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**Title: gambling in caseloads: can you spot the harms?**

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**Title: gambling in caseloads: can you spot the harms?**

**Abstract:**

This paper draws upon primary data collected through His Majesty’s Prison and Probation Service (HMPPS) in England and Wales and reflections from HMPPS Wales Gambling Harms Strategy Group involvement focused on gambling harms training and care-pathway development. We posit that gambling harms are somewhat hidden in probation casework populations, advocating for better screening and associated staff training to identify people experiencing direct and indirect harms, alongside establishing effective criminal justice care pathways. We champion for an organisational culture fully promoting gambling harm recovery for people incarcerated or supervised in the community by probation, and for affected HMPPS staff.

**Key Words:** gambling harms, gambling-related-crime, probation, prison, care-pathways, training, assessment, sentencing guidance

**Introduction:**

In May 2025, a Criminal Justice System (CJS) and Gambling Harms report (Page, 2025) was launched for England and Wales. It provided findings from 868 surveys gathered from 15 prisons (male, female and YOI estates), 813 surveyed people supervised by probation and conversational data collection with 56 participants (including people with lived experience of gambling harms, affected others, His Majesty’s Prison and Probation Service staff and criminal justice voluntary sector gambling harm reduction support workers). The study aimed to identify indicative prevalence of gambling related harms among prison and probation populations in England and Wales, and to identify and review associated support to inform future treatment provision (Page, Plimley and Turner, 2022). The comprehensive report also presents a series of recommendations for His Majesty’s Prison and Probation Service (Page, 2025). This paper uniquely explores associated findings relating specifically to probation service considerations, focusing on the need for criminal justice staff training to identify gambling harms in their caseloads, improvements to assessment tools, and the development of effective care pathways for gambling harm reduction. New data insights are reflected upon in this paper to inform policy and practice developments. Prior to this study, there has been no widescale research into gambling harms within probation services in the UK. A further unique contribution to knowledge in this paper is the reflection from Author1 on the practices of the HMPPS Wales Gambling Harms Strategy Group in relation to training HMPPS staff and developing care pathways in response to research evidence.

Gambling is relatively common, with over half of the British adult population having gambled at some point in a 12-month period (Public Health England, 2021). It is considered a public health issue (ibid) and Langham *et al*, (2016) notes that gambling harms impact the person gambling, their loved ones and the wider community. Such harms include financial, relational, emotional, psychological, health, employment and/or study, cultural and criminal (ibid). Whilst gambling and associated harms are more prevalent within incarcerated populations than the public, less is known about prevalence within probation supervisee populations (Page, 2025), which our research has endeavoured to address. More broadly, to better understand the nexus between crime and gambling, and the wider British Criminal Justice System, Ramanauskas (2020) advised the Commission on Crime and Gambling Related Harms (2023) to bridge knowledge gaps, resulting in several commissioned studies facilitated by the Howard League for Penal Reform (refer to Page, 2021; Smith, 2022; Churcher, 2022; Penal Reform Solutions, 2023; Trebilcock, 2023; Brown, Trebilcock and Harding, 2023).

Crime in the UK associated with gambling tends to fall into the following categories of income generation (Brown, 1987; May-Chahal *et al*, 2012); interpersonal violence (Banks and Waugh, 2019; Roberts *et al,* 2020), general violence (Churcher, 2022) and child abuse through neglect (Page, 2021). Violence more broadly can be associated with people experiencing medium and low risk gambling harms, whereas high level gambling harms tend to be linked to crimes of fraud and forgery, theft and possession, or importation and supply of drugs (May-Chahal *et al*, 2017; 79). Understanding links between gambling and crime may support professionals with identifying possible gambling activity. However, May-Chahal *et al*, (2012) asserts that offenders may not link their crime to gambling due to surrounding complexities; only 3% of females and 5.4% of males in prison were able to link their gambling activity to the crimes they committed. This somewhat corresponds with Smith *et al’s* (2022) prison study in a prison in England, where only 4% of males attributed criminal activity directly to gambling. Whereas a professional working in the field may be better equipped to identify links between gambling and crime by considering all offence related factors and understanding the extent of gambling and associated harms. This is dependent upon people disclosing their gambling harms, and research indicates that professionals may encounter barriers to gambling disclosure, possibly due to shame or legal advice due to current sentencing guidance not allowing for specific mitigation for gambling addiction (Page, 2021).

