: Trends in number of days gambled out of the last 30 – 2015/16 to 2022/23

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Mean	14.7	14.8	14.8	14.6	14.7	15.6	15.4	16.1
Median	15	15	15	15	15	15	15	15

Table 56: Trends in spend on gambling in past month– 2015/16 to 2022/23

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Mean	£2164	£1906	£1935	£2272	£2102	£2070	£2288	£2215
Median	£750	£800	£900	£1000	£1000	£1000	£1000	£1000

12.3 Trends in treatment exit reason

Table 57 shows an increase in the proportion of clients completing scheduled treatment from 59% in 2015/16 to 74% in 2020/21, before dropping to 63% in 2022/23. Alongside this, the proportion dropping out of treatment fell from 35% in 2015/16 to 20% in 2020/21, before increasing to 28% in 2022/23.

Table 57: Trends in exit reason – 2015/16 to 2022/23

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
Discharged by agreement	136	3.2%	251	3.9%	297	4.5%	232	3.8%	398	5.6%	176	2.8%	47	0.9%	27	0.6%
Completed scheduled treatment	2513	58.5%	3943	61.7%	4165	62.7%	4215	69.4%	4859	68.7%	4671	73.5%	3247	62.8%	3148	64.3%
Dropped out	1515	35.3%	1976	30.9%	1989	29.9%	1517	25.0%	1696	24.0%	1247	19.6%	1525	29.5%	1382	28.2%
Referred on	93	2.2%	180	2.8%	132	2.0%	91	1.5%	103	1.5%	199	3.1%	291	5.6%	260	5.3%
Total Clients Discharged	4297	-	6392	-	6645	-	6092	-	7076	-	6484	-	5177	-	4973	-

12.4 Trends in client characteristics

Table 58 shows a consistent increase in the proportion of clients who are female from 19% in 2015/16 to 30% in 2022/23. Table 59 shows that the proportion of female gambling clients increased from 13% in 2015/16 to 21% in 2022/23.

Table 58: Trends in gender – 2015/16 to 2022/23

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
Male	4770	80.8%	6594	81.1%	6518	79.4%	6033	78.7%	6769	75.2%	5780	70.4%	4881	69.0%	4611	69.4%
Female	1134	19.2%	1536	18.9%	1691	20.6%	1628	21.2%	2214	24.6%	2423	29.5%	2113	29.9%	1965	29.6%
Total Clients	5909	-	8133	-	8219	-	7675	-	9008	-	8490	-	7072	-	6645	-

Categories of gender with less than 100 clients were excluded from this table. See section 14 for available categories.

Table 59: Trends in gender by referral reason – 2015/16 to 2022/23

		2015/16		2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
Person who gambles	Male	4613	87.3%	6386	87.6%	6329	86.4%	5821	86.5%	6296	84.5%	5668	80.3%	4682	78.9%	4403	79.2%
	Female	669	12.7%	904	12.4%	998	13.6%	910	13.5%	1155	15.5%	1382	19.6%	1251	21.1%	1159	20.8%
Other client	Male	116	20.3%	133	17.7%	120	14.9%	142	16.5%	403	29.0%	171	13.5%	199	18.8%	208	20.5%
	Female	456	79.7%	618	82.3%	685	85.1%	716	83.4%	989	71.0%	1092	86.3%	862	81.2%	806	79.5%

Table 60 shows that the proportion of White or White British clients has reduced slightly between 2015/16 (91%) and 2022/23 (90%). This is due to a greater increase in clients from ethnic minorities accessing the service; while the number of clients has increased between 2015/16 and 2022/23 for all groups except for "Other" ethnicity, this has been greater for clients from ethnic minority groups.

Table 60: Trends in ethnicity – 2015/16 to 2022/23

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
White or white British	5272	90.6%	7264	90.2%	7361	90.4%	6800	89.7%	7890	89.0%	7200	87.6%	5774	88.0%	5702	89.6%
Black or Black British	127	2.2%	190	2.4%	146	1.8%	188	2.5%	264	3.0%	307	3.7%	184	2.8%	183	2.9%
Asian or Asian British	260	4.5%	368	4.6%	375	4.6%	373	4.9%	432	4.9%	430	5.2%	377	5.7%	351	5.5%
Mixed	96	1.6%	132	1.6%	144	1.8%	137	1.8%	169	1.9%	166	2.0%	215	3.3%	121	1.9%
Other	64	1.1%	95	1.2%	116	1.4%	87	1.1%	111	1.3%	116	1.4%	15	0.2%	10	0.2%
Not known/ Missing	90		84		77		90		142		271		507		278	
Total Clients	5909		8133		8219		7675		9008		8490		7072		6645	

Table 61 shows changes in employment status between 2015/16 and 2022/23. Trends for most categories have remained relatively stable but the largest increase has been for clients who are living with long-term sickness or disability.

