



**2019/20**

# **Annual Statistics from the National Gambling Treatment Service Wales**

## **Ystadegau Cenedlaethol gan y Gwasanaeth Triniaeth Gamblo Cenedlaethol yng Nghymru**

1st April 2019 to 31st March 2020

1af Ebrill 2019 tan 31ain Mawrth 2020

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# 1 Executive Summary

## Client characteristics

- A total of 271 Welsh residents were treated within gambling services (who report to the Data Reporting Framework (DRF)) within 2019/20.
- A majority of clients (68%) were male.
- Over nine tenths (95%) were from a white ethnic background, including 92% White British. The next most commonly reported ethnic backgrounds were Asian or Asian British (3%), and Black or Black British (1%).
- A majority of clients were employed (69%), with smaller proportions reporting being unable to work through illness (15%), unemployed (7%), retired (3%), homemaker (3%) or a student (2%).

## Gambling profile

- Among clients receiving treatment for their own gambling, initial Problem Gambling Severity Index (PGSI) scores indicated that the majority of clients (98%) were problem gamblers (PGSI 8+) at the point of assessment for treatment. Amongst those whose episode of treatment ended within the 2019/20 year, this proportion had reduced to 43% and the majority (81%) showed some improvement on this scale.
- The most common location for gambling was online, used by 69% of clients. Bookmakers were the next most common, used by 33% of gamblers.
- Between 2015/16 and 2019/20 the proportion reporting use of online gambling services increased from 65% to 69%. In the same time period the proportion using bookmakers decreased from 47% to 33%.
- Within online services, gambling on casino slots was the most common activity (50%), followed by sporting events (32%) and casino table games (11%).
- Within bookmakers, gaming machines were the most common form of gambling (53%), followed by sporting events (25%) and horses (21%).
- The majority of gamblers (65%) reported having a debt due to their gambling. 10% had experienced a job loss as a result of their gambling and 31% had experienced a relationship loss through their gambling.
- On average (mean), gamblers reported spending £1,330 on gambling in the previous 30 days before assessment.

## Treatment engagement

- A majority of referrals into treatment (84%) were self-made.
- For clients treated within the year, 50% of clients were seen for a first appointment within four days of referral and 75% within seven days.
- Among all those receiving and ending treatment within 2019/20, treatment lasted for an average (median) of 10 weeks.

## Treatment outcomes

- Among clients who ended treatment during 2019/20, a majority (80%) completed their scheduled treatment. Fifteen percent dropped out of treatment before a scheduled endpoint.
- Between 2015/16 and 2019/20 the proportion of clients completing scheduled treatment increased from 64% to 80% whilst the proportion dropping out of treatment decreased from 28% to 15%.
- Among gamblers, PGSI scores improved by an average (median) of 14 points between earliest and last appointment in treatment.
- At the end of treatment, 57% were no longer defined as problem gamblers.
- 58% of clients were defined as 'below clinical cut-off' on the CORE-10 scale at the end of treatment, compared to only 10% at the start of treatment.

# 1 Crynodeb gweithredol

## Nodweddion y cleient

- Cafodd cyfanswm o 271 o breswylwyr Cymru eu trin yn y gwasanaethau gamblo (sy'n adrodd i'r Fframwaith Adrodd Data (FfAD) yn ystod 2019/20.
- Roedd mwyafrif y cleientiaid (68%) yn wrywod.
- Roedd dros naw o bob deg (95%) ohonyn nhw o gefndir ethnig gwyn, gan gynnwys 92% a oedd yn Wyn Prydeinig. Y cefndiroedd ethnig nesaf a adroddwyd fwyaf cyffredin amdanyn nhw oedd Asiaid neu Asiaid Prydeinig (3%), a Du neu Du Prydeinig (1%).
- Roedd mwyafrif y cleientiaid yn gyflogedig (69%), gyda chyfrannau llai yn adrodd eu bod yn analluog i weithio oherwydd salwch (15%), di-waith (7%), wedi ymddeol (3%), cadw tŷ (3%) neu'n fyfyrwyr (2%).

## Proffil gamblo

- Ymysg cleientiaid a oedd yn derbyn triniaeth am eu gamblo eu hunain, mae'r Mynegai Difrifoldeb Gamblo Problemus (MDGP) yn dynodi bod y mwyafrif o gleientiaid (98%) yn gamblwyr problemus (MDGP 8+) pan gawson nhw eu hasesu am driniaeth. Ymysg y rhai hynny yr oedd eu triniaeth wedi diweddau o fewn y flwyddyn 2019/20, roedd y gyfran hon wedi lleihau i 43% ac roedd y mwyafrif (81%) wedi dangos rhywfaint o wellhad ar y raddfa hon.
- Y lleoliad mwyaf cyffredin ar gyfer gamblo oedd gamblo ar-lein, a ddefnyddiwyd gan 69% o gleientiaid. Siopau betio oedd y lleoliad mwyaf cyffredin wedyn, sy'n cael eu defnyddio gan 33% o gamblwyr.
- Rhwng 2015/16 a 2019/20, roedd y gyfran a oedd yn adrodd am ddefnyddio gwasanaethau gamblo ar-lein wedi cynyddu o 65% i 69%. Yn yr un cyfnod, roedd y gyfran a oedd yn defnyddio siopau betio wedi gostwng o 47% i 33%.
- O fewn gwasanaethau ar-lein, y gweithgaredd mwyaf cyffredin oedd gamblo drwy slotiau casino (50%), a oedd yn cael eu dilyn gyda digwyddiadau chwaraeon (32%) a gemau bwrdd casino (11%).
- Mewn siopau betio, peiriannau gemau oedd y ffurf fwyaf cyffredin o gamblo (53%), a oedd yn cael eu dilyn gan ddigwyddiadau chwaraeon (25%) a cheffylau (21%).
- Roedd y mwyafrif o'r gamblwyr (65%) yn adrodd bod ganddyn nhw ddyled oherwydd eu gamblo. Roedd 10% wedi colli'u swydd o ganlyniad i'w gamblo ac roedd 31% wedi cael profiad o golli perthynas oherwydd eu gamblo.
- Ar gyfartaledd (cymedr), roedd gamblwyr yn adrodd eu bod yn gwario £1,330 ar gamblo yn y 30 niwrnod blaenorol cyn iddyn nhw gael eu hasesu.

## Ymgysylltu â thriniaeth

- Roedd mwyafrif yr atgyfeiriadau i gael triniaeth (84%) yn cael eu gwneud gan y cleientiaid eu hunain.
- Ar gyfer cleientiaid a dderbyniodd driniaeth o fewn blwyddyn, gwelwyd 50% o gleientiaid am y tro cyntaf o fewn 4 diwrnod ar ôl cael eu hatgyfeirio a gwelwyd 75% ohonyn nhw o fewn saith niwrnod.
- Ymysg pob un o'r rhai hynny sy'n derbyn a diweddu eu triniaeth o fewn 2019/20, roedd y driniaeth yn parhau am gyfartaledd (canolrif) o ddeg wythnos.