Research shows that gambling is cited infrequently in pre-sentence reports (PSR’s) and this may be because people are reluctant to disclose gambling harms, combined with current assessment tools not specifically asking questions about gambling (Page, 2021). National Sentencing Guidance would benefit from revisions to allow for mitigation for gambling-related-crime and sentence options that include therapeutic focus (ibid). Gambling addiction is acknowledged in internationally respected mental health assessments (e.g. the DSM and the World Health Organisations ICD assessment manual) as a behaviour addiction impacting mental health, a factor for mitigation within PSR documentation (ibid). Evidence from other nations showcases that mitigation is acceptable, with recognition that gambling is a behavioural addiction that can distort neurocognition, essentially hindering rational thinking (Smith and Simpson, 2014; Zhang and Clark, 2020). As such, we have much to learn from Gambling Solving Courts pioneered in the US and Australia, which have mostly had a positive influence on crime desistence (Guenaga, 2011; Turner *et al*, 2017; Dollar *et al*, 2018; Adolphe *et al*, 2019) and the Canadian model of utilising expert witness evidence, informing mitigation with a treatment focus in sentencing (Smith and Simpson, 2014).

Less is known about what constitutes effective gambling treatment within the criminal justice system (CJS) in England and Wales (Page, 2021), which will require more research in terms of understanding links between treatment and crime desistence, particularly pertaining to domestic abuse (Page, 2025). Preliminary research does indicate that mental health support is welcomed given the links to suicidality (Wardle *et al*, 2020; Roberts *et al,* 2021), as is support around ‘*impulse control’* (May-Chahal *et al*, 2017; 80-81). May-Chahal *et al*, (2017;82) estimated that intensive support is needed for 6.8% of the prison population with a varying approach for different types of gamblers, whilst raising awareness and education is sufficient for the greater proportion of prisoners. Existing research indicates that some people have reported benefits from accessing gambling harm reduction support within the CJS, whereas others have not been offered or provided meaningful support (Page, 2021; Smith, 2022; Churcher, 2022; Trebilcock, 2023; Brown *et al*, 2023; Penal Reform Solutions, 2023). Our research aimed to consult with justice involved people with lived experience of gambling harms, to better understand their hopes for future gambling harm care pathway development, and to hear from CJS professionals regarding associated practice observations.

**Methodology:**

An academic team from the University of Staffordshire was commissioned to conduct this research to ensure academic rigour. Noteworthy is that the survey data collection tools were co-designed with commissioners and a collaborative approach was applied throughout the research project with HMPPS and GamCare representatives. This meant that findings could feed into practice development in real time, with the lead academic researcher being a partner on the HMPPS Wales Gambling Harms Strategy Group, along with GamCare and the wider strategy group membership. The project recruited learned and lived experience expertise through research assistance. We applied a mixed methods approach to capture both qualitative and quantitative data using some participatory research principles with regards to co-design of surveys and lived and learned experience engagement (Page *et al*, 2021). We aimed to recruit participants over the age of 18 years, and the British Society of Criminology (BSC, 2015) ethical guidance was applied, including voluntary informed consent and ensuring anonymity.

Our focus in this paper is upon probation survey findings and qualitative conversational responses. A paper and electronic survey was distributed centrally by HMPPS to people on probation and those in approved premises. A total of 813 participants were accessed from across 14 probation offices in England and 9 probation offices in Wales. Demographic data indicated that 13.3% were in approved premises and most respondents were aged 25-54 years. Of those who answered the demographic questions, 71% were white British, 19% were global majority and 4% were from the white gypsy/traveller heritage (Page, 2025). As part of a broader stream of work, a paper survey with incarcerated people from 15 HMPPS adult prisons and YOIs in England and Wales provided a sample of 868 responses from females (N=447 and males (N=421), however, the prison data is less utilised in this article.

To gain more in-depth understanding, conversational data collection occurred with 56 participants via 12 individual and group data collection events in the community, online, or in prison (Page, 2025). Initially, our plans were to engage participants in ether an adapted world café or a focus group, however, we generally adopted a focus group approach (Morgan, 1996), with a presentation to stimulate group discussions as per world café methodology practice (Page *et al,* 2021). We elicited data with people with lived experience of gambling and engagement in the criminal justice system (N=19), affected others in the community (N=3), HMPPS prison and probation professionals (N=25) and voluntary sector gambling harm reduction support professionals from the voluntary sector (N=9). Overall, we considered our sample size to be robust as up to 50 participants has sufficiency for qualitative research according to Creswell and Creswell (2018). To gain wider perspectives from criminal justice professionals, lived experience experts and academics, we reviewed secondary data from two GamCare thematic workshop reports (GamCare 2022a; 2022b).

