Annual Statistics from the National Gambling Support Network (Great Britain)

1st April 2024 to 31st March 2025

GambleAware

Contents

List of abbreviations

The following are a list of abbreviations that are used in this document:

Acronym	Meaning
NGSN	National Gambling Support Network
PGSI	Problem Gambling Severity Index
DRF	Data Reporting Framework
CORE-10	Clinical Outcomes in Routine Evaluation-10
BCT	Beacon Counselling Trust
PCGS	Primary Care Gambling Service
NHS	National Health Service
DCMS	Department for Culture, Media and Sport
DHSC	Department of Health and Social Care
OHID	Office for Health Improvement and Disparities
NIHR	National Institute for Health and Care Research
UK	United Kingdom
IVA	Individual Voluntary Arrangement
GP	General Practitioner
CNWL	Central North West London
LYPFT	Leeds and York Partnership NHS Foundation Trust
EBI	Extended Brief Intervention
CBT	Cognitive Behavioural Therapy
ACT	Acceptance and Commitment Therapy
DBT	Dialectical Behaviour Therapy
EMDR	Eye Movement Desensitisation and Reprocessing

1. Executive Summary

Type(s) of service received by clients

- A total of 11,960 clients were reported as being treated by the National Gambling Support Network (NGSN) providers in Great Britain between April 2024 and March 2025. This is an 11% increase on the number treated in 2023/24 (10,754). The 11,960 figure includes 4,335 (36%) clients receiving Tier 2 treatment only (compared to 3,291 in 2023/24), 7,021 (59%) receiving Tier 3 treatment (compared to 6,931 in 2023/24) and 604 (5%) receiving Tier 4 treatment (compared to 532 in 2023/24). Among those receiving Tier 3 or 4 treatment, 2,490 (33%) clients also received Tier 2 treatment.

- The average (mean) Problem Gambling Severity Index (PGSI)[1] score for clients receiving Tier 2 treatment only was 6 at the earliest point of measurement. This was considerably lower than the corresponding figure for those who also went on to receive Tier 3 or 4 treatment (average PGSI score: 16).

Client characteristics (Tier 3/4 treatment)

- A total of 7,625 clients were treated within the National Gambling Support Network's Tier 3 or 4 Services (who reported to the Data Reporting Framework (DRF) in 2024/25).
    - This figure represents a 2% increase compared to the total number of Tier 3 or 4 clients treated in 2023/24 (7,463).
    - The 7,625 clients included 6,210 people who gamble and 1,040 people who were impacted by someone else's gambling ('affected others', 967 clients) or at risk of developing problematic gambling behaviour (73 clients).

- The proportion of clients seeking help due to another person's gambling has increased over time but was lower in 2024/25 (13%) than the past five-year average of 14%.

- The majority of clients overall (69%) identified as male (compared to a past 5 year average of 70%).
    - Among gambling clients, 78% identified as male. This compares to the past five-year average of 80%

- Three quarters (75%) of clients were aged 44 years or younger (77% for gambling clients, 57% for other clients). The highest number of clients were reported in the 30-34 and 35-39 age brackets, which together accounted for 39% of clients.

- 90% of clients were from a white ethnic background, including 83% White British and 4% White European. The next most common ethnic backgrounds were Asian or Asian British (5%), Black or Black British (3%) and Mixed (2%).

- Most clients were employed (71%: 70% for gambling clients, 77% for others). People living with long-term disabilities/ illness and not in work accounted for 12% (13% for gambling clients, 6% for others), followed by unemployed (10%: 11% for gambling clients, 4% for others), retired (3%), looking after family/home and not working (2%) and student (1%).

[1]See Appendix, section 13.2

Gambling behaviour preceding Tier 3/4 treatment

- PGSI[2] scores indicated that most gambling clients (88%) were classed as experiencing 'problem gambling' (i.e. PGSI score of 8+) when they started treatment.
- Online continues to be the most common location for gambling, used by 72% of clients (up from 70% in 2023/24 and the past 5 year average of 71%). Bookmakers were the next most common, used by 32% of people who gamble. Use of online services was noticeably higher among younger age groups.
- Among online gambling types, gambling on casino slots was the most common activity (46%, up from 41% in 2023/24 and 38% in 2022/23), followed by sporting events (15%, down from 16% in 2023/24 and 2022/23) and casino table games (12%, up from 10% in 2022/23 and 11% in 2023/24).
- Among bookmakers, gaming machines were the most common form of gambling (22%), followed by sporting events (10%) and horses (7%).
- Compared to White or White British people who gambled: a higher proportion who identified as Black or Black British reported using bookmakers (38% compared to 32%) or casinos (23% compared to 9%); a higher proportion of those who identified as Asian or Asian British also reported using bookmakers (38%) or casinos (23%).
- At the point of presentation to gambling services, clients reported having started gambling on average (median) 10 years prior. Most people who gambled (64%) reported having a debt due to their gambling. Ten percent had experienced a job loss because of their gambling and 24% had experienced a relationship loss.
- The median spend in the previous 30 days before initial assessment was £1,000 (Interquartile Range (IQR) £500-£2,000), with 39% spending more than this.

Treatment engagement (Tier 3/4)

- Most referrals were from the National Gambling Helpline (50%, down from 54% in 2023/24), or self-made (34%, up from 23% in 2023/24).
- 50% of clients had their first appointment within six days of making contact and 75% had it within twelve days.
- The proportion of all referrals receiving Tier 3 or 4 treatment has remained consistently high (94-95%) since 2021/22.
- Among those whose treatment ended in 2024/25, treatment lasted for an average (median) of 9 weeks. Overall, clients received a median of 7 appointments within their treatment episode.

[2]See Appendix, section 13.2

Treatment outcomes (Tier 3/4)

- Among those whose treatment ended in 2024/25, 59% completed their scheduled treatment, lower than the past five-year average of 66%. Compared to 2023/24, a lower proportion of clients dropped out of treatment and a greater proportion were referred on to an appropriate service.

- Just under one third (28%) dropped out of treatment before a scheduled endpoint, compared with 29% in the previous year.

- Between the earliest and latest recorded scores, by the end of treatment, PGSI scores improved by an average (median) of 12 points among those exiting treatment for any reason. Among those completing treatment, the median improvement was 14 points.

- Improvements in PGSI score were seen in 82% of people who gamble, including 93% of those who completed treatment, compared to 71% of those who dropped out.

- The rate of 'problem gambling' fell from 87% to 27% between initial and final assessment overall and from 86% to 12% for those completing treatment.

- At the end of treatment, 67% of clients were defined as 'below clinical cut-off' on the CORE-10 scale[3], compared to only 27% at the start of treatment. Improvements in CORE-10 score were seen in 77% of people who gamble and 87% of clients who completed treatment, compared to 65% of those who dropped out.

- Among clients who completed treatment, the proportion experiencing at least a moderate level of psychological distress fell from 48% to 7% between initial assessment and treatment completion, while the proportion experiencing severe psychological distress fell from 10% to 1%.

[3]See section 13.3

2. About the National Gambling Support Network

The National Gambling Support Network (NGSN), formerly known as the National Gambling Treatment Service, is available for anyone who is experiencing harm from gambling and wants support for it, as well as those who are affected by someone else's gambling. It provides free, confidential early intervention and treatment services which offer joined up support across the whole of Great Britain. The NGSN provides the British public with a connected and well-funded support system of early intervention and prevention from gambling harm, taking referrals from GP surgeries, social care, criminal justice system and individuals themselves.

Every year, thousands of people receive treatment through the NGSN, and there are over 52,000 calls to the National Gambling Helpline. The NGSN has consistently short waiting times with people receiving treatment in less than two weeks from initial referral. Among those who complete treatment, nine in 10 see an improvement in their condition.

The wide range of expertise across the NGSN enables people to access effective treatment, education, prevention and early interventions that provide wraparound care that meets the need of diverse communities. A whole-system approach is applied throughout the NGSN, which means services are connected and there is a seamless experience for those using them locally, regionally and nationally across Great Britain. This is reflected across the range of support and treatment options available within the NGSN, from one-to-one support to peer support and Cognitive Behavioural Therapy (CBT) to residential treatment.

NGSN providers work to a common set of outcomes, creating consistency in standards and approaches to risk assessment and safeguarding. Providers come together to discuss complex cases across the entirety of the Network, which maximises the expertise across the system and aids learning.

The NGSN operates a 'no wrong door' policy, which means that wherever people present for treatment, through the Network they will be able to access the right Network or NHS provider.

The NGSN consists of the following service providers:

2.1 Adferiad

Adferiad provides evidence-based and trauma-informed therapeutic services for people presenting with co-occurring mental health, alcohol and drug issues alongside a primary gambling disorder diagnosis. The organisation delivers care through a network of regulated facilities, including two inpatient detoxification centres and one residential treatment unit.

All interventions are delivered by a multidisciplinary team of skilled professionals operating within a robust clinical governance framework. Adferiad's approach is both solution-focused and person-centred, supporting individuals to achieve sustainable recovery from harmful behaviours.

Services are tailored to the unique needs of each client, offering bespoke medical management plans and comprehensive support packages, including aftercare.

2.2 Aquarius

Aquarius is a charitable organisation providing specialist support to individuals aged 18 and over who are experiencing gambling-related harms. Operating across the West Midlands, Aquarius also offers dedicated support to family members, friends, and others affected by someone else's gambling behaviour.

Therapeutic interventions are delivered through a range of accessible formats, including face-to-face sessions, virtual platforms, and telephone support. Services are available on a one-to-one basis or jointly with affected others, and support is also offered to affected others in their own right.

Aquarius is committed to inclusive service delivery, working closely with diverse communities to understand and overcome barriers to treatment. Its outreach team actively engages with the public through training sessions, team talks, and community events across the region, promoting awareness and accessibility of support services.

2.3 Ara

Ara delivers a comprehensive, whole-system response to gambling-related harms, grounded in early intervention, structured support, and sustained community engagement. Working in close partnership with local agencies and communities, Ara raises awareness of gambling harms and facilitates timely access to support services.

Its free and confidential structured intervention service offers a range of evidence-based talking therapies, group programmes, and recovery management support. With community-based teams operating across the South West of England and Wales, Ara ensures localised delivery and early engagement through established referral pathways.

Ara services include dedicated support for individuals from culturally and linguistically diverse backgrounds, people involved in the criminal justice system, and a specialist service for armed forces personnel and veterans. Lived experience groups further enhance the organisation's person-centred approach.

In addition, Ara provides targeted education and prevention services for young people under 21, as well as training and resources for professionals working with youth. Its 'Bet You Can Help' training programme and Workplace Charters empower individuals and organisations to recognise and respond to gambling harms within their communities.

2.4 Beacon Counselling Trust (BCT)

Beacon Counselling Trust (BCT) provides a comprehensive and person-centred response to gambling-related harms across the North West of England. Its services are underpinned by an innovative life journey modelling approach, which ensures individuals receive support at every stage of their experience with gambling.

BCT offers a wide range of evidence-based interventions, including one-to-one therapy, couples counselling, group cognitive behavioural therapy (CBT), peer support, and structured recovery programmes such as the 10 Point Plan. These services are complemented by aftercare and ongoing support to promote long-term recovery and wellbeing.

BCT have developed a '10 Point Plan' to help statutory and voluntary sector organisations develop their own internal frameworks to help prevent, educate, treat and support communities in relation to gambling. As part of this approach, the organisation also delivers targeted education and prevention initiatives, including the Bet You Can Help programme –

accredited by the Royal Society for Public Health – and the *Gambling Harms Workplace Charter,* which supports employers in developing effective workplace policies and training. BCT's *Armed Forces Gambling Support Network* provides tailored support for military personnel and veterans.

BCT's community-based work addresses the needs of groups at increased risk of gambling harms, including individuals involved in the criminal justice system, people experiencing homelessness, Black, Asian and minority ethnic communities, neurodivergent individuals, and young people through the *Sometimes It's More Than a Game* initiative. The organisation also provides suicide bereavement support through its *'Paul's Place' Programme*.

2.5 Breakeven

Breakeven delivers specialist support for individuals affected by gambling-related harms across the East of England, as well as Sussex, Kent, and Medway in the South East. The service is available to both individuals experiencing gambling harms and those affected by the gambling behaviour of a family member, partner, or friend.

Breakeven offers a flexible and accessible model of care, providing therapeutic support through a range of delivery methods, including telephone, video conferencing, and face-to-face sessions. Support is available in both one-to-one and group formats, ensuring that individuals can engage with services in a way that best suits their needs and preferences.

In addition to direct treatment, Breakeven plays a key role in raising awareness of gambling harms across the region. The organisation provides training and information sessions to a wide range of stakeholders, including professionals, community groups, and partner agencies. These sessions aim to improve early identification of gambling-related issues and promote timely access to support.

Breakeven is committed to reducing stigma, improving accessibility, and ensuring that individuals and families affected by gambling harms receive the support they need to achieve lasting recovery and improved wellbeing.

2.6 GamCare

GamCare delivers tailored, user-led support for individuals affected by gambling-related harms across five key regions: East Midlands, London, Scotland, South East, and Yorkshire & Humber.

Support is delivered within a Stepped Care framework, ensuring that each individual receives the most appropriate level of intervention based on their needs and goals. Treatment options include Brief Interventions, Extended Brief Interventions (EBI), and structured treatment programmes. These are informed by the National Gambling Support Network (NGSN) Model of Care and delivered by skilled practitioners trained in a range of evidence-based approaches.

GamCare's therapeutic interventions incorporate psychosocial techniques, psychoeducation, Motivational Interviewing, and Cognitive Behavioural Therapy (CBT). This flexible and responsive model enables practitioners to work collaboratively with service users to support a range of personal goals, including gaining control over gambling behaviour, achieving abstinence, or empowering affected others.

Sessions are accessible through multiple formats, including face-to-face delivery in community-based locations, as well as remote support via telephone and Zoom video conferencing.

2.7 Gordon Moody

Gordon Moody is a UK charity dedicated to supporting individuals severely affected by gambling-related harms. Established in 1971, the organisation has a commitment to helping people reclaim and rebuild their lives through structured, evidence-based treatment programmes delivered in safe, therapeutic residential environments across the UK.

Gordon Moody's approach is peer-led, drawing on the lived experience of individuals in recovery to shape and strengthen its services. This model fosters a supportive and empathetic environment where clients can engage meaningfully with their recovery journey.

The organisation offers a range of specialist interventions, including Residential Treatment Centres for men and women, providing intensive, structured therapy within a secure and supportive setting,; a Retreat and Counselling Programme, which combines short-term residential therapy with extended at-home support, offering continuity of care and long-term recovery planning, and Support for Families and Loved Ones, recognising the broader impact of gambling harms and providing guidance, emotional support, and practical resources to those affected by another's gambling behaviour.

In addition to its core services, Gordon Moody offers volunteering placements for individuals seeking to contribute to the organisation's mission, including roles for those with lived experience of gambling harms. This inclusive approach reinforces the charity's commitment to community engagement and peer-led recovery.

2.8 NECA

NECA is a provider of gambling harms support across the North East, Yorkshire, and Humber regions. NECA delivers a comprehensive range of services designed to support individuals, families, and communities affected by gambling-related harms. NECA supports individuals through a combination of personalised advice, structured interventions, prevention initiatives, and educational programmes.

NECA offers high-quality one-to-one and group-based interventions, delivered by a team of experienced practitioners. These services are tailored to meet the unique needs of each individual and are grounded in evidence-based approaches that promote sustained recovery and improved wellbeing.

In addition to direct support, NECA places a strong emphasis on community engagement and systemic impact. The organisation works in close partnership with local agencies, educational institutions, and voluntary sector organisations to raise awareness, develop referral pathways, and reduce stigma associated with gambling harms.

NECA collaborates with organisations across the region, delivering awareness campaigns and training to improve early identification and access to support. This work has led to the establishment of a regional Gambling Harms Champion Network. These champions now play a vital role in promoting awareness, sharing resources, and embedding gambling harms support within their own professional and community networks.

2.9 Primary Care Gambling Service

The NHS Primary Care Gambling Service (PCGS) provides long and short-term therapeutic intervention to those experiencing gambling harm, as well as people affected by someone else's gambling. The Primary Care Gambling Service is a free confidential NHS service delivered nationally for adults over 18, who experience harms from gambling. The service also provides support with physical, social and mental health problems. PCGS offers a holistic, multidisciplinary team approach with Mental Health Nurses, GP's, therapists, peer support and Psychiatrists. The PCGS also supports family and friends affected by gambling behaviours.

2.10 RCA Trust

The RCA Trust is an independent voluntary organisation based in Paisley, with over 20 years of experience supporting individuals and families affected by gambling-related harms. RCA Trust delivers a wide range of services grounded in a recovery-oriented system of care.

Support is available to both individuals experiencing gambling harms and those affected by the gambling behaviour of others. Services include one-to-one therapeutic support, group work, and dedicated family interventions, all designed to meet the unique needs of each client. The organisation's approach is person-centred and focused on long-term recovery and resilience.

In addition to direct support, RCA Trust plays a key role in prevention and early intervention. The organisation delivers educational programmes and awareness-raising initiatives across communities, and provides training to non-specialist services through the Bet You Can Help programme. This training equips professionals and community members with the knowledge and tools to identify gambling harms and signpost individuals to appropriate support.

RCA Trust works collaboratively with a wide range of stakeholders across Scotland. As a member of the National Gambling Support Network (NGSN), the organisation is committed to advancing recovery-focused services and reducing the impact of gambling harms across Scotland.

2.11 Service providers in each region

The following map shows the regions served by each provider.

Figure 1: Regional coverage by NGSN providers

3. Policy context

In April 2023 the Government published a new Gambling White Paper, which included a substantial package of measures to support the prevention of gambling harms, including the introduction of a sustainable and transparent funding model in the form of a statutory levy.

The Government issued a consultation on the levy, the outcome of which resulted in the Government announcement that NHS England would take on the role of the Treatment Commissioner, the Office for Health Improvement and Disparities (OHID) would be the Prevention Commissioner and UK Research and Innovation (UKRI) the Research Commissioner. A new cross-Government levy board was also announced, which would include representatives from the Department of Health and Social Care (DHSC), the Department for Science, Innovation and Technology (DSIT), the Department for Media, Culture and Sport (DCMS), and representatives of Scottish and Welsh governments. An Advisory Group would also sit alongside the Levy Board to convene experts across disciplines to support the new commissioning bodies' decision-making on how levy funds are spent across Great Britain.

GambleAware has long advocated for this once in a generation opportunity for gambling harm to be seen as a public health issue. GambleAware wholeheartedly welcomes the Government's plans for the new statutory levy on the gambling industry, the appointment of the three new commissioners and introduction of the Levy Board and Advisory Group. GambleAware is committed to effecting a safe and smooth transition to the new system as it comes into full effect, by working with the new commissioners to enable a smooth and stable transition.

The Government and the Gambling Commission recognise the significant role that GambleAware and the National Gambling Support Network have had – and continue to have – in building an effective gambling harms system against a limited budget. It is critical that the new gambling harms system continues to build on the effective work of the National Gambling Support Network and others in the third sector, including the breadth of the lived experience community.

With the introduction of the new statutory levy and the appointment of the three new commissioners for gambling harms research, prevention and treatment, the work historically delivered by GambleAware will now transition to the UK government and new commissioners across England, Scotland and Wales. Recognising the change across the system, GambleAware, the charity, will work towards a managed closure by 31 March 2026. This will therefore be the final publication of the Annual Statistics Report commissioned by GambleAware, however data will continue to be submitted for the full financial year 2025/26. Future data collection arrangements will be a matter for the new Treatment and Prevention Commissioners to consider.

4. The DRF database

The collection of data from clients receiving treatment through the NGSN is managed through a nationally co-ordinated system known as the Data Reporting Framework (DRF), initiated by GambleAware in 2015. Treatment service providers collect data about their clients and their treatment through bespoke case management systems in line with the DRF. This data is then pseudonymised and uploaded to a centralised system. Data items collected and uploaded by the treatment providers are set out in the DRF Specification. The Specification used to collect data for the 2024/2025 period is provided in the appendix to this report (Section 13) and can be found on the GambleAware website. Data are collected using four separate tables which provide details of client characteristics, gambling history, referrals and appointments. The DRF constitutes a co-ordinated core data set, collected to provide consistent and comparable reporting at a national level. GambleAware funded treatment providers are required to submit quarterly datasets in a standardised format. This report is informed by analysis of these submissions.

Treatment service providers collect data about their clients and treatment through bespoke case management systems. Clients may receive intervention at four tiers of support: Tier 1 (provision of information and advice); Tier 2 (early interventions); Tier 3 (structured treatment); and Tier 4 (residential rehabilitation treatment). Clients usually progress in an ascending manner through the treatment tiers depending on the nature of treatment that they require, how they are referred to the NGSN, and the suitability and success of currently administered treatment.

Data on clients' personal characteristics are collected less often for Tiers 1 and 2, as detailed knowledge of the client such as demographics and gambling history are not required for information or treatment administered at this level. Furthermore, the system benefit of collecting this information is not considered to outweigh the potential harm to the client from declining to continue with the service or missing treatment. Because of the more structured and involved nature of treatment at Tier 3 or Tier 4, NGSN providers require a greater amount of information on clients to be able to tailor their treatment accordingly. Client information at Tier 3 and Tier 4 is therefore collected by NGSN providers in line with the DRF specification, pseudonymised and uploaded to a centralised system. The Specification used to collect data for 2024/2025 has been heavily updated to accommodate a greater range of data collection.

Information on client outcomes is provided for clients whose treatment ended in the reporting period. Clients who received treatment at only Tier 1 are not included in the annual statistics. Because of the inclusion criteria for the DRF, it differs as a sample to other data sources used by GambleAware. As such, numbers reported in these annual statistics will not match figures from other data sources such as total helpline contacts, total treatments across all tiers, or total ongoing treatment contacts at Tier 3 or Tier 4.

Two measures of severity are routinely recorded within appointments; the Problem Gambling Severity Index (PGSI), which is recorded for people who gamble only, and the Clinical Outcomes in Routine Evaluation (CORE-10) score, which is recorded for all clients. Clients are asked directly for their responses to questions that underlie the measures.

4.1 PGSI

The PGSI is a validated and widely used tool[4] designed to assess an individual's level of gambling related risk behaviour. The PGSI consists of nine items, each of which are scored on a four-point scale (0, 1, 2, or 3) and summed to give a total score of between 0 and 27 points (see appendix 13.2 for further details).

A PGSI score of eight or more is used to classify an individual as having problematic gambling behaviour, defined by the scale as a person experiencing 'problem gambling'. Scores between three and seven represent individuals classified as being a 'moderate risk gambler' by the scale (those who experience a moderate level of problems leading to some negative consequences). A score of one or two represents individuals classified by the scale as undertaking low risk gambling (those who experience a low level of problems with few or no identified negative consequences). Therefore, anyone scoring one or more on the scale is experiencing some level of difficulty or problem. A score of zero represents a person with no gambling problems, harms, or consequences as identified by the measure.

4.2 CORE-10

The CORE-10 is a 10-item questionnaire designed to measure distress, including commonly experienced symptoms of anxiety and depression and associated aspects of life and social functioning[5,6]. The CORE-10 has 10 items, which include Anxiety (two items), depression (two items), trauma (one item), physical problems (one item), functioning (three items - day to day, close relationships, social relationships) and risk to self (one item). The CORE-10 items are individually scored on a five-point scale (0, 1, 2, 3 or 4) and summed to give a total score of 40 (see section 13.3 for further details).

A CORE-10 score of 25 and above is used to classify an individual as having severe psychological distress, a score of 21 to 25 as moderate to severe distress, a score of 16 to 20 as moderate distress, a score of 11 to 15 as mild distress, and a score of 0 to 10 classifies an individual as being below the clinical cut off for psychological distress.

[4]PGSI is a validated population level screening tool. It should be noted that the PGSI was not designed as a clinical tool, nor as an outcome measure for treatment. PGSI cannot be directly interpreted as a benchmark of treatment effectiveness, as longer-term outcomes are not captured. It additionally does not weight harms; it is a proxy measure of harm. Moreover, it is argued to use stigmatising language and terminology in its categorisation of various levels of experienced gambling harm. However, in the absence of a widely agreed clinical measure, the PGSI provides an internationally recognised indicator of gambling harm.

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

[6]The CORE-10: A short measure of psychological distress for routine use in the psychological therapies https://onlinelibrary.wiley.com/doi/abs/10.1080/14733145.2012.729069

5. About this report

This report summarises information on the clients of NGSN agencies, providing details of their characteristics, gambling activities, gambling history, treatment receipt and outcomes.

It is restricted to clients who attended at least one appointment for assessment or were in receipt of structured treatment within the reporting period and so does not represent all activity of the reporting agencies, nor does it capture any activity of agencies that do not report to the DRF system.

It provides a consistently reported summary, comparable across years. The agencies reporting to the DRF for the year 2024/2025 were Adferiad, Ara, Aquarius, Beacon, Breakeven, GamCare, Gordon Moody, NECA, the Primary Care Gambling Service, and RCA Trust. This is unchanged from 2023/24.

6. Notes on interpretation

Totals for services are summed to provide an estimate of national treatment levels. The total number presented in this report should therefore be interpreted as an estimate of the actual number of clients receiving treatment at participating agencies. At the service level, client codes are used to distinguish one client from another without the need for identifiable information such as name and date of birth. If a client attends more than one service within the reporting period, they will be counted in each service they attended and therefore may be 'double counted' within the system.

The level of overlap between services can be estimated through the inclusion of a pseudonymised code, aligned to initials, date of birth and gender. In 2024/25, 144 (2%) clients were estimated to have been reported by more than one service provider and each of their records will be included in the totals given in this report.

Clients of gambling treatment services can either be:

- people who are experiencing problems because of their own gambling
- people who are indirectly affected by another person's gambling (often termed 'affected others')
- people who consider themselves at risk of developing gambling problems.

