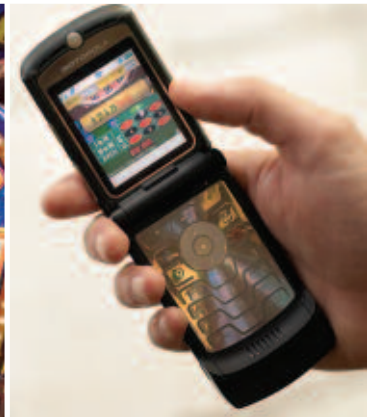


# GamCare Care Services 2006 Report



**GAMCARE**

National Association for Gambling Care  
Educational Resources and Training



**GamCare** Care Services  
2006 Report



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## FOREWORD

Welcome to the GamCare Care Services Report 2006, covering last year's activity at GamCare and our Partners.

There is so much currently happening in the gambling industry, with a new Gambling Act coming into force in five months time, a new Prevalence Study due just after that and so much media reporting of gambling and problem gambling in particular. It is therefore important that GamCare produces its Care Services Report at this time to lay some of the myths and misrepresentations that are becoming accepted.

The Report is not research and, with an imminent prevalence study, it would be unwise to take figures from it and quote them out of context. As is made clear, and has always been, the figures quoted in this document are a 'snapshot' only that is being seen from those clients who come to GamCare.

For instance, we are constantly asked if the increasing number of people coming to us is indicative that there is an increase in the number of problem gamblers. We cannot say. It might equally be that the increase is because more clients and their dependants are finding out about us through greater media coverage of the role that we play and indeed that of our Partners.

It is significant that the number of clients that we have been able to accommodate has matched the capacity at GamCare and our Partners. Had there been the often asked for public education campaign, it is doubtful that we would have had either the personnel or funding to cover the numbers

that would have come forward. However we now have the ability to absorb that increase and an educational and awareness campaign will take place later this coming year to promote the availability of counselling and help from GamCare and our Partners. The latter can now offer their services over 60% of the UK and it is intended that, by September, this will increase to virtually 100%. At the same time, we will be introducing a client tracking system which will monitor a client's activity from their date of registration. This will enable us to produce ever more accurate data on both land-based and Internet activity.

Undoubtedly the Internet is going to be a major growth area. As this Report is produced, GamCare is launching its new on-line facility, the NetLine. This will enable access to our services through the internet, developing by the autumn, into full coverage of our clinical services with the provision of on-line One-to-One counselling. While it is generally accepted that land-based problem gamblers will seek help through land-based facilities and internet gamblers through internet based, this will mean that a client with gambling problems will have a complete range of options as to how they seek help, with the relevant degrees of anonymity and access. Future Care Services Reports will be able to reflect these significant developments in our ability to gather data and the greater access to it through the Client Monitoring System.

GamCare continues to be at the forefront of providing guidance and advice on problem gambling to all those who seek it from us. Our concern at the moment is the

prevalence of 'shock' stories about problem gambling. This generally does nothing to help the problem gambler because it heightens the sense of risk, and detracts from the fact that such a vast majority of those who gamble can do so as an entertainment and for fun. We continue to point out that gambling is not an alternative to working – except for a very few – but massive prizes for low stakes are too frequently being highlighted without any indication of the odds and risk. The way in which these prizes are 'chased' is creating a new area of problem gambling, the same degree of hardship and life-ruining affect. The new Gambling Act identifies 'ensuring that gambling is conducted in a fair and open way' as one of its principal concepts and this is an area where we will continue to exert pressure that the odds in any gambling situation should be clear as we see it as the primary cause of this type of gambling problem.

In recommending this Report to you, may I take this opportunity to express GamCare's thanks to all our clinical staff and those at our Partners for the dedicated work that they do as is reflected in the statistics of this Report and to our analytical staff who have worked very hard to produce this Report in the clear form that you see.



**Geoffrey Godbold OBE**  
Chief Executive



## INTRODUCTION

We are delighted to publish our 2006 Care Services Report. This is the eighth year in which we have brought together comprehensive statistical information from our HelpLine, Counselling Service and Partners programme. GamCare has always strongly promoted the importance of data for the development of our services. It is this clinical context that has governed both the collection and the presentation of the facts and figures contained in this report.

The raison d'être of the Care Services is to ensure that support and counselling is available to as many people who may want or need our assistance. The first, and perhaps most notable, trend you will see in the following pages is the increasing number of people receiving help each year. More calls than ever have been made to the HelpLine and more clients than ever have attended our counselling and partners services. Furthermore, the growth in the message forum and community chat sessions on the GamCare website has been beyond expectation. The launch of the "NetLine" early in March 2007 will see even more using GamCare as an accessible form of support. This growth in demand for the Care Services is highly significant when considering how the profile and popularity of gambling is increasing in the UK and awareness of the risk factors associated with problematic gambling is becoming more openly discussed. It is crucial that we continue to expand our service capacity in the light of the forthcoming implementation of the 2005 Gambling Act.

In addition to increasing numbers, you will also notice that we have a diverse range of people who have used our Care Services during 2006. Among all the competing demands, the particular and cultural needs of our clients must not be underestimated. Therefore, at all service levels, we give explicit consideration to the gender, age and ethnicity of our clients. We aim to consider the impact that gambling problems can have on these diverse groups and are constantly working hard to ensure, as far as our resources will allow, that their differing experiences and needs are appropriately and adequately addressed.

Whilst the focus on matching service capacity to volume and diversity is absolutely right, it must never be at the expense of quality. The Care Services have always been about high quality and effective provision. In previous years we have made comment that every number represents a human story and behind every statistic is someone's personal experience. Therefore, the support we offer is not only aimed at helping the problem gambler stop, or bring under control, their gambling but also improving the health and social functioning of everyone who calls us in need and maximising their potential to live a productive life. We are justifiably proud of the counselling outcomes that you will find described in this report.

All that we have said so far, however, could not have been achieved without the skilled and passionate team who help deliver the Care Services. Appropriately, therefore, it remains for me to say a very big thank you and congratulations to all staff, counsellors, and partners around the UK and to those who have been involved in the production of this report. It is your considerable skills and commitment that have made the Care Services and their national and international reputation possible.



**Adrian Scarfe** B.Sc (Econ) MA MTh Grad  
Cert Ed  
Head of Clinical Services



## GAMCARE HELPLINE

# HELPLINE

### INTRODUCTION

The HelpLine is the hub of GamCare's provision of support and has three main target groups:

- Problem Gamblers
- Those affected by problem gambling such as partners, family and friends
- Professionals working in the field of gambling dependency or with gambling related issues

The HelpLine is caller centred. This means that the provision of help and support is tailored to meet the often broad and diverse needs of those who use the service. A team of HelpLine Advisors are available 16 hours a day (08:00 to 00:00), 7 days a week, 365 days a year. By offering a combination of crisis intervention, telephone counselling, advice, information and referrals the HelpLine Advisors are able to help the caller engage in the support process, possibly for the very first time. This crucial first step can be highly significant and help develop valuable insights in to personal circumstances that may in turn lead to the caller being signposted for further counselling with the GamCare Counselling Service or one of GamCare's partners.

It is also important to add that the GamCare website has continued to develop as an accessible form of support for people affected by a gambling problem. The message forum saw a 300% increase in use with over 2,200 registered members to engage in peer to peer support by the end of December 2006. Since its launch, the chatroom has delivered over 350 hours of live community chat sessions.

GamCare is currently working towards a March 2007 launch of the 'NetLine', an internet based help service. We believe that an increasing number of people may wish to access similar support online. The speed and immediacy of access to GamCare Advisors online, often linked directly from gambling websites, will, we hope, open up support to an audience currently under-represented within our existing services. The NetLine will feature fully in the 2007 Care Services Report.

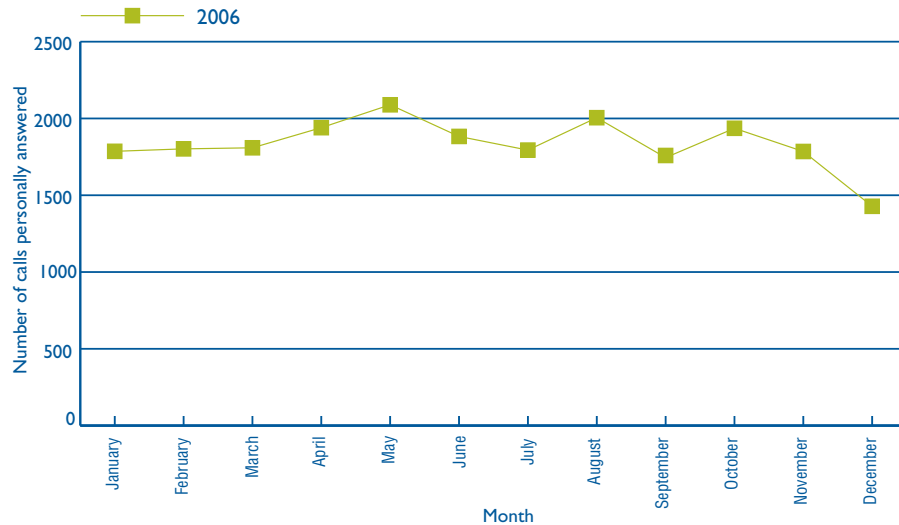
## CALL ANALYSIS

The following report provides a picture of the calls made to the GamCare Helpline during 2006 and the callers who made them. The figures are derived from data provided by Call Handling, who operate the Virtual Call Centre, and information disclosed by callers in the process of talking to a Helpline Advisor. It is the information disclosed by individuals that forms the basis for the analysis of callers and their gambling behaviour.

### Total Calls

A total of 30,247 inbound calls were made to the Helpline in 2006. This was a 33.9% increase on 2005.

