Evaluation of the Aftercare Funding Programme

Final evaluation report

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A report prepared for GambleAware by Ipsos UK

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GambleAware

Ipsos

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Executive summary

The programme and the evaluation

The Aftercare Funding Programme allocated £2 million to ten organisations to design and deliver long-term recovery support services for individuals affected by gambling harms between 2023 and 2026. The programme aimed to increase and diversify opportunities to help people in their long-term recovery from gambling harm, an emerging and under-resourced area. Its specific objectives included:

- Providing a diverse range of long-term recovery services that reflect the complex needs of people experiencing gambling harms
- Investing funds to support the development and capacity of the long-term recovery sector
- Nurturing an emerging community of providers and encouraging collaboration between gambling harms and non-gambling harms organisations
- Generating a robust evidence base of "what works" to inform future commissioning.

In March 2023, Ipsos UK was appointed as the evaluation and learning partner for GambleAware's Aftercare Funding Programme. This report presents the final findings from the evaluation, which explored project delivery, service users' outcomes, and learning about long-term recovery support. The evidence informing this report is drawn from the literature, interviews with delivery staff conducted during each year of the evaluation; interviews with service users; analysis of project report forms; and learning partner activities such as online workshops and "deep dives" with projects to understand and enhance their data collection and evaluation capabilities.

Findings from the rapid literature review

A rapid review of existing literature confirmed a gap in the evidence base regarding long-term recovery support for gambling-related harm. The evaluation was commissioned, in part, to address this identified scarcity of information.

The review revealed that there is no universally accepted definition for this phase of support, with terms such as "aftercare", "continuing care", "long-term recovery", and "relapse prevention" often used interchangeably. While the primary objective is frequently framed as preventing relapse, the approaches to achieving this vary. These include models that demand total abstinence to those that prioritise helping individuals rebuild a life free from the negative consequences of gambling.

The literature identifies several factors that can influence an individual's ability to maintain recovery. A person's internal state, including co-occurring mental health problems like depression, anxiety, and PTSD, as well as the persistence of "gambling urges" and cognitive distortions, was shown to be a significant factor. External circumstances are also shown to play a role. This includes financial pressures, work or home-related stress, and the strength of an individual's social support network. Engagement in treatment itself was also found to be a predictor of success.

While evidence on effective interventions is limited, some components of effective long-term recovery are highlighted. The use of peer support networks is consistently noted as valuable. The continuation of therapies such as Cognitive Behavioural Therapy (CBT) after acute treatment, the provision of personalised treatment plans, and access to new activities for personal development are also identified as promising. A key concept that emerged from the literature was the importance of building "recovery capital". This is defined as the sum of the internal and external resources (including social connections, financial stability, and personal skills), that an individual can draw upon to initiate and sustain recovery.

The review also drew on evidence from adjacent sectors such as alcohol and drug misuse, eating disorders, and gaming addictions. This cross-sector analysis revealed that many principles for effective long-term support are shared. Interventions in these fields commonly involve an integrated approach that aims to treat co-occurring conditions, the use of therapy (particularly CBT), and the importance of peer support. For instance, the substance misuse field utilises interventions like motivational enhancement therapy and family therapy, which have parallels in gambling harms support. Similarly, research into eating disorders highlights the potential of psychotherapy and the growing interest in digital aftercare tools to improve engagement, though their effectiveness is still being evaluated.

The Aftercare programme and its evaluation were therefore designed to address these gaps by generating new evidence on the implementation of long-term recovery services and providing examples of how recovery capital can be built.

Programme delivery and implementation

The programme funded a diverse portfolio of projects, which shared the common aim of supporting individuals with long-term recovery from gambling harms. This involved helping people to address legacy harms (such as financial, legal, and mental health challenges) and to build their recovery capital by developing skills, confidence, and positive support networks. To achieve these aims, projects delivered a wide range of activities that can be broadly categorised as one-to-one support, group support, upskilling and relationship building with professionals, as well as awareness campaigns and engagement with the public.

The programme's three-year operational journey was characterised by continuous adaptation, learning, and evolution. The initial year was largely a setup phase, during which projects with existing gambling harms provision began delivery quickly, while organisations new to the sector required a longer period to establish partnerships, adapt internal systems, and build referral pathways. The second year marked a period of significant acceleration, with the number of support sessions delivered tripling as projects refined their service models and intensified their outreach to professionals and the public to generate referrals. The final year represented a period of maturation, where projects that remained in the portfolio saw a continued increase in the support they delivered to service users, whilst slightly reducing the delivery of upskilling and relationship-building activities. This reflects the growing number of referrals these projects received in the third year, leading them to shift some resources back to providing long-term recovery support.

The evaluation identified several key enablers of programme success. The involvement of individuals with lived experience of gambling harms emerged as an important factor. Interviews with service users consistently revealed a deep connection with staff who have lived experience, often surpassing the connection felt with counsellors or therapists. Another key enabler was the programme's flexible funding model, which allowed projects to adapt their approaches and innovate in response to the complex realities of their operating environment. For instance, when faced with low referrals, some projects pivoted to developing and delivering training for frontline workers in other sectors, a strategic move that built systemic capacity and created new referral routes. Similarly, some projects adapted their criteria from supporting only those who had completed counselling to also include individuals in the early stages of their recovery where gambling was still ongoing. Finally, the formation of strong partnerships, especially with therapy providers, primary care facilities, family hubs and other third-sector organisations helped projects establish referral pathways and facilitated knowledge transfer.

Conversely, projects navigated significant barriers. They operated within a nascent and often fragmented ecosystem, which at times felt more competitive than collaborative, making it difficult to build partnerships. The funding of multiple new services fostered a sense of competition for referrals, and this dynamic was intensified by the fact that some providers were also developing their own in-house long-term recovery services, creating an incentive to retain clients rather than refer them externally. A core structural problem was the limited recognition of harmful gambling as an addiction in the public health system and the failure of many potential strategic partners (e.g. public health), to integrate routine screening for gambling harms, which limited the identification of gambling harms and referrals to long-term recovery providers.

Securing a steady stream of referrals was a persistent challenge for many projects. To overcome this, they employed a range of strategies, from awareness campaigns and upskilling aimed at service providers (including gambling harms treatment providers and primary care workers) to leveraging the power of informal, peer-to-peer networks. This involved organic word of mouth, with some participants becoming "spokespeople" who encouraged others to join. Finally, challenges were also encountered within partnerships, such as difficulties with data sharing, differences in safeguarding and risk management processes which may have reduced the effectiveness of partnerships, and an unequal distribution of responsibility for attracting referrals among partner organisations. However, over the three-year period, many of these partnerships matured into more effective collaborations, demonstrating that success was determined less by the initial formal agreement and more by ongoing, practical efforts to build trust and align goals at an operational level.

Outcomes arising from the programme

The programme generated a wide range of positive outcomes for the organisations delivering the projects, enhancing their capacity and expertise. For organisations new to the sector, the programme fostered a greater awareness of the needs of people affected by harmful gambling, while specialist providers reported new learning that allowed them to refine their services, such as adopting a more holistic, person-centred coaching model. This increased understanding led to an

increase in their capacity to provide long-term recovery support, enabled by the funding of new staff, the upskilling of existing teams, and the development of partnerships that broadened the range of support they could offer.

A key outcome was the creation of appropriate referral pathways. While these often took time to establish and required sustained effort to maintain, they became vital channels for connecting with service users. Successful pathways were built on strong communication and, in some cases, integrated electronic systems, allowing for a seamless transition of care. This work led to some projects becoming strongly embedded within their local system, for instance by co-developing local council-funded strategies. It also led another project to join the National Gambling Support Network (NGSN), integrating them into a national care pathway and helping their sustainability through a more formal and consistent source of referrals. Furthermore, the programme facilitated significant personal and professional development for project staff, particularly those with lived experience who reported a deep sense of fulfilment. It also increased the monitoring and evaluation capabilities across the portfolio, laying the groundwork for a more evidence-led approach in the future.

For service users, the impact of the programme was positive; a common theme was that the service addressed a previously unmet need. Outcomes included increased knowledge about, and access to, relevant aftercare support. For many, these services were the first of their kind they had ever been aware of. Engagement with these services catalysed significant personal changes. Individuals reported an increase in their self-confidence to achieve their recovery goals, improved self-image and relationship with themselves. They frequently described how the non-judgemental environment, particularly when facilitated by staff with lived experience, allowed them to rediscover a sense of self they felt had been lost to gambling. This internal shift contributed to improved mental health and wellbeing, as they developed a better understanding of their triggers and learned new coping strategies. This newfound emotional stability, in turn, enabled them to tackle practical challenges, leading to an improved financial position for many who received specialist advice on debt and money management. The programme also had an impact on social connection, fostering an increased personal network of support and reducing feelings of isolation through group sessions and peer connections. These positive changes led to improved relationships with friends and family, as service users learned to be more open, honest, and present in their lives.

The programme also achieved its wider strategic objectives for GambleAware and generated learning for new commissioners. It increased the number and diversity of organisations funded to offer long-term recovery support, bringing new, non-specialist providers into the gambling harms sector and sustaining their involvement over the funding period. By commissioning the programme and its evaluation, GambleAware has begun to establish an evidence base in this under-researched area, moving the field forward from the position identified in the initial literature review. The programme enabled the identification and piloting of innovative approaches, such as creative arts therapies and practical casework for legacy harms, moving beyond traditional models. Most importantly, it has generated significant learning about how to design, fund, and

manage similar programmes, providing a valuable resource for future commissioners, particularly the NHS, as the funding landscape for gambling harms support undergoes its transition to a new statutory levy system.

Learning about long-term recovery and recommendations

The evaluation found that long-term recovery support is a necessary, valued, and distinct service that fills a significant gap in the current care pathway. For funders and policymakers, such as the NHS and the Office for Health Improvement and Disparities (OHID), the evidence suggests that this support should be formally integrated into the standard care pathway to ensure equitable and consistent access for individuals following acute treatment. It is crucial that this support is understood as being distinct from treatment; while connected, it has different objectives focused on rebuilding a life and developing recovery capital, and therefore requires different skills, such as coaching and peer support. To achieve this, dedicated, long-term, and flexible funding is required. The evaluation shows that establishing effective services and referral pathways takes time, making funding cycles of three or more years essential for building sustainable projects and continuing to generate evidence. Furthermore, commissioners must play an active role in fostering a collaborative ecosystem that breaks down silos and supports providers to integrate into local health and social care systems, avoiding the creation of unhelpful competition.

For those designing and delivering future services, the evaluation offers guidance on what works. A key recommendation is to embed trained staff with lived experience of gambling harms and recovery into frontline roles wherever possible. Their ability to build trust, encourage service users to open up, and provide authentic, practical support was consistently identified as a key facilitator of success. Secondly, service design should prioritise partnership working. Strong, collaborative relationships with other providers are essential for creating a holistic and joined-up support network that can meet the diverse needs of service users, addressing not just gambling but also associated harms related to finances, housing, and relationships. Finally, services must be built on a foundation of flexibility and a client-centred approach. This means empowering individuals with a range of support options (from one-to-one coaching to group sessions and practical casework) and tailoring the service to their unique needs, preferences, and stage in their recovery journey.

About this report

This is the final report of the Aftercare Funding Programme, delivered by Ipsos UK on behalf of GambleAware. The programme began in January 2023 and will close in March 2026. The report follows two interim findings reports submitted annually. This report includes and builds on insights and learning reported in the two interim reports.

The report is structured as follows:

Chapter 1: Introduction – this section introduces the programme and evaluation and provides relevant context about the wider gambling harms sector.

Chapter 2: Findings from the rapid literature review – this section summarises findings from a rapid review of existing evidence about long-term recovery services.

Chapter 3: Process evaluation findings: programme delivery and implementation - this section covers key aspects of the programme's establishment and delivery over the three-year period, exploring the drivers and barriers to success and drawing out lessons for the sustainability of the long-term recovery sector.

Chapter 4: Impact evaluation findings: outcomes arising from the programme - this section discusses the evidence collected against each outcome in the programme Theory of Change to address the impact evaluation questions. It considers outcomes for funded organisations and their service users, as well as GambleAware and the wider sector.

Chapter 5: Learning about long-term recovery and recommendations - this section draws together learning points for external audiences that will fund, design and deliver future support services for long-term recovery from gambling harms - specifically the NHS as treatment commissioner, OHID as prevention commissioner, and community-based organisations that may deliver future services. It synthesises insights from the evaluation to contribute to the developing evidence base around what works for long-term recovery from gambling harms and what factors should be considered.

Definitions of key terms used in this report

Term used	Definition, as used in this report
Affected other	A person who experiences harm as a result of the gambling of someone else.
Aftercare	The phase of recovery in which individuals have regained control of their gambling but may still need services and support to help them sustain that recovery and rebuild their lives. The preferred term is now 'long-term recovery support', which is used throughout this report.
Long-term recovery support	See 'aftercare'.
People recovering from gambling harms	A person who has experienced and is recovering from negative consequences because of participation in gambling. Harms can encompass loss of employment, debt, crime, breakdown of relationships, deterioration of physical and/or mental health, and loss of life from suicide. Due to the non-linear nature of relapse and recovery, people recovering from gambling harms may still be experiencing one or more types of harm.

1. Introduction

The Aftercare Funding Programme

In January 2023, GambleAware awarded £2 million of grant funding for 10 organisations to provide aftercare services – referred to as long-term recovery support services throughout this report - to individuals affected by gambling harms between 2023 and 2026. GambleAware defines aftercare as 'the phase of recovery in which individuals have regained control of their gambling but may still need services and support to help them sustain that recovery and rebuild their lives'. The programme aimed to:

- Provide a range of aftercare services reflecting the varied and complex needs of people experiencing gambling harms and help them access appropriate services and support for sustained recovery.
- Invest significant funds in aftercare, supporting the development of the sector.
- Nurture the emerging community and network of aftercare provision and encourage partnerships between both gambling harms and non-gambling harms organisations.
- Generate an evidence base of what works in the long-term and establish a pipeline of evidence-based interventions for future commissioning.

One of the key outcomes in GambleAware's strategic outcomes framework[1] for the prevention and reduction of gambling harms was to 'reduce the legacy of gambling harms', which the Aftercare Funding Programme was expected to contribute to.

See Appendix 1 for information about the 10 funded projects, including the lengths and amounts of their funding. Seven of the projects were delivered in specific locations/regions and three had broader coverage (across Scotland, across England, and nationwide).

The evaluation

Ipsos was commissioned to deliver a process and impact evaluation of the Aftercare Funding Programme, sharing emerging insights with GambleAware between March 2023 and March 2026. Ipsos was also GambleAware's learning partner, supporting funded projects to develop their capabilities in project-level evaluation and data collection, and facilitate knowledge sharing among projects throughout the programme. The two key objectives were to:

- Deliver an overall impact and process evaluation of the programme and fund as a whole and ensure learning and emerging insights were fed back to key stakeholders at GambleAware.

[1] GambleAware (2024). GambleAware: Annual Report 2023/24. Available from: https://www.gambleaware.org/media/11ene1ys/gambleaware-annual-report-2024.pdf

- Work closely with the funded projects, to help them develop a clear narrative of the change they were looking to achieve, provide advice and guidance on data collection and project level evaluation, and help to share learning and emerging insights.

The evaluation comprised three phases. Phase 1 (2023-24) explored set up, implementation progress, and how project-level Theories of Change (TOCs) were evolving. Phase 2 (2024-25) explored delivery progress, early outcomes and emerging learning about long-term recovery support. Phase 3 (2025-26) explored overall delivery progress, outcomes and learning about sustainability. Each phase comprised case study research with each project (in-person site visits where possible) including interviews with delivery staff; analysis of monitoring information provided by projects to GambleAware via report form returns; an online or in-person learning event; and ad hoc monitoring, evaluation and learning support based on projects' requests (e.g. delivery of two learning workshops in Phase 2 focussing on data analysis and case studies). Phases 2 and 3 also included interviews with service users (24 in total from four projects). Full details of the methodology are provided in Appendix 2. An updated programme-level TOC can be found in Appendix 3.

Where possible, evaluation reporting provides a sense of the strength of a sentiment. The evaluation also reports findings in a de-anonymised 'case study' manner, describing particular projects' experiences to bring the evidence to life. The case study approach enabled the evaluation to follow projects' stories throughout the programme and to triangulate within each case to generate stronger findings on the evaluation questions.

The following methodological limitations should be noted when considering the implications of the findings and drawing learning and/or recommendations from them:

1. **Quality of monitoring information:** The service user groups supported by many projects were small, limiting statistical and causal analysis. The heterogeneity of project activities, locations and target groups limited the ability to sensibly aggregate and compare. Therefore, evidence is largely drawn from qualitative data from evaluation interviews with project delivery staff and service users. Where possible, this is supported by quantitative data submitted to GambleAware through regular monitoring reporting. The quality of monitoring information provided by projects was varied. The evaluation team took steps to clean and improve the quality of the data however there remain some issues with interpretation.
2. **Funding and evaluation timeframes:** The programme evaluation was intended to end in March 2026. Due to reforms to gambling harms commissioning and GambleAware's decision to cease operations by31 March 2026, GambleAware asked Ipsos to prepare the final evaluation report by January 2026, enabling it to be published on the GambleAware website prior to this transitioning to ownership by the Department of Health and Social Care. In response, evaluation activities (e.g. evaluation fieldwork and project reporting deadlines) in the final year were brought forward to accommodate the updated timeline. It is therefore possible that learning and outcomes captured in this final evaluation report are underestimated by a small margin due to the revised shorter timeframes, compared to if the evaluation had captured insights from projects a few months closer to the end of funding.

3. **Sample of service users:** Phases 2 and 3 included interviews with service users. In Phase 2, service users from two projects took part where delivery was more established. The organisations delivering those projects were already experienced at delivering gambling harms interventions and had similar support models. In Phase 3, all live projects were asked to share information about participating in the evaluation with their service users. One project did not have the capacity to engage in evaluation activities, and two projects did not respond to the request during the timeframe for fieldwork. Therefore, the majority of the sample is drawn from more established projects meaning that reported outcomes may be more positive or significant than for service users of other projects. Furthermore, the opt-in approach may have encouraged those who had very positive or negative experiences to participate, meaning that insights may represent extremes.

Relevant contextual information

The programme operated within a complex and evolving landscape for gambling harms support.

GambleAware's other funding programmes

GambleAware launched other innovation funding programmes for community-based organisations, including the Community Resilience Fund, focused on supporting organisations and communities disproportionately impacted by the cost-of-living crisis, the Improving Outcomes Fund (IOF) focused on women and people from minority communities, and the Mobilising Local Systems Fund, for regional boards to develop new approaches to integrating within their local health systems. GambleAware also commissioned the National Gambling Support Network (NGSN), a network of specialist gambling harms-specific organisations working at a national or regional footprint that provide one-to-one and group therapy and counselling, peer support, residential treatment and a telephone helpline.

Some organisations funded through the Aftercare Funding Programme also received funding from other GambleAware programmes to deliver projects. While GambleAware required organisations to report on these projects separately, and the programmes funded different activities, there were cases where the reach and outcomes of the Aftercare Funding Programme project were influenced by the additional staff capacity and expertise enabled by the funding from other programmes.

Funding changes

The UK government's reform of gambling regulation, laid out in the April 2023 white paper[2], introduced a mandatory levy on gambling operators to be distributed by statutory agencies from March 2026. This led to the announcement by GambleAware in July 2025 of its planned closure by

[2] Department for Culture, Media and Sport (2023). High stakes: gambling reform for the digital age. Available from www.gov.uk/government/publications/high-stakes-gambling-reform-for-the-digital-age

31 March 2026. Before this announcement was made, there was an extended period of uncertainty about the strategic direction for GambleAware, which affected decision making on its funding programmes and the organisations funded through them. In particular, these organisations faced considerable uncertainty regarding their future sustainability and the new statutory commissioning landscape they would need to navigate.

2. Findings from the rapid literature review

This section provides a review of the existing evidence on long-term recovery from gambling harms. Surveying the literature is particularly relevant for this programme and its evaluation, as it was commissioned partly in response to the recognised paucity of evidence in this area. The following review therefore serves a dual purpose: firstly, to establish a baseline of what is currently known about effective long-term recovery, drawing on adjacent sectors where necessary; and secondly, to confirm the specific evidence gaps that the programme and its evaluation were designed to address.

The literature review was conducted as a rapid evidence scan at the start of the evaluation in 2023. Its objective was to explore published literature on long-term recovery from gambling harms. Searches were conducted across academic databases, including PubMed and Web of Science, as well as through Google, using terms such as 'aftercare', 'continuing care', 'relapse prevention', and 'legacy gambling harms'.

This process aimed to identify a range of materials, from government documents and systematic reviews to research articles and charity reports. The scan adopted a UK-centric approach, focusing on publications by UK institutions and universities. However, given the limited evidence base on long-term recovery, the search was expanded to include international research, particularly from Australia and the USA, where a large portion of the literature on this topic has been generated.

The evidence scan found a lack of quantitative studies and systematic reviews on gambling harms, and only a small number of studies on long-term recovery specifically.[3] [4] To provide broader context, the scan also included evidence from adjacent sectors, such as substance misuse. It is important to note that this methodology does not constitute a comprehensive systematic review, but rather a targeted scan of the available evidence.

Defining long-term recovery

The literature shows there is not one accepted definition or optimal intervention for long-term recovery from gambling harms.

