Project 9.2: Treatment: delivery gap analysis (a needs assessment for treatment services)

Executive summary

This research is intended to describe the nature of unmet need in terms of geography, demographics and severity of harm for treatment and support for gambling problems - ranging from primary care to specialist services and brief to intensive interventions. The findings will be used by policy-makers and practitioners to inform future treatment related grant-making and fundraising decisions.

Introduction

1. Gambling is a legitimate leisure activity enjoyed by many and the majority of those who gamble appear to do so without exhibiting any signs of problematic behaviour. There are however many individuals who do experience harm as a result of their gambling.

2. The latest data published by the Gambling Commission[1] estimates that there are around 430,000 problem gamblers in Great Britain and a further 2.4 million individuals at-risk of problem gambling. Set against this we know that only a very small proportion of those who would be classified as problem gamblers accessed GambleAware-funded treatment services in 2016-17 (around 9,000 individuals which is approximately 2 per cent).

3. This large discrepancy between the numbers currently receiving treatment and the number of people estimated to be in ***need*** of treatment because they are problem or at-risk gamblers, suggests that there must be an issue with either the ***demand*** for services (possibly due to a lack of information, issues regarding access or cultural and social barriers), and/or the ***supply*** of treatment services.

4. This brief sets out the requirements for a robust and independent needs assessment of treatment services for those affected by problem gambling in England, Scotland and Wales. This needs assessment is required to provide insight into need, demand and supply of treatment and support services to identify any unmet needs or gaps either geographically or for specific demographic groups. This will enable better targeting of support to bring more people who need it forward for treatment, identify current capacity issues, and support the strategic development of future treatment services.

5. The analysis will be used to identify the most acute gaps in treatment provision, understand the factors that are most likely to lead to someone experiencing greater difficulty in accessing treatment - and therefore how to better target services, and

[1] Data combined from the Health Survey for England (HSE) 2015, the Scottish Health Survey (SHeS) 2015 and the Wales Omnibus in 2015: http://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2015.pdf

ascertain the scale of extra resources that will be needed to adequately meet demand in future.

Research governance

6. In September 2016, the Responsible Gambling Strategy Board (RGSB) and GambleAware published a Research Commissioning and Governance Procedure[2] which describes how research priorities are set and how research programmes are commissioned under the tripartite agreement between the Board, 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.

7. The Research Procedure makes clear that 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.

Background and policy context

8. 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 commissioner of treatment for problem gambling in Great Britain.

9. The latest participation and prevalence data published by the Gambling Commission in Gambling behaviour in Great Britain in 2015 shows that 63% of adults aged over 16 had gambled in the past year, equating to around nearly 32.5 million people. Of those, an estimated 430,000 are experiencing problems with their gambling and a further 2 million individuals are at-risk of problem gambling. Rates of problem and at-risk gambling were higher among men than women, in younger age groups (particularly those aged 16-34) and in minority ethnic groups.[3] In some cases, problem gambling can be co-morbid with other conditions such as mental health problems or substance misuse.

10. It is also important to remember that simply counting the number of problem gamblers is likely to underestimate the true extent of gambling-related harm. There can be considerable negative effects experienced by the wider group of people around a gambler. The health and wellbeing of partners, children, and friends can all be negatively affected. Harm can also extend to employers, communities and the economy.

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[2] Research Commissioning and Governance Procedure, RGSB, September 2016

[3] These data are derived using the Problem Gambling Severity Index (PGSI) and the DSM-IV gambling screens[3] but there are known caveats to these, notably that certain at-risk demographic and socio-economic groups may underestimate or downplay the extent of their gambling behaviour in order to provide 'socially desirable' answers to screening questions. For some groups, such as women, it has been argued that the questions administered are not suitable in detecting problematic gambling behaviour.

11. The majority of treatment services for those affected by gambling-related harm in Britain is funded via GambleAware and currently consists of three main services 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, a 12 week short term tenancy aftercare program, together with follow up for as long as they need to be maintained (the last two areas of provision are not funded by GambleAware) for men at centres in Dudley, West Midlands, and Beckenham, Kent and a mixed-mode service for women, combining short-term residential and outpatient therapy.

