GambleAware

Outline Specification:

GAMBLEAWARE PROBLEM GAMBLING TREATMENT SERVICES

April 1st 2017 to March 31st 2020

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SECTION A – RGT PROBLEM GAMBLING TREATMENT SERVICES

1. Background

1.1. RGT's core strategic aim is to help minimise the level of gambling-related harm by funding effective harm-minimisation strategies and to help those that do develop problems get the support and help that they need quickly and effectively.

1.2. RGT is a commissioning and grant-making body, not a provider of services. We believe that separating commissioning from provision drives efficiency, coherence and accountability which would otherwise be lost if multiple organisations funded and delivered treatment independently. We are committed to continuing to build on the excellent and trusted partnerships that currently exist.

1.3. RGT adopt best-practice aspects of commissioning such as needs assessment, service planning and outcomes reporting to support our role as a grant-funder of effective, evidence-informed, high-quality gambling-related harm support and treatment services. Our commissioning role is underpinned by a commitment to monitoring and evaluating services to ensure on-going and continuous quality improvement of the grant-funding process.

1.4. RGT is careful to offer funding that is affordable and sustainable, maximising our impact within the resources we can reasonably predict will be available to us. Identifying how value for money in relation to the funding of treatment services can be improved depends in part on the production of comparable outcome data from across the range of providers using a common Data Reporting Framework (DRF), which was implemented by RGT treatment providers in April 2015.

1.5. This specification is the result of active consultation on the development of an effective treatment services model.

2. Evidence of Need

2.1. The latest estimate of the number of adult problem gamblers in Great Britain is 250,000, with a further 470,000 thought to be at risk of problem gambling.

2.2. It is likely that there are many more individuals suffering gambling-related harm as a result of someone else's gambling problem.

2.3. Problem gambling may be associated with particular 'vulnerable groups', such as young people, the homeless or the unemployed. Sociodemographic factors such as gender, age and deprivation appear to be correlated with rates of problem gambling. Many problem gamblers have comorbid issues, for example substance abuse or mental health difficulties.

2.4. In 2014-15, over 22,500 contacts were made with the National Gambling Helpline, and 5,500 clients were seen by RGT-funded problem gambling treatment service providers. These numbers have increased annually in recent years, which is likely to be due to a number of factors including increasing awareness of the services available.

3. Current System

3.1. RGT currently commission a system consisting of a Helpline and web-based help; community-based psychosocial interventions (commonly called 'counselling' services) for problem gamblers and 'significant others' impacted by another's gambling problems, and a residential rehabilitation unit.

- The National Gambling Helpline provides a multi-channel, confidential help and listening service, information, assessment, and brief interventions, from 8 am to midnight, 7 days a week. The service also offers a moderated message board for problem gamblers, their family and friends, and an online chat room which provides moderated on-line chat room sessions.
- The community based psychosocial interventions commissioned include up to 12 week/sessions of psychosocial or counselling support. GamCare provide services in London and on-line. 15 'GamCare Partners' (subcontracted by GamCare) include a range of organisations (from those comprising of groups of independent counsellors to organisations who provide gambling treatment plus other addiction or mental health services). CNWL NHS Foundation Trust, National Problem Gambling Clinic provide individual and group work based treatment based in London.
- Gordon Moody is the sole provider of commissioned residential rehabilitation and provides residential assessment and a 3-month residential programme for men.

3.2. RGT has also recently commissioned a range of pilot projects, which include:

- 'Gambling Risk and Harm Minimisation' pilots which ended in 2015, providing gambling problem awareness raising, education and brief interventions in areas of Wales, Scotland and the West Midlands.
- A service delivered by Citizen's Advice to increase the screening and provision of brief interventions to individuals seeking advice from non-problem gambling support agencies who may have difficulties with gambling.
- Development of educational materials for use in Scotland, England and Wales.
- An educational project aimed at professional sports men and women.
- Screening and brief intervention for use in homelessness services.
- A model of respite residential care for women with gambling problems provided by Gordon Moody.