Long-term recovery is defined by GambleAware as *"the phase of recovery in which individuals have regained control of their gambling but may still need services and support to help them sustain that*

[3] Public Health Wales and WHO. Gambling health needs assessment for Wales (2022). phw.nhs.wales/news/harmful-gambling-early-education-key-to-addressing-urgent-public-health-issue/gambling-health-needs-assessment-for-wales/

[4] Blank et al. Interventions to reduce the public health burden of gambling-related harms: a mapping review (2021). *The Lancet Public Health*, 6(1), 50-63. www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30230-9/fulltext

recovery and rebuild their lives".[5] In the drug and alcohol addiction field of study and service provision, aftercare is described as the service provision that follows a more acute intervention.[6]

However, some argue that the term "aftercare" may downplay the importance of continuing effort by the recovering person and the need for continued support after the initial, more intensive treatment.[7] As a result, other terms used in current research into gambling harms include long-term recovery (used by GambleAware), "treating legacy gambling harms"[8], "continuing care"[9], "continuing coordinated care"[10] and "relapse prevention"[11] [12].

A challenge in defining long-term recovery is variation in definitions of when conventional or acute care ends and aftercare begins. This review includes published material on long-term recovery interventions that began any length of time after acute treatment, as long as the long-term recovery intervention differed from the initial care.

The aims of long-term recovery

Many researchers and treatment providers see the primary aim of long-term recovery from gambling harms as preventing relapse[13] [14]. In a treatment model championed by Gamblers Anonymous, individuals are encouraged to abstain from all gambling, with any gambling activity seen as a relapse and recovery only being possible with continued abstinence: one is never fully "recovered" but can only continue to try to abstain[15]. This abstinence model of treating people with gambling harms differs from GambleAware's definition of recovery: that *"most people in recovery from gambling disorder are able to live their life free from any worries about the impact of their gambling"*[16].

[5] GambleAware. The Aftercare Funding Programme Call for Proposals (2022). Webpage accessed April 2023. www.begambleaware.org/aftercare-funding-programme

[6] Public Health Wales and WHO. Gambling health needs assessment for Wales (2022). phw.nhs.wales/news/harmful-gambling-early-education-key-to-addressing-urgent-public-health-issue/gambling-health-needs-assessment-for-wales

[7] Maclean et al. Why we stopped using the term 'aftercare' (2022). *Drug and Alcohol Review*, 41(3-6).

[8] Rockloff et al. Legacy gambling harms: What are they and how long do they last? (2022). *J Behav Addict*, 11(4).

[9] McKay J. R. Continuing care research: what we have learned and where we are going (2009). *Journal of substance abuse treatment*, 36(2), 131–145.

[10] Maclean et al. Why we stopped using the term 'aftercare' (2022). *Drug and Alcohol Review*, 41(3-6).

[11] GamCare. Relapse prevention in the treatment of slot-machine pathological gambling: Long-term outcome (2000). *Behaviour Therapy*, 31(2), 351–364

[12] GamCare. GamCare launches new online relapse prevention groups (2019). Webpage accessed April 2023. www.gamcare.org.uk/news-and-blog/news/gamcare-launches-new-relapse-prevention-groups/

[13] Smith et al. Predictors of relapse in problem gambling: a prospective cohort study (2013). *J Gambl Stud*, 31(1), 299-313.

[14] Battersby et al. commissioned by Gambling Research Australia. The definition and predictors of relapse in problem gambling (2 010). www.gamblingresearch.org.au/sites/default/files/2019-10/The%20Definition%20and%20Predictors%20of%20Relapse%20in%20Problem%20Gambling%202010.pdf

[15] Oei, T. P., & Gordon, L. M. Psychosocial factors related to gambling abstinence and relapse in members of gamblers anonymous (2008). *Journal of gambling studies*, *24*(1), 91–105.

[16] GambleAware. Understanding someone who's gambling. Webpage accessed June 2023. www.begambleaware.org/understanding-someone-who-gambles

Factors affecting sustained recovery from gambling harms

Studies highlight wider factors, beyond interventions, that can affect sustained recovery from gambling harms. These include:

- Mental health problems, e.g. depression or anxiety17; PTSD18
- Financial situation – feeling the need to make money[19], having too much money in wallet or having access to surplus funds[20]
- Relationships and support network – one study found that being single can make sustained recovery less likely[21] and another study showed that support from family and friends had a significant impact on participants' gambling abstinence[22]
- "Gambling urges"[23][24][25] and gambling cognitions[26] – two studies found that the stronger the "urge" to gamble, the less likely participants were to abstain from problem gambling
- Substance abuse alongside harmful gambling[27] (as well as just using alcohol or drugs without accompanying addiction[28])
- Stress factors at home or work[29], "negative affective states"[30]

[17] Smith, D. P. et al. Predictors of relapse in problem gambling: a prospective cohort study (2015). *Journal of gambling studies*, 31(1), 299–313.
[18] Battersby et al. commissioned by Gambling Research Australia. The definition and predictors of relapse in problem gambling (2 010). www.gamblingresearch.org.au/sites/default/files/2019-10/The%20Definition%20and%20Predictors%20of%20Relapse%20in%20Problem%20Gambling%202010.pdf
[19] Hodgins, D. C., & el-Guebaly, N. Retrospective and prospective reports of precipitants to relapse in pathological gambling (2004). *Journal of consulting and clinical psychology*, 72(1), 72–80
[20] Turning Point, commissioned by Gambling Research Australia. Gambler self-help strategies: a comprehensive assessment of strategies and actions (2015). www.gamblingresearch.org.au/sites/default/files/2019-10/Gambler%20self-help%20strategies%202015.pdf
[21] Aragay, N. et al. Pathological gambling: understanding relapses and dropouts (2015). *Comprehensive psychiatry*, 57, 58–64
[22] Oei, T. P., & Gordon, L. M. Psychosocial factors related to gambling abstinence and relapse in members of gamblers anonymous (2008). *Journal of gambling studies*, 24(1), 91–105.
[23] Smith, D. P. et al. Predictors of relapse in problem gambling: a prospective cohort study (2015). *Journal of gambling studies*, 31(1), 299–313.
[24] Battersby et al. commissioned by Gambling Research Australia. The definition and predictors of relapse in problem gambling (2 010). www.gamblingresearch.org.au/sites/default/files/2019-10/The%20Definition%20and%20Predictors%20of%20Relapse%20in%20Problem%20Gambling%202010.pdf
[25] Oei, T. P., & Gordon, L. M. Psychosocial factors related to gambling abstinence and relapse in members of gamblers anonymous (2008). *Journal of gambling studies*, 24(1), 91–105.
[26] Battersby et al. commissioned by Gambling Research Australia. The definition and predictors of relapse in problem gambling (2 010). www.gamblingresearch.org.au/sites/default/files/2019-10/The%20Definition%20and%20Predictors%20of%20Relapse%20in%20Problem%20Gambling%202010.pdf
[27] Smith, D. P. et al. Predictors of relapse in problem gambling: a prospective cohort study (2015). *Journal of gambling studies*, 31(1), 299–313.
[28] Turning Point, commissioned by Gambling Research Australia. Gambler self-help strategies: a comprehensive assessment of strategies and actions (2015). www.gamblingresearch.org.au/sites/default/files/2019-10/Gambler%20self-help%20strategies%202015.pdf
[29] Turning Point, commissioned by Gambling Research Australia. Gambler self-help strategies: a comprehensive assessment of strategies and actions (2015). www.gamblingresearch.org.au/sites/default/files/2019-10/Gambler%20self-help%20strategies%202015.pdf
[30] Battersby et al. commissioned by Gambling Research Australia. The definition and predictors of relapse in problem gambling (2 010). www.gamblingresearch.org.au/sites/default/files/2019-10/The%20Definition%20and%20Predictors%20of%20Relapse%20in%20Problem%20Gambling%202010.pdf

- Engagement in treatment increased chances of staying in recovery.[31] In another study, the more often someone attended and participated in group treatment sessions, the better their chances of sustained recovery.[32]

What works in long-term recovery?

Some studies investigated factors affecting the progress of people's recovery, e.g. reasons for treatment dropout and reasons treatment fail to reduce gambling harms, without testing the efficacy of any interventions. [33] [34] [35] [36] [37] [38] Other studies tested the interventions themselves, such as Cognitive Behavioural Therapy (CBT) and peer support networks.[39] [40]

While the evidence is limited, they highlight the following components of effective long-term recovery:

- Peer support networks[41] [42]
- CBT continuing after acute treatment[43] [44]
- Access to treatment for comorbidities to address these at the same time[45]
- Duration: longer recovery treatment programmes[46]
- Personalised treatment plans[47]

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- Access to new activities and opportunities for personal development[48] [49] [50]
- Individuals building up and maintaining recovery capital.[51] This is a concept that refers to *"the internal and external resources that individuals can draw upon to initiate and sustain processes of addiction recovery, which can be accumulated or exhausted over time, and is relevant to all stages of recovery"*.[52] Recovery capital can include physical, cultural, human, and social capital.

Long-term recovery in other sectors

While the evidence scan revealed limited evidence on long-term recovery from gambling harms, it found information on long-term recovery for other issues such as alcohol and drug misuse, eating disorders, and gaming addictions. This information is included here as context for the research on long-term recovery from gambling harms. This section also touches on the evidence on treatment for gambling harms for veterans specifically.

Findings highlight that long-term recovery interventions that have been researched in each of the other sectors involve similar principles including:

- An integrated approach that aims to treat comorbidities
- Therapy (such as CBT)
- Peer support
- Provision of practical advice for rebuilding areas of life that have suffered as a result of the issue.

Alcohol and drug misuse

Long-term recovery interventions in the literature had similarities to those for gambling harms. Interventions that have performed well in studies include CBT[53] [54], motivational enhancement therapy, contingency management[55], 12-step programmes[56], family therapy[57], and medication assisted treatment (MAT). MAT involves the use of medications, such as methadone (for heroin

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addiction)[58] and naltrexone (for opiates and alcohol addiction)[59]. Medication-based interventions have been studied for the treatment of problem gambling, although there is a lack of conclusive evidence on the topic[60].

Eating disorders

Common long-term recovery provided includes therapy, psychiatric drugs such as anti-depressants, and practical support with nutrition (nutritional counselling)[61] [62] [63]. A 2021 systematic review of randomised controlled trials evaluated the efficacy of various aftercare interventions for anorexia. The interventions tested included medication, guided self-help, and psychotherapy. The review found that psychotherapy, particularly CBT-oriented aftercare interventions, showed potential in treating anorexia. The review also identified a specific challenge in increasing the uptake of aftercare interventions and reducing dropout rates, citing a need for greater tailoring of interventions to meet the specific needs of individuals and the integration of patient perspectives[64].

The review also looked at guided self-help approaches and digital dissemination strategies i.e. web-based aftercare. Interest in this type of intervention for eating disorder aftercare has increased in recent years. In the 2021 review and other studies, they were found to have high acceptance, were thought of positively by healthcare providers, and increased intervention uptake. However, their effectiveness is yet to be demonstrated [65] [66] [67].

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Gaming addictions

The NHS National Centre for Gaming offers a range of treatments including family consultations, individual or group therapy, parent workshops, ongoing parent support groups, and family therapy.[68] Between the time it opened in October 2019 and the time of the review, 745 individuals had been referred for treatment.

Other interventions that have been studied include:

- CBT[69]
- Lifestyle changes like exercise[70]
- Medication. Some research suggests that bupropion could have positive effects[71]. Certain medications might be used to treat underlying mental disorders that could exacerbate gaming addiction, such as depression and ADHD[72]. A 2022 systematic review of studies involving children and young adults found that combining pharmacotherapy with CBT or other counselling was the most effective treatment option for young people with gaming disorders[73].

Veterans

Research on gambling among veterans suggests a higher prevalence of problem gambling compared to the general population[74], with some studies suggesting that post traumatic stress disorder (PTSD) may increase the risk of experiencing gambling harms[75]. The transition from military to civilian life can be stressful[76], and mental health issues like depression and anxiety often co-occur with gambling harms in veterans[77]. Support while serving can be suddenly terminated or reduced when leaving the armed forces, so support for veterans experiencing gambling harms may be considered to constitute aftercare.

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CBT has been found effective in treating gambling issues in veterans[78]. Preliminary results with US veterans seeking outpatient treatment for gambling harms at a Department of Veterans Affairs hospital suggest mindfulness-based relapse prevention as a promising treatment option[79]. Preventative programmes such as the Department of Defence Financial Readiness Program in the US provide financial education to service members and their families with the aim of preventing harmful gambling among veterans[80]. Targeted interventions are needed that consider the unique experiences and challenges that veterans face, such as personal and organisational attitudes towards seeking help for mental health and wellbeing. A qualitative study of individuals serving in the UK's Royal Air Force found that it had a "a long way to go" to reduce organisational stigma around mental health and occupational barriers to help-seeking[81].

Link to the evaluation

As this review has demonstrated, the evidence base for long-term recovery from gambling harms is characterised by several key gaps: limited evidence on the comparative effectiveness of different interventions such as peer support versus practical advice; and a shortage of practical, real-world examples of how to build recovery capital.

These identified gaps directly shaped the focus of the evaluation. The following chapters present new evidence generated by the Aftercare Funding Programme. Specifically:

- Chapter 3 addresses the implementation gap by exploring the process evaluation findings, detailing enablers and barriers encountered by projects.
- Chapter 4 provides examples of what building recovery capital looks like in practice by examining the outcomes for service users and organisations, linking activities to reported changes in wellbeing, confidence, and financial stability.
- Chapter 5 synthesises these findings to build a more nuanced understanding of what works in supporting sustained recovery, offering key learning and recommendations for future funders and providers.

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3. Process evaluation findings: programme delivery and implementation

This section covers key aspects of the Aftercare Funding Programme's establishment and delivery over the three-year period, exploring the drivers and barriers to success and drawing out lessons for the sustainability of the long-term recovery sector.

Process evaluation questions answered in this section:

1. What have been the key drivers or enablers for the programme and the projects that have been critical to success?

2. What have been some of the main barriers and challenges for the programme and the projects? Have these been overcome, and if so, how?

3. What other contextual factors have either helped or hindered progress?

4. What factors need to be considered for sustainability of the projects?

Overview of the programme

Programme objectives and activities

The programme funded a diverse portfolio of projects, which shared the common aim of supporting individuals with long-term recovery from gambling harms. This involved helping people to address legacy harms (such as financial, legal, and mental health challenges) and to build their recovery capital by developing skills, confidence, and positive support networks. To achieve these aims, projects delivered a wide range of activities that can be broadly categorised as one-to-one support, group support, upskilling and relationship building with professionals, as well as awareness campaigns and engagement with the public. A list of organisations funded, alongside the level of funding received and a short overview of the project is provided in Appendix 1. In addition, Appendix 4 includes case studies of the ten projects making up the Aftercare portfolio, providing a detailed look at the activities delivered by each project.

One-to-one support was a cornerstone of many projects and took various forms:

- It included practical support such as one-to-one financial casework delivered by Citizens Advice Wirral and Citizens Advice Brighton and Hove, which helped individuals with debt management, benefits advice, and housing issues.
- Other projects, like EPIC Restart and Reframe Coaching, offered a professional coaching model delivered by individuals with lived experience.

Group-based activities were also central to the programme and were delivered in a variety of formats. These included:

- Therapeutic creative arts sessions focused on theatre, writing, and photography delivered by acta.
- In-person events run by EPIC Restart, delivered by expert facilitators.
- Others, like Beacon Counselling Trust's project, delivered a combination of support groups led by people with lived experience and outdoor activities such as TREK Therapy.

Faced with systemic barriers of low awareness about the support offered and a lack of referrals into services, some projects focussed on upskilling and engaging with other professional services such as GPs and other charities. This included the development and delivery of training, such as an upskilling programme created by Cyrenians for both their own staff and external organisations, which used role-playing to build practitioners' confidence.

Projects' public awareness and engagement activities used a mix of digital and community-based approaches to raise their profile and connect with potential service users. Online, this included social media campaigns and the creation of podcasts to reach a broad audience, as delivered by CA Wirral and EPIC Restart Foundation. In-person engagement saw projects such as CA Wirral, Epic Restart Foundation and Cyrenians establish drop-in services at community cafes, participating in events like university welcome fairs, and engaging with people in settings such as treatment centres to explain the support available.

Summary of programme delivery over the three years

The delivery journey of the Programme over its three years of operation was one of evolution, adaptation, and varying levels of progress across projects. In Year 1, projects were at different stages of maturity; those with existing gambling harms provision were able to start delivery quickly, whereas organisations new to the sector required a longer set-up phase. The latter involved building partnerships, making adaptations to internal processes (e.g. client management systems), and raising awareness of their project. This first year saw projects deliver 851 support sessions, reaching approximately 886 service users.

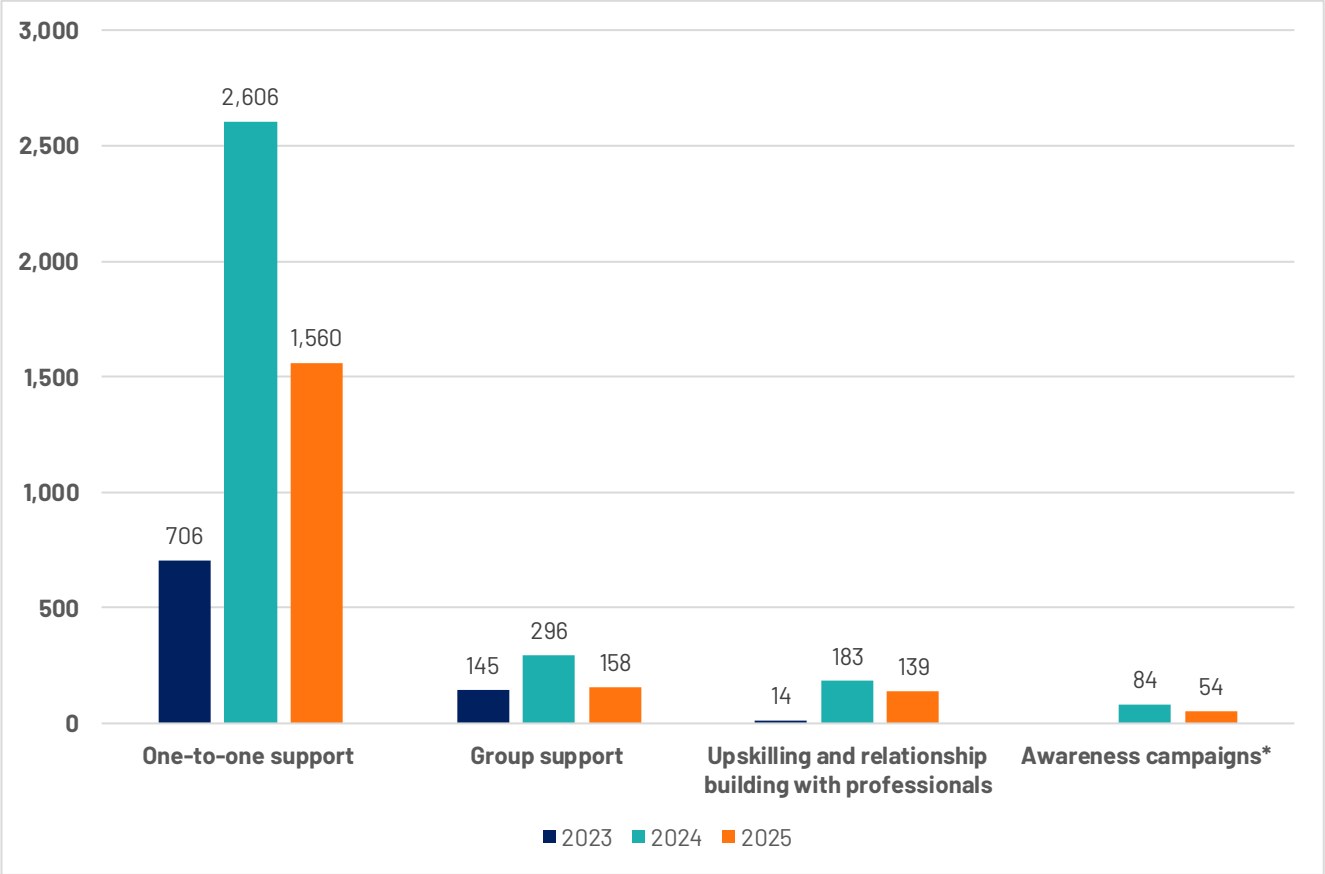
By the second year, the programme entered a period of acceleration and adaptation. Delivery data presented in Figures 1.1 and 1.2, provided by projects to GambleAware through report forms, show a steep increase in activity, with the number of support sessions delivered (either one-to-one or in group) more than tripling to 2,902 (see Appendix 5 for a detailed breakdown of each project's delivery throughout the programme). This period also saw projects refining their offer; some expanded their services to include affected others, while others adopted a 'no wrong door' approach to support individuals not seeking complete abstinence. Projects also began to address the systemic barriers causing low referrals. The number of upskilling and relationship building activities with professionals and awareness-raising campaigns aimed at the public rose from just 14 in the first year to 267 in the second, as projects sought to build capacity within the wider system and generate new referral pathways.

The final year of the programme presented a more mature picture. The overall number of support sessions delivered declined to 1,262. This was influenced by the planned closing of three projects

in the portfolio (Steps to Work, Ara, and Beacon Counselling Trust/Betknowmore), with an additional two projects (EPIC Restart Foundation as well as the partnership between Reframe Coaching and GamCare) transitioning reporting responsibilities as they joined the NGSN, meaning that their data is not included. However, most of the projects that continued operating saw a continued increase in the support they delivered to service users, most markedly with Cyrenians registering a five-fold increase in the number of one-to-one sessions delivered in the third year compared to the second. A similar trend was observed for the upskilling and relationship-building activities delivered in the third year. While the total number of these activities decreased in the final year reflecting the changes noted above, the remaining projects reporting data also slightly reduced their delivery of these activities. Namely, Cyrenians and Citizens Advice Wirral delivered 90 and 9 upskilling and relationship building activities respectively, compared to 104 and 15 sessions in the second year. This reflects the growing number of referrals these projects received in the third year, leading them to shift some resources back to providing long-term recovery support.