    - **The National 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. The absence of any other dedicated NHS provision is striking.

12. In 2016-17, GambleAware spent in the region of £4.8 million on treatment services, and the services it funds saw 8,800 clients between them.

13. The treatment system has grown organically over the last two decades. Apart from the large discrepancy between those receiving treatment and the numbers and profiles of people estimated to be problem or at-risk gamblers or affected by another person's gambling, there are geographical gaps in service provision, as well as gaps in the types of services available in different locations. Access to treatment is far from equitable.

Related research

14. There is a significant body of literature on health needs assessments that could be drawn upon to inform this work, available from:

    - The Department of Health
    - Public Health England
    - The National Institute for Health and Care Excellence (NICE)
    - Public Health England
    - The BMJ *(formerly the* British Medical Journal*)*
    - The World Health Organisation

15. There is also data on gambling participation and prevalence and current treatment provision which will be relevant, as will the work by Geofutures to develop a gambling-related harm risk index using spatial analysis:

    - The Data Reporting Framework (DRF)
    - Data from the National Gambling Helpline

- The British Gambling Prevalence Surveys
- The Health Surveys for England and Scotland
- The Welsh problem gambling survey 2015
- Exploring area-based vulnerability to gambling-related harm.

16. GambleAware has also undertaken a number of projects aimed at better understanding current treatment provision, identifying where gaps in provision might lie, and defining improved treatment pathways, models of care, and client placement criteria. This work is outlined in the table below. However, a systematic and documented assessment of need, demand and supply is now required to build on the work to date.

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 services. Individual services 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 services.
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 service 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 services 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 service 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 date	Commissioned project - Development of Common Screening Tools	A consultation exercise with GambleAware-funded service 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. It is anticipated that the tools will be ready for implementation in Autumn 2017.

17. The RGSB Research Programme also includes a systematic review of existing evidence of what works in gambling treatment (project 9.1a). This research will be running concurrently with the needs assessment and there will be read across between the two projects.

Research objective

18. The core objective for this project is to systematically undertake a review of the current need, demand and supply of treatment services in England, Scotland and Wales to identify where there are geographic and demographic gaps in provision. Treatment for gambling problems is defined as, ranging from primary care to specialist services and brief to intensive interventions, and including recovery orientated approaches, for example, peer support, aftercare, recovery models.

19. The needs assessment should:

- Analyse what services and support are currently commissioned by GambleAware, client profile, their geographical location and whether they are accessible to those who need them;
- Analyse expressed demand for services and support and the extent to which this demand is being met, between client groups and geographical location
- Analyse the unmet need for treatment, relative need across different geographic areas and for remote or online services, among vulnerable groups and degrees of risk or for different degrees of intervention.
- Use this analysis on the potential need, demand and supply to identify:
  - where under and oversupply in quantity and type of current service provision may lie, including by geographical area
  - which populations are or are not using, being engaged by or retained by services, in relation to need or risk.
- Focus on those at highest risk of experiencing problems with gambling
- Provide recommendations regarding relative priorities, opportunities and options, including for GambleAware grant-making and wider statutory health and social care services.

Research questions

20. The core research questions to be answered through this needs assessment are:

- What is the current level and type of unmet need?

- What should we expect demand to look like[4] and how does this compare to the demographics and characteristics of people who *do* access treatment?
- Are people with certain demographic or socio-economic characteristics not coming forward for treatment?
- Are certain groups more likely to access certain services/approaches or interventions?
- Are there any barriers to access of treatment, and for different groups?
- Are there geographic gaps in availability of treatment services, in regions within the three countries?
- Is the right mix of treatment service available across regions, considering regional demography?
- Is there sufficient treatment available for young people and affected others?
- Are there sufficient targeted and tailored interventions to maximise access and the effectiveness and cost-effectiveness of interventions/treatment
- Across the care pathway, to what extent is aftercare available and accessed, and what needs exist for such support, to maintain wellbeing and minimise relapse.

[4] This should draw on what is already known about gambling participation, for example as reported in Gambling behaviour in Great Britain 2015 and other Gambling Commission reports.