

Gambling treatment services

Betknowmore UK

Date of assessment visit: 26 – 28 November 2025

Background to assessment

We carried out an assessment of support and treatment services delivered by Betknowmore UK. This formed part of work agreed between CQC and the Gambling Commission under Schedule 4, paragraph 9 of the Health and Social Care Act 2008, which allows CQC to provide advice and assistance to other public bodies. The Gambling Commission asked CQC to work alongside GambleAware to develop a programme to measure and ensure the availability of high-quality support services within the National Gambling Support Network (NGSN) for people experiencing gambling harm.

Gambling harms treatment services are not regulated under the Health and Social Care Act 2008. As a result, CQC does not have the legal authority to register these services, pursue enforcement, or provide an overall rating following assessments. However, CQC assesses these services who are members of the NGSN to support quality improvement. Our assessments review if services are providing safe, effective, caring, responsive and well led care while meeting the needs of people seeking support for gambling-related harms. CQC will provide recommendations to support improvements where needed.

Betknowmore UK provides support to people experiencing gambling harms and affected others through trained peer supporters and non-clinical staff, with a focus on lived experience and practical support. The provider delivers 3 core programmes; Peer Aid, a digital support service where peer supporters (who are mainly volunteers) provide 1:1 and group support to people affected by gambling harms; New Beginnings, a digital women-only service delivered by lived experience facilitators; and GOALS (gambling outreach and living support), where lived experience practitioners provide support and education to people in their communities. Most support is delivered remotely through 1:1 and group sessions, while staff work directly with people in communities through outreach work.

The NGSN supports people experiencing all levels of gambling harms, with interventions split across a tiered system. Tier 1 interventions provide information and advice; tier 2 treatment includes motivational interviewing and extended brief intervention sessions; tier 3 includes structured treatment such as talking therapy. Tier 4 treatment typically includes residential care for complex cases. Betknowmore UK support is provided across all tiers.

How we carried out this assessment

Before the assessment, we sent an information request to the provider. We completed our assessment remotely over 3 days. During our assessment, we reviewed information about service delivery including policies and procedures, governance documents and case records. We spoke with leaders, managers, operational staff, peer supporters and people who had used the service. A survey was also sent to people with lived experience to gather their feedback. We received feedback from other services working with Betknowmore UK and the commissioners for the service, GambleAware.

Our view of the service and recommendations:

We found that people could access prompt, person-centred support from Betknowmore UK, and their needs and risks were identified and managed effectively. Evidence from feedback and outcomes showed the service was effective in addressing gambling harms.

There were processes in place to keep people who used the service safe, for example safeguarding and incident management. Staff and peer volunteers received training and support to help them work safely and deliver effective support.

People who used the service and people who worked for the service were treated with dignity and respect, and their wellbeing and safety was always prioritised. There was a good organisational culture.

People who used the service and stakeholders were positive about the impact of the provider's support and how they worked together.

There were clear and improving governance systems in place to ensure the delivery of safe and high-quality support. The provider was focused on continually improving the service to support this.

People's experience of the service

We received extremely positive feedback from people who used Betknowmore UK's services. People described the service as 'hugely supportive', 'an invaluable resource' and 'a safe space to talk about anything...with no judgement'. One person told us that 'the people are so approachable and you don't feel ashamed when speaking to them'. We also heard positive feedback around the use of lived experience, with one person saying 'I have liked speaking to someone that has been in the same position as me and is now gamble free. It gives me hope that I will one day be in the same position as them'.

The provider also received excellent feedback from stakeholders. One told us that Betknowmore UK's staff 'demonstrate deep empathic understanding of individuals on their recovery journey. This authentic connection fosters trust and meaningful engagement with service users'. Another stated that Betknowmore UK's 'lived-experience approach gives them an immediate rapport with those they support, creating a sense of being understood that is often difficult for individuals to find elsewhere'. Partnership working was a particularly positive area, with one stakeholder highlighting Betknowmore UK's focus on 'openness, shared learning, and an ongoing commitment to high-quality care'.

Is the service safe?

Safe overall summary

We found there was a culture of openness and learning. There were clear processes in place to respond to and learn from incidents. Staff and peer supporters received structured training relevant to their role, and regular managerial and clinical supervision. There were robust safeguarding processes in place and good management of related concerns. Risk management processes were effective and being enhanced to help keep people safe. There were also safe recruitment practices in place.