The surveys were mostly processed using descriptive statistics, and cross-tabulation analysis in SPSS and Qualtrics. Whereas qualitative responses were processed using Braun and Clarke’s (2006;2021) non-linear thematic analysis approach. Whilst the report captures a range of themes (Page, 2025), this paper focuses attention on the recommendations of 1) *‘mandatory basic training for all HMPPS staff on identifying gambling harms via assessment and associated question techniques’,* 2) ‘*the development of a multi-layered assessment that can be used at varying points of the criminal justice journey… a screening tool may be beneficial, or a series of specific questions in current screening tools’* and 3) for the development of *‘consistent gambling care pathways across the Criminal Justice System from pre-sentence to end of sentence, and for affected others’* (ibid; 9).

**Findings and Discussion:**

Given that the findings for this paper are centred on recommendations one to three in the report (Page, 2025; 9), this paper takes a deductive approach to thematic analysis (Braun and Clarke, 2006; 2021) to present new data and insights under the following inter-related themes:

* *Training to identify gambling harms and assessment improvement potential*
* *Establishing who to refer to for help and support*

For this paper, we draw on some probation survey data findings, and the conversational data. We also provide reflections on liaisons with professionals working in the field in our roles as researchers, educators and policy and practice informers, including reflections pertaining to Author1’s role as a member of the HMPPS Wales Gambling Harms Strategy Group. As such, our discussion deviates from traditional research practice by integrating professional observations and comment to the field. Essentially, we apply Schön's (1991) notion of reflection in action.

***Training to identify gambling harms and assessment improvement potential***

From a management perspective, we are mindful that recommending mandatory training for all HMPPS staff via our report (Page, 2025) requires expenditure justification. Our survey findings demonstrated that 41% of probation supervised people were gambling regularly (daily to weekly), with mostly males experiencing negative direct impacts from gambling (ibid:6). That said, females did gamble and experience harms, however, they were more likely to be negatively affected by a loved one’s gambling addiction in the form of domestic abuse victimisation and financial harm. We noted that financial harm was a reason for some of the women’s subsequent engagement with crime, which has implications for pre-sentence report assessment and care-pathway support. Our observation is that there are no questions in the SAQ (supplementary assessment questionnaire] or OASys that asks specifically about whether the person is affected by a loved one’s gambling addiction, and in what ways are they personally affected. As such, amendments to the OASys and SAQ questions would be beneficial to enable affected others to explain their victim context in relation to their offending behaviour. Staff welcomed the new question on whether a person was gambling in the Supplementary Assessment Questionnaire (SAQ) questions. However, staff felt that being further equipped with appropriate follow up and probing questions would be useful (Page, 2025). It is advised that the OASys assessment tool be revised to include gambling and gambling harm identification questions (Page, 2021; Page, 2025;34).

Our report highlighted that people being supervised on probation had preferences for gambling via scratch cards and the lottery, followed by sports betting and using mobile phone apps (Page, 2025;6). Interestingly, males were more invested in sports betting than females (96% of males compared to 0% of females) and sports betting also seemed more prevalent in male prison estates, along with card game related gambling. Males also used fruit and slot machines more than females (95% of males compared to 0% females). In our focus group conversations, incarcerated females talked about gambling via scratch cards, the lottery, phone apps and playing bingo and cards when in the community. Females indicated that ot was harder to gamble on their preferred gambling method in prison and as such, they could mostly remain abstinent in prison but still welcomed gambling harm reduction support intervention to work through associated issues. Both the probation and prison survey highlighted that alcohol and drug use were sometimes linked to gambling behaviour, for example, gambling when intoxicated or becoming intoxicated as a coping mechanism to feeling stressed from accruing gambling debts.

There was a considerable amount of unawareness from professionals of the levels of gambling factoring within caseloads. However, one HMPPS professional reported having about 30% of their caseload of males engaged in gambling at a problematic level (Page, 2025;20). Other staff seemingly more aware of gambling harms from having loved ones with gambling addiction, commented about gambling being a common caseload feature, and we conclude that this was because they were more able to spot the signs and ask supervisees relevant questions to elicit disclosure. This means that people being referred to support services is largely due to the proactivity of some CJS professionals, rather than there being a consistent strategic approach to identifying and supporting people experiencing gambling-related-harms, leading to people falling through the net. In response to this, the HMPPS Wales Gambling Harms Strategy Group has endeavoured to arrange training for probation and sentencing staff in collaboration with voluntary sector gambling harm reduction specialists.