Within this report, we combine the second and third groups above so that clients are categorised as either 'people who gamble' or 'other clients'. Client characteristics and treatment engagement are presented for both client categories. Details of gambling activity and history are only presented for clients identified as people who gamble.

Within this report averages are presented as means and/or medians. As extreme individual values affect the mean but not the median, the median is often preferred.

To avoid drawing comparisons across measures with low numbers of responses, which may not be robust, the tables in this report only compare across categories if there are at least 100 responses in the category (i.e. table row or column). The full list of categories is available in the data specification in appendix section 13

Percentages in tables are presented to one decimal point and represent column percentages unless otherwise stated. Percentages in text are rounded to integer values if five or above. Comparisons are only made between categories if the decimal point difference is of interest. Numbers between one and four are replaced with '<5' to minimise potential for disclosure. Table column totals/ number missing are suppressed (replaced with #) if these would allow the calculation of the numbers replaced with '<5'.

For the first time last year, change in PGSI and CORE-10 score was restricted to clients with at least two scores taken on different dates. This excludes clients who fail to attend more than one initial appointment and gives a better reflection of the impact of treatment received as opposed to treatment intended. This reduces the number of clients included in the calculation by 13-15%, reduces the proportion showing no change in score by 50% and is more likely to include those completing treatment and less likely to include those dropping out of treatment.

7. About GambleAware

GambleAware is the leading independent charity and strategic commissioner working to keep people safe from gambling harms, including through the commissioning of the NGSN.

As the leading strategic commissioner of gambling harm education, prevention, early intervention, and treatment across Great Britain, the charity works in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other mental health services. GambleAware takes a public health approach to all its commissioning activity. Prevention and early intervention are critical for reducing the number of people experiencing gambling harm and preventing them from needing more complex treatment.

GambleAware operates across four key areas by:

- Commissioning the National Gambling Support Network (NGSN), a group of organisations across Great Britain which provides free, confidential treatment, as well as the National Gambling Helpline which takes around 55,000 calls and online chats a year.
- Providing support, advice, and tools to help people make informed decisions about gambling. GambleAware help people understand and recognise the risks of gambling, and direct them to more information, help and support, should they need it.
- Commissioning research and evaluation to increase our knowledge and understanding of what works in the prevention of harm.
- Producing public health campaigns on a national scale and providing practical support to local services and partners.

In addition, the GambleAware website serves as a central digital hub, a coherent ‘front-door’ to comprehensive advice, tools and support for around five million people each year. It has an exceptional Google Domain Rating of 91/100, ranking just outside the top 1000 websites on the internet.

GambleAware’s suite of digital tools includes the self-assessment quiz which has been completed over 160k times, with over half of those completing the tool taking a meaningful action as a result.

During 2024-25, GambleAware designed the Minimum Viable Product for a new app to support people directly affected by gambling and to provide tailored advice and support to reduce the escalation of harm. The app was due to launch in early 2025/26.

GambleAware is evidence-based, accountable to the Charity Commission and has robust governance processes in place which ensures its independence from the gambling industry. Members of GambleAware’s independent Board of Trustees are leaders across the NHS, public health and third sector and have no connections to the gambling industry. GambleAware works closely with the Government, with the charity’s integrity and independence recognised by the Government, the Gambling Commission and the Charity Commission.

8. Assessment of completeness of 2023/24 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2024/25. Completion implies that the question was asked and details were recorded to the system, including where the answer was 'not stated' or 'not known'.

The table also shows the extent to which specific detail was specified (other than 'not stated' or 'not known'). Details of gambling activity and history are not routinely collected for clients who do not themselves gamble, so levels of completeness of gambling information relate only to clients identified as people who gamble. Most data items have high completion rates, helping to strengthen comparisons with previous years.

Table 1: Level of completion of selected data fields

	Tier 2 only		Tier 3/4	
	% with response	% with response other than "not known or declined response"	% with response	% with response other than "not known or declined response"
Referral reason	100%	99.5%	95.2%	95.1%
Referral source	100%	66.3%	100%	96.9%
Gender	100%	98.4%	99.8%	96.4%
Ethnicity	100%	95.3%	95.0%	90.2%
Employment status	100%	95.4%	95.0%	86.0%
Relationship status	100%	80.9%	99.8%	82.2%
Religion	100%	36.6%	99.8%	50.6%
Sexual orientation	100%	53.9%	99.8%	62.3%
Care for children	100%	10.4%	99.8%	88.9%
Local Authority of residence	99.3%	99.3%	90.7%	90.7%
Primary gambling activity*	98.9%	98.9%	94.5%	94.4%
Money spent on gambling (per month)*	12.9%	12.9%	84.8%	83.3%
Job loss*	100%	14.0%	98.9%	91.2%
Relationship loss*	100%	14.1%	98.9%	91.0%
Early big win*	100%	14.0%	98.9%	89.9%
Debt due to gambling*	100%	14.2%	95.9%	89.5%
Length of gambling history*	98.3%	98.3%	95.8%	95.8%
Age of onset (problematic gambling)*	13.9%	13.9%	87.1%	87.1%
Days gambling per month*	100%	100%	98.9%	96.7%
Use of self-exclusion tools*	100%	14.4%	98.9%	92.3%

*People who gamble only.

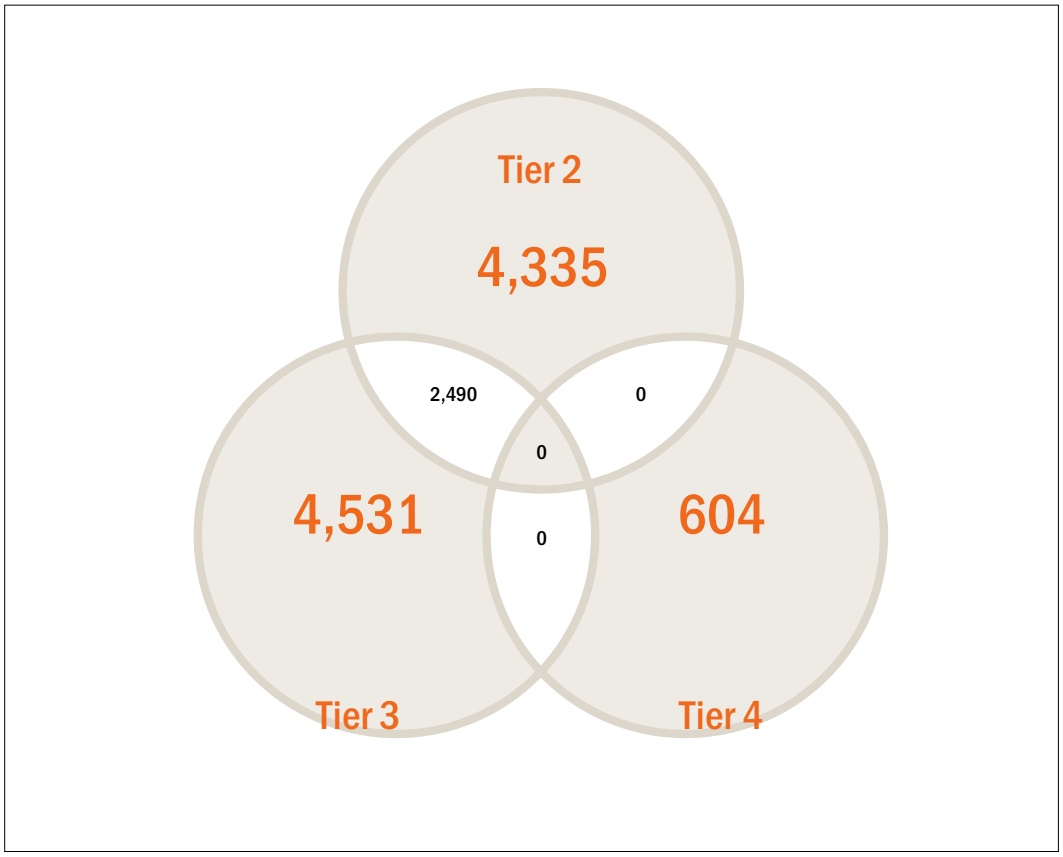
9. Type(s) of service received by clients

A total of 11,960 clients were reported as being treated by the National Gambling Support Network (NGSN) providers in Great Britain between April 2024 and March 2025. This figure consists of:

- 4,335 (36%) clients receiving Tier 2 treatment only
- 7,021 (59%) clients receiving Tier 3 treatment (of whom 2,490 (33%) also received Tier 2 treatment)
- 604 (5%) clients receiving Tier 4 treatment.

Overall, 2,490 clients received Tier 2 treatment as well as Tier 3 treatment. Note, as the latest episode of Tier 3 or 4 care is selected for this analysis, there cannot be any overlap between them.

Figure 2: Overlap between Tiers of treatment received in 2024/25



10. Tier 2 clients

For those receiving Tier 2 treatment only, 37% were people who gamble, 57% were those at risk of developing a gambling problem, and 6% were 'affected others', normally a partner or family member. Compared to clients who went on to receive Tier 3 treatment, Tier 2 only clients were: more likely to be those at risk of developing a gambling problem (57% vs 2.4%); less likely to be people who gamble (37% vs 86%); more likely to be referred from prison (31% vs 0.9%); less likely to be referred from the National Gambling Helpline (36% vs 51%) and more likely to be unemployed (31% vs 8%) or in prison (21% vs 1.4%). Further comparisons are provided in appendix 13.4

Mean PGSI score (explained in section 4.1) for clients receiving Tier 2 only (at the earliest point of measurement) was 6 but was higher (16) for those receiving Tier 2 who also went on to receive Tier 3 treatment (Table 2). Similarly, the CORE-10 score had a mean of 8 for those receiving Tier 2 only but was higher (16) for those receiving Tier 2 who went on to receive Tier 3 treatment. The mean number of days spent gambling in the 30 days prior to assessment was 9 for clients receiving Tier 2 treatment only and 13 for clients receiving Tier 2 and Tier 3 treatment.

Table 2: Measures of gambling severity by type of treatment received

	Tier 2 only		Tier 2 + Tier 3	
	Mean/SD	Median (IQR)	Mean/SD	Median (IQR)
Time spent gambling – last 30 days (days)	9/9.6	5 (0-15)	13/10.9	10 (2-23)
PGSI score*	6/8.1	2 (0-12)	16/6.4	16 (11-21)
CORE-10 score**	8/8.5	4 (0-12)	16/7.8	16 (10-22)

*See section 11.6.2.1 **See section 11.6.2.2 SD=standard deviation, IQR=Inter-quartile range

The majority of clients entering Tier 2 treatment with a PGSI score of less than 8 received Tier 2 treatment only, whereas the majority of clients with a PGSI score of 8+ progressed to Tier 3 treatment. This progression highlights that for many individuals, more structured intervention is required to address not only gambling behaviours but also the accompanying social, emotional, and financial impacts.

However, a notable proportion of clients with a PGSI score of 8+ did not advance to higher levels of treatment. This may be due to various factors, including individual readiness for more intensive treatment, improvement within Tier 2 treatment or external barriers such as financial or logistical issues.

Indeed, many clients with a PGSI score of 8+ who did not receive Tier 3 treatment either dropped out of Tier 2 treatment (26%) or reduced their PGSI score to below 8 within Tier 2 treatment (21%). GambleAware, as commissioner, works in partnership with its providers to understand these dynamics as it is critical for improving the referral process and ensuring that all individuals with high-severity gambling problems receive the appropriate level of care.

Table 3: Earliest PGSI score for clients receiving Tier 2 only or both Tier 2 and Tier 3

	Earliest PGSI assessment			
	Received Tier 2 only		Received Tier 2 and Tier 3	
	N	%	N	%
No problem (0)	1820	44.8%	22	1.0%
At low risk (1-2)	395	9.7%	27	1.2%
At moderate risk (3-7)	493	12.1%	155	7.1%
Score of 8+	1356	33.4%	1985	90.7%
Total	4064	100.0%	2189	100.0%
Missing	271	(6.3%)	301	(12.1%)
Total clients	4335		2490	

Figure 3: Earliest and latest PGSI scores for clients exiting tier 2 treatment in the reporting period (n=1,224)

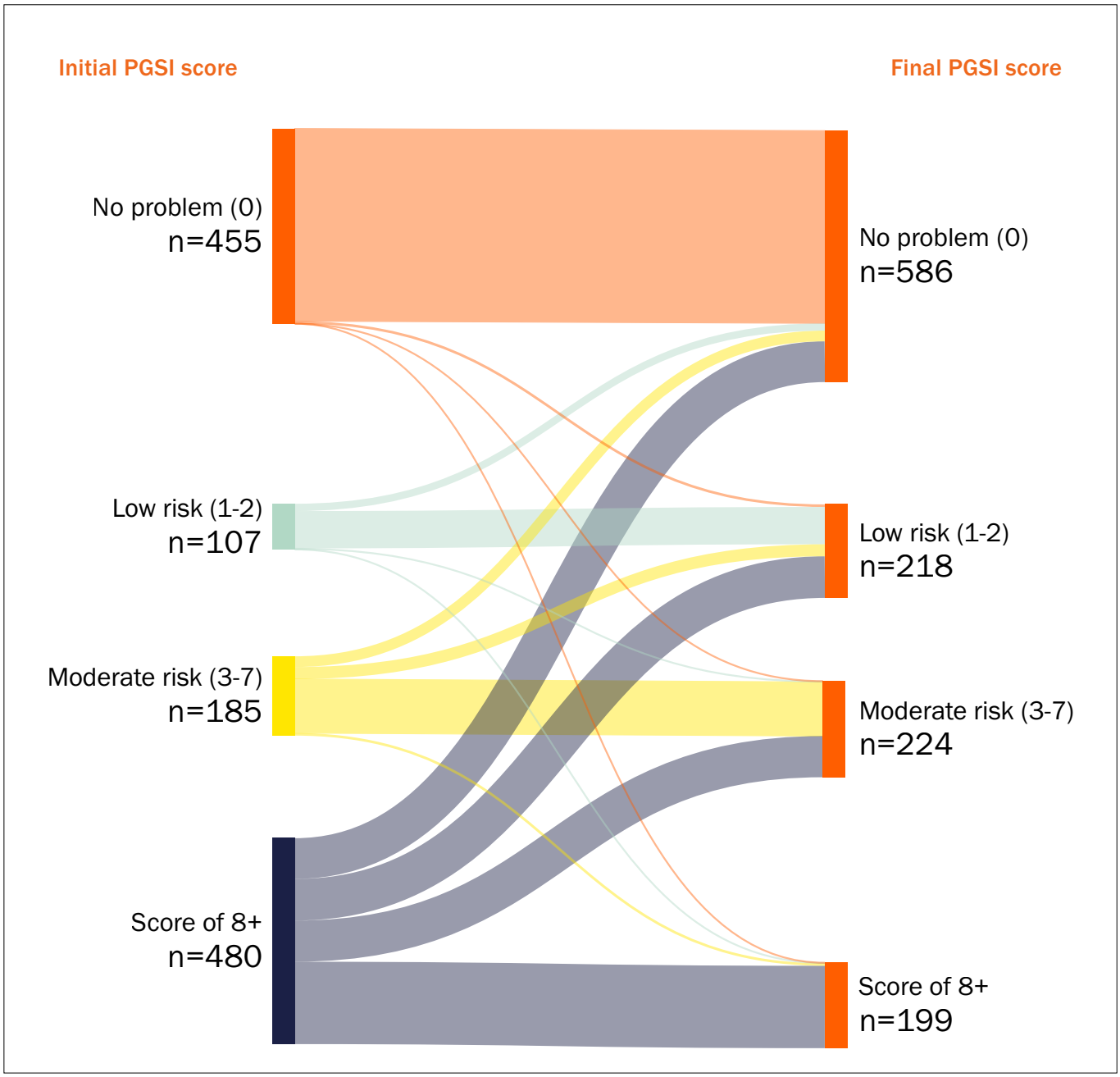
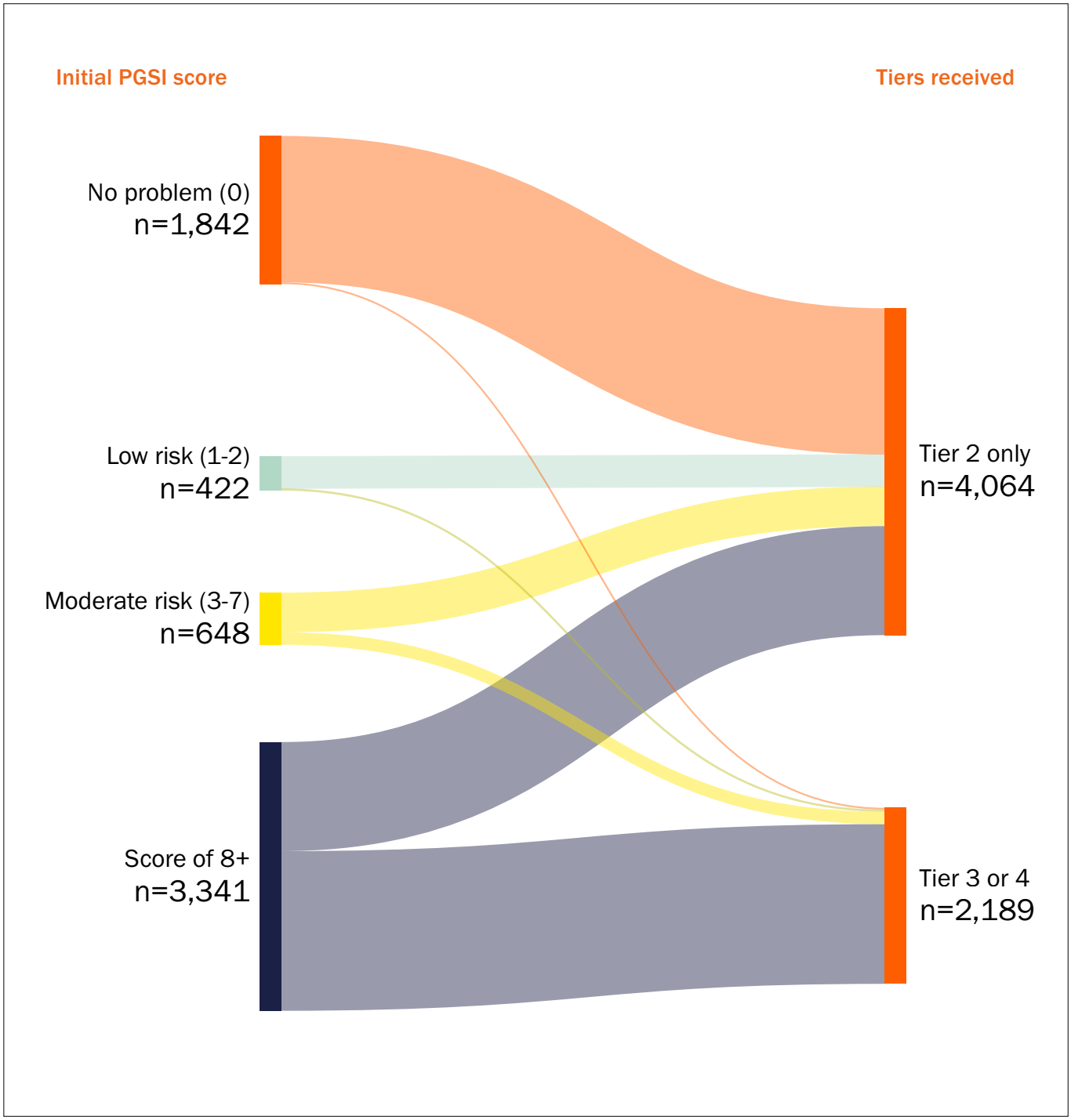


Figure 4: Earliest PGSI score by receipt of Tiers of treatment among all Tier 2 clients (n=6,253)



The remainder of this report relates to the 7,625 clients receiving Tier 3 or 4 treatment.

11. Clients receiving Tier 3 or 4 treatment in 2024/25

11.1 Client characteristics

11.1.1 Number of clients

A total of 7,625 clients were reported as receiving Tier 3 or 4 treatment from NGSN providers in 2024/25. A total of 6,403 (84%) were residents of England, 239 (3%) of Scotland and 458 of Wales (6%), with 6.9% having unknown region of residence. Most of these clients were people who gamble (6,210; 86%), with 967 (13%) being 'affected others'. A small number of referrals (73, 1.0%) related to clients who were not people who gamble but who considered themselves at risk of developing a gambling problem (see section 6). This information was not known for 375 clients. One third (34%) of clients seen in 2024/25 were for recurring treatment (clients previously seen by the reporting service or another service). This is an increase from 29% in 2023/24.

11.1.2 Age and gender of clients

Clients had a median age of 36 years at the point of referral, with three quarters (75%) aged 44 or under. The most common age bands of clients were age 30-34 (20%) and age 35-39 (19%) (Table 4). Non-gambling clients had a higher median age of 41 years and were more likely than people who gamble to be aged 50 or over (Table 5). Most of the clients (69%) identified as male (compared to a past five year average of 70%). This compares to 49% in the general population of England and Wales[7]. Thirteen clients (0.2%) identified as a gender other than male or female (including transgender, genderqueer or an unspecified additional gender category). The distribution of age differed by gender identity (Table 4 and Figure 5), with females being more evenly age distributed, including a greater proportion in all higher age groups (40+) compared to males. This resulted in a higher median age of 40 for females compared to 35 for males. Gender identity differed considerably by type of client (Table 6) with 78% of people who gamble being male compared to only 14% of other clients.

Table 4: Age and gender of clients*

		Male			Female			Total	
		N	Col %	Row %	N	Col %	Row %	N	Col %
Age bands	< 20	56	1.1%	88.9%	7	0.3%	11.1%	68	0.9%
	20-24	442	8.8%	86.8%	67	2.9%	13.2%	525	6.9%
	25-29	852	16.9%	77.0%	254	11.0%	23.0%	1153	15.2%
	30-34	1069	21.2%	73.1%	394	17.1%	26.9%	1504	19.8%
	35-39	955	19.0%	70.0%	409	17.8%	30.0%	1423	18.7%
	40-44	635	12.6%	68.1%	297	12.9%	31.9%	973	12.8%
	45-49	344	6.8%	63.6%	197	8.6%	36.4%	559	7.4%
	50-54	285	5.7%	55.6%	228	9.9%	44.4%	532	7.0%
	55-59	177	3.5%	45.4%	213	9.3%	54.6%	405	5.3%
	60+	217	4.3%	48.2%	233	10.1%	51.8%	460	6.1%
	Total*	5032	100.0%	68.6%	2299	100.0%	31.4%	7602	100.0%
	Missing	7	(0.1%)		2	(0.1%)		23	(0.3%)
	Total clients	5039			2301			7625	

*Categories of gender with less than 100 clients were excluded from this table. See section 13.1.1 for full categories.

[7]Office for National Statistics. Census 2021.

Figure 5: Age of clients at the point of referral, by gender identity

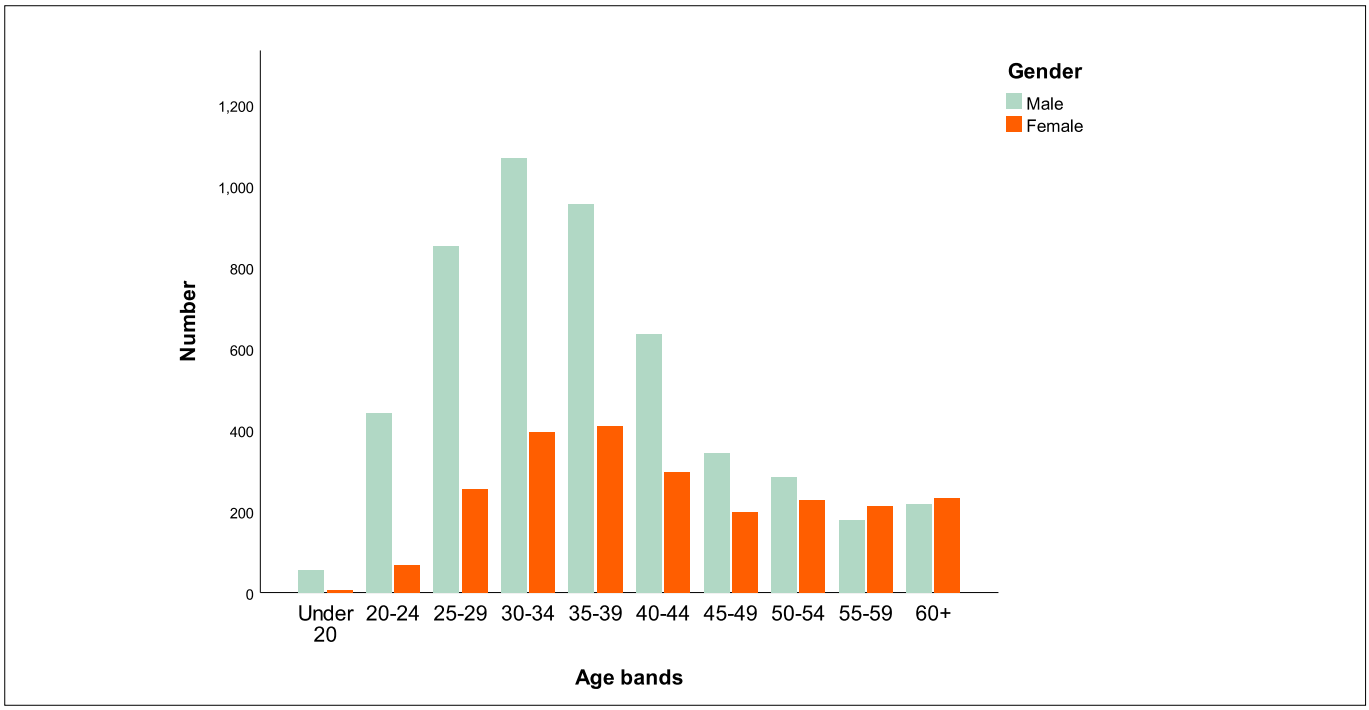


Table 5: Age bands by type of client

		Gambling clients			Other clients		
		N	%	Cum. %	N	%	Cum. %
Age bands	< 20	63	1.0%	1.0%	<5	<1%	0.3%
	20-24	468	7.6%	8.6%	38	3.7%	3.9%
	25-29	987	15.9%	24.5%	119	11.5%	15.4%
	30-34	1260	20.4%	44.9%	175	16.9%	32.3%
	35-39	1198	19.4%	64.2%	146	14.1%	46.3%
	40-44	798	12.9%	77.1%	115	11.1%	57.4%
	45-49	451	7.3%	84.4%	82	7.9%	65.3%
	50-54	413	6.7%	91.1%	89	8.6%	73.9%
	55-59	261	4.2%	95.3%	121	11.7%	85.5%
	60+	290	4.7%	100.0%	150	14.5%	100.0%
	Total*	6189	100.0%		#	100.0%	
	Missing	21	(0.3%)		#	(0.2%)	
	Total clients	6210			1040		

suppressed to avoid calculation of small numbers

Table 6: Gender by type of client*

	Gambling clients		Other clients	
	N	%	N	%
Male	4791	78.0%	145	14.1%
Female	1348	22.0%	886	85.9%

*Categories of gender with less than 100 clients were excluded from this table. See section 13 for full categories

11.1.3 Ethnicity of clients

Ninety percent of clients were from a White ethnic background (Table 7), including 83% White British and 4.3% White European. The next most common ethnic backgrounds were Asian or Asian British (5.0%), Black or Black British (2.8%) and Mixed (2.0%). This compares to national (England and Wales) proportions[8] of 82% White or White British, 9% Asian or Asian British, 4% Black or Black British and Mixed (3%).