### Monthly Personally Answered Calls



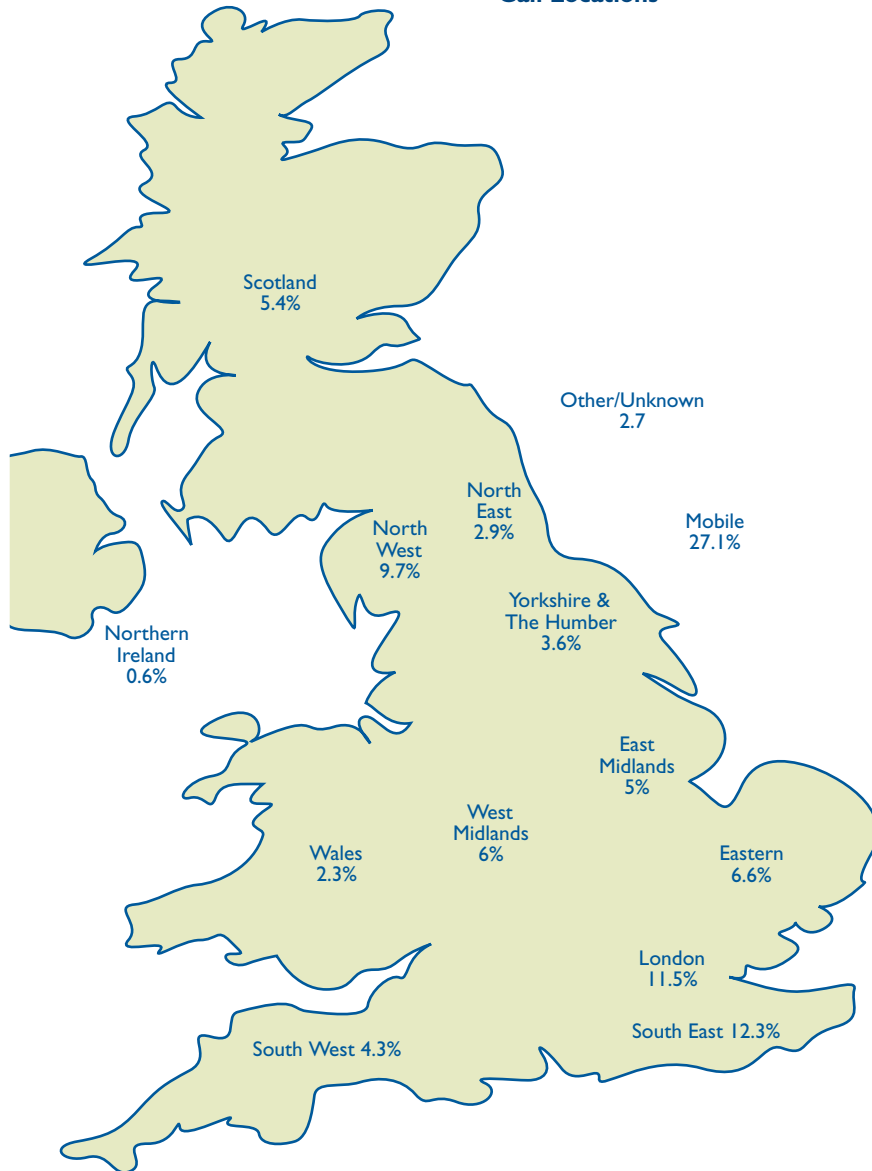
### Call Duration

In considering the duration of calls it is important to note that a call to the Helpline can be of more than one type. The average duration for advice calls was 13 min 42 sec, for counselling calls 21 min 54 sec and for information calls 7 min 30 sec. Time is also given to those callers who had previously used the service and want to give positive feedback and, in a very small number of cases, negative feedback. The average call duration for all personally answered calls to the Helpline was 7 min 48 sec.

### Call Location

Calls to the Helpline were received from all over the UK. As in the previous year, the largest volume of calls came from London and the South East followed by the West and East Midlands and the North West. Calls from mobiles do not enable a location to be established. This is expected to change in 2007.

**Call Locations**

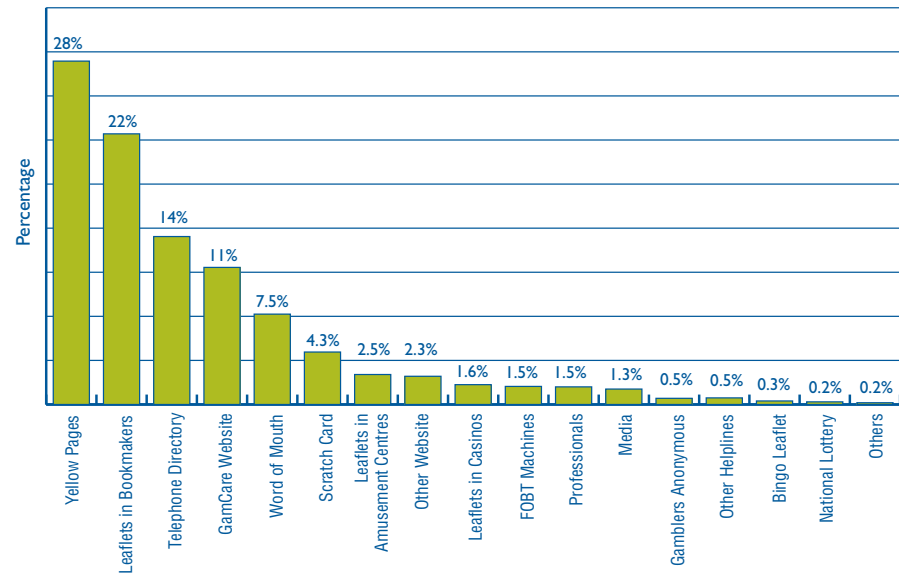


**CALLER ANALYSIS**

**Referral Sources**

Telephone Directories, especially Yellow Pages, were again the leading known referral avenue. Leaflets displayed in the various betting and gambling establishments remained a strong second increasing from 19.5% in 2005 to 26.4%. A further significant referral source was the availability of the HelpLine number on the back of scratchcards and on FOBT screens. It was also encouraging to see the number of referrals from the GamCare website and by word of mouth continues to increase.

**Referral Sources**

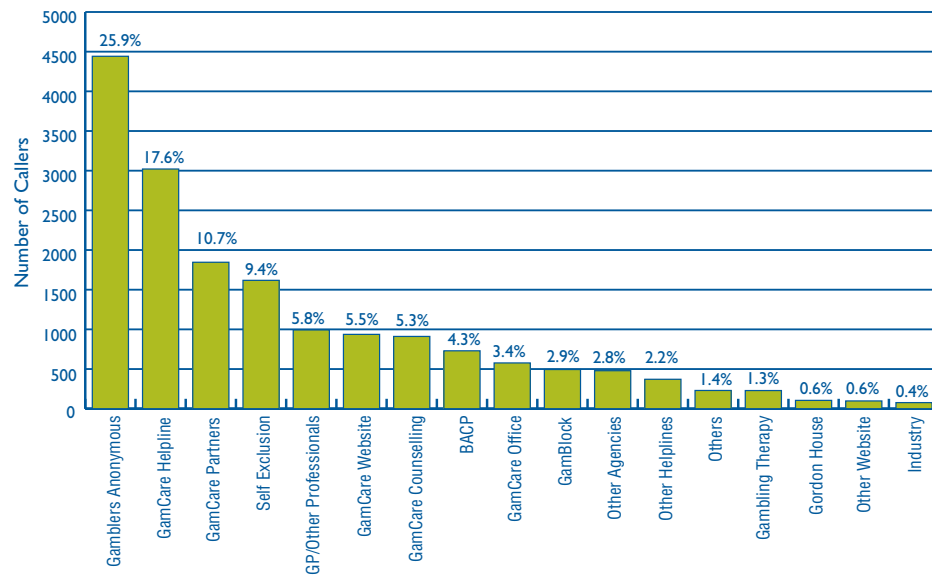


### Referral Destinations

Having made that important first step in calling the HelpLine, callers may be referred to one or several other support services in the process of overcoming the impact of gambling on their lives. 42.5% of callers were signposted to the mix of HelpLine, face-to-face counselling, partnership and website services at GamCare. A further 25.9% were signposted to the Gamblers Anonymous self-help fellowships. Significantly, 5.8% were referred to General Practitioners and 4.3% to the British

Association of Counselling and Psychotherapy, thus reflecting the increasing need for health care professionals to be involved in the treatment and support of problem gamblers and their families. Also of significance was the rise from 6.2% in 2005 to 9.4% in callers who were recommended the self-exclusion process offered by betting, gaming and remote operators.

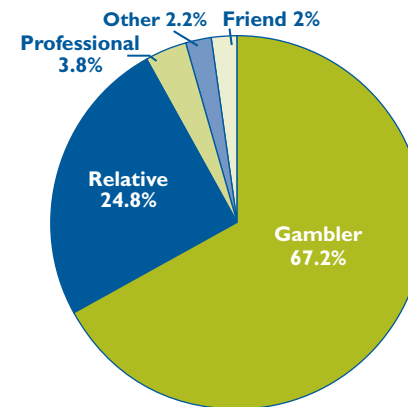
### Referral Destinations



### Caller Type

Of those callers who disclosed their connection with problem gambling, 67.2% were the gambler themselves, 26.8% were the relative, partner or friend of the gambler and 3.8% were professionals.

### Caller Type



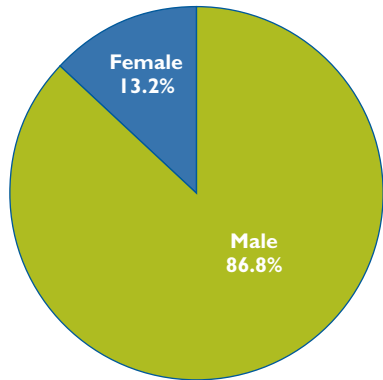
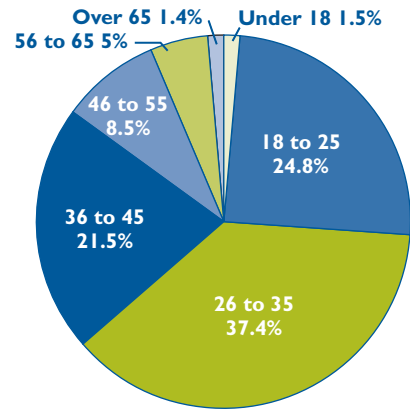
### First Time and Repeat Callers

As telephone counselling is offered alongside the giving of advice and information, callers are able to use the HelpLine on more than one occasion and a proportion were regular users of the service. During 2006, 26% of callers disclosed that they had called the line previously. This was 2% less than in 2005.

