



Evidence Report to the Howard League for Penal Reform Commission on Crime and Problem Gambling

December 2019

Background

In June 2019 the Howard League for Penal Reform launched a Commission on Crime and Problem Gambling. It is due to run for three years and aims to answer the following questions:

- What are the links between [patterns of] crime and problem gambling?
- What impact do these links have on communities and society?
- What should be done?

The Chair of the Commission is Lord Peter Goldsmith QC, leading a team of 16 Commissioners from a variety of backgrounds across criminal justice, public health, the gambling industry and lived experience of addiction. The group are investigating the above questions and will make recommendations for government, the gambling industry and the criminal justice system (CJS). The focus will be on the broader impact that the links between crime and problem gambling have on communities and society, as well as how those affected by gambling may be diverted away from the CJS.

2 The Commission has been established on the back of growing concerns about gambling harm, and is the first to examine the links between problem gambling and crime.

To date, the Commission has called for written evidence submissions on the issue and is holding oral sessions into these insights. It will also undertake an academic literature review, lead a conference event on the subject in April 2020, alongside potential field visits and examination of other jurisdictions. The findings will be published in 2022/3.

GamCare was invited to provide evidence to the Commission on the 12th December 2019 in relation to its work and expertise in this area. This Report was provided in relation to that session.

We have decided to share the Report more widely so that others who are interested in the work we are doing within the CJS (as well as the challenges faced) can see the current state of play. Within our Report we also present a potential model for a whole system provision within the CJS which is based on our recent learning and experience within the sector. This, along with our wider treatment support models, may be of interest to CJ organisations and stakeholders who are looking to develop commissioning or delivery models to support individuals affected by gambling harm within the CJS (e.g. HMPPS, Prisons, Probation Partners, PCCs, Police, Courts). GamCare welcome any contacts from organisations who wish to discuss our findings or potential models of support further. **Any queries should be directed to our Development Team via: business.development@gamcare.org.uk**

For further detail on how GamCare and its partners operates, please see page 5.

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Introduction to the Evidence Presented

GamCare welcomes this opportunity to present evidence to the Howard League Commission on Crime and Problem Gambling in relation to its work and expertise in this area. This evidence paper sets out the background to GamCare's work in the Criminal Justice System (CJS), the context within which this work has developed, and provides a summary of current provision and relevant data. The report then outlines learning, challenges, recommendations and proposals, informed by GamCare's experience. In doing this we have focused, as far as possible, on the three questions that the Commission seeks to address.

The evidence presented is derived from the experience and data of both GamCare and GamCare's network partners. GamCare is a charity, established in 1997, that provides support and treatment to individuals affected by gambling harms, as well as raising awareness around such harm, and advising the gambling industry on development of safer gambling practices. GamCare is primarily funded by GambleAware, who fund four providers across a National Gambling Treatment System. In turn, GamCare fund 13 treatment organisations, to form an accessible network of gambling support across the UK. GamCare also provides support and treatment directly as part of this, as well as operating the National Gambling Helpline. To provide some context around our overall levels of engagement with gamblers and affected others: in 2018/19, over 9,049 treatment interventions were provided by the network; and there were almost 30,000 calls to the National Gambling Helpline. Currently, around eight of the network partners, plus GamCare, are actively working within the CJS to support gamblers and raise awareness. The paper draws together this collective experience to provide evidence to the Commission. The paper refers to GamCare and its partners as a collective under the term GamCare, but makes distinctions about specific partner work, or work provided directly/solely by the GamCare organisation where necessary.



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Background and Context to GamCare's Criminal Justice work

GamCare and its partners have been working within the CJS for several years. This provision was formalised in 2014 with a pilot involving GamCare and one of its partners, Breakeven, in HMP Highpoint, leading to further prisons-based work. Another partner, Beacon Counselling Trust, later developed an innovative pilot for police custody gambling screening in Cheshire in 2017, leading to further roll-out of this provision. Over the last 15 months GamCare itself has given more focus to the development of Criminal Justice (CJ) work, with increased delivery through our own treatment teams (London, Leeds), and by securing separate funding from the Hertfordshire PCC to pilot an innovative whole system approach across the region's county (across police custody, court, probation, prison).

GamCare's CJ provision has grown organically, and is currently delivered in an opportunistic, localised fashion, rather than as part of any coordinated approach. This is due to a number of factors, including:

- There being no specific funding or framework for gambling treatment providers to deliver CJ interventions;

- A lack of data and needs assessment in relation to gambling related offending;
- And limited UK research on the links between crime and gambling, its impacts, and on treatment effectiveness for this cohort.

The developments that have taken place have been based on local relationships and interest, as well as the good-will and persistence of the treatment organisations. Work in this area has been funded via the main grants (from GambleAware and GamCare to partners), with a few additional funding streams secured for specific projects. Whilst research is limited, our experience and evaluation indicate that there is an increasing need to develop support structures at user and system level for this largely hidden and under-represented cohort. GamCare and its partners are committed to supporting this and to developing their role in the CJ space, through increased collaboration and coordination, and using collective and local learning to inform new models of delivery.

