

Produced by the Gambling Commission in December 2018

Project brief: Evaluation of GambleAware funded Treatment System

Introduction

1. This brief sets out the requirements for an independent evaluation of the current treatment and support system for those affected by difficulties with gambling, which is funded by GambleAware.
2. This evaluation will provide the evidence base to inform:
 - Policy discussions and developments.
 - Any future improvements to the GambleAware-funded treatment system.
 - The design of new treatment approaches and strategies.
 - Considerations of what a future integrated treatment system for gambling-related harms might look like in Great Britain.
 - Considerations for future research and evaluation of treatment and support for those affected by gambling difficulties.
3. This evaluation contributes to priority action 9 in the current [National Responsible Gambling Strategy 2016-19](#) to build the quality and capacity of treatment for people experiencing harm from their gambling, and will contribute to research theme 6 in the new [Gambling Commission Research Programme 2018-22](#).
4. Two projects already funded by GambleAware from the Research Programme relate to this evaluation: the systematic review of evidence for effective treatment for gambling¹, and a needs assessment of treatment services for those affected by problem gambling in England, Scotland and Wales.² This evaluation will need to take account of these two projects and ensure there is no duplication of effort.

Research governance

5. In September 2016, the Responsible Gambling Strategy Board (RGSB) and GambleAware published a Research Commissioning and Governance Procedure which describes how research priorities were set and how research programmes were commissioned under the tripartite agreement between RGSB, GambleAware and the Gambling Commission. The purpose of the Procedure is to give transparency about the arrangements and to provide assurance that research priorities are set independently and are delivered with integrity.
6. The Research Procedure was updated in September 2018 and now makes it clear that the Gambling Commission, with advice from the Responsible Gambling Strategy Board, not GambleAware, is responsible for producing the briefs that set out the questions and context for the research that is then commissioned by GambleAware.

¹ This work is being conducted by the University of Huddersfield. The project brief for the work can be found [here](#).

² The brief for this work can be found [here](#)

Background and policy context

7. The National Responsible Gambling Strategy set out as one of its priority actions the need to build the quality and capacity of treatment through better use of knowledge, data and evaluation, to ensure that treatment is as effective and well-targeted as possible. In addition, this is identified as a priority within the RGSB Research Programme and is a strategic priority for GambleAware, as the main funder of treatment for problem gambling in Great Britain.
8. The majority of treatment for those affected by gambling-related harm in Britain is funded via GambleAware. This currently consists of grant agreements with three main providers, offering psychosocial interventions ranging from brief information and advice, through counselling and Cognitive Behavioural Therapy (CBT), psychiatric care and residential treatment:
 - The largest of the funded providers is **GamCare**, which operates the National Gambling Helpline and a partner network of currently 15 treatment organisations across Great Britain providing counselling.
 - The **Gordon Moody Association** offers 12-week residential care at centres in Dudley, West Midlands, and Beckenham, Kent.
 - The **CNWL Problem Gambling Clinic**, based within the Addictions Service at Central North West London NHS Trust, offers CBT and psychiatric care and is also largely funded by GambleAware.
9. GambleAware has also recently funded **Adfam** to support families and friends of those experiencing gambling-related issues.
10. GambleAware is in the process of establishing a new service, a partnership between **Leeds and York Partnership NHS Foundation Trust** and the GamCare network. Close integration of teams from the NHS and third sector organisations will provide a joined-up service, including for those whose case is severe or complex. This will be the second NHS-hosted clinic funded by GambleAware. The Leeds base is expected to go live in April 2019 and once it is fully established the NHS Northern Gambling Clinic will extend its reach across the north of England via a hub-and-spoke model.
11. In 2017-18, GambleAware spent in the region of £5.6 million on its treatment service, and the providers it funds saw 8,800 clients between them. There were also 58,831 calls to the National Gambling Helpline. The diverse range of clients will have varying levels of need, some will need a significant amount of treatment support, while others will require much less.
12. The treatment service has grown organically over the last two decades. GambleAware has taken a more active commissioning role recently and helped to develop a more structured treatment service with defined pathways and tiered levels of care to ensure that the service delivered is meeting the needs of problem gamblers more effectively. GambleAware funds providers in order to provide a coherent national gambling treatment system, with services functioning together as a system so people get the right support for their needs, at the right place and at the right time.
13. However there has not to date been an independent evaluation of the extent to which the current treatment system is meeting the needs of problem gamblers effectively and efficiently.