4. Commissioning intentions

4.1. RGT intends to:

4.1.1. Create a commissioned, efficient system where limited finances can be directed to ensure the maximum number of problem gamblers receive the correct level of intensity of treatment for their problem to promote best outcomes and system efficiency.

4.1.2. Implement the principle of tiered system, and stepped care within a tiered system, ensuring those with greater severity or complexity of problem get

treated by higher Tier services and those at most risk receive greater priority of interventions or referral to other services.

4.1.3. Ensure those requiring lower levels of interventions get services suited to their needs and are not taking capacity of services designed to treat those with more severe and complex problems.

4.1.4. Broaden the range of services and activities we support and work with in the future. These will include general public awareness-raising, education and early prevention work, particularly among young people and vulnerable communities, 'relapse prevention' as well as exploring how we might support the development of on-line self-help and mutual-aid initiatives.

5. Service Principles

5.1. The service will offer a range of interventions designed to meet the varied needs of a diverse client group, including extending the provision and availability of aftercare (relapse prevention) and mutual aid.

5.2. It is expected that the service will offer a stepped care approach to service users. This approach will be used to ensure that service users receive the least intensive interventions to meet their needs at treatment entry. The service will develop coherent care pathways, which will demonstrate the stepped care approach that will be used, including how service users can move up or down the pathway in response to their changing needs and achievement of treatment goals.

5.3. The service will be delivered by a range of different providers which must each be committed to partnership working, and which will communicate, co-operate, and co-ordinate activities to ensure the most effective care is delivered to its service users.

5.4. RGT has a commitment to co-production of its services. Service user involvement will be a key element of the RGT's national problem gambling treatment services. Service users should be involved in the design and delivery of the service. This should include roles as peer mentors or peer delivery of services. Mechanisms for ensuring regular service user feedback at operational and strategic levels should also be included.

5.5. The service user will be supported throughout their journey through the treatment system, including facilitated referral and a commitment to reduce the data burden on the service user.

5.6. The National Gambling Helpline will be promoted as the first point of access to the service, but providers will aim to be available and accessible to all, operating under the principle of 'no wrong door'.

5.7. The service will be embedded in local health, social care and criminal justice systems, and have links to primary care and mental health services.

5.8. The services will aim to provide psychosocial interventions to all those living in England, Wales or Scotland, and will ensure equitable access to services which take account of the service users' circumstances.

5.9. All providers will support the continuing development of the Data Reporting Framework [1]to enhance the evidence base in the field.

5.10. This specification outlines the key requirements RGT has of its problem gambling treatment services; however the service provider(s) will have the scope to develop innovative and evidence-based solutions to meet the specification. The use of innovative techniques and delivery methods should be a key component of a recovery-focused approach.

6. Commissioned Model

6.1. RGT intend to fund the services outlined in Table 1. Specifications for each service to be commissioned in this round are to be found in Section B.

Tier	Services	Interventions	Procurement
Tier One	Non-problem gambling specific services, e.g. primary care; drug and alcohol services; food banks; debt advice; employment advice	Screening, Brief Intervention and referral. Self-help provision	[Not in this round]
Tier Two	Helpline	Advice, information and signposting Screening, Brief Intervention and referral	Specification B1: "National Gambling Helpline"
Tier Two	'Open-access' Community based problem gambling services	Brief intervention and Extended brief intervention. Aftercare Mutual aid	Specification B2a "Tier 2 and 3 community care" Specification B2b "Lead Provider"
Tier Three	Community based problem gambling services	Care-planned treatment e.g. psychosocial interventions from brief interventions through to psychiatric care	Specification B2a "Tier 2 and 3 community care" Specification B2b "Lead Provider"

[1] Data Reporting Framework: The RGT's tool for the collection of data on all clients accessing treatment. Available at http://www.responsiblegamblingtrust.org.uk/commissioning/treatment-and-harm-prevention/

Tier Four	Residential rehabilitation – short term and respite care	'Sandwich' model of residential and outpatient care Short term (< 2 weeks) rehabilitation	Specification B3 "Shorter term residential"
Tier Four	Residential rehabilitation – long term care	Long term (>12 weeks) rehabilitation	Specification B4 "Longer term residential"

6.2. Projects required to support the commissioned model are as follows:

6.2.1. Common Screening Tool – an agreed screening tool to assist providers at all tiers to identify the preferred client pathway.