We are seeing a rising interest in the issue of crime and gambling, as well as regular and increasing requests from CJ organisations for GamCare to provide training and interventions in various CJ settings. Of significance is the recent inclusion within the new Probation Reform model plans (due to launch Spring 2021) of gambling related offending harm as a treatment and resettlement need, linked to addiction and/or debt pathways. This formal recognition of the issue by the MoJ is welcomed by GamCare, and we are hopeful that this will lead to further awareness of the need to address gambling related harm throughout the CJS, as well as inclusion in wider cross-cutting offender health strategies. There are, however, key challenges relating to the current level of awareness, knowledge, systems, and readiness, which we present in the learning section of the paper.

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GamCare's Current Provision

GamCare's current work within the CJS broadly comprises the following three elements:

(i) Support and Treatment

GamCare and its partners provide support and treatment, at varying levels, to service users referred from a range of CJ organisations, namely Probation/CRCs, YOTs, Police, Prisons and a military detention centre. Support is provided through the National Gambling Helpline, as well as treatment interventions in CJ settings (or organisations' own venues). Treatment in this context includes extended brief interventions, structured treatment, on-line interventions, one to one and groups, in line with GamCare's Model of Care treatment framework. Interventions are tailored to the setting and individual needs around offending and CJ status.

(ii) Prevention, Risk Reduction and Awareness Raising

GamCare and partners support professionals across the CJS through training, networking and relationship building, with a view to raising awareness of gambling related harm and developing referral pathways into treatment.

GamCare itself delivers several specific Prevention Programmes which offer training to targeted professional groups, as well as workshops and brief interventions with identified at-risk client groups. This includes engagement in relation to CJ, youth justice, vulnerable women and young adults. There are plans to expand this engagement, and presence within the CJS, over the coming year as these relatively new Programmes develop and expand.

(iii) Whole System Approach Pilot

In 2018 GamCare was awarded funding by the Hertfordshire PCC's Innovation Fund to deliver an innovative, 'whole system' based approach to develop awareness of, and provide support for, gambling harm across the county's CJS. The programme offers training to CJ professionals, brief interventions for service users, provision of bespoke CJ resources, and signposting/referral into treatment. The programme is now in its second year with additional funding to run until the end of September 2020. There has, and continues to be, a great deal of learning from the Hertfordshire programme, given its concentrated, whole-system focus. It also adds to the wider learning from our other, longer-running CJ work. More information about the programme is available on GamCare's website.

A more detailed breakdown of GamCare and partners' provision is provided at Appendix 1, showing the type of work provided in different settings, and the take-up.

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Prevalence (GamCare data)

GamCare collates specific data relating to CJ through its case management system, with data being supplied by both GamCare and its partners. Specifically, the data captures:

- The number of service users referred from CJ sources to GamCare treatment, and
- The number of service users disclosing criminal activity as an impact (consequence) of their gambling, whilst either engaged in treatment or the National Gambling Helpline.

In this context, 'service users' relates to both gamblers and affected others (anyone affected by another's gambling, typically a family member, spouse, partner, or friend).

Headline data in relation to these data sets is presented below, with a more detailed breakdown of this tables provided at Appendix 2.

Observations on the data and prevalence:

1. The data only presents formal links to the CJS through referrals, and open service user disclosures of criminal activity as an impact. In reality, the number of gamblers with links to criminality may be far greater for the following reasons:
 - a. There is a high level of crime associated with gambling that may go unreported, such as domestic harm and theft, involving a range of victims including affected others and vulnerable adults, as well as wider victim impact
 - b. Service users may be less likely to disclose all/ some criminal activity or impacts (to GamCare or CJ organisations), in order to avoid repercussion
 - c. The data here is only as good as what is recorded. Staff may not always pick up on or record full details, particularly in shorter, crisis focused interventions
 - d. Some of our partners would argue that all disordered gambling/gamblers may have some link to criminality, and that around 30% of those worked with have/had a gambling related offence.

Headline data from Appendix 2.

In the last 18 months there have been 262 referrals from CJ sources (Probation, Prisons, Police) to GamCare (these are referrals for treatment screening)

The majority (77%, 201) of CJ based referrals are from prisons

1,034 service users who accessed GamCare treatment in the last 18 months reported criminal activity as an impact of their gambling

The number of service users accessing GamCare treatment reporting criminal activity impact is increasing, with a 25% increase forecasted from 2018/19 to 2019/20