A new insight for this paper is that our focus group discussions, and recent media attention to gambling, prompted probation staff to become mindful of the high numbers of people they supervise who have perpetrated domestic abuse, one of the crimes associated with gambling (Page, 2021, 2025; Roberts *et al*, 2020). Professionals were also cognisant of the numbers on probation with poor mental health and suicidality, one of the harms of gambling (Wardle *et al*, 2020; Roberts *et al,* 2020) and of the numbers of people in their caseload who have drug and alcohol addictions, a plausible co-occurring issue with gambling (Page, 2021). One professional working in probation said:

*‘…it was only through me listening to something on the radio that made me investigate this* [gambling harms] *deeper and think, why are we not doing more about this information?... We have a lot of mental health, a lot of suicide ideation. We have lots of addiction issues, lots and lots of domestic abuse… Why are we not talking about this? … no one's ever spoken to me about speaking to my caseload about gambling… this sort of forum today has made me really quite excited to now jump into everyone's team meetings and say, look, we need to be doing this more, we need to be asking these questions’ (D4WSP Probation FG)*

We observed that some HMPPS staff attended focus group sessions to gain insights from the research team and colleagues. A similar motivation for engagement in research was noted when conducting focus groups with magistrates on gambling-related-crime and sentencing practice (Page, 2021). We conclude that professionals want to know more about identifying gambling harms. During a focus group, one probation officer reflected on a home visit where they noticed lottery tickets and scratch cards, and due to societal normalisation of gambling, they did not pursue inquiry regarding possible gambling harms. Talking about gambling harms in the focus group allowed for reflection on practice, and possible future improvements to practice. At the end of one focus group, a probation officer asked others whether they would like to form a ‘*community of practice’* (Wenger, 1999) to continue shared learning regarding identifying and supporting people experiencing gambling-harms. The researcher suggested this participant liaised with a leader from the HMPPS Wales Gambling Harms Strategy Group. This strategy group has initiated knowledge sharing events for probation and courtroom room staff on gambling harms and developed relevant referral pathways, working collaboratively with voluntary sector organisations, including lived experience experts and academics.

Our research identified that professionals welcomed hearing lived experience stories within gambling harms training sessions (Page, 2025). *Author1* and *Author2* have been involved in knowledge exchange to some HMPPS professionals through online events convened by the strategy group and observed that academic research insight material was appreciated. Professionals explained the need for a ‘*coordinated approach’* to training for professionals and justice involved people(refer to Page, 2025; p28). Essentially, CJS professionals wanted to be equipped with an array of ‘*simple questions’* to better assess whether someone has been adversely impacted by gambling (Page, 2025; 29). This paper explores HMPPS staff training aspirations further, to inform mandatory training development.

A new insight was that experienced probation officers and new recruits all wanted training and refresher training available to them. One experienced probation professional commented:

*‘something that's rolling purely because we have new stuff all the time, maybe a little bit of a refresher and so forth… I think it needs to be part of the package of training that we provide that is consistently provided so that it doesn't lose the message isn't lost.’ (D6WSP Probation FG)*

One early-stage-career probation officer commented:

*‘…out of all my 30 cases, maybe a few of them tick that gambling box and I didn't really pay attention to it because I don't know how to look out for that because I've not personally had that training to enable me to recognize that someone might have an issue with gambling in any way… I have few DV cases, and I never thought of asking that question about their finances and how they're managing… and whether they* [gamble] *yeah, you know. There's different forms of addictions and we always talk about alcohol. We always talk about drugs. But it's never come to me to ask about gambling and finances… we go on courses and online training every other week… but it's just theory more than in practice.’ (D5WLP Probation FG)*

We posit there is potential to have standalone mandatory training on gambling harms and to refresh existing training courses to provide examples that make connections to gambling. The trainee probation officer comment demonstrates potential to include discussion on gambling addiction as part of the existing drug and alcohol addiction training that new recruits undertake. Across Europe it is common for new recruits to be trained and to offer ongoing training for all staff (Durnescu and Stout, 2011) and we noted that more experienced probation officers in our study seemingly could not access new-recruit training. They wondered if they had missed knowledge on gambling harms, but new recruits confirmed it was not covered in the curriculum. One experienced prison officer talked about attending recent ‘*safeguarding’* training and with child neglect being mentioned in the focus group as a harm associated with gambling (Page, 2021; Page, 2025), this officer felt that raising awareness of gambling harms could be integrated into this course. We note that domestic abuse training might also raise awareness of gambling being a contributing factor, as might mental health, suicidality and debt management training courses. Essentially, specific training on identifying gambling harms is needed, alongside looking for opportunities in other courses already available to help professionals make links to gambling harms to enhance their ability to spot signs of gambling-related-crime and harm issues.

Mehner *et al,* (2024) and Thibodeau *et al,* (2023) evidence that practical application and shared learning is imperative for successful knowledge exchange in training. We advocate for this approach, along with the inclusion of lived experience stories. Professionals indicated to us that they wanted a choice of online and face-to-face learning. There was agreement that the number of online training sessions available for probation staff more broadly may have created a barrier to learning and to practitioners sharing practice. A further confounding factor to engaging in learning activities is juggling learning with the wider workload.

