Early Identification of Problem Gambling by Social Care Professionals: **Experiences in the United Kingdom and the Netherlands**

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INTRODUCTION

- Gambling introduces risk for gambling harm
- Early detection of problem gambling is crucial for timely intervention, yet shame and stigma deter many from seeking specialized treatment
- Increased awareness and outreach by non-specialized professionals in community and social support roles is essential
- These professionals need guidelines and tools to identify and address gambling issues effectively, especially with vulnerable groups

At the start of a design study in the Netherlands (see below), we explored approaches used in the UK with the question:

What can be learned from the available approaches for early identification and addressing of gambling harm by UK professionals in social work?

PURPOSE

The study aimed to assess the approaches and tools employed by UK social care professionals for early identification and intervention in gambling harm, while also examining considerations for their intervention behavior.

STUDY DESIGN & PARTICIPANTS

Document analysis

- Phase 1: Sweden, Australia, UK
- Phase 2: Social care UK

Semi-structured interviews:

- Researchers (n = 4)
- Health related local government professionals (n = 6)
- Finance related local government professionals (n = 1)
- Social care professionals (n = 2)

RESULTS

Addition of engagement as

precursor or alternative to

1. Tools

screening

- **Conversation prompts**
- **Trigger questions**

- **Brief conversation/advice**
 - MECC | Motivational Interviewing
- Signposting

3. Considerations for the involvement of non-specialized professionals in early identification of problem gambling

Brief intervention

Engagement

Validated screening tools PGSI(-SF) | GAST-G | Lie/Bet | NODS-CLiP

Screening

General practitioner

Referral

- NHS
- **Local services**

2. Vulnerability

General, routine screening:

"Anyone can become affected, [] it doesn't discriminate." - P8

Community tailored communication:

"I don't think it's necessarily about people being more vulnerable, but just making those conversations accessible and easier to have those conversations in different cultures in different communities." – P2

Fig. 1. SBIRT with addition and general found approaches.

BARRIERS

- Lack of knowledge, awareness
- Lack of practical experience

Opportunity

Capability

- Non-supportive social environment
- Lack of access to time-efficient resources

Motivation

- Fear, discomfort
- Doubt about capability in their role

OPPORTUNITIES

- Briefing
 - Gambling harms & resources
 - Sharing experience (LE & professionals)
- Training
 - Interactive exercise
- increase access information
 - Central hub, concise resources, timing
- Involvement management team
- Fig. 2. Capacity, opportunity and motivation barriers and opportunities for engagement of non-specialized professionals in gambling harm intervention.

DISCUSSION

Research

Evidence and validation is needed for conversation-based tools that are gambling harm specific

Recommendations

Application

ZonMw

- Organization should provide briefing and training in addition to resources for non-specialized professionals Organizational support through an interdisciplinary management team is essential in effective application
- Gambling harm needs to be introduced as a mandatory subject, but with possibility to staff feedback
- Focus should be on engagement-focused communication and guidelines rather than diagnostic tools

Project:

Empowering Professionals: A Design Study to Develop Guidelines to Identify and Support At-Risk and Problem Gamblers







Objective: develop guidelines to help nonspecialist professionals in social care, education, or debt counselling detect and intervene in problem gambling among vulnerable groups such as youth and low SES individuals.

Methods: the guidelines will be developed through an international literature review, desk research, interviews, a design workshop, focus groups, and an applicability test with professionals. We will disseminate the guidelines, gathered knowledge and process experiences.

Implementing partners: Research Institute IVO, Dutch addiction care organizations (Brijder, Mondriaan, Jellinek)

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