

GamCare Care Services
2005 Report



GAMCARE

National Association for Gambling Care
Educational Resources and Training

GamCare Care Services
2005 Report



CONTENTS

Foreword	03
Introduction	04
Appendix	24

GamCare Helpline

Introduction	05
Call Analysis	06
Total Calls	06
Call Type	06
Call Duration	06
Call Location	06
Caller Analysis	07
Referral Sources	07
Referral Destinations	08
Caller Type	08
First Time and Repeat Callers.....	08
Age and Gender Analysis	08
Gambling Analysis	09
Gambling Activity	09
Gambling Activity by Age and Gender.....	10
Gambling Location.....	11
Debts & Other Difficulties	12

GamCare Counselling Service

Introduction	13
Service Overview	14
Client Analysis	14
Client Population.....	14
Gender of Gambling Clients	14
Age Distribution of Gambling Clients	15
Ethnic Distribution of Gambling Clients	15
Gambling Analysis	15
Primary Mode of Client Gambling by Gender	16
Primary Mode of Client Gambling by Age.....	17
Primary Mode of Client Gambling by Ethnicity	17
Counselling Outcomes	18
Gambling Behaviour	18
Social Functioning	18
General and Psychological Health	18
Financial and Legal Affairs.....	18
Occupation and Employment.....	18
Drug and Alcohol Misuse	19
Support, Compliance and Working Relationship.....	19

Breakeven Partnerships

Introduction	20
Service Overview	21
Client Analysis	21
Client Population.....	21
Gender of Gambling Clients	21
Age Distribution of Gambling Clients	21
Ethnic Distribution of Gambling Clients	22
Gambling Analysis	22
Primary Mode of Client Gambling	22
Primary Mode of Client Gambling by Gender	22
Primary Mode of Client Gambling by Age.....	23
Primary Mode of Client Gambling by Ethnicity	23

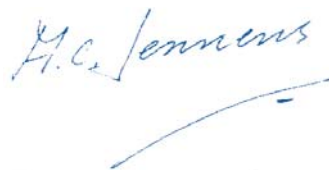
FOREWORD

GamCare has been extremely fortunate in securing the services of Geoffrey Godbold as Chief Executive Officer. Geoffrey started work at GamCare in February this year and was therefore not in office at any of the time referred to in this report. It is for that reason that I break with tradition and write this forward myself.

GamCare started in 1977 as a campaigning charity. One of its main objectives was to raise awareness of the existence of problem gambling and to obtain the recognition of government to this. We also sought to make Social Responsibility compulsory. The passing of the Gambling Act in April 2005 represented a pinnacle of achievement for GamCare. Social Responsibility is now a condition of license in all forms of gambling that are regulated in the UK. The Gambling Bill (now the Act) was ably steered through parliament by Lord McIntosh of Haringey. We now have the privilege of having him as our President. After the passing of the Act it could have been deemed that GamCare had fulfilled its purpose but we feel that the accumulated knowledge and expertise of our staff is of such value, to both problem gamblers and the gaming industry that we should continue, no longer in a campaigning role, but in providing treatment, prevention and education.

The ensuing report provides detailed analysis of the case studies of problem gamblers who have approached us by one means or another during the last six months or year. Where the figures are available only for six months, this is because we have a sophisticated new monitoring

system which only became fully operational last July, but we are able from these figures to observe the general overall increases and specific trends. We do not cover in detail in this report the results of our new On Line activities. We hope that a new monitoring system will be in place within the next two months which will enable us to start tracking and analysing the 85,000 hits a month on our website which come either to our chat rooms or message boards. The extent of online problem gambling is not fully illustrated by this report for we deal here only with those who have contacted us through, in the first instance, the telephone HelpLine. We believe that the vast majority of those who gamble remotely are seeking help remotely and this will be substantiated by our figures that we will have available for 2006. Public awareness of our website and its attendant services increases at a great rate but we recognise that we have more to do to in order to make more gamblers and their families aware that help is available from GamCare terrestrially. We are extremely pleased that the Gambling Industry has been universally supportive of GamCare in the past year and strives with us to ensure that the GamCare name is the nationally recognised "brand" for advice and treatment with regard to problem gambling.



Anthony Jennens
Chairman



INTRODUCTION

We are delighted to publish our seventh Care Services Report which brings together comprehensive statistical information and analyses from our Helpline, Counselling Service and Breakeven partners.

We are committed to ensuring that assistance is provided to as many problem gamblers and their families as we can within our resources and that such assistance is both effective and of the highest quality. This is the primary purpose of the Care Services and the data presented here has been collected in that context. However, facts and figures can never fully present the human side of the work we do. Every number represents someone's personal experience and tells something of the battles that they have had to go through when facing up to the impact of gambling on their life. Within this report, therefore, alongside the statistical data on the number of people seeking help from our services and their modes of gambling you will find details of our outcomes and success rates of which we can be justifiably proud.

Since the Care Services were launched in October 1997, there has been an ongoing spread of gambling opportunities in the UK. We have witnessed the rise of new technologies and the impact of remote gambling. There has also been a change in the risk profile of problem gambling with increases among women and other population sectors, including ethnic and new migrant minorities. As a consequence, the nature of the problems we have had to deal with have become far more complex.

The Care Services have had to become ever more flexible in order to work effectively with such a diverse and complex gambling mix. In 2005, certain key targets were set for the various services and you will see in this report how those targets have been met. The key Helpline target was to ensure that when an individual made the decision to call, a counsellor was available to answer immediately. We are aware of the significant impact that may occur when callers are unable to speak to a counsellor e.g. a loss of motivation to address their gambling, a justification to go and gamble again or increased feelings of anxiety. The call answer rate for the Helpline was a very high 89%. For the Counselling Service, outcomes, as well as outputs, continued to match the high standards of previous years and meet the needs of our client population. The Counselling Service achieved a 76% success rate in 2005. More partners than ever before joined the Breakeven programme during 2005 and not only helped extend GamCare's regional coverage but delivered a record number of 3295 counselling sessions.

As we move in to 2006 and beyond, we are committed to enhancing service provision and delivery even further. This will be done by honouring the three core principles upon which the Care Services were founded:

1. Building client relationships on their choice of support by offering a variety of integrated counselling opportunities with a mix of approaches.

2. Ensuring that all support and counselling is benchmarked against best practice and underpinned by good clinical auditing.
3. Investing in staff and the counselling teams so that they are well trained, supervised and enthusiastic as they deliver the counselling programmes.

Appropriately, therefore, all that remains is for me to say a big thank you and congratulations to all the staff, counsellors, and partners around the UK who have been involved in the production of this report. Without your considerable skills, commitment and passion the Care Services and their national and international reputation would not have been 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 often the first point of contact for people affected by a gambling problem.

The Helpline has 3 main target groups:

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

The Helpline offers a combination of:

- Crisis intervention
- Telephone counselling
- Advice & information
- Signposting

By offering telephone counselling, alongside advice and information, the helpline counsellors are able to engage the caller in the counselling process, possibly for the very first time. The caller will then have made a significant first step and start to develop insights into their own personal circumstances. These can become the focus of any future counselling work to which they may be signposted during the call. This includes both the GamCare Counselling Service and those of the Breakeven Partners.

A team of helpline counsellors are available 16 hours a day (08:00 to 00:00), 7 days a week, 365 days a year. All the counsellors receive specialist training prior to working on the Helpline as well as ongoing training and clinical supervision. In addition, an overnight call answering service is employed to manage calls after midnight. This service gives the caller the opportunity to leave their details for a counsellor to call back the following working day.

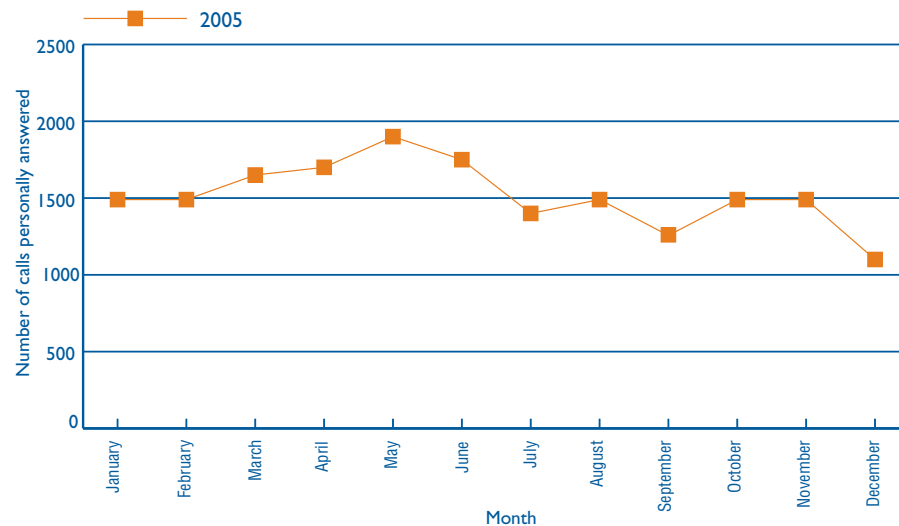
The following report provides a picture of the calls made to the GamCare Helpline during 2005 and the callers who made them. The figures are derived from data provided by Call Handling, who operate the Virtual Call Centre and Arc Monitoring who operate the overnight service together with information disclosed by 17961 callers in the process of talking to a helpline counsellor. It is such personal information that provides the basis for the analysis of callers and their gambling behaviour.