*‘The thing about the training, events and sessions, is that we're like hamsters on wheels now with this caseload, and so the people are turning up or tuning into these things already disinterested. And so that's not necessarily spreading knowledge, understanding what we think it is…’ (D4WSP Probation FG)*

Despite work-loading challenges, probation and prison officers agreed that training on how to spot the signs of gambling harms and integrating this knowledge to their assessment conversations with justice involved people would be beneficial. We posit that probation officer work-loading should be reviewed to ensure that staff have sufficient time to attend training to develop their practice. It seems that new recruits had fewer cases and enough time for learning activities, whereas experienced staff had less availability to attend training that they wanted to access to further improve their practice.

Interestingly, several HMPPS professionals voiced concern that the work culture in prisons and some probation offices is not always reflective of an organisational culture that supports gambling abstinence. As such, mandatory HMPPS staff training might help to improve organisational culture in parts of the organisation where this has been more lapse.

*‘I would like to see a full package of training in regard to all addictions, including gambling, and I'd like to see it not A1 size…The prison staff will need training, and sign posting, however, there might be some resistance as part of the prison culture ‘ (D2LP Probation FG)*

*‘…*[prison staff need] *more awareness, more support… it’s for staff to identify these elements in in their colleagues as well… before they escalate to the staff potentially becoming corrupt. Again, this is about awareness training… more awareness needs raising, more training needs to be delivered’ (P1SP Prison Staff FG)*

One probation officer talked about raising concerns with management due to being asked to take part in sweep stakes regarding horse racing and the lottery by colleagues (Page, 2025; 32). In our report, we highlighted that *‘staff may not feel comfortable disclosing their own gambling, or affected other experiences, with HMPPS management*’ and that ‘*it is important to have support for staff as they may well be engaged in harmful gambling practices, and this could be creating security challenges for HMPPS’* (Page, 2025; 33). We posit that work culture change can be supported by raising awareness through a mandatory approach to training.

HMPPS professionals presented a case for mandatory basic training of two-to-three hours for all staff, with more detailed training for those working with people with gambling addiction or affected others on a more regular basis (Page, 2025; 29). Previously our research found that some training had been rolled out to liaison and diversion staff in England by GamCare (Page, 2021). There has been a start in offering knowledge exchange online sessions via the HMPPS Wales Gambling Harms Strategy Group for CJS professionals in Wales. HMPPS Insights Festival workshops have also been delivered by partner agencies and academics over recent years, including contributions to online workshops from the authors. There are pockets of good practice occurring, and this needs to be more consistently available. Professionals in our study have seemingly happened upon training opportunities, rather than it being a strategic objective to roll out training for all sentencers, probation and prison staff.

However, HMPPS staff indicated that some justice involved people may not be able to recognise their own gambling harms:

*‘…this is the first gambling related training I've ever been on* [referring to the focus group presentation]. *I've been in HMPPS nearly ten years in two different prisons and three different probation offices… I only knew where to kind of send people because of my own life experiences, not because anyone told me... it is one of the questions in the SAQ* [supplementary assessment questions] *that asks about gambling… when they're asking the SAQ question of you know ‘Has gambling been a problem’ actually expanding on it saying: ‘Well you know has this happened to you?’. Some people don't really realised that gambling was a problem until they go through those questions.’ (P4SP Prison Staff FG)*

There are two points that we want to draw attention to from this quote. Firstly, some HMPPS staff were more hypervigilant with noticing gambling harms within their casework due to their own lived and learned experiences positively impacting upon their practice. Their learned experiences motivated them to advocate for relevant support services for people they were supervising. Such individuals were also more cognisant of colleagues with gambling addictions and the risks to the organisation of potentially more ‘*corrupt’* practices. Awareness raising for staff through training, may help staff affected by a loved one’s gambling, or those who are personally gambling, to seek support. Secondly, this quote highlights that some people are not able to recognise their gambling practice as harmful, a factor noted by May-Chahal *et al’s* (2012) and Smith *et al’s* (2022) research. We also observed this to be the case in our data collection with lived experience experts. For example, one woman talked about gambling on mobile phone apps when intoxicated on cocaine, however, she seemingly only saw her cocaine habit as being harmful (Page, 2025; 26), despite spending approximately £1,000 per weekend on gambling. Our group conversational data collection context was not the appropriate space to challenge her ambivalence, had we been in a case-working role, this ambivalence would need further exploration as per motivational interviewing practice (refer to Miller and Rollnick, 2013). Gambling harm reduction support staff working within the CJS talked about ambivalence and disclosure reluctance, including reluctance to come forward for support (Page, 2025). They advised motivational interviewing to be a helpful tool for working with justice involved people experiencing gambling harms (ibid). Gambling harm reduction support staff talked about having to ask people questions about gambling and associated crime gently, and at various points, before they might uncover what is happening. As such, they built up a picture over time and recommended this layering approach to identifying gambling-related-harms with justice involved individuals (ibid). Essentially, probation officers and prison staff may need to gently tease out of a person their gambling practices and how this links to criminal activity and other harms. Being aware of the new NICE (2024) guidance on identifying gambling-related-harms may assist with this according to discussions in the HMPPS Wales Gambling Harms Strategy Group.