6.2.2. Models of Brief Intervention and Extended Brief Intervention

6.2.3. Self-help materials (online and offline)

6.2.4. Data collation and analysis systems

7. Service Standards

7.1. This section outlines service standards applicable to all commissioned aspects of the National Problem Gambling Treatment Service. Standards applicable to individual aspects of the service are to be found within the relevant service specifications.

7.2. Staffing requirements

- All employees (or other persons) providing counselling services hold at the very minimum a diploma in a counselling-related field, with membership in an institute such as the British Association for Counselling and Psychotherapy (BACP) or UKCP or equivalent, and have completed a minimum of 450 hours of supervised practice. Trainee counsellors may provide services under certain conditions as dictated by best practice, but at a minimum must be under strict supervision from a qualified counsellor/provider. All employees (and other persons) providing counselling services adhere to the National Occupational Standards for health in relation to Gambling (GAMNOS).
- All service providers must support the training and continuing professional development of its employees (see 8.5).

7.3. Data management systems

- The provider must be able to demonstrate that its data management system allows for the capture and transfer of client records, including DRF data, to facilitate reporting and referrals to other parts of the National Problem Gambling Treatment system.

- Case management systems must be in place which will aim to avoid duplication of effort in data entry, allow reports to be generated which will both support case management by the clinician and supervisor, and allow the service to monitor and report against KPIs.
- The provider will work with the commissioner to develop and integrate data systems.

7.4. Service User involvement

- RGT will require providers to actively consult service users in the design and delivery of the service.

8. Quality Standards

8.1. Regulations, Policies and Procedures

8.1.1. The provider is expected to comply with all relevant legislation, regulations, statutory circulars and National Quality requirements that are applicable to the service. This will include policies relating to safeguarding and managing risk. Outcomes of any non-compliance are to be made available to RGT with an Action Plan and timelines for compliance. A quarterly position statement will be provided detailing any likely concerns regarding compliance against any essential standards.

8.1.2. All services must have in place the following policies:

- Complaints/grievance procedure (for paid staff and volunteers)
- Confidentiality/Information sharing Protocol
- Service user involvement
- Staff drug, alcohol and gambling use
- Grievance and disciplinary
- Redundancy
- Staff leave, sickness, absence and turnover
- Staff training and development strategy
- Working in the community (outreach, home visits, satellite working)
- Violence at work
- Fire policy
- Child Protection/Safeguarding
- Safety of staff involved in outreach work and lone working
- Risk assessment protocols

The above policies and procedures must have clearly stated objectives; stipulate who is responsible for the implementation of the policy/procedure and arrangements for monitoring, review and development.

8.2. Confidentiality and Data Protection

8.2.1. The provider must be registered as a data controller (unless exempt) under the Data Protection Act 1998.

8.2.2. The provider must be transparent about personal information stored on an individual and must follow proper information sharing principles. (Including consent to CST/DRF and a local data sharing protocol).

8.2.3. The provider must have clear confidentiality, privacy and data handling policies, which are understood by all members of staff. The purpose of these policies is to prevent client details being inappropriately disclosed when consent is given.

8.2.4. The Data Protection Act 1998 allows data sharing if 'fair processing' information is provided to the client. This should be explained on the client's first point of contact with the service and must describe:

- What information will be collected by the provider
- When and what information will be shared with any other services and organisations involved in their care
- Who information will go to and why
- In what circumstances confidentiality may be breached.

8.2.5. This policy will cover submissions to DRF and make provision for sharing data between the RGT's Problem Gambling Treatment services.

8.3. How Quality and Standards will be checked

8.3.1. Services will be independently audited in consultation and agreement with the Responsible Gambling Strategy Board and with providers.