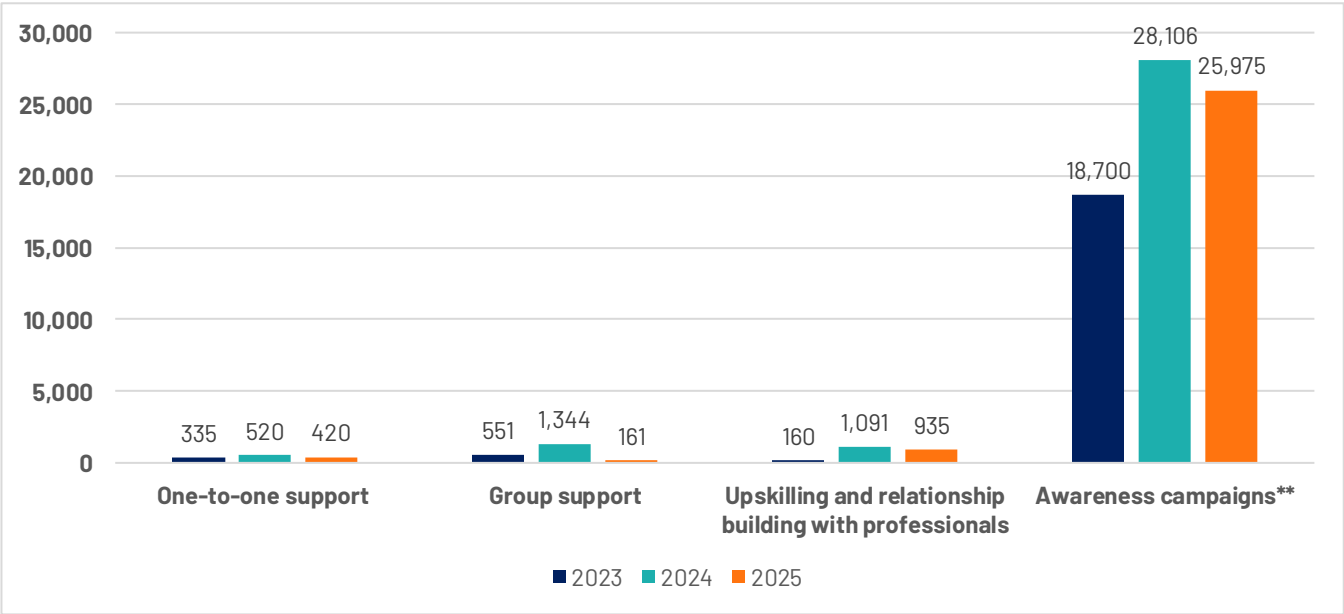
Levels of engagement with services varied considerably across projects. While this can be partly attributed to differences in funding levels, different engagement levels were also observed among projects in receipt of similar amounts of funding, particularly in the first two years. This suggests that a project's prior experience in the gambling harms sector was a key determinant of initial engagement. Projects new to the field dedicated more resources during the initial phase to developing their service models and establishing referral pathways, which corresponded with lower initial engagement figures compared to more established providers. By the third year, however, these differences in engagement levels became less pronounced, as the services of organisations newer to the sector became more established.

Figure 1.1: Total number of activities delivered in the Aftercare programme, by activity type



Awareness campaigns include social media campaigns, podcasts and engagement activities with service users in treatment centres. No data on the number of awareness campaigns delivered in 2023 is available.

Figure 1.2: Total number of people engaged during the Aftercare programme, by activity type



** Awareness campaigns include social media campaigns, podcasts and engagement activities with service users in treatment centres.*

Enablers of programme success

Lived experience of gambling harms and recovery

The value of involving people with lived experience of gambling harms and recovery was consistently cited as an important factor throughout the duration of the programme. The evidence for its impact was apparent in the design of the service and its delivery.

- **For service design**, individuals with lived experience have valuable insights into the needs of their audience, which helps design effective support services. This went beyond initial consultation; some projects used a co-production model where materials were developed and reviewed in continuous partnership with service users.
- **For service users**:

  – Lived experience fosters trust and helps build rapport. Shared experience helps reduce feelings of judgment and stigma, creating an environment where service users can be open and are more likely to feel understood. Interviews with service users consistently revealed a deep connection with staff with lived experience, often surpassing the connection felt with counsellors or therapists; and,

  – By embodying the possibility of recovery, individuals with lived experience provide hope and serve as powerful motivators and role models for service users. The sentiment "if they can do it, so can I" came up frequently in service user interviews.

"It [the mentor] was someone who was in recovery themselves. It was good to have someone who understood a lot of the things I was going through… really empathetic, really listened to what I was saying, offered me good suggestions in terms of dealing with certain things, coping strategies and things like that." Service user

"I would absolutely 100% say that that [lived experience] is imperative and every single client I've ever spoken to throughout this project has always said that their clinical therapy was helpful, and they are pleased that they did it, but they did not get the same kind of empathy and understanding that they did with someone with lived experience. It made them feel human. Clinical therapy got them in touch with their brain, but lived experience peer support got them in touch with what was going on in their heart, their mind, their body, and they knew that they were talking to someone that genuinely understood." Delivery staff

While the evidence strongly suggests that lived experience is a significant success factor, it is important to note that it should not be viewed as an absolute prerequisite for the provision of long-term recovery support services. The portfolio includes services that were not created or delivered by individuals with lived experience. These projects reported positive engagement and feedback from service users.

The flexibility of the funding model

A flexible funding model was a key enabler of success. Rather than demanding rigid adherence to an initial plan, the programme allowed projects to adapt their approaches and innovate in response to the complex realities of their operating environment[82].

This was demonstrated in how projects evolved their core service offer. For instance, after initially struggling with low referrals, both Citizens Advice Brighton & Hove and Citizens Advice Wirral adapted their criteria from supporting only those who had completed counselling to also include individuals in the early stages of their recovery where gambling was still ongoing. Similarly, projects like those delivered by Cyrenians and Citizens Advice Wirral recognised that to build a sustainable referral pathway, they first had to build capacity within the wider local system. They developed and delivered training programmes for external frontline workers (including GPs, housing officers, and staff at other charities) to give them the confidence and skills to hold conversations about gambling harms.

The capacity for projects to make such adaptations reflect the responsive and pragmatic features of the programme. This stemmed from a funder-funded relationship that valued learning and allowed for evolution. In a nascent and complex field such as long-term recovery, this flexible partnership between funder and provider is an important condition for success, enabling services to mature and genuinely meet the evolving needs of the individuals they support.

> **"Your commissioner should be your critical friend. If something isn't going as expected, they should try to understand why. That ability to understand why something hasn't happened, positive or otherwise, and to find the ability to flex, to enable opportunities for change, for growth, for development, [is key]".**
> Delivery staff

The importance of partnerships

Partnering or collaborating with organisations that support individuals affected by gambling harms helped projects establish referral pathways and facilitated knowledge transfer. Partnering or collaborating with therapy providers was common in the portfolio, as long-term recovery often followed or happened in tandem with treatment. Collaborations with primary care facilities, family hubs, and other third sector organisations were also observed amongst projects, although they were less prominent. These organisations were more strategic as a referral source for projects providing support throughout the care continuum (as opposed to those focusing on post-therapy assistance).

Building relationships within the system, whether through formal partnerships or broader collaboration, is expected to remain a key success factor after the end of the programme. This is

[82] The complexities of the projects' environment is further described in the next section of this chapter (*'Barriers to programme success'*).

because long-term recovery support is a nascent field that has not been fully integrated into the wider ecosystem of health and social support. As a result, establishing referral routes will demand more effort from projects compared to more established areas of care.

> **"What made things a lot easier for us was the fact that [the partner organisation] was experienced and skilled at delivering lived experience peer support groups and one-to-one peer support."** Delivery staff

Barriers to programme success

Systemic challenges

Projects' progress was influenced by challenging systemic and contextual factors. Projects were delivering services within a nascent and sometimes fragmented ecosystem. Various projects described the existing provider landscape as feeling more competitive than collaborative, making it difficult to build partnerships. The funding of multiple new services fostered a sense of competition for referrals, and this dynamic was intensified by the fact that some providers were also developing their own in-house long-term recovery services, creating an incentive to retain clients rather than refer them externally. This highlighted a need for a stronger overarching system to coordinate how the newly funded projects should interact.

This issue was compounded by the limited recognition of harmful gambling as an addiction in the public health system. A core structural problem identified was the failure of many strategic partners (e.g. public health) to integrate routine screening for gambling harms. It was noted that the "make every contact count" approach, common for other public health issues, was not being applied to gambling harms. This created a damaging cyclical problem; services required hard evidence of need to justify screening, but that evidence could not be generated unless they started asking the question.

Securing referrals and engaging service users

Despite improvements throughout the programme's lifetime, the number of referrals continued to fall short of initial expectations for many projects. This challenge was due to a variety of factors that often overlapped. Some projects relied on a single referral partner, which in cases faced their own recruitment challenges. Additionally, some projects were new and required longer-than-anticipated setup times.

To address these challenges, projects implemented various strategies. Awareness campaigns targeting service providers, such as gambling harms treatment providers, primary care workers, family hubs, and voluntary sector organisations, were initiated. These campaigns aimed to increase awareness about the prevalence and impact of gambling harms and establish new referral pathways. While this strategy helped boost referrals, some attempts to establish relationships were unsuccessful or did not immediately translate into increased referrals.

Some projects had to repurpose their resources, shifting from a sole focus on service delivery towards upskilling other professionals. This represented a strategic move to address the root causes of low referrals. For example, Cyrenians developed a two-level upskilling programme

delivered to a wide range of professionals, including internal staff, GPs, housing officers, and other third-sector organisations. The first level provided a foundational overview of gambling harms. The second, more in-depth level was for practitioners who had completed the initial training and focused on building practical skills through role-play and case studies, such as how to maintain conversations with individuals not yet ready for support. While resource-intensive, this work helped generate new referrals and began to build the long-term capability within the wider system to identify and respond to gambling harms.

Where formal referral pathways failed, some projects found success by bypassing them and leveraging informal, peer-led networks. After struggling for two years with a lack of engagement from partner agencies, acta's project gained some momentum through organic word of mouth, with a few participants becoming "spokespeople" who encouraged others to join. This highlights the power of peer-to-peer recruitment in a sector where trust is paramount.

Projects also experimented with overlapping treatment and long-term recovery, where long-term recovery was delivered in separate sessions whilst service users were accessing treatment. This approach ensured a better integration of long-term recovery support in the recovery journey and helped prevent service users from disengaging after treatment. Other strategies included adopting online delivery methods to make support more accessible or serve a larger number of service users.

Challenges faced in partnerships

While partnerships were widely seen as beneficial for improving service offers, boosting referrals and enabling knowledge sharing, they also faced challenges, particularly in the first two years of the programme. However, the longer duration of the programme allowed many of these partnerships to mature and overcome initial bottlenecks.

At an operational level, projects reported early challenges with procedural and technical alignment. For instance, securely sharing client data presented difficulties for partners using different CRM systems. This was mitigated by utilising a workaround that involved using a software functionality to notify partners of updates.

Another initial obstacle encountered was the difference in safeguarding and risk management approaches between partnering organisations, where one organisation in a partnership had a stricter safeguarding and risk assessment process to follow before onboarding service users. Workarounds were implemented, such as conducting safeguarding and risk assessments after service users received their first support session when they were referred by partner organisations that did not have a safeguarding and risk assessment process in place.

Furthermore, some projects indicated that the lead organisation bore the brunt of responsibility for service promotion and client engagement. They expressed a preference for a more equitable distribution of responsibility for attracting referrals among partners.

However, by the final year, these partnerships had evolved with many overcoming initial hurdles to become more effective. The relationship between Citizens Advice Brighton & Hove and their

referral partner, Breakeven, is a prime example. After struggling with communication channels leading to low referrals, they started to engage directly with the frontline counselling team at Breakeven, which built trust and understanding of Citizens Advice Brighton & Hove's service and created a smooth referral pathway. Similarly, the GamCare and Reframe Coaching partnership deepened significantly over the three years, moving beyond early referral challenges to build a highly integrated system. This included seamless electronic referrals and shared professional development, where Reframe Coaching provided training for GamCare staff to improve their understanding of the coaching model, which in turn enhanced the quality of referrals and the reputation of both organisations.

This positive evolution was not universal. In the case of acta, the formal partnership with ARA became less central over time, with the partner's direct involvement diminishing as acta adapted its delivery model independently.

This illustrates that the journey from a formal agreement to a truly collaborative and effective partnership requires sustained, operational-level engagement to resolve any friction and build a genuine, shared understanding. The evaluation found that partnerships were less likely to be sustained when they remained a high-level agreement without buy-in from frontline staff, or when the strategic goals of the partners diverged over time, weakening the original rationale for the collaboration. Ultimately, the sustainability of a partnership was determined less by the initial formal agreement and more by the ongoing, practical efforts to build trust and align goals at an operational level.

Considerations for the sustainability of the sector

A primary consideration for the sector's longer-term sustainability is the nature of its funding. Some projects argued that a three-year period represents a demanding timeframe in which to establish, deliver, and demonstrate the value of a new service. For example, projects such as Citizens Advice Brighton & Hove, who were new to long-term recovery support, required the full duration of the grant to build the necessary trust with their referral partner and referral pathways to become effective. The project struggled with low referrals in the first two years and started to consistently meet its target in the final year. This was achieved by investing significant time in building a relationship at an operational level with their partner (Breakeven), through improving communication channels, clarity on the support offer, and building trust.

A more strategic and durable form of sustainability is achieved when the principles and functions of long-term recovery are integrated into the local health infrastructure through influencing systemic change. For example, Citizens Advice Wirral's strategic work with their local public health team led to the creation of a new, council-funded gambling harms lead role for the area.

Another dimension of sustainability was the development of lasting organisational capacity. Even when project funding concludes, the knowledge, skills, and processes developed remain within the organisation as a durable asset. For instance, the experience gained from the programme enabled organisations like acta and Citizens Advice Brighton & Hove to inform new funding bids. This

demonstrates a form of sustainability where the funding leaves the organisation better positioned to address gambling harms recovery in its future work.

A powerful, though less common, model for sustainability focused on training service users to lead their own recovery communities. For example, acta trained participants in facilitation skills to enable them to continue their creative support group independently. This approach helps build recovery potential within communities and foster a peer-led support network that can continue organically, independent of formal service provision or funding cycles.

> **"We've made gambling awareness training a mandatory part of our corporate induction... so all of our staff, regardless of what project they work on, should be able to, with confidence, have a conversation with any of our clients about a gambling harm."** Delivery staff

4. Impact evaluation findings: outcomes arising from the programme

This section discusses the evidence collected against each outcome in the programme Theory of Change to address the impact evaluation questions listed below. It considers outcomes for funded organisations and their service users, as well as GambleAware and the wider sector. Outcomes data gathered from the projects throughout the programme can be found in Appendix 5.

Impact evaluation questions:

1. What has been the impact of the programme overall, and to what extent has the programme met its objectives?

2. What has been the impact of the funded projects on beneficiaries and any other stakeholders?

3. What works, why, and in what circumstances in supporting long-term recovery?

4. What types of people have benefitted from the programme/the funded projects, who has not and why?

5. What has been the impact on the funded organisations?

Outcomes for organisations delivering projects

The volume and quality of evidence vary by context and models across the 10 projects, but an assessment of the overall programme suggests that the outcomes for the portfolio align with those expected and captured in the programme TOC. Across the three years of funding, organisations saw positive outcomes as a result of delivering their projects. At the end of the evaluation, there is evidence that funded organisations deepened their understanding of gambling harms, established appropriate referral pathways, and supported service users with their long-term recovery. There are also several examples of where projects embedded within local or national support systems (including the NGSN).

The TOC lists five shorter-term and five longer-term outcomes expected to be realised for funded projects, which are interrogated below.

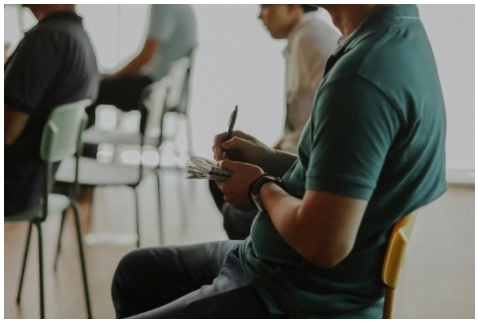
1. **Greater awareness of the needs of people affected by harmful gambling (shorter-term)**

The programme set out to encourage partnerships between specialist gambling harms and non-gambling harms organisations, which called for improved knowledge of gambling harms and the need for long-term recovery support. At the start of the programme, awareness of and experience supporting people affected by gambling harms was low for organisations that did not specialise in gambling harms; over the course of the funding, this noticeably improved. Over the three-year period, through the process of supporting service users, these organisations reported increased

awareness of gambling harms and confidence to support service users with their long-term recovery.

Projects delivered by organisations already established in delivering gambling harms support also reported new learning about the needs of people in recovery. For example, EPIC Restart reported improvements in their holistic, person-centred coaching that looks beyond gambling and harms to whole-life change and invested in staff training around topics like suicide prevention, to strengthen safe practices. The project also normalised discussion of relapse with service users, helping to reduce stigma and shame and encourage continued engagement.

> **"Ultimately recovery is about moving forward and looking at the whole person and how they look after their overall well-being and not just focused on the gambling because that shouldn't be seen as the whole part of their identity."** Delivery staff



Some projects also offered staff training to increase wider organisational awareness internally. For example, Citizens Advice Wirral incorporated gambling harms awareness training into the corporate induction and Cyrenians co-produced training with people with lived experience. Through this process, they upskilled 100+ practitioners across sectors, increasing awareness of gambling harms beyond the project team.

Projects also reflected on their improved awareness of the variation in needs for service users, learning what works for specific groups and modes of support. Several projects formalised their focus on affected others (e.g. Reframe Coaching, EPIC Restart, Breakeven). Cyrenians talk about moving away from a medical model to a social model when looking at recovery, focusing on the social aspects, offering safe, non-triggering spaces and non-time-limited support. acta shifted the project's approach early on from a theatre group to a creative writing group (using photography as the writing stimulus), which was tailored to the interests of attendees. The project reflected on how this creativity-based online space provided a safe, non-clinical entry point where confidence and peer support could grow, which attracted mostly female attendees. Citizens Advice Brighton and Hove identified elderly clients and those with English as a second language as cohorts who particularly benefitted from practical, one-to-one, advice-led support. Their ability to advocate on behalf of clients for debt related issues was invaluable for those who could not advocate for themselves.

Longer-term outcome: Greater understanding of longer-term needs of those experiencing gambling harms – increased awareness led to improved understanding of longer-term recovery needs across all projects. Working directly with individuals to provide recovery support generated learning about their needs and projects adjusted and adapted their offers in response. Projects that already worked in this space were able to build on existing experience and tailor more effective long-term recovery support as a result of the funding. For example, EPIC Restart tweaked their offer by restructuring their coaching package from 12 sessions over six months to

eight sessions over four months, noticing that people saw progress in personal recovery goals by that point, and enabling them to access EPIC Restart's online community for longer-term support. This change also had a positive impact on the project's capacity to manage demand, as they could deliver recovery coaching to more service users as a result.

Longer-term outcome: Increased awareness in the sector of the importance of aftercare / greater prioritisation of long-term recovery – there is some evidence that the programme contributed to increased awareness in the sector of the importance of long-term recovery support. For example, EPIC Restart and Reframe Coaching joined the NGSN, representing a positive move to incorporate recovery-focussed organisations into the system and make services more readily accessible. Whilst this result was influenced by a range of factors (including involvement in other GambleAware funding portfolios) and cannot be exclusively attributed to the programme, it did play a significant contributory role.

Furthermore, there are also examples of where projects conducted awareness raising and engagement activities and received referrals from the sector as a result of this engagement. Citizens Advice Wirral was the first organisation to sign the Gambling Workplace Charter[83], and championed it locally, which led to both Wirral Council and another local charity signing it. There is limited evidence of greater prioritisation in the wider health system, however this seems proportionate considering the scale of the funding and in the context of a sector in transition to a new commissioning model.

2. **Increased capacity to provide long-term recovery support (shorter-term)**

The programme aimed to provide a range of services reflecting the varied and complex needs of people experiencing gambling harms and help them access appropriate services and support for sustained recovery.

Programme funding enabled organisations to develop new services, expand existing ones, or tailor their offerings to better meet the recovery needs of those affected by gambling harms.

Organisations used funding in different ways to increase their capacity to provide long-term recovery support. For some projects, upskilling and/or onboarding new staff was essential.

For example, Reframe Coaching and EPIC Restart both created pathways for service users to become coaches, strengthening workforce capacity to meet demand and further incorporating lived experience into their teams. EPIC Restart's team grew substantially from a small core to a

[83] The charter aims to help employers support the health and wellbeing of employees who may be experiencing gambling-related harms. It was developed through a collaboration between BCT and Unite the Union, and it is endorsed by the Gambling Commission.

larger multidisciplinary team, with staff with lived-experience progressing into senior roles (note that the programme funding played a contributory role in this alongside other GambleAware funding it received). Reframe Coaching also focussed on continuous professional development around topics such as ADHD, autism, LGBTQ+, and trauma; they also built a more diverse coach pool to improve matching of coaches to service users. Towards the end of the funding period, acta was exploring whether existing service users could run the creative group sessions to enable continuation.