## Canlyniadau'r driniaeth

- Ymysg y cleientiaid y daeth eu triniaeth i ben yn ystod 2019/20, cwblhaodd y mwyafrif (80%) y driniaeth a drefnwyd. Gadawodd pymtheg y cant y driniaeth a drefnwyd cyn y diwedd.
- Rhwng 2015/16 a 2019/20, cynyddodd y gyfran o gleientiaid a oedd yn cwblhau triniaeth a drefnwyd o 64% i 80%, tra bod y gyfran a oedd yn gadael y driniaeth yn gostwng o 28% i 15%.
- Ymysg gamblwyr, bu gwellhad yn y sgorau MDGP gyda chyfartaledd (canolrif) o 14 pwynt rhwng yr apwyntment cynharaf a'r un olaf yn y driniaeth.
- Ar ddiwedd y driniaeth, nid oedd 57% yn cael eu diffinio mwyach fel gamblwyr problemus.
- Diffiniwyd 50% o gleientiaid fel rhai 'is na'r torbwynt clinigol' ar raddfa CORE-10 ar ddiwedd y driniaeth, o'i gymharu â 10% yn unig ar ddechrau'r driniaeth.

## 2 About the National Gambling Treatment Service

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

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

The data for the 2019/20 period presented within this report covers submissions from the following organisations<sup>1</sup>, with details of the services they provide listed below.

### **GamCare<sup>2</sup> and its partner network offers:**

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

### **Gordon Moody Association offers:**

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

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1 The NHS Northern Gambling Service, provided by Leeds and York Partnership NHS Foundation Trust opened mid-year. Figures from the service will be incorporated into NGTS statistics for 2020/21, when the service has been operational for one full reporting period.

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

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

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

GambleAware-funded treatment providers are required to submit quarterly datasets in a standardised format<sup>3</sup>. This report is informed by analysis of these submissions.

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

## 2 Gwybodaeth ynglŷn â Gwasanaeth Triniaeth Gamblo Cenedlaethol

Mae'r Gwasanaeth Triniaeth Gamblo Cenedlaethol yn rhwydwaith o sefydliadau sy'n gweithio gyda'i gilydd i ddarparu triniaeth a chefnogaeth gyfrinachol ar gyfer unrhyw un sy'n profi niwed sy'n gysylltiedig â gamblo ac mae'n rhad ac am ddim drwy Loegr, Yr Alban a Chymru. Mae'r GTGC yn cael ei gomisiynu gan GambleAware, elusen annibynnol sy'n dyfarnu grantiau ac yn mabwysiadu dull iechyd cyhoeddus er mwyn lleihau niwed drwy gamblo.

Ble bynnag y mae rhywun yn cysylltu trwy'r rhwydwaith hwn, mae'r darparwyr hyn yn gweithio ochr yn ochr â'i gilydd drwy lwybrau atgyfeirio i gyflawni'r pecyn gofal mwyaf addas ar gyfer unigolion sy'n profi anawsterau gyda gamblo, ac i'r rhai hynny sy'n cael eu heffeithio gan gamblo rhywun arall.

Mae'r data ar gyfer y cyfnod 2019/20 a geir yn yr adroddiad hwn yn ymdrin â chyflwyniadau o'r sefydliadau canlynol<sup>1</sup>, gyda manylion o'r gwasanaethau y maen nhw'n eu darparu wedi'u rhestrau isod.

### Mae GamCare<sup>2</sup> a'i rwydwaith partneriaid yn cynnig:

- Triniaeth ar-lein a gefnogir gan gysylltiad rheolaidd gyda therapydd, a ellir ei derbyn ar amser a lle sy'n gyfleus i'r cleient yn ystod y cwrs 8 wythnos.
- Cymorth a thriniaeth therapiwtig un i un wyneb yn wyneb, ar-lein a thros y ffôn ar gyfer pobl â phroblemau gamblo yn ogystal â ffrindiau a theulu sy'n cael eu heffeithio gan gamblo
- Cyrsiau Adfer Gamblo mewn grŵp, wedi'i gyflwyno wyneb yn wyneb neu ar-lein rhwng chwech i wyth wythnos.

### Mae Cymdeithas Gordon Moody yn cynnig:

- Canolfannau Triniaeth Preswyl – dwy ganolfan arbenigol unigryw, sy'n darparu rhaglen driniaeth breswyl ar gyfer dynion gyda dibyniaeth gamblo am gyfnod o 14 wythnos.

<sup>1</sup> Agorodd Gwasanaeth Gamblo GIG Gogledd Lloegr, a ddarparwyd gan Ymddiriedolaeth Partneriaeth Leeds ac Efrog ganol y flwyddyn. Bydd ffigyrau o'r gwasanaeth yn cael eu hymgorffori i ystadegau'r GTGC ar gyfer 2020/21, pan fydd y gwasanaeth wedi bod yn weithredol am un cyfnod adrodd llawn.

<sup>2</sup> Yn ychwanegol, mae GamCare yn gweithredu'r Llinell Gymorth Genedlaethol sy'n cynnig sgysiau cymorth byw dros y ffon ac ar-lein ac sy'n darparu cefnogaeth yn syth i unigolion ac atgyfeiriad i'r gwasanaeth triniaeth. Yn ogystal, mae GamCare yn cynnig gwybodaeth a chyngor drwy'u gwefan, fforymau a gymedrolir ac ystafelloedd sgwrsio ar-lein ar gyfer grwpiau. Nid yw'r gwasanaethau hyn o fewn cwmpas y data a gyflwynir yn yr adroddiad hwn.

- Llety Adferiad – tai arbenigol er mwyn atal lithro'n ôl ar gyfer y rhai hynny sydd wedi cwblhau'r rhaglenni triniaeth ac sydd angen cymorth ychwanegol i gael adferiad.
- Rhaglen Encilio a Chwmsela – rhaglenni encilio ar gyfer cohortau o ferched yn unig a cohortau o ddynion yn unig, sy'n cyfuno arosiadau preswyl byr gyda chymorth chwmsela yn y cartref.

**Mae Ymddiriedolaeth Sefydledig GIG Canol a Gogledd-orllewin Llundain (Clinig Trin Gamblo Problemus Llundain) yn cynnig:**

- Triniaeth ar gyfer problemau gamblo yn arbennig ar gyfer pobl gyda dibyniaethau mwy difrifol yn ogystal â'r rhai hynny gyda chyflyrau iechyd meddwl ac iechyd corfforol cydafiachedd, y rhai hynny â gweithredu cymdeithasol diffygiol, a'r rhai hynny a all fod mewn mwy o risg, fel y risg o hunanladdiad.