### Age and Gender Analysis

In previous reports when compiling the age and gender analysis, account was taken of the profile of the gambler being referred to during a call, even if the caller was not the gambler. In 2006 this was changed in order to present a more accurate analysis. Therefore, the following figures refer only to those who disclosed that they were calling for their own gambling problems. Having said that, the pattern remained similar with gamblers aged between 26 and 35 constituting the largest single age group at 37.4% and women gamblers showing a very slight increase at 13.2%.

**Age and Gender of Gambling Callers**

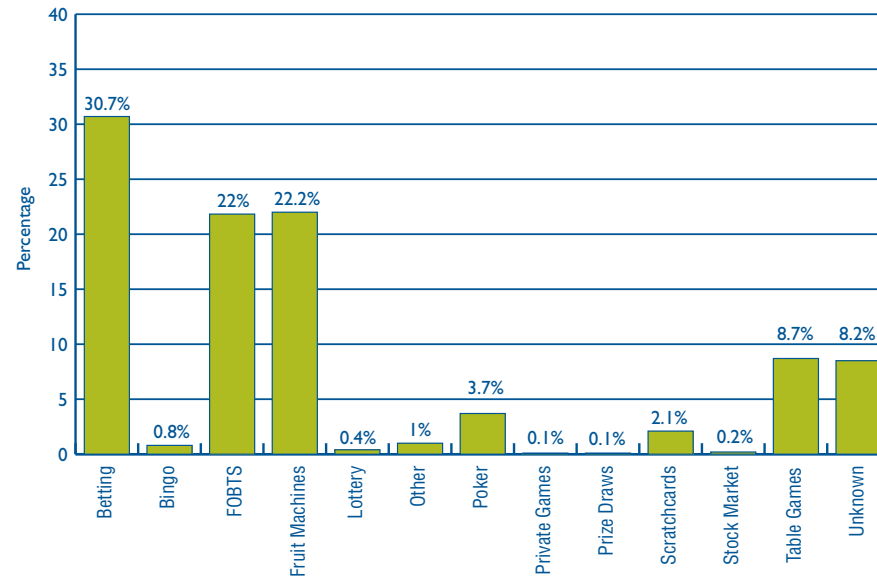


**GAMBLING ANALYSIS**

*Gambling Activity*

Betting continued to be the dominant gambling activity accounting for 30.7% of callers. A decline in fruit machine playing for the third year running and a small rise in Fixed Odds Betting Terminals (FOBTS) meant that these were the next most popular activities at 22.2% and 22% respectively. As previously, a low proportion of callers cited problems with national lottery products, though there was a small rise in scratchcards, up from 1.8% in 2005 to 2.1%.

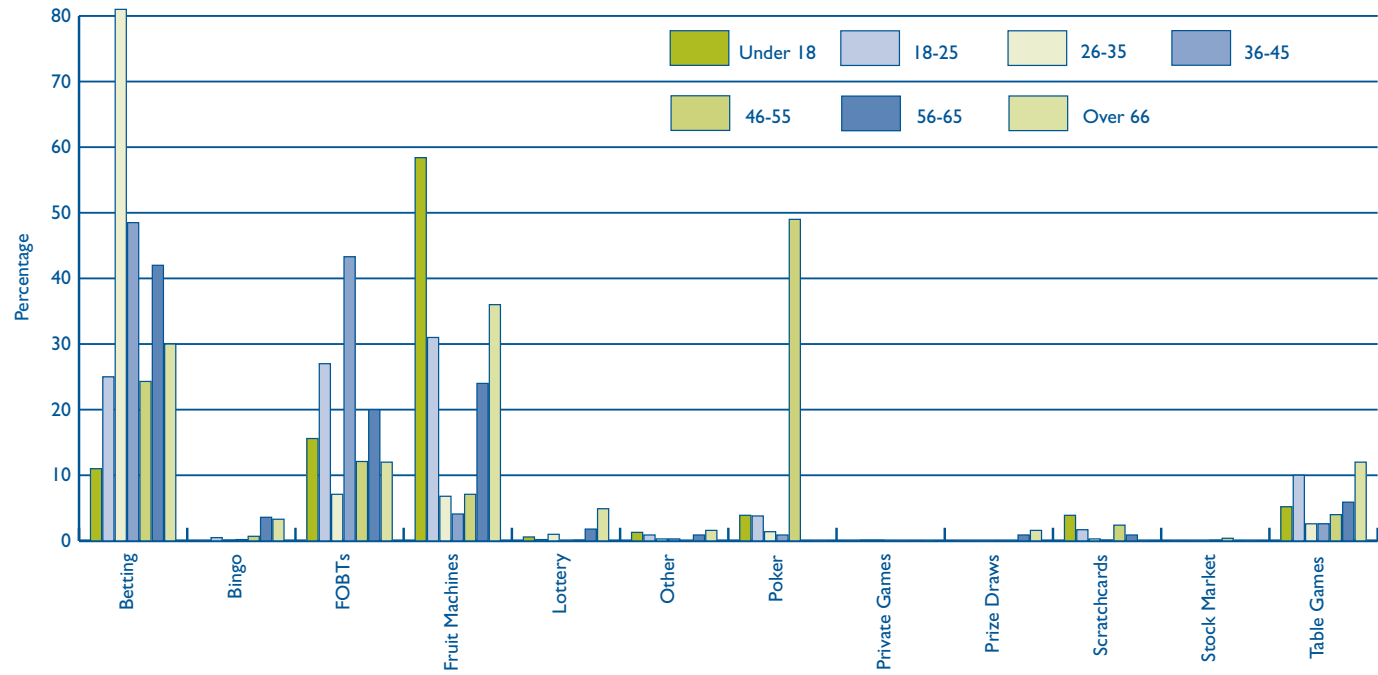
**Gambling Activity**



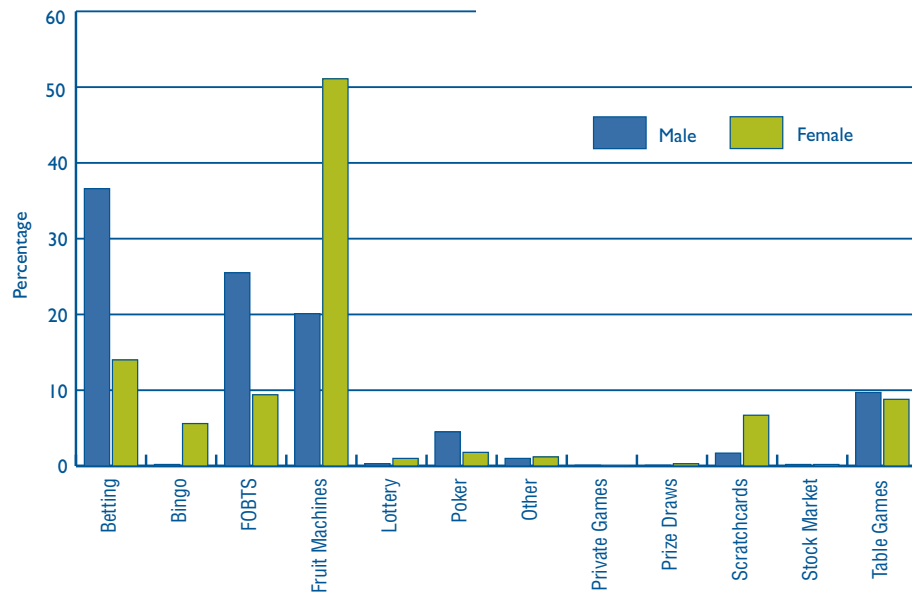
**Gambling Activity by Age and Gender**

A comparison of the different gambling activities for various age groups showed that fruit machine playing remained the most popular activity of the under 18's. Fruit machine playing was also the main activity for gamblers aged 18 to 25 although FOBTs were a close second. With older callers, betting predominated among the 26-35 year olds while, for those between 36 and 45, it was betting with FOBTs again a close second. The most popular male activities continued to be betting followed by FOBTs and fruit machine playing. Fruit machines remained the most attractive form of gambling for women with FOBTs second.