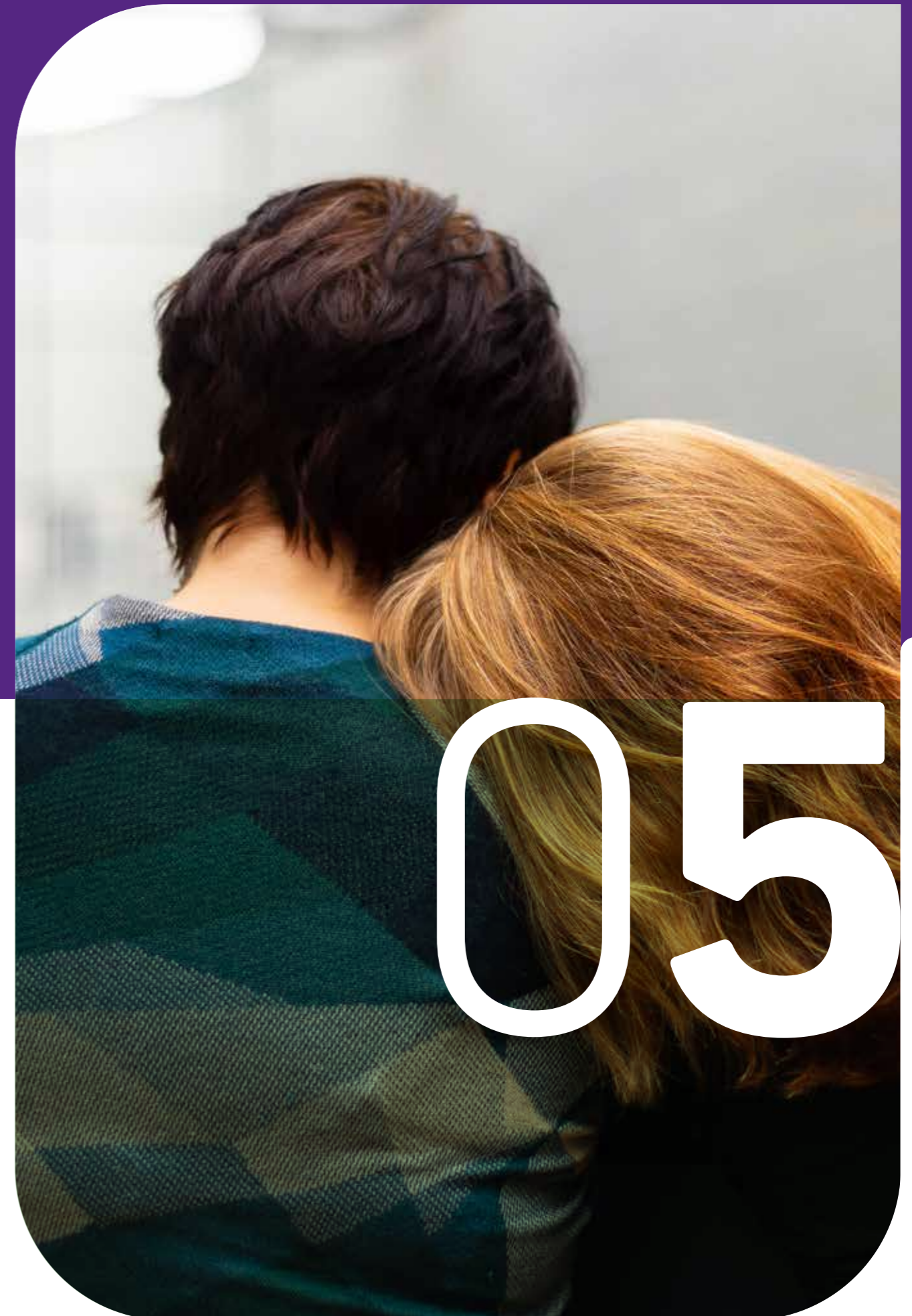
In 2018/19, 484 callers to the National Gambling Helpline disclosed criminal activity as an impact of gambling, with 30 of these being an affected other

In the same period, 98 Helpline callers disclosed domestic abuse as an impact of gambling, with 53 of these (over half) being affected others

Observations on the data and prevalence continued

2. The % of CJ referrals, and of criminality impact, against GamCare's total referral numbers and total Helpline callers are relatively low. However, the numbers are rising and are significant enough to warrant intervention, to support both gamblers and affected others.
3. Our experience of prison-based work indicates that at least 10% of the prison population may require support in relation to their gambling, however, this would vary depending on prison setting. Our main partner delivering prison-based support (Breakeven) worked with 9% of the population in HMP Highpoint (against an initial target of 3% expected). Currently, Breakeven work with approximately 570 individuals a year across several prisons. However, these numbers are not fully reflected here as funding for this work is from a number of streams (not just GamCare).
4. What the above does tell us is that there is a need to better capture the true prevalence and need across the CJS, through improved data systems, monitoring and analysis. As a starting point, GamCare is in the process of procuring a new case management system, which will enable improved capture of more specific CJ related data going forwards. In addition, GamCare is developing its outcome and impact measurement processes, and this will include better reporting of the specific outcomes from different CJ related interventions.

In addition to our service user related data above, GamCare has gathered substantial qualitative data from our Hertfordshire programme work, which includes interviews with CJ staff and offenders, and has informed some of the learning and recommendations outlined in the paper.



Our Learning

Our years of clinical experience of working with individuals the CJS, through both GamCare and its partners, provides useful learning in relation to the links between crime and problem gambling, and its societal impacts (namely those questions which the Commission seeks to explore). In addition, the more recent experience from the system-wide work in Hertfordshire has provided further insights, particularly in relation to structural readiness and culture. The following presents our collective learning, highlighting any differences or specifics between different experiences or areas of delivery.