14. The following table sets out the recent actions that have been taken to improve treatment:

Date	Activity	Description
2014/15	Preparation and co-production of the Data Reporting Framework (DRF)	Prior to 2015 there was not a coherent framework for data collection across treatment providers. Individual providers had designed their own systems for monitoring and evaluating their provision, but these systems did not always capture data in a way which allowed outcomes to be measured and compared between and within providers.
April 2015	DRF implemented by all treatment providers	All GambleAware-funded treatment providers now collect and submit DRF data on a quarterly basis and contribute to its regular review and development. The current DRF specification can be found here .
November 2015 to March 2016	Commissioned project "Developing a Structured Gambling Treatment System in Great Britain"	A consultation exercise with GambleAware-funded providers was carried out to map existing provision, identify gaps, and make recommendations for improvement. This report will be made available to the successful bidder.
May 2016	GambleAware publishes 'Treatment Services Specification' and opens procurement process with 'preferred providers'.	Treatment contracts across all providers were due to end in March 2017. Based on recommendations contained in the 'Developing a Structured Gambling Treatment System in Great Britain' report, the Treatment Services Specification was developed to underpin the procurement process and made public via the GambleAware website, ensuring a transparent process.
December 2016 to March 2017	Commissioned project – Defining Treatment Pathways for Mild, Moderate and Complex Care	A consultation exercise with GambleAware-funded providers was carried out to identify the types of psychosocial interventions that should be available to clients across the treatment network. The resulting report will be made available to the successful bidder.
December 2016 to present	Commissioned project - Development of Common Screening Tools	A consultation exercise with GambleAware-funded providers was carried out to develop a set of tools which can be used by specialist and non-specialist providers to screen and triage those who may require treatment. This project is ongoing and has been piloted by five services in order to establish norms and cut offs.
November 2017	Brief Intervention Guide published	A Brief Intervention Guide was developed and published to support professionals who do not specialise in the treatment of gambling problems.

Evaluation scope

15. The scope of this project is to evaluate the three main providers (and their partners) of GambleAware funded treatment and support, to demonstrate service quality and effectiveness in terms of treatment outcomes and cost-effectiveness; understand how services function together in a coherent national system; and assess GambleAware commissioning.

16. This project requires the development of comprehensive evaluation framework and methodology, working in conjunction with stakeholders and existing service providers; and the delivery of an evaluation against that framework.

Evaluation objectives

17. The overall objective is to evaluate the current GambleAware-funded treatment and support system.
18. The specific objectives for this project are to:
 - Evaluate the quality, impact and cost-effectiveness of GambleAware funded treatment and support services.
 - Assess how the different services function together as a coherent national system, so that people get the treatment that best fits their needs.
 - Understand links to and from wider services important to promote access and address comorbidities with gambling-related harms (e.g., primary care, mental health, addictions, housing, debt advice).
 - Evaluate GambleAware commissioning against good practice in commissioning of services and provide evidence-based recommendations for improvements in future.
 - Provide evidence-based recommendations for strategic design and development of gambling treatment and support for relevant stakeholders.

19. To achieve these objectives the project should be delivered as follows:

Evaluation framework design - The design and development of comprehensive evaluation framework and methodology (subject to approval by the Gambling Commission, RGSB, the Department of Health and Social Care, GambleAware Sub-Committees and the GambleAware Board of Trustees).

Evaluation of services - The implementation of the evaluation against the agreed framework and methodology.

20. We expect that in designing the evaluation framework and methodology, the successful researcher(s) will engage with the existing GambleAware-funded treatment providers and other key stakeholders.
21. It is expected that service user voices, experiences and views will feature strongly in the development and implementation of the evaluation.
22. The evaluation must provide clear, practical, evidence-based recommendations. It should identify opportunities for increased effectiveness, potential gaps in and/or improvements that could be made to the current GambleAware treatment offer, through changes to the quality, model or mix of treatment services that are commissioned. This should include taking into consideration practices, outcomes and innovation in comparable services (e.g., mental health, addictions, recovery and assets-based approaches, peer support, outreach, etc.)

Evaluation areas

20. The exact scope of the evaluation and key evaluation/research areas will be agreed as part of the design of the evaluation framework and methodology, but are expected to **include but not be limited to** the following:

- How appropriate and responsive are services to different groups of people?
- Are services safe, with people protected from abuse and avoidable harm?
- To what extent do the same people move in and out of treatment and what can be done to reduce drop-out rates?
- Are people receiving the right treatment in the right place at the right time?
- Are services effective, and cost-effective in terms of treatment outcomes?
- Are different treatment approaches more or less effective and if so for whom?
- What is the user experience of treatment, for different groups? Has treatment achieved good outcomes that matter to the people whose lives they were intending to improve?
- To what extent is gambling treatment helping to address people's wider needs, e.g. through links to other local statutory and non-statutory services?
- How well does leadership, management and governance of providers and commissioner function to ensure the provision of high-quality care, encourage learning and innovation and promote an open and fair culture?
- How well does current user involvement, monitoring, quality assurance, safeguarding and reporting practices function, for continuous improvement and to address risk, at service, provider and commissioner level?
- What opportunities are there for improving treatment through the use of technology?
- How does the gambling treatment system perform in relation to other comparable services (e.g., drugs and alcohol)?

Methodology

21. We expect to see a robust methodology and justification for those methods. This should take into account established approaches in evaluation of health and care services, and what is appropriate and practical in the current treatment system.
22. We anticipate that this will use existing data (e.g., DRF or data collected by providers), and a range of additional methods, tailored to meet the specific requirements.
23. There is a wealth of comparative information on the effectiveness of other addiction treatment services such as those for drugs or alcohol with which there are many similarities. These services will be subject to inspection by the Care Quality Commission whose approach might provide a useful starting point for this evaluation.

Related research

24. There is a limited body of research on effective treatment for gambling which researchers should familiarise themselves with. This includes:
 - [Guidelines for Screening, Assessment and Treatment in Problem Gambling](#), Monash University and the Australian National Health and Medical Research Council (NHMRC) (2011).
 - [Psychological therapies for pathological and problem gambling](#), The Cochrane Common Mental Disorders Group (November 2012).
 - [A rapid evidence review of evidence-based treatment for gambling disorder in Britain](#), the Royal College of Psychiatrists (December 2016).