**Gamblers Activity by Age**



**Gamblers Activity by Gender**

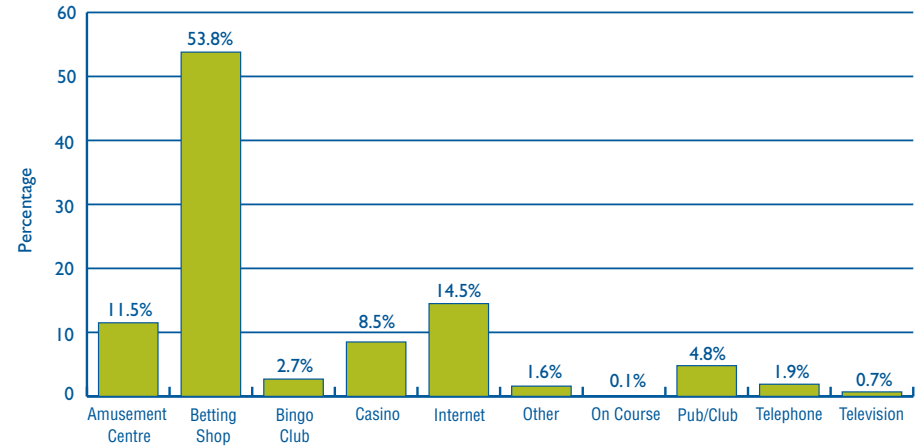


### Gambling Location

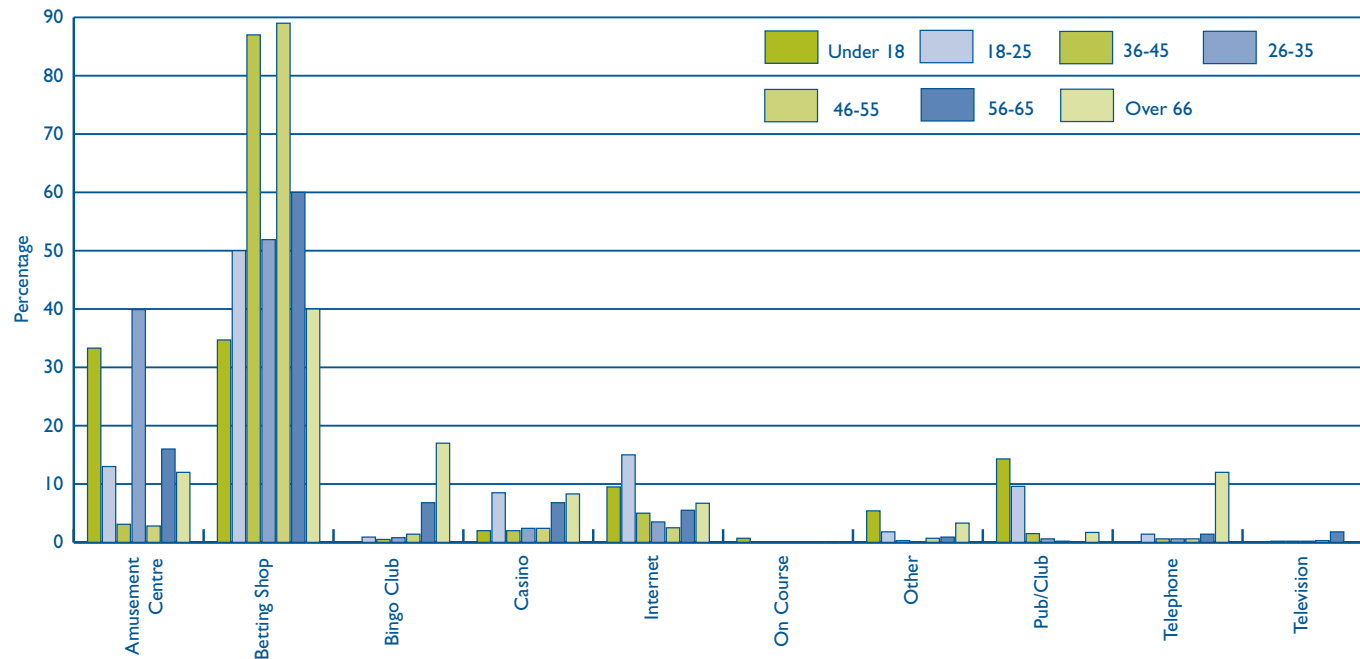
As betting was the dominant gambling activity, so the betting shop was the most popular gambling location reported by callers. It was also the most popular location across the age groups including the under 18's. The next most popular location for gambling was the internet.

Online gambling was found to be popular among women callers and was also reported by over 9% of under 18 callers. In terms of the types of gambling taking place online, betting in its various forms was the main activity with casino table games and poker the next most popular. Amusement centres and pubs and clubs remained the main locations for fruit machine players.

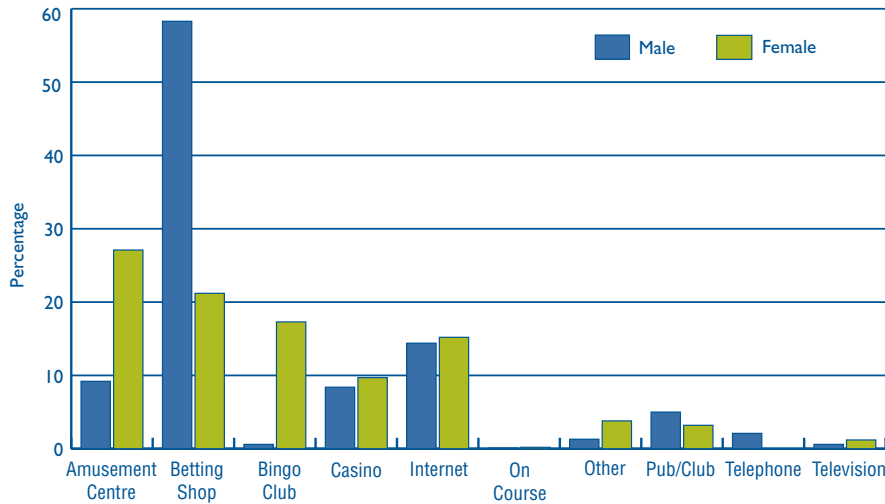
### Gambling Location



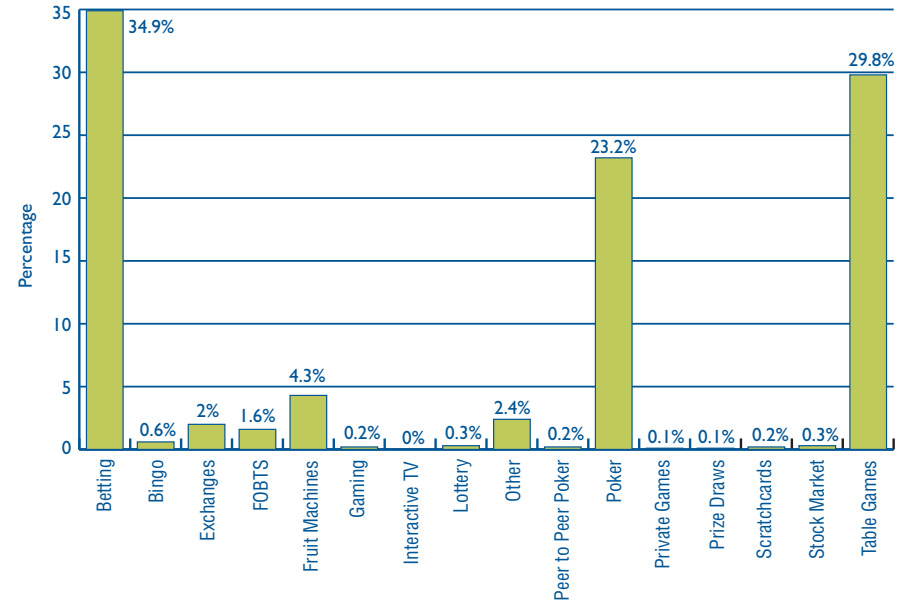
### Gambling Location by Age



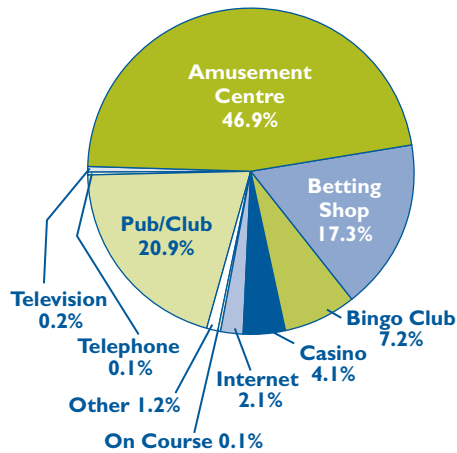
**Gambling Location by Gender**



**Internet Gambling Activity**



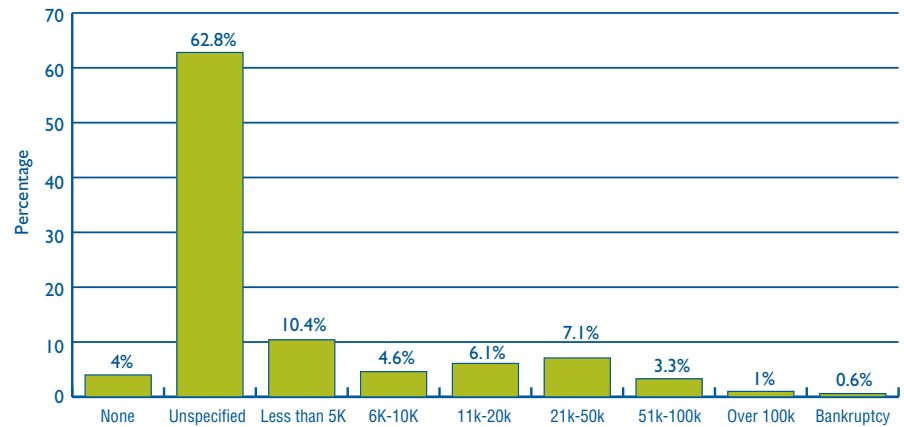
**Locations Where Fruit Machines Were Played**



**Debts & Other Difficulties**

Having a gambling problem and encountering problems with debt go hand in hand. The average specified debt was £13,867.47 and only 4% of callers said they had accrued no debt through gambling. Levels of specified debt ranged from general descriptions of having 'some' debt (62.8%) to those whose debts were in excess of £100,000. Just under 1% of callers disclosed that they were bankrupt as a result of their gambling activities.

**Gambling Debt**



## GAMCARE COUNSELLING SERVICE

# COUNSELLING SERVICE

### INTRODUCTION

The GamCare Counselling Service provides specialist individual, couple and group counselling for problem gamblers, partners and family members. The service is confidential and abides by the *British Association for Counselling and Psychotherapy Code of Ethics and Practice*. All counsellors are qualified and experienced in working with problem gamblers and receive regular supervision of their client work.

The counselling approach is integrative, using a range of interventions from cognitive behavioural to psychodynamic relevant to the needs of each individual person. This enables both behavioural patterns and underlying issues to be addressed in the counselling process.

The aims of the counselling are to stop, or effectively manage, problem gambling behaviour and so move towards a gambling free and productive lifestyle. This is achieved by:

- Enhancing coping strategies
- Understanding the underlying reasons why gambling has become a problem
- Addressing those underlying issues and their associated behaviours

## SERVICE OVERVIEW

The critical aim and challenge during 2006 was to ensure that the counselling service ran on a cost-efficient basis whilst maintaining the highest quality standards. This was achieved through a re-building of the counselling team in the first few months of 2006 followed by a significant investment in further skilled staff throughout the rest of the year. A consequence of this re-building was an initial, but quite severe, fall in counselling capacity. However, by the end of the year the service was meeting its projected 2006 target. A total of 428 clients were seen and 2,334 individual and group sessions provided.