Learning culture

The provider had a positive culture of safety, based on openness and honesty. Staff had regular training on incident management and reporting, and duty of candour. Those we spoke with understood how to identify and manage incidents. The provider had introduced a new incident reporting and learning process in 2025, including guidance for staff on how to record incidents on a new case management system and clear processes for reviewing incidents and sharing learning. Staff aimed to follow up with people and any external services directly involved within 24 hours. Managers undertook immediate reviews to help manage any risks and a further review at fortnightly senior management team (SMT) meetings to support learning and reporting. Peer supporters reported incidents directly to their peer supervisor who then followed the agreed processes.

We saw evidence that the provider had shared learning and changed processes in response to incidents, for example additional guidance for staff on when to share relevant information to keep people safe and improvements in recording contact details on the case management system.

Safe systems, pathways and transitions

The provider used secure electronic recording systems and had policies and procedures to ensure the confidentiality and safety of people's information. At the time of our assessment, Betknowmore UK was migrating work to a new system which was improving functionality for recording, risk management and quality assurance.

There were effective processes in place to identify and manage risks to people who used the service. People with more complex needs or increased risks were discussed at a weekly multidisciplinary meeting (MDT) which informed decisions about referring people to services which would provide appropriate support to meet their needs. There were established pathways to ensure that people could access support from other NGSN services quickly when needed, and there were good links with a range of healthcare and community services which could support people's wider needs.

Betknowmore UK's partners told us that 'communication between our services is always clear and timely', and 'Betknowmore UK shows a strong willingness to collaborate on care planning, risk management'. This approach meant that there was continuity of support for people moving between services.

All people we spoke with and those who responded to our survey said they felt safe when accessing support from the provider.

Safeguarding

There were established safeguarding processes in place, and staff and peer supporters understood their responsibilities around safeguarding. All staff completed level 3 safeguarding training and peer

supporters completed safeguarding and suicide and self-harm prevention training during their induction; this training was refreshed regularly. There were designated safeguarding leads in the organisation with additional safeguarding lead training. Staff and peer supporters received a weekly email highlighting which lead to contact for support with safeguarding matters, which ensured they could access support to manage concerns. Safeguarding concerns were logged on the provider's electronic case management system and reviewed by senior leaders to ensure appropriate action was taken. We saw that concerns had been appropriately escalated to local safeguarding teams where necessary.

Involving people to manage risks

The provider assessed people's gambling harms and wider wellbeing risks from the point of initial triage and assessment and continued to monitor any changes to risk regularly during their support. This included reviewing risk assessments completed by referring services, and a comprehensive risk assessment completed by the provider during people's initial assessment which assessed risks around gambling harms and wider wellbeing. Risk was also routinely monitored during ongoing support sessions.

There was a range of meetings where risks to people who used the service were reviewed. This included weekly triage meetings to discuss incoming referrals, and a weekly MDT meeting which focused on more complex cases and people with identified medium or high-risk assessment scores. People were referred for MDT review at any time if known risks increased or new risks emerged.

If people presented with risks which required more structured or specialist support, for example significant mental health or self-harm risks, the provider considered referring people to NGSN partners or external agencies for support.

Completed risk assessments we saw were detailed and included actions required to keep people safe, for example planned wellbeing checks.

The provider had developed risk management processes during the last year. This included a dedicated risk review section on the new case management system, and peer supporter access to risk assessment information on the system.

Safe environments

The provider did not have an office or working spaces as they offered remote support. Staff who completed outreach work in the community told us they risk assessed places they visited in advance, often worked in pairs and were in regular contact with the provider, which helped keep them safe. All staff were issued with work laptops and telephones, and use of business mobile messaging app and video technology was monitored by the provider to make sure it was used safely.

Safe and effective staffing

The provider had core working hours of 9am to 5pm on weekdays, but offered flexible support to people who used the service to help meet their needs. This included a weekly late shift every Tuesday until 8pm, and there was scope for peer supporters to offer support at different times based on their availability and on-call support from managers being available. Staff ran groups at various times of the day to help people access them.