CALL ANALYSIS

Total Calls

A total of 22,589 calls were made to the Helpline in 2005. This was 3.7% up on 2004. Of these calls, 89% were personally answered by a helpline counsellor. This was a very high call answer rate which enabled callers to have access to immediate support at the point of contact without the frustration and delay of having to repeatedly re-dial.

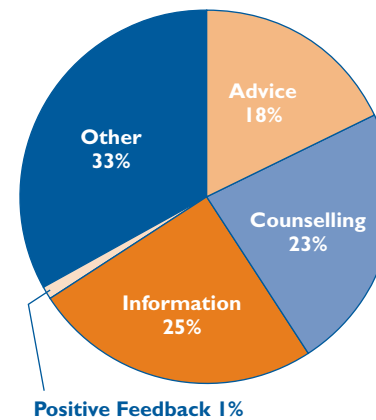
Monthly Personally Answered Calls



Call Type

Of all personally answered calls to the Helpline, 18% were advice calls, 23% counselling calls, 25% information calls and 1% were instances of callers wishing to give positive feedback about the support they had received and how it had affected them. Included in the remainders were silent calls, wrong numbers, prank calls or staff calls.

Call Type



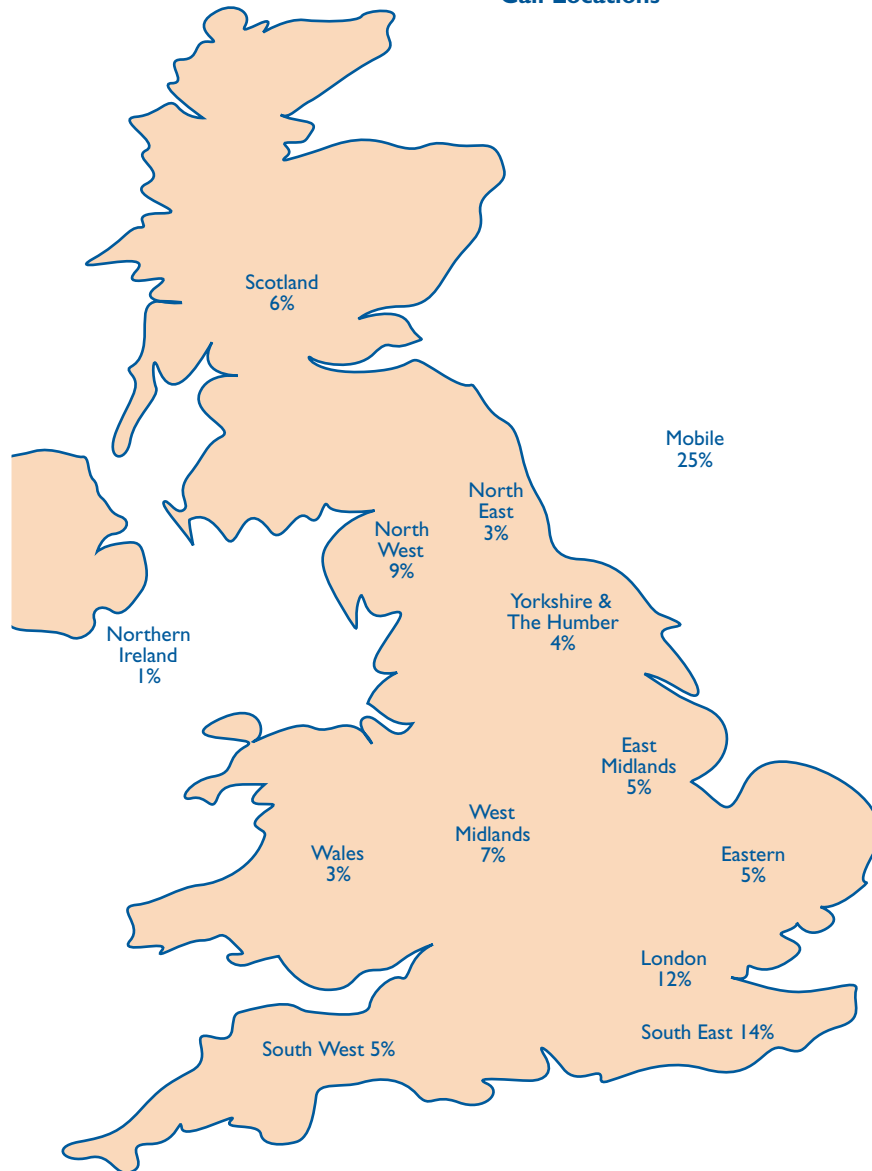
Call Duration

The average duration for advice calls was 11 min 05 sec, for counselling calls 24 min 12 sec, for information calls 4 min 55 sec, and for positive feedback calls 17 min 12 sec. The call duration for all personally answered calls to the helpline was exactly 11 minutes.

Call Location

Calls to the Helpline were received from all over the UK with the largest volume coming 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.

Call Locations

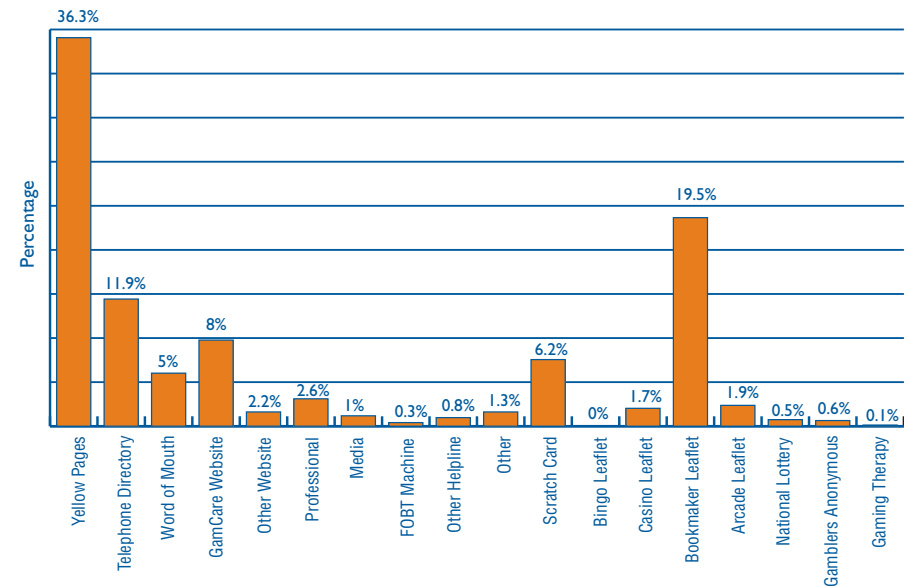


CALLER ANALYSIS

Referral Sources

Yellow Pages accounted for 36.3% of referrals to the Helpline, making it again the leading referral source. However, referrals from other telephone directories dropped from 13.3% in 2004 to 11.9%. In contrast, referrals from leaflets in bookmakers showed a further increase, rising from 16.4% in 2004 to 19.5%. Indeed, leaflets across all gambling establishments were the second major source of Helpline referrals.

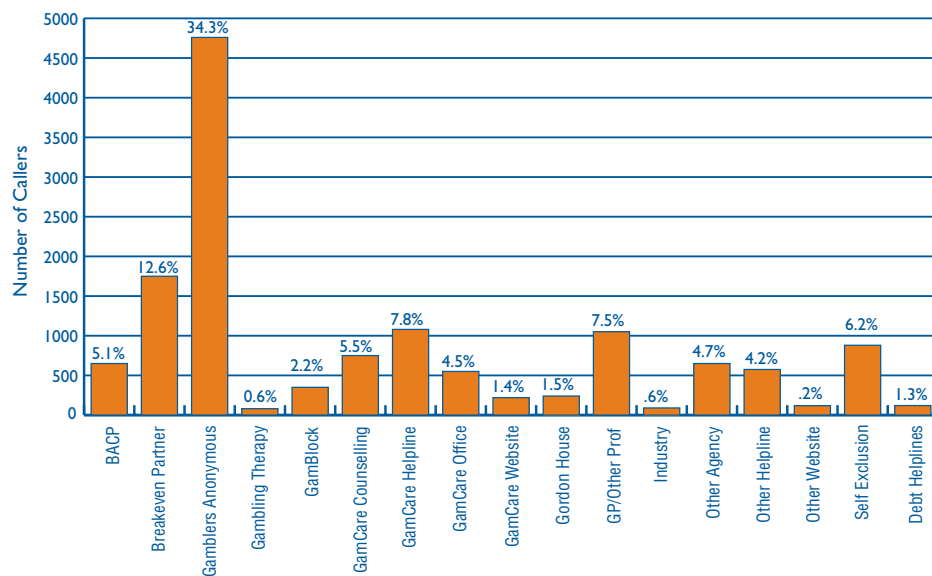
Referral Sources



Referral Destinations

Having made that significant first step in calling the Helpline, callers may be signposted to other services in the process of overcoming the impact of gambling on their lives. In 2005, 34% callers were suggested to make contact with Gamblers Anonymous or GamAnon as a further source of help while 31% were referred on to GamCare's support, counselling and Breakeven services. Significantly, 6% were recommended the self-exclusion process due to the important contribution that self-exclusion can make in helping to stop problem gambling behaviour.