Mae angen i ddarparwyr triniaeth GambleAware y telir amdano gyflwyno setiau data chwarterol mewn fformat safonol<sup>3</sup>. Sylfaen yr adroddiad hwn yw dadansoddi'r cyflwyniadau hyn.

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

### 3 Background and Policy Context

The Gambling Act 2005 contains a provision at section 123<sup>4</sup> for a levy on gambling operators to fund projects to reduce gambling harms. Successive governments have not commenced this provision. In the absence of a mandatory levy, the Gambling Commission imposes a requirement on operators through the Licence Conditions & Code of Practice<sup>5</sup> to make a donation to fund research, education and treatment for this purpose. The independent charity GambleAware<sup>6</sup> is the most prominent organisation active in all three areas of research, education and treatment<sup>7</sup> and for this reason, a high proportion of donations are made to the organisation. This statistical report covers activity which is commissioned by GambleAware.

In January 2019, NHS England announced that it would be establishing additional specialist clinics to treat gambling disorder<sup>8</sup> and in July 2019 announced the timetable for the new clinics to start<sup>9</sup>. The first of these clinics began offering treatment in 2019/20. In addition, some activity funded by the NHS for people whose primary or secondary diagnosis is gambling disorder takes place outside the specialist clinics. Activity funded by the NHS is reported in the official statistics produced by the NHS in England, Scotland and Wales.

The *National Responsible Gambling Strategy for 2016-17 to 2018-19*<sup>10</sup> which was published by the Responsible Gambling Strategy Board (now the Advisory Board for Safer Gambling) in April 2016, had as Priority Action 9 "Building the capacity and quality of treatment". This referenced the work of the Responsible Gambling Trust, a predecessor organisation of GambleAware.

The respective roles of the Gambling Commission, the Advisory Board for Safer Gambling and GambleAware in relation to arrangements for prioritising, commissioning, funding and evaluating research, education and treatment were set out in a Statement of Intent published in August 2012<sup>11</sup>.

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

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

6 Information about GambleAware and its governance is available at <https://begambleaware.org/for-professionals/about-us>

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

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

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

10 [https://consult.gamblingcommission.gov.uk/author/copy-of-national-strategy-to-reduce-gambling-harms/user\\_uploads/the-current-national-responsible-gambling-strategy.pdf](https://consult.gamblingcommission.gov.uk/author/copy-of-national-strategy-to-reduce-gambling-harms/user_uploads/the-current-national-responsible-gambling-strategy.pdf)

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

The *Annual Report for 2016/17* of the Chief Medical Officer for Wales<sup>12</sup>, published in January 2018, discussed the need for improved measures to prevent gambling harm, including services to help those already experiencing harm.

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

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

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<sup>12</sup> <https://gov.wales/sites/default/files/publications/2019-03/gambling-with-our-health-chief-medical-officer-for-wales-annual-report-2016-17.pdf>

## 4 The DRF database

The collection of data on clients receiving treatment from the National Gambling Treatment Service is managed through a nationally coordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015. Individual treatment services collect data on clients and treatment through bespoke case management systems. The DRF is incorporated into each of these systems. Data items within the DRF are set out in the DRF Specification<sup>13</sup> and provided in the appendix to this report. Data are collected within four separate tables, providing details of client characteristics, gambling history, referral details and appointment details. The DRF constitutes a coordinated core data set, collected to provide consistent and comparable reporting at a national level. Some minor differences exist in data collection between agencies, such as the addition of supplementary categories in individual fields or in the format of collected data. These are reformatted or recoded at a national level to ensure consistency within the DRF specification.

### 4.1 Notes on interpretation

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

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

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

<sup>13</sup> <https://begambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

## 5 Assessment of quality and robustness of 2019/20 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2019/20. Details of gambling activity and history are not routinely collected for clients who are not themselves gamblers. Levels of completeness of gambling information relate only to clients identified as gamblers. Most data items are close to 100% complete, making the data representative of this treatment population, minimising any likelihood of bias and validating comparisons between time periods and sub-samples.

**Table 1 Level of completion of selected data fields**

Data item	Level of completion
Referral reason	99.3%
Referral source	100%
Gender	100%
Ethnicity	100%
Employment status	99.6%
Relationship status	100%
Primary gambling activity	99.1%
Money spent on gambling	99.6%
Job loss	99.6%
Relationship loss	99.6%
Early big win	99.6%
Debt due to gambling	99.6%
Length of gambling history	99.6%
Age of onset (problem gambling)	99.6%
Days gambling per month	91.0%

## 6 Characteristics of clients

A total of 271 individuals, resident in Wales, were treated by gambling services providing DRF data within 2019/20.

The majority of those seen by gambling services were gamblers (233, 86%). However, 34 (13%) referrals related to 'affected others' that is, individuals who are not necessarily gamblers but whose lives have been affected by those who are. A small number of referrals (2, 1%) related to persons at risk of developing a gambling problem. All clients are included in breakdowns of client characteristics and treatment engagement but only identified gamblers are included in breakdowns of gambling activity and history. This information was not collected for a further 2 (1%) individuals.

### 6.1 Age and gender of clients

Clients had an average (median) age of 35 years at time of referral, with three quarters (75%) aged 43 years or younger. The highest numbers were reported in the 25–29 years old and 30–34 years old age bands, accounting for 40% of clients in total. Clients other than gamblers had a higher median age of 43 years and were more likely to be in the over 50 age bands.

A majority of clients (68%) were male. This compares to 49% in the general population of Wales<sup>14</sup>. The distribution of age differs to some extent by gender (Table 2), with a median age of 39 years for females compared to 33 years for males. Gender differed considerably by type of client with 77% of gamblers being male compared to only 13% of other clients.