There were safe recruitment practices in place to ensure that staff and people who used the service were safe. This included DBS checks at a level relevant to the job role. The provider told us that peer supporters received basic DBS checks due to the nature of their role, which was based on specialist external advice on the necessary level required for the role. To ensure peer supporters

were safe to work, the provider followed a comprehensive risk assessment process during onboarding which included a review of their gambling harms recovery and any ongoing risks, understanding of professional boundaries, and a review of references.

The provider offered a structured 2-week induction programme for new staff which covered systems and processes, mandatory training, meetings with key colleagues and lived experience input. We heard that the provider had formalised the induction process following previous feedback from staff. Newer staff we spoke with felt that their induction into the organisation was well structured and relevant to their role.

Staff and peer supporters received training appropriate and relevant to their role. This included mandatory training reflecting the commissioner's requirements, including incident reporting and management, data protection and health and safety training. Staff could also access a range of additional relevant training to support their practice. For example, the provider delivered a quarterly training day for all staff, with recent topics including new incident management processes, support and aftercare planning, and model of care training. We also heard that training was delivered to help respond to the specific needs to people using the service, for example supporting victims of domestic abuse.

Peer supporters completed a 10-week accredited City and Guilds training programme before working with people. This included training around the provider's support model, gambling harms and addiction, delivering interventions, professional boundaries, and safeguarding and self-harm training. Peer supporters we spoke with were complimentary about the training provided and felt it gave them the tools to provide safe and effective support to people. Additionally, peer supporters completed an observed support session before they could work independently.

All staff had monthly managerial and clinical supervision. Peer supporters could also access a quarterly clinical supervision group and received regular support and feedback from their peer coordinator. Those we spoke with highlighted that supervision supported them in their roles; we heard that clinical supervision was delivered with a trauma-informed approach and provided a safe space to discuss concerns and share learning with peers.

Infection prevention and control

Although our assessment framework includes infection prevention and control (IPC), the provider did not currently provide IPC training as staff and peer supporters delivered remote support from their homes. We found no evidence of risks in this area during our inspection.

Medicines optimisation

Although our assessment framework covers medicines optimisation, the provider was not responsible for managing medicines.

Is the service effective?

Effective overall summary

We found that people received a comprehensive assessment of their needs and risks promptly, which informed next steps for their support. The provider used recognised clinical tools to monitor the impact of support on people's gambling harms risks and wellbeing. There was good internal communication and the provider had very effective working relationships with a range of partners. Consent and confidentiality were managed effectively.

Assessing needs

People accessing support from Betknowmore UK received a prompt and comprehensive assessment of their needs, which informed the support offered to them. On receipt of a self-referral via the provider's website or referral from NGSN partners, staff from a dedicated team completed an initial triage within 48 hours followed by a comprehensive assessment at an agreed time with the person which focused on their gambling harm risks and needs and wider wellbeing; this included emotional, physical, social and practical issues. The provider had worked with NGSN partners on a standardised approach to assessment to promote consistency between services. Staff attempted to contact people 3 times and if unsuccessful, shared information with them on how to access support again if needed.

Following assessment, people were referred into 1 of the provider's pathways if safe and appropriate, or to other NGSN partners if they required a different type of support to better meet their needs. People usually waited no more than 2 weeks to start Peer Aid or GOALS support, and around 4 weeks to start working with New Beginnings groups. The provider had systems in place to ensure that people received regular contact from staff while they were waiting to start support, which ensured any new or emerging risks could be managed effectively.

The Peer Aid pathway was led by peer supporters with lived experience of gambling harms. This consisted of around 6 1:1 sessions ranging between 30 minutes to 1 hour. These sessions focused on sharing experienced and mutual support from people with similar experiences of gambling harm. In addition to 1:1 work, the team also ran 2 weekly health and wellbeing groups which anyone could access.

The New Beginnings pathway consisted of 10 group sessions specifically for women led by staff practitioners and delivered in cohorts. There was also a weekly health and wellbeing group for women to use after the programme had finished.

The GOALS pathway focused on outreach work delivering education and empowerment in local communities in London and the South East of England, and 2 practitioners also flexibly supported a small number of people 1:1 in these communities.

As well as supporting people directly experiencing gambling harms, the provider supported affected others, such as family members, who could access any of the provider's core programmes if appropriate to meet their needs. One person told us 'the team were absolutely fantastic at supporting me as an affected other'.