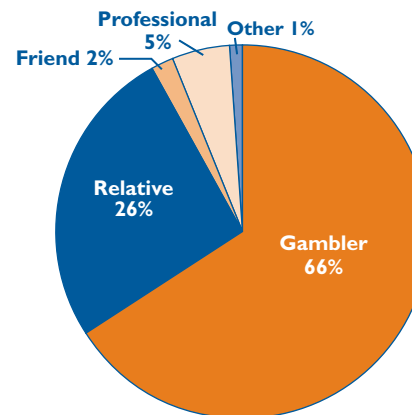
Referral Destinations



Caller Type

Of callers who disclosed their connection with problem gambling, 66% were the gambler themselves, 28% were the relative, spouse or friend of the gambler and 5% were professionals. Known others included the media and employers.

Caller Type



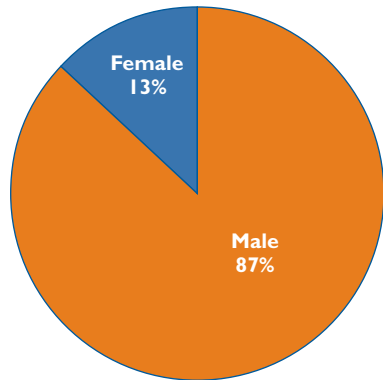
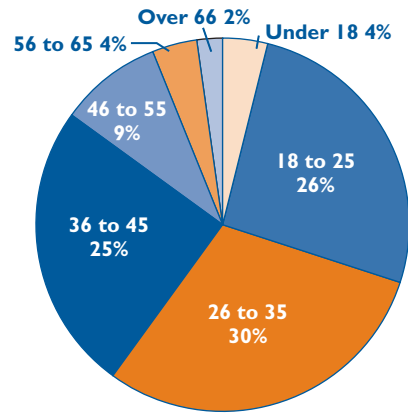
First Time and Repeat Callers

As well as advice and information, callers were able to receive telephone counselling for their gambling problems. This meant that a proportion of callers wished to use the Helpline on more than one occasion. During 2005, 28% of callers disclosed that they had called the line previously. This was 5% up on 2004.

Age and Gender Analysis

In 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 2005, there was a very similar pattern to 2004. Gamblers aged between 26 and 35 remained the largest single age group at 30% while there was a slight increase in the number of women gamblers from 11% to 13%.

Age and Gender of Gambling Callers

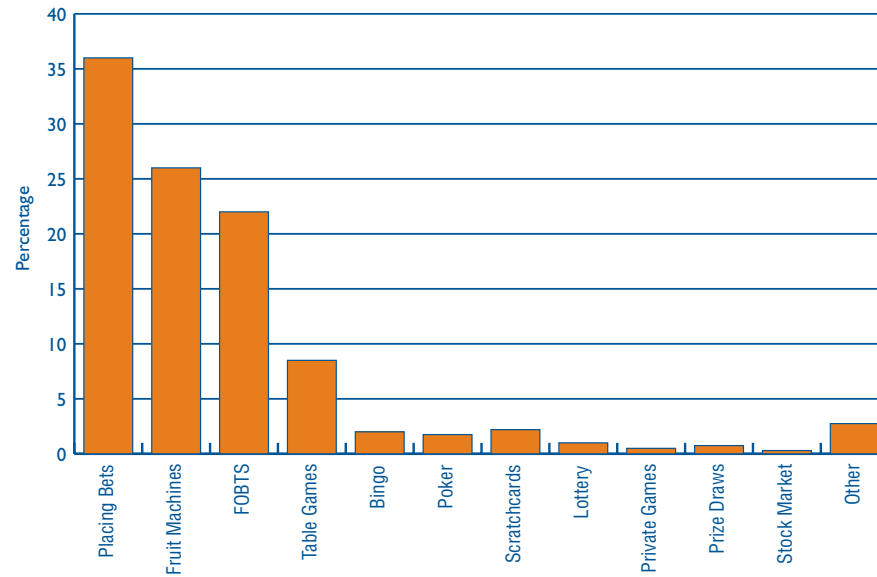


GAMBLING ANALYSIS

Gambling Activity

Placing bets continued to be the dominant gambling activity accounting for 35.5% of callers. Fruit machine playing was the next most popular activity but was down for the second year running at 25.8%. The use of FOBTs remained at the same level as in 2004 at 21.4%.

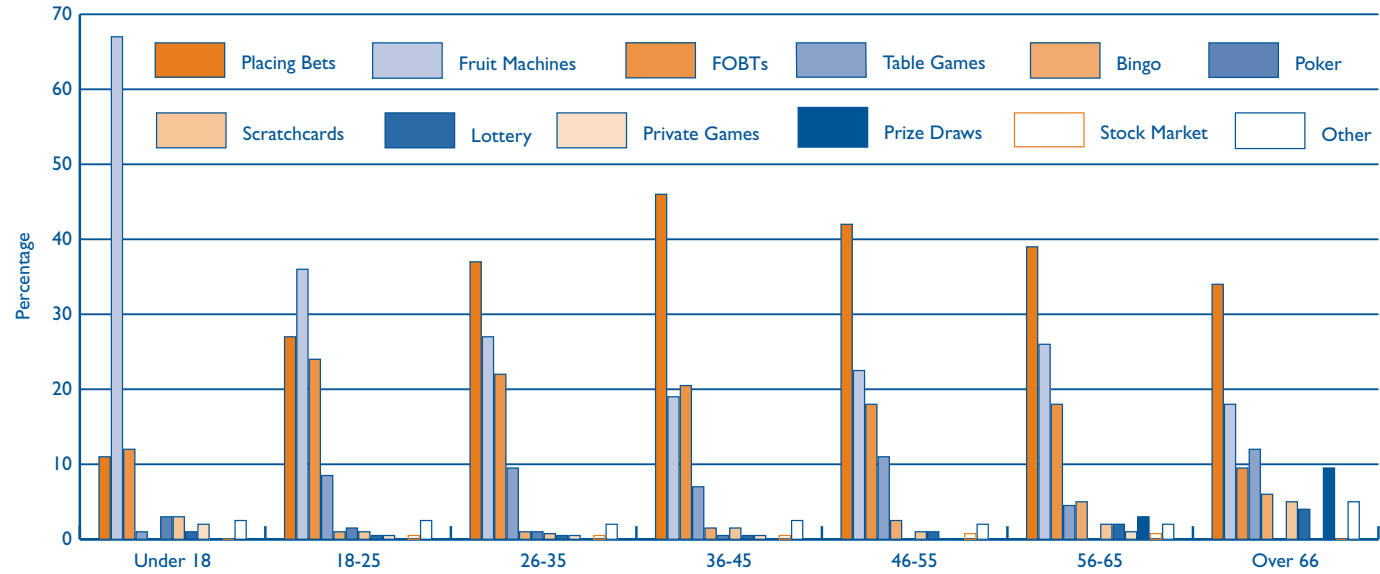
Gambling Activity



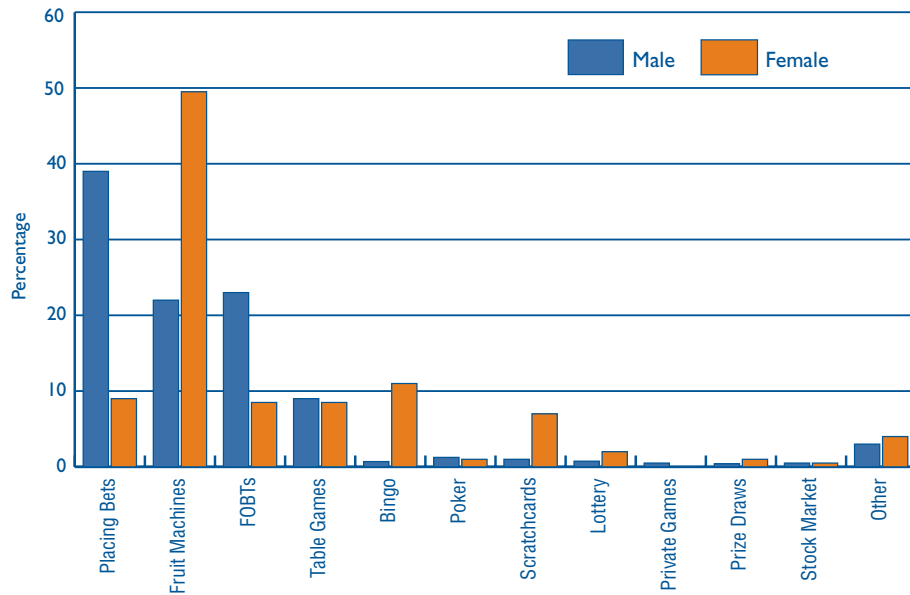
Gambling Activity by Age and Gender

A comparison of the different gambling activities for various age groups showed that fruit machine playing remained the dominant activity of the under 18's and was also the main activity for gamblers aged 18 to 25. For the over 25's placing bets was the most popular. The most popular male activities continued to be betting followed by FOBTs and fruit machines playing. Fruit machines remained the most attractive form of gambling for women with bingo some way behind.