Upskilling to provide the wider organisation with additional skills was another mechanism to increase capacity to deliver long-term recovery support. For example, through awareness raising about the project, Citizens Advice Brighton & Hove described an office-wide uplift in recognising gambling harms and routing service users to relevant and specialist support even when clients did not come in through the long-term recovery referral route from their partner, Breakeven. As well as being able to guide service users to relevant support, staff reflected they had learned how to have conversations around gambling harms with greater nuance, allowing them to support service users more effectively and compassionately.

Many projects partnered with other organisations to increase their capacity to deliver support. For example, Citizens Advice Brighton and Hove was already offering debt advice and recognised that some clients must be affected by harmful gambling, however struggled to get people to discuss it. The funding enabled them to partner with Breakeven, an established gambling harms organisation which delivers gambling harms services, and to receive referrals from them. This enabled Citizens Advice Brighton and Hove to more easily identify, target and reach people in need of the practical recovery support services they offered. The programme also funded one dedicated staff member to lead the project who had specialist skills in debt advice.

Furthermore, through the development of partnerships between organisations with different offerings, they were able to broaden the support options they could offer to their service users by referring to trusted partners. The funding increased capacity across the network of organisations to provide long term recovery support, in turn improving experience and expertise and laying the foundations for sustainable interventions and partnerships.

3. Appropriate referral pathways created (shorter-term)

The programme set out to provide individuals with appropriate services and support for sustained recovery – 'appropriate' aligned to service user needs. A critical enabler of this was the establishment of suitable routes for service users to be able to access services. New referral pathways were formed because of the programme; there is clear evidence that referrals took place, directing service users to the programme's support. Of service users supported through the 5000+ support sessions delivered (one-to-one or group sessions), the majority accessed the services through referrals. These pathways were predominantly between two organisations (for example a gambling harms specialist organisation and an organisation specialising in other support), where they worked together to set up processes and agreed parameters for referrals to take place. As these were new services and awareness of the existence of recovery support was

low, referral pathways between organisations were critical to enabling projects to mobilise and reach service users. Self-referral was also possible in several instances. For example, acta described how it relied on word of mouth from service users for referrals.

As described in chapter 3, pathways often took time to establish and become embedded. In some cases, ongoing efforts were required to continue reinforcing them to ensure they were used consistently. For example, Citizens Advice Brighton and Hove found that having the project lead regularly attend team meetings with their partner, Breakeven, to remind frontline staff about the support offer, led to an upturn in referrals as it improved understanding of the logistics of a referral and helped it to remain front of mind. Through the process of establishing these pathways, organisations often needed to build communication channels and ways of working together, leading to strengthened bonds and a more joined-up approach to supporting service users. These included upfront communication about the scope and remit of the organisations, including setting expectations, and regular ongoing meetings between key individuals from both organisations to discuss progress and any issues as they arose. Reframe and GamCare's partnership saw them integrate electronic referrals (THESIS), create shared onboarding and inductions, and use joint problem-solving with the aim of making transitions feel smooth for the service user – simply moving to another part of the system.

> **"There were no problems with the client flow purely because of the successful and open relationship that we had."** Delivery staff

Additionally, greater visibility of female coaches increased referrals of female service users. Similarly, EPIC Restart reported that it had supported increased female service users from low levels at the project outset, to almost half of the people it supported as a result of targeted work. The project noted growth in professional referrals alongside self-referrals, underscoring the importance of multiple access routes. EPIC Restart's "pre-support" model and rapid contact protocols helped address the common challenge of people reaching out but not following up for support. Citizens Advice Wirral simplified their inbound referrals from partners via their CRM and broadened entry points such as including a cost-of-living campaign with Beacon to increase their reach. Cyrenians built multi-agency links around homelessness, drugs and alcohol use, housing and courts, which helped create timely, practical onward routes aligned to a social model.

Some projects had a linear process for referring with the long-term recovery support being accessed after completing treatment. For instance, Beacon Counselling Trust would refer an individual on completion of treatment to Betknowmore for one-to-one or group recovery support. If an individual experienced relapse, they may go back to Beacon for further therapeutic intervention before continuing with Betknowmore. The flexibility to go back and forth between the services was facilitated by a strong partnership and close communication between the organisations and meant that the service users' experience felt joined up and tailored to their individual needs.

The referral process for other projects was more flexible and included models whereby individuals could be referred to long-term recovery support through the programme when at a more acute

phase of early recovery. For example, Breakeven could refer service users at any stage of their recovery if they presented with an issue that Citizens Advice Brighton and Hove could address that would support recovery, or that presented a barrier to recovery progressing (e.g. housing issues).

It is important to note that not all models could rely on formal pathways despite the initial intention to do so. acta initially worked alongside ARA to gain referrals, as well as some referrals coming through from Reframe as part of the programme, however the partnership was not as successful as expected. acta ultimately grew via word-of-mouth after limited partner engagement, highlighting the need for a thorough understanding of the services that are offered to ensure that the right people are offered these services and can be referred into them seamlessly. This was especially important in cases where new formats (acta) or specialist (Citizens Advice Brighton & Hove) services were on offer, to ensure they were effectively utilised.

> **"Interestingly, none of the new people have come through any referral agencies. They have all come through word of mouth."** Delivery staff

Longer-term outcome: Projects are embedded within the local system – there is some evidence that projects integrated locally, for example receiving referrals from organisations outside the programme. Two organisations funded through the programme (Reframe Coaching and EPIC Restart) integrated into the NGSN, which represents a positive development in ensuring the network includes providers offering long-term recovery support. As the programme progressed, examples emerged of system-level embedding across various projects. For example, Citizens Advice Wirral co-developed a local Gambling Harm Strategy and will host a council-funded Gambling Harms Lead. Equally, not all projects will sustain beyond the life of the funding. A key learning from the programme is that integration and embedding new services take time therefore it is reasonable to expect this outcome to need more time to materialise.

4. Personal and professional development for project staff (shorter-term)

An outcome that was not captured in the original programme TOC but was added upon revision in Year 2 was positive professional and personal outcomes for staff that emerged through qualitative case studies as a result of delivering the projects. There were instances where staff were able to access relevant training and qualifications to help them deliver this project, which they would not have had access to otherwise. For example, Reframe Coaching trained individuals with lived experience to qualify as coaches. EPIC Restart offered employment opportunities to a small number of former service users. Additionally, many projects included staff with lived experience, and some described a sense of fulfilment through being able to support others with their recovery journey. A few service users also expressed a desire to volunteer or work within support services for gambling harms in the future, both to support their sustained recovery and to help others earlier in their recovery. Building a recovery network comprising people with lived experience, which not only offers support to others in need of recovery support but also facilitates sustained recovery within the network, is a powerful potential mechanism for longevity of outcomes.

"Doing this makes me feel good… It makes me feel as though I'm giving something back… It's like an uplifting feeling. That helps my recovery as well as it helps the other person." Delivery staff

5. Increased monitoring and evaluation knowledge and capabilities (shorter-term)

The essence of the programme was to generate an evidence base, practical learning and sector experience to inform future commissioning, recognising that the existing evidence was lacking (see chapter 2). This relied on projects collecting some data and therefore having baseline skills and resources around monitoring and evaluation. The learning strand of the evaluation delivered a range of tailored activities designed to upskill projects. There is some evidence of increased monitoring and evaluation knowledge and capabilities among projects. For example, all projects completed reports containing core questions to enable generation of a minimum dataset for the programme.

There was enthusiasm from projects for evidencing impact, especially as long-term recovery support is an area where the evidence base needs to be generated. Reframe reported improvements across areas of data collection in which they combined routine outcome measures with case studies and end-of-programme feedback, with GamCare undertaking 3/6/12-month follow-ups. Their integration of electronic referrals using THESIS enabled tracked e-referrals and retention reporting as well as portal analytics and 24-hour reminders informed redesigns to reduce missed sessions. EPIC Restart adopted the case management system, Lamplight, to improve data quality and session structure, which helped them to report against agreed goals and use a conversational "Where am I now?" wheel aligned to their four pillars to support reflective progress reviews. They also described using case studies to complement data, and described using event feedback to make iterative, evidence-led improvements for example pre-event engagement to reduce drop-out rates.

Many projects reported that they collected more data than GambleAware asked for in the regular reporting forms. Projects understood the value of collecting data at different time points to evidence change over time. Interest in, and attendance at, two learning workshops about data analysis and case studies in Year 2 was generally positive. Projects rated the usefulness of the sessions as four or five out of five, and anecdotal feedback highlighted specific new techniques or learning they intended to apply.

Despite this, the evaluation observed continued quality issues with data submitted by projects (e.g. gaps in data or lack of clarity about whether participants were unique or had been double counted). Projects focussed resources on delivery and learning. It is important to consider that data quality issues could have been influenced by factors such as delivery pressures or resource challenges meaning that data collection was not the highest priority as opposed to organisations not having the knowledge and capabilities to carry out monitoring and evaluation. This indicates that further efforts are needed from funders to make reporting requirements easier for organisations to follow to improve comparability of data.

Outcomes for structured and pre-existing offerings, such as those provided by EPIC Restart or Reframe Coaching, can be easier to quantify, whereas social models like Cyrenians', creative models like acta's and even advice models like the Citizens Advice organisations' can be more complicated to demonstrate impact in their infancy. The Citizens Advice projects worked across multiple interlocking issues, and organisations noted that tangible outcomes could take a year to become visible, meaning evidence of outcomes can take time to become clear.

Longer-term outcome: Projects are able to clearly articulate and evidence outcomes – several organisations can now set out their model, outcomes and contribution to the wider pathway with greater clarity. They are better equipped with the skills needed to evidence their impact more effectively and record progress in a useful way. Greater practice and drive to demonstrate these outcomes is essential to improve the data reported to commissioners to demonstrate impact for funding decisions. Consistent longer-term follow-up remains a constraint, particularly for self-directed routes and across more digitally excluded cohorts which means evidence tends to be more anecdotal.

Longer-term outcome: Creation of a learning community – via attending and participating in learning events offered through the evaluation, projects have shared learning with each other. For example, sessions have facilitated discussion around common issues such as low referrals and how projects have overcome them as well as challenges around reporting outcomes. Furthermore, organisations working together to deliver projects are in regular communication and are learning together how to deliver the project. However, evidence of learning and knowledge sharing among the portfolio beyond these mechanisms is limited.

Outcomes for project service users

An assessment of the programme suggests that the outcomes for service users align with those expected and captured in the programme TOC. The programme intended to achieve a range of outcomes for service users. Participants were asked about all types of outcomes including those that were negative and unintended. Discussion about the projects' interventions was contextualised through reflection on other types of support service users had accessed for gambling harms. This was so they could compare experiences and consider to what extent the programme contributed to positive outcomes related to their recovery. Staff across all projects and service users sampled from four projects were interviewed and reported overwhelmingly positive outcomes for service users.

The programme TOC lists shorter-term outcomes expected to be realised for service users of projects and which are interrogated below. The first three focus on increased knowledge, access and uptake of support:

1. Increased knowledge about relevant aftercare support available

Before accessing services provided through the programme, service users reported that they had limited knowledge of the support available for long-term recovery from gambling harms. While many had sought and accessed treatment and support for gambling harms, such as residential

rehabilitation and counselling, they were not aware of specific support offered for longer-term or sustained recovery.

The most common way service user participants had learned about services offered by projects was through referrals and outreach, reporting that they had not heard of these before. Increasing referral rates over the three years demonstrate that more individuals were hearing about and accessing recovery support offered through the programme. As described in Chapter 3, building strong relationships between partner organisations was a facilitator of referrals and a key mechanism enabling this outcome. That said, there was much variation in the way service users heard about the support available, with a sense that it was by chance rather than via a more systematic approach, highlighting the potential for improvements in future communications about what recovery services are available and how to access them. Increased knowledge of support that exists is an important prerequisite to accessing it, as well as demonstrating to service users that this is an important issue that requires funding.

> **"Initially I didn't even know what that was all about... I'd never heard of [the organisation] before."** Service user

2. Improved access to relevant aftercare support

Access to relevant support improved due to the new provision of these services and growing awareness of them. Access varied by different factors including location and which services participants had previously engaged with - which affected their knowledge of the programme's services. Participants who took part in interviews had typically accessed services through referral via another organisation, therefore did not have experience of struggling with access. That said, case studies research with projects indicated minimal eligibility criteria that would have prevented individuals from accessing services following a referral.

However, there were instances of participants having struggled to access treatment or support previously. Given that a large subset of projects depended on accessing service users who were already engaged with, or had previously engaged with organisations within the support system; this suggests that some individuals may face challenges to accessing long-term recovery support, if they struggled to enter the support system in the first place. For example, many participants reported reaching an extremely low point, including suicide ideation and/or attempts, before accessing treatment. Stigma deters people experiencing gambling harms from seeking help and this barrier applies to long-term recovery support too – highlighting the opportunities for future commissioners to continue to raise awareness of support available and tackle societal stigma towards gambling harms. Furthermore, one participant shared that homelessness was a barrier to accessing initial treatment as they did not have a fixed address. However, another participant accessed support through Cyrenians because they were experiencing homelessness, further emphasising the variation in access routes to support and the scope to streamline. The experience was different once accessing support through this programme, whereby many service user participants felt supported to engage, through encouragement as well as practical support such as flexible scheduling and covering travel costs for events.

"Initially when I left [treatment], I was homeless… They [the organisation] allowed me to participate… they funded fully my train fare, my hotel room, my meals per day… Because they knew I didn't have a home." Service user

3. Improved uptake of relevant aftercare support

The programme led to improved uptake of long-term recovery support due to the availability of services provided by projects tailored to service users' needs (see chapter 3 for details about uptake over the three years of funding). These individuals are unlikely to have been able to participate in long-term recovery support in the absence of the programme due to the wider lack of provision. Interviews were only conducted with service users therefore did not capture views of individuals who were offered the service but did not access support; however, participants cited the relevance and usefulness of the services for their sustained recovery, suggesting that uptake was facilitated by providing services that met user needs.

"The reason I'm getting better is because I engage, I pick up the tools, I pick up the phone, I reply to the email. And without that I would be in a little urn somewhere." Service user

Uptake was affected by individual preferences, such as preferring specific formats over others (e.g. one-to-one sessions over group support), highlighting the value of varied offers. Service user participants spoke highly about one-to-one sessions with staff with lived experience. The connection, trust and rapport established encouraged individuals to remain engaged, sometimes leaving them wanting more one-to-one sessions than were on offer. In terms of uptake, group sessions were more polarising. Some service users reported that the group sessions helped their recovery and would routinely attend. The opportunity to seek connection with others going through recovery journeys and inspiration from guest speakers appealed to some and kept them engaged in their own recovery journey.

"People approach things differently, but I think speaking to people with lived experiences helps a lot. I suppose that's why those groups are quite popular… Because it really, really helps and it helped me." Service user

Some delivery staff reported reluctance from prospective service users to join group sessions or events. Several projects overcame this with some additional engagement and encouragement beforehand such as a phone call explaining what the group session or event would involve and that they could join and keep their camera off if preferred. For some individuals, hesitance disappeared after attending a group and finding a welcoming community that helped reduce feelings of stigma and shame as others shared similar experiences. This was not the case for others who reported that the groups did not support their style of communication and did not feel right for their recovery needs. This variation in experiences demonstrates the value in providing services in a range of formats to promote accessibility and, consequently, uptake.

"I don't like group things because my problems are quite serious, and I don't really like talking about them in a group... I like the privacy of one-to-one." Service user

Uptake may also have been influenced by the type of support being offered. For example, acta experienced challenges engaging service users in their offer of creative support throughout the life of the project and word of mouth ended up being more effective than referrals from partners. Limited awareness of the more innovative and less traditional approach to support may have contributed to slower uptake – either through professionals or service users being unsure about what the offer included and how it worked. Those who did participate reported positive experiences, finding that it provided a space for people with shared experiences to support one another through a hobby. This highlights the potential opportunity of commissioners to play a role in awareness raising when funding more innovative approaches.

Further shorter-term outcomes recorded in the programme Theory of Change relate to those achieved for individuals accessing long-term recovery support and vary by type of project activity and individual need. There is evidence of a range of positive outcomes for service users:

4. Increased self-confidence to achieve recovery goals

Almost all service user participants reported that using services offered through the programme improved their emotional state and increased their self-confidence in a variety of ways. They became more confident in their recovery journey, improved their decision making, self-image and social interactions. This was often accompanied by feeling understood and that they were rediscovering parts of themselves that they felt they had lost as a result of gambling harms. These sentiments suggest that services not only supported individuals into longer-term recovery but also made them want to sustain recovery and continue working towards recovery goals.

"It has surprised me that I have the confidence to make decisions about my future... It's given me a sense of being a person outside." Service user

Delivery staff also reported increased self-confidence for service users, commenting on service users' journeys moving from hopelessness to confidence in their recovery as a result of using these services. This included evidence of ownership over their recovery and investment in pursuing their recovery goals, which felt more achievable alongside the support they were receiving.

"I think people often come out of the addiction and treatment with a very fixed view of themselves and why things have happened. They either feel a sense of hopelessness that nothing can change or a sense of blame. But what I've seen is people's self-awareness and then confidence grow, to say actually I can change myself and there are things that are toxic in my life that I probably need to move away from." Delivery staff

A few service users commented on how the service they used focused on putting the individual at the centre, and in control, of their recovery journey. This helped to empower individuals and ensured they attributed positive changes to themselves. This focus on self-efficacy enabled

individuals to be satisfied with their progress and believe in themselves, further inspiring continued recovery efforts. This links to a finding early in the evaluation that some staff felt the term 'aftercare' implied a passive approach to recovery rather than individual empowerment.

> **"They will not take if I say, "you've done so much for me." They went, "no, we've facilitated you to do it for yourself" ... they are wonderful at making sure that you know it was you."** Service user

5. Improved self-image and relationship with self

Linked to the previous outcome, service users described how gambling addiction and harms had made them lose their "sense of self" and their personality, which could result in deterioration of relationships with themselves and the people closest to them. Through the programme's support, service users reported rediscovering their sense of self. The peer support from staff with lived experience, and for some group sessions, validated their experiences and emotions resulting in them feeling more connected and understood. This created opportunities to work through experiences and emotions in a safe and non-judgemental environment.

> **"These services that are really, really needed. And I know that funding is tight, but this is a hidden disease. Like me, nobody knew about it. It's all hidden and nobody would ever tell. If you're an alcoholic or you're a drug addict, you can see those types of people, but the gamblers are hidden. So, these services are required... without these services, people's lives have been ruined."** Service user

Furthermore, the one-to-one sessions that focused on recovery goals related to their wellbeing and coping strategies (more so than one-to-one sessions that offered practical support around debt resolution) provided a secure and intimate environment for individuals to work on personal issues that were important to them. The format of these sessions offered delivery staff the flexibility to tailor support to individuals' needs, for example enabling them to explore coping strategies that work for them around their own triggers, improving their understanding and relationship with themselves. This improved relationship with self is likely intertwined with self-confidence to achieve recovery goals.

> **"I come home from those [group sessions] so boosted... I'm never going to return to gambling because every time I see those people it's just... a safe zone to talk about anything."** Service user

Other types of support offered also helped improve service users' relationships with themselves. For example, creative sessions offered by acta focussed on the experience rather than explicitly discussing gambling harms, which allowed service users to focus on rebuilding the relationship with themselves that had been negatively impacted through gambling harms. Importantly, these activities brought service users joy as part of the recovery experience, providing evidence of the value of alternative and innovative therapies to help individuals rebuild their lives.

"We do talk sometimes about gambling addiction, but it's not primarily focused around that. It's more focused around being creative and doing something. So at the end of it, I feel like I've actually achieved something rather than just talking about a problem. I feel like by being creative, we're finding other things to do that aren't actually harmful and involving gambling." Service user

6. Improved mental health and wellbeing

Many service users reported improved mental health and wellbeing due to services offered through the programme. They discussed a positive shift in their mindset, which allowed them to manage urges and triggers that might previously have led to gambling. This shift was attributed to coaching sessions and events that increased their knowledge and awareness of triggers. Some services also introduced participants to practices such as mindfulness and journalling as strategies to cope with triggers.

"The dog jumped up... she headbutted my face and snapped my tooth... now I'm going to go into my living room and make some phone calls about a dental appointment... before I'd have probably just gone back to bed with the tooth in my hand and if I had some money, I would definitely have gambled." Service user

Delivery staff also reported improved mental health for service users through feedback they collected. For example, organisations that offered practical support were able to provide advice or solutions for issues that may present barriers to long-term recovery such as debt (e.g. Citizens Advice Wirral and Citizens Advice Brighton and Hove). Having access to support to address these issues, that often feel too large or complex to tackle independently, resulted in reduced stress and anxiety and consequently improved mental health.

"It's very often the case that the clients will say to me, "thank you. That's such a load off my mind. I feel much better about my situation now. I was worried sick and now I can actually focus on other things." Delivery staff

7. Improved financial position

There were reports of service users reducing debt and achieving greater financial stability as well as making better financial decisions. This was typically attributed to one-to-one sessions and materials made available that gave them access to specialist financial advice and / or provided resources to help change their financial mindset.

"I was three months behind on my rent. Now I'm one month in credit on my rent... I've actually bought a car. I've actually been to see my son abroad... what I'm trying to say is I am where I want to be at today. I don't owe anyone money... I even bought myself a season ticket at the football club I support... I couldn't do that a year and a half ago." Service user

Some service users described how they had someone else in control of their finances such as a spouse. This arrangement was agreed with them outside the programme; however, it is possible

that improved relationships, which individuals experienced through accessing services (see 'improved relationships with friends and family' below), influenced their decision to agree to this.

On the other hand, some service user participants reported external reasons for continued financial difficulties and homelessness, even after accessing support. These included the cost of living and housing crises, which negatively impacted their circumstances and mental health, hindering their recovery journey.