Table 61: Trends in employment status – 2015/16 to 2022/23

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
Employed	4375	75.8%	6254	77.9%	6436	79.3%	5926	78.1%	6675	75.1%	5814	72.7%	4704	73.0%	4525	72.1%
Unemployed	572	9.9%	708	8.8%	655	8.1%	640	8.4%	767	8.6%	811	10.1%	548	8.5%	580	9.2%
Student	149	2.6%	161	2.0%	168	2.1%	141	1.9%	146	1.6%	172	2.1%	114	1.8%	75	1.2%
Long-term sick/ disabled & not in work	346	6.0%	470	5.9%	481	5.9%	501	6.6%	630	7.1%	733	9.2%	684	10.6%	743	11.8%
Looking after family/ home and not working	112	1.9%	138	1.7%	130	1.6%	147	1.9%	194	2.2%	201	2.5%	159	2.5%	115	1.8%
Not seeking work	10	0.2%	23	0.3%	17	0.2%	20	0.3%	19	0.2%	30	0.4%	20	0.3%	16	0.3%
Volunteer	21	0.4%	28	0.3%	15	0.2%	12	0.2%	25	0.3%	20	0.3%	11	0.2%	10	0.2%
Retired	126	2.2%	176	2.2%	191	2.4%	160	2.1%	206	2.3%	182	2.3%	149	2.1%	136	2.2%
Seeking asylum*													3	0.0%	0	0.0%
In prison**	60	1.0%	74	0.9%	20	0.2%	39	0.5%	227	2.6%	14	0.2%	48	0.7%	77	1.2%
Missing/ Not stated	138		101		106		89		117		513		632		368	
Total	5909		8133		8219		7675		9008		8490		7072		6645	

* Collected from April 2021.

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

13. Appendices

13.1 DRF data items

13.1.1 Person Table

Core DRF Spec		
X0	Care Plan Number	
X4	System Client Identifier	
X1	Local Client Identifier	-
X2	Provider code	-
X3	Date of Birth	-
P1	Gender Identity	P-A
P1_Other	Detail of Self-Described Gender Identity	
P7	Sex	P-F
P2	Postcode Area	-
P11	Local Authority	
P3	Employment indicator	P-B
P4	Relationship status	P-C
P5	Ethnic background	P-D
P6	Additional Client Diagnosis	P-E
P8	Sexual Orientation	P-G
P8_Other	Detail of Self-Described Sexual Orientation	
P9	Children	P-H
P10	Religious Affiliation	P-I

13.1.1.1 Person Table Codes

P-A	Gender	Rationale
0	Not known	
1	Male	
2	Female	Protected characteristic. Amends reflect Stonewall's guidance.
4	Female-to male (FTM)/Transgender Male/Trans Man	
5	Male-to-Female/Transgender Female/Trans Woman	
6	Genderqueer, neither exclusively male nor female	
7	Additional Gender Category/(or Other), please specify	
9	Not stated (person asked but declined to provide a response)	

P-F Sex: This item relates to patient stated sex assigned at birth, i.e. client to be asked "What sex were you assigned at birth on your original birth certificate?".

P-A	Gender	Rationale
1	Male	Protected characteristic. Amends reflect Stonewall's guidance.
2	Female	
9	Not stated (person asked but declined to provide a response)	

P-B Employment Status: This item relates to the employment status of the client. In the event that multiple descriptors apply, the response which best describes what they are mainly doing should be selected.

P-B	Employment Status	Rationale
1	Employed	
2	Unemployed and Seeking Work	
3	Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work	
4	Long-term sick or disabled and not in work	Specification of benefits/support received not important – clarification of working status of greater importance
5	Looking after the family or home and not working or actively seeking work	Updated to remove infrequently used term
6	Not receiving benefits and who are not working or actively seeking work	
12	In prison	Treatment programmes in prisons are being initiated/underway so monitoring this as a standalone category will become more important over time. "In care" is not an employment status.
11	Seeking asylum	Need to differentiate in analysis
8	Unpaid voluntary work who are not working or actively seeking work	
9	Retired	
10	Not Stated (Person asked but declined to provide a response)	

P-C Relationship Status: This item relates to the client's relationship status as an indicator of social support.