Gamblers Activity by Age



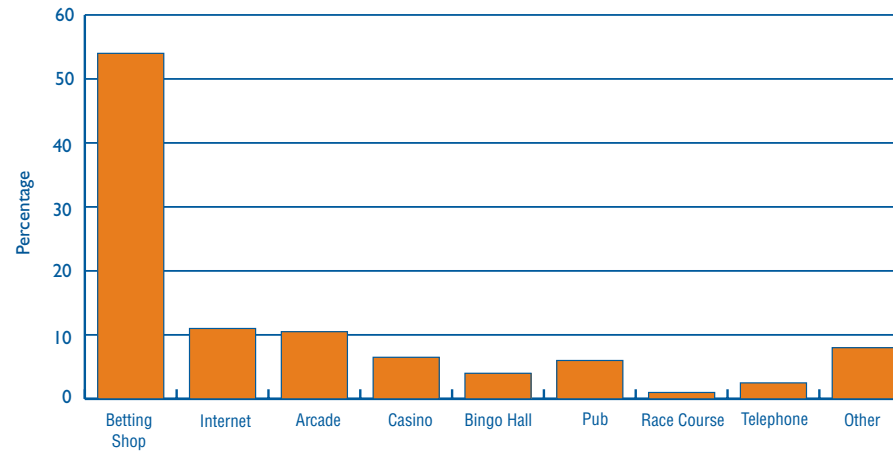
Gamblers Activity by Gender



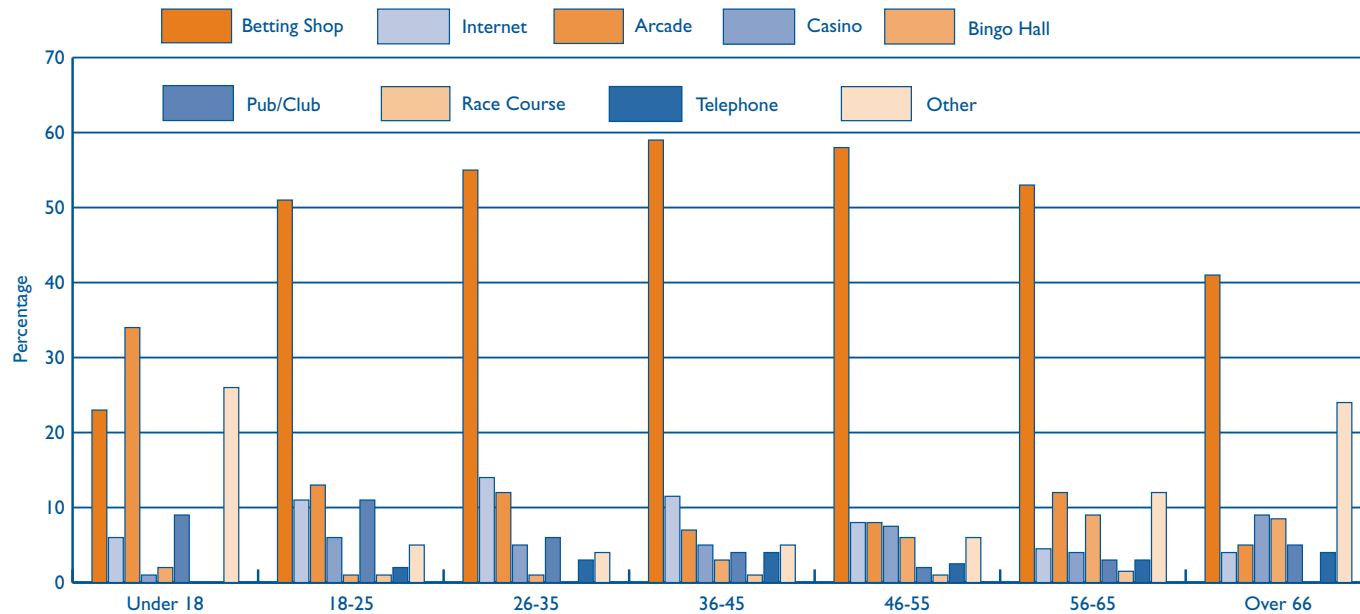
Gambling Location

As placing bets was the dominant gambling activity, so the betting shop was the most popular gambling location reported by callers. The next most popular location for gambling was the internet which was visited in significant numbers across all age groups. Online gambling was also found to be increasingly popular among women, and was reported by some under 18 callers, although for both playing fruit machines in arcades continued to hold the main attraction.

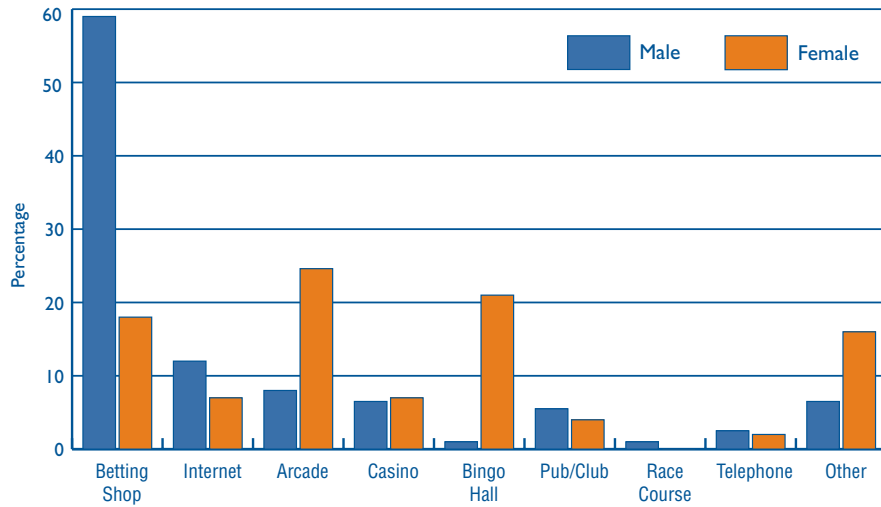
Gambling Location



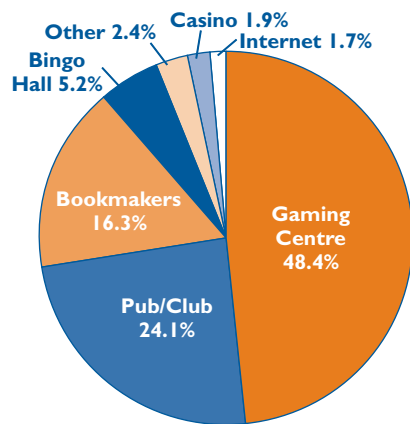
Gambling Location by Age



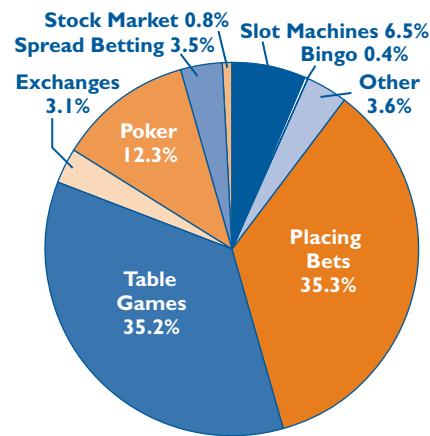
Gambling Location by Gender



Locations Where Fruit Machines Were Played



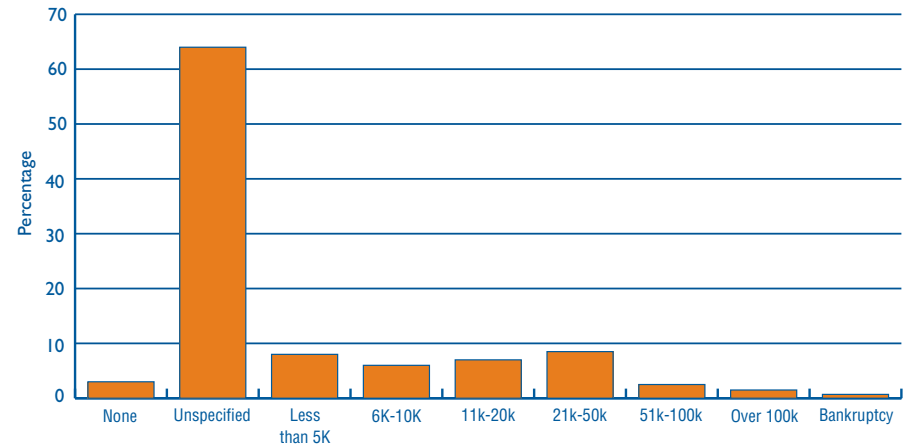
Internet Gambling Activity



Debts & Other Difficulties

Having a gambling problem and encountering problems with debt go hand in hand. Only 3% of callers said they had no debt. Levels of reported debt ranged from general descriptions of having some unspecified debt (64%) 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 highly experienced and all client work is regularly supervised.