Records that we saw showed that people received a detailed assessment of their needs, which included a strong focus on risk, safety and wellbeing. People we spoke with who used the service told us that they received a very quick response and assessment of their needs from

Betknowmore UK; one person told us that they were assessed within 24 hours of self-referring to the service.

Delivering evidence-based support and treatment

The support delivered by the provider reflected current national guidance. This included the use of peer support to help address gambling harms, and motivational interviewing by peer supporters. These approaches were in line with current guidance from January 2025 from the National Institute for Health and Care Excellence (NICE) on gambling-related harms. This helped to ensure best possible outcomes for people using the service and was reflected in positive feedback, particularly around the effectiveness of peer support.

How staff, teams and services work together

We found that the provider's staff worked collaboratively with colleagues and partners to deliver effective support for people using the service. The provider shared relevant information (with people's consent unless they were at risk) with external partners to help support their gambling harms and wider wellbeing needs. For example, community mental health teams, GPs, housing and debt services, and other NGSN providers.

There were good information sharing arrangements between teams which ensured that people could access the support they needed promptly. Internal information sharing was being enhanced through the introduction of a new case management system, which was supporting all staff and peer supporters to access information more easily, for example around risk management.

There were regular team meetings in place across the service which allowed teams from each pathway to discuss active cases and manage risk. The provider took an MDT approach with a weekly meeting focusing on complex and higher-risk cases, which ensured a joined up approach to risk management and related decision making. The provider had also introduced a monthly all-staff meeting 'Chatknowmore' to provide consistency of messaging to staff, and quarterly forums to support consistency in training. Staff we spoke with told us that internal communication was good and team working had improved.

Feedback from stakeholders demonstrated that the provider worked effectively with partners to ensure people experiencing gambling harms received effective support. One stakeholder told us 'communication between our services is always clear and timely, and Betknowmore UK shows a strong willingness to collaborate on care planning, risk management, and training', and another highlighted that a 'collaborative approach enhances outcomes and strengthens the overall support network for individuals affected by gambling harms'.

Supporting people to live healthier lives

We found there was a holistic approach to the support delivered, which ensured that people's wider health and wellbeing was promoted. This included people's mental, emotional, social, financial and practical needs. Staff told us they had access to information about a wide range of services that could support people. We heard examples of staff supporting and advocating for people who used the service, for example around access to primary care and mental health support in the community.

The provider used the CORE-10 wellbeing assessment tool at various stages during people's support to monitor their wellbeing and take action to address any emerging needs or risks.

Monitoring and improving outcomes

The provider routinely monitored outcomes of support provided to ensure this was consistent and effective. Staff used established tools to regularly assess gambling harm risks and wellbeing,

including the Problem Gambling Severity Index (PGSI) and the CORE-10, which measures psychological distress. The provider was also trialling a new tool, the Gambling Harms Severity Index (GHSI), which provided a holistic measure of gambling harms. Data from these tools showed that people routinely experienced a reduction in gambling harms and improvement in their overall wellbeing after accessing support from Betknowmore UK.

The provider routinely sought feedback from people who used the service, including a structured feedback form at the end of their support. This data was reviewed and shared quarterly with all teams to support service development. Recent feedback demonstrated the impact of the support delivered, particularly on people's understanding of gambling harms, the quality of their support, and improved wider wellbeing. There was also targeted work to get feedback including focus groups and telephone interviews with people who had used the service.

Data received from commissioners highlighted the positive impact of the support delivered. For example, in Q1 and Q2 of 2025-26, 98% of people who used the service felt their support had brought about a positive change in circumstances, 100% were satisfied with the overall service from Betknowmore UK, and 99% would recommend the service to someone else.

All people we spoke with told us that the support they received had helped them in addressing and recovering from gambling harms, and most people who completed our survey were positive about the impact of their support. One person told us that their peer supporter shared 'many great ideas and techniques...which have all helped immensely', and another said that 1:1 support had been 'hugely supportive and helped to develop solid support frameworks'. Another person told us that the support provided by other women in the New Beginnings programme had given them 'the confidence and motivation to remain in recovery and feel less isolated.'