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

P-D Ethnic background: This item relates to the ethnicity of the client and is a mandatory field.

P-C	Employment Status	Rationale
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 Stated (Person asked but declined to provide a response)	To ensure completeness of data a non-response option is needed

P-E Additional client diagnosis: This field relates to additional health conditions a client may have. Only professionally diagnosed, long term health conditions should be considered.

P-E	Employment Status	Rationale
0	Not stated (Person asked but declined to provide a response)	
1	~~Psychological~~	
2	~~Pharmacological~~	
3	Yes – Physical	
4	Yes - Mental	Previous categories were treatment types, not diagnoses – mental and physical are standard categories for understanding other co-occurring health conditions
5	Yes – Both physical and mental	
6	No	

P-G Sexual Orientation: Client to be asked "Do you think of yourself as…?"

P-G	Sexual Orientation	Rationale
1	Lesbian, gay or homosexual	
2	Straight or heterosexual	
3	Bisexual	Protected characteristic. In line with Stonewall's recommended wording.
4	Something else (please specify)	
9	Not stated (Person asked but declined to provide a response)	

P-H Children: Record whether a client is responsible for the care a of a child/children aged under 18

P-H	Children	Rationale
1	Yes	
2	No	Information of this type routinely collected by providers and valuable for analysis.
9	Not stated (Person asked but declined to provide a response)	

P-I Religious affiiation: Record whether client consider themselves to have religious affiliation to any of the below groups. This is a connection or identification with a religion irrespective of actual practice or belief, so clients may consider their upbringing to be relevant even if not practicing at present.

P-I	Religious affiliation	Rationale
1	No religion	
2	Christian	
3	Buddhist	
4	Hindu	
5	Jewish	This is a protected characteristic so needs to be monitored for equity of service provision
6	Muslim	
7	Sikh	
8	Other religion	
9	Not stated (Person asked but declined to provide a response)	

13.1.2 Gambling History Table

Data Item Code	Data Item	Input Code Table	Name	Format	Example
X0	Care Plan Number		X0	N25	
X1	Local Client Identifier	-	X1	N25	
X2	Provider code	-	X2	A10	
G-A A1	Bookmakers - horses	G-A	G-A A1	N2 (1-10)	
G-A A2	Bookmakers - dogs	G-A	G-A A2	N2 (1-10)	
G-A A3	Bookmakers - Sports or other event	G-A	G-A A3	N2 (1-10)	
G-A A4	Bookmakers - Gaming Machines (FOBT)	G-A	G-A A4	N2 (1-10)	
G-A A5	Bookmakers - Gaming Machine (Other)	G-A	G-A A5	N2 (1-10)	
G-A A6	Bookmakers - Other	G-A	G-A A6	N2 (1-10)	
G-A B1	Bingo Premises - Live draw	G-A	G-A B1	N2 (1-10)	
G-A B2	Bingo Premises - Terminal	G-A	G-A B2	N2 (1-10)	
G-A B3	Bingo Premises - Skill Machine	G-A	G-A B3	N2 (1-10)	
G-A B4	Bingo Premises - Gaming Machines (other)	G-A	G-A B4	N2 (1-10)	
G-A B5	Bingo Premises - Other	G-A	G-A B5	N2 (1-10)	
G-A C1	Casino - Poker	G-A	G-A C1	N2 (1-10)	
G-A C2	Casino - Other card games	G-A	G-A C2	N2 (1-10)	
G-A C3	Casino - Roulette	G-A	G-A C3	N2 (1-10)	
G-A C4	Casino - Gaming Machines (FOBT)	G-A	G-A C4	N2 (1-10)	
G-A C5	Casino - Gaming Machine (Other)	G-A	G-A C5	N2 (1-10)	
G-A C6	Casino - Other	G-A	G-A C6	N2 (1-10)	
G-A D1	Live Events - Horses	G-A	G-A D1	N2 (1-10)	
G-A D2	Live Events - Dogs	G-A	G-A D2	N2 (1-10)	
G-A D3	Live Events - Sports or other event	G-A	G-A D3	N2 (1-10)	
G-A D4	Live Events - Other	G-A	G-A D4	N2 (1-10)	
G-A E1	Adult Entertainment Centre - Gaming Machines (FOBT)	G-A	G-A E1	N2 (1-10)	
G-A E2	Adult Entertainment Centre Gaming Machine (Other)	G-A	G-A E2	N2 (1-10)	
G-A E3	Adult Entertainment Centre Skill prize machines	G-A	G-A E3	N2 (1-10)	