The counselling approach is integrative, using a range of interventions relevant to the needs of each individual person. Cognitive Behavioural Therapy is combined with psychodynamic psychotherapy thus addressing in the counselling process both behavioural patterns and underlying issues.

The main aims of the counselling are:

- To stop or reduce the frequency of gambling.
- To develop ways of coping with problem gambling behaviour.
- To understand some of the underlying reasons why gambling has become a problem
- To address associated issues and behaviours.
- To move towards a gambling free and productive lifestyle.

From July 2005, a new database was put in to operation to enhance data collection and the monitoring of service provision for the counselling and Breakeven services. As this new database has been used to provide the statistical content for this and the following section of the report, the client, gambling and clinical analyses are for July to December 2005 only. This has made accurate comparisons with previous Care Services Reports difficult. Figures concerning the number of counselling sessions, however, relate to the whole of 2005.

SERVICE OVERVIEW

In 2005, service delivery was increased significantly with a total of 3268 counselling sessions provided for problem gamblers and their families. This was achieved by the ongoing extension of service opening hours and the continuing success of the group counselling programme. As a result, the service was able to offer improved opportunities to receive help and support.

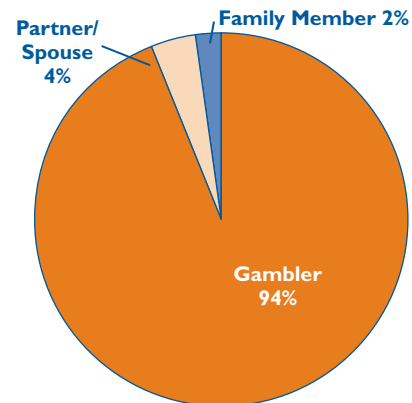
The GamCare Helpline remained the primary referral source with 70% of all referral requests having come from those who had used the Helpline for initial support. There continued to be, however, a variety of other channels through which clients were referred for counselling. The service continued to receive a level of referrals from The 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 Community Mental Health Teams, Health Care Professionals and GP practices, Gamblers Anonymous, agencies working with the homeless or those in supported housing, HR Departments and professional sporting bodies. Leaflets and posters in gambling establishments, GamCare's media exposure and recommendations by previous clients all served to raise the profile of the service.

An increasingly important avenue for clients finding out about the service was the GamCare website. An online message forum and chat room were introduced in August 2005 enabling peer to peer support moderated by GamCare. As a result, use of the website increased significantly with over 40% of the total website visits being attributed to the forum. By December 2005, monthly visitors were in excess of 42,000 and on average 26% of these were female. It is hoped that during 2006 online counselling services will be launched and it is expected that these will feature in future Care Service Reports.

CLIENT ANALYSIS

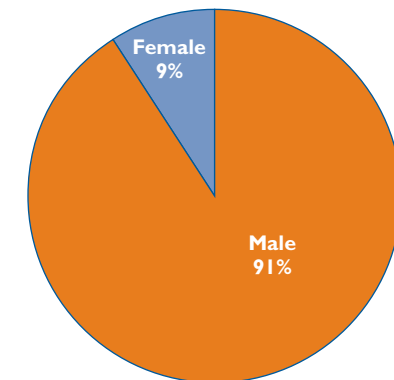
Client Population (n = 249)

Although supporting the problem gambler remained the primary focus of the service, the importance of individual or couple counselling for partners and family members must never be downplayed. The impact of problem gambling on the family is often hidden yet those living with a problem gambler have difficulties, insecurities and fears every bit as profound, critical and painful as that experienced by the gambler. Even allowing for the greater flexibility of opening times to enable partners with family commitments to attend, partners and family members only accounted for 6% of the counselling work. The provision of family counselling nevertheless remains a high priority for the service.



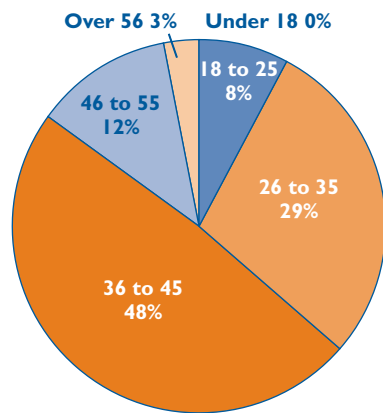
Gender of Gambling Clients (n = 249)

As with partners and family members, women gamblers attending for counselling at GamCare were still under-represented in terms of the increasing number of women who are becoming attracted to gambling. Why women are not being seen in greater numbers is complex but clearly the service needs to be continually open and sensitive to women's experiences of gambling. 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 and this would be exacerbated where women may be without a partner yet caring for child dependants. It has also been the case that the issue of women and gambling has not received the public recognition that it warrants. However, this is changing and in response the service will be offering a group programme for women problem gamblers in 2006.



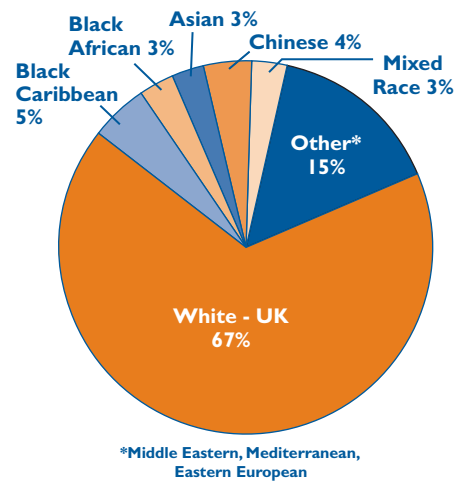
Age Distribution of Gambling Clients (n = 249)

Consistent with previous years, the predominant age range for clients was between 26 and 45. Typically, these clients gave evidence of some particularly long-standing and severe gambling problems. Those who were under 18 accounted for less than 1% and although research shows that youth gambling is likely to become an increasing problem in the UK this age group continued to be reluctant to seek more formal face-to-face counselling. Less than 8% of clients were aged between 18 and 25, a drop of 3% on 2004.



Ethnic Distribution of Gambling Clients (n = 127)

Reflecting the highly diverse ethnic mix of London, clients continued to be drawn from a wide variety of community backgrounds. Of those who disclosed their ethnicity, 33% came from the minority populations including the Asian, Chinese, Black Caribbean, Black African, Middle Eastern, Eastern European and Mediterranean communities.



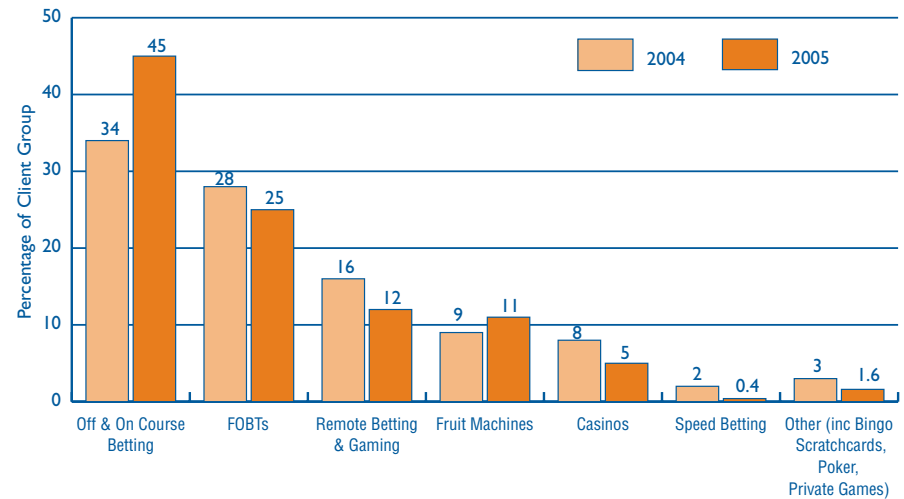
GAMBLING ANALYSIS

In the 2004 Care Services Report it was recorded that there was a dramatic change in the pattern of primary problem gambling modes and problem gambling behaviours among clients. This was associated with a considerable rise in problematic gambling on Fixed Odds Betting Terminals (FOBTs) together with a more steady rise in remote problem gambling. Reports from clients in ongoing counselling during July to December 2005 confirmed that both

FOBTs gambling and remote gambling continued to cause significant problems although at a less dramatic level than in 2004. The trend of clients gambling in ever more complex fashion continued in 2005 and has now become well established.