14 5.1 Learning: Systemic and Cultural Challenges

The importance of relationships and being embedded within the CJ setting.

A fundamental aspect of being able to work effectively in the CJS is to be able to embed within the structures, build relationships with and engage within key staff (prison/probation/police staff, prison Governors, prison OMU departments etc) and take part in wider initiatives, such as open days, events etc. Where partners have had longer term engagement on this basis, they have become successfully embedded and accepted in the system, leading to higher service user referrals and engagement opportunities (such as Breakeven's longer-standing work in prisons). Conversely, a number of our partners report struggling to find the right contacts or buy-in within settings in order to establish themselves, and as a result this has led to low and inconsistent referrals by staff to the treatment services, low attendance at staff training sessions, and some resistance to introduce gambling screens or resources into existing assessments and processes. In addition, this has in places led to low take up by service users, as well as difficulties in delivering treatment or getting self-help materials to them. These cultural and systemic challenges have been experienced in part in our work in Hertfordshire, reflecting some of the challenges affecting CJ agencies nationally.

This challenge is not unique and is a historic issue with other services/sectors attempting to engage within CJS services. We believe, however, that the challenges relating to introducing gambling support within the CJS may be further driven by the following factors:

- **A complex cohort** where other issues (such as drugs, mental health, violence/safety) will be seen as a priority, and gambling support less so.
- **Little pre-existing thinking about problem gambling** across the system, meaning that it is not currently ready to easily introduce gambling support structures.
- **'Normalisation' of gambling activity, but not of support for problem gambling.** Gambling as a fun activity (especially in prisons as entertainment to pass time) is fairly normalised. There is evidence of stigma of gambling addiction and of people accessing support. There is generally little understanding of gambling related harms and of problem gambling and criminal behaviour.

- **Working within a stretched and stressed system with other priorities.** There are currently wider challenges in the CJS, including lower staff numbers, stretched caseloads, increased client complexities, safety, and frequent system changes. As such staff are relatively demotivated and fatigued, and introduction of a new service, or new processes, does not easily gain buy-in given the context and other priorities.

5.2 Learning: Crime and Impacts Linked to Gambling

Gambling related offending

Our learning indicates there are some key offence types that are linked to gambling:

Income-generating (for gambling funds and/or debt repayment)	<ul style="list-style-type: none"> • Theft • Fraud (e.g. mortgage, employer) • Robbery • Drug dealing • Domestic abuse for financial gain
Emotional, e.g. frustration, loss of control	<ul style="list-style-type: none"> • Domestic abuse • Violence • Criminal damage

The CJS is familiar with 'acquisitive crime' being linked to addictions because of the need to gain funds to buy drugs. Within gambling addiction, however, there is some nuance to be explored relating to 'income-generating' crime, which incorporates a wider range of criminal activity than theft and burglary. For example, there are examples of people starting to deal drugs in order to fund gambling, or pay off debts, and this in turn has led to drug taking and wider co-morbidities. In addition, individuals' offending may escalate into association with 'loan sharks' who are part of wider criminal networks and may be 'forced' into committing crimes (such as dealing) to pay of accumulated debts.

The common thread is debt - the levels of regular spending within gambling addiction are likely to be much higher than that of other dependencies (such as drugs). As higher gambling amounts are sought, and/or debts escalate, the level of offending can also escalate in order to obtain these amounts. There is evidence of offending escalation, where progression to more serious offences being committed happens as the addiction progresses.

There is anecdotal evidence from GamCare's treatment providers, that escalation of criminality has been linked to certain gambling products - whereby games with faster speed of play have led to increased spending, with people with little or no criminal history resorting to criminality within a short space of time as a result of using these games.

A high number of our service users are employed, and theft from employers is not uncommon.

This leads into the concept that crime can drive gambling, as much as gambling can drive crime. Our work prisons in particular has led us to understand that the correlations between gambling and crime is complex.

The table at Appendix 3 is provided by way of example to highlight the differences between two generalised groups of gamblers in prison: those whose compulsive gambling led to crime being committed; and those whose criminal lifestyle has driven problematic gambling behaviour, which in turn leads to further criminal activity to fund or replace losses. This specific learning has been gained from our work in Hertfordshire.

Impacts

There is significant evidence of the impacts of gambling harm on criminality. Within this there are evidenced impacts related to domestic familial abuse, primarily partners and females, including financial manipulation, theft, mortgage fraud, neglect, and violence.

Most of the discourse about gambling related harms centres on the individual gambler, or on someone affected by another person's gambling. However, there is an important discussion to be had about the scope of 'gambling related harms', and there are two other areas that warrant further consideration:

- 'Society related harms' gets little airtime. These could be described as the impact on public services, such as the police, prisons, health service, social care etc. This can also include employers who have been subject to fraud by a gambling addicted employee.
- Our experience identifies further individual impact on people who are neither gamblers nor affected others. The victims of crime that has been committed to generate income to fund gambling (or replace money lost through gambling), may never know that the harms that they suffer are as a direct result of gambling activity. We have heard directly from offenders that they personally did not experience any stress or anxiety as a result of very large gambling losses, because their response to a night of large losses would be to go out the next day and steal the money back again. It would be unusual that the link between gambling and that specific crime would ever be made in reporting or in data collection from any perspective.