Data Item Code	Data Item	Input Code Table	Name	Format	Example
G-A E4	Adult Entertainment Centre Other	G-A	G-A E4	N2 (1-10)	
G-A F1	Family Entertainment Centre - Gaming Machines (FOBT)	G-A	G-A F1	N2 (1-10)	
G-A F2	Family Entertainment Centre - Gaming Machine (Other)	G-A	G-A F2	N2 (1-10)	
G-A F3	Family Entertainment Centre - Skill prize machines	G-A	G-A F3	N2 (1-10)	
G-A F4	Family Entertainment Centre - Other	G-A	G-A F4	N2 (1-10)	
G-A G1	Pub - Gaming Machines	G-A	G-A G1	N2 (1-10)	
G-A G2	Pub - Sports	G-A	G-A G2	N2 (1-10)	
G-A G3	Pub - Poker	G-A	G-A G3	N2 (1-10)	
G-A G4	Pub - Other	G-A	G-A G4	N2 (1-10)	
G-A H1	Online - Horses	G-A	G-A H1	N2 (1-10)	
G-A H2	Online - Dogs	G-A	G-A H2	N2 (1-10)	
G-A H3	Online - Spread betting	G-A	G-A H3	N2 (1-10)	
G-A H4	Online - Sports events	G-A	G-A H4	N2 (1-10)	
G-A H5	Online - Bingo	G-A	G-A H5	N2 (1-10)	
G-A H6	Online - Poker	G-A	G-A H6	N2 (1-10)	
G-A H7	Online - Casino (table games)	G-A	G-A H7	N2 (1-10)	
G-A H8	Online - Casino (slots)	G-A	G-A H8	N2 (1-10)	
G-A H9	Online - Scratchcards	G-A	G-A H9	N2 (1-10)	
G-A H10	Online - Betting exchange	G-A	G-A H10	N2 (1-10)	
G-A H12	Online - eSports betting	G-A	G-A H12	N2 (1-10)	
G-A H13	Online - Virtual sports betting	G-A	G-A H13	N2 (1-10)	
G-A H14	Online - Within video games	G-A	G-A H14	N2 (1-10)	
G-A H15	Online - Financial markets	G-A	G-A H15	N2 (1-10)	
G-A H11	Online - Other	G-A	G-A H11	N2 (1-10)	
G-A I1	Miscellaneous - Private/organised games	G-A	G-A I1	N2 (1-10)	
G-A I2	Miscellaneous - Lottery (National)	G-A	G-A I2	N2 (1-10)	
G-A I3	Miscellaneous - Lottery (Other)	G-A	G-A I3	N2 (1-10)	
G-A I4	Miscellaneous - Scratchcards	G-A	G-A I4	N2 (1-10)	
G-A I5	Miscellaneous - Football pools	G-A	G-A I5	N2 (1-10)	

Data Item Code	Data Item	Input Code Table	Name	Format	Example
G-A I6	Miscellaneous - Service station (gaming machine)	G-A	G-A I6	N2 (1-10)	
G-A J1	Private members club - Poker	G-A	G-A J1	N2 (1-10)	
G-A J2	Private members club - Other card games	G-A	G-A J2	N2 (1-10)	
G-A J3	Private members club - Gaming Machine	G-A	G-A J3	N2 (1-10)	
G-A J4	Private members club - Other	G-A	G-A J4	N2 (1-10)	
G-A K1	Other –Other not categorised above	G-A	G-A K1	N2 (1-10)	
G1_Other	Detail of gambling activities/locations	G-A	G1_Other	A50	
G2	Length of time gambling (Months)	-	G2	N3	
G3	Job loss through gambling	G-B	G3	N1	
G4	Relationship loss through gambling	G-C	G4	N1	
G5	Age of 'problem gambling' onset	-	G5	N2	
G6	Early big win	G-D	G6	N1	
G7	Debt due to gambling	G-E	G7	N2	
G8	Time spent gambling – last 30 days (days)	G-F	G8	N2	
Number between 0 and 30					
99=not stated					
G9	Time spent gambling – daily average (hours)	G-G	G9	N2.1	
Number between 0 and 24. Half hours (0.5) allowed.					
99=not stated					
G10	Money spent gambling – daily average	G-H	G10	N6	
999999=not stated					
G11	Money spent per month	G-I	G11	N6	
999999=not stated					
G12	Use of any self-exclusion tools at time of assessment	G-J	G12	N1	

13.1.2.1 Gambling History Codes

G-A Gambling Activities and Locations: Question wording: What are you gambling on?
Do not complete if an 'affected other'.