> **"I can't save because I'm in temporary housing and the rent is like £1,800 a month. So, if I earn anything, it just comes off my housing benefits... The system doesn't support my recovery to improve myself because if I earn anything, it's taken away."** Service user

Delivery staff echoed some of the challenges with achieving an improved financial outcome stating that their ability to support service users with their housing situation is highly dependent on the external referral processes with the council, which slows down recovery for people in need of housing support.

> **"They're put on a waiting list or they're told that they just don't have priority needs... it's a matter of appealing and trying to help the council understand that they do have priority need and they do need support... there's been quite a few positive outcomes of that in terms of clients being put into temporary and emergency accommodation so they can get back on their feet and get some long term support from their council in terms of getting housing. But there have been, I'd say probably just as many where that hasn't been successful."** Delivery staff

8. Increased personal network of support and reduced isolation

Service users who had positive experiences of attending group sessions or events reported an improved connection and reduced isolation. These activities often allowed people to speak openly about their experiences – some with more of a focus on gambling harms recovery and others where discussions were unrelated to gambling or harms, rather focussed on wider life. In either circumstance, the shared experiences and mutual support available gave service users a sense of belonging, reduced feelings of being alone in their recovery, and provided ongoing motivation to remain in recovery. Group sessions offered a flexible and accessible form of ongoing support, particularly when one-to-one sessions ended. The drop-in nature of the groups allowed service users to access support as needed, providing a safety net and continuity in their recovery journey. This flexibility is particularly important for long-term recovery, as individuals may experience fluctuating needs and challenges over time.

> **"It [group session] has helped me through many a struggle through my recovery... whether it's someone else's story that week, someone else's struggle. It reminds me of where I am, why I'm where I am. It's a bit like a backbone for me."** Service user

As described earlier, service users had mixed opinions on groups depending on how comfortable they felt in these situations as well as how they perceived the conversations within them. For those who valued the groups, it gave them regular and reliable access to a support network of people who all shared similar experiences.

> **"The groups give me... the security of knowing, as long as they're there, it doesn't matter how much longer I live, if I can keep having that, that is a safeguard for me."** Service user

The shared understanding and empathy of staff with lived experience created a safe and non-judgemental environment where service users felt comfortable being vulnerable and honest about their struggles and recovery needs. Attending groups with peers or sessions run by people with lived experience made individuals feel like they were less alone and more supported in their recovery.

> **"[The service] is really good. It's a real lifeline, I think when you get to speak to people that have been through similar experiences, it just helps you."** Service user

9. Improved relationships with friends and family

Both service users and delivery staff reported improved relationships with friends and family for many service users. Individuals felt more able to speak openly to friends and family about their struggles and recovery needs, allowing them to be more honest with those closest to them and reduce the shame experienced. This was often due to the confidence gained through speaking with others with lived experience (e.g. delivery staff or peers), which helped to tackle stigma and shame.

> **"There's been a massive positive. I've been more present, I think, is the underlying feeling which can only benefit... friends and family."** Service user

It is possible that improved relationships have also been facilitated by friends and family seeing individuals engaged in support and pursuing long-term recovery. As a result of using these services, service users reported having more time to focus on relationships and being more present.

> **"I was extremely closed off and I didn't really have much of a personality left or anything like that. I didn't really do anything. I work a lot of hours and then I go gamble... I have a lot more free time where I'm able to engage with people around me."** Service user

Outcomes for GambleAware and new commissioners

The programme intended to increase the number of organisations funded to offer long-term recovery support in the short-term, with the longer-term aims of 1) increasing diversification of funded partners; 2) establishing an evidence base of effective long-term recovery support; 3) identifying innovative approaches; and 4) generating learning about running similar programmes.

By providing dedicated funding to the organisations in the programme to design and deliver long-term recovery support services, GambleAware increased the number of organisations operating in this space during the funding period, as the majority were not already delivering this support. Funding lengths differed among the portfolio (see Appendix 1 for details about how long each project was funded for) therefore the number of organisations delivering this support is likely to have varied across the three years, and may reduce after the end of the funding period.

There is evidence that the longer-term aim of increasing diversification of funded partners has happened. Funded organisations comprised those new to the gambling harms support sector as well as those already established, suggesting that the range and type of partners GambleAware funded did diversify. Several of the organisations that were not gambling harms specialists prior to the programme continued to be funded into the third year, maintaining the diversity in the portfolio as time progressed. An enabler of this was the development of partnerships with gambling harms specialist organisations to facilitate referrals.

By funding the programme and commissioning an evaluation and learning partner to evaluate and support the programme, GambleAware has started to establish the evidence base about effective long-term recovery support. As captured in chapter 2 by the rapid evidence review conducted at the start of the programme, the existing evidence base about long-term recovery support for gambling harms was not well developed or invested in. The review highlighted the evidence gaps that the programme set out to contribute to filling.

The programme enabled projects to design and pilot approaches to fill a gap in service user recovery support needs and generate evidence about how to approach long-term recovery support. The evaluation accompanied with the learning partner support meant that evidence about the programme was able to be captured, including what worked well and less well for projects' service users and wider contextual factors that impacted on the projects' abilities to implement their interventions as planned.

GambleAware funded projects that planned to deliver a range of interventions, which enabled the generation and identification of learning about more innovative approaches (such as creative therapies and support for practical issues around harms and recovery). It has also enabled

generation of learning about running similar programmes, which will be valuable to future commissioners given the changes to the funding landscape going forward.

5. Learning about long-term recovery and recommendations

This section reflects on learning to present implication and recommendations arising from the programme evaluation. It includes practical suggestions regarding how to put recommendations into action.

Evaluation questions answered in this section:

1. What are the key learning points for GambleAware in delivering a funding programme of this kind, including the support it has provided to projects through the programme? What has worked well, not so well, and why?

2. What are the key learning points for external audiences, including other providers in this area, local and national policy and decision-makers, and others?

3. What are the key considerations for others looking to adopt similar approaches and models as those within the programme?

The programme made progress on providing access and delivering recovery support to service users in need, as well as generating learning about a range of long-term recovery support interventions. The most important predictors of a successful project are established referral pathways, productive partnership working, and input from people with lived experience (e.g. as delivery staff or through co-designing the service user journey).

Learning about what works for long-term recovery

The learning captured in this sub-section is relevant for the NHS as the treatment commissioner, OHID as the prevention commissioner, and UKRI as the research commissioner.

1. Long-term recovery support is needed

Evidence suggests that the programme filled a gap in service provision and addressed unmet needs of recovery. Service users overwhelmingly reported how critical services accessed through the programme were for their sustained recovery. Many cited that the support they received was essential but was not something they had ever had access to previously or knew was available. Equally, delivery staff were resolute in their support for the programme for providing much needed formal support for recovery that is currently lacking. Projects with established referral pathways continued to report high demand for their services as the programme progressed.

> **"This [long-term recovery support] should be a core part of a support offer... bringing that into the core commissioning across the network... We're only going to see that revolving door and relapses when we're not able to offer that longer term support for people. The economic cost, the cost on people's mental health, societal cost - all of that is only going to be made worse if we're not able to offer that longer term support for people to be able to sustain this."** Delivery staff

It was outside the scope of the evaluation to assess the impact of providing this support to individuals on longer-term sustained recovery or relapse prevention as not enough time had passed. However, it highlights the value in continuing to fund a support offer that fills this gap, to enable longer-term impacts to realise and to generate further learning.

> **"That's maybe what's lacking in the industry. There are all of these groups. But there's nothing to help people move on and succeed without it all being gambling talk."** Service user

2. There are opportunities to offer long-term recovery support more systematically

Stigma and isolation present barriers to individuals seeking and accepting support for recovery from gambling addiction and associated harms. Therefore, the evaluation suggests that a more systematic route for service users already receiving support for gambling harms (e.g. through the NGSN) to access longer term support could reduce this barrier. This could involve including long-term recovery support in a formal support pathway, whereby service users are routinely signposted to long-term recovery support services following treatment. This presents an opportunity for future funders to map these services to understand what services exists (including which services from this programme sustain) and identify gaps.

A more intentional approach to offering long-term recovery support would prevent it from being viewed as an optional add on or available to some and not others. This is important to ensure equitable access where all individuals in need are reached, and sustained recovery is more likely, regardless of factors like location. However, there will be individuals in recovery from gambling harms who have not accessed formal services, and careful consideration should be given to pathways for them to also access long-term recovery support.

3. Long-term recovery support should be considered separate and distinct from treatment

There is overlap between treatment and long-term recovery support, however there are key differences in terms of objectives, intended outcomes and required skills staff that should be recognised. Reported outcomes due to long-term recovery support services went beyond abstinence to increased confidence to achieve recovery goals and improved relationships with themselves and family members. There was less focus on delivery staff having formal qualifications as therapists delivering psychological interventions or pharmacological treatment, and more emphasis on staff having lived experience and counselling or coaching skills. Treatment also tended to be time-limited whereas long-term recovery support was available in a more ongoing way.

This view was shared by delivery staff and service users. Service users who had accessed treatment previously (sometimes different types through different providers), which typically focussed on abstinence as the primary objective, noted how different the focus of the programme's support was by addressing recovery goals that aimed to rebuild life beyond / without gambling. Service users may need to access treatment and long-term recovery support in a non-linear fashion (e.g. concurrently or back and forth, depending on their specific needs). However, the provision of long-term recovery support should not be conflated with treatment, in order to ensure it is prioritised in its own right.

The evaluation notes that there is limited information on the potential costs of more systematically providing long-term recovery support in addition to treatment. Effective recovery support was cited by some delivery staff as a form of relapse prevention, suggesting the potential cost effectiveness of investment in this area, which would need further formal assessment. The cost implications would need to be assessed, taking into consideration learning presented here about its value and weighed up against a robust, quantitative measurement of its benefits.

4. Dedicated funding to continue building the evidence base

The programme showed that forming relationships, setting up services and establishing referral pathways takes time and resources. This programme has laid the foundations on which to build sustained provision of support for long-term recovery. The evaluation has also contributed knowledge and case study evidence about building these services in the real world – highlighting what more learning is needed. For sustained provision and continued generation of evidence, ongoing dedicated funding will be necessary. A lack of funding and sustainability of support services risks disruption to people's recovery, where funding ends and services cannot continue. With the knowledge that recovery is often lifelong, and an individual's support needs can fluctuate and change at different timepoints, it is logical that recovery services are needed on a longer-term basis. This also highlights the need to fund research and evaluation that continues building the evidence base about long-term recovery from gambling harms. For the field to develop further, more evidence will be needed for the sector to learn about this developing area.

Furthermore, funders should recognise that evidence in this area is emerging and funding terms need to build in flexibility. Rigid funding models with strict key performance indicators can hinder adaptability. The Aftercare Funding Programme afforded organisations a helpful amount of flexibility in terms of outcome reporting and space to iteratively develop services around learning about service users. For example, when acta's project experienced low engagement, it switched to online delivery and ran a pilot trialling different approaches to securing referrals. Furthermore, Grant Managers at GambleAware achieved a helpful balance between hands on vs. hands off, performing a supportive role to projects who wished to discuss changes whilst allowing them space to deliver their services with light-touch reporting requirements. Future funders may wish to define reporting requirements more strictly in order to collect comparable data across projects. A robust approach should be underpinned by good sample sizes, validated tools and multiple data points to enhance the evidence quality.

5. A wider system that enables and supports long-term recovery

Some of the challenges that projects faced during delivery are symptoms of wider issues with the system (e.g. inconsistent and fragmented working between providers and a lack of a recognised and standardised service user pathway to support). There is a role for future commissioners to actively support system integration. Funding individual projects is unlikely to support system-wide support for people in need. Commissioners can play a strategic role in fostering a collaborative ecosystem, breaking down silos, and supporting projects to integrate into local health and social care systems. This includes being clear and consistent in commissioning to avoid creating unhelpful competition between providers.

Recommendations for funders and policymakers

Reflecting on the learning above, the following recommendations have emerged:

Key audience	Recommendation	How to put into action
NHS	**Include long-term recovery support provision in plans for the future system.** The programme has addressed unmet needs of recovery and highlighted the need to fill this gap in a consistent and ongoing way.	Factor long-term recovery support into commissioning plans including strategic objective setting and budget allocation to ensure it is meaningfully considered alongside other priorities.
NHS and DHSC	**Work in partnership to define and co-commission long-term recovery support.** The evaluation shows that this support straddles the line between acute treatment and prevention, and therefore requires a joint approach to ensure there is a clear, funded pathway for service users.	Establish a joint working group to define the scope of long-term recovery, clarifying where it sits between treatment and prevention. This should lead to the development of a co-commissioning framework that ensures a seamless, funded pathway for individuals transitioning to long-term recovery support.
NHS	**Consider providing funding for longer periods, particularly for innovative programmes.** The programme offered certainty of funding for up to three years**,** which acknowledged that it could take time for projects to mobilise, particularly when organisations were new to the sector.	Offer funding that runs for at least a few years, factor in a mobilisation phase, have realistic expectations about outcomes that can be achieved in early stages, and proactively support funded organisations to mobilise (e.g. provide standardised resources for staff upskilling training, create connections with other providers in the system). In cases where it is important to get up and running more quickly, commission organisations based on their preparedness to mobilise rapidly.
NHS	**Continue to fund innovative projects whereby different approaches can be piloted and learnt from and ensure this includes a focus on evaluation to generate evidence.** This ensures that learning about needs of different audiences can continue to be generated.	Fund projects that contribute to increasing the evidence base about what works for different groups, ensuring that skills from non-gambling harms specialist organisations are included. Consider stipulating the inclusion of lived experience in funding specifications. Provide resources to support projects with monitoring (e.g. training or analytical support).
NHS	**Consider the existing evidence base when planning long-term recovery support provision.** Service users have different needs of traditional treatment services and recovery support therefore they should not look the same.	Learn from organisations delivering these interventions through knowledge sharing and collaboration with the wider sector.
NHS and prevention commissioners	**Proactively define what the referral pathways to long-term recovery support should look like in the new system.** This should help to improve equitable access to services.	Collaborate with providers and service users to design the service user journey to ensure it is more systematic.
NHS and OHID	**Play an active role in supporting funded organisations to integrate and work with others in the system.** This will enable providers in the new system to build relationships and work collaboratively to ensure progress in this space continues.	Foster a collaborative ecosystem that avoids competition between providers through clear and consistent commissioning processes. Break down silos and support projects to integrate into local health and social care systems.
UKRI and other research funders such the National Institute for Health and Care Research	**Fund research and evaluation that continues to build the evidence base about long-term recovery from gambling harms.** This is an emerging area which lacks evidence about what works, impact and value for money.	Allocate budget to enable future research into long-term recovery support to continue building the evidence base and to support funding decisions.

Learning and recommendations for service design and delivery about what works for long-term recovery

The learning captured in this sub-section is aimed at those planning to design and deliver services for long-term recovery from gambling harms. This could be those who design programmes such as the NHS as new commissioners of treatment services, under whose remit long-term recovery will sit. It could also include organisations like those delivering projects as part of this programme that may apply for future funding opportunities to deliver long-term recovery support services. There are lessons emerging from this programme that are relevant and transferable to future services. There is likely crossover with what works for more acute support for individuals experiencing gambling harms. Therefore, this section aims to emphasise the nuanced differences and new learning for longer-term recovery support.

1. Staff with lived experience of gambling harms and recovery

Services delivered by people with lived experience of gambling harms and recovery can be a powerful tool to reducing the shame and stigma surrounding harmful gambling – it was a key facilitator of success within the programme. This shame is significant and is not easily overcome, therefore can persist through longer-term recovery. Empathy and shared understanding on offer from services delivered by people with lived experience can help service users feel less alone and more understood. Consequently, they may be more likely to engage with long-term recovery support initially and in an ongoing way to enable sustained recovery.

Staff with lived experience also bring a unique and personal understanding of the day-to-day challenges of long-term recovery. For example, putting coping mechanisms into practice to deal with urges to gamble that may continue to be present throughout recovery. This makes them uniquely placed to offer practical advice and support that carries weight and fills a gap that traditional services, often delivered by professionals without personal experience of gambling harm, cannot address. Staff with lived experience of gambling harms and recovery may be even more critical in recovery support than more acute support services.

It is important to consider appropriate relationship dynamics when staff have lived experience. Service users must have space to share their experiences without being overshadowed or overpowered by experiences shared by staff (or other service users in group settings). Feeling connected is important however recovery is a personal experience over which individuals should have ownership and should not be told what they should do.

2. Partnership working

Partnerships between organisations were critical to successful implementation of projects. Awareness of support provision was low given that the services were new, therefore partnering facilitated referrals and offered continuity of care for services users in many cases. The business case for this programme included the aim of nurturing the emerging community of long-term recovery support providers through collaboration rather than competition; this collaboration has been evident.

However, it took time to establish elements of the partnerships such as ways of working, which contributed to delays in some instances. Where organisations are partnering for the first time, it would be sensible to build in more time during set-up and mobilisation stages to acknowledge that relationship building between organisations takes time and to minimise delays. Further important learning for future services has been generated, which could enable faster mobilisation:

- Consider how data will be shared. Using the same CRM system across partner organisations can support communication and enable efficiency.
- Agree a single, consistent approach to safeguarding and risk assessment early on. This might be more challenging for smaller organisations due to limited resources, so is helpful to address early to avoid misaligned expectations during delivery.
- Surface conflicting priorities early using open communication and agree how to balance them to improve collaboration and efficiency.
- Share responsibility for attracting referrals across partner organisations. This will help establish referral pathways and attract service users more quickly. Accept offers of support from commissioners to link with other providers.

3. A flexible and client-centred approach

Effective long-term recovery support needs to be flexible and adapt to individual needs and preferences, rather than imposing a one-size-fits-all model. This includes being responsive to service user feedback, offering a range of support options, and meeting people "where they are" in their recovery journey.

Offering a range of options such as one-to-one coaching, group sessions, online resources, and practical assistance can allow service users to choose what works best for them. This is important when taking a client-centred approach – to empower individuals to feel ownership over their recovery journey and that they have control, rather than that support is happening *to* them. People in recovery and affected others may face complex issues and require different types of support, either concurrently or sequentially; therefore, having access to a range of support, and being able to access it in an appropriate sequence based on need, is helpful. For example, delivery staff from one project described the range of issues a service user may be facing, therefore receiving support for each at the same time can be overwhelming and off-putting. There may be a need to phase or stagger support offers based on individual service users' needs and personal circumstances to encourage them to engage with each. This flexibility may also be particularly helpful when engaging affected others. For example, one project described how their affected other service users experienced significant stigma-related barriers and were less willing to join group sessions, but they were interested in one-to-one support. Furthermore, services may need to show flexibility in scheduling around lifestyles that may be chaotic or lack stability, as well as other responsibilities such as children and employment. This ongoing flexibility is more likely to encourage continued engagement and contribute to sustained recovery.

To offer service users a flexible and client-centred approach, staff need the skills and empathy to build trusting relationships with clients, understand their individual needs, and adapt their approach accordingly. This involves being responsive to where service users are in their recovery journey, whether early on or after experiencing setbacks, so they can adjust the support accordingly. Some projects used a trauma-informed approach and recommend this is adopted so staff can take account of the impact of trauma on individuals' lives and provide support in a sensitive and responsive way. Furthermore, when working with partner organisations, strong communication and collaboration is essential to be able to offer support to clients flexibility. For example, if a client experiences relapse and needs additional treatment, the door should be left open for them to access recovery support when they are ready to.

> **"Providing options because gambling harm and recovery impacts people in so many different ways. I think there's not one size fits all in terms of recovery so it's providing as many options as you possibly can because people engage in different things in different ways."** Delivery staff

4. A holistic approach

Comprehensive long-term recovery support should address the broad and wide-ranging impact of gambling harms on individuals' lives. This can include providing support with finances, housing, employment, relationships, and overall well-being, which can require multidisciplinary teams with specialist skills. It should not be expected that a single organisation can offer the range of specialist support that is required. For example, finding sufficient delivery staff with lived experience of gambling harms *and* who have expertise in debt resolution is unrealistic. Therefore, it is crucial that organisations work collaboratively with each other to ensure individual service users can be signposted or referred to relevant support. This reiterates the importance of these organisations 1) laying the foundations of recovery support through delivery of services and 2) being part of a network of providers within the system that have experience working together.

Reflecting on the learning above, recommendations for future commissioners and long-term recovery organisations have emerged, shown in the table overleaf.

Key audience	Recommendation	How to put into action
NHS and organisations designing interventions	**Include trained staff with lived experience of gambling harms and recovery in delivery teams, where possible.** Staff having lived experience emerged as an important enabler of programme success.	Ensure that delivery teams comprise individuals with lived experience in frontline roles where they can interact directly with service users. Support staff through training and guidance to achieve appropriate relationship dynamics with service users.
Organisations designing interventions	**Allow more time at set up and mobilisation.** New relationships between partner organisations need time to develop and establish ways of working. In this programme, some organisations took the first year of three to mobilise.	Use the mobilisation phase to lay the groundwork for the project including aligning with partners on data sharing processes and safeguarding and establishing the referral pathway.
NHS and organisations designing interventions	**Factor flexibility into service models that gives service users choice.** This facilitates uptake of support by enabling service users to decide what works best for them based on their individual needs.	At the design stage, establish what degree of flexibility can be offered and whether iterative changes can be integrated throughout (informed by parameters set by the funder as well as delivery staff skills and resources to accommodate changes).
Organisations designing interventions	**Consider forming partnerships with organisations with different skills and offers.** A joined-up network of providers is required to meet the diverse needs of service users.	Identify organisations to collaborate with that can offer other services that are relevant to your service users e.g. those with strong links to specific service user groups or those with specialist skill sets.