Consent to support and treatment

People who used the service were given clear information about consent and confidentiality by the provider. Staff gathered people's consent to support and information sharing during initial contact and this was reviewed and revisited routinely during their support. We saw evidence of consent being obtained and recorded around contacting GPs and family members.

Staff we spoke with had a good understanding of consent and confidentiality. Staff completed mandatory training on the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS), which supported them in understanding their responsibilities when assessing consent and people's understanding.

Is the service caring?

Caring overall summary

We found that people accessing the service received support which met their needs in a compassionate and non-judgmental way. People were treated with dignity and respect, and were very positive about the quality and impact of their support. Staff were well supported, particularly around wellbeing and development.

Kindness, compassion and dignity

People receiving support told us that they were treated very well by the provider. In our survey, all responders gave the highest rating for feeling treated with dignity and respect. Staff and peer supporters that we spoke with were extremely motivated to ensure that people accessing the service received support which would meet their needs in a compassionate and non-judgmental way. This was often based on their own lived experience and determination to help people who were experiencing similar problems.

People who used the service gave positive feedback about how staff supported them. One said that staff provided a 'safe space to talk about anything and everything with no judgement', and another told us that they were 'treated well and respected' by staff.

Stakeholders also gave positive feedback about the care shown by the provider to people who used the service. One highlighted the 'empathy they show towards service users', and another told us staff with lived experience 'demonstrate deep empathic understanding of individuals on their recovery journey'.

Treating people as individuals

The provider ensured that individual needs and preferences were understood and supported. A comprehensive initial assessment identified individual needs which the provider looked to address directly, or refer people to services that would best meet their needs.

Individual communication and accessibility needs were identified during assessment. The provider told us they were enhancing accessibility; they had recently delivered training for all staff on neurodiversity, were reviewing the accessibility of language in their information documents, and using translation and transcription services to support Peer Aid and outreach work.

The provider had a range of pathways available which helped to meet specific individual needs, including lived experience peer-led support and specific programmes for women and affected others. Support plans that we saw were personalised and focused on people's goals.

Staff highlighted their focus on treating people as individuals, with one person telling us 'the way we treat people is supportive and approachable, it's all about helping people'. Stakeholders also highlighted this, with one saying 'the cultural sensitivity they bring to their engagement means that people from a wide range of backgrounds feel welcomed and understood'.

Independence, choice and control

The provider offered a flexible approach to support to meet individual needs. People could access 1:1 support or group support and the number of sessions could be extended if additional needs were identified by the person or staff. Peer supporters could offer flexibility of the timing of appointments to work around people's personal commitments, and group sessions were also run during the

daytime and evenings to support accessibility. People could re-access support from the provider at any point in the future if needed and attend groups for as long as needed to support their ongoing recovery.

People were asked how they preferred to communicate with the provider at the beginning of their support and this was facilitated where possible, for example contacting people via email, text message or telephone. People using the service could request support from a male or female staff member or peer supporter if needed.

We received positive feedback from people who used the service, with one person describing Betknowmore UK as 'accessible... and easy to engage with', and another highlighting that the service provided 'the right support for me at the right time'. People were positive about the flexibility of the service, including online options and flexibility around work and family commitments.

Responding to people's immediate needs

People accessing support from Betknowmore UK received a prompt and thorough assessment of their needs following referral into the service. They could then quickly access support through one of the provider's support pathways, or were referred to other NGSN partners or external organisations who could better meet their immediate needs and respond to current risks, for example around mental or physical health.

The provider monitored risk and wellbeing throughout people's support, including by using the CORE-10 assessment tool. This allowed staff to escalate and respond to any increasing or emerging risks during people's support.

We saw that the provider had taken prompt action to address safeguarding concerns when identified, which ensured that people who used the service and those around them were kept safe.

The provider had identified that people based outside of the UK who they were not commissioned to support often accessed their website for support. In response, they had adapted the online referral system to automatically send people information about the scope of the service and signposting to international gambling harms support resources.

Workforce wellbeing and enablement

We found that staff and peer supporter wellbeing was prioritised. Those we spoke with described Betknowmore UK as an 'incredibly compassionate organisation' and that they felt 'well supported' and 'never isolated'. We heard managers were responsive to individual needs and offered flexible working arrangements when staff needed additional support for personal reasons. One staff member told us that the provider was 'very much focused on protecting me'.