	G-A Gambling Activities	Rationale
A - Bookmakers	1 Horses	
	2 Dogs	
	3 Sports or other event	
	4 Gaming Machines (FOBT)	Aligning with version used by GamCare
	5 Gaming Machine (Other)	Aligning with version used by GamCare
	6 Other	
B - Bingo Premises	1 Live draw	Updated language
	2 Terminal	
	3 Skill Machine	
	4 Gaming Machines (other)	
	5 Other	
C - Casino	1 Poker	
	2 Other card games	
	3 Roulette	
	4 Gaming Machines (FOBT)	Aligning with version used by GamCare
	5 Gaming Machine (Other)	Aligning with version used by GamCare
	6 Other	
D - Live events	1 Horses	
	2 Dogs	
	3 Sports or other event	
	4 Other	
E - Adult Entertainment/ Gaming Centre (18+ Arcade)	1 Gaming Machines (FOBT)	Aligning with version used by GamCare
	2 Gaming Machine (Other)	Aligning with version used by GamCare
	3 Skill prize machines	
	4 Other	

	G-A Gambling Activities	Rationale
F - Family Entertainment Centre (Arcade)	1 Gaming Machines (FOBT)	
	2 Gaming Machine (Other)	
	3 Skill prize machines	
	4 Other	Aligning with version used by GamCare
G - Pub	1 Gaming Machines	Aligning with version used by GamCare
	2 Sports	
	3 Poker	Updated language
	4 Other	
H - Online	1 Horses	
	2 Dogs	
	3 Spread betting	
	4 Sports events	
	5 Bingo	
	6 Poker	
	7 Casino (table games)	Aligning with version used by GamCare
	8 Casino (slots)	Aligning with version used by GamCare
	9 Scratchcards	
	10 Betting exchange	
	12 eSports betting	
	13 Virtual sports betting	
	14 Within video games	
	15 Financial markets	Aligning with version used by GamCare
	11 Other	Aligning with version used by GamCare
I - Misc	1 Private/organised games	G-J
	2 Lottery (National)	
	3 Lottery (Other)	
	4 Scratchcards	
	5 Football pools	
	6 Service station (gaming machine)	
J - Private members club		
	2 Other card games	
	3 Gaming Machine	
	4 Other	
K - Other	1 Other not categorised above (specify)	

G-B Job loss through gambling

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

G-C Relationship loss through gambling

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

G-D Early big win

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

G-E Debt due to gambling

	G-E Debt due to gambling	Rationale
0	Not stated (Person asked but declined to provide a response)	
1	No	
2	Under £5000	
3	£5000 - £9,999	
4	£10,000 - £14,999	
5	£15,000 - £19,999	
6	~~£20,000 - £99,999~~	To improve accuracy of data
11	£20,000 – £29,999	
12	£30,000 - £49,999	
13	£50,000 - £99,999	
7	£100,000 or more	
8	Bankruptcy	
9	In an IVA	
10	Don't know (some)	

G-F Time spent gambling – last 30 days: How many days in the last 30 would you say you have gambled? Include option for "not stated/don't know"

G-G Time spent gambling – daily average over the last 30 days: How long do you spend on average gambling on a gambling day? Time to be input in hours (not minutes). Time should be spent on gambling activities, not rumination about gambling. Include option for "not stated/don't know"

G-H Money spent gambling – daily average over the last 30 days: How much money do you spend on average on a typical gambling day? Include option for "not stated/don't know"

G-I Money spent per month: How much do you spend in a month on gambling (total gambling expenditure minus total gambling wins)? Include option for "not stated/don't know"

G-J Use of self-exclusion tools at point of assessment: Record whether at the point of assessment the client is using any self-exclusion tools (this could be schemes such as GamStop, blocking software, or bank transaction blocking). Check whether client has methods of circumventing exclusion for the restriction put in place (e.g. if still online gambling despite registering with GamStop).