5.3 Learning: Prisons

Our fairly long-standing experience in prisons, and recent experience in Hertfordshire's The Mount prison, informs us that that the gambling culture that takes place inside varies from prison to prison. There are also significant differences in treatment

requirements across different categories of prison, e.g. the focus in an open prison would be more on gambling behaviour management for the individual moving between open and closed environments. The focus for someone in a Category B might focus on avoiding temptation inside, managing emotion and control whilst gambling and long-term relapse prevention. Also, in terms of different sentence lengths, evidence shows us that Individuals serving shorter sentences are more receptive to treatment interventions (conversely those serving longer sentences may not see this as a priority). Our partner's work in the Colchester Military Corrective Training Centre (MCTC), indicates higher levels of gambling and specific needs amongst military personnel, where trauma and boredom are key factors.

There is evidence of increased prison-based gambling. There are a mix of risk factors within the current prison estate which may be influencing this increase. Gambling as entertainment and to pass time in prisons is historic. However, with increased in-cell time in some establishments due to current staff shortages, this can lead to increased boredom, and to increased gambling (as well as other risk behaviours). Potential increased access to (illicit) mobile phones on which on-line games can be played, as well as prison TVs showing sport may also encourage gambling. In addition, the use of NPS ('spice') in prisons, with its known links to violence, debt and bullying may have links to gambling to pay off debt.



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High Level Recommendations – GamCare

A specialist funded national gambling treatment model within the CJS

1. Recommendation for increased recognition within the CJS of the links between gambling addiction and crime, and its impacts, in the same way that other addictions are recognised, with raised awareness of this across the system. The formal inclusion of gambling treatment within the new Probation Model is welcomed, but this will require a significant shift in culture and understanding of the gambling problem as a distinct issue.
2. Development of a whole systems-based approach for gambling treatment that is delivered across all points of the CJS (including arrest, courts, prison, probation, through the gate, resettlement). *GamCare offers a preliminary proposal for such an approach at Section 7, with supporting Appendices.*
3. A system which is also underpinned by a 'whole person' approach, taking into account other individual factors including mental health, debt, families/affected others, domestic harm etc., as well as recognition of wider societal factors and victims.
4. Funding to be made available to enable a comprehensive systems-based approach of this kind, with investment for dedicated, specialist engagement and intervention workers across CJ settings, delivering evidence-based interventions.
5. Introduction of a gambling treatment monitoring system which complements/ or is incorporated within existing data systems, that enables CJ gambling treatment data to be monitored at national

level, would enable clearer understanding of need, prevalence, activity and outcomes. In addition, a system that tracks re-offending levels would be beneficial, promoting sharing and analysis of existing gambling support and CJ data systems.

6. Ensure a distinct treatment pathway within the CJS for gambling, potentially alongside gaming (separate, but linked, to drugs/alcohol and other CJ/resettlement pathways). Under the new Probation Model, the plan is for gambling treatment to sit under the addiction or debt/finance resettlement pathways – it will be important that gambling treatment does not get 'lost' or absorbed within other pathways to ensure that the unique criminogenic factors and nuances are properly recognised and addressed. Also given that the CJS in such early stages of awareness and readiness of gambling support services, a separate pathway is key to ensure awareness is effectively increased and not overshadowed.

Accessible and relevant pathways and interventions across the system

7. Development of a trigger question and screening for gambling harm/related offending as part of key CJ contact points and assessments (police custody, prison induction, prison healthcare, probation assessments etc).
8. Establishment of formalised, clear and flexible referral pathways within prisons and community (Probation, YOT, police) to gambling support and treatment.

9. The support offer to include:
 - a. harm reduction
 - b. different clinical treatment models at different stages of the CJ journey
 - c. prevention and awareness raising (due to the current limited understanding of the issues within existing settings and cultures).
10. Bespoke gambling treatment interventions that address the specific criminogenic needs to be further developed and recognised (based on current expertise, provision, and emerging research, to be developed into validated, evidence-based programmes)
11. Consideration of introduction of specialist, mandated court orders to address gambling related offending (in the same way as drugs and alcohol DTO and ATR orders, RARs, conditional cautioning, out of court disposal etc)

Research and evaluation

12. Further UK based research into the different links and drivers between crime and gambling, individual and societal impacts, specific gambling related offending, and in-prison gambling behaviour (recognising that existing UK research is limited and most available research is international).
13. Developing and recognising the scope and definition of gambling related harm, at both individual and societal levels.

14. Research and evaluation into treatment effectiveness, to understand which gambling focused interventions 'work' best for offenders in the CJS, and within different settings, at different stages, sentence lengths and prison types.
15. Funding and encouragement of more CJ/ gambling focused pilots and programmes, from which proof of concepts, learning and evaluation can be drawn (such as across different prison category types).
16. The development of new models and interventions should be informed by the long-standing expertise and learning of existing providers, as well as lived experience insight.