Although no large differences existed between genders within categories defined by ethnicity (Table 8), a higher proportion of male clients were Asian or Asian British compared to female clients of the same ethnicity (6.0% compared to 4.0%).

Table 7: Client ethnicity

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
White or White British	British	4903	83.5%	819	82.2%	5722	83.3%
	Irish	47	0.8%	12	1.2%	59	0.9%
	European	250	4.3%	43	4.3%	293	4.3%
	Other	90	1.5%	18	1.8%	108	1.6%
Black or Black British	African	95	1.6%	8	0.8%	103	1.5%
	Caribbean	50	0.9%	6	0.6%	56	0.8%
	Other	28	0.5%	<5	<1%	31	0.5%
Asian or Asian British	Bangladeshi	27	0.5%	5	0.5%	32	0.5%
	Indian	104	1.8%	28	2.8%	132	1.9%
	Pakistani	70	1.2%	10	1.0%	80	1.2%
	Chinese	19	0.3%	<5	<1%	23	0.3%
	Other	70	1.2%	13	1.3%	83	1.2%
Mixed	White and Asian	18	0.3%	9	0.9%	27	0.4%
	White and Black African	13	0.2%	<5	<1%	14	0.2%
	White and Black Caribbean	41	0.7%	10	1.0%	51	0.7%
	Other	40	0.7%	6	0.6%	46	0.7%
Other ethnic group		6	0.1%	<5	<1%	7	0.1%
	Total	5871	100.0%	996	100.0%	6867	100.0%
	Missing/Not Stated	339	(5.5%)	44	(4.2%)	383	(5.3%)
	Total clients	6210		1040		7250	

[8]Office for National Statistics. Census 2021.

Table 8: Ethnicity by gender identity

	Male			Female		
	N	Col %	Row %	N	Col %	Row %
White or White British	4229	89.6%	68.6%	1940	91.0%	31.4%
Black or Black British	139	2.9%	73.2%	51	2.4%	26.8%
Asian or Asian British	264	5.6%	75.6%	85	4.0%	24.4%
Mixed or Multiple	85	1.8%	61.6%	53	2.5%	38.4%
Other Ethnic Group	<5	<1%	57.1%	<5	<1%	42.9%
Total	#	100.0%		#	100.0%	
Missing/not known/not stated	#	(6.3%)		#	(7.3%)	
Total clients	5039			2301		

suppressed to avoid calculation of small numbers

11.1.4 Relationship status of clients

Most clients were in a relationship (38%) or married (26%). A further 28% were single, 3.9% were separated and 3.1% divorced (Table 9).

Table 9: Relationship status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
In relationship	2041	38.3%	329	34.9%	2370	37.8%
Single	1683	31.6%	89	9.4%	1772	28.3%
Married/Civil Partnership	1172	22.0%	453	48.1%	1625	25.9%
Separated	216	4.1%	30	3.2%	246	3.9%
Divorced	171	3.2%	25	2.7%	196	3.1%
Widowed	43	0.8%	16	1.7%	59	0.9%
Total	5326	100.0%	942	100.0%	6268	100.0%
Missing/not known/not stated	884	(14.2%)	98	(9.4%)	982	(13.5%)
Total clients	6210		1040		7250	

11.1.5 Employment status of clients

Most clients (71%) were employed (Table 10). People living with long-term disabilities/illness and not in work accounted for 12% of clients, followed by unemployed (10%), retired (2.6%), looking after family/home and not working (1.7%) and student (1.3%). Female clients were less likely to be employed than male clients (64% compared to 74%) (Table 11) and more likely to be looking after family/home and not working (4.6% compared to 0.4%), long-term sick/disabled, and not in work (17% compared to 10%), or retired (4.8% compared to 1.6%). Employment levels for treatment clients compare broadly to UK population levels for the same period (72% female and 79% male), although these data are only provided for adults aged 16-64 and so exclude most retired individuals.[9]

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

Table 10: Employment status of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Employed	3917	70.0%	733	77.1%	4650	71.0%
Unemployed	598	10.7%	41	4.3%	639	9.8%
Student	82	1.5%	6	0.6%	88	1.3%
Long-term sick/disabled & not in work	742	13.3%	53	5.6%	795	12.1%
Looking after family/home and not working	80	1.4%	33	3.5%	113	1.7%
Not seeking work	31	0.6%	<5	<1%	33	0.5%
Volunteer	8	0.1%	<5	<1%	10	0.2%
Retired	92	1.6%	77	8.1%	169	2.6%
In prison	47	0.8%	<5	<1%	51	0.8%
Total	5597	100.0%	951	100.0%	6548	100.0%
Missing/Not stated	613	(9.9%)	89	(8.6%)	702	(9.7%)
Total clients	6210		1040		7250	

Table 11: Employment status by gender identity

	Male		Female	
	N	%	N	%
Employed	3339	74.2%	1276	64.0%
Unemployed	465	10.3%	168	8.4%
Student	68	1.5%	19	1.0%
Long-term sick/disabled & not in work	458	10.2%	332	16.6%
Looking after family/home and not working	20	0.4%	91	4.6%
Not seeking work	22	0.5%	10	0.5%
Volunteer	6	0.1%	<5	<1%
Retired	74	1.6%	95	4.8%
In prison	51	1.1%	0	0.0%
Total	4503	100.0%	1995	100.0%
Missing/Not stated	536	(10.6%)	306	(13.3%)
Total clients	5039		2301	

11.1.6 Sexual orientation of clients

Sexual orientation was specified by 62% of clients treated in 2024/25, Table 12. The majority, 96% identified as straight/heterosexual, 3.1% as lesbian, gay and/or homosexual, 0.9% as bisexual, and 0.2% as 'other'. Distributions were similar across gambling and other clients. This compares to national estimates of 97% straight/heterosexual, 1.7% as lesbian, gay and/or homosexual, 1.4% as bisexual, and 0.4% as other.[10]

Table 12: Sexual orientation of clients

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Lesbian, gay or homosexual	135	3.3%	14	2.0%	149	3.1%
Heterosexual	3882	95.7%	668	96.4%	4550	95.8%
Bisexual	35	0.9%	7	1.0%	42	0.9%
Other	5	0.1%	<5	<1%	9	0.2%
Total	4057	100.0%	#	100.0%	4750	100.0%
Missing/not known/not stated	2153	(34.7%)	#	(33.4%)	2500	(34.5%)
Total clients	6210		1040		7250	

suppressed to avoid calculation of small numbers

11.1.7 Responsibility for children

Forty two percent of clients reported being responsible for the care of children, with patterns similar across gambling and other clients.

Table 13: Responsibility for children

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Have responsibility for children	2330	42.2%	386	40.4%	2716	41.9%
Don't have responsibility for children	3192	57.8%	569	59.6%	3761	58.1%
Total	5522	100.0%	955	100.0%	6477	100.0%
Missing/not known/not stated	688	(11.1%)	85	(8.2%)	773	(10.7%)
Total clients	6210		1040		7250	

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

11.1.8 Client religion

Religion was specified for 51% of clients treated in 2024/25 (Table 14). A majority (72%) of those who specified an answer reported no religion, with a higher proportion among gambling clients (72%) than other clients (67%).

A greater proportion of other clients than gambling clients were Christian (25% compared to 19%). This compares to population figures for England and Wales of 40% with no religion, 46% Christian, 7% Muslim and 7% other religions.[11]

Table 14: Client religion

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
No religion	2417	72.4%	343	67.3%	2760	71.7%
Christian	642	19.2%	126	24.7%	768	19.9%
Hindu	24	0.7%	<5	0.8%	28	0.7%
Muslim	141	4.2%	17	3.3%	158	4.1%
Other religion*	116	3.5%	20	3.9%	136	3.5%
Total	3340	100.0%	#	100.0%	#	100.0%
Missing/not known/not stated	2870	(46.2%)	#	(50.1%)	#	(49.5%)
Total clients	6210		1040		7250	

*Buddhist, Jewish and Sikh subsumed into 'other religion' because of low numbers.
suppressed to avoid calculation of small numbers

[11]Valid percentages calculated from Office for National Statistics. UK 2021 census

11.2 Gambling profile

Section 11.2 reports information collected only from clients who were defined as people who gamble by the NGSN.

11.2.1 Gambling locations

Up to 10 gambling activities are recorded for each gambling client and these are ranked in order of importance, with the first activity (activity 1) considered to be the primary contributor to the client's difficulties (as agreed between the client and provider keyworker). Gambling activities are grouped within the locations in which they take place. Forty-nine percent of people who gamble reported one gambling activity, 28% reported two and 17% reported three or more.

The most frequently reported gambling location (Table 15) was online, with 72% of people who gamble identifying it as a notable location. Bookmakers were the next most reported, used by 32% of people who gamble, followed by casinos at 11%. No other locations were reported by more than 10% of people who gamble, although adult entertainment centres were reported by 6%, as were miscellaneous (such as lottery, scratch-cards and football pools).

Table 15 also shows the location of main gambling activity (ranked as number one), within which online services are the most common (66%), followed by bookmakers (20%). These two locations account for the majority of main gambling activities, at 85%.

Table 15: Location of gambling activity reported in 2024/25

	All gambling locations reported*	%	Main gambling location	%
Online	4243	72.4%	3848	65.6%
Bookmakers	1888	32.2%	1164	19.8%
Casino	639	10.9%	203	3.5%
Adult Entertainment Centre	364	6.2%	137	2.3%
Miscellaneous	352	6.0%	202	3.4%
Pub	283	4.8%	94	1.6%
Bingo Hall	155	2.6%	34	0.6%
Other	147	2.5%	103	1.8%
Live Events	128	2.2%	46	0.8%
Family Entertainment Centre	85	1.4%	27	0.5%
Private Members Club	17	0.3%	6	0.1%
Total responding	5846		5846	
Missing	364	(5.9%)	364	(5.9%)
Total people who gamble	6210		6210	

*Totals add up to more than 100% as clients can report multiple gambling locations

11.2.2 Gambling activities

Table 16 shows the number reporting each gambling activity, as an overall proportion and within specific gambling locations.

Location totals may not match Table 15 as more than one activity per location can be reported.

Table 16: Gambling activities, grouped by location

Locattion	Activity	N	% among people who gamble	% within location
Bookmakers	Fixed Odds Gaming Machine	704	12.0%	37.3%
	Sports or other event	580	9.9%	30.7%
	Gaming Machine (other)	571	9.7%	30.2%
	Horses	411	7.0%	21.8%
	Dogs	183	3.1%	9.7%
	Other	177	3.0%	9.4%
Bingo premises	Gaming Machine (Other)	73	1.2%	57.0%
	Live draw	27	0.5%	21.1%
	Terminal	20	0.3%	15.6%
	Skill Machine	15	0.3%	11.7%
	Other	31	0.5%	24.2%
Casino	Roulette	240	4.1%	37.6%
	Fixed Odds Gaming Machine	188	3.2%	29.4%
	Gaming Machine (other)	146	2.5%	22.8%
	Non-poker card games	82	1.4%	12.8%
	Poker	66	1.1%	10.3%
	Other	108	1.8%	16.9%
Live events	Sports or other event	81	1.4%	12.7%
	Horses	60	1.0%	9.4%
	Dogs	21	0.4%	3.3%
	Other	28	0.5%	4.4%
Adult Entertainment Centre (18+ arcade)	Fixed Odds Gaming Machine	197	3.4%	30.8%
	Gaming Machine (other)	157	2.7%	24.6%
	Skill prize machines	9	0.2%	1.4%
	Other	14	0.2%	2.2%
Family Entertainment Centre (arcade)	Gaming Machine (other)	48	0.8%	6.6%
	Fixed Odds Gaming Machine	42	0.7%	6.3%
	Skill prize machines	<5	0.0%	0.3%
	Other	7	0.1%	1.1%

Locattion	Activity	N	% among people who gamble	% within location
Pub	Gaming Machine (other)	255	4.3%	90.1%
	Sports	10	0.2%	3.5%
	Poker	7	0.1%	2.5%
	Other	20	0.3%	7.1%
Online	Casino (slots)	2700	46.0%	63.6%
	Sports events	897	15.3%	21.1%
	Casino (table games)	706	12.0%	16.6%
	Horses	295	5.0%	7.0%
	Betting exchange	216	3.7%	5.1%
	Financial Markets	187	3.2%	4.4%
	Bingo	141	2.4%	3.3%
	Within video games	107	1.8%	2.5%
	Virtual sports betting	82	1.4%	1.9%
	Poker	76	1.3%	1.8%
	Dogs	75	1.3%	1.8%
	Scratchcards	46	0.8%	1.1%
	eSports betting	45	0.8%	1.1%
	Spread betting	29	0.5%	0.7%
	Other	286	4.9%	6.7%
Miscellaneous	Scratchcards	206	3.5%	56.6%
	Lottery (National)	68	1.2%	18.7%
	Football pools	63	1.1%	17.3%
	Service station gaming machine	33	0.6%	9.1%
	Lottery (other)	29	0.5%	8.0%
	Private/organised games	14	0.2%	3.8%
Private members club	Gaming Machine	7	0.1%	41.2%
	Poker	<5	0.1%	23.5%
	Non-poker card games	<5	0.0%	11.8%
	Other	<5	0.1%	23.5%
Other Location		147	2.5%	
Total		5846		
Missing		364	(5.9%)	
Total people who gamble		6210		

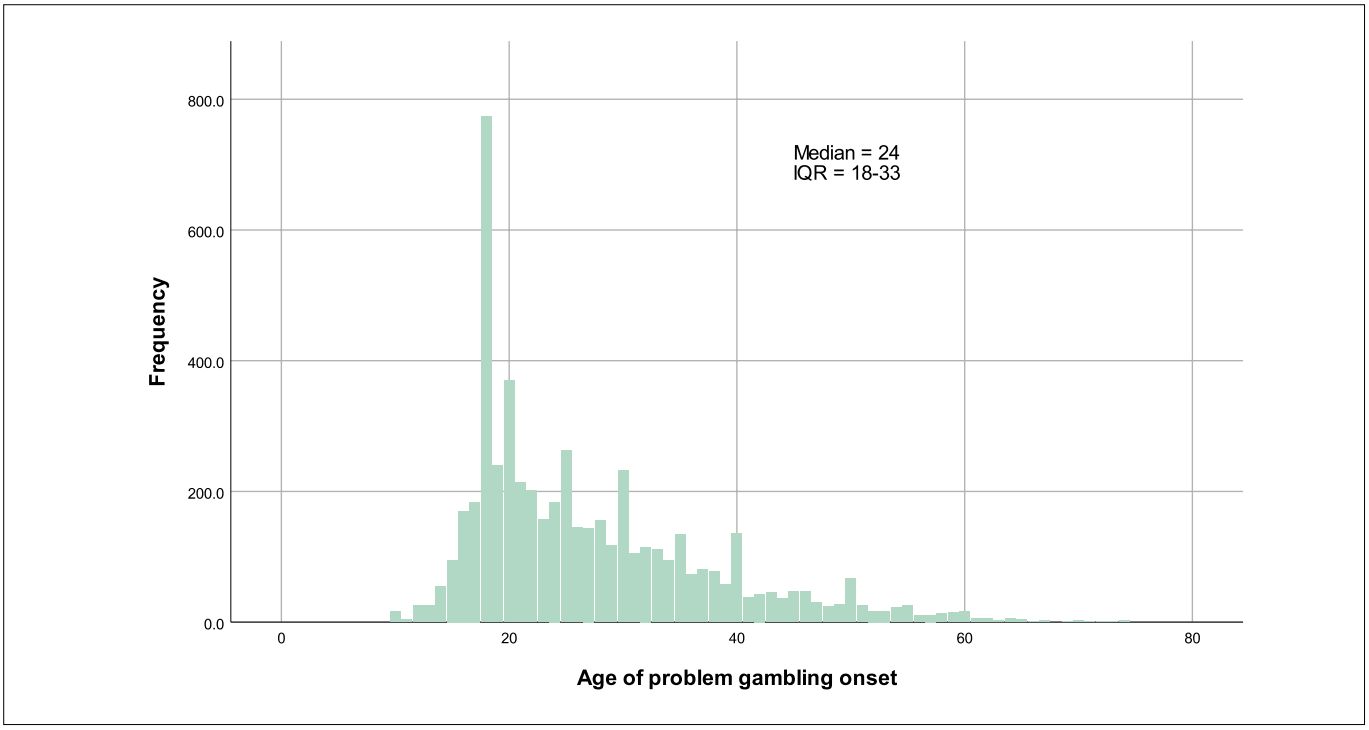
*Column %s may add up to > 100% because more than one activity can be reported.

Within online services, casino slots were the most reported individual activity, reported by 46% of people who gamble overall, followed by sporting events (15%) and casino table games (12%). Within bookmakers, gaming machines were the most common form of gambling, used by 22% of people who gamble, followed by sporting events (10%) and horses (7%).

11.2.3 Gambling history

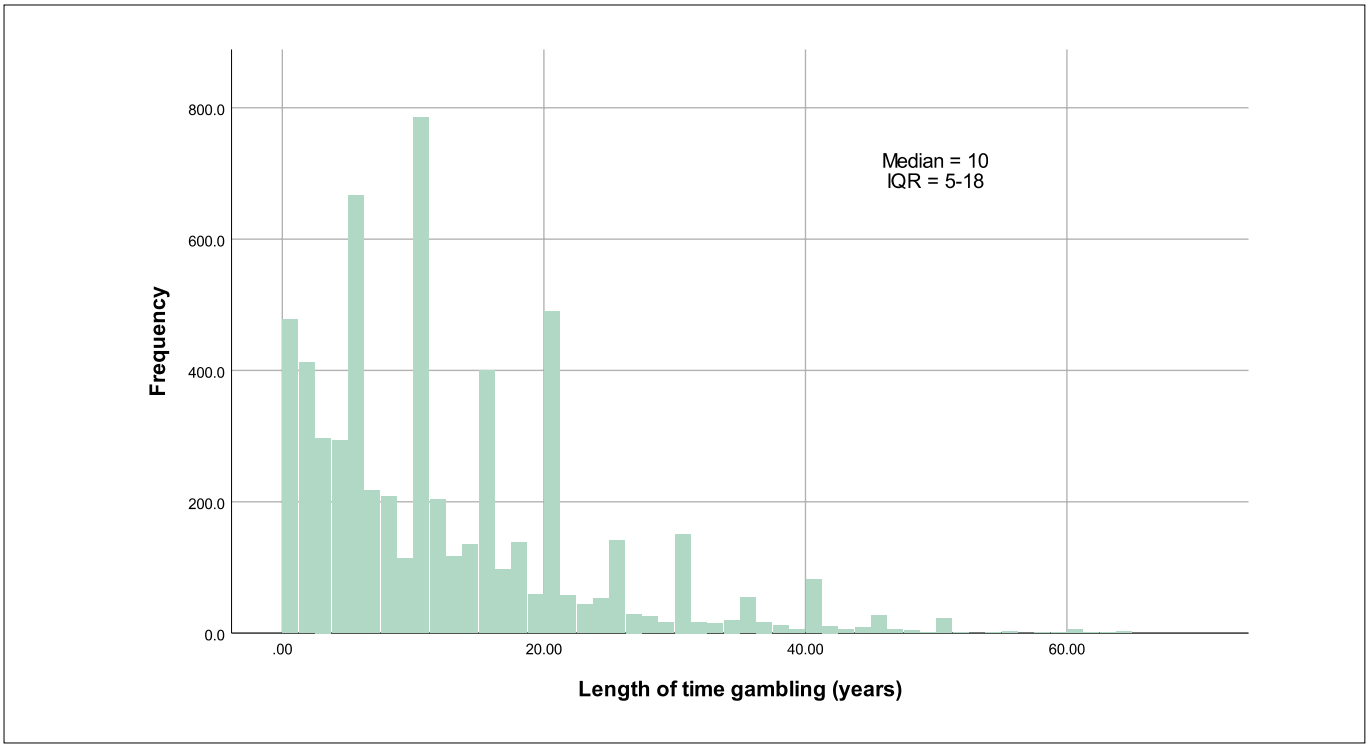
The median age of onset of problem gambling reported by clients was 24 years, although this was highly variable. One quarter (1,350) reported problem gambling starting by the age of 18 years and three quarters by age 33. At the point of presentation to gambling services, a median of 10 years of problem gambling was reported. Again, this was highly variable. One quarter reported problem gambling for up to five years and three quarters for up to 18 years. Figure 6 and Figure 7 show the distributions of age of onset and length of time gambling, respectively. Spikes in these distributions are likely to represent the rounding of answers to milestone years (e.g., rounding onset to age 30 and number of years gambling to 10 years).

Figure 6: Distribution of age of onset of problem gambling



IQR=Interquartile range

Figure 7: Distribution of length of time gambling prior to presentation



IQR=Interquartile range

The DRF contains a number of measures of detrimental outcomes of gambling, some of which are not presented here in table form, but summarised as follows. A majority of people who gamble (66%) had experienced an early big win. Job loss (because of gambling) was reported by 10% (11% for males, 6% for females) and relationship loss by 24% (26% for males, 14% for females). About one third of people who gamble (36%) had no debt due to gambling at the time of assessment (Table 17). Just under one quarter (23%) had debts under £5,000 and 35% had debts of £5,000 or more.

Table 17: Debt due to gambling

	N	%	Cum. %
No debt	1970	35.5%	35.5%
Under £5000	1256	22.6%	58.1%
£5000 - £9,999	574	10.3%	68.4%
£10,000 - £14,999	397	7.1%	75.5%
£15,000 - £19,999	247	4.4%	80.0%
£20,000 - £29,999	321	5.8%	85.7%
£30,000 - £49,999	237	4.3%	90.0%
£50,000 - £99,999	120	2.2%	92.2%
£100,000 or more	65	1.2%	93.3%
Bankruptcy	16	0.3%	93.6%
In an Individual Voluntary Arrangement (IVA)	67	1.2%	94.8%
Unsure of amount	287	5.2%	100.0%
Total	5557	100.0%	
Missing/not stated	653	(10.5%)	
Total people who gamble	6210		

A greater proportion of those reporting a loss of relationship through gambling (Table 18) reported using bookmakers (48% compared to 27% of those not reporting loss), or casinos (18% compared to 8%) whereas a greater proportion of those reporting no loss of relationship through gambling reported using online services (74% compared to 68% of those who did report a loss).

