

An evaluation of asking about gambling harms in adult social care

What this research is about

This study evaluated questions designed to identify people affected by gambling harm in adult social care. The questions were codeveloped with people with lived experience of gambling harm and social care staff, and they were then tested with 60 staff across three English local authorities. Staff received training and then asked service users these questions in their single-point-of-access (SPA) services. These SPA services are access points for the public to ask about adult social care services by telephone. One local authority also introduced the questions into its integrated learning disability service, multiagency safeguarding hub, and welfare advice and debt support service.

This study examined whether asking about gambling harm was acceptable, feasible, and appropriate for staff and service users. In addition, the researchers determined if it would be feasible to collect quantitative data around gambling harm for use by local authorities. They also wanted to know which of the two candidate questions should be suggested for use in adult social care.

What the researchers did

Managers were asked to invite staff who participated in the initiative to contact the researchers. Staff were asked to recruit service users, including those who were affected by gambling harm and those who were not. Interviews were conducted with 26 managers and staff and 2 service users. The interviewers asked about the feasibility, acceptability, and appropriateness of asking and recording a

What you need to know

This study evaluated whether asking about gambling harm was acceptable, feasible, and appropriate in adult social care across three English local authorities. The researchers interviewed 26 managers and staff and 2 service users. Staff also collected anonymous data from service users who were asked one of the two candidate questions about gambling harm. Overall, staff and service users found it acceptable and appropriate to ask about gambling harm in adult social care. It was easier to include a question about gambling harm in welfare and debt support, safeguarding, and learning disability services than in general single-point-of access services. Staff training, management support, and suitable IT systems helped staff embed asking about gambling harm in their work.

gambling harm question. Participants were also asked about their thoughts on question wording.

In addition, staff across the three local authorities were asked to collect anonymous quantitative data on the two candidate questions. The purpose was to see how often people reported gambling harm and whether one question worked better. In total, 150 service users were asked if their gambling or that of another person caused them worries, and 197 were asked if they felt they were affected by gambling.

What the researchers found

Acceptability: Managers and staff viewed gambling harm as an important social issue and felt that

asking about it could help service users. Many reported that service users were comfortable being asked about gambling harm. The two service users also commented that they found it acceptable to be asked about gambling harm.

Feasibility: Asking about gambling harm was easier for staff working in welfare and debt support, safeguarding, and learning disability services. Staff working in general SPA services found it more difficult because their calls were often brief and focused on specific needs. Overall, asking about gambling harm worked best when staff had training, had built trust with service users, and made the question fit naturally into the conversation.

Appropriateness: Staff felt that asking about gambling harm was appropriate when it was relevant to a person's situation. Some only asked when they suspected problem gambling. This could lead to missed opportunities for early detection. Staff found the gambling harm training helpful but said that ongoing support, reminders, and leadership were needed to make asking about gambling harm part of regular practice. Work pressures, competing demands, and perception that it was not relevant to service users acted as barriers to asking about gambling harm in adult social care.

Feasibility of data capture: Data on the number of service users asked about gambling harm were recorded at two sites. Several factors contributed to limited data recording, including confusion about consent, difficulties with IT systems, and concerns about extra paperwork.

Candidate questions: Both candidate questions were viewed as appropriate for use in both face-to-face and telephone contexts. Staff said that they used the questions in an introductory manner, rather than as a diagnostic tool. Based on feedback, the researchers recommended both questions for use in adult social care with a variety of service users: (1) Is your gambling or that of someone else causing you any worries? (2) Do you feel you are affected by any gambling, either your own or someone else's?

How you can use this research

Social care managers can use these findings to plan gambling harm screening by providing staff training,

building questions into existing assessments, and ensuring clear pathways for further support.

About the researchers

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