Leadership

17. There is a clear need for better joining up and coordination in relation to gambling treatment provision within the CJS. GamCare intends to establish a new thematic stakeholder interest group next year to promote thought leadership and collaboration on this issue.
18. Increased strategic support and coordination at national, regional, and local levels across the CJS to give weight to the issue – MoJ, HMPPS, NPS and PCCs.
19. Additionally, CJ related gambling harm should be linked strategically with other cross-cutting offender health and wellbeing themes at local, regional and national level, particularly mental health, suicide, debt/finance, and domestic abuse.



GamCare Proposal for a Whole System Based Approach

Appendix 4 illustrates a proposal for a whole system based approach, based on the learning from the Hertfordshire pilot. It is underpinned by a focus on:

- What objectives might be realistically tackled at each point of the offender journey
- Some potential improvements and opportunities to introduce interventions
- An idea about how these aspects of the offender journey link into existing treatment and support, as well as an indication about what might be usefully added at each stage.

Within the model, prisons are separated out as they are complex and represent a prime opportunity to accommodate multiple objectives.

The proposal is not described in full here, but we are willing to discuss this with the Commission as part of its evidence gathering and recommendations stage. We are also willing to discuss with other interested stakeholders.



Appendix 1 – GamCare and network partners' CJ provision (November 2019)

Text in *italics> is previous provision no longer in place.*

Some provisions are currently at planning stage – only more progressed plans have been documented here.

CJ setting & locations	Provision	Organisation & funding	Volume
Police			
Manchester Lancashire Cheshire West Midlands Merseyside	Training staff, Screening via the custody suite system or via staff in attendance, Cheshire 2017 was a flagship model, Liaison and Diversion pathways	Beacon Counselling Trust – CJ work funding via GamCare, Cheshire model funded by GamCare and Cheshire police	Beacon supports approx 80 CJ service users per year*
South Wales	Plans for diversionary activities for conditional cautioning / arrest referral	ARA – GamCare funded (informed by Beacon Cheshire pilot)	
Cornwall	Standard referral pathway to treatment	All Out – GamCare funded	
West Midlands	Standard referral pathway to treatment, pilot planned for staff in custody suite	Aquarius	Minimal
North East	Standard referral pathway to treatment	NECA	Minimal
Hertfordshire	Professionals training, attempts made re custody suite screening	GamCare – PCC funded (2 years to Oct 20)	
Prisons			
HMP Highpoint HMP Holseley Bay HMP Lincoln HMP Littlehey HMP Ford HMP Maidstone <i>HMP Bure</i> HMP Norwich (pending)	Training staff, attending open days & other prison events, linked to OMU, Treatment 121s and groups with clients. Gambling and Gaming treatment	Breakeven, 2 CJ lead staff Funding via GamCare, Novus and Shaw Trust	Supporting approx 45-50 service users in prisons per month (includes MCTC) Highpoint is main referral source: 9% of prison population
Colchester MCTC	Support for detainees in military centre	Breakeven	15 service users per month
Scotland	Referral pathways with prisons (from staff or individuals) for treatment	RCA	Fairly limited

CJ setting & locations	Provision	Organisation & funding	Volume
Prisons			
HMP The Mount – Hertfordshire	Professionals training, brief interventions and signposting to treatment, free resources	GamCare – PCC funded (2 years to Oct 20)	
Various prisons	Providing treatment by telephone to individuals in custody, referred via prison staff	GamCare – London treatment team	
HMP Low Moss (Bishopbriggs)	Previous project (2013-15): brief interventions & awareness raising sessions to pre-release prisoners	RCA	750 prisoners
HMP/YOIs Styal, Forrest Bank, Thorn Cross	Previous referral pathways to treatment – no longer in place (funding)	Beacon Counselling Trust	
Probation/CRCs			
Blackpool	Co-located services – referral for treatment	Beacon Counselling Trust	Beacon supports approx 80 CJ service users per year*
Chelmsford Brighton Peterborough	Links with Probation teams Referral for treatment	Breakeven	
London CRC Hackney	Offer 121 and groups	Derman (main provision is for mental health support, separately funded)	Minimal
Wales	Standard referral pathways for treatment	ARA	
Cornwall	Standard referral pathways for treatment	All Out	
Scotland (Renfrewshire, Glasgow, Inverclyde, N, Lanarkshire)	Referral pathways with Probation and CJ Social Work for treatment	RCA	
Midlands	Standard referral pathways for treatment and training for professionals offered	Aquarius	Minimal
North East	Standard referral pathways for treatment	NECA	Minimal
Hertfordshire	Professionals training, brief interventions and signposting to treatment, free resources, Co-location	GamCare – PCC funded (2 years to Oct 20)	
Leeds	Part of new community service delivery is to engage CJ professionals (planned)	GamCare (linked with NECA and NHS Northern Gambling Service)	
Courts			
Magistrates courts	Requests from Police, Probation or individuals for pre-sentence report information	Beacon Counselling Trust	
North East courts	Liaison with Probation re court reports for individuals	NECA	
YOTs			
Birmingham YOTs	Referrals from YP substance use service to gambling team for anyone over 16 years with gambling issues	Aquarius - gambling support via GamCare funding (YP service funded separately by PH)	