In our report, we asserted that ‘*mandatory training would be beneficial for criminal justice staff’* and that *‘having an option of a shorter course for several hours, or half a day, with lived experience content would be welcomed in training, through to a longer course for those who work more in-depth with people with gambling harms would be preferrable’* to the people who work within HMPPS settings in prison and the community (Page, 2025; 29). We also advocated for the training to include ‘*a list of organisations who they* [HMPPS staff] *could refer someone to for gambling harm reduction support’* (Page, 2025; 29). Staff recognised that if they are identifying gambling harms, they need to be able to make referrals for associated specialist support.

***Establishing who to refer to for help and support***

A consistent theme in the data with professionals working in probation, and HMPPS more broadly, was they did not necessarily know where to refer people to if gambling harms were identified. A factor also found in our research with Sentencers (Page, 2021). Some probation officers reached out to organisations in advance of attending a focus group for our study to find out what support was available, others planned to find out about services afterwards. A list of services being made available to all HMPPS staff would be welcomed by staff.

*‘It would be really good to be able to contact the area coordinators just to say what's in your area, what can we access in your area? What extra services do you provide?’* *(D3WSP Probation FG)*

Establishing gambling harm reduction support care pathways is essential, and the HMPPS Wales Gambling Harms Strategy Group has worked with partners to draft care pathways that enable practitioners to identify support levels needed based on what issues are described to them. This work developed following some initial groundwork in England that remains in need of completion following organisational re-structure. In conjunction with this care-pathway development work, our survey evidence indicated that small numbers of people in England and Wales were being offered gambling harm reduction support. In our report, we recorded:

*‘The probation survey findings showed that only 31 people recalled being asked whether they gambled by a criminal justice professional, and only 19 people were then offered a gambling treatment pathway from either a probation or prison officer. Most were referred to Gamblers Anonymous, GamCare, GamBan and for debt support, including support from Citizens Advice Bureau (CAB). Over two thirds of people who had accessed treatment found it average through to very good via a likert scale question asked in the surveys. The rest claimed that support was not helpful to them (Probation Survey).’ (Page, 2025; 27)*

Essentially, insufficiencies in assessing for gambling harms means that people who need support slip through the net. When gambling was identified, not everyone was offered effective interventions. HMPPS staff acknowledged that everyone needed to be assessed and if support needs are identified, then support needed to be made available. One prison staff member commented:

*‘If there’s a basic gambling training package, could we not have that... Cus every female who comes in* [to the prison] *should have an* [assessment]… *if I think we capture that then we need somewhere to refer on to…’ (D0SP Prison Staff FG)*

One concern, not noted in our report, related to referring onto other organisations and the person having to re-tell their story, which might be trauma inducing:

*‘… you* [referring to a fellow probation officer who talked about the stigma and shame people experience and how this hinders disclosure] *mentioned the shame earlier and I think that's one of the reasons why it's sometimes takes a while for them to disclose they have to be able to build a rapport with you first… and you know, if you're then referring them out, you're almost forcing them to disclose that information and also re-traumatisation them, so it might be that they've only disclosed the information to you purely because they feel comfortable enough to do so and that's huge I think in dealing with it. (D2WSPLP Probation FG)*

As such, it would be helpful for referral pathways to include opportunities for shared information and shared meetings and appointments, so that justice involved people do not have to re-tell stories, which is a practice recommended to drug and alcohol services (Page *et al,* 2024). One probation officer described going the extra mile and taking people to group work to alleviate anxiety:

*‘I like to help people… I still take people to groups when they're doing the… start* [first session]. *Last week I took my two people to the group. I think connections are important and when you're doing something that is deep in somebody'…behaviour. Deep in their shame. You have to work with them.’ (D6WSPLP Probation FG)*

Such practice is trauma informed, however, due to staffing capacity challenges, it was considered an extra to the workload. The professional felt this helped to remove barriers for people in accessing support. However, few professionals knew where to refer to, let alone where to go to take someone to a groupwork session led by an external organisation.