**Table 2 Age and gender of clients**

		Male			Female			Total*		
		N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Age bands	< 20	1	0.5%	100.0%	0	0.0%	0.0%	1	0.4%	100.0%
	20–24	25	13.6%	92.6%	2	2.3%	7.4%	27	10.0%	100.0%
	25–29	31	16.8%	72.1%	12	13.8%	27.9%	43	15.9%	100.0%
	30–34	43	23.4%	68.3%	20	23.0%	31.7%	63	23.2%	100.0%
	35–39	33	17.9%	76.7%	10	11.5%	23.3%	43	15.9%	100.0%
	40–44	17	9.2%	51.5%	16	18.4%	48.5%	33	12.2%	100.0%
	45–49	16	8.7%	64.0%	9	10.3%	36.0%	25	9.2%	100.0%
	50–54	11	6.0%	73.3%	4	4.6%	26.7%	15	5.5%	100.0%
	55–59	4	2.2%	28.6%	10	11.5%	71.4%	14	5.2%	100.0%
	60+	3	1.6%	42.9%	4	4.6%	57.1%	7	2.6%	100.0%
	<b>Total*</b>	184	100.0%	67.9%	87	100.0%	32.1%	271	100.0%	100.0%

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

<sup>14</sup> Office for National Statistics. Population Estimates for the UK, England and Wales, Scotland and Northern Ireland: Mid-2019

## 6.2 Ethnicity of clients

Nearly all (95%) clients were from a White ethnic background (Table 3) including 92% White British and 2% White European. The next most reported ethnic background was Asian or Asian British (3%) with 1% clients reported from Black or Black British background. This compares to national (Wales) proportions<sup>15</sup> of 96% White or White British, 2% Asian or Asian British and 1% Black or Black British.

**Table 3 Ethnicity of clients**

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
White or White British	British	217	93.1%	31	81.6%	248	91.5%
	Irish	0	0.0%	1	2.6%	1	0.4%
	European	3	1.3%	1	2.6%	4	1.5%
	Other	3	1.3%	0	0.0%	3	1.1%
Black or Black British	African	1	0.4%	0	0.0%	1	0.4%
	Caribbean	1	0.4%	0	0.0%	1	0.4%
	Other	1	0.4%	0	0.0%	1	0.4%
Asian or Asian British	Bangladeshi	0	0.0%	0	0.0%	0	0.0%
	Indian	1	0.4%	0	0.0%	1	0.4%
	Pakistani	1	0.4%	0	0.0%	1	0.4%
	Chinese	3	1.3%	1	2.6%	4	1.5%
	Other	0	0.0%	2	5.3%	2	0.7%
Mixed	White and Asian	0	0.0%	1	2.6%	1	0.4%
	White and Black African	0	0.0%	0	0.0%	0	0.0%
	White and Black Caribbean	1	0.4%	0	0.0%	1	0.4%
	Other	1	0.4%	0	0.0%	1	0.4%
Other ethnic group		0	0.0%	1	2.6%	1	0.4%
	<b>Total</b>	233	100.0%	38	100.0%	271	100.0%
	Missing	0		0		0	
	<b>Total clients</b>	233		38		271	

<sup>15</sup> Office for National Statistics. UK 2011 census.

## 6.3 Employment status of clients

The majority of clients were employed (69%). The next most reported employment status was unable to work through illness (15%), followed by unemployed (7%), retired (3%), homemaker (3%) and student (2%).

**Table 4 Employment status of clients**

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
	Employed	162	69.8%	25	65.8%	187	69.3%
	Unemployed	16	6.9%	2	5.3%	18	6.7%
	Student	4	1.7%	0	0.0%	4	1.5%
	Unable to work through illness	39	16.8%	2	5.3%	41	15.2%
	Homemaker	6	2.6%	2	5.3%	8	3.0%
	Not seeking work	0	0.0%	0	0.0%	0	0.0%
	Prison-care	0	0.0%	1	2.6%	1	0.4%
	Volunteer	2	0.9%	0	0.0%	2	0.7%
	Retired	3	1.3%	6	15.8%	9	3.3%
	Total	232	100.0%	38	100.0%	270	100.0%
	Missing	1		0		1	
	Total clients	233		38		271	

## 6.4 Gambling profile

### 6.4.1 Gambling locations

The most common location for gambling (Table 5) was online, used by 69% of gamblers who provided this information. Bookmakers were the next most common, used by 33% of gamblers. No other locations were used by more than 10% of gamblers, although casinos and miscellaneous (such as lottery, scratch-cards and football pools) were used by 6% each.

Up to three gambling activities (specific to location) are recorded for each client and these are ranked in order of significance. Table 5 shows the location of primary gambling activity and again shows that online services are the most common, followed by bookmakers. These two locations account for the majority of primary gambling activities, at 87%.

**Table 5 Location of gambling activity reported in 2019/20**

		Any gambling in this location	%	Main gambling location	%
	Online	159	68.8%	145	62.8%
	Bookmakers	77	33.3%	55	23.8%
	Casino	14	6.1%	7	3.0%
	Miscellaneous	13	5.6%	6	2.6%
	Adult Entertainment Centre <sup>16</sup>	11	4.8%	9	3.9%
	Pub	6	2.6%	5	2.2%
	Bingo Hall	5	2.2%	2	0.9%
	Other	3	1.3%	0	0.0%
	Family Entertainment Centre	2	0.9%	2	0.9%
	Private Members Club	0	0.0%	0	0.0%
	Live Events	0	0.0%	0	0.0%
	Total	231		231	
	Missing	2		2	
	Total gamblers	233		233	

<sup>16</sup> Also known as Adult Gaming Centres (AGC)

## 6.4.2 Gambling activities

Table 6 shows that within online services, casino slots were the most common individual activity, used by 35% of gamblers overall (making this the most common individual activity reported), followed by sports events (22%) and casino table games (8%). Within bookmakers, gaming machines were the most common form of gambling, used by 18% of gamblers, followed by sporting events (8%) and horses (7%).

**Table 6 Gambling activities, grouped by location**

Location	Activity	N	% among all gamblers	% within location
Bookmakers	Gaming Machine (FOBT)	41	17.7%	53.2%
	Sports or other event	19	8.2%	24.7%
	Horses	16	6.9%	20.8%
	Dogs	3	1.3%	3.9%
	Other	10	4.3%	13.0%
Bingo Hall	Gaming Machine	4	1.7%	80.0%
	Live draw	0	0.0%	0.0%
	Skill Machine	0	0.0%	0.0%
	Terminal	1	0.4%	20.0%
	Other	0	0.0%	0.0%
Casino	Roulette	5	2.2%	35.7%
	Gaming Machine (not FOBT)	5	2.2%	35.7%
	Non-poker card games	3	1.3%	21.4%
	Poker	0	0.0%	0.0%
	Gaming Machine (FOBT)	0	0.0%	0.0%
	Other	1	0.4%	7.1%
Live events	Horses	0	0.0%	0.0%
	Dogs	0	0.0%	0.0%
	Sports or other event	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Adult Entertainment Centre	Gaming Machine (not FOBT)	10	4.3%	90.9%
	Gaming Machine (FOBT)	0	0.0%	0.0%
	Skill prize machines	0	0.0%	0.0%
	Other	1	0.4%	9.1%
Family Entertainment Centre	Gaming Machine (not FOBT)	2	0.9%	100%
	Gaming Machine (FOBT)	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Pub	Gaming Machine (other)	6	2.6%	100%
	Poker	0	0.0%	0.0%
	Sports	0	0.0%	0.0%
	Other	0	0.0%	0.0%