8.3.2. User feedback will be sought on all aspects of service provision, which may include mystery shopping for some parts of the service.

8.3.3. RGT will expect quarterly progress reporting on agreed indicators, and will conduct performance reviews on a twice yearly basis.

8.4. The service providers will have in place appropriate structures with which to continuously improve the quality of the service, safeguard high standards of care, and create an environment in which excellence can flourish.

8.5. The service providers will have in place the following structures either as stand alone or as part of a clinical governance or quality assurance policy and will at a minimum include:

- Established clinical and operational standards in the form of service policies which cover all main aspects of the service (see 8.1.2)
- A staffing structure whereby all staff receive advice, support, training, clinical guidance and supervision, appropriate to their role within the organisation, from suitable qualified, experienced individuals
- A system to ensure that all staff receive an appropriate induction in terms of the values, philosophy, aims and objectives, culture of the organisation and their own role and function within it
- A system in place where all staff and managers have opportunities to develop at a personal and professional level

- A documented system of risk assessment and risk management

SECTION B – SERVICE SPECIFICATIONS

B1 – NATIONAL GAMBLING HELPLINE

1. Scope

1.1 Aims and Objectives

- To provide a national, multi-channel access point to information, advice, brief intervention and signposting for those adversely affected by gambling;
- To deliver a service which is free to the service user and available at a minimum between 8am and 12pm, 7 days a week;
- To use a Common Screening Tool (to be specified by RGT) to identify service users that would benefit from referral to services operating at Tiers 2, 3 and 4;
- To work as part of a whole system with other RGT-funded service providers to develop and maintain an effective and comprehensive National Problem Gambling Treatment Service;
- To refer, and where necessary facilitate referrals to a range of other services including NHS Primary Care and mental health services, other advice agencies and third sector organisations.

1.2 Service description and care pathway

- The 'National Gambling Helpline' will be delivered via the Freephone telephone number reserved by RGT (0808 8020 133), and additionally via web based chat and online services.
- The key operating principle of the Helpline is that of customer choice – it is up to the user of the service to determine how and when they explore their issues and pursue further support. However, where referral pathways are indicated and the service user would benefit from a facilitated referral, this should be implemented.
- When a service users presents with issues with their gambling that might require further care from specialised gambling support services, the Helpline advisor will carry out a screening exercise using the Common Screening Tool to indicate the required referral pathway.
- Data collected using the Common Screening Tool should accompany the referral to the service in order to reduce the burden of duplicate reporting on the service user.

1.3 Acceptance criteria

- Open access to the community via Freephone and online services
- The provider will at all times work to ensure that service users are able to access the service irrespective of their age, cultural, physical or other needs.

1.4 Delivery model

- RGT anticipate that the Helpline will be delivered via a single provider. However where cost savings and additional benefits (such as reducing the burden of non-target calls) can be achieved by outsourcing part of the system, this should be explored.
- The Helpline model should be flexible in order to allow potential new services to be included by agreement with RGT.

1.5 Interdependence with other services

- The National Gambling Helpline will interface and work closely with the whole system of RGT-funded service providers and should expect regular and frequent communication to ensure systems are running smoothly.
- The National Gambling Helpline will need to develop links with other services to support onward referral, including local and national providers of:
    - Primary care
    - Secondary Care specialist mental health teams
    - Acute and Community health services
    - Adult and Older people social care services
    - Employment Services
    - Financial and debt advice services
    - Other third sector providers

2. Service Standards

2.1. Staffing requirements. A service delivery team, including management, with appropriate competencies, skills and experience in providing psychosocial intervention services for people over a telephone or internet medium, particularly those with problem gambling or other behavioural addiction problems.

3. Quality Standards

3.1. The provider will ensure that they are fully compliant with the quality standards required for membership of the Helplines Partnership.

4. Key Performance Indicators

KPIs are to be agreed and benchmarked in consultation with the service provider during the contracting process. Indicative KPI measures are shown below: providers are expected to specify both baseline (for existing providers) and targets in their tender submission.