G-J Use of self-exclusion tools at point of assessment	
1	Yes
2	Yes, but have ability to circumvent
3	No
9	Not stated

13.1.3 Referral Table

Data Item Code	Data Item	Mandatory (M)/	Name	Name	Format	Examples
X0	Care Plan Number	M		X0	N25	
X1	Local Client Identifier	M	-	X1	N25	
X2	Provider code	M	-	X2	A10	
R1	Referral Source	M	R-A	R1	N2	
R8	Where heard about service	Only if R1 = 4, Self-re-ferral	R-F	R8	N2	
R2	Date referral received	M	-	R2	Date11 DD/MM/YYYY	
R3	Referral acceptance indicator	M	R-B	R3	N1	
R4	Referral reason	M	R-C	R4	N1	
R5	Previous treatment for gambling	M	G4	R5	N1	
R9	Tier	M	R-D	R9	N1	
R6	End Reason	M	R-G	R6	N2	
R7	End date	M	R-E	R7	Date11 DD/MM/YYYY	

13.1.3.1 Referral Codes

R-A Referral source

	R-A Referral source	Rationale
1	GP	
22	National Gambling Helpline	To monitor referrals between NGTS providers
23	GamCare/partner network	
24	London Problem Gambling Clinic / CNWL	
25	Northern Gambling Service / LYPFT	
26	Gordon Moody Association (GMA)	
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	
27	Citizen's Advice	Are a GA funded partner
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	
28	Not stated	To prevent missing data
29	Primary Care Gambling Service (PCGS)	

R-F Where heard about the service (for self-referrals)

R-A Referral source		Rationale
1	Internet search	
2	BeGambleAware website	
3	GamCare website	
4	Other website	
5	Social Media	
6	TV	To inform communications and outreach strategies
7	Radio	
8	Newspaper	
9	Family or friend	
10	Other professional	
11	Other source	

R-B Referral acceptance indicator

R-B Referral acceptance indicator	
1	Yes
2	No

R-C Referral reason

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

R-D Previous treatment for gambling: This field should be used to indicate if any treatment has previously been received for gambling harm, and if so, the most recent previous provider of treatment to the client.

R-D Recurrence		Rationale
0	Not stated (Person asked but declined to provide a response)	
1	Yes – not known where	
2	No	
3	Yes – GamCare/partner network	With the addition of a systemwide client ID, the recurrence indicator becomes redundant for services within the NGTS, unless accessed prior to DRF creation or from a non-NGTS source. To be analysed to inform treatment pathways.
4	Yes – London Problem Gambling Clinic	
5	Yes – Northern Gambling Service	
6	Yes – Gordon Moody Association	
7	Yes – other NHS provided service	
8	Yes – other private healthcare service	
9	Unknown	

R-E End reason

	R-E End Reason	Rationale
9	~~Offered Asses43-45sment but DNA~~	Additional detail to be collected
16	Contact attempted to offer assessment – unable to make contact	
17	Offered assessment but DNA – client cancellation	
	ASSESSED ONLY	
10	Not suitable for service - no action taken or directed back to referrer	
11	Not suitable for service - signposted elsewhere with mutual agreement of patient	
12	Discharged by mutual agreement following advice and support	
13	Referred to another therapy service by mutual agreement	
14	Suitable for service, but patient declined treatment that was offered	
15	Deceased (assessed only)	
97	Not Known (assessed only)	
	ASSESSED AND TREATED	
42	Completed scheduled treatment	
43	Dropped out of treatment (unscheduled discontinuation)	
44	Referred to other service	
45	Deceased (assessed and treated)	
98	Not Known (assessed and treated)	

R-G Treatment Tier

R-G Treatment Tier		Rationale
2	Tier 2	
3	Tier 3	Allows Tier 2,3,4 data to be distinguished
4	Tier 4	