Location	Activity	N	% among all gamblers	% within location
Online	Casino (slots)	80	34.6%	50.3%
	Sports events	51	22.1%	32.1%
	Casino (table games)	18	7.8%	11.3%
	Horses	14	6.1%	8.8%
	Spread betting	8	3.5%	5.0%
	Bingo	4	1.7%	2.5%
	Poker	3	1.3%	1.9%
	Dogs	1	0.4%	0.6%
	Scratchcards	1	0.4%	0.6%
	Betting exchange	0	0.0%	0.0%
Miscellaneous	Scratchcards	8	3.5%	61.5%
	Football pools	2	0.9%	15.4%
	Service station gaming machine	2	0.9%	15.4%
	Lottery (National)	1	0.4%	7.7%
	Lottery (other)	1	0.4%	7.7%
	Private/organised games	0	0.0%	0.0%
Private members club	Poker	0	0.0%	0.0%
	Gaming Machine	0	0.0%	0.0%
	Other card games	0	0.0%	0.0%
Other Location		3	1.3%	
Total		231		
Missing		2		
Total gamblers		233		

### 6.4.3 Gambling history

Where known, a majority of gamblers (63%) had experienced an early big win in their gambling history. Among those providing a response to the question 10% had suffered a job loss as a result of their gambling and 31% had suffered a relationship loss through their gambling.

Over one third of gamblers (35%) had no debt due to gambling at the time of assessment (Table 7). However, 24% had debts up to £5,000 and 41% had debts over £5,000 or were bankrupt or in an Individual Voluntary Arrangement (IVA).

**Table 7 Debt due to gambling**

	N	%
No debt	80	34.8
Under £5000	56	24.3
£5000–£9,999	31	13.5
£10,000–£14,999	14	6.1
£15,000–£19,999	9	3.9
£20,000–£99,999	33	14.3
£100,000 or more	1	.4
Bankruptcy	2	.9
In an IVA	4	1.7
Total	230	100.0
Missing	3	
Total gamblers	233	

On average (median), gamblers reported problem gambling starting at the age of 25 years, although this was highly variable, ranging up to 62 years old. Three quarters reported problem gambling starting by the age of 33 years and one quarter by the age of 18 years. At the point of presentation to gambling services, gamblers had been (problem) gambling for an average (median) of 10 years.

### 6.4.4 Money spent on gambling

Gamblers reported spending an average (median) of £100 per gambling day in the previous 30 days before assessment. As some gamblers spent at considerably higher levels, the mean value is higher at £355 per day. Fifty three percent spent up to £100 per gambling day in the previous 30 days before assessment (Table 8), 16% spent between £100 and £200, 20% spent between £200 and £500 and 10% spent over £500.

**Table 8 Average spend on gambling days**

	N	%
Up to £100	123	53.0
Up to £200	38	16.4
Up to £300	22	9.5
Up to £400	5	2.2
Up to £500	20	8.6
Up to £1000	10	4.3
Up to £2000	8	3.4
Over £2000	6	2.6
Total	232	100.0
Missing	1	
Total gamblers	233	

In the preceding month, gamblers reported spending a median of £800 and a mean of £1,330 on gambling. Just over one half (53%) of gamblers spent up to £1,000 in the preceding month, with 47% spending over £1,000 (Table 9). Almost a quarter of gamblers (23%) reported spending over £2000 in the preceding month.

**Table 9 Reported spend on gambling in month preceding treatment**

	N	%
Up to £100	8	3.4
Up to £200	16	6.9
Up to £300	16	6.9
Up to £400	20	8.6
Up to £500	21	9.1
Up to £1000	43	18.5
Up to £2000	55	23.7
Over £2000	53	22.8
Total	232	100.0
Missing	1	
Total gamblers	233	

Mean values and the range of spend differed considerably between those reporting different gambling locations (Table 10), although that spend cannot be attributed specifically to gambling in those locations. Mean value of spend on gambling days was highest among those using casinos. These means can be affected by outliers (extreme individual values) but median values were also higher in casinos compared to other locations. Average monthly spend was particularly elevated among those using casinos, but also for bookmakers and online services suggesting that frequent use of these services contributes to a high monthly spend.

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

		Average spend per gambling day (£)		Spend in past month (£)	
		Mean	Median	Mean	Median
	Bookmakers	413	100	1636	800
	Casino	1008	250	3129	1250
	Online	373	100	1342	800
	Miscellaneous	97	50	752	300
	Adult entertainment Centre	102	60	736	600

# 7 Access to services

## 7.1 Source of referral into treatment

A clear majority of referrals (84%) were self-made. Mental health trusts, probation and 'other services or agencies' accounted for 9% of referrals and GP/other primary health care 5% between them (Table 11). Other sources accounted for less than 3% of referrals in total.

**Table 11 Referral source for clients treated in 2019/20, by type of client**

		Gambling client		Other client		Total	
		N	%	N	%	N	%
	Self-referral	194	83.3%	34	89.5%	228	84.1%
	Other service or agency	21	9.0%	2	5.3%	23	8.5%
	GP	10	4.3%	0	0.0%	10	3.7%
	Other primary health care	2	0.9%	1	2.6%	3	1.1%
	Carer	1	0.4%	1	2.6%	2	0.7%
	Mental health NHS trust	2	0.9%	0	0.0%	2	0.7%
	Probation service	1	0.4%	0	0.0%	1	0.4%
	Social services	1	0.4%	0	0.0%	1	0.4%
	Jobcentre plus	1	0.4%	0	0.0%	1	0.4%
	Drug misuse agency	0	0.0%	0	0.0%	0	0.0%
	Asylum services	0	0.0%	0	0.0%	0	0.0%
	A& E department	0	0.0%	0	0.0%	0	0.0%
	Independent mental health services	0	0.0%	0	0.0%	0	0.0%
	Court liaison and Diversion service	0	0.0%	0	0.0%	0	0.0%
	Prison	0	0.0%	0	0.0%	0	0.0%
	Courts	0	0.0%	0	0.0%	0	0.0%
	Police	0	0.0%	0	0.0%	0	0.0%
	Education service	0	0.0%	0	0.0%	0	0.0%
	Employer	0	0.0%	0	0.0%	0	0.0%
	Health visitor	0	0.0%	0	0.0%	0	0.0%
<b>Total</b>	<b>233</b>		<b>38</b>		<b>271</b>		

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## 7.2 Waiting times for first appointment

Waiting time was calculated as the time between referral date and first recorded appointment. For clients treated during 2019/20, 50% of clients were seen within four days and 75% within seven days.