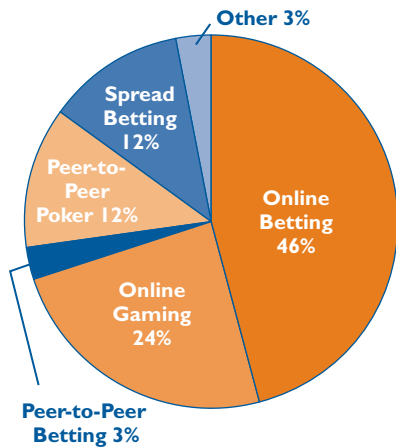
Primary Modes of Client Gambling (n = 280)

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



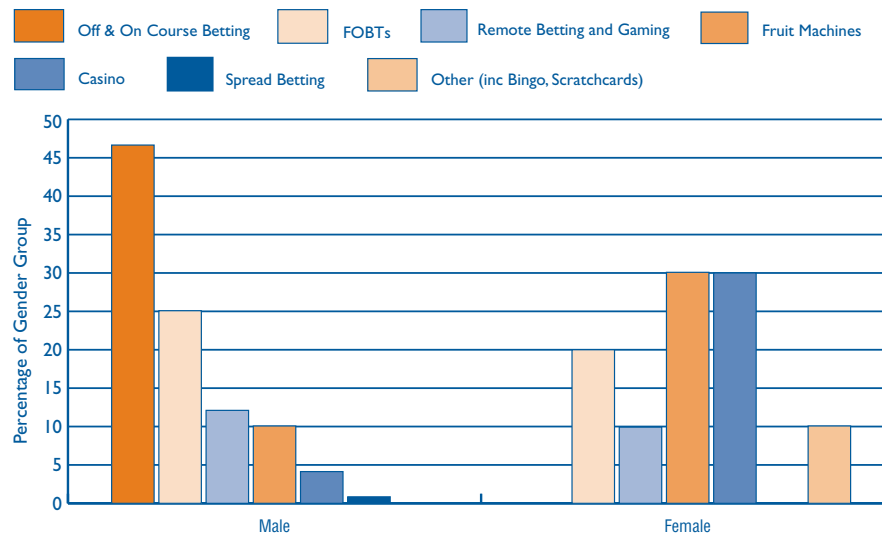
Off and on course betting (mainly off course) continued to be the most problematic gambling mode for 45% of clients, an increase of 11% on 2004. FOBTs remained the second most problematic mode affecting 25% of clients. As in previous years, the attraction of remote gambling continued to cause problems but for a smaller percentage of clients. Betting and gaming remained the most popular online gambling activities. Problems caused by fruit machine playing rose slightly but the number of clients attending due to gambling in terrestrial casinos was down for the second year running.

Remote Betting and Gaming



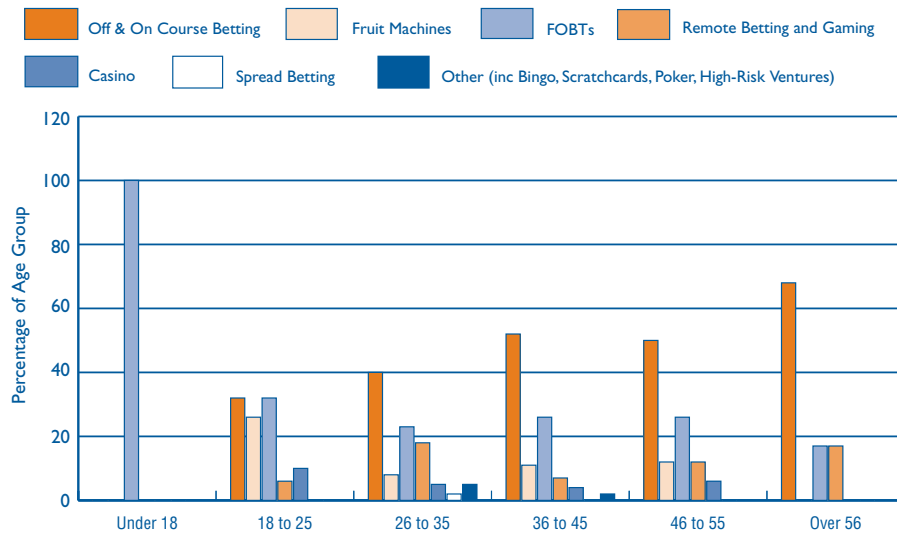
Primary Mode of Client Gambling by Gender (n = 280)

As in previous years, male and female clients continued to have rather differing choices when it came to gambling modes. For male clients, off and on course betting was still by far the primary mode of choice with FOBTs next and remote gambling third. Fruit machine playing among male clients rose slightly from 2004. The pattern for women was more evenly distributed compared to 2004 with casino gambling as well as fruit machines the first modes of choice. Significantly, however, when it came to having problems with FOBTs and remote gambling, women clients were not that different from their male counterparts, indicating a likely change in the risk profile for women gamblers.



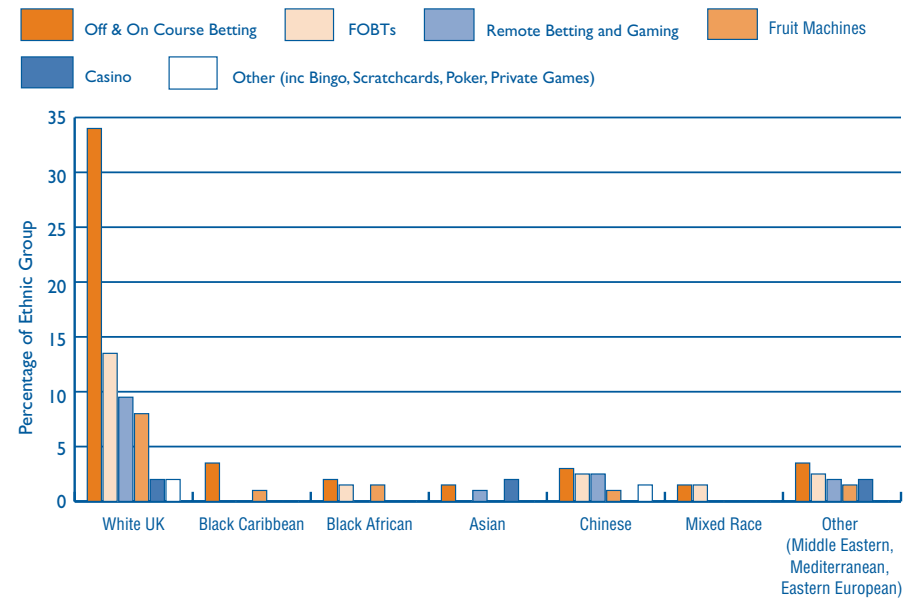
Primary Mode of Client Gambling by Age (n = 280)

Typically, in contrast to gender, problem gambling modes have been more evenly spread when it comes to age differentiation. While FOBTs continued to cause problems across all age ranges, it was off and on course betting that was again the major problem mode particularly for clients aged 26 and over. As in previous years, remote betting and gaming featured most strongly among 26 to 35 year olds. Problems associated with gambling in terrestrial casinos was, as we have already seen, at a relatively low level except among the 18 to 25 age group.



Primary Mode of Client Gambling by Ethnicity (n = 174)

Of those clients who disclosed their ethnicity, off and on course betting was the predominant gambling mode across all the different ethnic backgrounds. Small numbers of Chinese, Asian, Mediterranean and East European clients reported problems with remote gambling and FOBTs. As expected, the primary modes for the majority white UK clients were betting, FOBTs, remote gambling and fruit machine playing.



COUNSELLING OUTCOMES

In order to fully determine what constitutes successful outcomes, it is necessary to understand that typically clients attending at GamCare not only have to battle deep-seated and often long-standing gambling problems but also the devastating repercussions on their everyday functioning that those problems cause. For many clients 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 and unemployment and, in some instances, the occasional or frequent misuse of alcohol and drugs.

The criteria of success used in this report encompasses, therefore, not just problem gambling behaviour but a whole range of client functioning. Specifically, a successful outcome is where a client at the close of their counselling has achieved abstinence, or demonstrated an ability to effectively manage their gambling, together with significant and sustained improvements upon previous levels of functioning in:

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

With this in mind, a specific outcome measure "The Christo Inventory for Gambling Services" (CIGS) is incorporated, alongside the DSM-IV criteria for pathological gambling (American Psychiatric Association 1994) and the South Oaks Gambling Screen (SOGS), as a core component of the clinical procedures. The following analyses draw upon data recorded from 104 clients who were in counselling between July and December 2005 of whom 29 completed their counselling in the same period.

Gambling Behaviour

- At the time of assessment, 64% of problem gambling clients were regularly gambling or binge gambling at a severe level. A further 13% were gambling periodically. The remainders had severe or moderate gambling problems but were not actively gambling when they were assessed.
- At closure, 55% of clients had stopped their gambling and achieved abstinence and a further 21% had been able to manage their gambling effectively without the associated loss and harm when it was out of control. This represents a 76% success rate and is in line with previous years when outcomes were measured over the full 12 months.

Social Functioning

- High levels of problem gambling considerably affect the social functioning of clients and place a very great strain on home and family life. As in previous years, for most clients, it was this strain that precipitated requesting counselling. Nevertheless, the vast majority of partners and family members remained supportive through the counselling process and at closure only 10% of clients reported still having difficulty with personal and social relationships. There were no clients remaining in highly unstable living situations.

General and Psychological Health

- Although 22% of clients were experiencing related general health problems at the time of assessment, psychological health was the area most severely affected by problem gambling. Only 15% of clients reported having no psychological problems while 71% had general anxiety, mood swings, poor sleep, low self-esteem or felt unhappy and dissatisfied with their lives. Particularly significant for the provision and delivery of counselling, 14% had severe psychological problems including neurotic disorders, recently attempted or seriously considered suicide, clinical depression, manic-depression and in some cases psychotic disorders (paranoia, hallucinations and schizophrenia).

- By closure, 93% of clients were in good general health, 31% in good psychological health and 59% reported that their levels of anxiety, sleep disturbance or mood swings had been alleviated and self-esteem issues improved. Clients having severe psychological problems, especially in regard to depression, dropped to 10%.