The provider had recently introduced a staff survey to help ensure that staff voices were heard and used to influence service delivery. This had resulted in the introduction of an employee-led working group to involve staff in service developments. Staff we spoke with told us they felt listened to by senior leaders.

Staff could access an employee assistance programme for counselling support, as well as private healthcare support around physical and mental health needs.

All staff and peer supporters accessed regular managerial and clinical supervision, and were supported with mandatory and wider training and development opportunities. For example, we heard that the provider had supported staff to gain counselling and mental health advocacy qualifications. This helped ensure that staff could deliver safe and effective support to people who used the service.

Is the service responsive?

Response overall summary

We found that people's individual needs and goals were at the centre of the support being delivered. The use of lived experience throughout the service ensured that support was delivered with empathy and met people's needs, and this was praised by stakeholders and people who used the service. Support responded to the needs of particular groups, including those from diverse communities and affected others. People received appropriate information about the support available. The provider coordinated and worked collaboratively with partners to ensure continuity of support.

Person-centred support

We found that people's individual needs were at the centre of the support being delivered. People's goals for their support were identified at initial assessment and used to inform next steps. Staff listened and responded to individual need, including referring or signposting to other services that could support people where needed. Structured and detailed support plans were used for the GOALS and New Beginnings programmes and were being rolled out in the Peer Aid programme to provide more consistency across the service in formalising support planning. There was flexibility of support to meet people's needs, for example around communication or timing preferences.

Feedback we received from people who used the service confirmed a person-centred approach to support. One stakeholder told us 'the approach and attitude that Betknowmore UK brings to every interaction help individuals feel grounded and supported, allowing them to progress at a pace that feels manageable and safe', and another noted that 'authentic connection...fosters trust and meaningful engagement with service users'.

Care provision, integration, and continuity

The provider coordinated effectively and worked collaboratively with NGSN partners and other stakeholders to ensure people received responsive support which met their needs, and had continuity of support when moving between services. Risks were reviewed regularly which meant that could move between services safely and quickly. We saw that the provider had formalised pathways to ensure safe transfer of support to and from the service when needed. Partners told us that 'collaboration ensures that service users move seamlessly between clinical and peer-led support, receiving a level of continuity that significantly strengthens their recovery journey', and that a 'collaborative approach enhances outcomes and strengthens the overall support network for individuals affected by gambling harms'.

Staff we spoke with reported increasing complexities in the people being referred to the service, however the provider had established processes to assess risk and good links with partners to step people up to more intensive and structured support when needed.

The provider's outreach work via its GOALS programme ensured that the service was responsive to the needs of diverse groups in the community, particularly ethnic minority communities and people experiencing inequalities or challenges in access to systems and services.

Providing information

People received a wide range of information about the service when they first accessed support from Betknowmore UK. The provider had developed a 'Stay Safe' guide which included relevant information including gambling provider blocking tools, practical resources around financial

management and debt, and wellbeing resources to support people with managing their physical and mental health. People also received a letter of support and information about data protection, the complaints process and personal safety.

The provider could translate information into any language to meet people's language needs. They were currently reviewing the accessibility of written information about the service to ensure this met UK required standards and met the needs of all people looking to access support.

There was clear information on the provider's website about how to access support and the pathways that were available to offer different types of support.

Listening to and involving people

The provider routinely collected feedback from people who used its services and reviewed this feedback to inform service delivery. The provider produced a summary report of feedback to help demonstrate the positive impact and outcomes and help identify areas for the service to focus on.

There was a clear complaints process and policy in place, which included steps for formal review and learning. People received information on how to raise a complaint when they started using the service and this was also highlighted on the provider's website. People we spoke with who had used the service were clear on how to raise concerns, although no formal complaints had been made in the last 12 months.

Equity in access

People could access a range of free support options from Betknowmore UK. The service was responsive to need with prompt triage and assessment followed by quick access to direct support. People could access different types of support to meet their needs and preferences, for example 1:1 or group support with specific support for women and affected others also offered. Support was offered in a flexible way at times and by methods which met individual preferences. One stakeholder commented that the provider's 'community-facing approach and...expertise together provide a seamless referral pathway that ensures individuals receive timely and appropriate interventions'.