Table 18: Gambling location by relationship loss

	Relationship loss		No relationship loss	
	N	%	N	%
Bookmakers	632	47.7%	1180	27.4%
Bingo premises	41	3.1%	75	1.7%
Casino	242	18.3%	360	8.4%
Live Events	78	5.9%	68	1.6%
Adult Entertainment Centre (18+ arcade)	85	6.4%	250	5.8%
Family Entertainment Centre (arcade)	23	1.7%	59	1.4%
Pub	94	7.1%	175	4.1%
Online	896	67.6%	3194	74.1%
Miscellaneous	84	6.3%	262	6.1%
Private Members Club	10	0.8%	7	0.2%
Other	25	1.9%	115	2.7%
Total	1325	100.0%	4311	100.0%

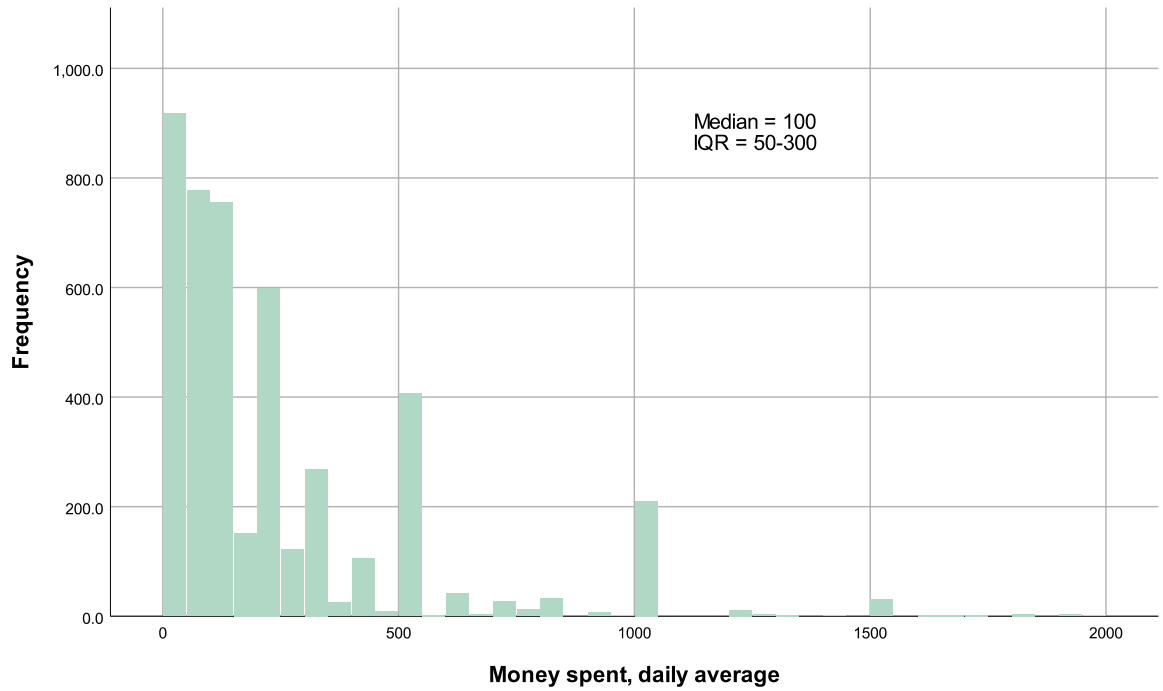
11.2.4 Money spent on gambling

Clients who gamble reported gambling on a median of 15 days in the last 30 and spending a median of £100 per gambling day in the previous 30 days before assessment. The mean value of £428 per day demonstrates that some people who gamble spent at considerably higher levels. Over one half (52%) spent less than £100 per gambling day in the previous 30 days before assessment (Table 19), 17% spent between £100 and £200, 20% spent between £200 and £500 and 12% spent over £500. These figures are largely consistent with those from previous years except that the median spend has reduced by one third from £150. Due to rounding of estimates, very few clients report a daily spend in-between £100 and £150 and this decrease from £150 to £100 was achieved by just 4% more clients reporting a daily spend of less than £100 in 2024/25 compared to 2023/24.

Table 19: Average spend on gambling days

	N	%	Cum. %
Up to £100	2425	51.8%	51.8%
£101 to £200	774	16.5%	68.3%
£201 to £300	391	8.3%	76.6%
£301 to £400	132	2.8%	79.5%
£401 to £500	416	8.9%	88.3%
£501 to £1000	338	7.2%	95.6%
£1001 to £2000	125	2.7%	98.2%
Over £2000	83	1.8%	100.0%
Total	4684	100.0%	
Missing	1526	(24.6%)	
Total people who gamble	6210		

Figure 8: Distribution of average daily spend on gambling (capped at £2k)



IQR=Interquartile range

People who gamble reported spending a median of £1,000 and a mean of £2,174 on gambling in the month before starting treatment (Figure 8), consistent with the previous two years (£1,000 and £2,215 in 2022/2023 and £1,000 and £1,944 in 2023/2024 respectively). Sixty one percent of people who gamble spent up to £1,000 in the preceding month (Table 20), while 17% reported spending over £2,000 in the preceding month. This again was broadly consistent with previous years.

Table 20: Reported spend on gambling in month preceding treatment

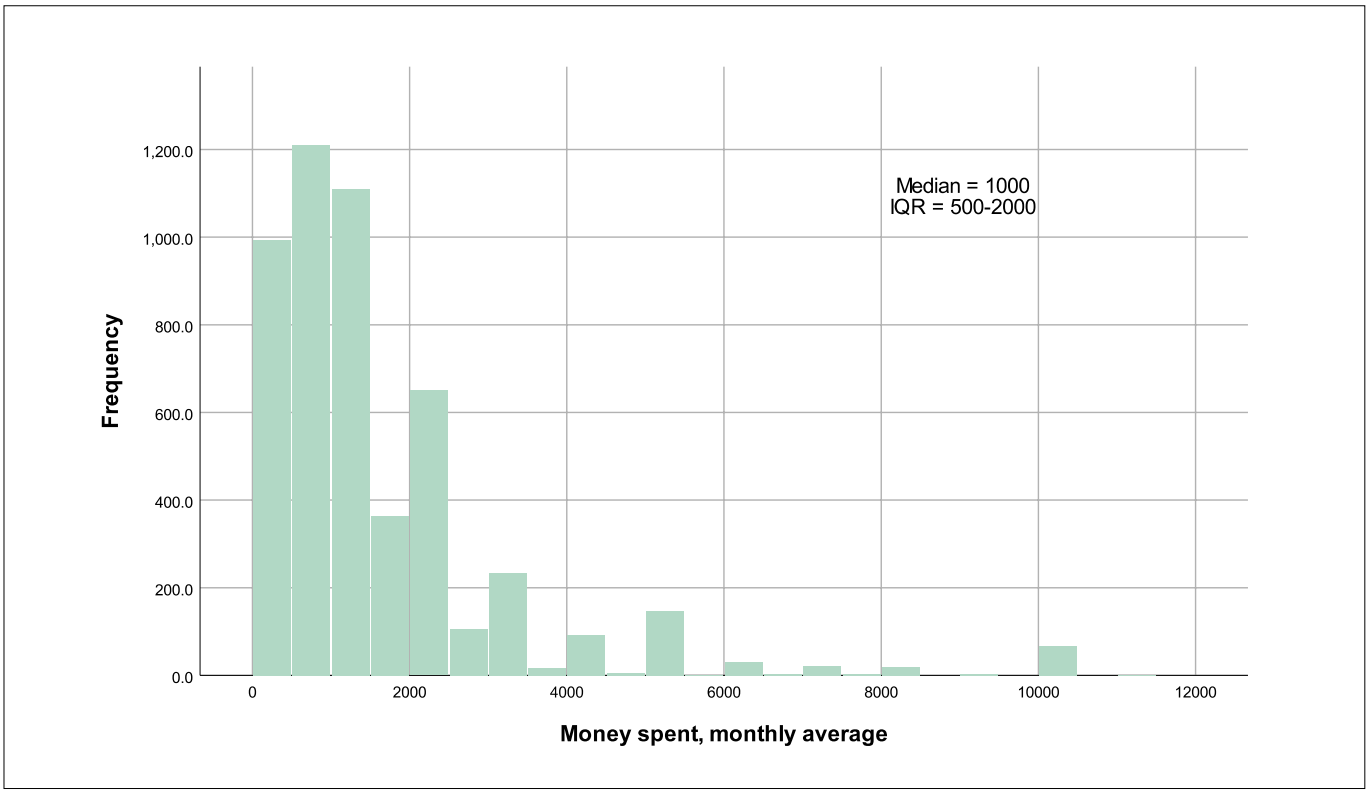
	N	%
Up to £100	187	3.6%
Up to £200	253	4.9%
Up to £300	275	5.3%
Up to £400	255	4.9%
Up to £500	592	11.5%
Up to £1000	1580	30.6%
Up to £2000	1167	22.6%
Over £2000	852	16.5%
Total	5161	100.0%
Missing	1049	(16.9%)
Total people who gamble	6210	

Mean values and the range of spend differed considerably between those reporting different gambling locations (Table 21), although that spend cannot be attributed specifically to gambling in those locations. Mean value of spend on gambling days was highest among those using casinos and live events. These means can be affected by outliers (extreme individual values) but the median values were also relatively high for casinos and live events as well as for adult entertainment centres and private members clubs (£200). The median value for online services (£100) was as low as any other location. Average (mean) monthly spend was particularly elevated among those using casinos and live events, with median spend highest for casinos at £1,200.

Table 21: Money spent on average gambling days and in the past month, by people who gamble reporting each gambling location

	Average spend per gambling day (£)		Spend in past month (£)	
	Mean	**Median**	**Mean**	**Median**
Bookmakers	338	150	2031	1000
Bingo premises	388	150	1476	900
Casino	502	200	2481	1200
Live Events	486	200	2918	1000
Adult Entertainment Centre (18+ arcade)	367	200	1994	1000
Family Entertainment Centre (arcade)	247	100	1358	1000
Pub	220	100	1410	900
Online	342	100	2034	1000
Miscellaneous	283	100	1419	600
Private Members Club	312	200	1321	1000
Other	433	100	2500	1000

Figure 9: Distribution of spend on gambling in last month (capped at £12k)



IQR=Interquartile range

11.2.5 Gambling location by age

Table 22 shows that use of bingo premises and adult entertainment centres (18+ arcades) was more commonly reported by those in older age categories, whereas use of online services is clearly related to age, being more popular among younger age bands. The proportions using bookmakers was relatively even in age bands between 30 and 55 years and higher among over 55's.

Table 22: Gambling locations by age group

	Age bands								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Bookmakers	20.1%	29.5%	33.1%	33.5%	36.1%	31.1%	31.7%	36.9%	42.5%
Bingo premises	2.0%	1.2%	1.3%	2.1%	2.0%	3.1%	5.2%	2.5%	4.4%
Casino	12.1%	10.7%	11.3%	10.3%	10.7%	13.4%	9.4%	9.8%	9.2%
Live Events	2.0%	1.7%	4.0%	2.7%	2.5%	1.2%	3.9%	2.5%	1.8%
Adult Entertainment Centre (18+ arcade)	3.3%	3.5%	4.3%	5.0%	7.9%	7.8%	8.9%	14.3%	11.4%
Family Entertainment Centre (arcade)	0.8%	0.5%	0.9%	1.3%	2.4%	1.7%	2.4%	4.1%	2.2%
Pub	5.3%	3.4%	3.6%	4.8%	6.1%	6.4%	5.2%	7.4%	5.1%
Online	88.1%	81.7%	75.8%	73.3%	69.7%	66.5%	60.7%	51.6%	43.2%
Miscellaneous	3.9%	5.4%	5.2%	5.1%	7.5%	7.1%	10.5%	9.8%	8.1%
Private Members Club	0.4%	0.4%	0.3%	0.3%	0.1%	0.7%	0.0%	0.0%	0.4%
Other	3.3%	2.0%	2.3%	2.8%	3.7%	1.9%	2.1%	1.6%	1.1%
Total people who gamble*	512	933	1196	1141	757	424	382	244	273

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

11.2.6 Gambling location by gender

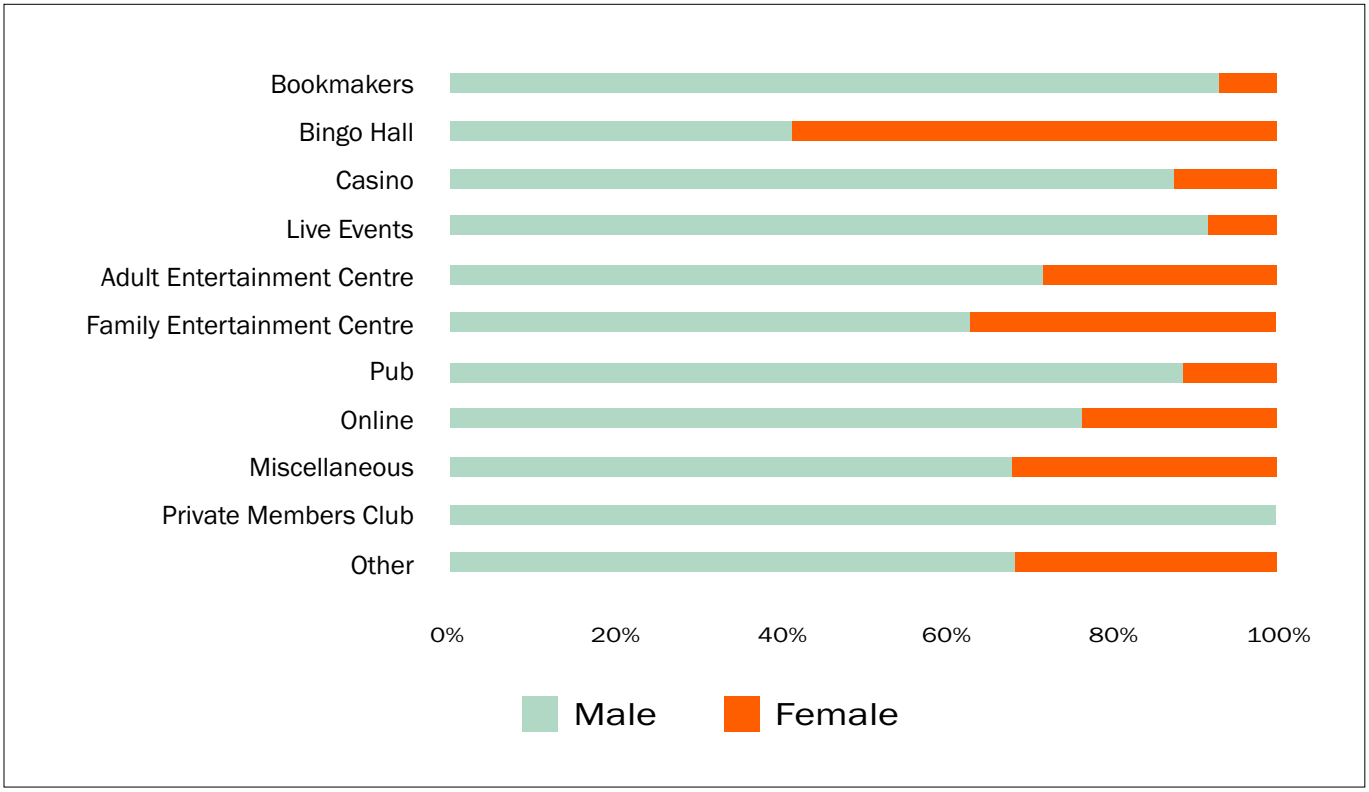
A lower proportion of women who gamble reported using bookmakers (10% compared to 38% males who gamble), casinos (6% compared to 12%), or live events (1.0% compared to 3.1%), whereas a higher proportion reported using bingo premises (6% compared to 1.2%), online services (79% compared to 71%) or miscellaneous activities (9% compared to 5%).

Table 23: Gambling location by gender

	Male		Female	
	N	%	N	%
Bookmakers	1747	38.4%	129	10.2%
Bingo premises	53	1.2%	75	6.0%
Casino	553	12.2%	80	6.3%
Live Events	139	3.1%	13	1.0%
Adult Entertainment Centre (18+ arcade)	248	5.5%	99	7.9%
Family Entertainment Centre (arcade)	53	1.2%	31	2.5%
Pub	248	5.5%	31	2.5%
Online	3211	70.6%	992	78.7%
Miscellaneous	245	5.4%	116	9.2%
Private Members Club	16	0.4%	0	0.0%
Other	100	2.2%	46	3.7%
Total people who gamble*	4546		1260	

*Categories of gender with less than 100 people who gamble were excluded from this table. See section 13 for available categories.
Note: column %s may total > 100% as more than one location can be reported.

Figure 10: Male/female proportion within each location



11.2.7 Gambling location by ethnic group

Some considerable differences were evident between the gambling locations reported by different ethnic groups (Table 24). Compared to White or White British people, a higher proportion of people who identified as Black or Black British reported using bookmakers (38% compared to 32%) or casinos (23% compared to 9%); a higher proportion of those who identified as Asian or Asian British also reported using bookmakers (38%) or casinos (23%). Use of online services was highest among those identifying as White or White British (73%) or mixed (74%).

Table 24: Gambling location by ethnic group

	White or White British		Black or Black British		Asian or Asian British		Mixed	
	N	%	N	%	N	%	N	%
Bookmakers	1625	32.0%	64	38.3%	106	38.1%	35	31.5%
Bingo premises	114	2.2%	<5	2.4%	<5	1.1%	<5	1.8%
Casino	475	9.3%	39	23.4%	64	23.0%	21	18.9%
Live Events	137	2.7%	<5	1.2%	6	2.2%	<5	0.9%
Adult Entertainment Centre (18+ arcade)	299	5.9%	13	7.8%	21	7.6%	5	4.5%
Family Entertainment Centre (arcade)	71	1.4%	<%	1.8%	8	2.9%	0	0.0%
Pub	261	5.1%	<5	0.6%	7	2.5%	5	4.5%
Online	3726	73.3%	96	57.5%	176	63.3%	82	73.9%
Miscellaneous	319	6.3%	9	5.4%	14	5.0%	12	10.8%
Private Members Club	14	0.3%	<5	0.6%	<5	0.4%	0	0.0%
Other	128	2.5%	5	3.0%	10	3.6%	<%	1.8%
Total people who gamble*	5086	100.0%	167	100.0%	278	100.0%	111	100.0%

*Categories of ethnic group with less than 100 people who gamble were excluded from this table. See section 13 for available categories.
Note: column %s may total > 100% as more than one location can be reported.

11.2.8 Gambling location by employment status

Use of bingo premises (4.4%), adult entertainment centres (18+ arcades) (10%), family entertainment centres (3.3%), and miscellaneous activities (11%) was higher among those defined as long-term living with a disability or sickness and not in work than among those who were employed or unemployed (Table 25), with use of online services the lowest (62%). Use of online services was highest (76%) among those employed. Use of casinos was highest (17%) among those unemployed.

Table 25: Gambling location by employment status

	Employed		Unemployed		Long-term sick/disabled & not in work	
	N	%	N	%	N	%
Bookmakers	1423	34.7%	261	41.2%	276	36.5%
Bingo premises	64	1.6%	22	3.5%	46	6.1%
Casino	408	10.0%	108	17.0%	80	10.6%
Live Events	85	2.1%	22	3.5%	11	1.5%
Adult Entertainment Centre (18+ arcade)	203	5.0%	48	7.6%	100	13.2%
Family Entertainment Centre (arcade)	46	1.1%	18	2.8%	32	4.2%
Pub	156	3.8%	29	4.6%	60	7.9%
Online	2963	72.3%	415	65.5%	438	57.9%
Miscellaneous	200	4.9%	49	7.7%	95	12.5%
Private Members Club	17	0.4%	3	0.5%	2	0.3%
Other	96	2.3%	12	1.9%	11	1.5%
Total	4098	100.0%	634	100.0%	757	100.0%
Missing	865		77		144	
Total people who gamble*	4963		711		901	

*Categories of employment status with less than 100 people who gamble were excluded from this table. See section 13 for available categories.
Note: column %s may total > 100% as more than one location can be reported.

11.2.9 Use of self-exclusion tools

Self-exclusion tools can be used by clients to place limits on their gambling activity. Self-exclusion involves a client requesting that a gambling operator excludes them from gambling with them for a set amount of time by for example blocking their online account or denying service at a bookmaker. Eighty one percent of gambling clients reported using a tool, though 25% stated that they had the ability to circumvent these.

Table 26: Use of self-exclusion tools

	N	%
Yes	3194	55.7%
Yes, but have ability to circumvent	1434	25.0%
No	1104	19.3%
Total	5732	100.0%
Missing/not stated	478	(7.7%)
Total people who gamble	6210	

*Categories of ethnic group with less than 100 people who gamble were excluded from this table. See section 13 for available categories.

11.3 Access to services

11.3.1 Source of referral into treatment

Referrals can be made from a variety of sources, including those within the NGSN. Most referrals were from the National Gambling Helpline (50%) or self-made (34%). Gordon Moody, other NGSN providers and 'other services or agencies' accounted for 1% to 6% of referrals each (Table 27). Other sources accounted for less than 1% each. Source of referral was broadly comparable between people who gamble and other clients, though a greater proportion of clients other than those who gamble accessed via self-referral (39% compared to 33%).

Table 27: Referral source for clients treated in 2024/25, by type of client

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
National Gambling Helpline	3011	50.2%	522	51.3%	3533	50.4%
Self-Referral	1964	32.7%	397	39.0%	2361	33.7%
Other service or agency	381	6.4%	36	3.5%	417	5.9%
Other NGSN Provider	236	3.9%	30	2.9%	266	3.8%
Gordon Moody	76	1.3%	<5	0.2%	78	1.1%
Other Primary Health Care	53	0.9%	0	0.0%	53	0.8%
Prison	33	0.6%	<5	0.4%	37	0.5%
GP	31	0.5%	5	0.5%	36	0.5%
Social Services	31	0.5%	<5	0.3%	34	0.5%
Mental Health NHS Trust	32	0.5%	<5	0.1%	33	0.5%
Police	25	0.4%	<5	0.4%	29	0.4%
Primary Care Gambling Service (PCGS)	19	0.3%	<5	0.4%	23	0.3%
Citizen's Advice	17	0.3%	<5	0.3%	20	0.3%
Probation Service	19	0.3%	<5	0.1%	20	0.3%
Drug Action Team / Drug Misuse Agency	19	0.3%	0	0.0%	19	0.3%
Voluntary Sector	13	0.2%	0	0.0%	13	0.2%
Education Service	<5	0.1%	<5	0.4%	8	0.1%
Independent Sector Mental Health Services	7	0.1%	0	0.0%	7	0.1%
Carer	6	0.1%	<5	0.1%	7	0.1%
London Problem Gambling Clinic / CNWL	5	0.1%	0	0.0%	5	0.1%
Northern Gambling Service / LYPFT	<5	0.1%	0	0.0%	<5	0.1%
Employer	<5	0.1%	0	0.0%	<5	0.1%
Court Liaison and Diversion Service	<5	0.1%	0	0.0%	<5	0.0%
Jobcentre plus	<5	0.0%	0	0.0%	<5	0.0%
Courts	<5	0.0%	0	0.0%	<5	0.0%
Accident And Emergency Department	<5	0.0%	0	0.0%	<5	0.0%
Health Visitor	<5	0.0%	0	0.0%	<5	0.0%
Asylum Services	0	0.0%	0	0.0%	0	0.0%
Total	5999	100.0%	1017	100.0%	7016	100.0%
Missing/Not stated	211	(3.4%)	23	(2.2%)	234	(3.2%)
Total clients	6210		1040		7250	

11.3.2 Where client heard of service

This information is recorded for self-referred clients only. Internet searches accounted for 37% of cases, sources that do not have an associated DRF code for 36% of cases, family or friend for 16%, 'other professional' for 6% and the GamCare website for 3.4%. Having heard of the service via newspaper, radio, TV or social media was uncommon (<1% combined).

Table 28: Where client heard of service

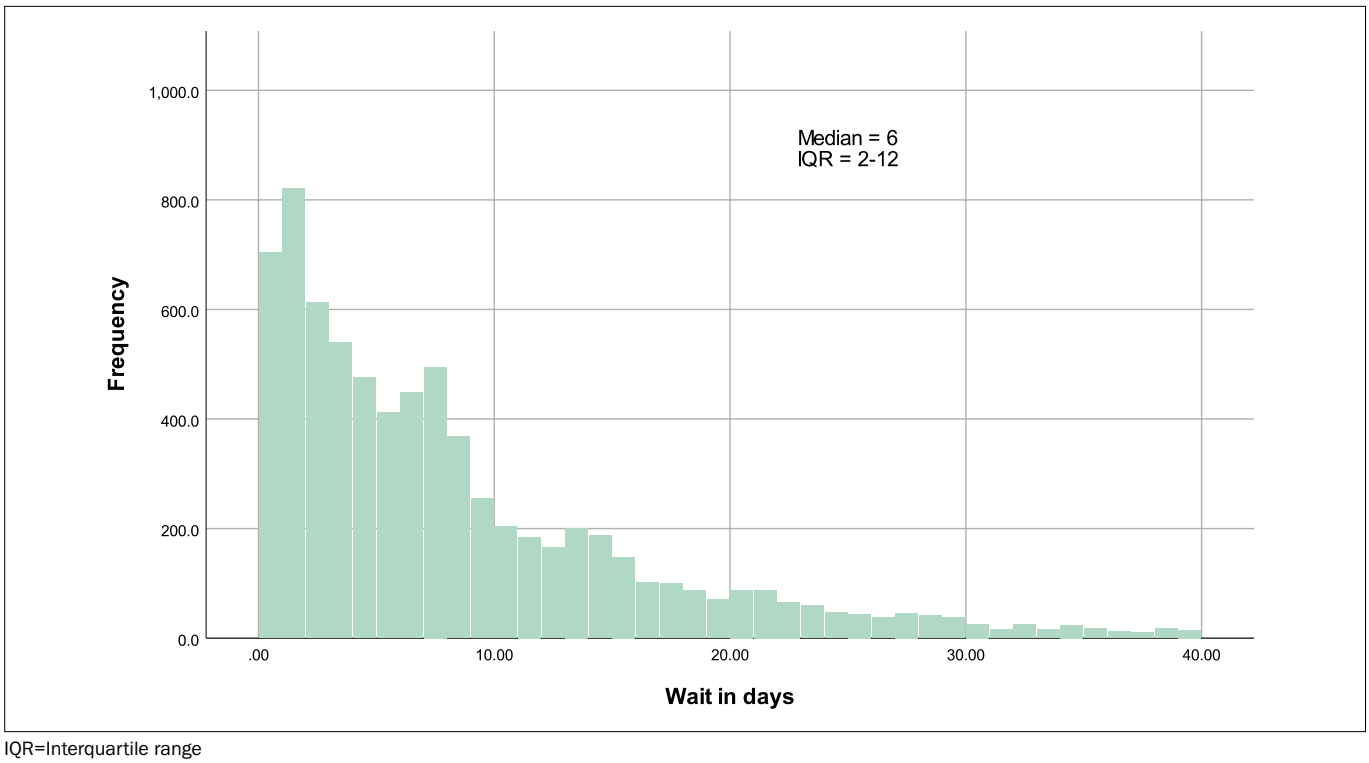
	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Internet search	723	38.1%	119	30.7%	842	36.9%
Other source	650	34.3%	116	29.9%	766	33.5%
Family or friend	239	12.6%	116	29.9%	355	15.5%
Other professional	122	6.4%	14	3.6%	136	6.0%
GamCare website	67	3.5%	10	2.6%	77	3.4%
Other website	31	1.6%	5	1.3%	36	1.6%
Other provider website	26	1.4%	6	1.5%	32	1.4%
BeGambleAware website	19	1.0%	<5	0.5%	21	0.9%
Social Media	12	0.6%	0	0.0%	12	0.5%
TV/Radio/Newspaper	7	0.4%	0	0.0%	7	0.3%
Total	1896	100.0%	#	100.0%	#	100.0%
Missing	68	(3.5%)	#	(2.3%)	#	(3.3%)
Total clients self-referred	1964		397		2361	

suppressed to avoid calculation of small numbers

11.3.3 Waiting times for first appointment

Waiting time was calculated as the time between referral date and date of first recorded appointment. For clients treated during 2024/25, 50% had their first appointment within 6 calendar days and 75% had it within 12 calendar days. Waiting times for residential services were higher, with 50% of clients seen within 14 calendar days.