KPI	2015/16 baseline	2017/18 target	2018/19 target	2019/2020 target
Number of inbound calls				
Answerable calls				
Answered calls				
Target calls				
Cost per answered call				
Cost per target answered call				
Duration of call				
Recommended client pathway				
Facilitated referrals	N/A			
Uptake of pathway				
Client satisfaction				

B2a – TIER 2 AND 3 COMMUNITY CARE

1. Scope

1.1 Aims and Objectives

- To provide evidence-based psychosocial interventions for individuals at risk of gambling-related harm, problem gamblers and those affected by the gambling of a family member or significant other.
- To work as part of a whole system with other service providers to develop and maintain an effective and comprehensive national problem gambling treatment service.
- To provide a free-to-access service to all eligible clients, ensuring that care is provided in such a way that those requiring lower levels of intervention get services suited to their needs and are not taking capacity of services designed to treat those with more severe problems.
- To use a Common Screening Tool (to be specified by RGT) to identify service users that would benefit from referral to other services operating at Tiers 2, 3 and 4

1.2 Service description and care pathway

- There is an expectation that organisational arrangements will be in place that are consistent and equitable across providers. These include:
    - Single assessment at point of entry, including risk assessment, which is continually reviewed;
    - Consistent gate-keeping procedures;
    - Consistent care-planning procedures;
    - Discharge planning from the start;
    - A clear purpose for each admission to the pathway;
    - Effective and consistent communication between clinicians, teams and agencies;
    - Provision of effective aftercare and support for mutual aid.
- Tier 2 interventions may include: Guided self-help based on CBT; Bibliotherapy; Mindfulness; Psychoeducational groups; Brief intervention; Signposting to other services and facilitated referral where necessary; Problem solving; Aftercare; Mutual aid.
- Tier 3 interventions may include: Psychological treatments including individual and group CBT; Couple therapy where appropriate; Counselling; Referral on to other agencies as indicated.

1.3 Delivery model

- Provision is likely to be via both a single specialist provider and a network of local services across England, Scotland and Wales, with flexibility to deliver

services via alternate means of communication (e.g. telephone, web conferencing, email, online chat) and flexibility (e.g. extended opening hours) to meet client needs.

- It is anticipated that the national network aspect of the service will be commissioned as a 'lead provider' model. The lead provider will be commissioned under a separate contract (see Specification B2b), will be responsible for all aspects of procurement and contract negotiation on behalf of its network, and is responsible for ensuring all aspects of the service specification are delivered consistently across their network.
- The provider network may change over time to meet needs of population, and this should be agreed with RGT prior to changes being made. The lead partner must ensure continuity and reduce disruption via effective and timely communication.
- The lead provider should take a proportionate, risk-based approach to contract management.

1.4 Acceptance criteria

- Referral is by any means, including self-referral.
- Eligible service users are those who have needs appropriate for a Tier 2 or Tier 3 intervention who:
    - are at risk of developing a gambling problem;
    - have an existing gambling problem;
    - have co-existing gambling problems and mental health problems;
    - have been affected by the gambling of a family member or significant other;
    - are aged 16 years or over.

1.5 Interdependence with other services

- RGT-funded providers: mechanisms should be in place for facilitated referral (including client data transfer) according to stepped care need, local availability and client preference.
- Particular procedures should be established to engage the support of specialist services able to support, as part of a multidisciplinary team, the provision of specialist problem gambling care to individuals who present with severe and/or complex needs (for example inviting assessment of a client presenting with comorbid psychiatric diagnosis by teams with psychiatric expertise).
- Other services including local provision of:
    - Primary care
    - Secondary Care specialist mental health teams
    - Acute and Community health services
    - Adult and Older people social care services
    - Employment Services
    - Financial and debt advice services

- Other third sector providers

2. Service Standards

As outlined in Section A

3. Quality Standards

As outlined in Section A

4. Key Performance Indicators

KPIs are to be agreed and benchmarked in consultation with the service provider during the contracting process. Indicative KPI measures are shown below: providers are expected to specify both baseline (for existing providers) and targets in their tender submission.