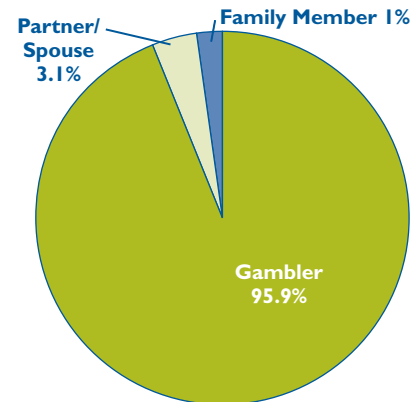
The GamCare HelpLine remained the primary referral source with over 84% of all disclosed referral requests having come from those who had used the HelpLine for initial support. There continued to be, however, a variety of other channels through which clients were referred for counselling. The service continued to receive a level of referrals from the GamCare website and from the Gordon House Association. There was also ongoing collaboration with the probation and prison services whereby some on probation, or serving a custodial sentence, were referred for formal assessment at GamCare and, where appropriate, accepted for weekly counselling and treatment. Other referral channels included GP practices,

Community Mental Health Teams, Health Care Professionals, Gamblers Anonymous and support agencies working with the homeless or those in supported housing. Leaflets and posters in gambling establishments, GamCare's media exposure and recommendations by previous clients all served to raise the profile of the service.

## CLIENT ANALYSIS

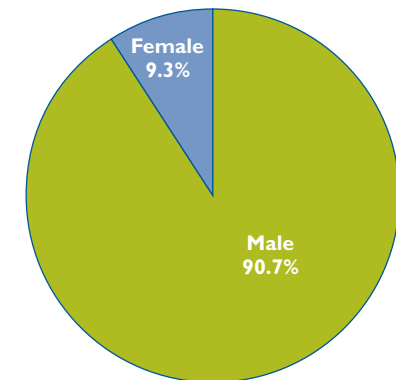
### Client Type (n = 418)

Although supporting the problem gambler is the primary focus of the service, the provision of individual or couple counselling for partners and family members is highly important and must never be downplayed. Despite building in greater flexibility of opening times to enable partners with family commitments to attend, partners and family members only accounted for just over 4% of the counselling work. This is disappointing, especially considering the fact that, although the impact of problem gambling on the family is often hidden those living with a problem gambler have difficulties every bit as painful as that experienced by the gambler.



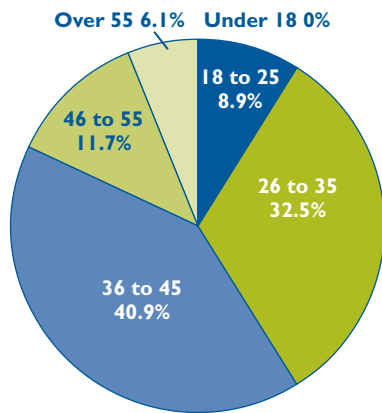
### Gender of Gambling Clients (n = 428)

Women gamblers attending for counselling at GamCare have been traditionally under-represented. This remained true in 2006 when just 9.3% of gambling clients were women. Considering that an increasing number of women are becoming attracted to gambling, why this under-representation persists is likely to be complex. There are known traditional barriers to women coming for face-to-face counselling and it has been the case in the past that women clients have commented on the difficulty of being able to make suitable domestic arrangements in order to attend regular sessions. However, the issue of women and gambling has, at last, begun to receive the public attention that it deserves. The service is committed to remaining open and sensitive to the needs of women gamblers and still plans to operate a women's group programme in 2007.



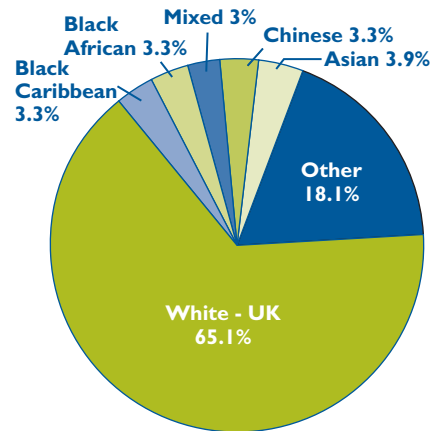
**Age Distribution of Gambling Clients (n = 428)**

As in previous years, the predominant age range for clients was between 26 and 45. Typically, these clients give evidence of some particularly long-standing and severe gambling problems. Those who were aged between 18 and 25 remained at the same level as the previous year. There was, however, an increase in the over 55 age group from 3% to 6.1%. No under 18 year olds attended sessions, giving evidence of this age group's difficulty, and possible reluctance, to seek more formalised counselling.



**Ethnic Distribution of Gambling Clients (n = 209)**

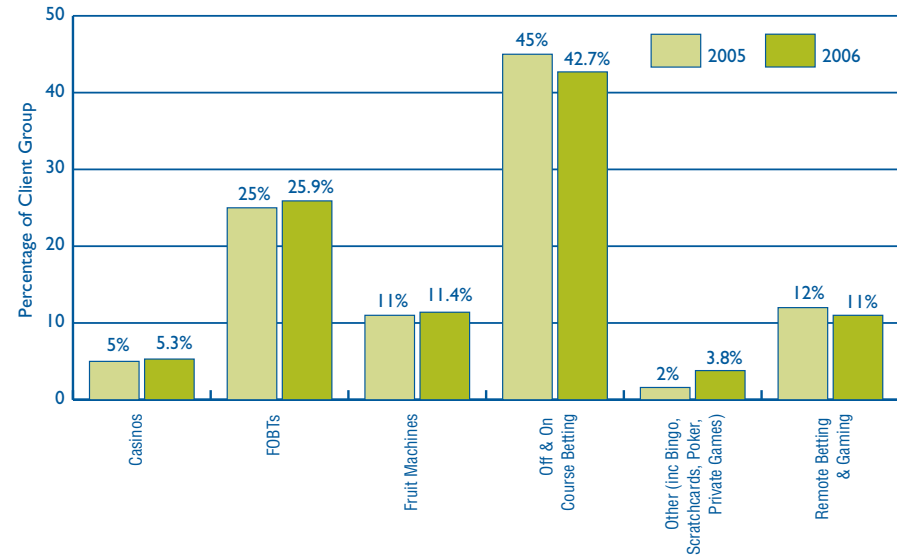
Of those who disclosed their ethnicity, close to a third were drawn from various Black and minority ethnic groups. As well as those from Asian, Chinese, Black Caribbean and Black African backgrounds, other ethnic groups included the Greek, Eastern European and Middle Eastern communities. This is consistent with all previous years and reflects the highly diverse ethnic mix of London



**GAMBLING ANALYSIS**

**Main Modes of Client Gambling (n = 509)**

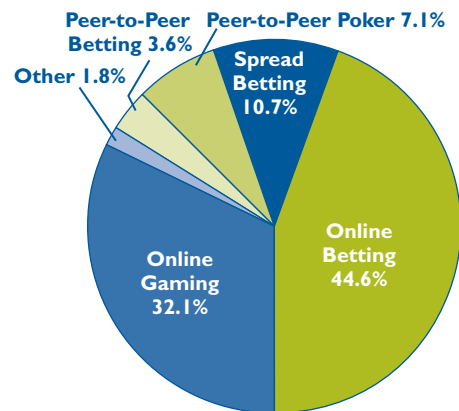
Note: A client can have more than one primary gambling mode.



The pattern of client gambling during 2006 was very much as it had been in the previous year. Betting and Fixed Odds Betting Terminals (FOBTs) were predominantly the main client modes. Together, they accounted for over two thirds of clients' problematic gambling. Fruit machine playing and casino table games remained where they were in 2005.

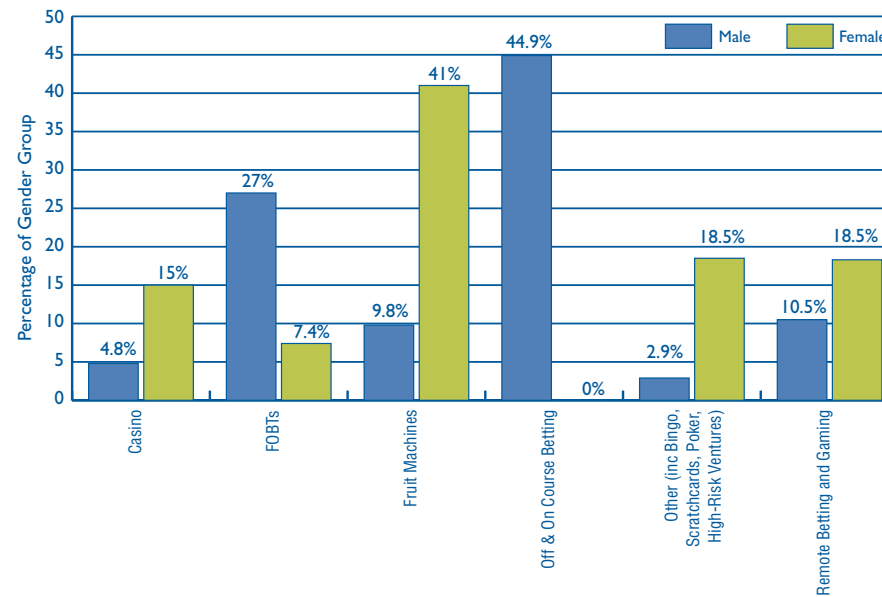
Despite the growing concern about the rise in remote gambling, 11% of clients reported having problems in this area. This was slightly down on 2005. In general terms, betting and gaming were the most popular online activities. The percentage of clients who were mainly peer-to-peer betting was marginally higher than in 2005 but there were lower levels of online poker or spread betting reported.