## 7.3 Length of time in treatment

Among all those receiving and ending treatment within 2019/20, treatment lasted for an average (median) of ten weeks. One quarter of clients received treatment for five weeks or less, half received treatment for between five and 15 weeks and one quarter received treatment for over 15 weeks.

Among clients treated within 2019/20, 67 (25%) were still in treatment at the end of March 2020, whereas 204 (75%) were discharged before the end of March 2020. Treatment outcomes are presented for those clients who were discharged in this period in order to represent their status at the end of treatment.

## 8 Treatment Outcomes

### 8.1 Treatment exit reasons

A majority of clients (80%) who were discharged within 2019/20 completed their scheduled treatment. Only 15% dropped out of treatment before a scheduled endpoint. A smaller proportion was discharged early by agreement (4%). Completion and drop-out rates were comparable between gamblers and other clients.

**Table 12 Reasons for treatment exit for clients treated within 2019/20**

	Gambling client		Other client		Total	
	N	%	N	%	N	%
Completed scheduled treatment	143	80.8%	21	77.8%	164	80.4%
Dropped out	26	14.7%	4	14.8%	30	14.7%
Discharged by agreement	7	4.0%	2	7.4%	9	4.4%
Not known (Assessed only)	1	0.6%	0	0.0%	1	0.5%
Referred on (Assessed & treated)	0	0.0%	0	0.0%	0	0.0%
Not known (Assessed & treated)	0	0.0%	0	0.0%	0	0.0%
Deceased (Assessed & treated)	0	0.0%	0	0.0%	0	0.0%
Deceased (Assessed only)	0	0.0%	0	0.0%	0	0.0%
Treatment declined	0	0.0%	0	0.0%	0	0.0%
Referred on (Assessed only)	0	0.0%	0	0.0%	0	0.0%
Not suitable for service – signposted elsewhere	0	0.0%	0	0.0%	0	0.0%
Not suitable for service – no action or referral back	0	0.0%	0	0.0%	0	0.0%
No assessment - DNA	0	0.0%	0	0.0%	0	0.0%
<b>Total</b>	<b>177</b>	<b>100.0%</b>	<b>27</b>	<b>100.0%</b>	<b>204</b>	<b>100.0%</b>

## 8.2 Severity scores

### 8.2.1 Baseline severity scores

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

#### PGSI

The PGSI is a validated tool<sup>17</sup> used in the Health Survey for England, Scottish Health Survey and the Welsh Problem Gambling Survey. The PGSI consists of nine items and each item is assessed on a four-point scale, giving a total score of between zero and 27 points.

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

At the earliest known appointment for gamblers treated during 2019/20, PGSI score was recorded for 97% of gamblers. Among these (Table 13), the majority (98%) recorded a PGSI score of 8 or more and were defined as a problem gambler. A much smaller proportion was defined as moderate risk (2%), and none were defined as low risk or no problem. Among those defined as a problem gambler, mean PGSI score was 20, considerably higher than the minimum of eight for this category.

**Table 13 PGSI category of severity at earliest appointment**

	N	%
No problem	0	0.0%
Low risk	0	0.0%
Moderate risk	4	1.8%
Problem gambler	223	98.2%
Total	227	100.0%
Missing	6	
Total gamblers	233	

#### Core-10

The Core-10 is a short 10 item questionnaire covering the following items: Anxiety (2 items), depression (2 items), trauma (1 item), physical problems (1 item) functioning (3 items - day to day, close relationships, social relationships) and risk to self (1 item). The measure has

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

6 high intensity/severity and 4 low intensity/severity items, which are individually scored on a 0 to 4 scale. A score of 40 (the maximum) would be classed as severe distress, 25 = moderate to severe, 20 = moderate, 15 = mild with 10 or under below the clinical cut off.

At the earliest known appointment for clients treated during 2019/20, CORE-10 score was recorded for 98% of clients (Table 14). Among these clients, 39% scored as severe, with other scores distributed relatively evenly across the categories of moderate-to-severe (17%) or moderate (20%), 14% scoring as mild and 10% scoring below clinical cut-off. Gamblers were slightly more likely than other clients to score severe (39% compared to 34%).

**Table 14 CORE-10 category of severity at earliest appointment**

		Gambling client		Other client		Total	
		N	%	N	%	N	%
	Below clinical cut-off	22	9.7%	5	13.2%	27	10.2%
	Mild	30	13.2%	8	21.1%	38	14.3%
	Moderate	48	21.1%	6	15.8%	54	20.4%
	Moderate severe	38	16.7%	6	15.8%	44	16.6%
	Severe	89	39.2%	13	34.2%	102	38.5%
	Total	227	100.0%	38	100.0%	265	100.0%
	Missing	6		0		6	
	Total clients	233		38		271	

## 8.2.2 Change in severity scores

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

### 8.2.2.1 PGSI

Changes in PGSI score were calculated for clients who ended treatment before the end of March 2020 (see section 8.1). Between earliest and latest appointment within treatment where PGSI scores were recorded, clients improved, on average (median), by a score of 14 points on the PGSI scale.

Table 15 summarises the direction and extent of change in PGSI scores with the majority (81%) improving between start and end of treatment, under one fifth (16%) showing no change and a small minority (3%) recording a higher score of severity at latest appointment compared to earliest. Gamblers were most likely (35%) to improve by 19–27 points, with a further 29% improving by 10–18 points.

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

**Table 15 Changes in PGSI score between earliest and latest appointments**

		N	%
	Improved by 19- 27 points	62	35.0%
	Improved by 10- 18 points	51	28.8%
	Improved by 1- 9 points	30	16.9%
	No Change	29	16.4%
	Increased: 1 to 9 points	4	2.3%
	Increased: 10 to 18 points	1	0.6%
	Increased: 19 to 27 points	0	0.0%
	Total	177	100.0%
	Missing	0	
	Total gamblers	177	

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

		Worse		No change		Better	
		N	%	N	%	N	%
	Discharged by agreement	0	0.0%	7	100.0%	0	0.0%
	Completed scheduled treatment	4	2.8%	5	3.5%	134	93.7%
	Dropped out	1	3.8%	16	61.5%	9	34.6%
	Not known (assessed only)	0	0.0%	1	100.0%	0	0.0%

Table 17 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 13. At this point a much smaller proportion of clients (43%) were still classed as problem gamblers by their PGSI score<sup>18</sup>. About one quarter (24%) of gamblers were now defined as 'non-problem', with the remainder defined at either low (18%) or moderate (15%) risk.