Outputs/outcomes	2015/16 baseline	2017/18 target	2018/19 target	2019/2020 target
Average time from referral to offered assessment appointment				
Average time from assessment to offered treatment appointment				
Appropriateness of referral (i.e. did screening recommendation match assessment outcome)				
Number of BIs/EBIs				
Average duration of treatment (not BI or EBI)				
Number of clients that 'do not attend' (%)				
Number of clients with planned ending (%)				
Number of clients that drop out during treatment (%)				

Number of clients engaged in aftercare services				
Difference in outcome measurement scores between assessment and completion				
Sustained behavioural change				
Client satisfaction with service provision				

B2b – LEAD PROVIDER FOR A NATIONAL NETWORK OF TIER 2 AND TIER 3 SERVICES

1. Scope

1.1 Aims and Objectives

- To provide leadership of a national network of providers delivering a Tier 2 and Tier 3 service as described in Specification B2a, which will include:
    - Selection of providers to ensure comprehensive geographical coverage throughout England, Scotland and Wales and high quality service provision;
    - Monitoring and reporting, including collecting, collating and submitting DRF data to RGT;
    - Monitoring and/or delivery of CPD;
    - Financial management and assurance;
    - Effective governance, quality assurance and audit;
    - Co-ordination of strategic partnerships between the commissioner, the provider network and for example local government.

1.2 Service description

- The lead provider will be responsible for developing, monitoring and improving the delivery of problem gambling treatment services at Tier 2 and Tier 3 via a national network of providers.
- The lead provider will establish contractual arrangements with the provider network and ensure that delivery is in line with Specification B2a.

1.3 Interdependence with other services

- The lead provider will work closely with other Tier 2 and Tier 3 providers who are not part of their national network. These may include, for example, NHS services or other non-RGT funded providers.

2. Service Standards

As outlined in Section A

3. Quality Standards

As outlined in Section A

4. Key Performance Indicators

KPIs are to be agreed and benchmarked in consultation with service provider during the contracting process.

KPI	2015/16 baseline	2017/18 target	2018/19 target	2019/2020 target
Geographical reach of network				
Number of audits carried out				
Content of audit				
Training days				
Service user quality measures				
Speed of payment to providers				
Accurate DRF collection				

B3 – SHORT TERM RESIDENTIAL

1. Scope

1.1 Aims and Objectives

- To deliver a mixed model of care, including elements of residential and outpatient care, for clients with severe and/or complex presentations who are not suitable for longer term residential rehabilitation services;
- To provide short term residential services (less than two weeks) to clients with severe/complex presentations who require respite or crisis care prior to accessing community-based treatment services;
- To work as part of a whole system with other service providers to develop and maintain an effective and comprehensive National Problem Gambling Treatment Service;
- To use a Common Screening Tool (to be specified by RGT) to identify service users that would benefit from referral to other services operating at Tiers 2, 3 and 4.

1.2 Service description and care pathway

- The mixed model of care will include a four-day period of residential respite care, followed by 10 weeks of community-based psychosocial intervention and a final three-day residential period.
- Respite care will be available to those who are unable to spend 3 months in residential rehabilitation but would benefit from short term respite/crisis care to facilitate their recovery process and engagement with community based treatment services.

1.3 Acceptance criteria

- Men and women aged over 18;
- Clients must present with severe and/or complex needs, and to have either already tried community based services, or be assessed as being unlikely to be helped by accessing community-based services;
- Clients must be assessed as being unsuitable for longer term residential care.

1.4 Interdependence with other services

- The service should demonstrate clear client pathways working closely with community based problem gambling treatment services both to accept referrals and to discharge into their care.
- All clients should receive a community aftercare plan.
- The service will work with other services including local provision of:
    - Primary care
    - Secondary Care specialist mental health teams

- Acute and Community health services
- Adult and Older people social care services
- Employment Services
- Financial and debt advice services
- Other third sector providers

2. Service Standards

As outlined in Section A

3. Quality Standards

As outlined in Section A

4. Key Performance Indicators

KPIs are to be agreed and benchmarked in consultation with service provider during the contracting process. Indicative KPI measures are shown below: providers are expected to specify both baseline (for existing providers) and targets in their tender submission.