Figure 11: Distribution of days waited for first appointment (truncated to 40 days)

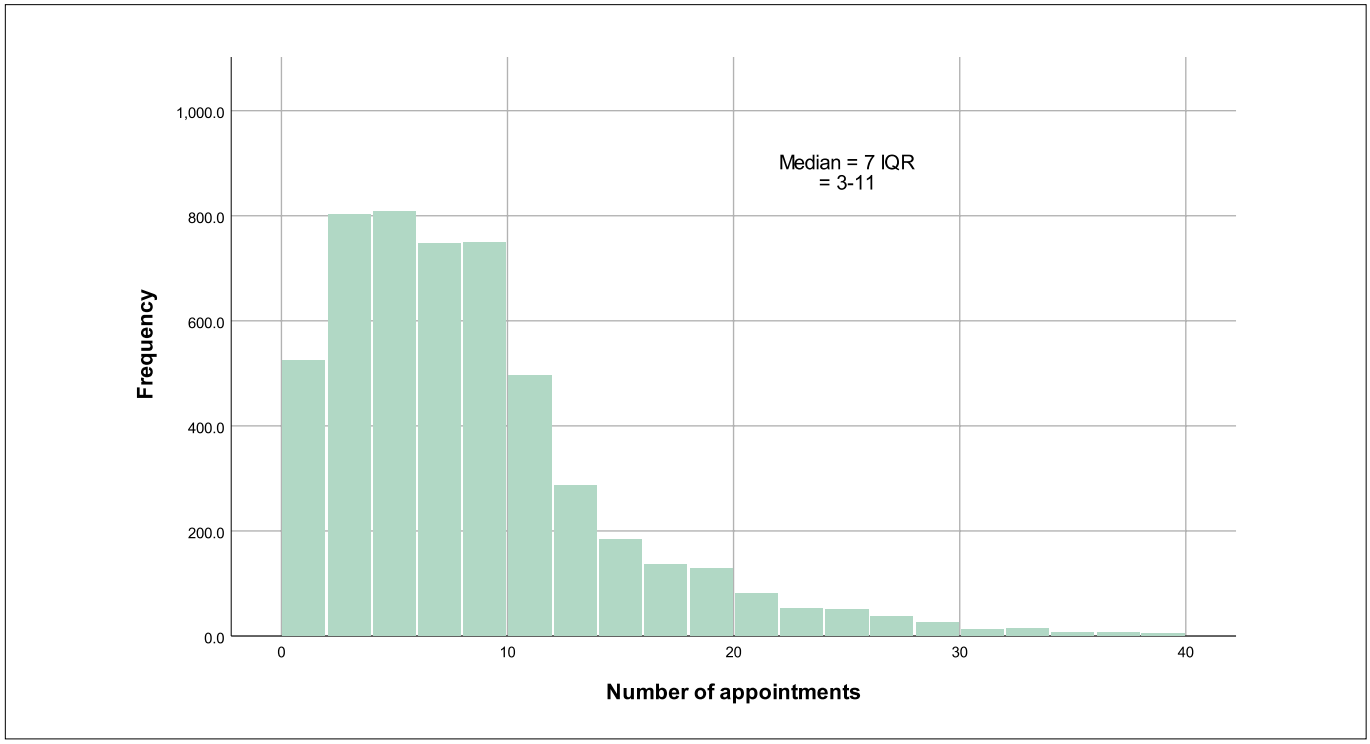


IQR=Interquartile range

11.4 Engagement

A total of 60,133 appointments were recorded for clients treated in 2024/25. For those who exited treatment, this represents a median of 7 appointments per client, for both people who gamble and other clients. Figure 12 shows the overall distribution of the number of appointments per client.

Figure 12: Distribution of number of appointments recorded per client (truncated at 40)



IQR=Interquartile range

Most of these appointments (80%) were for the purpose of treatment, with 17% being for assessment and 2.7% for aftercare or formal structured follow-up after treatment completion (Table 29).

Table 29: Appointment purpose for clients treated in 2024/25

	Appointments received		Appointments received			
	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Treatment	33000	77.8%	5543	84.0%	38543	78.7%
Assessment	6788	16.0%	884	13.4%	7672	15.7%
Aftercare	722	1.7%	<5	0.0%	725	1.5%
Assessment and treatment	564	1.3%	77	1.2%	641	1.3%
Formal structured follow-up	608	1.4%	<5	0.0%	610	1.2%
Review only	364	0.9%	<5	0.1%	368	0.8%
Other	211	0.5%	53	0.8%	264	0.5%
Review and treatment	81	0.2%	15	0.2%	96	0.2%
Extended Brief Intervention (EBI)	53	0.1%	15	0.2%	68	0.1%
Total	42391	100.0%	6596	100.0%	48987	100.0%
Missing/Not recorded	9332	(18.0%)	1359	(17.1%)	10691	(17.9%)
Total appointments	51723		7955		59678	

In this post-pandemic period, most (73%) appointments were still conducted remotely, by telephone (64%), web camera (9%) or other remote platform (0.3%). Less than one third of appointments (27%) were conducted on a face-to-face basis.

Interventions received were most likely to be described as structured psycho-social (23%), motivational interviewing (19%), CBT (Cognitive Behavioural Therapy) (17%), counselling (16%), or psychotherapy (12%).

All other forms of intervention totalled a further 13% (Table 30).

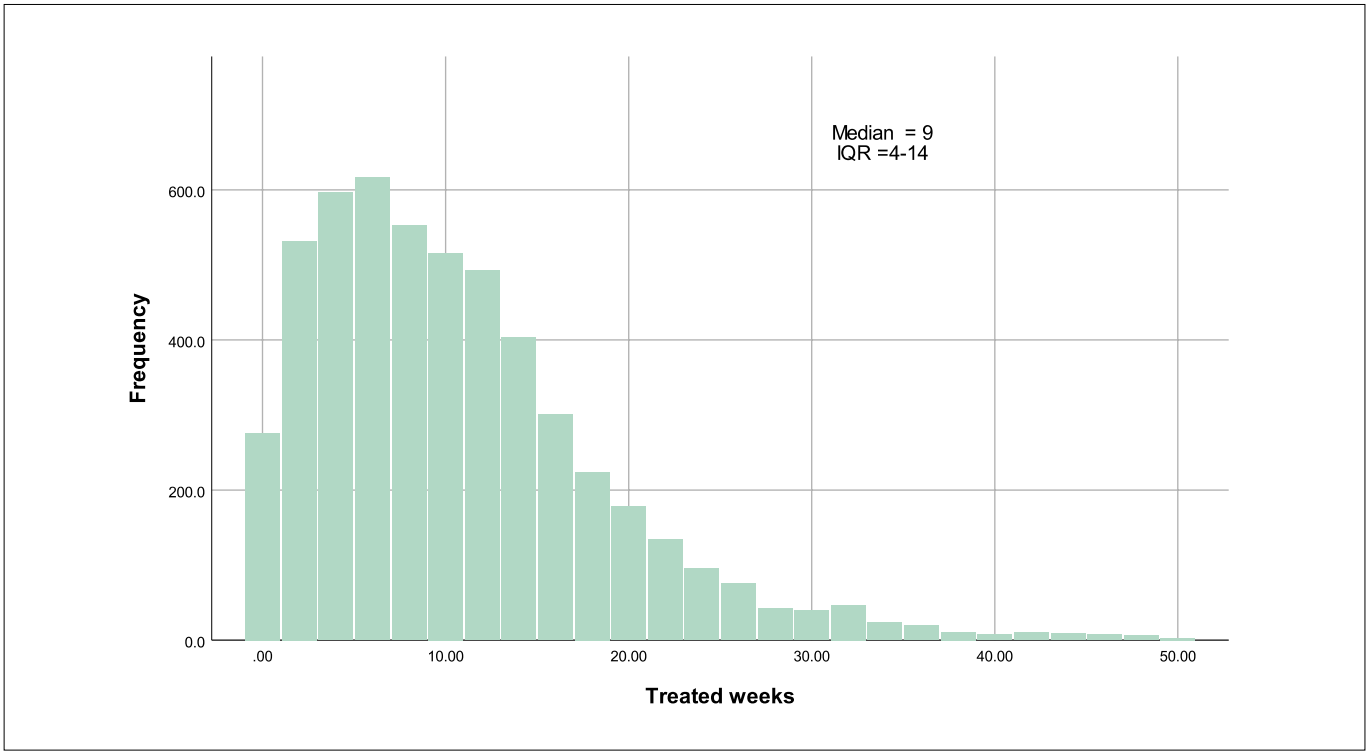
Table 30: Interventions received at appointments in 2024/25

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Structured psycho-social	8787	23.5%	1080	19.3%	9867	22.9%
Motivational Interviewing	7126	19.0%	922	16.5%	8048	18.7%
Cognitive Behavioural Therapy (CBT)	6178	16.5%	1250	22.3%	7428	17.3%
Counselling	6749	18.0%	0	0.0%	6749	15.7%
Psychotherapy	4156	11.1%	1130	20.2%	5286	12.3%
Other	2899	7.7%	173	3.1%	3072	7.1%
Brief advice	1066	2.8%	104	1.9%	1170	2.7%
5 Step	14	0.0%	827	14.8%	841	2.0%
Psychodynamic therapy	398	1.1%	116	2.1%	514	1.2%
Pharmacological	22	0.1%	<5	0.0%	23	0.1%
Dialectical behaviour therapy (DBT)	9	0.0%	0	0.0%	9	0.0%
Eye movement desensitisation and reprocessing (EMDR)	<5	0.0%	0	0.0%	<5	0.0%
Acceptance and commitment therapy (ACT)	<5	0.0%	<5	0.0%	<5	0.0%
Total	37408	100.0%	5604	100.0%	43012	100.0%
Missing	14315	(27.7%)	2351	(30.0%)	16666	(27.9%)
Total appointments	51723		7955		59678	

11.4.1 Length of time in treatment

Measured as the length of time between first appointment and exit date, among those receiving and ending treatment within 2024/25, treatment lasted for a median of 9 weeks, the same for both people who gamble and other clients. One quarter of clients received treatment for 4 weeks or less, half received treatment for between 4 and 14 weeks and one quarter received treatment for over 14 weeks. Treatment in residential centres was generally shorter, lasting a median of 5 weeks.

Figure 13: Distribution of number of weeks in treatment (truncated at 50 weeks)



IQR=Interquartile range

11.5 Treatment outcomes

Among clients treated within 2024/25, 2,345 (31%) were still in treatment at the end of March 2025, therefore treatment outcomes are presented here for those clients who exited between April 2024 and March 2025 to represent their status at the end of treatment.

11.5.1 Treatment exit reasons

Most clients (59%) who exited treatment within 2024/25 completed their scheduled treatment (Table 31). However, 28% dropped out of treatment before a scheduled endpoint. This compares to a past five-year average of 26%. Smaller proportions were referred on to another service following treatment (12%), discharged by mutual agreement (0.6%) or died (0.0%). Clients other than people who gamble were more likely to complete treatment (79% compared to 57%) and less likely to drop out (16% compared to 30%). Compared to 2023/24, a lower proportion of clients dropped out of treatment and a greater proportion were referred on to an appropriate service.

Table 31: Reasons for treatment exit for clients treated within 2024/25

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Completed scheduled treatment	2445	55.6%	575	79.0%	3020	58.9%
Dropped out of treatment	1331	30.3%	119	16.3%	1450	28.3%
Referred to other service	592	13.5%	34	4.7%	626	12.2%
Discharged by mutual agreement	30	0.7%	0	0.0%	30	0.6%
Deceased	<5	0.0%	0	0.0%	<5	0.0%
Total	#	100.0%	728	100.0%	#	100.0%
Missing/not known	#	(3.0%)	10	(1.4%)	#	(2.8%)
Total clients	4538		738		5276	

suppressed to avoid calculation of small numbers

Some minor differences in the reasons for exit were noted between male and female clients (Table 32), with a smaller proportion of female clients dropping out of treatment (22% compared to 31% males). However, when restricting to gambling clients only, a more similar proportion of male and female clients dropped out of treatment (31% male, 27% female).

Among people who gamble, those who were employed (Table 33) were the most likely to complete treatment. Levels of drop out decreased with age, falling from 35% among those under 30 years old to 23% among those over 50 years old (Table 34). Rates of completion were higher among those in a relationship (59%) compared to not in a relationship (50%) (Table 35).

Completion rates were lowest (54%) – and dropout rates highest (34%) – among those whose ethnicity was defined as Black or Black British (Table 36).

Table 32: Treatment exit reason by gender/gambling status

	Male				Female			
	Gambling clients		Other clients		Gambling clients		Other clients	
	N	%	N	%	N	%	N	%
Completed scheduled treatment	1963	57.3%	67	71.3%	460	49.8%	501	80.0%
Dropped out of treatment	1067	31.2%	18	19.1%	248	26.8%	100	16.0%
Referred to other service	372	10.9%	9	9.6%	211	22.8%	25	4.0%
Discharged by mutual agreement	21	0.6%	0	0.0%	5	0.5%	0	0.0%
Deceased	<5	0.1%	0	0.0%	0	0.0%	0	0.0%
Total	#	100%	94	100%	924	100%	626	100%

suppressed to avoid calculation of small numbers

Table 33: Treatment exit reason by employment status (among gambling clients)

	Employed		Unemployed		Long-term sick/disabled & not in work	
	N	%	N	%	N	%
Completed scheduled treatment	1736	59.5%	171	40.4%	241	43.8%
Dropped out of treatment	906	31.0%	146	34.5%	144	26.2%
Referred to other service	275	9.4%	100	23.6%	151	27.5%
Discharged by mutual agreement	<5	0.1%	5	1.2%	14	2.5%
Deceased	<5	0.0%	<5	0.2%	0	0.0%
Total	2920	100.0%	#	100.0%	550	100.0%

*Categories of employment status with less than 100 clients were excluded from this table. See section 13 for available categories.
suppressed to avoid calculation of small numbers

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

	Under 30		30-39		40-49		50 and over	
	N	%	N	%	N	%	N	%
Completed scheduled treatment	575	52.9%	971	55.1%	489	56.2%	405	60.3%
Dropped out of treatment	378	34.8%	571	32.4%	230	26.4%	152	22.6%
Referred to other service	124	11.4%	212	12.0%	145	16.7%	111	16.5%
Discharged by mutual agreement	10	0.9%	6	0.3%	6	0.7%	<5	0.4%
Deceased	0	0.0%	<5	0.1%	0	0.0%	<5	0.1%
Total	1087		<5		870		672	

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

	In relationship		Not in relationship	
	N	%	N	%
Completed scheduled treatment	1436	59.2%	731	49.7%
Dropped out of treatment	727	30.0%	445	30.3%
Referred to other service	257	10.6%	272	18.5%
Discharged by mutual agreement	<5	0.1%	21	1.4%
Deceased	<5	0.0%	<5	0.1%
Total	2424		1470	

Table 36: Treatment exit reason by ethnic group (among gambling clients)

	White or White British		Black or Black British		Asian or Asian British		Mixed	
	N	%	N	%	N	%	N	%
Completed scheduled treatment	1436	59.2%	731	49.7%	1436	59.2%	731	49.7%
Dropped out of treatment	727	30.0%	445	30.3%	727	30.0%	445	30.3%
Referred to other service	257	10.6%	272	18.5%	257	10.6%	272	18.5%
Discharged by mutual agreement	<5	0.1%	21	1.4%	<5	0.1%	21	1.4%
Deceased	<5	0.0%	<5	0.1%	<5	0.0%	<5	0.1%
Total	2424		1470		2424		1470	

*Categories of employment status with less than 100 clients were excluded from this table. See section 13 for available categories.
suppressed to avoid calculation of small numbers

11.6 Severity scores

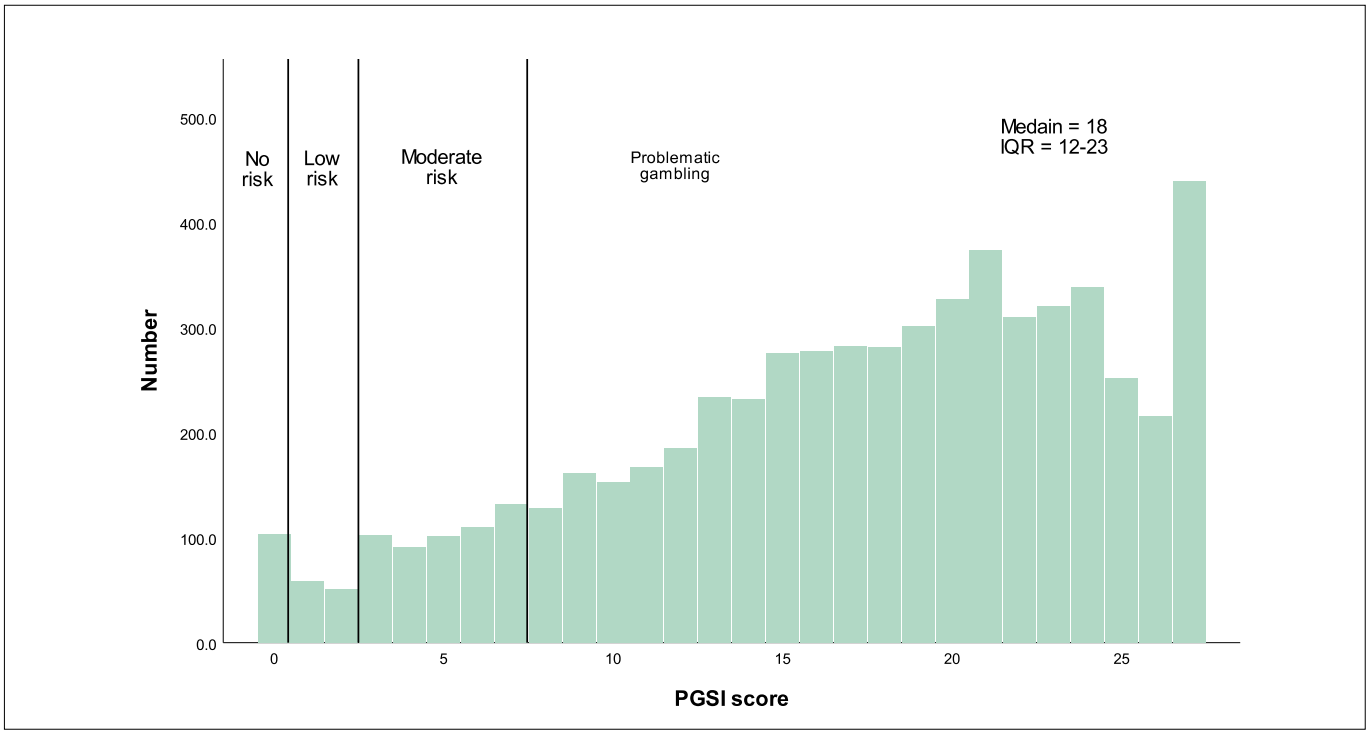
11.6.1 Baseline and latest severity scores

PGSI scores are recorded only for people who gamble. At the earliest PGSI assessment for those treated during 2024/25, PGSI scores were recorded for 97% of this sample, with the distribution of scores shown in Figure 14. As shown in Table 37, the majority (88%) recorded a PGSI score of 8+ at baseline. Much smaller proportions were defined as moderate risk (9%), low risk (1.8%) or no problem (1.7%). Among those in the highest PGSI category (8+), mean PGSI score was 19, considerably higher than the minimum of eight for this category.

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

	Earliest PGSI assessment	
	N	%
No problem (0)	103	1.7%
At low risk (1-2)	110	1.8%
At moderate risk (3-7)	536	8.9%
Score of 8+	5253	87.5%
Total	6002	100.0%
Missing	208	(3.3%)
Total people who gamble	6210	

Figure 14: Distribution of PGSI score at earliest PGSI assessment



IQR=Interquartile range

Among gambling clients, those who exited treatment before completion (Table 38) were slightly more likely than those who completed planned treatment to record an initial PGSI score of 8+ (89% compared to 86%, Table 38). Gambling clients with an initial PGSI score of 8+ were most likely (27%) to have an ability to circumnavigate self-exclusion tools, compared to those with lower PGSI scores (Table 39).

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

	Completed treatment		Discharged, not complete	
	N	%	N	%
No problem (0)	41	1.7%	23	1.1%
At low risk (1-2)	56	2.3%	29	1.4%
At moderate risk (3-7)	241	9.9%	176	8.6%
Score of 8+	2104	86.2%	1829	88.9%
Total	2442	100.0%	2057	100.0%
Missing	3	(0.1%)	6	(0.3%)
Total people who gamble	2445		2063	

Table 39: PGSI category of severity at earliest PGSI assessment, all people who gamble by use of self exclusion tools

	Earliest PGSI score							
	No problem (0)		At low risk (1-2)		At moderate risk (3-7)		Score of 8+	
	N	%	N	%	N	%	N	%
Yes	72	83.7%	83	76.9%	359	68.3%	2672	53.5%
Yes, but have ability to circumvent	4	4.7%	9	8.3%	75	14.3%	1342	26.9%
No	10	11.6%	16	14.8%	92	17.5%	982	19.7%
Total	86	100.0%	108	100.0%	526	100.0%	4996	100.0%
Missing	17	(16.5%)	2	(1.8%)	10	(1.9%)	257	(4.9%)
Total people who gamble	103		110		536		5253	

Of the 6,002 people who had an initial PGSI measured, 3,841 proceeded to have a further PGSI measurement before exiting treatment.

At the last score taken within treatment before exit for any reason (Table 40), one quarter (25%) were defined by the PGSI as having no gambling problems, 22% as demonstrating low risk and 26% as moderate risk.

A further quarter (27%) still had a PGSI score of 8+, of whom 48% had an initial PGSI score of 20 or more and 12% had the maximum score of 27 (Figure 14). A final PGSI score of 8+ was more common among those not completing treatment (50%).

Only 275 (12%) of those completing treatment had a score of 8+ at their latest assessment but 72% of these did record lower scores than at initial assessment, with a median 5 point improvement on the scale.