Appendix 1: Summary of projects

Table of projects

Project Name	Organisation(s)	Location	Funding	Funding period	Summary
The Long Group	acta Community Theatre	Bristol and Bath	£42,670 + *an additional £3,556 in extension funding was granted.*	January 2023 – December 2025 *Note: A 3-month extension (January – March 2026) was granted.*	A series of creative sessions (e.g. theatre, writing and photography) combined with peer support. ARA Recovery for All provided additional advice and guidance.
Pathways to Recovery	ARA RECOVERY FOR ALL	Bristol	£180,000	January 2023 – September 2024	Coaching, mentoring and peer support to build on progress made during treatment. The Gambling Harms Research Centre (GHRC) at University of Bristol has an advisory role.
Beacon and Betknowmore	Beacon Counselling Trust and Betknowmore	Northwest England	£180,000	January 2023 – September 2024	1:1 peer support, TREK Therapy, group work, skills development and social integration to support individuals who have previously received treatment via Beacon. Delivered in partnership with Betknowmore.
Citizens Advice Brighton & Hove Aftercare service	Citizens Advice Brighton & Hove and Breakeven	South-East England	£135,809	January 2023 – November 2025	1:1 financial casework offering tailored advice. An extended package of support delivered alongside Breakeven's Green Shoot Recovery Programme.
Liverpool City Region After Gambling support programme (LCRAG)	Citizen Advice Wirral	Wirral and Liverpool City Region	£150,000 + *an additional £20,000 in extension funding was granted.*	February 2023 – November 2025 *Note: A 4-month extension (December 2025 – March 2026) was granted.*	Specialist advice services and personalised recovery support programme. Delivered in partnership with Beacon Counselling Trust.

Project Name	Organisation(s)	Location	Funding	Funding period	Summary
Cyrenians	Cyrenians	Across Scotland	£348,342	April 2023 – January 2026	1:1 and group trauma-informed support for the homeless community in Edinburgh to improve their recovery capital and building in-house knowledge of gambling harms to share with the broader homelessness sector.
Life after gambling (LAG)	GamCare and Reframe Coaching	Across England	£300,000	January 2023 – April 2025	Useda professional coaching model to support recovery. Delivered in partnership with Reframe Coaching.
Building recovery capital: restarting lives after gambling harm	EPIC Restart Foundation	Nation-wide	£350,000	January 2023 – June 2025	A range of transformational programmes delivered by expert facilitators, clinical treatment providers and those with lived experience.
Learning, Evolving, Aspiring, Future Focus (LEAFF) Project	Steps To Work*	Black Country, Midlands	£75,000	January 2023 – July 2024.	1:1 sessions focusing on individuals' needs to enhance their recovery capital of internal and external assets.
Welfare to Wellbeing	Veterans Aid	London	£149,500 + *an additional £8,306 in extension funding was granted.*	January 2023 - January 2026 *Note: A 2-month extension (February - March 2026) was granted.*	Offered immediate practical assistance and longer-term support to veterans affected by gambling harm, helping them with essentials, financial and mental wellbeing.

**Note that the charity Steps to Work has closed down.*

Appendix 2: Methodology

Evaluation methodology

Ipsos delivered a process and impact evaluation of the Aftercare Funding Programme and was also GambleAware's learning partner, supporting funded projects to develop their capabilities in evaluation and data collection, and facilitate knowledge sharing among projects throughout the programme.

The evaluation comprised three phases, where Ipsos caried out:

- **Learning events delivered in autumn of 2023, 2024 and 2025**, conducted both online and in-person. These aimed to facilitate networking and knowledge sharing between projects and share emerging insights from the evaluation.
- **Case study visits and face-to-face and online interviews with delivery staff and stakeholders (n=69)** from ten projects between November 2023 and October 2025. Interviews explored project progress against project-level Theories of Change (TOCs), outcomes, and learning about what approaches are most effective and for whom. See Table 2.1 for details of the sample. During case study fieldwork, projects were also offered one-to-one support for any monitoring, evaluation and learning queries.
- **Interviews with service users (n=24**) from four projects conducted between December 2024 and December 2025. Interviews explored service users' experiences of projects' long-term recovery support offers, outcomes, the need for longer-term support to sustain recovery from gambling harms and factors that support or hinder recovery. All interviews took place online or by telephone. See Table 2.2 for details of the sample.
- **Analysis of programme monitoring information** provided by projects to GambleAware via report form returns. Projects completed a mix of 6-month, 12-month, end-of-Year 2 and end-of-grant reports.
- **One-to-one "deep dive" discussions with projects (n=7)** to discuss current and planned data collection to measure and evidence outcomes. Projects also shared material for Ipsos to review (e.g., datasets, templates). Ipsos synthesised information collected through these discussions to identify common challenges and opportunities, as well as provide projects with tailored recommendations. Ipsos also produced a briefing paper for GambleAware, providing an overview of outcome measurement plans across the portfolio and making suggestions to strengthen current and planned data collection and analysis.
- **Two online learning workshops for projects focusing on data analysis in January 2025 and case studies in February 2025**. Both workshops were 90 minutes and consisted of masterclasses and interactive question and answer segments.

Ethical considerations

The main ethical considerations for the evaluation relate to conducting fieldwork with service users. The following measures were taken to enable inclusion of services users and avoid causing or reinforcing harm:

- Materials were developed and provided to participants to invite them to take part. An information sheet described what the study is about, what taking part would involve and what topics would be covered. It included Ipsos contact details for any questions they wanted to ask. The information sheet also included a list of relevant support sources. This was accompanied by a privacy notice that explained how their data would be securely stored and processed for the study, and when it would be deleted. Both documents were designed to be easy to read and understand, enabling service users to make an informed decision about whether to take part.
- An opt-in approach was used whereby Ipsos sent select projects the information sheet and privacy notice to share with their service users. If a service user wished to take part, they used Ipsos contact details to express interest.
- Individuals in active treatment were not invited to take part. As the Aftercare Funding Programme focuses on long-term recovery, there was a lower chance of encountering anyone in treatment. However, we know that recovery is not linear therefore it was possible someone may need to access treatment again. We asked that where projects knew this about an individual, they did not send the information about the study to them.
- The discussion guide used in interviews was developed to carefully ask participants questions to capture their views without causing any harm. This included trauma-informed research approaches including: explaining what the discussion would involve at the start to ensure the participant was informed and could ask any questions before beginning; reflecting the language participants used; reminding participants that they could skip any questions they did not want to answer, take breaks, or stop taking part at any point; and including the list of resources on the guide so researchers could signpost if needed.

  An incentive in the form of a £25 gift card was provided to participants, in line with GambleAware's guidelines[84] (page 8), to renumerate them for their time and expertise.
- The evaluation team held a briefing prior to fieldwork to prepare interviewers. This included covering Ipsos' Disclosure of Harm policy that needed to be followed if any participant indicated that they or someone around them was at risk of harm.

[84] https://www.gambleaware.org/media/1gicb1ts/research-publication-le-focus-guidelines-final_0.pdf [accessed March 2025].

Case study sample

The majority of case study fieldwork took place both in-person and online. Table 4.1 shows the sample of case study participants.

Table 2.1: Case study interviews undertaken during the evaluation

Organisation	Number of interviews completed	Number of staff interviewed	Mode
acta Community Theatre	3	1	Face-to-face visit and online interview
ARA Recovery for All	5	6	Online
Beacon Counselling Trust and Betknowmore	6	3	Online
Citizens Advice Brighton & Hove and Breakeven	9	3	Face-to-face visit and online interview
Citizen Advice Wirral	6	3	Face-to-face visit and online interview
Cyrenians	7	5	Face-to-face visit and online interview
GamCare and Reframe Coaching	17	7	Face-to-face visit and online interview
EPIC Restart Foundation	12	7	Face-to-face visit and online interview
Veterans Aid	2	3	Face-to-face visit
Steps to Work	2	2	Online

Service user interview sample

Service users were sampled from four projects that were able to recruit participants for interviews. Table 2.2 shows the sample breakdown of service users that took part in interviews.

Table 2.2: Characteristics of service users interviewed during the evaluation

Characteristics		Number of participants
In recovery or affected other	In recovery	24
	Affected other	0
Project	EPIC	8
	Reframe/GamCare	11
	acta	3
	Cyrenians	2
Gender	Female	12
	Male	12
Age	20-29	3
	30-39	5
	40-49	11
	50-59	4
	60-69	1
Ethnicity	White British	17
	Black African	1
	Other	4
	Not disclosed	2

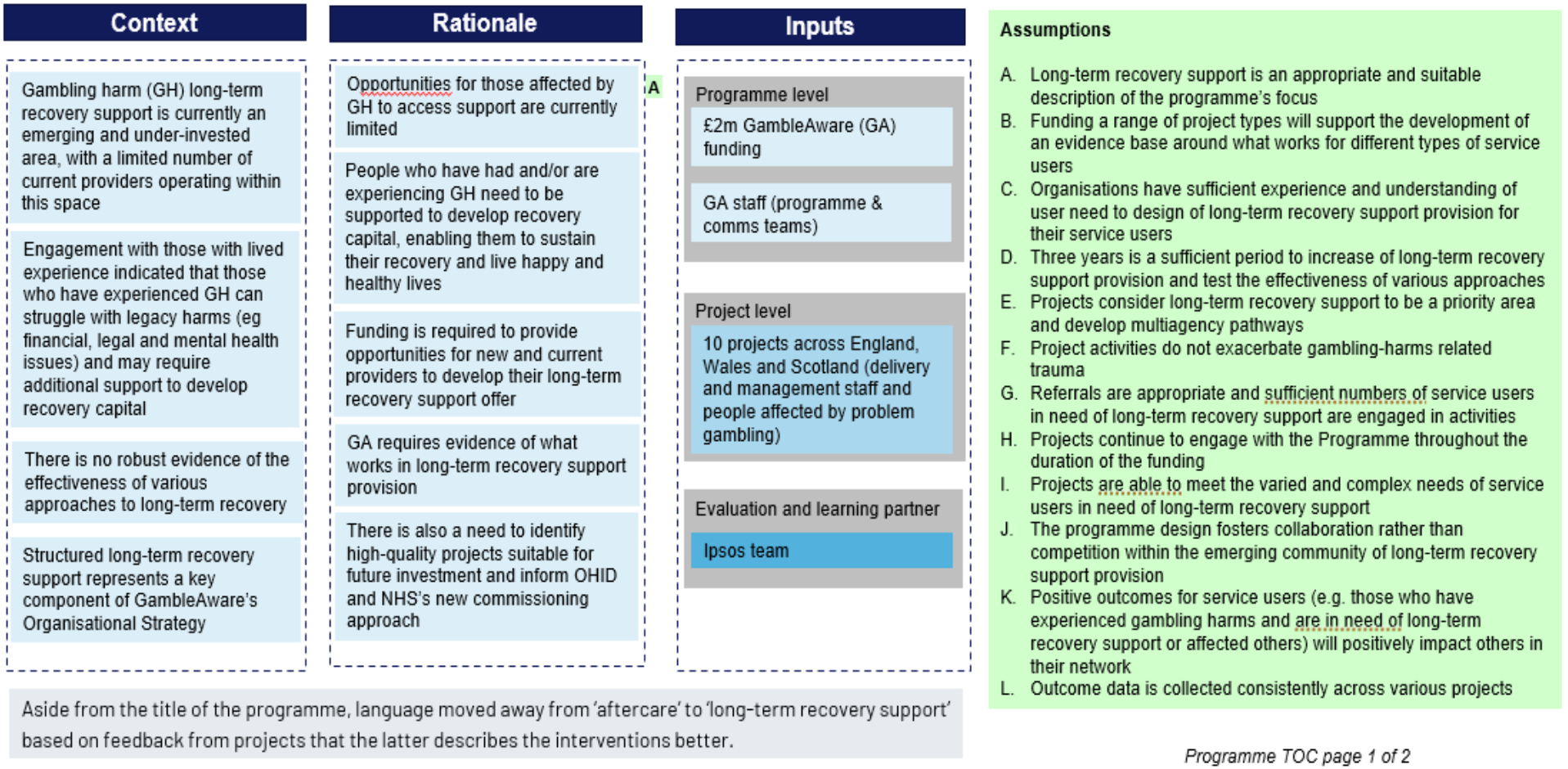
Limitations of service user fieldwork

There are advantages and disadvantages of taking an opt-in approach. Some of the advantages are discussed under 'ethical considerations' above. A key limitation is that an opt-in approach may encourage those who had very positive or negative experiences to participate, meaning that the insights reported represent extremes of outcomes. However, triangulation of insights from service users and delivery staff shows alignment and indicates that this is not a significant concern.

The sample of service users is drawn from four projects with a range of support models. It is possible that outcomes reported by service users are more positive or significant than for service users of other projects.

Finally, all service users that took part in interviews were people in recovery; no affected others were interviewed. The programme was primarily reaching people in recovery, therefore the available sample of affected others was smaller. Furthermore, the opt-in approach limits the potential to set and reach quotas for different groups because the sample is reliant on the individuals who express interest.

Appendix 3: Programme Theory of Change



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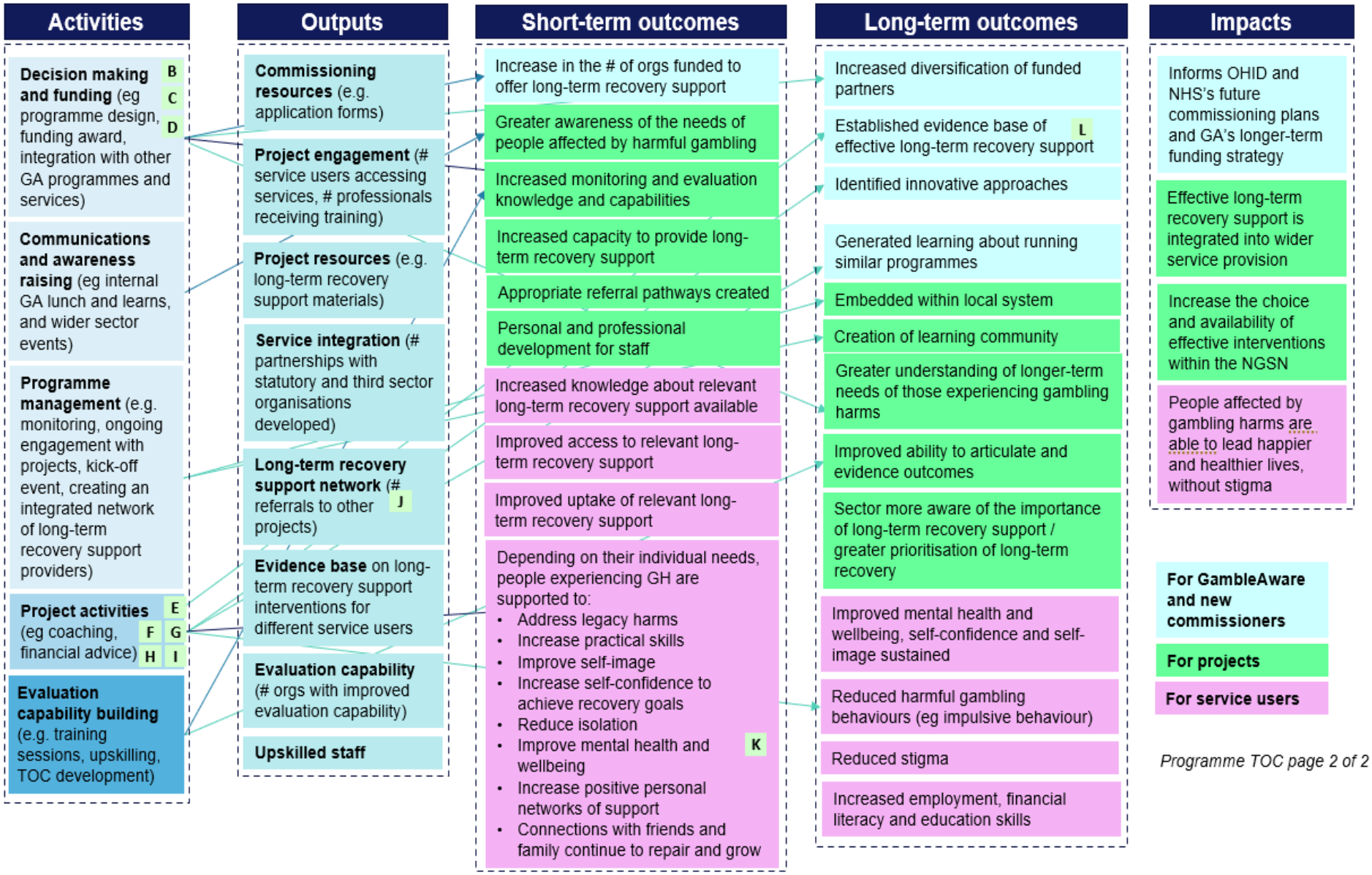

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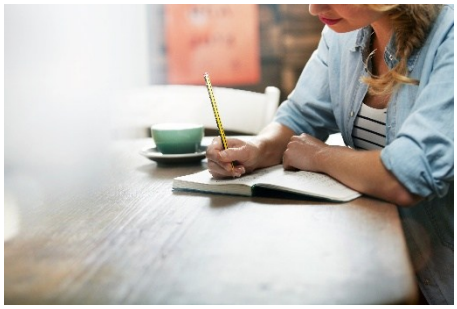
Appendix 4: Project case studies

This section showcases the journey throughout the programme of each of the ten projects making up the Aftercare portfolio. It includes an overview of each project, a description of its service delivery over the three years, outcomes experienced by its service users, as well as lessons and recommendations for both funders and other providers in the long-term recovery sector.

acta

The project at a glance

acta is a community theatre company based in Bristol who run creative sessions that bring people together from different cultures, experiences, and generations to make and share creative work. Over the past three years, acta delivered a unique aftercare service for people in recovery from gambling harms through a weekly creative writing group with a facilitator who has lived experience. The project evolved significantly from its original concept of an in-person theatre group in Bristol. In response to initial challenges engaging service users, it pivoted to become a fully online service, making it accessible to participants nationwide. The core of the project was the use of creative writing and storytelling, using stimuli like photography to inspire participants. The primary objectives were to foster **a strong peer support network and develop participants' creative skills and confidence**, **to ultimately empower individuals in their recovery**. A key aim for the final year was to work with the group to develop their writing into a book that collates their writing throughout the project, providing a tangible and meaningful outcome for their creative work. The project's ambition is that this group could become self-sustaining and continue beyond the end of the funding.



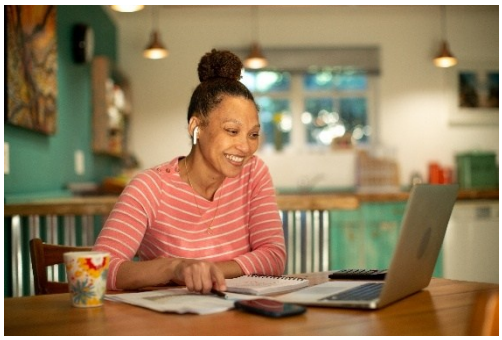
Implementation journey

The project's three-year implementation journey has been a story of perseverance in the face of significant and persistent challenges engaging service users. The facilitator noted that for much of the project, the group consisted of only one to three regular members, and it was often "demoralising" to continue. Efforts were made to reach out to larger organisations in the programme network and those in the National Gambling Support Network, proved disappointing, with a lack of engagement or understanding of the support acta had available to offer to service users. A positive relationship formed between acta and the NGSN member Reframe coaching, however referrals through Reframe were not successful. The breakthrough came in the final year of the project, after a change in the day the session was held. A member of the group began recruiting others through word-of-mouth from their own support networks due to their appreciation of the service and knowing like-minded individuals who may be interested. This finally saw the project growing the cohort to the project's intended scale of a consistent six or seven members. **This demonstrated the potential of using peer networks to raise awareness and build trust**. **Limited knowledge of the role of creative support options in long-term recovery was felt to be a barrier**, including the potential for positive outcomes for service users. The facilitator's belief in the model and the dedication of the original participants were crucial in keeping the project going through these difficult periods.

> **"I've been very disappointed by the amount of engagement from some of the bigger organisations... it's a shame that maybe some of the organisations themselves didn't really buy into it that much."** Delivery staff

Throughout the final year of the project, acta's facilitator ran 34 sessions across which attendance increased as others joined through word of mouth. This was almost double the number of sessions that ran in the previous year (18) and a step up from the first year in which no sessions were run. This continual progress reflects on the popularity of the project amongst service users and the dedication to delivery by the facilitator.

Outcomes resulting from the project



Service users expressed to the project lead how the group created positive outcomes for them, with the most significant being the creation of a strong, self-supporting peer network. Those that took part throughout the three years showed dedication to the project due to the fulfilment it provided them. The group formed a close-knit community, using a WhatsApp group to stay in touch and support each other outside of the sessions which works to support the projects self-sustaining ambition. Participants and the facilitator perceived growth in confidence and creative writing skills, with the latter providing a meaningful alternative to gambling; one participant shared that instead of gambling on their phone, they "sat down and they wrote something." The sessions also functioned as a safe space where gambling and harms was not the central topic, allowing individuals to express themselves freely and move onwards through creativity, although some chose to write about the impact gambling had had on their lives. The group was composed almost entirely of women which, to the facilitator, suggested **that the creative, online format provided a safe and welcoming environment that may be lacking in more traditional, male-dominated recovery spaces** – a theory that could be explored in future.