13.1.4 Appointment Table

Data Item Code	Data Item	Mandatory (M)/ Required (R)	Input Code Table	Name	Format	Example
X0	Care Plan Number	M		X0	N25	
X1	Local Patient Identifier	M	-	X1	N25	
X2	Provider code	M	-	X2	A10	
A1	Appointment date	M	-	A1	Date11 DD/ MM/ YYYY	
A2	Unique caregiver code	M	-	A2		
A3	Attendance	M	A-A	A3	N1	
A10	Treatment Setting	M	A-E	A10	N1	
A4	Contact duration	M	-	A4	N3	
A5	Appointment purpose	M	A-B	A5	N1	
A6	Appointment medium	M	A-C	A6	N1	
A11	Treatment Attendees	M	A-F	A11	N1	
A7	Intervention given	M	A-D	A7	N2	
A8	PGSI score	M IF R4 =1	-	A8	N2	
A9	CORE-10 score	M	-	A9	N2	
A12	Use of self-exclusion tools since last appointment	M IF R4 =1	A-G	A12	N1	

13.1.4.1 Appointment Codes

A-A Attendance

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

A-E Treatment Setting

		Rationale
1	Community	
2	Residential	
3	Recovery house	For analysis purposes
4	Retreat	
5	Other	
4	Appointment cancelled or postponed by the health care provider	

A-B Appointment purpose

		Rationale
1	Assessment	
2	Treatment	
3	Assessment and treatment	
4	Review only	
5	Review and treatment	
6	Formal structured follow-up	To clarify appointment purpose
7	Aftercare	To disambiguate this code from structured follow-ups
8	Extended Brief Intervention (EBI)	Additional appointment purpose
9	Other	
10	Not Recorded	

A-C Appointment medium

		Rationale
1	Face to face communication	
2	Telephone	
3	Web camera (e.g. skype)	
4	Online chat	
5	Email	
6	Text message/Messaging App	Remove outdated terminology
7	Other	Code for future-proofing purposes

A-F Treatment attendees

		Rationale
1	Individual	
2	Group	
3	Couple	For future analysis of treatment outcomes
4	Family	
5	Other	

A-D Intervention given: This detail is only required if the appointment purpose at A5 is "treatment" or "assessment and treatment"

		Rationale
1	CBT (Cognitive Behavioural Therapy)	
2	Counselling	
3	Structured psycho-social	
4	5 Step	
5	Brief advice	
6	Psychotherapy	There are many different therapy/treatment types offered by NGTS providers – this list is an attempt to provide greater detail than the previous list for the purposes of analysis of treatment outcomes, without covering every possibility and therefore making the list unwieldy.
7	Psychodynamic therapy	
8	Pharmacological	
9	Motivational Interviewing	
10	DBT (Dialectical behaviour therapy)	
11	ACT (Acceptance and commitment therapy)	
12	EMDR (Eye movement desensitisation and reprocessing)	
13	Other	

A-G Use of self-exclusion tools since last appointment: Record whether at the point of each contact client is using any self-exclusion tools (this could be schemes such as GamStop, blocking software, or bank transaction blocking). Check whether client has methods of circumventing exclusion for the restriction put in place (e.g. if still online gambling despite registering with GamStop).

A-G Use of self-exclusion tools since last appointment		Rationale
1	Yes	
2	Yes, but have ability to circumvent	To monitor usage of self-exclusion and outcomes for treatment
3	No	
9	Not stated	

13.2 Problem Gambling Severity Index (PGSI)

The PGSI is the most widely used proxy measure of gambling harm and 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 [14].

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 people experiencing what is defined by the scale as 'problem gambling', that is, people who gamble who do so with negative consequences and a possible loss of control. This is the threshold of 'problem gambling' recommended by the developers of the PGSI and the threshold used for this analysis, but does not negate the fact that people with PGSI scores of anything 1+ are experiencing some level of problems associated with their gambling, albeit not necessarily sever consequences (see below paragraph).

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). Because of this, it is argued that any score of 1+ is experiencing some level of problem, difficulty, or harm, albeit not 'problem gambling' as indicated by 8+. The term 'at risk' is therefore problematic, and is argued to be misleading: any references to people being 'at risk' relate to their gambling being at risk of 'problem gambling', not 'at risk' of experiencing harm [15] at all, given that any score of 1+ is associated with problems.

Further, the terms 'problem gambling' and 'problem gambler' are argued to be stigmatising and reductive, as well as individualising. They should therefore only be used in direct reference to the PGSI scale. In other contexts, 'people harmed by gambling', 'people experiencing gambling harms', or 'people with a gambling disorder' should be used[16].

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…

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

[15] https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-vs-gambling-related-harms

[16] https://www.begambleaware.org/sites/default/files/2023-04/Stigma%20Language%20guide.pdf

	Response option and corresponding item score				
	Not at all	Only occa-sionally	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.