Appendix 2 – GamCare CJ related service user data

Table (1): Number of service users referred to GamCare treatment via CJ organisations

	2018/19	2019/20 (Apr-Sept)
Total referrals in period	8,363	4,976
Referral source		
Police	17	7
Prison	130	71
Probation	27	10
Total CJ referrals	174	88

Table (2): Number of service users engaged in treatment disclosing criminal activity as an impact

	2018/19	2019/20 (Apr-Sept)
Total users reporting impacts	7,491	4,466
Total users reporting criminal activity impact	636	398

Table (3): Number of Helpline callers disclosing criminal activity as an impact

	2018/19		
	All	Gamblers	Affected others
Total callers reporting impacts	17,128	13,623	3,505
Callers reporting criminal activity impact	484	454	30
Callers reporting domestic abuse as an impact	98	45	53

Appendix 3: Gamblers in Prison – Learning from Hertfordshire pilot

We identified that there were two distinct groups that presented for treatment within prison. Whilst the following analysis allows for generalisation in order to produce recommendations about potential future appropriate interventions, it is also worth noting that there is some crossover between the groups.

GROUP 1: Gambling driving crime	GROUP 2: Crime driving gambling (which then drives further crime)
Problematic gambling behaviour prior to arrest	Criminal lifestyle prior to arrest
Crime is driven by increasingly compulsive gambling and out of control spending levels	High levels of social gambling activity linked to a 'luxury' or 'status' lifestyle. Some within this group also had become compulsive gamblers, but the gambling was not the only factor within the crime
Common convictions include income-generating crimes, particularly fraud and theft. Criminal damage may feature	Common convictions include income-generating crimes, particularly drug dealing, theft and burglary. Criminal damage and violent crime also feature. Potential for domestic abuse (low disclosure, but sometimes inferred)
Gambling related harms that can be tracked	Wider gambling related harms that are often not evidenced
Criminal record, loss of job, relationship strains, anxiety, stress or depression	The individual does not directly experience gambling related harms themselves (or gambling related harms are explained and understood as criminal lifestyle harms)
Significant impact on both family and victims of offender	When losses occur, the money is replaced through crime, so gambling activity causes harms to wider society, victims of crime and to those close to the gambler. However there is no evidence of these links between crime and gambling anywhere within CJS reporting
Currently no intention to gamble again	Currently no intention to stop gambling
Individual has hit 'rock bottom' and lost everything, providing a short to medium term highly significant 'wakeup call'	If the offender has no intention to leave the criminal 'luxury' lifestyle, and has not personally experienced the GRHs, there is little motivation to change
Unlikely to be actively gambling in prison, reinforcing the sense that the gambling is now under control	Sometimes imply that they are likely to be actively gambling in prison on banned phones, although because of unwillingness to disclose, this is not evidenced
Negative attitude towards treatment	Ambivalent attitude towards treatment
Unwilling to engage as focus is on getting through today, rather than reflecting on past painful mistakes or the potential for reoccurrence	Happy to engage as it is a distraction from boredom and there are few opportunities to talk 121 with a therapist
Concern about being associated with problem gambling inside prison because of the anxiety that any vulnerability may be exploited	Happy to discuss gambling, often interested in showing off the gains of a 'luxury lifestyle'. Those gambling compulsively are more willing to engage
Recommended preventative action	Recommended preventative action
High potential for relapse in the future without deeper thought about gambling behaviour and relying on the 'rock bottom' motivating factor	Addressing gambling and attitude towards money is a potential way into addressing the challenging behaviours that encourage repeat offending
Contemplation about future relapse prevention strategies particularly challenging when facing a longer sentence	Scope for understanding how gambling fits into other issues
COMMON UNDERLYING FACTORS	
High comfort levels with risk. Avoidance of debt is prioritised over keeping within the law	