### Remote Betting and Gaming



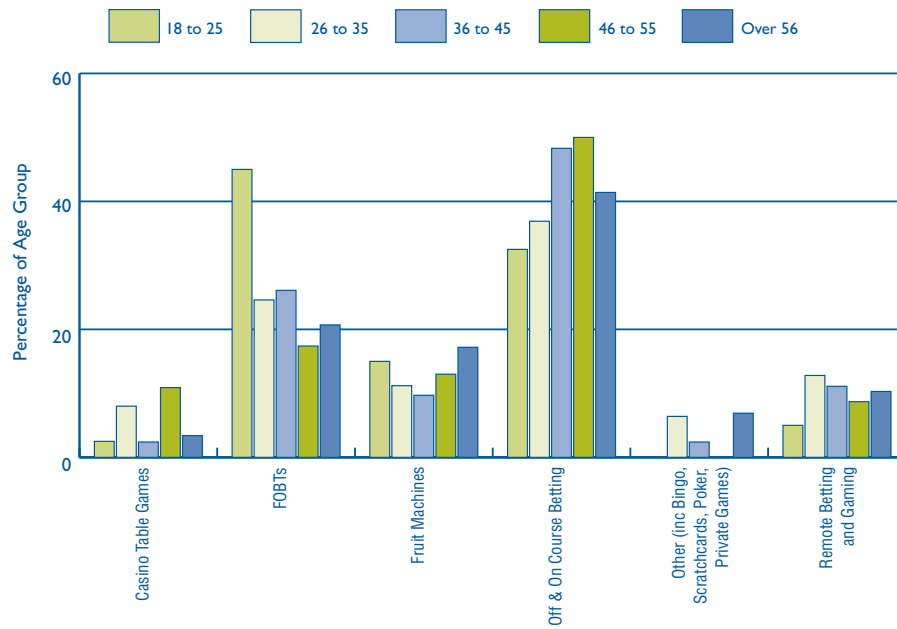
### Main Modes of Client Gambling by Gender (n = 509)

During 2006, male and female clients continued to have rather differing choices when it came to gambling modes. Male clients, as the predominant client group, followed the pattern described above with betting and FOBTs as the main modes followed by remote, fruit machine and terrestrial casino table games. For women, fruit machines continued to be most problematic. A higher percentage of women clients reported gambling online and playing poker than in previous years, giving further indication of a change in the risk profile for women gamblers.



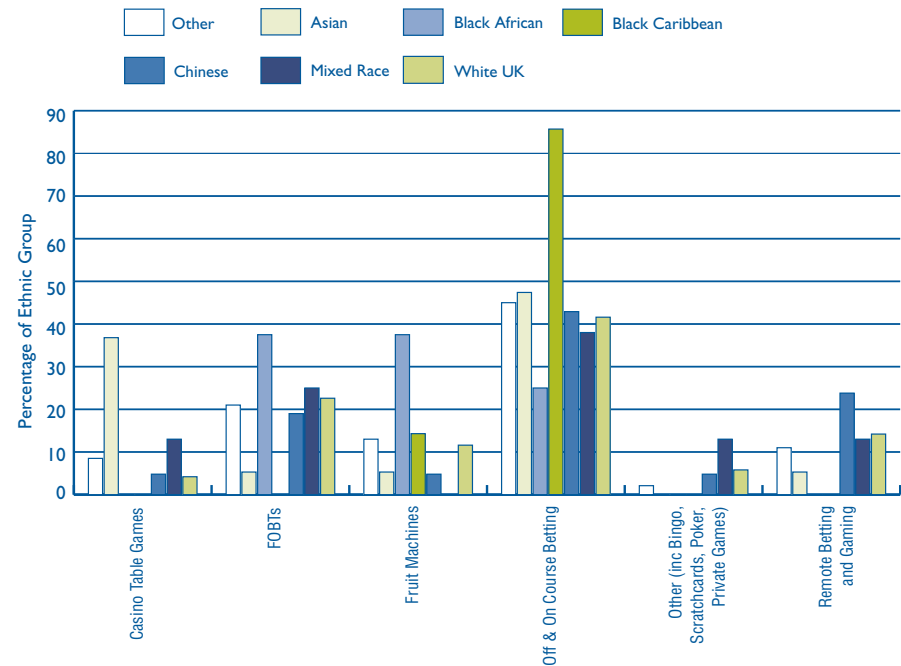
**Main Modes of Client Gambling by Age (n = 509)**

Gambling modes have tended to be evenly spread when it comes to age differentiation and 2006 was no exception. Across all age groups betting and FOBTs were the main modes followed by remote, fruit machines and casino table games. Betting was particularly popular among those aged 36 to 55. Remote gambling featured most strongly among the 26 to 45 age group but attracted only a small percentage of the 18 to 25 year olds.



**Main Modes of Client Gambling by Ethnicity (n = 300)**

In line with the above analyses, the primary modes for the majority White British clients were betting, FOBTs, remote gambling and fruit machine playing. Betting was also the predominant gambling mode among clients from the Black and minority ethnic communities. For those from the Asian communities, casino table games were the second most popular activity with only one incidence of remote gambling. Chinese clients, however, reported a higher incidence of remote betting and gaming and FOBTs than the expected traditional casino environment.



## COUNSELLING OUTCOMES

When gambling becomes a problem it can have devastating repercussions on a person's everyday life and functioning. For many clients who have come to GamCare for counselling, this has meant the breakdown or near breakdown of relationships, impaired physical and psychological health and substantial financial loss. For others it has also involved illegal and criminal activity, loss of jobs, the occasional or frequent misuse of alcohol and drugs and, in some instances, attempting suicide.

The overarching priority is to ensure, as far as possible, that every client's experience of counselling maximises their potential to achieve abstinence, or effectively manage their gambling, and make significant and sustained improvements in:

- Social and living situations
- General and psychological health
- Financial and legal affairs
- Occupation and employment
- Substance abuse

The following analysis is drawn from the administration of a specific outcome measure "The Christo Inventory for Gambling Services" (CIGS), together with the DSM-IV criteria for pathological gambling (American Psychiatric Association 1994), during assessment and closure procedures.

### Gambling Behaviour

- Based upon DSM-IV, 91% of clients assessed met diagnostic criteria for pathological gambling. By closure, only 11.3% of clients still met criteria for pathological gambling.
- At assessment 44.4% of clients were regularly gambling at a severe level. By closure, only 22.7% were continuing with their regular and severe gambling.
- A further 33.3% were gambling periodically at the time of assessment. By closure, this had fallen to 4.5%.
- There were 22.2% of clients who were not actively gambling at the time they were assessed even though they had histories of moderate to severe gambling problems. By closure, 72.7% of clients were not gambling.

### Social Functioning

- High levels of problem gambling can place a very great strain on home and family life. Despite this strain, the vast majority of clients reported that their partners and family members were supportive of them entering in to counselling and remained so through the counselling process.
- However, 11.1% of clients had less stable and supportive relationships and by closure, this had risen to 13.6%.
- There were no clients at assessment or closure who were in highly unstable living situations.

### General and Psychological Health

- Although 69.8% of clients were experiencing good general health at the time of assessment, psychological health was more severely impacted with only 12.7% reporting having no psychological problems. By closure, the general health of clients had risen to 86.4% and good psychological health to 54.5%.
- While 23.8% of clients reported moderate general health problems, 79.4% had general anxiety, mood swings, poor sleep, low self-esteem or felt unhappy and dissatisfied with their lives. By the end of counselling, only 4.5% had moderate general health problems and clients still experiencing the psychological symptoms described above fell to 40.9%.
- Effecting change for clients with poor general and psychological health was, however, very difficult. At the time of assessment, 6.3% of clients were in poor health and 7.9% had severe psychological problems. The latter included neurotic disorders, recently attempted or seriously considered suicide, clinical depression, manic depression and, in some, cases paranoia and schizophrenia. By the end of counselling, clients with poor general health had risen to 9.1% but those with severe psychological issues fell to 4.5%.

### Financial and Legal Affairs

- Gambling and debt very often go hand in hand. At assessment, 14.3% of clients had acquired severe debt due to their gambling together with, in several cases, related current or past criminal involvement. By closure only 4.5% were still facing severe debt.
- A further 25.4% had more moderate levels of debt. By closure this had fallen to 13.6%.
- Those who reported having no accrued debt through gambling rose from 60.3% at assessment to 81.8% at closure.

### Occupation and Employment

- Lack of occupation and employment is a powerful trigger for problem gambling, especially when combined with an inability to cope with boredom. It is also a major contribution to poor self-esteem.
- The majority of clients (69.8%) had full-time occupations at the time of assessment but this fell slightly to 68.2% at closure.
- There were 11.1% of clients who had part-time employment or were only occupied for a relatively small part of their daily lives at the time of their assessment. This improved to 13.6% by closure.
- A sizeable 19% of clients were wholly unoccupied with no real social pastime when they were assessed. By the end of counselling, this fell only slightly to 18.2%.

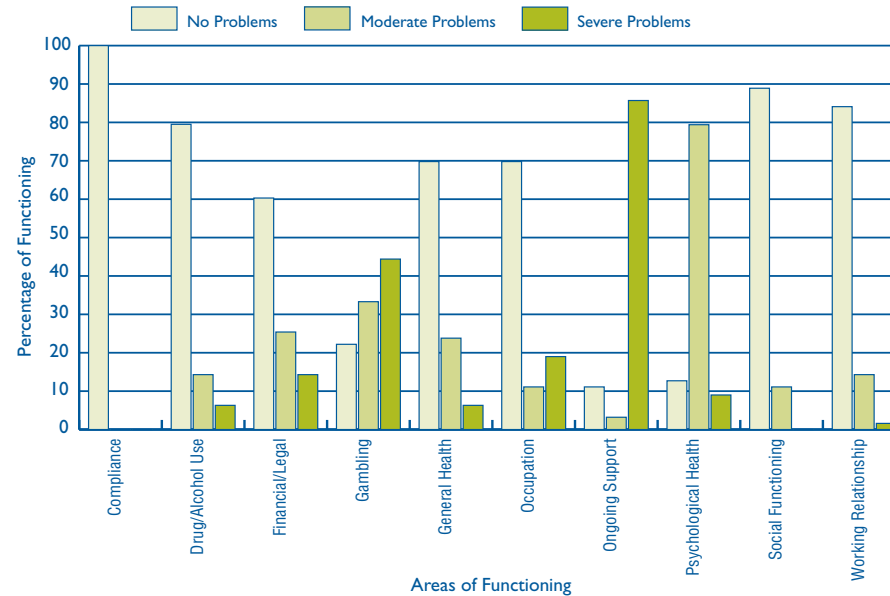
**Drug and Alcohol Misuse**

- At the time of assessment, 79.4% of clients had no co-morbidity with drugs or alcohol. This rose to 95.5% at closure.
- Clients who were periodically misusing drugs and alcohol fell from 14.3% at assessment to 4.5% at closure.
- There were 6.3% of clients who, when assessed, were regularly and severely misusing drugs or alcohol. By closure, there were no clients regularly with a severe co-morbidity.