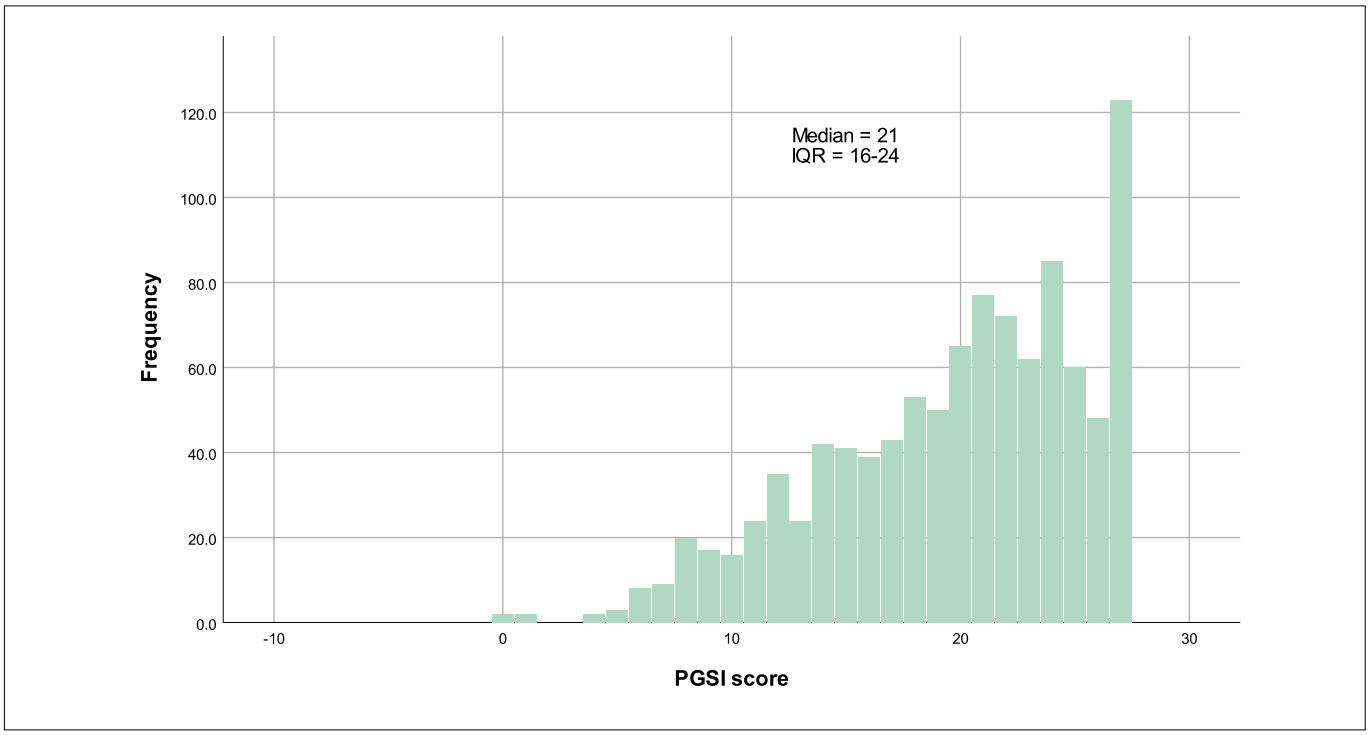
Table 40: PGSI category of severity at earliest and latest PGSI assessment, all people exiting treatment (for any reason)

	Earliest PGSI assessment		Latest PGSI assessment	
	N	%	N	%
No problem (0)	55	1.4%	975	25.4%
At low risk (1-2)	70	1.8%	830	21.6%
At moderate risk (3-7)	365	9.5%	1014	26.4%
Score of 8+	3351	87.2%	1022	26.6%
Total people who gamble	3841	100.0%	3841	100.0%

Table 41: PGSI category of severity at earliest and latest PGSI assessment, by exit status

		Earliest PGSI assessment		Latest PGSI assessment	
		N	%	N	%
Completed treatment	No problem (0)	40	1.7%	822	35.3%
	At low risk (1-2)	48	2.1%	641	27.5%
	At moderate risk (3-7)	229	9.8%	593	25.4%
	Score of 8+	2014	86.4%	275	11.8%
	Total	2331	100.0%	2331	100.0%
Exited before completion	No problem (0)	15	1.0%	153	10.1%
	At low risk (1-2)	22	1.5%	189	12.5%
	At moderate risk (3-7)	136	9.0%	421	27.9%
	Score of 8+	1337	88.5%	747	49.5%
	Total	1510	100.0%	1510	100.0%

Figure 15: Distribution of earliest PGSI score among those with latest score of 8+



IQR=Interquartile range

Figure 16: Earliest PGSI status mapped to latest PGSI status, all people exiting treatment (for any reason) with more than one PGSI score (n=3,841)

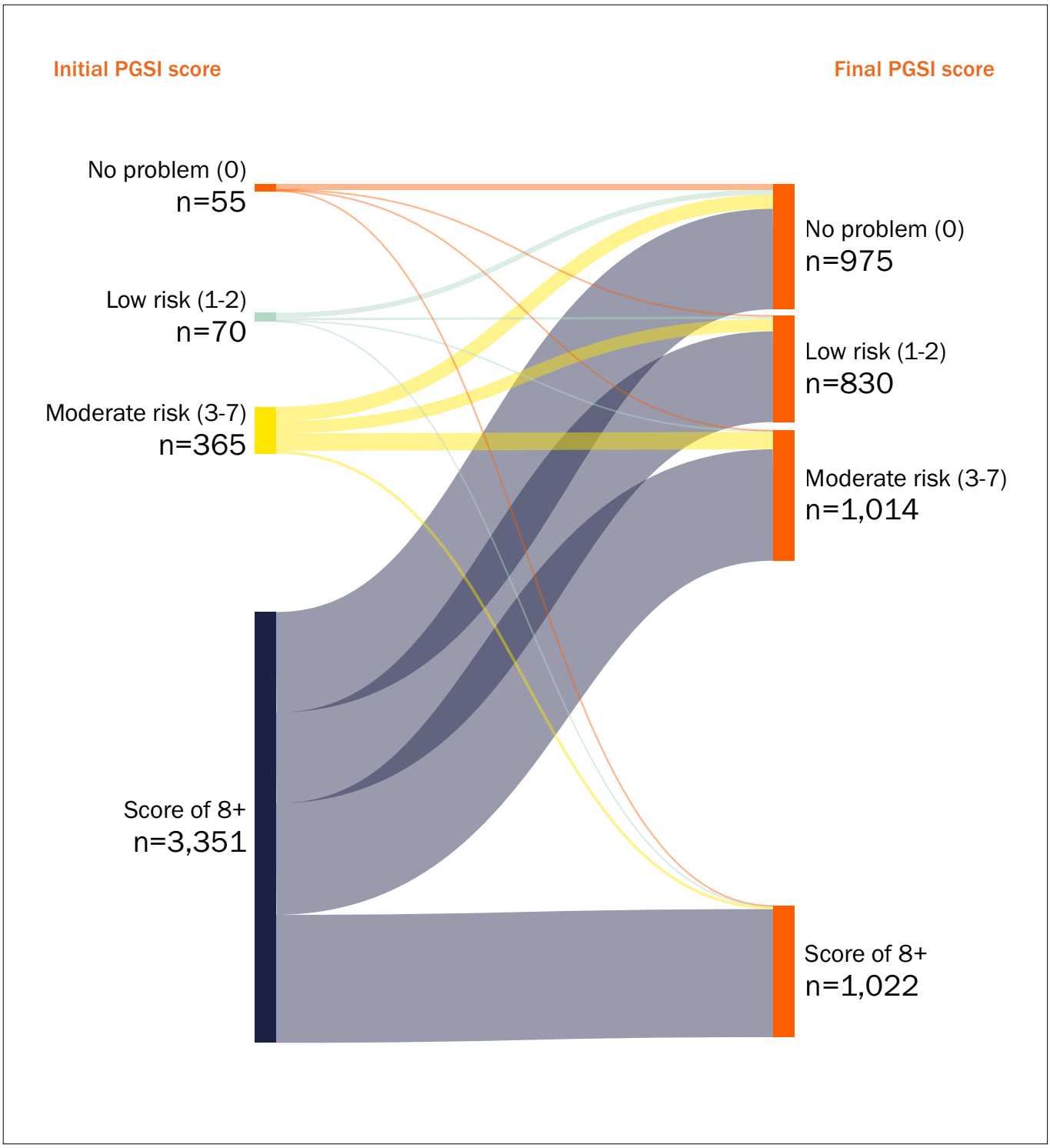
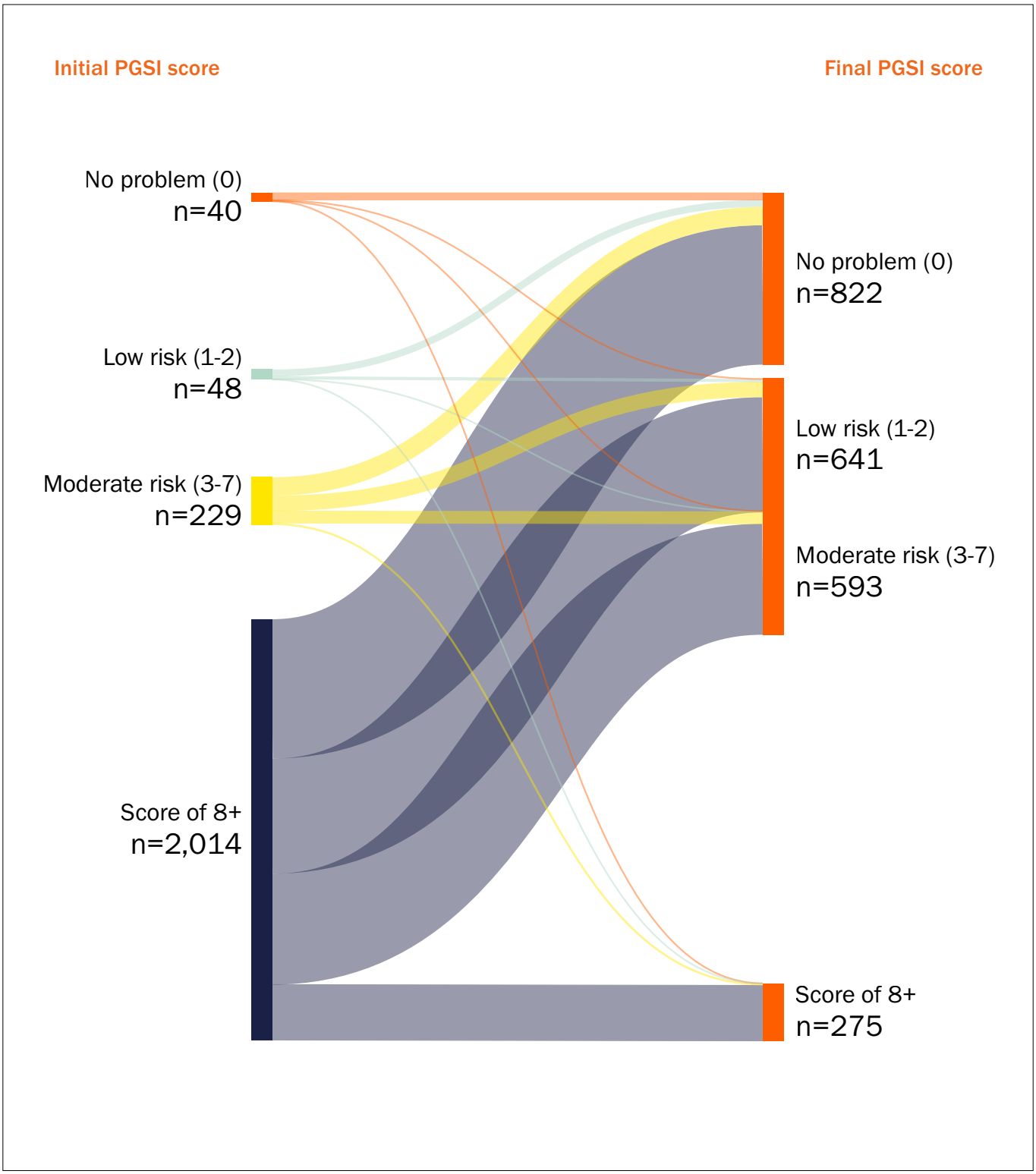


Figure 17: Earliest PGSI status mapped to latest PGSI status, people who completed planned treatment with more than one PGI score (n=2,331)



11.6.1.1 CORE-10

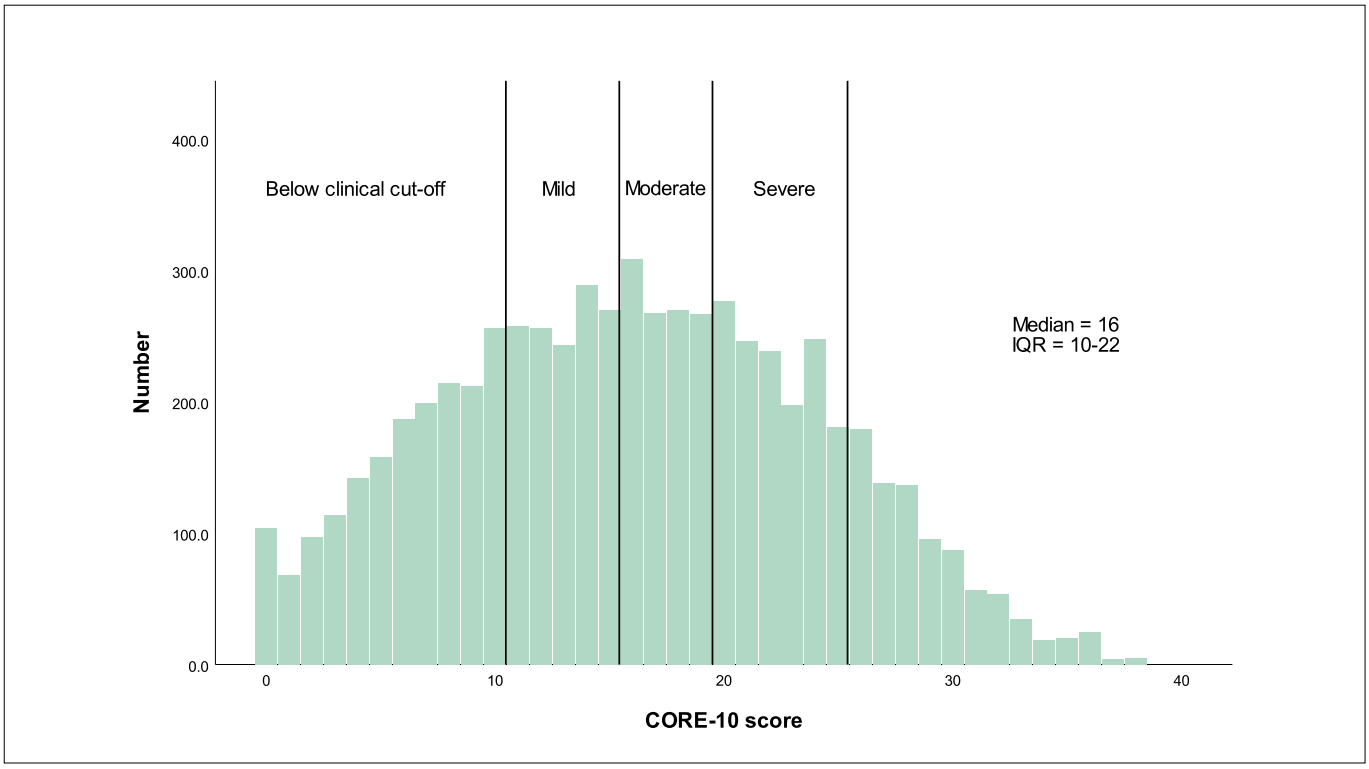
At the earliest known appointment for clients treated during 2024/25, CORE-10 scores were recorded for 84% of clients, with the distribution of scores shown in Figure 18.

Among these clients 13% scored as severe, 17% moderate-to-severe, 22% moderate, 21% mild and 27% below clinical cut-off (Table 42). A greater proportion of people who gamble recorded a score of severe than other clients (14% compared to 9%). Within the category of severe, mean scores were 29 for people who gamble and 28 for other clients.

Table 42: CORE-10 category of severity at earliest appointment

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	1464	27.1%	283	27.9%	1747	27.2%
Mild	1061	19.6%	254	25.1%	1315	20.5%
Moderate	1156	21.4%	234	23.1%	1390	21.7%
Moderate severe	965	17.9%	147	14.5%	1112	17.3%
Severe	759	14.0%	95	9.4%	854	13.3%
Total	5405	100.0%	1013	100.0%	6418	100.0%
Missing	805	(13.0%)	27	(2.6%)	832	(11.5%)
Total clients	6210		1040		7250	

Figure 18: Distribution of CORE-10 score at earliest CORE-10 assessment



IQR=Interquartile range

Table 43: CORE-10 category of severity at earliest appointment, by exit status

	Completed treatment		Discharged, not complete	
	N	%	N	%
Below clinical cut-off	850	30.2%	429	20.8%
Mild	618	22.0%	405	19.6%
Moderate	599	21.3%	466	22.6%
Moderate severe	450	16.0%	408	19.8%
Severe	295	10.5%	356	17.2%
Total	2812	100.0%	2064	100.0%
Missing	209	(6.9%)	156	(7.0%)
Total clients	3021		2220	

Of the 6,426 people who had CORE-10 measured at the first appointment, 4,558 proceeded to have a further CORE-10 measurement before exiting treatment (for any reason). Table 44 shows the latest severity category recorded in treatment (see Table 42 for earliest). At this point most clients (67%) were now defined as 'below clinical cut-off', with 16% defined as mild, 9% as moderate, 5% as moderate severe and 3.6% as 'severe'.

Figure 19, Figure 20 and Figure 21 show how CORE-10 category changed from earliest to latest assessment.

Table 44: Latest CORE-10 category of severity recorded within treatment (any exit status), by client type

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Below clinical cut-off	2589	66.6%	474	71.2%	3063	67.2%
Mild	605	15.6%	112	16.8%	717	15.7%
Moderate	350	9.0%	48	7.2%	398	8.7%
Moderate severe	189	4.9%	23	3.5%	212	4.7%
Severe	157	4.0%	9	1.4%	166	3.6%
Total clients	3890	100.0%	666	100.0%	4556	100.0%

Table 45: Latest CORE-10 category of severity recorded within treatment (any client type), by exit status

	Completed treatment		Discharged, not complete	
	N	%	N	%
Below clinical cut-off	2336	80.1%	728	44.4%
Mild	374	12.8%	343	20.9%
Moderate	132	4.5%	267	16.3%
Moderate severe	50	1.7%	162	9.9%
Severe	26	0.9%	140	8.5%
Total clients	2918	100.0%	1640	100.0%

Figure 19: Earliest CORE-10 status mapped to latest CORE-10 status – people who gamble with more than one CORE-10 score, any exit reason (n=3,890)

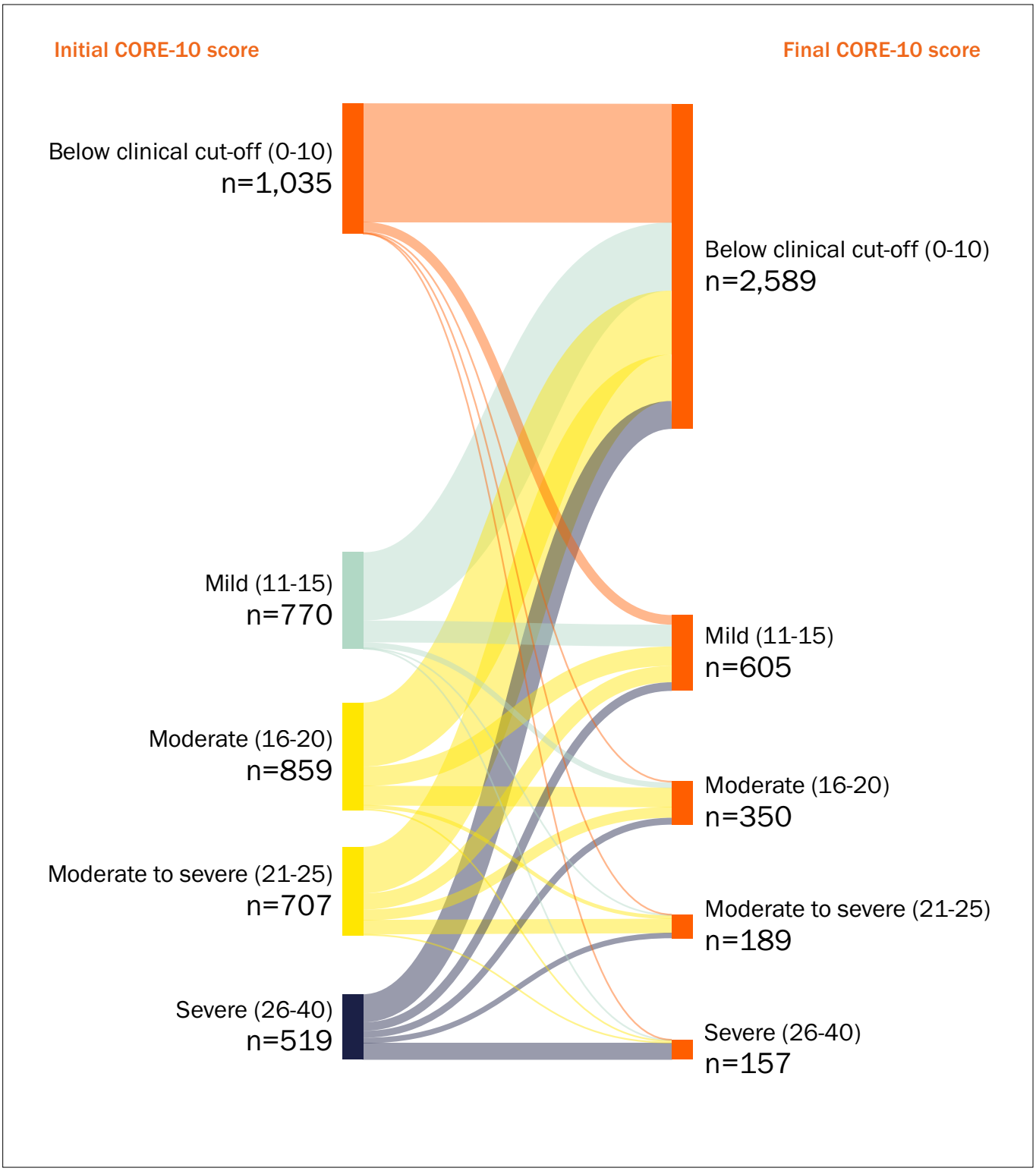


Figure 20: Earliest CORE-10 status mapped to latest CORE-10 status - Other clients with more than one CORE-10 score, any exit reason (n=666)

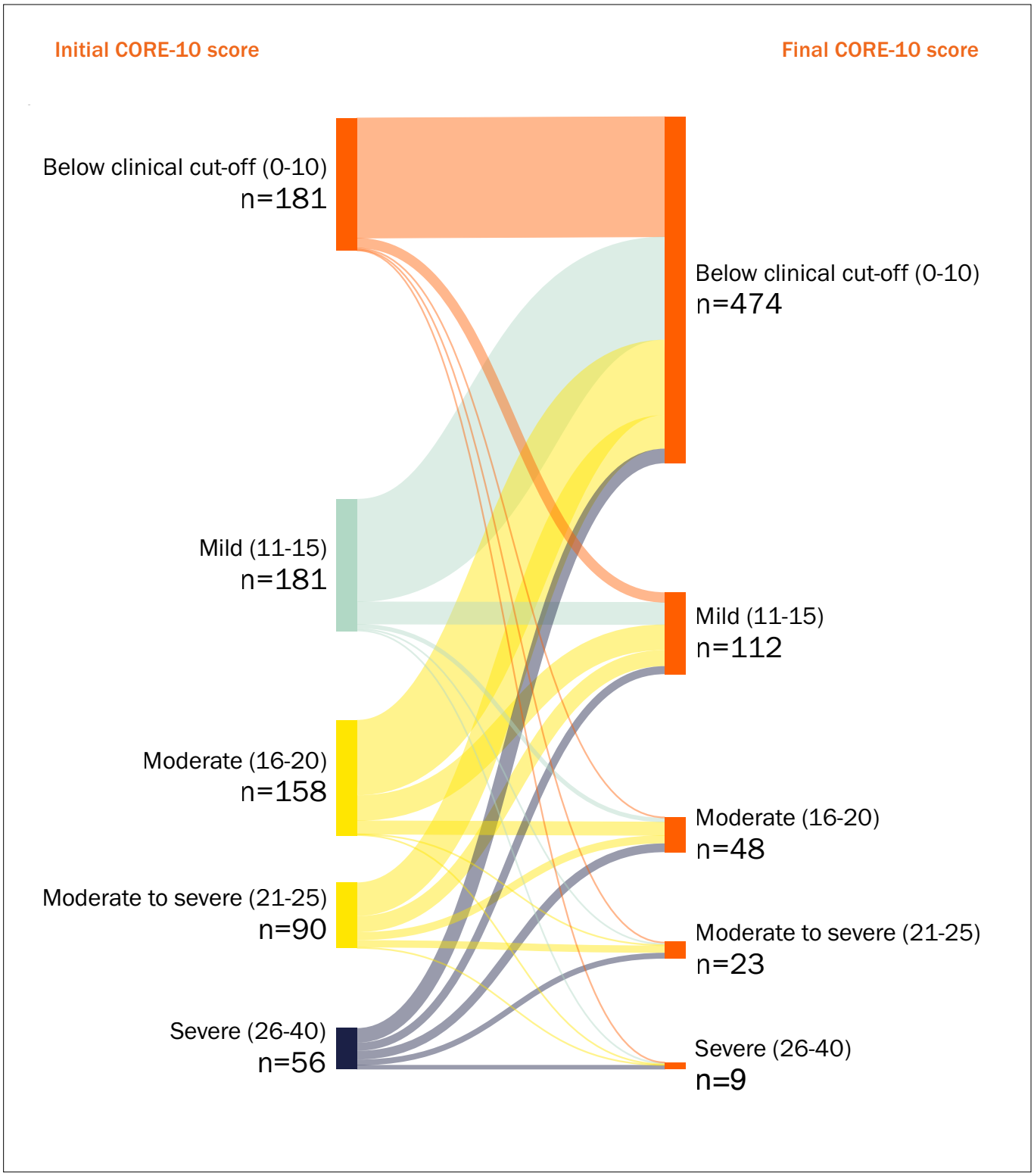
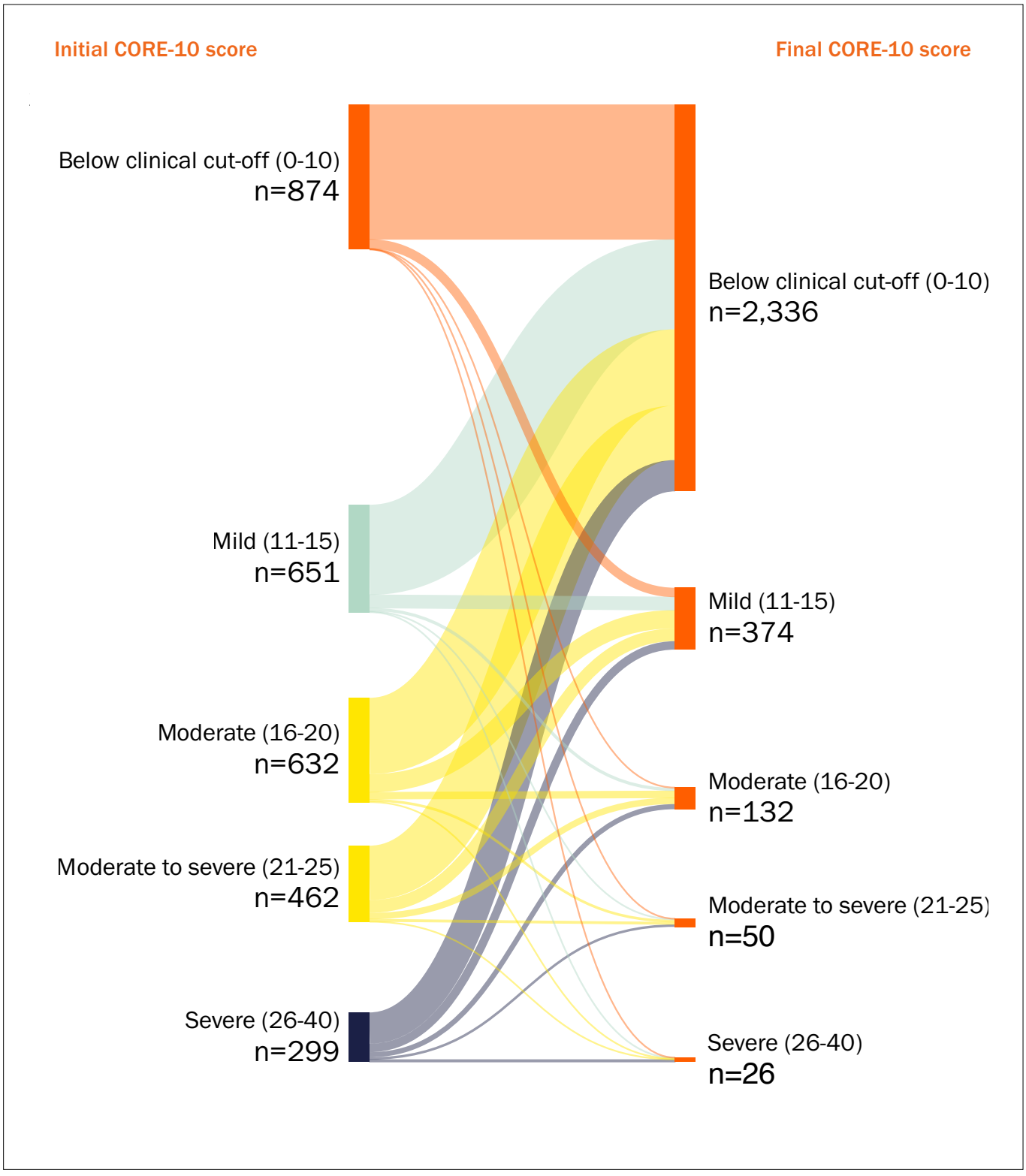


Figure 21: Earliest CORE-10 status mapped to latest CORE-10 status - clients completing treatment with more than one CORE-10 score (n=2,918)



11.6.2 Change in severity scores

Change in scores are reported here in three ways: level of change in scores, direction of change in scores, and changes between categories of severity. Changes are reported only when more than one score was recorded and is calculated as the difference between the earliest and latest scores recorded within a client's latest episode of treatment. Therefore, if a client has received multiple episodes of treatment (from one or more providers), the change in scores reported here may not be reflective of the total progress made throughout their entire treatment journey. In the previous year's report, the change in PGSI and CORE-10 score was only measured for clients with at least two scores taken on different dates. This excludes clients who fail to attend more than one initial appointment and gives a more accurate representation of the impact of treatment received as opposed to treatment intended. The same approach is used in this report.