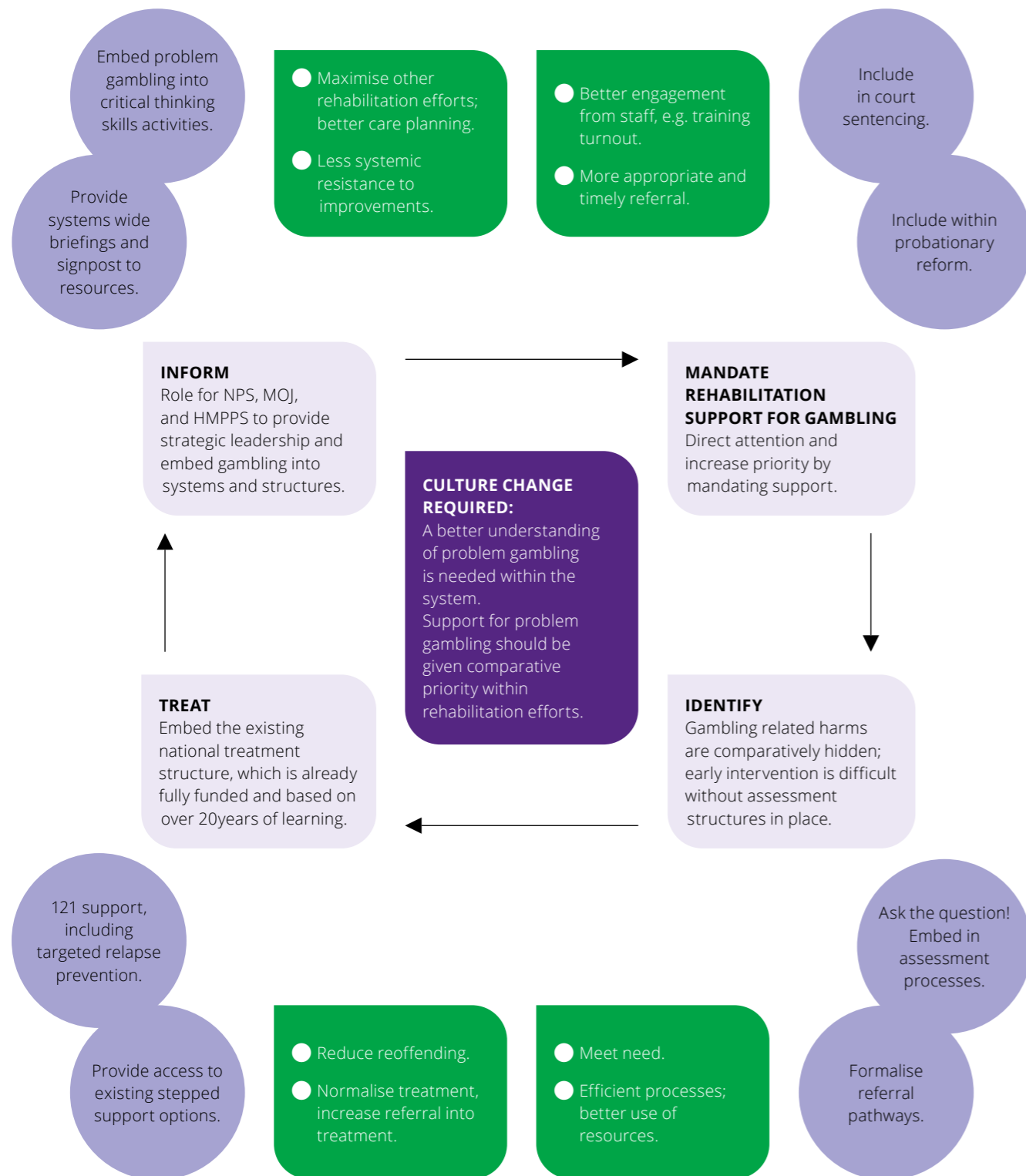
Appendix 4: GamCare Proposal for a whole system based gambling support model

OPPORTUNITIES FOR FURTHER ACTION AND IMPROVEMENT ACROSS THE FULL SYSTEM

COMMUNITY	POLICE CONTACT	ARREST	COURT	PROBATION
Realistic targeted objectives within the system				
1. Prevent crime and avoid criminalisation through early intervention 2. Raise awareness of support opportunities for victims and those affected by someone else's gambling 3. Increase referrals into national treatment system and minimise gambling related harms		1. Maximise reducing reoffending outcomes within sentencing and rehabilitation activities 2. Increase numbers of problem gamblers accessing treatment and support		
Recommended opportunities for improvement and intervention				
Increased targeted outreach and awareness raising with professionals working with at risk groups	Improve awareness across the constabulary to ask the question and refer earlier, before arrest, including with victims and others affected	Introduce either screening tool, or a trigger question into assessment processes	Introduce mandatory treatment in sentencing	Include treatment within new probationary services reforms, including for both mandatory treatment in sentencing and RAR activities
Treatment support structure				
Existing local and national treatment and support structures		Existing structures, plus opportunities to deliver interventions within custody suites (in person, or via the National Gambling Helpline)	N/A	Existing structures, plus opportunities to deliver interventions within probationary services
PRISON				
Target objectives				
1. Reduce reoffending 2. Support other rehabilitation activities, maximising their outcomes (a lack of recognition of problem gambling may compromise success of other targeted work)				
Recommended opportunities				
Introduce screening, particularly for particular crimes (e.g. fraud, theft, domestic violence) Provide gambling treatment and support options Link discussions about money and gambling in with other critical thinking and understanding risk activities				
Potential treatment support options				
1. 121 treatment for problem gamblers 2. Critical thinking workshops to challenge problematic attitudes and behaviour linked to gambling and money 3. Targeted relapse prevention support work (e.g. in 12 weeks before release)				

KEY Purple text: system change | **Green text:** potential improvements that could be introduced by the treatment system

A potential for systemic systems change



KEY Purple rectangles: core system change | Purple circles: potential action | Green boxes: improvements following changes

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