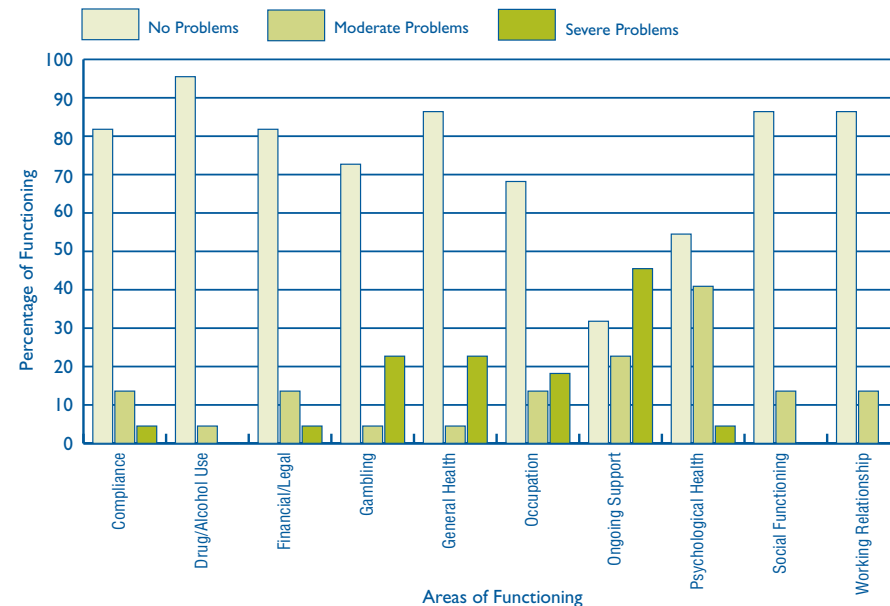
**Support, Compliance and Working Relationship**

- Support, compliance and the working relationship are very important if counselling is to be really effective. The vast majority of clients (88.9%) came in to counselling having had no previous, or at best, only patchy support structures in place. However, levels of motivation and commitment were generally high even though 15.9% of clients were either quite demanding to work with or had multiple needs to be addressed in the counselling process.

**Client Functioning at Assessment**



**Client Functioning at Closure**



## GAMCARE PARTNERSHIPS

# GAMCARE PARTNERSHIPS

### INTRODUCTION

The development of the partnership programme is one of the most important areas of GamCare. The aim of the programme is to expand the availability of professional and sustainable problem gambling counselling across the UK. This is achieved by entering into partnership with carefully selected agencies that are already providing addiction counselling within an area and its surrounding region. Finance and support for the training and management of agency counsellors enables GamCare to establish a problem gambling service which can be monitored for quality clinical standards and performance.

The partnership programme is now well established and has been progressively extended since it was first launched in 1997. In addition to the GamCare HelpLine and Counselling Services, current coverage gives problem gamblers access to face-to-face counselling in Scotland, Cumbria, the North East, Merseyside, South Wales, Nottingham, Norfolk and Suffolk, the West Midlands, Southampton and the South Coast and Sussex.

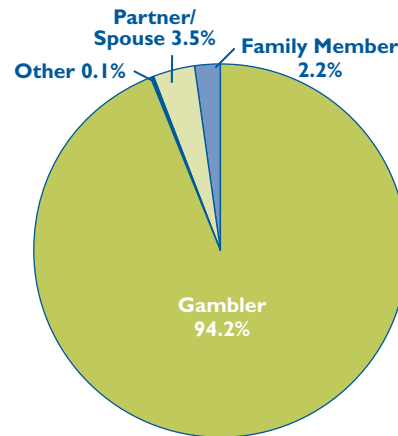
### SERVICE OVERVIEW

In 2006, service delivery across the partnerships again increased substantially with existing individual partners expanding their capacity in delivering counselling in their respective communities. A total of 919 clients were seen and 4,704 counselling sessions provided. This represented a rise in session provision of 42.8% from 2005. The GamCare HelpLine was the primary referral source providing over 68% of all disclosed referral requests. Partners also received a further 4.3% of referrals from the GamCare website.

### CLIENT ANALYSIS

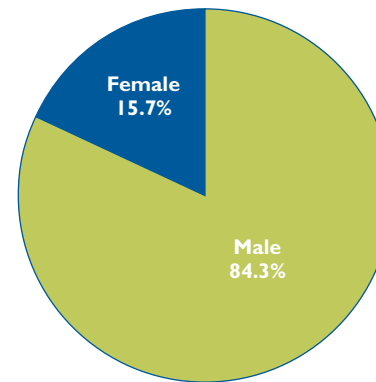
#### Client Type (n = 916)

Although the primary focus of the partners is on the problem gambler, there is provision for family members. The percentage of family members receiving counselling was slightly down from 6% in 2005 to 5.7%.



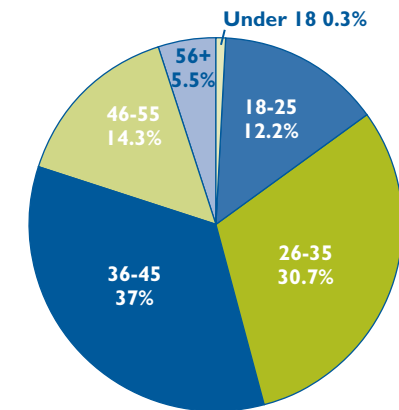
#### Gender of Gambling Clients (n = 919)

Over the years, the percentage of women gamblers seen by the partners has been higher than in the GamCare Counselling Service. This was true again in 2006 with women accounting for 15.7% of clients. However, this was a fall on the 18% recorded in 2005 and means that women continue to be under-represented across the range of GamCare's services.



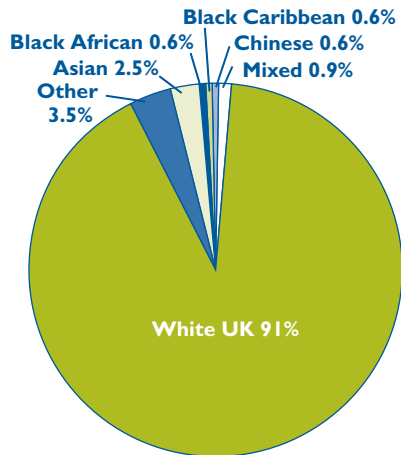
#### Age Distribution of Gambling Clients (n = 919)

Traditionally, the partners have been able to attract a younger client group into counselling. However, for the second year running, there was a fall in the number of clients aged up to 25 and the predominant age range was between 26 and 45. Clients who were over the age of 46 remained at the same level as in 2005.



**Ethnic Distribution of Gambling Clients (n = 668)**

Although the partners saw a wide diversity of clients during 2006, of those who disclosed their ethnicity, the Black and minority ethnic communities accounted for under 9% of counselling clients.



**GAMBLING ANALYSIS**

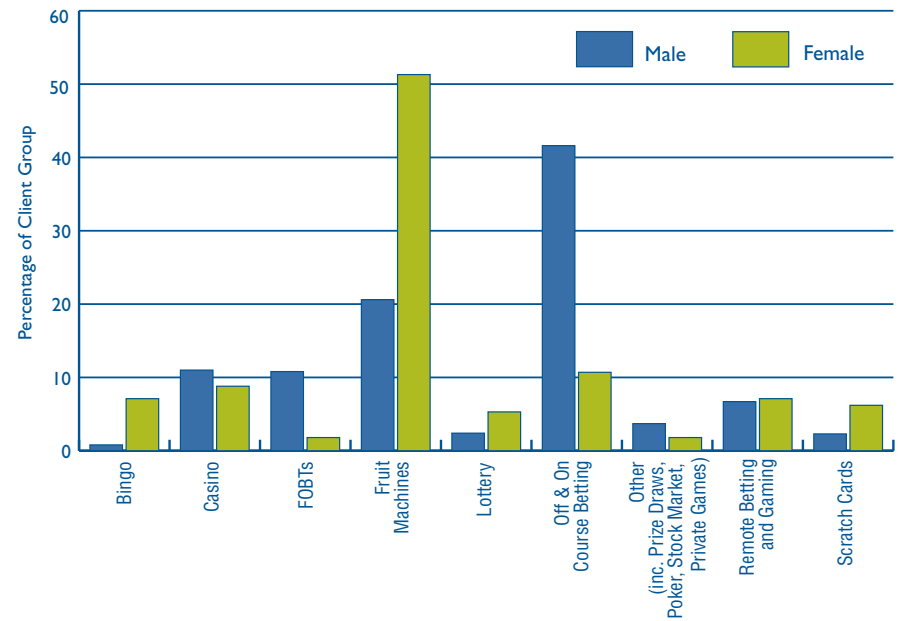
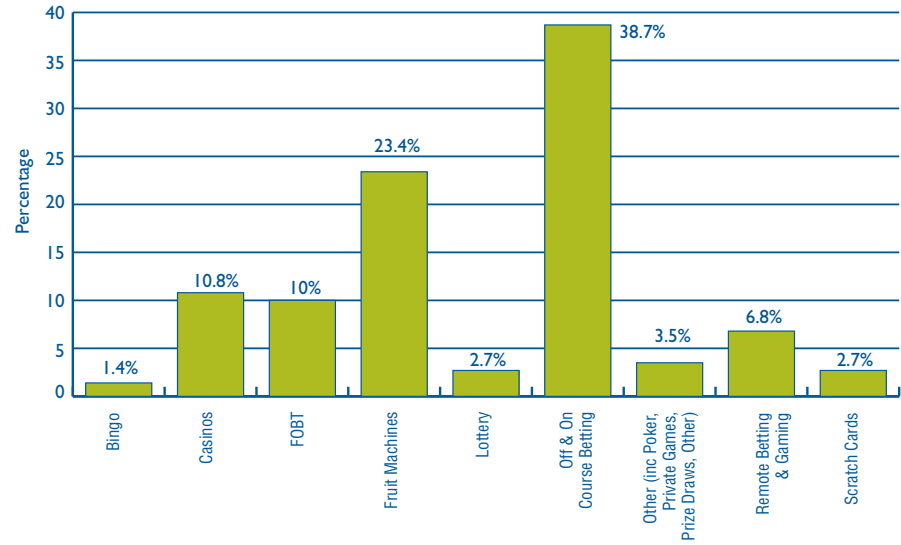
**Main Modes of Client Gambling (n = 1,229)**

Note: A client can have more than one main gambling mode.