11.6.2.1 PGSI

PGSI scores were taken for most (97%) people who gamble, of whom 64% had more than one score, enabling the measurement of change over time. For clients who exited treatment during the year, there was a median reduction (improvement) between earliest and latest PGSI scores of 12 points on the PGSI scale (14 points for those completing treatment, 6 for those discharged not complete). Table 46 summarises the direction and extent of change in PGSI among people with more than one PGSI score. It shows that the majority of people exiting treatment (82%) showing an improvement, 14% showing no change and a small minority (4.3%) recording a higher latest score than their earliest score. The greatest proportion of clients (36%) improved by 10-19 points, with a further 22% improving by 20-27 points[12]. No client characteristics were reliably associated with an increase in PGSI score. Table 47 shows these changes in PGSI score by exit reason. A greater proportion of those that did not complete treatment recorded no change in score (this was the case for 22% for those who dropped out compared to 4% for those who completed treatment). For those who completed scheduled treatment, improved scores were recorded for most (93%). The magnitude of improvement also differed by exit reason, with a median of 14 points for those completing treatment, compared to 8 points for those dropping out before completion.

Table 46: Changes in PGSI score between earliest and latest appointments for people who gamble, exiting treatment for any reason

	N	%
Improved by 20-27 points	849	22.1%
Improved by 10-19 points	1374	35.8%
Improved by 1-9 points	932	24.3%
No change	517	13.5%
Worsened by 1-9 points	159	4.1%
Worsened by 10-18 points	9	0.2%
Worsened by 19-27 points	<5	0.0%
Total	#	100.0

suppressed to avoid calculation of small numbers

Table 47: Direction of change in PGSI score between earliest and latest appointments, by exit reason

	Worse		No change		Better		Median improvement
	N	%	N	%	N	%	
Completed scheduled treatment	60	2.6%	93	4.0%	2178	93.4%	14
Dropped out of treatment	69	7.2%	207	21.7%	678	71.1%	8
Referred to other service	37	7.3%	212	41.9%	257	50.8%	1

*Categories of exit reason with less than 100 clients were excluded from this table. See section 13 for available categories.

[12]Note that these categories are designed to group the level of change evenly within the range of values, and do not represent formal categories of severity of gambling problems.

11.6.2.2 CORE-10

Within treatment, CORE-10 scores were taken for most (84%) clients and 72% of those had more than one score, enabling the tracking of progress over different time points. Between earliest and latest CORE-10 assessment within treatment where more than one CORE-10 scores were recorded, client's scores decreased (improved) by a median of seven points on the CORE-10 scale (for both people who gamble and clients other than people who gamble). This increased to nine for clients who completed treatment (nine for people who gamble and eight for clients other than people who gamble).

Table 48 summarises the direction and extent of change in CORE-10 scores. Most clients (77%) saw an improvement during treatment, 13% showed no change and 10% saw an increase in CORE-10 score. Most clients (71%) recorded an improvement of between 1 and 20 points. The most common improvement (1-10 points) was achieved by 44%. A greater proportion of people who gamble improved by more than 20 points (7% compared to 4.5% other clients)[13].

Table 48: Direction of change in CORE-10 score between earliest and latest appointment, for clients exiting treatment for any reason

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Improved by 31-40 points	17	0.4%	0	0.0%	17	0.4%
Improved by 21-30 points	260	6.7%	30	4.5%	290	6.4%
Improved by 11-20 points	1055	27.1%	178	26.7%	1233	27.1%
Improved by 1-10 points	1646	42.3%	335	50.3%	1981	43.5%
No change	523	13.4%	52	7.8%	575	12.6%
Worsened by 1-10 points	364	9.4%	65	9.8%	429	9.4%
Worsened by 11-20 points	24	0.6%	6	0.9%	30	0.7%
Worsened by 21-30 points	<5	0.0%	0	0.0%	<5	0.0%
Worsened by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	#	100.0%	666	100.0%	#	100.0%

suppressed to avoid calculation of small numbers

Table 49 shows these changes in CORE-10 score by exit reason. Lack of change in score was more common amongst those that did not complete treatment (21% for dropped out compared to 4.6% for completed). For those who completed scheduled treatment, improved scores were recorded for most (87%).

Table 49: Direction of change in CORE-10 score between earliest and latest appointment, by exit reason

	Worse		No change		Better		Median improvement
	N	%	N	%	N	%	
Completed scheduled treatment	241	8.3%	134	4.6%	2543	87.1%	8
Dropped out of treatment	146	14.0%	219	21.0%	677	65.0%	5
Referred to other service	64	11.9%	218	40.6%	255	47.5%	0

*Categories of exit reason with less than 100 clients were excluded from this table. See section 13 for available categories.

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

12. Trends

12.1 Trends in numbers in treatment

Table 50 and Figure 22 show how the number of Tier 3 and 4 clients referred to and treated within the NGSN each year has varied since 2015/16. Differences exist between referral and treated numbers because not all individuals who are referred to the NGSN providers will go on to receive Tier 3 or Tier 4 treatment as recorded in the DRF but may instead be offered information or treatment at Tier 2 after triage and assessment. The proportion of referred individuals who received Tier 3 or 4 treatment has remained consistently high since 2021/22. Note: for the 2023/24 period, the method of calculating the number of referrals per year was updated to exclude cases where treatment was received but not in the reporting period. This provides a fairer reflection of the rate of successful referrals but should not be compared with the tables published in previous years' reports.

The total reported number of Tier 3 and 4 clients treated peaked in 2019/20, but after this point there were several important changes that reduce the comparability of the data over time. Treatment providers have improved the effectiveness of client triage at earlier stages of the treatment process, supporting a greater number of clients at Tier 2 through earlier intervention, thereby reducing demand on Tier 3 and 4 to some extent. Additionally, NHS treatment providers stopped submitting data to the DRF following NHS England policy decisions, which accounted for a drop of roughly 650 clients from 2021/22 to 2022/23. Following the recommissioning of the National Gambling Treatment Service as the National Gambling Support Network, 2023/24 saw the first increase in treated Tier 3 and 4 clients in four years, which represents both an increase among existing agencies as well as the inclusion of an additional one (PCGS). Between 2022/23 and 2023/24 the total number of individuals treated in Tier 3 and 4 increased by 12%, although around half of this increase is accounted for by the inclusion of PCGS in the 2023/24 DRF dataset. A further 2% increase occurred in 2024/25.

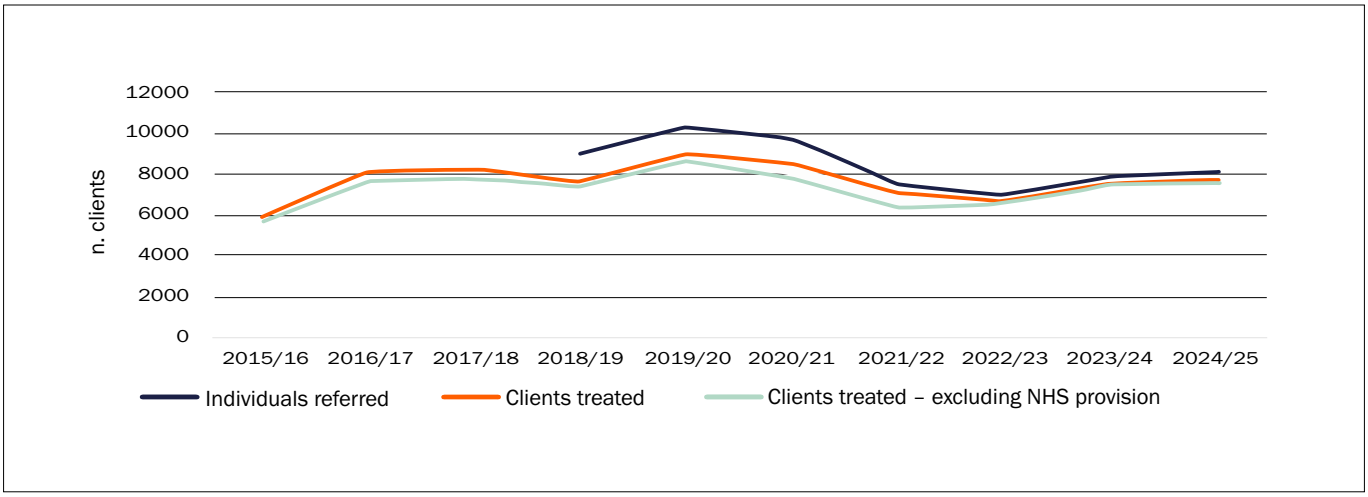
Note that some of the treatment period of the DRF coincided with the Covid-19 pandemic. During this period, access was at times restricted to services defined as essential under national lockdowns. Hospitality and entertainment sector venues, including betting shops, casinos and bingo premises were closed during lockdowns and subject to curfews and distancing restrictions outside of lockdowns. Details of lockdowns and other restrictions across Great Britain can be found here for England, Scotland and Wales.

Table 50: Trends in number of clients referred and treated per year – 2015/16 to 2024/25

	2015/16	2016/17	2017/18	2018/19	2019/20
Individuals referred	N/A	N/A	N/A	9028	10326
Clients treated	5909	8133	8219	7675	9008
% of referrals receiving Tier 3/4 treatment in the year				84.5%	87.2%
Clients treated – excluding NHS provision	5675	7675	7796	7372	8627

	2020/21	2021/22	2022/23	2023/24	2024/25
Individuals referred	8490	7072	6645	7463	7625
Clients treated	87.2%	94.8%	95.0%	94.6%	94.3%
% of referrals receiving Tier 3/4 treatment in the year	7772	6344	6542	7463	7625
Clients treated – excluding NHS provision	5675	7675	7796	7372	8627

Figure 22: Trends in number of referred and treated clients – 2015/16 to 2024/25



Gambling support services provide a point of contact and support both for those gambling and for those affected by another's gambling. Table 51 shows that the proportion of clients seeking help due to another individual's gambling increased from 10% in 2015/16 to 15% in 2023/24, reducing to 13% in 2024/25.

Table 51: Trends in reason for referral – 2015/16 to 2024/25

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
People who gamble	5288	90.2%	7293	90.7%	7337	90.1%	6744	88.7%	7473	84.3%
Affected other	563	9.6%	744	9.2%	790	9.7%	834	11.0%	1192	13.4%
At risk of developing gambling problem	9	0.2%	7	0.1%	15	0.2%	25	0.3%	202	2.3%
Missing	49	0.8%	89	1.1%	77	0.9%	72	0.9%	141	1.6%
Total Clients	5909		8133		8219		7675		9008	

	2020/21		2021/22		2022/23		2023/24		2024/25	
	N.	%	N.	%	N.	%	N.	%	N.	%
People who gamble	7191	84.7%	5996	84.8%	5621	84.6%	6225	83.7%	6210	85.7%
Affected other	1245	14.7%	971	13.7%	881	13.3%	1112	14.9%	967	13.3%
At risk of developing gambling problem	53	0.6%	105	1.5%	143	2.2%	103	1.4%	73	1.0%
Missing	1	0.0%	0	0.0%	0	0.0%	23	0.3%	375	4.9%
Total Clients	8490		7072		6645		7463		7625	

12.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2024/25 (Table 52) has been the increase in the proportion of clients reporting using online gambling services (rising from 57% to 72%) alongside the reduction in the proportion using bookmakers (falling from 56% to 32%). Covid-19 conditions, including periodic lockdowns are likely to have affected reports for 2020/21 and 2021/22, when use of online services was at its highest.

Table 52: Trends in gambling locations – 2015/16 to 2024/25

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Bookmakers	2858	56.1%	3564	50.7%	3219	45.5%	2817	42.8%	2740	38.0%
Bingo premises	101	2.0%	120	1.7%	114	1.6%	110	1.7%	110	1.5%
Casino	614	12.1%	776	11.0%	680	9.6%	589	9.0%	669	9.3%
Live Events	45	0.9%	44	0.6%	32	0.5%	25	0.4%	23	0.3%
Adult Entertainment Centre (18+ arcade)	197	3.9%	265	3.8%	245	3.5%	212	3.2%	269	3.7%
Family Entertainment Centre (arcade)	62	1.2%	51	0.7%	48	0.7%	38	0.6%	41	0.6%
Pub	213	4.2%	234	3.3%	197	2.8%	170	2.6%	212	2.9%
Online	2890	56.8%	4214	59.9%	4666	66.0%	4331	65.9%	4956	68.8%
Miscellaneous	604	11.9%	777	11.1%	619	8.8%	562	8.5%	526	7.3%
Private Members Club	12	0.2%	10	0.1%	13	0.2%	12	0.2%	10	0.1%
Other	104	2.0%	143	2.0%	155	2.2%	163	2.5%	136	1.9%
Total Clients	5288		7293		7337		6744		7473	

	2020/21		2021/22		2022/23		2023/24		2024/25	
	N.	%	N.	%	N.	%	N.	%	N.	%
Bookmakers	1902	28.8%	1741	30.3%	2011	36.0%	2117	34.8%	1888	32.2%
Bingo premises	84	1.3%	101	1.8%	99	1.8%	153	2.5%	128	2.2%
Casino	433	6.6%	495	8.6%	498	8.9%	658	10.8%	639	10.9%
Live Events	30	0.5%	83	1.4%	70	1.3%	130	2.1%	155	2.6%
Adult Entertainment Centre (18+ arcade)	166	2.5%	220	3.8%	301	5.4%	400	6.6%	352	6.0%
Family Entertainment Centre (arcade)	39	0.6%	69	1.2%	93	1.7%	108	1.8%	85	1.4%
Pub	131	2.0%	145	2.5%	185	3.3%	267	4.4%	283	4.8%
Online	5206	79.0%	4291	74.7%	3758	67.2%	4235	69.6%	4243	72.4%
Miscellaneous	535	8.1%	422	7.3%	312	5.6%	383	6.3%	364	6.2%
Private Members Club	9	0.1%	19	0.3%	24	0.4%	24	0.4%	17	0.3%
Other	63	1.0%	23	0.4%	82	1.5%	143	2.4%	147	2.5%
Total Clients	7191		5177		5621		6225		6210	

Table 53 provides trends in common activities within the three most used gambling locations (bookmakers, casinos and online only). Within online activity, casino slots have consistently increased. Casino table games decreased sharply after 2020/21 but with increases since 2021/22.

Table 53: Trends in selected individual gambling activities – 2015/16 to 2023/24

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Bookmakers										
Horses	701	13.8%	820	11.7%	705	10.0%	570	8.7%	656	9.1%
Dogs	238	4.7%	278	4.0%	263	3.7%	154	2.3%	207	2.9%
Sports/other event	714	14.0%	902	12.8%	803	11.4%	708	10.8%	858	11.9%
Gaming Machine	1848	36.3%	2266	32.2%	2056	29.1%	1735	26.4%	1459	20.3%
Casino										
Poker	80	1.6%	92	1.3%	70	1.0%	55	0.8%	65	0.9%
Other card games	116	2.3%	157	2.2%	125	1.8%	96	1.5%	99	1.4%
Roulette	404	7.9%	508	7.2%	419	5.9%	373	5.7%	412	5.7%
Gaming Machine	113	2.2%	141	2.0%	129	1.8%	124	1.9%	154	2.1%
Online										
Horses	452	8.9%	697	9.9%	719	10.2%	626	9.5%	671	9.3%
Sports events	1059	20.8%	1512	21.5%	1740	24.6%	1637	24.9%	1807	25.1%
Bingo	159	3.1%	164	2.3%	163	2.3%	126	1.9%	176	2.4%
Poker	184	3.6%	240	3.4%	236	3.3%	171	2.6%	154	2.1%
Casino (table games)	908	17.8%	1323	18.8%	1429	20.2%	1311	19.9%	1315	18.3%
Casino (slots)	839	16.5%	1285	18.3%	1590	22.5%	1458	22.2%	1900	26.4%
Betting exchange*										
eSports betting*										
Financial markets*										

	2020/21		2021/22		2022/23		2023/24		2024/25	
	N.	%	N.	%	N.	%	N.	%	N.	%
Bookmakers										
Horses	538	8.2%	412	7.2%	426	7.6%	466	7.7%	411	7.0%
Dogs	155	2.4%	147	2.6%	196	3.5%	228	3.7%	183	3.1%
Sports/other event	612	9.3%	539	9.4%	566	10.1%	676	11.1%	571	9.7%
Gaming Machine	914	13.9%	934	16.3%	1235	22.1%	1397	26.0%	1284	21.9%
Casino										
Poker	42	0.6%	50	0.9%	39	0.7%	75	1.2%	82	1.4%
Other card games	58	0.9%	46	0.8%	43	0.8%	82	1.3%	66	1.1%
Roulette	240	3.6%	201	3.5%	200	3.6%	271	4.5%	240	4.1%
Gaming Machine	118	1.8%	65	1.1%	208	3.8%	327	5.4%	334	5.7%
Online										
Horses	631	9.6%	470	8.2%	302	5.4%	323	5.3%	295	5.0%
Sports events	1772	26.9%	1156	20.1%	874	15.6%	989	16.3%	897	15.3%
Bingo	218	3.3%	223	3.9%	147	2.6%	175	2.9%	141	2.4%
Poker	178	2.7%	105	1.8%	66	1.2%	84	1.4%	82	1.4%
Casino (table games)	1363	20.7%	670	11.7%	536	9.6%	659	10.8%	706	12.0%
Casino (slots)	2104	31.9%	2187	38.1%	2119	37.9%	2503	41.1%	2700	46.0%
Betting exchange*			202	3.5%	218	3.9%	199	3.3%	187	3.2%
eSports betting*			183	3.2%	187	3.3%	39	0.6%	45	0.8%
Financial markets*			89	1.5%	93	1.7%	220	3.6%	216	3.7%

*Collected from April 2021.

Figure 23: Trends in use of selected gambling activities: 2015/16 to 2024/25

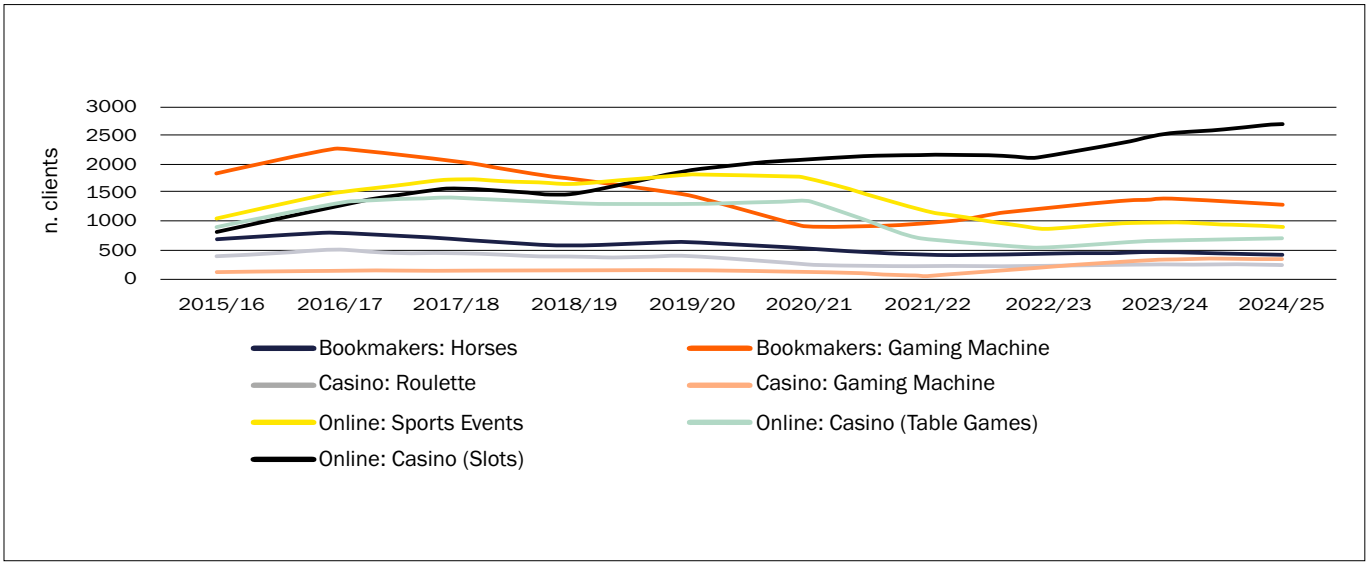


Table 54 shows that the median number of days gambled out of the last 30 days has remained stable between 2015/16 and 2024/25. Table 55 shows an increased median spend in the previous 30 days, rising from £750 in 2015/26 to £1,000 from 2018/19 onwards.

Table 54: Trends in number of days gambled out of the last 30 – 2015/16 to 2024/25

	2015/16	2016/17	2017/18	2018/19	2019/20
Mean	14.7	14.8	14.8	14.6	14.7
Median	15	15	15	15	15

	2015/16	2016/17	2017/18	2018/19	2019/20
Mean	15.6	15.4	16.1	15.8	15.2
Median	15	15	15	15	15

Table 55: Trends in spend on gambling in past month– 2015/16 to 2024/25

	2015/16	2016/17	2017/18	2018/19	2019/20
Mean	£2164	£1906	£1935	£2272	£2102
Median	£750	£800	£900	£1000	£1000

	2015/16	2016/17	2017/18	2018/19	2019/20
Mean	£2070	£2288	£2215	£1944	£2174
Median	£1000	£1000	£1000	£1000	£1000

12.3 Trends in treatment exit reason

Table 56 shows an increase in the proportion of clients completing scheduled treatment from 59% in 2015/16 to 74% in 2020/21, before dropping to 59% in 2024/25. Alongside this, the proportion dropping out of treatment fell from 35% in 2015/16 to 20% in 2020/21, before increasing to 28% in 2024/25. Compared to 2023/24, a similar proportion of clients dropped out of treatment and a greater proportion were referred on to an appropriate service.

Table 56: Trends in exit reason – 2015/16 to 2024/25

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Discharged by agreement	136	3.2%	251	3.9%	297	4.5%	232	3.8%	398	5.6%
Completed scheduled treatment	2513	58.5%	3943	61.7%	4165	62.7%	4215	69.4%	4859	68.7%
Dropped out	1515	35.3%	1976	30.9%	1989	29.9%	1517	25.0%	1696	24.0%
Referred on	93	2.2%	180	2.8%	132	2.0%	91	1.5%	103	1.5%
Total clients discharged	4297		6392		6645		6092		7076	

	2020/21		2021/22		2022/23		2023/24		2024/25	
	N.	%	N.	%	N.	%	N.	%	N.	%
Discharged by agreement	176	2.8%	47	0.9%	27	0.6%	28	0.5%	30	0.6%
Completed scheduled treatment	4671	73.5%	3247	62.8%	3148	64.3%	3200	60.7%	3021	58.9%
Dropped out	1247	19.6%	1525	29.5%	1382	28.2%	1507	28.6%	1450	28.3%
Referred on	199	3.1%	291	5.6%	260	5.3%	537	10.2%	627	12.2%
Total clients discharged	6484		5177		4973		5547		5280	

12.4 Trends in client characteristics

Table 57 shows a consistent increase in the proportion of treated clients who are female from 19% in 2015/16 to 31% in 2024/25. Table 58 shows that the proportion of female gambling clients increased from 13% in 2015/16 to 22% in 2024/25.