**Table 17 Latest PGSI category of severity recorded within treatment**

		N. Clients	%
	Non-problem	43	24.3%
	Low risk	31	17.5%
	Moderate risk	27	15.3%
	Problem gambler	76	42.9%
	Total	177	
	Missing	0	
	Total gamblers	177	

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

### 8.2.2.2 CORE-10

Changes in CORE-10 score were calculated for clients who ended treatment within the period. Between earliest and latest appointment within treatment where CORE-10 scores were recorded, clients' scores improved, on average (mean), by 8 points on the CORE-10 scale (4 points for clients other than gamblers).

Table 18 summarises the direction and extent of change in CORE-10 scores with the majority (74%) improving within treatment, but with 17% showing no change and a small minority (9%) recording a higher score of severity at their latest appointment compared to the earliest. Most improvement recorded (53%) was between one and 20 points. Gamblers and other clients were comparatively likely to improve by more than 20 points.

Table 19 shows these changes in CORE-10 score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (87%).

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

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
	Improved by 31-40 points	6	3.4%	0	0.0%	6	2.9%
	Improved by 21-30 points	31	17.5%	6	22.2%	37	18.1%
	Improved by 11-20 points	61	34.5%	5	18.5%	66	32.4%
	Improved by 1-10 points	34	19.2%	7	25.9%	41	20.1%
	No Change	28	15.8%	7	25.9%	35	17.2%
	Increased by 1-10 points	13	7.3%	2	7.4%	15	7.4%
	Increased by 11-20 points	4	2.3%	0	0.0%	4	2.0%
	Increased by 21-30 points	0	0.0%	0	0.0%	0	0.0%
	Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
	<b>Total</b>	177	100.0%	27	100.0%	204	100.0%

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

		Worse		No change		Better	
		N	%	N	%	N	%
	Discharged by agreement	0	0.0%	9	100.0%	0	0.0%
	Completed scheduled treatment	17	10.4%	4	2.4%	143	87.2%
	Dropped out	2	6.7%	21	70.0%	7	23.3%
	Not known (Assessed only)	0	0.0%	1	100.0%	0	0.0%

Table 20 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 14. At this point a smaller proportion of clients (10%) were still classed as 'severe'. A majority of clients (58%) were now defined as 'below clinical cut-off', with the majority of the remainder defined as either mild (17%) or moderate (5%).

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

		Gambling client		Other client		Total	
		N	%	N	%	N	%
	Below clinical cut-off	100	56.5%	18	66.7%	118	57.8%
	Mild	33	18.6%	2	7.4%	35	17.2%
	Moderate	10	5.6%	1	3.7%	11	5.4%
	Moderate severe	18	10.2%	2	7.4%	20	9.8%
	Severe	16	9.0%	4	14.8%	20	9.8%
	<b>Total</b>	177	100.0%	27	100.0%	204	100.0%

## 9 Trends

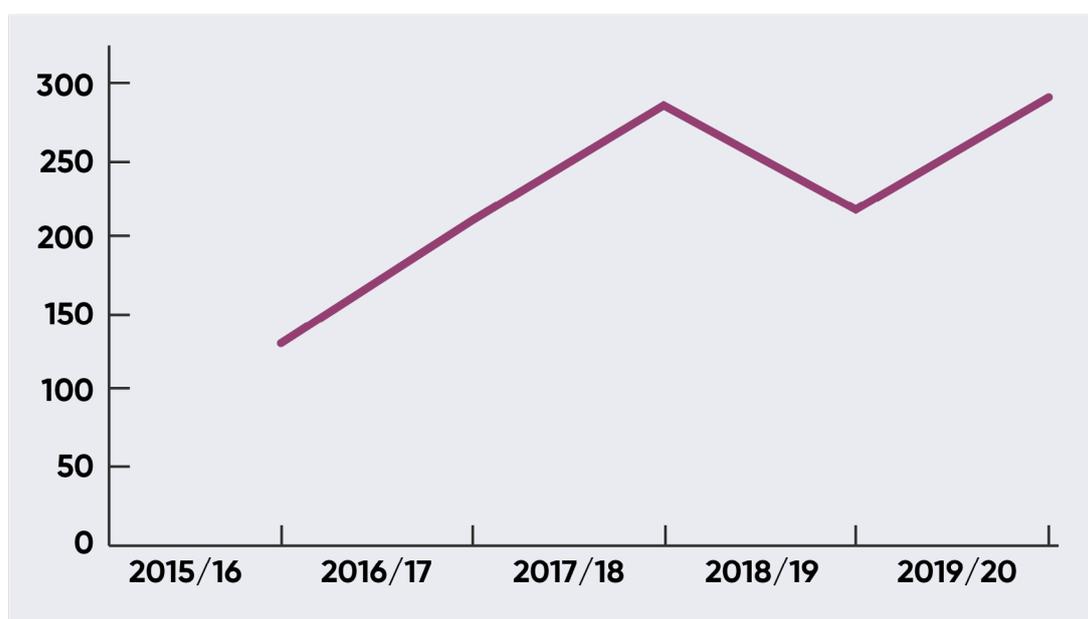
### 9.1 Trends in numbers in treatment

Table 21 shows that the number of clients treated in a given year has varied since 2015/16, with the greatest number of clients treated in 2019/20.

**Table 21 Trends in number of clients treated in the year – 2015/16 to 2018/19**

	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Clients treated</b>	129	209	270	210	271

**Figure 1 Trends in number of treated clients – 2015/16 to 2019/20**



Gambling services provide a point of contact and support both for problem gamblers and by those affected by another's gambling. Table 22 shows that the proportion of clients seeking help due to another individual's gambling has increased from 4% in 2015/16 to 13% in 2019/20.

**Table 22 Trends in reason for referral – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%								
<b>Problem gambler</b>	123	96.1%	197	96.1%	252	93.7%	186	88.6%	233	86.6%
<b>Affected other</b>	5	3.9%	8	3.9%	15	5.6%	21	10.0%	34	12.6%
<b>Person at risk of developing gambling problem</b>	0	0.0%	0	0.0%	2	0.7%	3	1.4%	2	0.7%
<b>Missing</b>	1		4		1		0		2	
<b>Total Clients</b>	129		209		270		210		271	

## 9.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2019/20 (Table 23) has been the increase in the proportion reporting use of online gambling services (rising from 65% to 69%) alongside the reduction in the proportion using bookmakers (falling from 47% to 36%) or miscellaneous (falling from 20% to 6%).