> **"The participants have said it's the highlight of their week... they really look forward to it because they're able to be in this safe space where they can express themselves."** Delivery staff

> **"Yeah, it was just really refreshing and it was just something quite uplifting and motivating and it gets you thinking and like, you do the class and then you think, you go away and you think a bit more and you write a bit more and it just gets your juices flowing a little bit and it makes you, you know, it just gets you a bit excited. Like, I don't. I hadn't been excited for a long time."** Service user

The three-year journey of delivering the project provided significant learning and development for the facilitator. Delivery was not without its challenges and they described the period of low attendance as "a real struggle" and "quite demoralising at many times." However, their strong belief in the creative model and the dedication of the early participants provided the motivation and resilience to persevere, including trying different approaches. The facilitator expressed immense

pride in having kept the project going, seeing the group reach its intended scale in the third year. For acta as an organisation, the project reinforced the value of its creative approach to recovery and has directly informed the development of new, similar funding applications to continue and expand this type of work.

Reflections and recommendations

The project offers important learnings about support for long-term recovery from gambling harms. Firstly, **it highlights the value of creative and arts-based approaches to recovery**. Such methods can provide an environment adjacent to the topic of gambling but not defined by it. This **can create an engaging, fun space that supports well-being and community, offering service users a way to bring joy to their lives again.** This holistic support system is important to help people in recovery to continue moving forwards.

> **"I would hugely hope that in the future people would see creativity and the arts as part of the solution."** Delivery staff

ARA Recovery for All

The project at a glance

ARA Recovery for All is an organisation that provides support to people experiencing gambling harms, with a historical focus on counselling services. Based in Bristol, ARA Recovery for All's 'Pathways to Recovery' (PtR) project was designed to provide support for individuals experiencing gambling harms, moving beyond a sole reliance on counselling. The service was available to people at any point in their journey - before, during, or after receiving counselling support. It was structured around three strands:

An **online relapse prevention service** led by ARA Recovery for All, which provided psychoeducational tools and guidance and ran as a group that individuals could access while on the waiting list for counselling. Over the course of the project, ARA Recovery for All added dedicated support for affected others, and an early recovery intervention for those not seeking complete abstinence.

A **social engagement** component facilitated by the organisation ACTA (an organisation specialising in creative approaches like community theatre), which supported isolated individuals through a creative lived experience group that used techniques such as theatre and performance.

Topic-based peer support groups managed by the organisation Beyond Recovery (an organisation specialising in peer support), designed to help service users manage their health and improve decision-making.

Over its funding period, the project **adapted its services** in response to service users' emerging needs. In its second year, PtR expanded its offering to include **coaching and psychosocial interventions, support for affected others, and an early recovery intervention for those not seeking complete abstinence**.

Implementation journey

The project's design incorporated an **opt-out approach**, which framed long-term recovery from gambling harms as an integral component of the recovery pathway from the outset. However, the initial phase of implementation faced some barriers, including delays caused by changes within the project management team and challenges in engaging service users with group sessions. Despite these early hurdles, the project saw a significant increase in referrals and engagement in its second year. A key enabler for this success was the decision to **overlap relapse prevention support with the final weeks of therapy** (which was provided in-house), which helped ensure continuity of care and service user engagement. This change, combined with the opt-out model, proved effective in overcoming initial engagement difficulties.

Outcomes resulting from the project

The project delivered a range of positive outcomes for service users, including equipping them with practical strategies for **managing urges and triggers**, which supported the development of

healthier routines and coping mechanisms. Service users also reported **improvements to their mental health and wellbeing**, noting increased motivation, willpower, and a more positive outlook on life. Delivery staff reported a lower rate of service users returning to therapy, **which could suggest a reduction in relapse**. Furthermore, group activities helped **foster a sense of community**, reducing feelings of shame and isolation for service users.

For the organisation, the project enabled ARA Recovery for All to **expand its service offering** beyond traditional counselling and to broaden its reach to at-risk individuals and those not seeking abstinence. This expansion, combined with a reported reduction in service user relapse rates, helped to decrease the burden on the organisation's core therapy services. Finally, the need to address initial engagement challenges fostered a culture of innovation within the organisation.

Reflections and recommendations

The project provides valuable lessons about long-term recovery from gambling harms. Firstly, **long-term recovery should be embedded into the support pathway from the beginning**, rather than being treated as an optional add-on after treatment. Secondly, the project highlighted the **power of peer support**. While some individuals were initially hesitant to join groups, these sessions ultimately proved useful for combating the isolation often associated with addiction. Specific strategies used to make group activities more effective included **allowing participants to join anonymously or with their video turned off**, which helped to lower the barrier for entry for those who found the idea of group sessions daunting. Finally, the project demonstrated the value of **tailored psychoeducational content**. Providing relevant, practical modules on topics such as managing triggers, goal setting, and setting boundaries was found to help individuals sustain their recovery.

> **"My experience is that people hate the idea of groups but when they join them, they love them."** Delivery staff

Beacon Counselling Trust and Betknowmore

Overview of the project

Beacon Counselling Trust (BCT) is a North-West based charity which delivered a specialist aftercare service in partnership with the national charity Betknowmore UK. The project ran from June 2023 to September 2024 and was established to address a gap in BCT's service offer by providing holistic, sustainable support for those in long-term recovery from gambling harms and their families. The service was built on a partnership model, combining BCT's local counselling and support services with Betknowmore's specialist expertise in delivering lived experience-led peer support. The project's core offer included one-to-one and group peer support, practical guidance for affected others, and monthly activity groups. As the project evolved, the delivery model was adapted to meet demand. In its second year, one-to-one support was capped at six sessions to manage waiting lists, with service users then signposted to ongoing group support. **The project's aim was to look beyond gambling harms to support a person's overall wellbeing.**

> **"We have amended the Aftercare model to focus more on future goal setting, relationship building, general wellbeing, and managing legacy harms to support long-term recovery."** Delivery staff

Implementation journey

The project's first year focused on expanding and adapting existing services within both organisations, which made the initial set-up relatively straightforward. A key enabler was the strong partnership between BCT and Betknowmore, which was maintained through regular communication that allowed them to address issues as they arose and ensure a smooth pathway for service users. All referrals came directly from BCT's services, and demand from people in recovery was higher than anticipated. However, the project faced some initial implementation challenges, including delays in recruiting peer support workers and establishing data-sharing agreements, which slowed the delivery of Betknowmore's support offer. A persistent challenge throughout the project was the lower-than-expected engagement from 'affected others'. This was attributed to the stigma associated with seeking support and the fact that only group sessions were available for this cohort. The project also provided a significant learning curve for delivery staff regarding the resource-intensive nature of one-to-one support and the need to tailor the offer to an individual's stage in their recovery journey.

> **"It's [the project] has given us some real honest information about how we have to consider where people are in their recovery... you can't just drop everyone into one big group... You have to judge where people are at in their recovery and what they're capable of, and I think that's been quite a learning curve."** Delivery staff

Outcomes resulting from the project

The project generated positive outcomes for service users by focusing on their lives beyond gambling. The sessions supported individuals to process emotions and rebuild their identity. This holistic approach led to improved wellbeing, a renewed sense of purpose, and positive health changes, such as taking up new forms of exercise. For some, the process of sharing openly with peers improved their ability to communicate with loved ones, strengthening family relationships. A powerful outcome was **the creation of a strong sense of community**, which provided a vital **support network** that continued beyond the project's funding. For affected others, the dedicated sessions **provided validation that they too were deserving of support**.

> **"Finding joy and fulfilment in other aspects of their life again, picking up hobbies that they may have dropped. It's not about dealing with all the aftermath of the gambling; it's trying to get to know themselves as a whole person again."** Delivery staff

The project also yielded benefits for the partner organisations, cementing a strong working relationship and increasing their confidence to deliver long-term recovery support. This project allowed BCT to expand their services to fill gaps in their offering, supporting people further along their recovery journeys. On a wider level, by helping individuals stabilise their lives, the project enabled them to contribute more fully to society.

> **"A societal impact like people getting promoted in their jobs and... reintegrating and contributing to society more broadly than they were before."** Delivery staff

Reflections and recommendations for the sector

This project offers crucial learning for the design and delivery of aftercare services. Firstly, it demonstrates the significant value of a blended delivery team that combines therapeutic expertise with lived experience. **The inclusion of staff with lived experience helped in creating a supportive and empathetic environment that broke down barriers to engagement**.

> **"it's providing hope and inspiration... I think it helps when meeting a group of equals rather than someone who may be seen as a figure of authority."** Delivery staff

Secondly, the project highlights the importance of **holistic support that addresses the whole person**. The focus on life beyond gambling was crucial for strengthening recovery, shifting conversations from the harm itself to positive future goals.

> **"It becomes about life rather than gambling. So, at a certain point we're not talking about gambling any more, we're talking about the fact that I've got enough money to go on holiday with my family and my wife trusts me."** Delivery staff

Finally, the project demonstrates that **long-term recovery is an ongoing, non-linear process**. A key learning is that aftercare support should be designed for continuity and flexibility, rather than being strictly time limited. This ensures that individuals can access support when they need it, acknowledging that relapse can be part of the recovery journey.

> **"Recovery shouldn't be time limited. It's something that people should be able to dip in and out of as they need because they're going to need to focus on it for the rest of their life."** Delivery staff

Citizens Advice Brighton & Hove

The project at a glance

Citizens Advice Brighton & Hove (CA B&H) are an independent charity that are a member of the Citizens Advice network offering free, confidential advice to members of the public on a range of topics including finances, housing, benefits, consumer rights and more. Over the past three years, CA B&H delivered a specialist aftercare service in partnership with the gambling harms treatment provider, Breakeven.

The project's core objective was to address the tangible life problems that often result from gambling, such as debt, housing instability, and benefits issues. Breakeven expressed that CA B&H provided a vital "**one-stop-shop**" for service users who were often too overwhelmed to navigate multiple support services relating to these wider life challenges. The service was designed to provide a crucial layer of **holistic, practical support**, giving service users the **stability** and **headspace** needed to **engage with their recovery**. Initially, the project operated on a closed referral model for service users in the Brighton & Hove area. However, in response to low initial referral numbers, the project expanded its geographical remit to cover the entire South East, a change that proved critical to increasing uptake but also introduced new challenges with capacity.

Implementation journey

The first year of project delivery focussed on establishing the foundations for the two organisations to work together. This involved building a deep understanding of gambling harms and forming relationships across the teams. For example, the CA B&H caseworker began attending Breakeven's team meetings to support a collaborative and informed approach to referrals which helped CA B&H and Breakeven create a smoother referral process for beneficiaries. While this groundwork was being laid, referrals were initially low, and it took time for the partnership to find its rhythm. As the partnership matured, the referral pathway became more established as Breakeven were able to refer their service users to CA B&H knowing the extent of the offer available.

A key strength of the service was CA B&H's dedication to service user cases, supporting individual service users with the issues they presented with through to resolution. **This work was often complex and lengthy, as many service users presented with multiple, interconnected issues that had intensified over time.**

The dedication to thorough casework, combined with the project's limited capacity of a single caseworker, meant that actioning referrals was slower than hoped. This created a mismatch in operational pace with Breakeven whose goal is to get service users seen as quickly as possible following referral. This challenge was amplified when the project expanded its geographical region and referrals increased. However, despite this persistent operational challenge, the service's

support was consistently described by both service users and Breakeven as **high quality, knowledgeable, and compassionate.**

> **"Casework on this can take a really long time... when you've been struggling with problem gambling for a long time... the issues that they've got kind of snowball."** Delivery staff

Through the final year of funding, CA B&H reported being able to support 128 people which is over twice the number they were able to support in the previous year (56) and shows continuous progress since 75 people were supported in 2023.

Outcomes resulting from the project

Despite capacity challenges, the expert advice and compassionate support generated life changing outcomes for service users, **allowing them to take back control of their lives**. CA B&H's ability to tackle complex, specialist and niche issues that treatment providers are not equipped for was viewed by Breakeven as invaluable. CA B&H were able to support service users with a range of issues including navigating Debt Relief Orders, negotiating repayment plans with creditors, and advocating for housing. This practical support directly alleviated immense financial pressure and anxiety, with service users feeling that a source of worry had been resolved, enabling them to focus on recovery from gambling harms. **The credibility of the Citizens Advice name was also a key factor, as it gave service users confidence to engage with a well-known and trusted organisation through a direct, dedicated referral route.**

> **"It's very often the case that the clients will say to me, 'thank you, that's such a load off my mind. I feel much better about my situation now. I was worried sick and now I can actually focus on other things".** Delivery staff

Reflections and recommendations

This project offers crucial learning for the funding and design of aftercare services. A strong reflection for CA B&H was that awareness of gambling harms and confidence in talking to service users about this has increased throughout the team, improving access to gambling harms support to service users who may not have been through formal treatment and may not find themselves on a referral pathway. On the project itself, it demonstrates the need for longer funding cycles for pilot schemes. Both CA B&H and Breakeven noted that **it can take 6-12 months to build the partner relationships, meaning a one or two-year pilot is insufficient to establish itself and demonstrate success.** Pilot schemes of this kind would benefit from a minimum of three years of delivery, with an initial foundation period for training and relationship-building. This would support smooth operations from the start of referrals and maximise the impact for service users.

Secondly, **sufficient resourcing and scalability are vital to ensure that capacity meets demand** to reduce referral backlogs and allow service users to access timely support. Project planning should consider the resource needs of the project based on anticipated demand and ensure

budget is suitable to resource it. This should also be considered when looking to scale up the offer and considering the duration of support required per individual case. Finally, **the project validates that holistic and effective recovery support can offer a form of prevention by providing stability and resolving the practical harms of gambling**. This works by reducing the risk of relapse, which in turn lessens the long-term strain on acute treatment services, making them a vital and cost-effective part of the entire support system.

> "**If we get the aftercare bit right, and the funding is heavily invested in, then it really is looking at prevention before treatment… there's a real chance that that person can break the cycle that they haven't had before."** Delivery staff

> **"It shouldn't just be about solving the issue in the short term and then feeling like… you've done all that you need to do because it's very often not the case."** Delivery staff

Citizens Advice Wirral

The project at a glance

Citizens Advice (CA) Wirral is an independent local charity providing free, confidential, and impartial advice to the Wirral community on a wide range of issues, including debt and benefits. Building on this expertise, the organisation delivered a project combining **financial advice with social prescribing** for individuals affected by gambling harms. The service was open to anyone in the Wirral and Liverpool City Region and aimed to support people at all stages of their recovery journey.

Support was delivered flexibly to meet individual needs. This included **in-person outreach at community hubs** like women's centres and cafes, as well as **support via telephone and email**. The intensity of the service was tailored to the service user, ranging from one-off interactions for immediate advice or a referral, to longer-term support with a series of up to 10-12 social prescribing sessions.

Implementation journey

The project's implementation was defined by its dual-component delivery model, which combined practical financial advice with social prescribing. The effectiveness of this approach lay in its ability to **meet service users where they were**. The financial advice component supported individuals who presented with **practical problems like debt or housing instability**, driven by the consequences of gambling. The social prescribing element addressed issues such as **social isolation or poor mental wellbeing**. The social prescriber worked with individuals to understand their needs and connected them to a wide range of local support. This included diversionary activities like sports, creative classes, or local coffee mornings, as well as practical help such as referrals to housing support services, food banks, or schemes for reduced-cost gym passes.

The project's implementation was defined by adaptation. An initial reliance on a single referral partner, the specialist gambling harm service Beacon Counselling Trust (BCT), yielded lower-than-expected numbers, a challenge attributed to the stigma of gambling as a 'hidden addiction'. In response, the project diversified its referral sources, building relationships and delivering awareness raising activities to professionals in primary care, family hubs, and other voluntary sector organisations. In 2024 and 2025, 24 such activities were delivered by the project, reaching a total of 618 professionals. This helped increase referrals into the service. Furthermore, the project adapted its core premise, moving beyond a strict post-therapy 'aftercare' model to engage with individuals at any stage of their recovery journey.

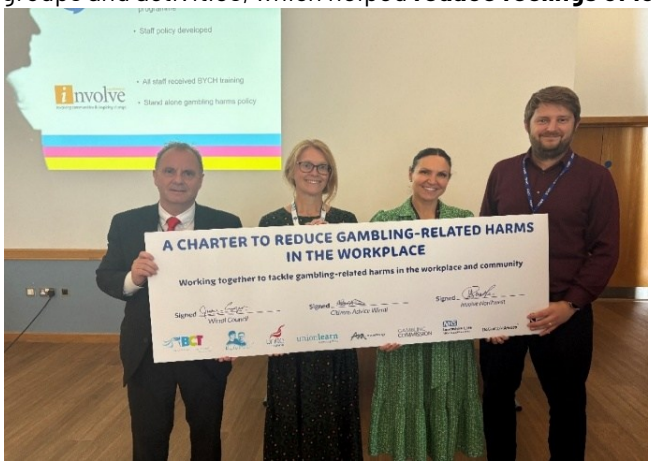
A key part of the implementation journey was the project's shift towards strategic partnership work. The team used its expertise to influence the local agenda, leading workshops for partners in

public health and questioning the absence of a dedicated gambling harm plan for the Wirral. This advocacy became a central activity for the project in its final year, laying the groundwork for systemic change.

> **"We pulled together partners from across the system to explore gambling as the hidden addiction that set the scene and whet the appetite of public health".** Delivery staff

Outcomes resulting from the project

Service users reported improved financial stability, which often served as a foundation for building trust and engaging individuals in wider recovery activities. Through social prescribing, service users were connected with local groups and activities, which helped **reduce feelings of loneliness and isolation.** Staff noted improvements in **confidence and motivation** as individuals felt more in control of their lives. For Citizens Advice Wirral, the project established it as a leader on gambling harms in the region as evidenced by its role in developing the Wirral-wide gambling harm strategy. Internally, the project embedded gambling harm awareness into the organisation's core training.



Reflections and recommendations

The project's journey highlights the importance of a **localised, community-rooted approach to gambling harm support**. The team's deep knowledge of the local area was a key mechanism for success. It meant they could provide solutions that were specifically tailored to an individual's needs because they knew exactly what services, funds, and community groups were available in the Wirral. For example, they could connect a person in financial crisis to a specific local household support fund that a national service wouldn't know about, or refer a service user with housing issues to a particular council-run service.

> **"I think our policymakers need to understand the value of the voluntary sector in supporting people to sustain change".** Delivery staff

Cyrenians

The project at a glance

Cyrenians is a charity based in Scotland that tackles the causes and consequences of homelessness. While the project was initially designed to provide aftercare for this group, it has evolved over three years into a holistic, long-term recovery service. In practice, this means the service now supports a broader range of individuals, including those at risk of homelessness and their families, as engaging the currently homeless proved challenging.

Cyrenians' project provides **one-to-one support to individuals and their families at various stages of their gambling harms recovery journey,** with 346 sessions delivered in 2025 supporting 46 individuals. This support integrates several methods, including practical tools to help individuals block access to in-person gambling venues and online gambling sites, alongside support with financial management, psychoeducation to help understand addiction, and cognitive behavioural therapy tools to manage triggers and urges. For families, the project uses the Community Reinforcement and Family Training (CRAFT) model to help improve communication and set healthy boundaries. A cornerstone of its model is an **upskilling program** that builds the capacity of frontline workers across Scotland to identify and respond to gambling harms. In 2025, 58 such sessions were delivered, upskilling 338 external professionals.

Implementation journey

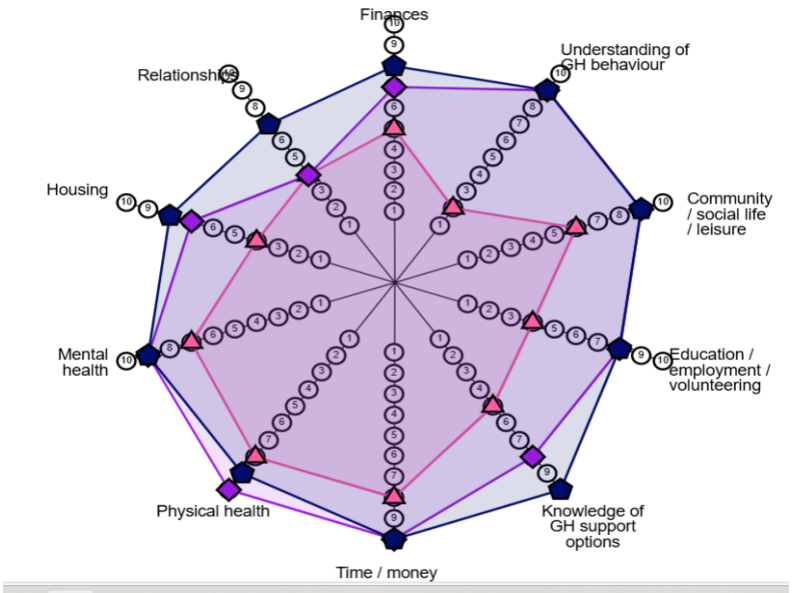
The project co-designed its support materials with people with lived experienced. It initially planned to receive referrals from two main sources: internally from Cyrenians' own services and externally from established UK-wide partners like the National Gambling Support Network. However, this expectation was challenged by the reality of **lower-than-expected referrals**, a major hurdle in the project's initial phase, with no referrals received in the first year of the project. This was attributed to a lack of awareness of gambling harms in Scotland and a reluctance among professionals to approach the subject. This reluctance stemmed from a combination of factors: a lack of confidence in how to ask about gambling, the stigma surrounding the issue, and a fear of uncovering a problem without knowing where to refer the person for support.

In response, the project pivoted its strategy to focus on education and outreach as a form of early intervention, aiming to support people before they reached a crisis point. This **involved outreach work with underrepresented groups**, including attending homeless drop-in services and establishing an online support group for the LGBT community. It also involved building partnerships with agencies across the homeless, housing, and gambling support sectors to ensure that the people they supported were heard and provided with sustained support options. Finally, Cyrenians created a **two-level upskilling program** delivered to a wide range of professionals, including

internal staff, GPs, housing officers, and other third-sector organisations. Level 1 provided a foundational overview of gambling harms, the signs to look for, and how to start a conversation. Based on feedback, Level 2 was developed to be more interactive, using role-play and case studies to build practitioners' confidence in holding supportive conversations and to provide specific guidance on supporting affected others. The upskilling programme became a **key driver for building partnerships and generating referrals,** which increased to 15 and 46 referrals in the second and third year of the project respectively.