Table 57: Trends in gender* – 2015/16 to 2024/25

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Male	4770	80.8%	6594	81.1%	6518	79.4%	6033	78.7%	6769	75.2%
Female	1134	19.2%	1536	18.9%	1691	20.6%	1628	21.2%	2214	24.6%
Total clients	5909		8133		8219		7675		9008	

	2020/21		2021/22		2022/23		2023/24		2024/25	
	N.	%	N.	%	N.	%	N.	%	N.	%
Male	5780	70.4%	4881	69.0%	4611	69.4%	5116	69.6%	5039	68.5%
Female	2423	29.5%	2113	29.9%	1965	29.6%	2226	30.3%	2301	31.3%
Total clients	8490		7072		6645		7463		7625	

*Categories of gender with less than 100 clients were excluded from this table. See section 13 for available categories.

Table 58: Trends in gender by referral reason – 2015/16 to 2024/25

		2015/16		2016/17		2017/18		2018/19		2019/20	
		N.	%	N.	%	N.	%	N.	%	N.	%
Gambler	Male	4613	87.3%	6386	87.6%	6329	86.4%	5821	86.5%	6296	84.5%
	Female	669	12.7%	904	12.4%	998	13.6%	910	13.5%	1155	15.5%
Other clients	Male	116	20.3%	133	17.7%	120	14.9%	142	16.5%	403	29.0%
	Female	456	79.7%	618	82.3%	685	85.1%	716	83.4%	989	71.0%

		2020/21		2021/22		2022/23		2023/24		2024/25	
		N.	%	N.	%	N.	%	N.	%	N.	%
Gambler	Male	5668	80.3%	4682	78.9%	4403	79.2%	4826	78.9%	4791	78.0%
	Female	1382	19.6%	1251	21.1%	1159	20.8%	1294	21.1%	1348	22.0%
Other clients	Male	171	13.5%	199	18.8%	208	20.5%	290	23.7%	145	14.1%
	Female	1092	86.3%	862	81.2%	806	79.5%	932	76.3%	886	85.9%

*Categories of gender with less than 100 clients were excluded from this table. See section 13 for available categories.

Table 59 shows that there has been little change in the split of ethnicity of clients, only a slight increase in clients from specific ethnic minorities accessing the service compared to those recorded as 'other'.

Table 59: Trends in ethnicity – 2015/16 to 2024/25

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
White or white British	5272	90.6%	7264	90.2%	7361	90.4%	6800	89.7%	7890	89.0%
Black or Black British	127	2.2%	190	2.4%	146	1.8%	188	2.5%	264	3.0%
Asian or Asian British	260	4.5%	368	4.6%	375	4.6%	373	4.9%	432	4.9%
Mixed	96	1.6%	132	1.6%	144	1.8%	137	1.8%	169	1.9%
Other	64	1.1%	95	1.2%	116	1.4%	87	1.1%	111	1.3%
Not known/Missing	90	1.5%	84	1.0%	77	0.9%	90	1.2%	142	1.6%
Total clients	5909		8133		8219		7675		9008	

	2020/21		2021/22		2022/23		2023/24		2024/25	
	N.	%	N.	%	N.	%	N.	%	N.	%
White or white British	7200	87.6%	5774	88.0%	5702	89.6%	6369	89.7%	6189	90.0%
Black or Black British	307	3.7%	184	2.8%	183	2.9%	209	2.9%	190	2.8%
Asian or Asian British	430	5.2%	377	5.7%	351	5.5%	371	5.2%	350	5.1%
Mixed	166	2.0%	215	3.3%	121	1.9%	140	2.0%	138	2.0%
Other	116	1.4%	15	0.2%	10	0.2%	8	0.1%	7	0.1%
Not known/Missing	271	3.2%	507	7.2%	278	4.2%	366	4.9%	751	9.9%
Total clients	8490		7072		6645		7463		7625	

Table 60 shows changes in employment status between 2015/16 and 2024/25. Trends for most categories have remained relatively stable but the largest proportional increase has been for clients who are living with long-term sickness or disability, whereas the proportion employed has reduced from 76% in 2015/16 to 71% in 2024/25.

Table 60: Trends in employment status – 2015/16 to 2024/25

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Employed	4375	75.8%	6254	77.9%	6436	79.3%	5926	78.1%	6675	75.1%
Unemployed	572	9.9%	708	8.8%	655	8.1%	640	8.4%	767	8.6%
Student	149	2.6%	161	2.0%	168	2.1%	141	1.9%	146	1.6%
Long-term sick/disabled & not in work	346	6.0%	470	5.9%	481	5.9%	501	6.6%	630	7.1%
Looking after family/home and not working	112	1.9%	138	1.7%	130	1.6%	147	1.9%	194	2.2%
Not seeking work	10	0.2%	23	0.3%	17	0.2%	20	0.3%	19	0.2%
Volunteer	21	0.4%	28	0.3%	15	0.2%	12	0.2%	25	0.3%
Retired	126	2.2%	176	2.2%	191	2.4%	160	2.1%	206	2.3%
In prison*	60	1.0%	74	0.9%	20	0.2%	39	0.5%	227	2.6%
Missing/Not stated	138	2.3%	101	1.2%	106	1.3%	89	1.2%	117	1.2%
Total	5909		8133		8219		7675		9008	

	2020/21		2021/22		2022/23		2023/24		2024/25	
	N.	%	N.	%	N.	%	N.	%	N.	%
Employed	5814	72.7%	4704	73.0%	4525	72.1%	4963	70.4%	4650	71.0%
Unemployed	811	10.1%	548	8.5%	580	9.2%	711	10.1%	639	9.8%
Student	172	2.1%	114	1.8%	75	1.2%	104	1.5%	88	1.3%
Long-term sick/disabled & not in work	733	9.2%	684	10.6%	743	11.8%	901	12.8%	795	12.1%
Looking after family/home and not working	201	2.5%	159	2.5%	115	1.8%	131	1.9%	113	1.7%
Not seeking work	30	0.4%	20	0.3%	16	0.3%	27	0.4%	33	0.5%
Volunteer	20	0.3%	11	0.2%	10	0.2%	11	0.2%	10	0.2%
Retired	182	2.3%	149	2.1%	136	2.2%	159	2.3%	169	2.6%
In prison*	14	0.2%	48	0.7%	77	1.2%	40	0.6%	51	0.8%
Missing/Not stated	513	0.6%	632	8.9%	106	1.3%	89	1.2%	117	1.2%
Total		368	5.5%		8219		7675		9008	

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

13. Appendices

13.1 DRF data items

13.1.1 Person table codes[14]

P1: Gender identity

This defines the client's self-described gender identity.

Code	Response
1	Male
2	Female
4	Female-to male/Transgender male
5	Male-to-female/Transgender female
6	Genderqueer
7	Non-listed category
99	Not known or declined response

P2: Postcode

This defines the postcode of the client's main residence.

P3: Employment

This defines the client's self-described main employment activity.

Code	Response
1	Employed
2	Unemployed and Seeking Work
3	Students who are undertaking education or training and are not working or actively seeking work
4	Long-term sick or disabled
5	Looking after the family or home
6	Unemployed and not seeking work
8	Unpaid voluntary work
9	Retired
11	Seeking asylum
12	In prison
99	Not known or declined response

P4: Relationship status

This defines the client's self-described relationship status.

Code	Response
1	Divorced or dissolved civil partnership
2	Separated
3	Single
4	Widowed
5	In a relationship
6	Married or civil partnership
99	Not known or declined response

P5: Ethnic background

This defines the client's self-described ethnic background.

Code	Response
1	White British
2	White Irish
3	White European
4	White Other
5	Black, Black British: African
6	Black, Black British: Caribbean
7	Black, Black British: Other
8	Asian, Asian British: Bangladeshi
9	Asian, Asian British: Indian
10	Asian, Asian British: Pakistani
11	Asian, Asian British: Chinese
12	Asian, Asian British: other
13	Mixed: White and Asian
14	Mixed: White and Black African
15	Mixed: White and Black Caribbean
16	Mixed: Other
17	Any other ethnic group
99	Not known or declined response

[14]Note, these codes have been updated over time with new codes assigned and others discontinued. The following lists show the codes applicable for this report. Legacy codes are not shown and some lists may appear incomplete as a result.

P6: Additional diagnoses

This defines any additional health diagnoses that the client has.

Code	Response
3	Physical
4	Mental
5	Both physical and mental
6	No
99	Not known or declined response

P8: Sexual orientation

This defines the clients self-described sexual orientation.

Code	Response
1	Lesbian, gay or homosexual
2	Heterosexual
3	Bisexual
4	Other
99	Not known or declined response

P9: Care responsibility for children

This defines any caring responsibility that the client has for children (aged 18 or less) as the primary or secondary caregiver.

Code	Response
1	Yes
2	No
99	Not known or declined response

P10: Religious affiliation

This defines the clients self-described religious affiliation.

Code	Response
1	No religion
2	Christian
3	Buddhist
4	Hindu
5	Jewish
6	Muslim
7	Sikh
8	Any other religion
99	Not known or declined response

P11: Local authority

This defines the local authority in which the client's main residence is located.

Code	Response
3	Physical
4	Mental
5	Both physical and mental
6	No
99	Not known or declined response

13.1.2 Gambling history table codes

G2: Length of time gambling

This defines the length of time in months that a client has been gambling for.

G3: Job loss due to gambling

This defines whether the client has ever experienced a job loss because of their gambling behaviour.

Code	Response
1	Yes
2	No
99	Not known or declined response

G4: Relationship loss due to gambling

This defines whether the client has ever experienced a relationship loss because of their gambling behaviour.

G5: Age of problem gambling onset

This defines the age at which the client states their gambling first became problematic.

G6: Early big win

This defines whether the client experienced a big win early in their gambling. Given that the financial context of clients will differ, what constitutes a definition of a 'big win' is for the clients to decide.

Code	Response
1	Yes
2	No
99	Not known or declined response

G7: Debt due to gambling

This defines a client's total current debt that is due to gambling. It is not a measure of total spend and should only include debts.

Code	Response
1	None
2	Under £5000
3	£5000 - £9,999
4	£10,000 - £14,999
5	£15,000 - £19,999
6	£20,000 – £29,999
7	£30,000 - £49,999
8	£50,000 - £99,999
9	£100,000 or more
10	Bankrupt
11	In an Individual Voluntary Arrangement (IVA)
12	Unsure of amount
99	Declined response

G8: No. of gambling days (past 30 days)

This defines the number of days that the client has gambled during the past 30 days. All gambling behaviour and activities should be included.

G9: Average daily hours gambling (past 30 days)

This defines the average number of hours that the client has gambled on each gambling day during the past 30 days. All gambling behaviour and activities should be included.

G10: Average daily spend on gambling (past 30 days)

This defines the average daily spend in £GBP that the client has gambled on each gambling day during the past 30 days. All gambling behaviour and activities should be included.

G11: Total monthly spend on gambling

This defines the total spend in £GBP that the client has gambled during the past 30 days. All gambling behaviour and activities should be included.

G12: Use of self-exclusion tools

This defines whether a client has ever used self-exclusion tools to help limit their gambling behaviour. Self-exclusion tools include schemes such as GamStop, blocking software, or bank transaction blocking.

Code	Response
1	Yes
2	Yes, but have ability to circumvent
3	No
99	Not known or declined response

G21–G30: Gambling activities

These define the main gambling products or activities that the client participates in. These activities should be listed in order of importance, with the first activity (activity 1) that considered to be the primary contributor to the client's difficulties. If the client participates in more than 3 activities, only those ranked 1 to 3 should be reported on.

Code	Response
A1	Bookmakers: Horses
A2	Bookmakers: Dogs
A3	Bookmakers: Sports or other event
A4	Bookmakers: Fixed odds betting machine
A5	Bookmakers: Other betting machine
A6	Bookmakers: Other
B1	Bingo Premises: Live draw
B2	Bingo Premises: Terminal
B3	Bingo Premises: Skill Machine
B4	Bingo Premises: Other betting machine
B5	Bingo Premises: Other
C1	Casino: Poker
C2	Casino: Other card games
C3	Casino: Roulette
C4	Casino: Fixed odds betting machine
C5	Casino: Other betting machine
C6	Casino: Other
D1	Live events: Horses
D2	Live events: Dogs
D3	Live events: Sports event
D4	Live events: Other
E1	18+ Arcade[15]: Fixed odds betting machines
E2	18+ Arcade: Other betting machine
E3	18+ Arcade: Skill prize machines
E4	18+ Arcade: Other
F1	Family arcade[16]: Fixed odds betting machines
F2	Family arcade: Other betting machine
F3	Family arcade: Skill prize machines
F4	Family arcade: Other
G1	Pub: Gaming Machines

Code	Response
G2	Pub: Sports
G3	Pub: Poker
G4	Pub: Other
H1	Online: Horses
H2	Online: Dogs
H3	Online: Spread betting
H4	Online: Sports events
H5	Online: Bingo
H6	Online: Poker
H7	Online: Casino (table games)
H8	Online: Casino (slots)
H9	Online: Scratchcards
H10	Online: Betting exchange
H11	Online: eSports betting
H12	Online: Virtual sports betting
H13	Online: Within video games
H14	Online: Financial markets
H15	Online: Other
I1	Misc: Private/organised games
I2	Misc: Lottery (National)
I3	Misc: Lottery (Other)
I4	Misc: Scratchcards
I5	Misc: Football pools
I6	Misc: Service station (gaming machine)
J1	Private members club: Poker
J2	Private members club: Other card games
J3	Private members club: Gaming Machine
J4	Private members club: Other
K1	Other not categorised above (specify)
99	Not known or declined response

[15]Also known as Adult Entertainment/Gaming Centre

[16]Also known as Family Entertainment Centre

13.1.3 Referral table codes

R1: Referral source

This defines the source for a client's referral to the NGSN for their current treatment episode.

Code	Response
1	GP
2	Health Visitor
3	Other Primary Health Care
4	Self-Referral
5	Carer
6	Social Services
7	Education Service
8	Employer
9	Police
10	Courts
11	Probation Service
12	Prison
13	Court Liaison and Diversion Service
14	Independent Sector Mental Health Services
15	Voluntary Sector
16	Accident And Emergency Department
17	Mental Health NHS Trust
18	Asylum Services
19	Drug Action Team/Drug Misuse Agency
20	Jobcentre plus
21	Other service or agency
22	National Gambling Helpline
23	Partner network
24	London Problem Gambling Clinic/CNWL
25	Northern Gambling Service/LYPFT
26	Gordon Moody
27	Citizen's Advice
29	Primary Care Gambling Service (PCGS)
30	Adferiad
99	Not known or declined response

R2: Date referral received

This defines the date that the client's referral was received, entered as DDMMYYYY e.g., 31102022.

Code	Response
3	Physical
4	Mental
5	Both physical and mental
6	No
99	Not known or declined response

R4: Client type

This defines the reason for the client's referral to the NGSN for their current treatment episode.

Code	Response
1	Person who gambles
3	At risk of developing gambling problem
4	Affected other: partner or ex-partner
5	Affected other: child
6	Affected other: parent
7	Affected other: sibling
8	Affected other: colleague or friend
9	Affected other: other
99	Not known or declined response

R5: Previous treatment for gambling

This defines whether the client has ever previously had treatment for their gambling behaviour, either within or outside of the NGSN.

Code	Response
0	No
1	Yes: not known where
3	Yes: GambleAware commissioned provider
4	Yes: London Problem Gambling Clinic
5	Yes: Northern Gambling Service
6	Yes: Gordon Moody Association
7	Yes: other NHS service
8	Yes: other healthcare service
99	Declined response

R6: Episode of care end reason

This defines the reason that the client's current episode of treatment ended.

Code	Response
1	Unable to contact/book client for assessment
2	Client cancelled or did not attend assessment
3	Client suitable for service but referred to another therapy service by mutual agreement
4	Client declined offered treatment
5	Discharged by mutual agreement
6	Client unsuitable for service: no action taken or directed back to referrer
7	Client unsuitable for service: signposted elsewhere with mutual agreement of patient
8	Completed scheduled treatment
9	Dropped out of treatment
10	Referred to other service
11	Deceased
12	Not known

R7: Treatment end date

This defines the date that the client's referral ended, entered as DDMMYYYY e.g., 31102022.

R8: Where client heard about service

This defines where the client reported hearing about the NGSN service for their current episode of treatment.

Code	Response
1	Internet search
2	GambleAware website
3	GamCare website
4	Other treatment provider website
5	Other website
6	Social Media
7	TV, radio or newspaper
8	Family or friend
9	Other professional
10	Other source
99	Not known or declined response

R10: Assessment stage

This defines the client's assessment stage when they were referred from the helpline.

Code	Response
1	Pre-assessment
2	Assessed
3	Assessed and treated

13.1.3 Appointment codes

A1: Appointment date

This defines the date of each unique appointment, entered as DDMMYYYY e.g., 31102022.

A2: Unique caregiver code

This defines the Unique caregiver code, which is used to identify duplicate cases in the DRF.

A3: Attendance

This defines the client's attendance at the appointment.

Code	Response
2	Appointment cancelled/postponed by patient
3	Did not attend
4	Appointment cancelled/postponed by provider
5	Attended on time
6	Attended late
7	Client arrived late and could not be seen
8	Technical difficulties
9	Client ended appointment early

A4: Contact duration

This defines the duration of the client's appointment (in minutes).

A5: Appointment purpose

This defines the purpose of the client's appointment.

Code	Response
1	Assessment
2	Treatment
3	Assessment and treatment
4	Review only
5	Review and treatment
6	Formal structured follow-up
7	Aftercare
8	Extended Brief Intervention (EBI)
9	Structured Group
10	Unstructured Group
11	Other

A6: Appointment medium

This defines the medium through which the appointment was conducted.

Code	Response
1	Face to face
2	Telephone
3	Web camera (e.g. skype)
4	Online chat
5	Email
6	Text message/Messaging App
7	Other

A7: Intervention given

This defines the main intervention that was used in the appointment. Where multiple interventions were used, please specify the primary intervention. Note that some interventions are given at only one Tier of treatment (e.g., CBT is provided only at Tier 3) while some are given at multiple tiers (e.g. Motivational interviewing may be given at Tier 2 or Tier 3).

Code	Response
1	Cognitive behavioural therapy (CBT)
2	Counselling
3	Structured psycho-social
4	5 step
5	Brief advice
6	Psychotherapy
7	Psychodynamic therapy
8	Pharmacological
9	Motivational Interviewing
10	Dialectical behaviour therapy (DBT)
11	Acceptance and commitment therapy (ACT)
12	Eye movement desensitisation and reprocessing (EMDR)
13	Other

A8: PGSI score

This defines the client's PGSI score as measured during the appointment. Please note that PGSI scores should only be recorded during the first and last sessions, and every 3 sessions between. For further information on the PGSI please see https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens.

A9: CORE-10 score

This defines the client's CORE-10 score as measured during the appointment. Please note that CORE-10 scores should only be recorded during the first and last sessions, and every 3 sessions between. For information on the CORE-10 please see https://www.corc.uk.net/outcome-experience-measures/core-measurement-tools-core-10/.

A10: Treatment setting

This defines the treatment setting of the appointment.

Code	Response
1	Community
2	Residential
3	Recovery house
4	Retreat
5	Prison
6	Other

A11: Treatment attendees

This defines the individuals other than the treatment provider who were present at the appointment. Please specify all attendees even if they were only present for part of the appointment.

Code	Response
1	Individual
2	Group
3	Couple
4	Family
5	Other
99	Unknown

A12: Use of self-exclusion tools since last appointment

This defines the client's use of self-exclusion tools since the previous appointment. Note that this differs to field G21 and relates to a client's continued use of any self-exclusion tools.

Code	Response
1	Yes
2	Yes, but have ability to circumvent
3	No
99	Not known or declined response

A13: Treatment tier

This defines the tier of the client's current treatment episode. Treatment tiers are defined as follows:

- Tier 1: provision of information and advice such as websites.
- Tier 2: early interventions. These may be brief interventions or extended brief interventions that use motivational Interviewing, motivational enhancement therapy, helpline advice and support, workbooks, and self-help guides.

  Brief Interventions are targeted at individuals whose gambling can be classified as hazardous or low-risk and is used as an opportunity to raise awareness of the potential risks associated with their gambling.
- Tier 3: structured treatment. This may include individual or group based cognitive behavioural therapy treatment (CBT), motivational Interviewing, counselling, psycho-educational groups, psychiatric or clinical psychology input, and psychodynamic work.

  Tier 3 treatment includes a comprehensive assessment and a goal-orientated mutually agreed care plan.
- Tier 4: residential rehabilitation treatment care. This offers a holistic, in-depth rehabilitation programme that provides emotional, practical and long-term support and includes facilitated therapeutic treatment.

Code	Response
1	Tier 1
2	Tier 2
3	Tier 3
4	Tier 4

13.2 Problem Gambling Severity Index (PGSI)

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

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

Scores are then summed to give a total score which can range from a minimum of 0 to a maximum of 27. When used as a population screening tool, the typical reference period used for the questions is "the past 12 months". Within treatment settings, the scale is usually adjusted by providers so that clients are asked about their behaviour since their appointment, or in the past two weeks.[17]

The nine items are as listed below:

Thinking about the last [TIMEFRAME]...

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

A PGSI score of eight or more represents a 'problem gambler' - a person experiencing problem gambling. That is, people who gamble who do so with negative consequences and a possible loss of control. This is the threshold recommended by the developers of the PGSI and the threshold used for this analysis.

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

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

13.3 CORE-10[18]

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

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

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

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

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

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

[18]Barkham, M., Bewick, B., Mullin, dy, S., Connell, J., Cahill, J., Mellor-Clark, J., Richards, D., Unsworth, G. & Evans, C. (2012). The CORE-10: A short measure of psychological distress for routine use in the psychological therapies.

13.4 Client characteristics by Tier receipt

		Tier 2 only		Tier 2 + Tier 3	
		Count	Column N %	Count	Column N %
Gender identity*	Male	3215	75.4%	1733	70.1%
	Female	1043	24.4%	736	29.8%
Employment indicator	Employed	1662	40.2%	1658	73.1%
	Unemployed and seeking work	1270	30.7%	191	8.4%
	Student	29	0.7%	29	1.3%
	Long-term sick or disabled	192	4.6%	250	11.0%
	Looking after family or home	22	0.5%	39	1.7%
	Retired	63	1.5%	61	2.7%
	In prison	884	21.4%	32	1.4%
	Other	11	0.4%	9	0.3%
Relationship status	Divorced or dissolved civil partnership	191	5.4%	31	1.4%
	Separated	105	3.0%	78	3.6%
	Single	1419	40.5%	571	26.7%
	Widowed	18	0.5%	19	0.9%
	In relationship	1244	35.5%	857	40.0%
	Married/Civil Partnership	528	15.1%	586	27.4%
Ethnic background	White British	3462	83.8%	1976	81.8%
	White Irish	39	0.9%	17	0.7%
	White European	133	3.2%	108	4.5%
	White Other	56	1.4%	40	1.7%
	Black or Black British: African	46	1.1%	39	1.6%
	Black or Black British: Caribbean	28	0.7%	28	1.2%
	Black or Black British: Other	68	1.6%	14	0.6%
	Asian or Asian British: Bangladeshi	17	0.4%	16	0.7%
	Asian or Asian British: Indian	60	1.5%	44	1.8%
	Asian or Asian British: Pakistani	32	0.8%	23	1.0%
	Asian or Asian British: Other	9	0.2%	8	0.3%
	Mixed: White and Asian	96	2.3%	37	1.5%
	Mixed: White and Black Caribbean	15	0.4%	11	0.5%
	Mixed: Other	10	0.2%	<5	0.2%
Referral source	GP/Health Visitor/Health Visitor	18	0.5%	17	0.7%
	Self-Referral	688	23.9%	968	38.9%
	Education Service	10	0.3%	<5	0.1%
	Probation Service	54	1.9%	8	0.3%
	Prison	889	30.9%	22	0.9%
	Other service or agency	105	3.7%	90	3.6%
	National Gambling Helpline	1021	35.5%	1275	51.3%
	Partner network	25	0.9%	42	1.7%
	Other treatment provider	12	0.4%	9	0.3%

		Tier 2 only		Tier 2 + Tier 3	
		Count	Column N %	Count	Column N %
Referral reason	People who gamble	1610	37.3%	2128	85.5%
	Affected other	2448	56.7%	60	2.4%
	At risk of developing gambling problem	145	3.4%	207	8.3%
	Affected other: partner/ex partner	18	0.4%	13	0.5%
	Affected other: child	74	1.7%	63	2.5%
	Affected other: parent	8	0.2%	7	0.3%
	Affected other: sibling	<5	0.0%	<5	0.2%
	Affected other: colleague/friend	38	1.1%	10	0.3%
Previous treatment for gambling	Yes – not known where	433	10.8%	676	31.0%
	No	3576	89.2%	1505	69.0%
End reason	Completed scheduled treatment	2767	77.4%	1064	53.8%
	Dropped out of treatment	607	17.0%	606	30.7%
	Referred to other service	199	5.6%	307	15.5%
Where heard	Internet search	901	22.8%	1163	48.7%
	BeGambleAware website	32	0.8%	29	1.2%
	GamCare website	138	3.5%	161	6.7%
	Other provider website	59	1.5%	48	2.0%
	Other website	41	1.0%	61	2.6%
	TV/Radio/Newspaper/social media	17	0.4%	19	0.8%
	Family or friend	181	4.6%	227	9.5%
	Other professional	1076	27.2%	203	8.5%
	Other source	1515	38.3%	475	19.9%

*Categories of gender identity with fewer than 10 counts per cell excluded for reasons of disclosure.

GambleAware is the leading independent charity (Charity no. England & Wales 1093910, Scotland SC049433) and strategic commissioner of gambling harm education, prevention and treatment across Great Britain to keep people safe from gambling harms.

For further information, please contact

info@gambleaware.org

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