Financial and Legal Affairs

- One of the most positive counselling outcomes was the turnaround in the financial and legal situations of clients. At assessment, 15% of clients had acquired severe debt due to their gambling together with, in several cases, related current or past criminal involvement. A further 42% were facing more moderate levels of debt.
- By closure, 83% had resolved their financial affairs and no clients reported still being in severe debt.

Occupation and Employment

- Lack of occupation and stimulation is a powerful trigger for problem gambling, especially when combined with an inability to cope with boredom and frustration. It is also a major contribution to poor self-esteem. It is, therefore, significant that although the majority of clients had full-time occupations at the time of assessment, a sizeable 19% were wholly unoccupied with no real social pastime and a further 9% were only occupied for a relatively small part of their daily lives.

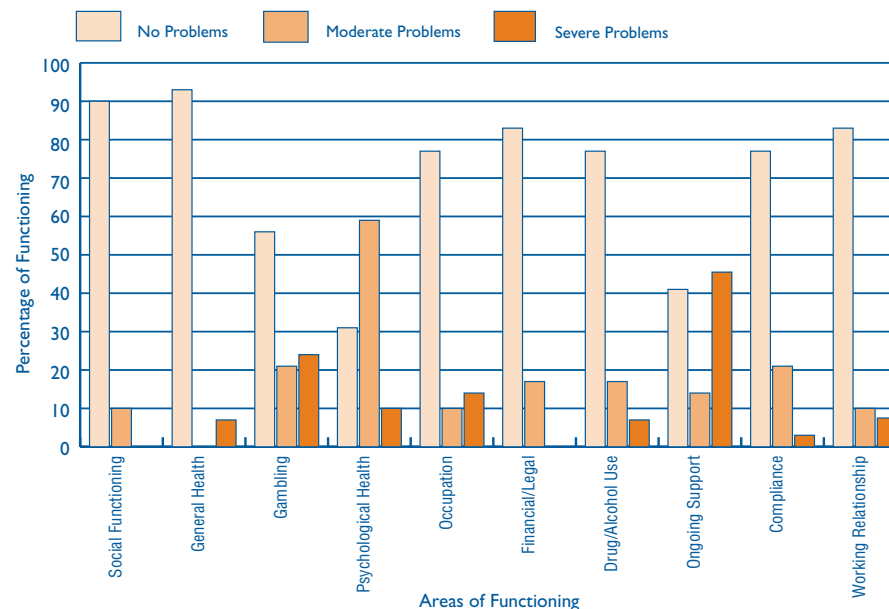
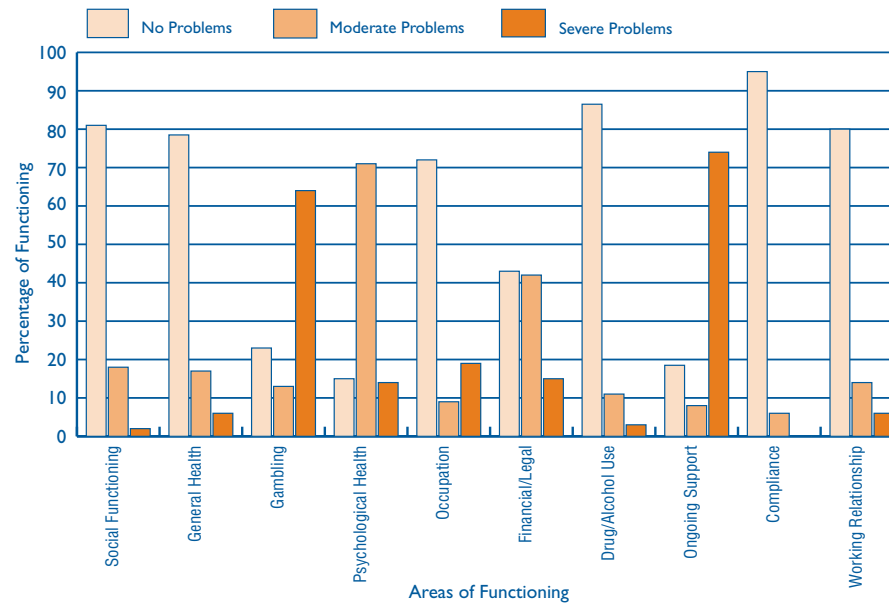
- These figures remained relatively unchanged at closure with only 7% of clients reporting improvements in their occupational status.

Drug and Alcohol Misuse

- Positive changes in terms of co-morbidity were very limited and not sustained compared to other areas of clients functioning. At assessment, 14% of clients were recorded as having a substance use disorder (SUD) alongside their gambling.
- During the course of counselling, improvements were seen in some instances but these were often only temporary and re-lapses generally followed. At closure, 79% of clients reported that their use of drugs or alcohol had not changed, 14% said that it had improved and 7% reported a deterioration.

Support, Compliance and Working Relationship

- Support, compliance and working relationship relate more to the clinical arena and are highly important if counselling is to be really effective. The vast majority of clients came in to counselling with no or only patchy support structures in place. However, once counselling had started, levels of motivation and commitment were generally high even though 14% of clients were quite demanding to work with and a further 6% had multiple needs including severe psychological problems.



BREAKEVEN PARTNERSHIPS

BREAKEVEN PARTNERSHIPS

INTRODUCTION

The aim of the Breakeven partnership programme is to expand the availability of problem gambling counselling provision across the UK. Rather than create a separate organisation in each locality, GamCare works with carefully selected existing agencies that are already providing counselling for addictive behaviours. Finance and support for the training and management of counsellors enables an established professional counselling agency to develop a specific problem gambling service within an area and its surrounding region.

The partnership programme is well established and has been progressively extended since the first joint ventures with the Cumbria Alcohol & Drug Advisory Service (CADAS) and the North East Council on Addiction (NECA) back in 1997 and 1998. During 2005, counselling provision was even further extended with new partnerships in Merseyside, Nottingham, Norfolk and Sussex. Problem gamblers were, therefore, able to access counselling in Scotland, Cumbria, the North East, Merseyside, South Wales, Nottingham, Norfolk and Suffolk, the West Midlands, Southampton and the South Coast and Sussex in addition to the GamCare Helpline and London counselling service. Sadly, however, we lost the services of the Parents Advice Centre (PAC) in Northern Ireland.

SERVICE OVERVIEW

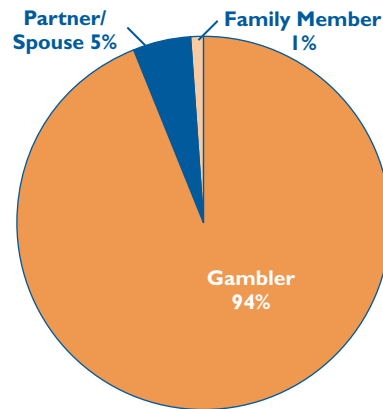
As has been mentioned above, the statistical content for the client, gambling and clinical analyses in this section of the report has been drawn from the new database which came in to operation in July 2005. Therefore, all figures relate to the period July to December 2005 with the exception of counselling sessions which are for the whole of 2005.

In 2005, service delivery across the partnerships increased substantially. A total of 3295 counselling sessions were provided, a rise of 86% from 2004. Between July and December 2005, 388 clients received counselling. This increase was not only due to more partners joining the Breakeven programme during the course of the year, but also existing individual partners expanding their capacity in delivering problem gambling counselling in their respective communities.

CLIENT ANALYSIS

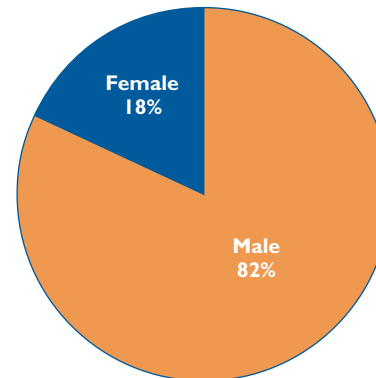
Client Population (n = 388)

The Breakeven Partnerships offer counselling for both problem gamblers and family members. However, with the loss of the Parents Advice Centre in Northern Ireland and their special provision for the family, the percentage of family members receiving counselling fell from 12% in 2004 to 6%.



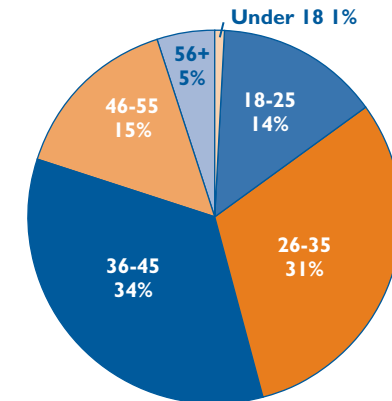
Gender of Gambling Clients (n = 388)

Although the client group remained predominantly male, women gamblers attending counselling across the partnerships rose from 12% in 2004 to 18%. Despite still being under-represented, this increase is encouraging and highlights the need for service provision to be open and available to the larger number of women gamblers in need of help and support.