Outputs/outcomes	2015/16 baseline	2017/18 target	2018/19 target	2019/2020 target
Average time from referral to offered assessment appointment				
Appropriateness of referral (i.e. did screening recommendation match assessment outcome)				
Average time from assessment to offered residential placement				
Average duration of treatment				
Number of clients not accepted and referred on to community-based services				
Number of clients that 'do not attend' (%)				
Number of clients with planned ending (%)				

Number of clients that drop out during treatment (%)				
Number of clients engaged in aftercare services				
Difference in outcome measurement scores between assessment and completion				
Sustained behavioural change				
Client satisfaction with service provision				

B4 – LONG TERM RESIDENTIAL

1. Scope

1.1 Aims and Objectives

- To deliver a programme of longer term (more than two weeks) residential care for clients with severe and/or complex presentations who are not suitable for community-based care or shorter term residential rehabilitation services;
- To work as part of a whole system with other service providers to develop and maintain an effective and comprehensive National Problem Gambling Treatment Service.
- To use a Common Screening Tool (to be specified by RGT) to identify service users that would benefit from referral to other services operating at Tiers 2, 3 and 4.

1.2 Service description and care pathway

- Clients will engage in a thorough assessment process before being accepted onto the residential programme, which will look at both the complexity and severity of presentation and also the ability of the individual to engage in the therapeutic model.
- The service will deliver a 12 week programme of CBT-based groups, workshops and other 1:1 individual sessions with a dedicated support worker. The specialist approach will use treatment interventions that are purely gambling focussed and address the extremes of the associated behaviours. The service will aim to rehabilitate clients by helping them to adopt new coping skills and to enable them to integrate back into society, without the need to gamble.
- Halfway house spaces will be available for residents who have completed the 12 week residential programme and are not ready to return home, or are waiting for accommodation and wish to undertake continuation treatment in the form of relapse prevention.
- Face to face counselling will be offered to those ex-residents who require it to further enable the consolidation of their treatment.

1.3 Acceptance criteria

- Men aged over 18. Should new evidence arise to suggest that women might both benefit from and engage with longer term residential care the service should also be made available to women over the age of 18;
- Clients must present with severe and/or complex needs, and to have either already tried community based services, or be assessed as being unlikely to be helped by accessing community-based services;
- Clients must be assessed as being unsuitable for shorter term residential care.

1.4 Interdependence with other services

- The service should demonstrate clear client pathways working closely with community based problem gambling treatment services both to accept referrals and to discharge into their care.
- All clients should receive a community aftercare plan.
- The service will work with other services including local provision of:
    - Primary care
    - Secondary Care specialist Secondary Care specialist mental health teams
    - Acute and Community health services
    - Adult and Older people social care services
    - Employment Services
    - Financial and debt advice services
    - Other third sector providers

2. Service Standards

As outlined in Section A

3. Quality Standards

As outlined in Section A

4. Key Performance Indicators

KPIs are to be agreed and benchmarked in consultation with service provider during the contracting process. Indicative KPI measures are shown below: providers are expected to specify both baseline (for existing providers) and targets in their tender submission.

Outputs/outcomes	2015/16 baseline	2017/18 target	2018/19 target	2019/2020 target
Average time from referral to offered assessment appointment				
Appropriateness of referral (i.e. did screening recommendation match assessment outcome)				
Average time from assessment to offered residential placement				

Average duration of treatment				
Number of clients not accepted and referred on to community-based services				
Number of clients that 'do not attend' (%)				
Number of clients with planned ending (%)				
Number of clients that drop out during treatment (%)				
Number of clients engaged in aftercare services				
Difference in outcome measurement scores between assessment and completion				
Sustained behavioural change				
Client satisfaction with service provision				