A further new insight to consider is whether the person has the financial resources to attend support sessions more long-term. One probation officer talked about financial strain being a barrier for accessing support:

*‘… most of my service users have multiple co-occurring needs, so only one seems to get addressed and gambling is more of a slip through the cracks. So, what tends to work is if we can try to get them like holistic surrounding support. I only work with finance, benefit and debt, so I can get them referred into* [name of organisation omitted], *but the logistics of getting them to meetings when they're already in poverty can be quite difficult… because for quite a lot of them, the time that they want help is out of hours. Quite a lot of them don't have phones because they put their phones into cash converters, or they won't have any data or any credit, so they need the free phone lines and then they're waiting to get through and a lot of them lack patience. It can be quite a vicious circle. I think that the idea of bums on seats gambling support would be best suited to quite a lot of my service users rather than virtual or distant support.’* *(D3WSP Probation FG)*

Here we note that time of day for sessions offered, and the financial resources needed to access the service, can be barriers to engagement. Given that financial harms were noted in our findings (Page, 2025), service development needs to be cognisant to cost implications for engagement, whether that be by phone, online, or in-person. A probation officer taking someone to a first meeting can help reduce anxiety and reduce travel costs for a person experiencing gambling-related-debt. Financial support needs were highlighted in our prison and probation surveys, so HMPPS staff may need to consider referrals to organisations such as Citizens Advice Bureau (Page, 2025). Other factors such as ‘*dyslexia’* were mentioned as potential barriers to assessing self-help support that is literature based (ibid).

One probation officer talked about a case where they needed to engage an affected other family member to more effectively support their son on probation who was financially challenged from gambling practices. A probation officer may need to refer affected others for support, and to challenge behaviour that enables gambling, or becomes toxic towards the person who gambles (e.g. financial control). Affected others in our study asserted that they wanted to be more engaged in criminal justice conversations, and to be offered support. Furthermore, a probation officer will need to consider how to support people who are affected others, and their crimes have been motivated by financial losses experienced through partners or family members being exploitative. Affected other support from specialised gambling harm reduction services could assist with addressing this need.

A further new insight is that some professionals stated that service quality guarantee was important before making referrals. We posit that this will be confounded by there being little evidence in the UK on therapeutic effectiveness within criminal justice relating to gambling reduction support work (Page, 2021). Lived experience experts highlighted that one size does not fit all; what works for one person may not work for another. So, if one person on a probation officers’ caseload did not like a service, another may find it useful. Professionals were reliant upon feedback from people in their casework to feel confident about referring others, or they were reliant upon information from service providers on what was on offer.

A selection of therapeutic options is needed. Justice involved people in prison and on probation wanted peer-approaches, others wanted professionals with expertise in gambling addiction, rather than a probation or prison officer delivering therapeutic intervention (Page, 2025). In England, the National Health Service (NHS) recently established a national treatment service, available to those on probation. However, one Welsh professional noted that this service was not accessible in Wales. A health delivered service may be particularly pertinent given that mental health challenges were noted as one of the harms for those gambling who are under probation supervision (ibid). In Wales, we observe from the HMPPS Gambling Harms Strategy Group that the voluntary sector is championing service delivery, and that the partnership has valued voluntary sector contributions. It would be helpful to have some consistency across countries on what is provided and guidance for commissioning partnership agencies.

Due to the number of co-occurring situations that those experiencing gambling-related harms have, probation officers and prison staff need to think about what issues to prioritise. Our survey, and conversational data findings, highlight some people who gamble have multiple needs, including previous adverse childhood experiences, debt, drug and alcohol addiction and binge consumption behaviour, homelessness from losing a property due to gambling related debts, job loss from stealing from workplaces to fund gambling addiction, relationship breakdown, and mental health decline including suicidality (Page, 2025). There are challenges for staff in negotiating support for the people on their caseload or prison wings based on internal processes for referrals:

*‘… it depends on what the immediate issue might be. You'd certainly keep it all* [co-occurring issues with gambling] *on the radar, but people can't cope with the whole… You wouldn't throw the whole kitchen sink at it immediately but set out a plan and work out what the priority might be for that person… often the frustration as an officer is often that you can't get* [agency support] *things quickly or when you need them. So, your plan might be perfect for what you want to do, but if you can't get things in that order… And also, we've got this thing now… just call me old school, but referring into a hub and then getting somebody to refer out is so fragmented and it takes so long that you don't know when it's coming… it's very hit and miss, and you don't know when they're going to feed in…’ (D6WSPLP Probation FG)*

Prison officers also talked about struggling to get support into the prison, unless there was an established referral pathway and financial resources available. Our professional observation is that charitable organisations are willing to support people, and a national helpline can assist with supporting justice involved people. Such organisations are enthusiastic about being criminal justice partners and can come to prisons and probation offices to undertake group and one-to-one support work. Many of these organisations have lived experience peer mentors who provide support. However, there are barriers that these organisations experience when undertaking this work. Gambling harm reduction therapeutic professionals talked about prison governor staffing changes leading to the closing of prison doors to their support services (Page, 2025). They also talked about wanting better communication between HMPPS staff and themselves on cases (ibid). As such, there is potential for more joined-up practice. We have found in other addiction research (Page *et al*, 2024) that joint appointments can be useful for practitioners and for the person being supported, particularly when there are co-occurring conditions. This helps to build trust between professionals and reduces re-traumatising those who need support.