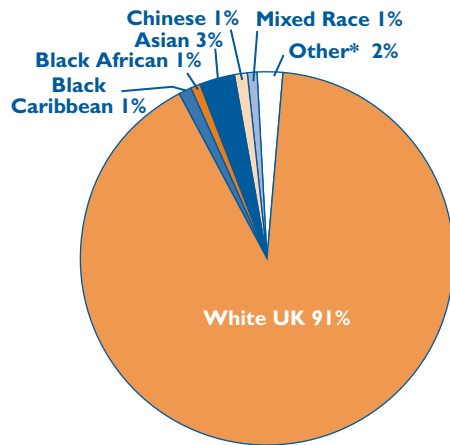
Age Distribution of Gambling Clients (n = 388)

During 2005, the predominant age range for clients was older than in previous years. Those aged between 26 and 45 accounted for 65% of the client population compared with 53% in 2004 while there was a 4% increase in clients who were over 46 years old. Traditionally, the partnerships have been able to attract a younger client group in to counselling but there was a considerable drop in the 16 to 25 age group from 31% in 2004 to 15%.



Ethnic Distribution of Gambling Clients (n = 295)

Although the partnerships saw a diversity of clients from the various minority communities, they accounted for only 9% of the Breakeven counselling.



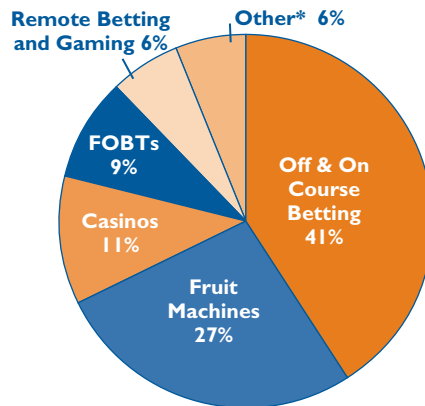
*(inc Middle Eastern, Mediterranean, Eastern European)

GAMBLING ANALYSIS

Primary Mode of Client Gambling (n = 425)

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

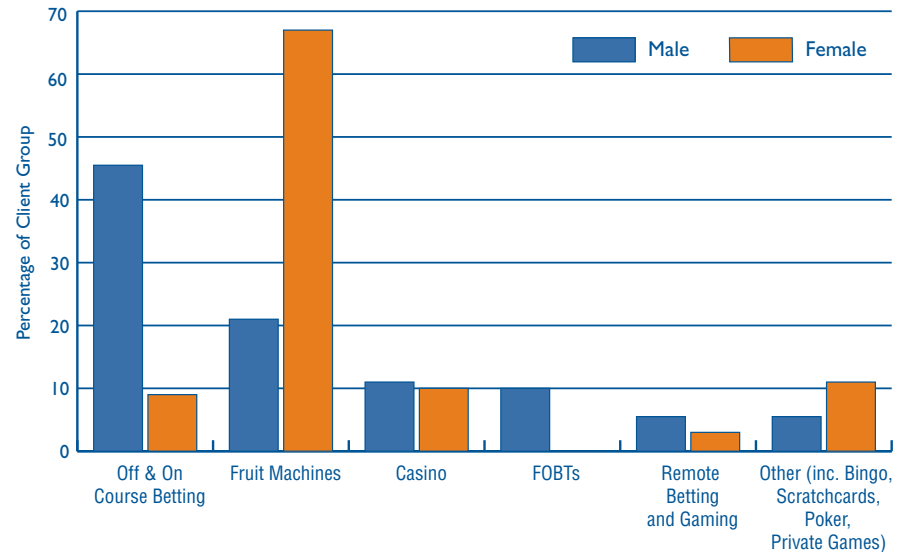
For the first time since the Breakeven reports were published, off and on course betting took over from fruit machines as the primary problem mode of gambling reported across the partnerships. Also for the first time, there was consistent recorded evidence of clients in counselling due to gambling on the Fixed Odds Betting Terminals (FOBTs) and remote gambling thus enabling some comparison to be made with the trends reported by the GamCare Helpline and Counselling Service.



*(inc Bingo, Scratchcards, Poker, Private Games)

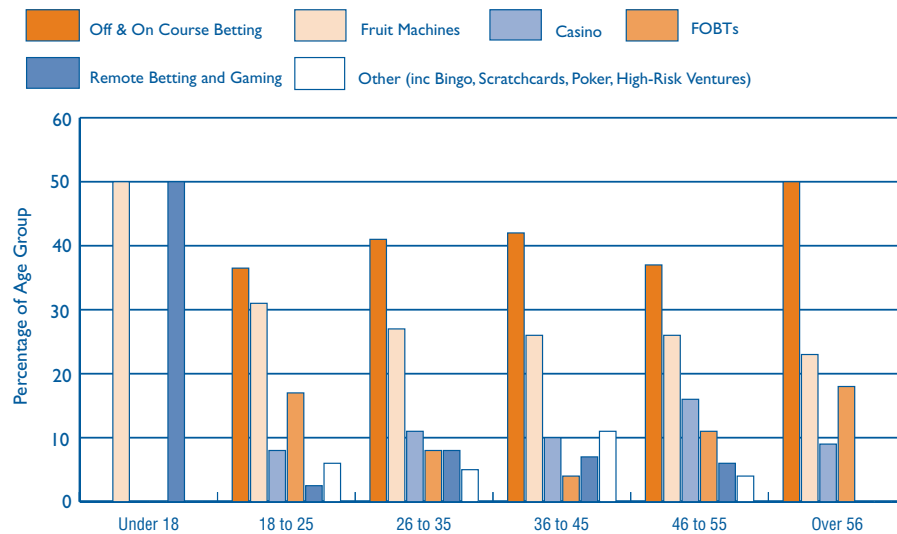
Primary Mode of Client Gambling by Gender (n = 425)

The difference in male and female preference of gambling modes was clearly evident across the Breakeven partners. For male clients, off and on course betting was the primary problem mode of choice with fruit machines next. For women, fruit machines playing predominated with terrestrial casinos down in second place. However, when it came to gambling online, women clients were not that different from the men. Traditionally, casino gambling has been attractive to women so it is not surprising that more women are now going online to play casino type games and finding significant problems. No women clients reported playing FOBTs.



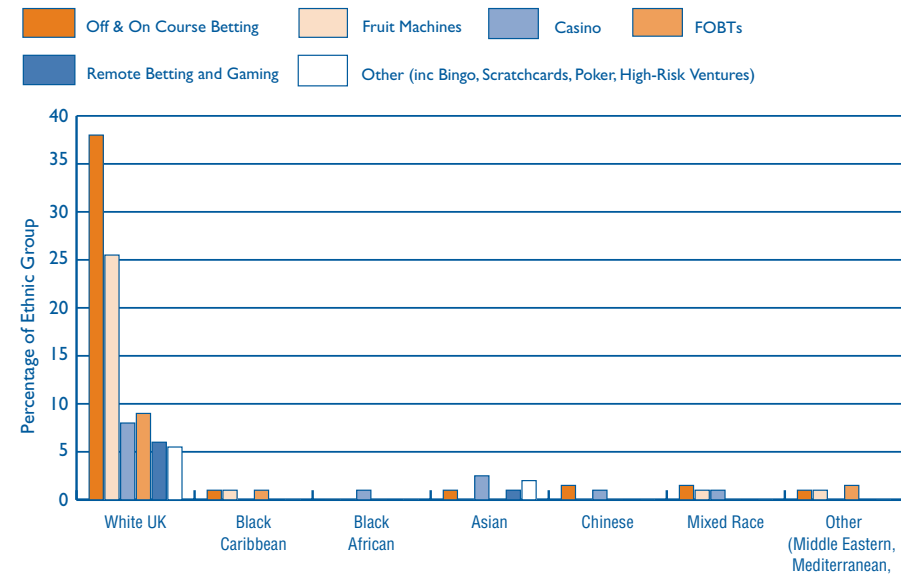
Primary Mode of Client Gambling by Age (n = 425)

Typically, differentiation in choice of gambling modes is far less pronounced when it comes to age than gender. This was particularly evident concerning off and on course betting and fruit machines. These were by far the two most problematic modes of gambling for all clients over the age of 18. The level of problem gambling in casinos, on FOBTs and online was also relatively consistent across the over 18 age groups with the exception of those aged between 18 and 25 who recorded more problems from FOBTs and less when it came to online. There was one reported incident of under age gambling on the internet.



Primary Mode of Client Gambling by Ethnicity (n = 303)

Clients from most of the different ethnic communities reported having off and on course betting and casino gambling as their primary modes while remote gambling was only among clients from the Asian communities. The predominant primary modes for the 91% of White UK clients were off and on course betting and fruit machine playing.



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., hostel, 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, bulimia, recently attempted or seriously considered suicide, self-harm, overdose 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., homemaker, 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 pastime.

Financial / Legal

- 0... e.g., no recently acquired debts (apart from usual mortgage or hire purchase agreements) or criminal involvement
 1... e.g., client suspected of having unfixed debts (e.g., credit card) 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.

CIQS Total Score =



GAMCARE

2/3 Baden Place
Crosby Row, London SE1 1YW
Tel: 020 7378 5200 Fax: 020 7378 5233
E-mail: info@gamcare.org.uk
www.gamcare.org.uk

Helpline: 0845 6000 133