**Table 23 Trends in gambling locations – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%								
Bookmakers	57	47.1%	85	43.8%	92	37.7%	66	35.9%	77	33.3%
Bingo Hall	3	2.5%	6	3.1%	5	2.0%	1	0.5%	5	2.2%
Casino	7	5.8%	16	8.2%	11	4.5%	5	2.7%	14	6.1%
Live Events	1	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adult Entertainment Centre	6	5.0%	13	6.7%	8	3.3%	11	6.0%	11	4.8%
Family Entertainment Centre	0	0.0%	1	0.5%	2	0.8%	3	1.6%	2	0.9%
Pub	6	5.0%	5	2.6%	5	2.0%	4	2.2%	6	2.6%
Online	79	65.3%	125	64.4%	173	70.9%	118	64.1%	159	68.8%
Miscellaneous	24	19.8%	32	16.5%	25	10.2%	10	5.4%	13	5.6%
Private Members Club	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	4	3.3%	0	0.0%	3	1.2%	2	1.1%	3	1.3%
<b>Total</b>	<b>121</b>	<b>100.0%</b>	<b>194</b>	<b>100.0%</b>	<b>244</b>	<b>100.0%</b>	<b>184</b>	<b>100.0%</b>	<b>231</b>	<b>100.0%</b>

## 9.3 Trends in treatment exit reason

Grouped by year of treatment, Table 24 shows a number of positive trends with increases in the proportion of clients completing scheduled treatment (from 64% to 80%), alongside a decrease in the proportion dropping out of treatment (from 28% to 15%).

**Table 24 Trends in exit reason – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%								
Discharged by agreement	5	4.7%	6	3.5%	4	1.8%	1	0.6%	9	4.4%
Completed scheduled treatment	68	64.2%	104	60.8%	153	67.1%	128	80.0%	164	80.4%
Dropped out	30	28.3%	56	32.7%	64	28.1%	25	15.6%	30	14.7%
Referred on	2	1.9%	4	2.3%	5	2.2%	6	3.8%	0	0.0%
Deceased	0	0.0%	0	0.0%	1	0.4%	0	0.0%	0	0.0%
<b>Total Clients Discharged</b>	<b>106</b>	<b>100.0%</b>	<b>171</b>	<b>100.0%</b>	<b>228</b>	<b>100.0%</b>	<b>160</b>	<b>100.0%</b>	<b>204</b>	<b>100.0%</b>

## 9.4 Trends in client characteristics

Table 25 shows an overall increase in the proportion of clients who are female, rising from 20% in 2015/16 to 32% in 2019/20.

**Table 25 Trends in gender – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%								
<b>Male</b>	103	79.8%	174	83.3%	218	80.7%	160	76.2%	184	67.9%
<b>Female</b>	26	20.2%	35	16.7%	51	18.9%	50	23.8%	87	32.1%
<b>Total Clients</b>	129	100.0%	209	100.0%	270	100.0%	210	100.0%	271	100.0%

\* Categories of gender with less than 25 clients were excluded from this table

Table 26 shows that the proportion of clients accounted for by ethnic minorities has increased in relation to the proportion White or White British over the last five years.

**Table 26 Trends in ethnicity – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%								
<b>White or white British</b>	128	99.2%	204	98.1%	256	95.5%	205	97.6%	256	94.5%
<b>Black or Black British</b>	0	0.0%	0	0.0%	2	0.7%	2	1.0%	3	1.1%
<b>Asian or Asian British</b>	1	0.8%	2	1.0%	5	1.9%	2	1.0%	8	3.0%
<b>Mixed</b>	0	0.0%	0	0.0%	1	0.4%	1	0.5%	3	1.1%
<b>Other</b>	0	0.0%	2	1.0%	4	1.5%	0	0.0%	1	0.4%
<b>Total Clients</b>	129	100.0%	208	100.0%	268	100.0%	210	100.0%	271	100.0%

# 10 Appendices

## 10.1 DRF data items

### 10.1.1 Person Table

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

#### 10.1.1.1 Person Table Codes

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

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

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

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

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

## 10.1.2 Gambling History Table

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

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

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

#### G-B Job loss through gambling

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

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

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

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

### 10.1.3 Referral Table

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

### 10.1.3.1 Referral Codes

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

R-B Referral acceptance indicator	
1	Yes
2	No

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

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

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

### 10.1.4 Appointment Table

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

### 10.1.4.1 Appointment Codes

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

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

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

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

## 10.2 Problem Gambling Severity Index (PGSI)

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

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

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

When used as a population screening tool, the typical reference period used for the questions is “the past 12 months”. Within treatment settings, the scale is usually adjusted by providers so that clients are asked about their behaviour since their appointment, or in the past two weeks.<sup>19</sup>

The nine items are as listed below:

Thinking about the last [TIMEFRAME]...

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

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

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

<sup>19</sup> 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.

## 10.3 CORE-10

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

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

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

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

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

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



# Annual Statistics from the National Gambling Treatment Service Wales

1st April 2019 to 31st March 2020

## Ystadegau Cenedlaethol gan y Gwasanaeth Triniaeth Gamblo Cenedlaethol yng Nghymru

1af Ebrill 2019 tan 31ain Mawrth 2020

**Data analysis by ViewItUK**

**Report published by GambleAware February 2021**

**Dadansoddi data gan ViewItUK**

**Cyhoeddwyd yr adroddiad gan GambleAware Chwefror 2021**

### **About ViewItUK:**

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

### **Gwybodaeth ynglŷn â ViewItUK:**

Mae ViewItUK Ltd yn arbenigo mewn rheoli a dadansoddi data. Mae'r cwmni yn deillio o'r tîm ym Mhrifysgol Manceinion sy'n cynhyrchu a dilysu Ystadegau Cenedlaethol ar gyfer allbynnau'r Gwasanaeth Cenedlaethol Monitro Triniaethiaethau Cyffuriau ar ran Iechyd Cyhoeddus Lloegr.

### **About GambleAware:**

GambleAware is an independent charity (Charity No. England & Wales 1093910, Scotland (SC049433)) that champions a public health approach to preventing gambling harms. GambleAware is a commissioner of integrated prevention, education and treatment services on a national scale, with over £40 million of grant funding under active management. For further information about the content of the report please contact [info@gambleaware.org](mailto:info@gambleaware.org).

### **Ynglŷn â GambleAware:**

Elusen annibynnol yw GambleAware (Rhif Elusen 1093910 yng Nghymru a Lloegr, Yr Alban (SC049433)) sy'n eirioli dull iechyd cyhoeddus er mwyn atal niwed drwy gamblo. Mae GambleAware yn gomisiynydd gwasanaethau atal, addysgu a thriniaeth integredig ar raddfa genedlaethol, gyda thros £40 miliwn o gyllid grant o dan reolaeth weithredol. Ar gyfer derbyn rhagor o wybodaeth ynglŷn â chynnwys yr adroddiad, cysylltwch â [info@gambleaware.org](mailto:info@gambleaware.org) os gwelwch yn dda.