The provider focused on supporting a variety of communities and groups, including women experiencing gambling harms via the New Beginnings online groups, and diverse communities including ethnic minority groups through outreach work under the GOALS programme.

Equity in experiences and outcomes

The feedback we received from people who used Betknowmore UK's services highlighted that they were treated with dignity and respect, and there was no evidence of discriminatory experiences. Many people who used the service highlighted the provider's non-judgmental approach to support. The staffing group was diverse and staff we spoke with felt this helped them to engage effectively with people from a range of backgrounds and communities.

Many staff and all peer supporters had lived experience of gambling harms or other addictions. Staff felt that this helped them to relate to and empathise with the people they supported, and this was strongly reflected in people's feedback. One person told us 'they all have lived experience with gambling harms they really get how we feel and the struggles we face', and another said 'they understand as they have been through it and that's what makes the difference'. Stakeholders also noted that lived experience 'enables the organisation to draw upon authentic insight into the client journey across various support systems', and 'gives them an immediate rapport with those they support, creating a sense of being understood that is often difficult for individuals to find elsewhere'.

Many people we spoke with who used the service had trained or planned to train as peer supporters when their support had finished, and some peer supporters we spoke with had previously used Betknowmore UK's services.

Planning for the future

The provider had recently implemented support plans in its GOALS and New Beginnings programmes and was in the process of introducing more formalised support plans into the Peer Aid service. Plans we saw contained clear information about people's individual goals and how the provider would support them to achieve these, and an aftercare plan to inform future support. Staff and peer supporters had also had recent training around support and aftercare planning.

There were effective systems in place to ensure that people could receive ongoing support when they needed it. The provider had processes in place to refer people to other NGSN partners during or after their support if they needed more structured therapeutic input. Staff and peer supporters completed regular check-ins with people after their planned support had finished, including contact after 1, 3, 6, 9 and 12 months. People who used the service could access the provider's health and wellbeing groups indefinitely to support their recovery, and were encouraged to return for further support if needed.

Data from Q1 and Q2 of 2025-26 showed that 71% of people who accessed the provider's services continued to engage with Betknowmore UK's aftercare support. Almost everyone who responded to our survey was very confident in accessing further support from the provider.

Is the service well-led?

Well-led overall summary

We found that the service was led by skilled and experienced leaders. People we spoke with reported an open and supportive culture within the organisation. Quality assurance processes were being enhanced to support good governance, and there was a clear focus on oversight of service delivery and performance. Communication and joint working was usually effective. We saw examples of how the service focused on innovation and improvement.

Shared direction and culture

The organisation had a vision to empower people affected by gambling harms to lead the lives they wanted to live. This was delivered by providing information and raising awareness of gambling harms through safe, effective and compassionate peer-led support and outreach work with communities. There was a clear strategy in place to deliver effective support to address gambling harms and develop the service to best meet people's needs. The provider's strategy was currently being updated to reflect future commissioning changes.

Staff and peer supporters we spoke with described a positive culture within the organisation, with a focus on delivering person-centred support. Many people highlighted the benefits of lived experience at all levels of the organisation in helping to build trust with people accessing support, and also felt this enhanced the culture and skill mix of the team.

Despite staff and peer supporters working remotely, we found that the teams worked effectively together. Most staff felt well engaged with colleagues from across the organisation and there were regular team meetings in place and some in-person events for staff and peer supporters.

Some staff felt there were still elements of silo working in the organisation, and several people said the pace of change was very quick. Leaders explained a fast pace was necessary to meet current standards and requirements, but they focused on supporting people through any changes by being visible, listening and learning. We saw evidence of good support and improving consistency in approach to communication and practice, for example regular meetings and supervision, all-staff training days and developments around the case management system and governance.

Capable, compassionate and inclusive leaders

The service was led by skilled and experienced leaders who focused on ensuring that there were effective systems in place to support safe and high-quality service delivery and ongoing improvements.

There was a good skill mix of clinical, professional and lived experience of gambling harms throughout the leadership team. Staff and peer supporters told us that leaders were caring, visible and accessible, up to and including the organisation's Chief Executive who regularly communicated with staff and shared their own lived experience.