**Limitations of the Study:**

Whilst good representation was achieved from prison types and different probation offices for the survey data collection, there are limitations with generalisations. For example, bias can be produced in the data set when one prison surveys the whole prison, and another a selected wing. Furthermore, a varied approach was utilised to collect data from people on probation, so if people were targeted based on suspected or known gambling, this may have inflated the ratio of people who self-report to be gambling. We also found that fewer participant answered the survey demographic questions, so whilst gender, age and ethnicity differences are noted, this data is less reliable. However, through triangulation with other data collected, claims are viable. Although, the participant sample for qualitative conversational data collection may also have been subject to bias due to purposeful, snowball and opportunity sampling being implemented. Our own reflections on involvement with education, research and policy and practice improvement may also include bias. To address elements of bias we have utilised a team approach to data reflections, analysis and checks. We have also asked commissioners to review reporting of findings and reflections.

**Conclusion**:

In this paper, we address a knowledge gap in the field pertaining to gambling-related crime and harm insights pertaining to the population under probation supervision in England and Wales. This is the first largescale study that has directly engaged probation staff and those being supervised on probation about their gambling activity and associated harms. Conversational data collection with HMPPS professionals, and lived and learned experts, and survey insights with those on probation and with those who are incarcerated, lead us to posit that direct and indirect gambling harms are somewhat unidentified within populations within the CJS. Current HMPPS assessment(s) need updating to include gambling and affected other identification. We note that well over one third of those on probation are engaged in regular gambling and as such, support needs are apparent, particularly debt, mental health and relationship breakdown (Page, 2025). This paper presents new insights pertaining to the need for gambling-harms training for staff working in probation and prisons (and in courts) to engage with mandatory training and for related topics that are included in existing training packages to integrate gambling examples (e.g. existing alcohol and drug addictions, domestic abuse, mental health, debt and child safeguarding training). We provide new knowledge on making the training application-based to better embed learning. We share example of practice from the HMPPS Wales Gambling Harms Strategy Group of engaging lived experience, voluntary sector providers and academics in knowledge exchange events online. Whilst online training can be useful, we also recommend a choice of in-person events and shared learning opportunities. We assert that mandatory training will help to build organisational culture that is conducive to gambling-harm recovery for staff and for those being worked with to desist crime. Whilst HMPPS staff want training, they also highlighted capacity challenges to attending training. As such, HMPPS need to protect staff time for training by adjusting workloads accordingly. Based on the potential for staff working for His Majesty’s Prison and Probation Service (HMPPS) to have also experienced gambling harms, we advocate that mandatory training needs to be embedded in an organisational culture that fully promotes gambling harm recovery for both staff and people supervised in the community by probation officers or incarcerated.

We found that some proactive professionals within the criminal justice system have advocated for gambling harm reduction services for individuals, but without a strategic ambition to address gambling harms and associated establishment of care-pathways with relevant training, justice involved people will continue to fall through the net, which is the current experience of most people with lived experience of gambling harms. New insights are articulated in this paper pertaining to care pathway development considerations relating to whether a person can financially afford to access gambling harm reduction support services with regards to travel and telephone costs, and we identify trauma-informed practices that can enhance engagement with services. We reflect on avoiding re-traumatising people through having to re-tell life stories to multiple professionals, and advocate for shared information across services with potential for joined-up meetings. We also highlight practice where HMPPS staff have gone the extra mile to help reduce the barriers to attending first meetings with a gambling harms reduction support agency. We highlight new knowledge that those affected by another’s gambling may be engaging in crime to address the financial exploitation that they have experienced, and as such, assessing for gambling-related-harms needs to consider affected other identification, and associated care pathway support. Establishing care pathways are imperative with consideration to service quality. We are encouraged by care pathway development work being initiated by the HMPPS Wales Gambling Harms Strategy Group following some initial groundwork in England. More research is needed on effectiveness of interventions for gambling harm reduction within the criminal justice system in the UK, which in turn will further improve care-pathway outcomes.

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