Continuing the trend noted in 2005, betting was the main gambling mode of clients across the partners followed by fruit machines, casino table games and FOBTs. The percentage of clients gambling remotely was slightly higher than 2005 at 6.8%. Just over 2% of clients were playing online or landbased poker.

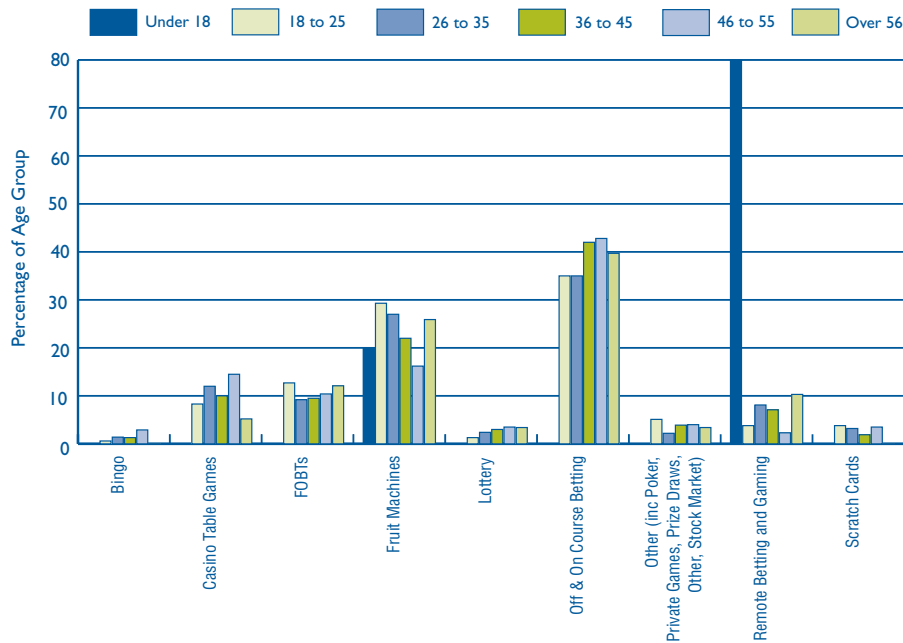
**Main Modes of Client Gambling by Gender (n = 1,229)**

The difference in male and female preference of gambling modes was evident across the partners. For male clients, betting remained the mode of choice with fruit machines next. For women, fruit machine playing predominated with betting overtaking casinos in second place. However, for the first time, the percentage of women gambling remotely was higher than that recorded by men and equal to bingo.



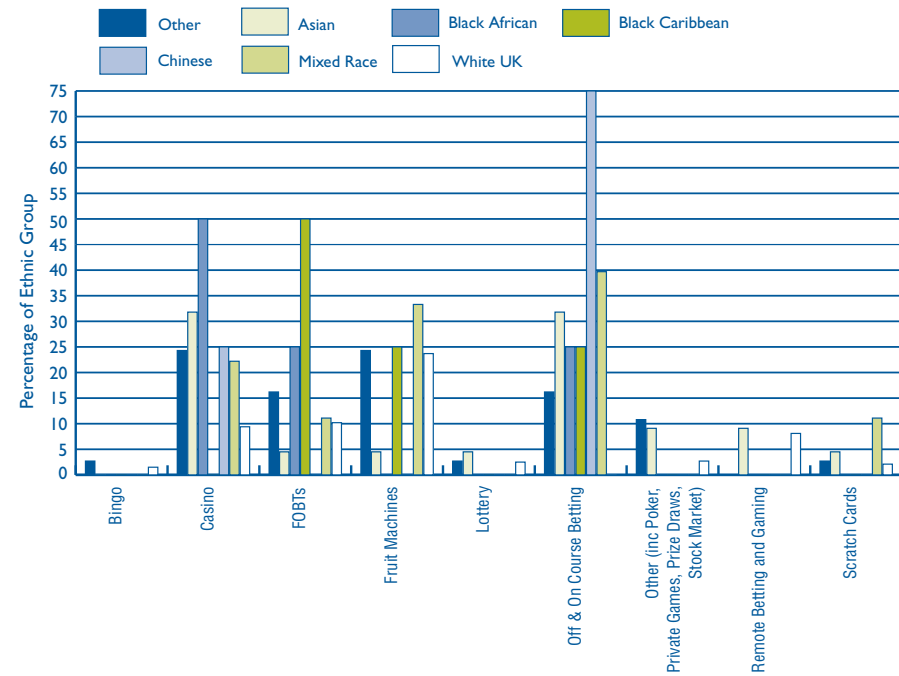
**Main Modes of Client Gambling by Age (n = 1,229)**

The choice of gambling modes by age differentiation was far less pronounced than by gender. This was particularly evident when it came to betting and fruit machines which were the two main modes of gambling for all clients over the age of 18. Casino table games and FOBTs were reported across the over 18 age groups. In comparison, remote gambling was found in lower numbers. For the very small number of under 18 clients, the incidence of remote gambling exceeded that of fruit machines.



**Main Modes of Client Gambling by Ethnicity (n = 953)**

As expected from the analyses above, the predominant gambling modes for the White British clients were betting, fruit machines, FOBTs, casinos and remote gambling. Although the representation of clients from the Black and minority ethnic communities was very small, betting, FOBTs and casinos were the main modes of choice. There was a considerably lower incidence of remote gambling reported.



## Christo Inventory for Gambling Services

Assessor ..... Date .....

Client ..... DOB..... M F Intake assessment .....

or  
 Follow-up assessment .....

Gambling choices ..... (e.g., horses, cards, fruit machines, etc.)

Residence ..... (e.g., hotel, prison, residential treatment, home, hospital, NFA)

Service Provision:	Name	Date in	Date out	Reason left
First	.....	.....	.....	.....
Second	.....	.....	.....	.....

This form is for evaluation / clinical audit purposes only and is a rough indicator of professional impression of recent gambling related problems in the past month. Specific situations / behaviours are listed only as guiding examples and may not reflect the exact situations / behaviours of the client. (Please ring a number under each heading)

### Social functioning

- 0... e.g., client has a stable place to live and supportive friends or relatives who are gambling / drug / alcohol free.  
 1... e.g., client's living situation may not be stable....., or they associate with gamblers / drug users / heavy drinkers..... (Tick one)  
 2... e.g., living situation not stable, and they either claim to have no friends or their friends are gamblers / drug users / heavy drinkers.

### General health

- 0... e.g., client has reported no significant health problems.  
 1... moderate health problems e.g., teeth/sleep problems, occasional stomach pain, headache, back ache, skin problems.  
 2... major problems e.g., extreme weight loss, jaundice, abscesses, ulcers, stomach / bowel problems, chest / other infections, coughing up blood, fever, blackouts, seizures, organically caused memory loss, neurological damage.

### Gambling

- 0... e.g., no gambling in past month.  
 1... e.g., client suspected of periodic gambling, or else may be socially gambling for small sums that are not considered a problem.  
 2... e.g., client suspected of gambling binges or regular gambling.

### Psychological

- 0... e.g., client appears well adjusted and relatively satisfied with the way their life is going.  
 1... e.g., client may have low self-esteem, general anxiety, poor sleep, may be unhappy or dissatisfied with their lot.  
 2... client has a neurotic disorder e.g., panic attacks, phobias, OCD, bipolar, recently attempted or seriously considered suicide, self-harm, overdone or may be clinically depressed. Or client may have psychotic disorders, paranoia (e.g., everybody is plotting against them), deluded beliefs or hallucinations (e.g. hearing voices)

### Occupation

- 0... client is in full time occupation e.g., housemaker, parent, employed, or student.  
 1... e.g., client has some part time parenting, occupation or voluntary work.  
 2... e.g., client is largely unoccupied with any socially acceptable pastimes.

### Financial / Legal

- 0... e.g., no recently acquired debts (apart from usual mortgages or hire purchase agreements) or criminal involvement  
 1... e.g., client suspected of having unheld debts (e.g., credit cards) or irregular criminal involvement, perhaps petty fraud, petty theft, driving offences.  
 2... e.g., suspected of having extreme debt or regular criminal involvement, or major fraud, violence, assault, breaking and entering, car theft, robbery.

### Drug / alcohol use

- 0... e.g., no recent drug / alcohol misuse.  
 1... e.g., client suspected of periodic drug / alcohol misuse, or else may be socially using drugs that are not considered a problem, or may be on prescribed drugs but not supplementing from other sources.  
 2... e.g., client suspected of bingeing or regular drug / alcohol misuse.

### Ongoing support

- 0... e.g., regular attendance of GA / AA / NA, treatment, drop in centre, day centre, counselling, telephone support, or treatment aftercare.  
 1... e.g., patchy attendance i.e., less than once a week contact with at least one of the above.  
 2... e.g., client not known to be using any type of structured support.

### Compliance

- 0... e.g., attends all appointments and meetings on time, follows suggestions, or complies with treatment requirements.  
 1... e.g., not very reliable, or may have been reported as having an "attitude" problem or other difficulty with staff  
 2... e.g., chaotic, may have left treatment against staff advice or been ejected for non-compliance e.g. gambling, attitude problem.

### Working Relationship

- 0... relatively easy going e.g., interviews easily, not time consuming or stressful to work with.  
 1... moderately challenging e.g., a bit demanding or time consuming, but not excessively so.  
 2... quite challenging e.g., very demanding, hard work, time consuming, multiple needs, emotionally draining or stressful to see.

CMGS Total Score =

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