Partners were positive about the approach of Betknowmore UK's leadership. One told us 'They demonstrate strong leadership within the NGSN by highlighting gambling-related harms and driving awareness', and another said 'Another area that continues to stand out is the strength of Betknowmore UK's leadership. Their leadership team demonstrates a clear vision grounded in compassion, inclusion, and lived-experience expertise, which sets the tone for the entire

organisation', and highlighted that 'their leadership is accessible, accountable, and proactive, qualities that play a crucial role in maintaining high-quality service delivery'.

Freedom to speak up

Staff and peer supporters that we spoke with described an open culture where they felt listened to and could raise any concerns safely. Staff also highlighted clinical supervision as providing a protective space to discuss any concerns.

The provider had introduced an employee forum in response to feedback from the staff, which provided space for staff to openly discuss any issues or concerns.

Workforce equality, diversity and inclusion

The staffing group was diverse and we saw that this supported the teams to engage effectively with people from a range of backgrounds and communities in 1:1, group and outreach work. Staff we spoke with had varied professional backgrounds, for example mental health, youth work, community groups and gambling industry experience, which supported the team to respond to the wide range of needs of people using the service. The presence of lived experience throughout the team helped to ensure there was empathy and respect shown to people who experienced gambling harms, and helped to counter the stigma people could face. There were also formal measures in place to support equality, diversity and inclusion in the organisation, including related policy and training for staff.

Governance, management and sustainability

We found that the provider had effective governance processes in place to support oversight and ensure safe service delivery. Work was on-going to further enhance these processes to support improvements in quality and consistency.

The provider's Quality Management System was a central point for standard operating procedures and helped staff to ensure a consistent approach to their practice. There was a broad range of policies and procedures in place to support staff. We saw examples of policies including safeguarding, risk management and data protection, which were up-to-date and reviewed regularly. Staff were required to confirm they had read and understood new and updated policies via the provider's online platform.

The provider had been enhancing quality assurance processes over the previous year, including the introduction of a quality assurance cycle of audits and a competency framework for staff, which were being embedded in practice to ensure greater consistency. Although we were unable to judge the impact of some new systems, recent outcomes showed these provided a more consistent approach to quality assurance and service delivery. We also saw improvements to oversight of areas such as training and supervision compliance through use of the provider's new case management platform.

There were processes in place to monitor and manage risk at an organisational level, supported by a risk management policy. An organisational risk register was overseen by the governance lead and directors were assigned risks to monitor and manage. Significant risks were highlighted to the provider's board where necessary.

There was a structure of regular meetings which supported good governance of the service. This included quarterly strategic and board meetings, monthly meetings with NGSN partners, bi-weekly senior leadership and quality assurance meetings, and weekly service level meetings. There were processes in place for information and learning to be shared with all staff.

NGSN services are funded by GambleAware, which receives voluntary contributions from gambling operators in line with Gambling Commission requirements. We found no evidence that the provider,

or the support delivered, was influenced by the gambling industry. The provider had a clear policy to not seek or accept direct gambling industry funding, and leaders highlighted they were transparent about the organisation's funding with stakeholders. Staff with lived experience were particularly clear on how gambling industry influence would not align with their personal and professional ethics.

Partnerships and communities

We found evidence of strong and effective partnership working with other NGSN providers and wider stakeholders. The provider had effective processes to refer people who used the service into other NGSN providers if they required more intensive and structured therapeutic or clinical support.

The provider's GOALS team had developed effective links with local authorities, public health systems and the voluntary and community sector across the London region. This included delivering brief interventions and education around gambling harms into local communities, particularly high-risk or underserved groups. We heard that the team had delivered over 1500 brief interventions and engaged with and trained over 150 community leaders. This work helped to increase understanding of gambling harms, the support available, and reduce stigma in these communities.

Learning, improvement and innovation

We found evidence of a strong focus on learning and improvement. Work was ongoing to enhance the governance of the service, for example the development of a single quality assurance framework and related quality dashboard to support consistency across the service. We heard of various ways the provider was innovating and developing service delivery. This included working with academics on developing new clinical measures, supporting international partners to develop gambling harms services and safeguarding processes, developing gambling harms prevention work with other addiction services, enhancing peer-led support for specific groups such as the armed forces and reviewing the accessibility of Betknowmore UK's information.