The delivery of support to service users was defined by a **flexible approach that was not time limited**. For instance, while cognitive support using basic cognitive behavioural therapy tools to explore triggers and urges was effective for some, it was less impactful for those in the deepest grip of addiction who found it difficult to break away. In contrast, psychoeducation - using a mix of videos, podcasts, and lived experience stories to explain the neuroscience of addiction and how the industry works - was a successful method for empowering service users with knowledge. Practical tools like implementing self-exclusion software and spending limits were a core part of the support, though their effectiveness was sometimes limited by external factors, such as unregulated gambling sites that can bypass blocking software.

Outcomes resulting from the project



The service saw evidence of positive outcomes for service users in areas including **finances, relationships, community, understanding of gambling behaviours and leisure** (tracked using the Outcome Star tool). For example, by addressing the "leisure" and "community" domains, individuals were supported to join new activities like fishing groups or recovery cafes, enabling them to replace gambling environments with positive alternative social connections that supported their sustained recovery. By working on "finances" and "knowledge of gambling," service users developed practical skills for managing their money and resisting urges.

For **families and affected others**, the project provided practical tools through the CRAFT model to help them set boundaries and improve their own wellbeing. At an organisational level, the project built Cyrenians' internal capacity and provided valuable lessons on implementing cross-departmental initiatives. Finally, the project's most significant wider outcome was the **upskilling of hundreds of professionals across Scotland**, creating a more knowledgeable and integrated support network capable of identifying gambling harms and making appropriate referrals.

Reflections and recommendations

The project's evolution offers several key lessons. Firstly, where there is low awareness of gambling harms (e.g. in specific locations or sectors), **significant upfront investment in education and relationship-building** is essential for productive service delivery. The project learned that referral pathways do not simply exist; they must be built. This investment is the essential mechanism to engage the key stakeholders—such as frontline health and housing workers—who are in daily contact with potential service users. It builds their trust, raises awareness of the support available, and gives them the confidence to 'ask the question', thereby establishing the very referral pathways necessary for a service to be effective.

Secondly, **success should be measured by outcomes** (including systemic change), not just referral numbers. Funders must therefore allow adequate time for new services to build knowledge and trust. The project's first 18 months were a vital learning period for understanding the landscape and co-producing materials with people with lived experience. Expecting higher referral numbers from day one would not have been realistic or proportionate considering the necessary stakeholder engagement. Thirdly, there is a need to move beyond a purely medical model of addiction and **embrace a social model of recovery**. This requires investment in community-based social activities (e.g. recovery cafes), not just clinical interventions.

> **"One thing we've learned... is just how long things take, how long it takes to build trust, how long it takes to build awareness, how long it takes to see meaningful impacts**."
> Delivery staff

EPIC Restart Foundation

The project at a glance

EPIC Restart Foundation is a charity that supports people nationwide to rebuild positive lives after gambling harm, whilst raising awareness and challenging stigma. EPIC Restart's project, funded through the Aftercare Funding Programme, aimed to fill a gap in provision for individuals in recovery from gambling harms to rebuild their lives through person-centred, holistic support. The service offered one-to-one Recovery Coaching delivered online by a skilled team with lived experience of gambling harms and recovery, one-off in-person events, and an online community available to people at any time. The project was funded for three years, but EPIC Restart intends to continue their work after funding ends.

Implementation journey

The implementation of EPIC Restart's project over the three years of funding tells a story of adaptation and rapid growth. Services were already established at the start of the funding period resulting in a shorter mobilisation period than many other funded projects experienced. EPIC Restart continued to adapt and improve the services based on data (operational data and service user feedback):

- The one-to-one coaching offer of 12 sessions was reduced based on data that indicated that people were able to achieve meaningful goals in eight sessions. Demand also influenced this decision; the change increased capacity to support more people.
- The online community transitioned from a website-based portal to a more accessible and user-friendly mobile app, 'Circle', hosting resources, group coaching sessions, and events.
- Services expanded to include dedicated support for women and affected others, as well as a 'prehab' service to help individuals navigate their options before entering treatment.

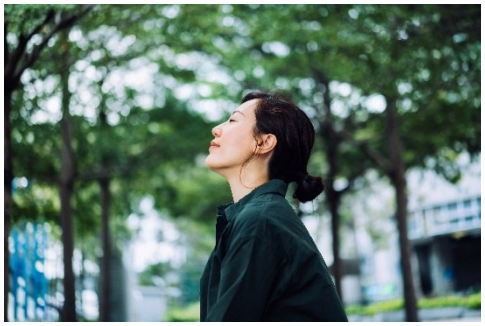
A critical enabler of the project was the central role of lived experience, with most staff being in recovery from gambling harms, which fostered trust with people and reduced feelings of judgment. The person-centred, holistic approach to one-to-one sessions, whereby people could set their own goals and coaches had flexibility to adapt responsively, received positive feedback and was considered more effective than a more prescriptive programme.

> **"We bend and flex to meet the needs of the people we're supporting. No one has to bend and flex to us. That is our ethos, and I think that's really worked."** Delivery staff

In the third year, **EPIC Restart joined the NGSN, which led to strengthened relationships with other providers and increased professional referrals**, increasing demand for services and demonstrating growing trust in EPIC Restart's model across the sector. As a result, there was a need for the team to rapidly grow, which resulted in employment opportunities for individuals who had previously been service users. This rapid growth also presented challenges. The organisation had to navigate the complexities of change management, including developing more robust onboarding processes and focusing on staff wellbeing to prevent burnout. Furthermore, uncertainty in the external funding landscape created anxiety and barriers to further strategic growth.

> **"We really have to work on our professional boundaries constantly... we make sure the wellbeing of the team comes first because they are the ones that have to deliver that support, so they have to be at their best."** Delivery staff

Outcomes resulting from the project



Project staff reported significant positive impacts on the lives of people experiencing gambling harm. The outcomes aligned with the project's four pillars of recovery: improved health and wellbeing, increased resilience and coping strategies, stronger connections and relationships, and enhanced self-worth and confidence. Data collected by the project from people accessing its services shows that 98% of individuals achieved a positive outcome they had set for themselves. These outcomes manifested in tangible life changes, such as securing employment, rebuilding family relationships, or finding stable housing. **The outcomes demonstrate that support helped people move beyond abstinence from gambling to living their life again, learning to trust themselves and rediscovering purpose**. A further testament to the project's impact is the number of people who progressed in their own recovery to being employed as recovery coaches, supporting others on a similar journey.

> **"I've seen people that I work with make doctor's appointments for the first time in years and years because they have the confidence to go and speak about it. So, in turn that affects their health and wellbeing because they're actually getting things sorted."** Delivery staff

Reflections and recommendations for the sector

EPIC Restart's project offers crucial insights for the long-term recovery sector. The project's experience underscores that **lived experience must be at the heart of service design and delivery**, as it creates a foundation of safety and understanding that is difficult to replicate. A key learning has been **that a flexible, person-centred approach is more effective than a rigid structure, allowing support to be tailored to an individual's unique needs**. For future funders and

commissioners, the project highlights the need for long-term, sustainable funding cycle; short-term funding creates instability, hinders strategic planning, and places strain on staff. It is also vital for commissioners to recognise that long-term recovery support is a form of prevention; it is a critical intervention during what can be a dangerous point in a person's recovery, immediately following treatment. By supporting individuals to rebuild their lives, these services can prevent relapse and reduce the long-term costs to other services such as health and justice.

GamCare and Reframe Coaching

The project at a glance

The project was initiated based on a recognised gap in support for individuals moving beyond initial treatment for gambling harms. It paired Reframe Coaching, a lived experience recovery organisation, with GamCare, a leading provider of gambling support and treatment.

The core of the project was Reframe' s "Life After Gambling Programme," which offered ten remote, one-to-one coaching sessions delivered by certified coaches with personal experience of gambling harms. The programme was designed to be client-led, focusing on rebuilding life after gambling by exploring self-care, mindset, values, and goal setting. A key component was the development of an online recovery portal. This housed the programme's modules and a growing library of self-help resources, developed by Reframe, including breathwork sessions, mindfulness practices, and a journaling course. The portal served as a resource for individuals in one-to-one coaching and was also offered as a standalone tool for those not ready for direct coaching.

Over the three years, the project demonstrated a commitment to adaptation. Initially, referrals were allocated based on regional quotas, but this was revised to a more flexible system that improved referral flow. The online portal was continually refined with new content and improved usability based on feedback. The team also introduced 24-hour session reminders, which successfully reduced the number of missed appointments. Crucially, feedback from service users about needing support beyond the initial ten sessions prompted Reframe to secure additional funding to extend its service. This demonstrated the project's ability to evolve in response to identified needs.

Implementation journey

The project's implementation was anchored by a strong and collaborative partnership between Reframe and GamCare. Following a six-month setup phase to establish referral pathways, the relationship was characterised by open communication, regular meetings, and mutual respect, which enabled swift problem-solving.

A significant enabler of success was the technical integration of Reframe into GamCare's case management system, THESIS. This created a seamless and secure referral process that enhanced the experience for both practitioners and service users, making it feel like a natural continuation of their support journey.

The most critical enabler, cited throughout the evaluation, was the project's foundation in lived experience. This created a unique environment of trust, empathy, and reduced stigma, which was fundamental to the programme's effectiveness. This was supported by robust training and ongoing supervision for the coaches, ensuring a safe and structured delivery model. This has also led to some service users continuing their journey to become recovery coaches themselves.

> **"One of them actually is now a full-time member of staff at Reframe... that was through this project. So it's things like that for me, that full circle moment which... it's just amazing."** Delivery staff

However, the journey was not without its challenges. The project initially struggled with inconsistent referral numbers across different regions. Some areas had very low uptake, which created difficulties in managing the freelance coaching team. This was addressed through persistent communication and education to ensure GamCare practitioners understood the offer.

> **"The fact that we were able to work through them [challenges] is probably the test of a partnership much more than when things go well."** Delivery staff

The most significant challenge was external: the pervasive uncertainty of the funding landscape. The short-term nature of the pilot funding created considerable anxiety, hindered long-term strategic planning, and placed a strain on staff, many of whom have their own lived experience of instability.

Outcomes resulting from the project

The project delivered significant and positive outcomes for people in long-term recovery. Data collected by Reframe showed statistically significant improvements in psychological wellbeing, with service users reporting an average 7% increase on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and a 13% increase on a broader wellbeing evaluation. These statistics are supported by powerful qualitative evidence of renewed confidence, self-esteem, and a sense of purpose.

The outcomes went beyond gambling abstinence and were reported to have contributed to tangible life changes. **Service users reported securing employment, rebuilding family relationships, finding stable housing, and re-engaging with hobbies**. For affected others, a key area of focus was the long and difficult process of rebuilding trust. The support helped service users to feel more **in control of their recovery, develop greater self-awareness, and learn to set healthy boundaries**. These outcomes demonstrate that the project successfully helped people to rebuild their lives and rediscover a future beyond gambling.

> **"If you talk to any of the affected others, the one thing they'll always say to you is trust... I can't trust my partner. I can't trust my child anymore. How do I rebuild that trust? Trust building is so important".** Delivery staff

> **"When somebody just gets something, you can really see the change in them and they're really starting to live a life where they don't need you... it's just the best feeling in the world."** Delivery staff

Reflections and recommendations for the sector

The experience of this project offers crucial insights for the future of long-term recovery support. It powerfully reinforces that lived experience must be at the heart of service design and delivery, as it creates a foundation of safety and understanding that is difficult to replicate.

A key learning has been that a flexible, person-centred approach is more effective than a rigid, "one-size-fits-all" structure. For future funders and commissioners, the project's journey provides clear recommendations.

> **"It has to be person centred... If it becomes prescriptive, people are not going to come, they're not going to buy into it."** Delivery staff

Firstly, it highlights the critical need for long-term, sustainable funding cycles that offer continuity. Short-term funding creates instability, hinders strategic planning, and places undue strain on staff and the individuals they support. Secondly, it is vital for commissioners to recognise that long-term recovery support is a form of prevention; it is a critical intervention that can prevent relapse and reduce long-term costs to other public services. Finally, the sector should be **wary of adopting overly prescriptive, abstinence-only models of support, which can act as a barrier to entry for those in need**. Instead, a system that offers a diverse range of recovery pathways and empowers individual choice is more likely to be effective and inclusive.

> **"I think the change needs to stop... I think that establishing a system and running with it and then tweaking it rather than starting and stopping... understanding that service user choice is really important."** Delivery staff

Steps to Work

The project at a glance

The Steps to Work 'Learning, Evolving, Aspiring, Future Focus' (LEAFF) project operated for one year before its closure due to financial difficulties. It offered practical, employment-focused support to individuals affected by gambling harms, aiming to build recovery capital and sustain long-term recovery. This initiative was developed after the organisation identified a need for long-term recovery support through its other work with hard-to-reach groups, marking the organisation's first venture into the specific field of gambling harms. The project was delivered as a 12-week programme of one-to-one support, provided either virtually or face-to-face.

The project primarily operated virtually, a delivery model that has enabled it to extend its reach beyond its base in the Midlands to individuals across the United Kingdom. The core service was designed to provide holistic and practical assistance, with key objectives that include helping service users set short and long-term goals, access housing support, develop self-confidence and motivation, and improve employability skills. The project also signposted individuals to additional specialist support services as needed.

Implementation journey

The implementation of the LEAFF project was shaped by several key enablers and barriers. A significant enabler was the flexibility granted by GambleAware. The project team reported that the funder was not overly prescriptive and that reporting requirements were not burdensome, which was beneficial for a small organisation with limited resources. This allowed the team to design and tailor the project to meet the specific needs of their service users. Another strength in the delivery model is the **use of a single project coordinator and support worker. This provides service users with a consistent point of contact**, ensuring continuity of support throughout their 12-week journey. **The programme also extended its support to affected others**, providing guidance and reassurance to service users' family members.

However, the project also faced significant challenges. As a new service in the gambling harms sector, it experienced lower-than-expected referral numbers. This was attributed to a limited awareness of the project among treatment providers and other organisations, as well as a perceived stigma that may cause reluctance among potential service users to engage with support. To address this, the team attended events and contacted organisations beyond its immediate geographical area to build partnerships and increase awareness.

A further limitation noted is that the programme has not formally involved people with lived experience in its design or delivery, which it sought to address by using service user feedback to refine their offer. In response to the specialised nature of the work, the support worker has

sought to increase their knowledge by attending numerous webinars and training events related to gambling harms.

Outcomes for service users

The LEAFF project demonstrated positive early impacts for its beneficiaries. The primary mechanism for tracking progress is a 'distance travelled' form, which each service user completed at the start, middle, and end of their journey. The impacts of the project focus on increased confidence, progress towards employment and training, and improved practical life skills.

The outcomes data, while based on a small cohort, indicates progress toward these goals. Of the participants, 66% have engaged in budgeting sessions and 33% have established a self-care package[85]. Post-programme outcomes include one participant moving into paid employment and another enrolling in a training course.

> **"When I first started support with Kirsty, I was nervous and lacked confidence, throughout our meetings I felt my confidence boost and Kirsty always listened and gave me the confidence to enrol onto a college course which I thought I'd never be able to do. Her guidance and advice was amazing. Although I relapsed, she helped me through it and gave me the motivation to focus on myself".** Service user

Reflections and recommendations for the sector

The experience of the Steps to Work LEAFF project offers several insights for funders and providers in the long-term recovery sector. The project's focus on practical support (such as budgeting, housing, and employability) highlights that recovery from gambling harm extends beyond abstinence and requires rebuilding fundamental aspects of a person's life.

The project also demonstrates the advantages of a virtual delivery model, which can remove geographical barriers and increase the accessibility of support services for individuals across the country. **Furthermore, the project demonstrates the value of continuity in care**, with consistency in the project's staff fostering stronger relationships with service users. For providers entering the gambling harms space, **the project's journey underscores the initial challenge of establishing awareness and building referral pathways, requiring proactive and sustained outreach efforts.**

For commissioners, the project's journey suggests that providing organisations with autonomy and maintaining manageable reporting requirements can help smaller providers to focus resources on responding to service users' needs. Finally, while the project has successfully upskilled its staff, its experience points to the broader sector recommendation of embedding lived experience within

[85] This figure should be treated with caution; it was provided by the project team and the sample size on which these statistics are based is unknown.

service design and delivery from the outset to enhance trust, reduce stigma, and inform programme development.

Veterans Aid

The project at a glance

Veterans Aid is a charity that supports ex-armed forces personnel experiencing homelessness and crisis. They provide immediate and practical support, with services structured around a holistic 'Welfare to Wellbeing' model. This includes emergency accommodation, emergency provisions to people in crisis, and support beyond immediate needs, including counselling, addiction treatment, debt management, education, retraining, and employment support. The charity has a drop-in centre in central London and a 66-bed residential facility in East London, New Belvedere House (NBH).

Funding from the Aftercare programme focused on supporting veterans experiencing gambling-related harm within their existing services. The project included in-house mental health support and one-to-one skills sessions (774 sessions delivered to 129 service users, 15 of whom were specifically experiencing gambling harms), the provision of emergency and temporary accommodation (11 service users) and moving on support (15 service users).

Implementation journey

The project evolved over the course of the funding, largely departing from the 'aftercare' focus of the rest of the portfolio. Staff found that people accessing their services were reluctant to disclose gambling harm. This **prompted a shift in approach to a largely prevention-focused service.** The project focused on **integrating gambling harm awareness and support into its existing services.** An enabler of this work was the organisation's residential service, NBH, which facilitates the development of long-term, trusting relationships between staff and service users. This creates a safe environment where sensitive topics like gambling can be broached. Staff embedded questions about gambling into the initial needs assessment for all new service users, ensuring it was a standard part of the intake process. The funding also enabled the organisation to recruit an additional member of staff to work under the Head of Additional Wellbeing Services, allowing more dedicated support time at NBH.

> **"[Because of] our accommodation where we can develop this rapport with our clients... having that rapport helps us to build trust."** Delivery staff

The main barrier reported was the hidden nature of gambling harm. The project team reported that service users were often hesitant to admit to gambling harms, a reluctance potentially heightened because financial support is often provided by the charity. They recognised that while educational initiatives increased initial awareness for staff, fully embedding their learning about gambling harms into practice required a substantial and ongoing investment of resources and effort.

Outcomes for service users

The project reported improved mental health, abstinence from gambling and improved social connections for all service users receiving its holistic support. **By incorporating discussions about gambling into its mental health support, the project reported that service users better understood the intersection between gambling harms and their other mental health needs.** This is anticipated to reduce the risk of future harm by opening a dialogue on the topic in a non-judgmental context. However, the organisation recognised the limits of its influence: it needs others in the system to also focus on the topic to prevent and support people experiencing gambling related harms.

> **"We are concerned that the kind of prevention work being done at New Belvedere House is not yet implemented more broadly to individuals at risk."** End of project report

Reflections and recommendations for the sector

The experience of Veterans Aid suggests that formal aftercare models may be unsuitable or ineffective for populations where stigma around gambling persists. **This suggests there is a role for prevention and holistic support within trusted services that reach vulnerable groups, to build awareness and resilience for sustainable recovery**. For funders, this highlights the need to support **person-centred approaches** and provide funding that allows organisations to tailor their services to the unique needs of their service users and nature of their services.

> **"Gambling risk doesn't end when a client stabilises. In fact, it can increase as veterans regain autonomy and financial independence. Prevention strategies must evolve alongside client progression."** End of project report

Providers should consider the value of a holistic approach, which addresses gambling harms not in isolation of other issues. Integrating gambling conversations into existing mental health or welfare services can be a powerful tool for destigmatisation, however changing attitudes and building the trust required for disclosure is a slow process.

> **"Gambling harm is often hidden and harder to detect than other addictions. Creating a safe, non-judgmental environment and allowing time for trust to develop is essential. Disclosure often comes later once clients feel secure and understood".** End of project report

Appendix 5: Evaluation data reported by projects

Table 5.1 Engagement with activities delivered by projects throughout the programme

Activity	Projects undertaking them	# sessions in 2023	# people engaged in 2023	# sessions in 2024	# people engaged in 2024	# of sessions in 2025	# people engaged in 2025*
One-to-one support (including individuals in recovery and affected others)	Cyrenians	0	0	69	15	346	46
	Epic	No data	152	720	158	440	88
	Veterans Aid	600	54	1,087	129	774	129
	Citizens Advice Brighton and Hove	No data	75	No data	56	No data	128
	Gamcare & Reframe	No data	20	519	95	No data	29**
	ARA Recovery for All	N/A	N/A	32	32	N/A	N/A
	Beacon Counselling Trust and Bet Know More	106	No data	179	35	N/A	N/A
	Steps to Work	No data	34	N/A	N/A	N/A	N/A
	Total number of one-to-one support delivered	**706**	**335**	**2,606**	**520**	**1,560**	**420**
Group activities and events (including group activities, talks, and in-person events)	Epic	24	259	81	835	16	161
	acta	0	0	18	11	34	No data
	Citizens Advice Brighton and Hove	No data	220	No data	172	No data	No data
	ARA Recovery for All	48	No data	76	211	N/A	N/A
	CA Wirral	No data	72	44	96	108	No data
	Beacon Counselling Trust and Bet Know More	73	No data	77	19	N/A	N/A
	Total number of group support delivered	**145**	**551**	**296**	**1,344**	**158**	**161**
Upskilling and relationship building activities	Cyrenians	0	0	104	751	90	574
	Citizens Advice Wirral	13	153	15	336	9	282
	Epic	0	0	58	No data	38	79
	acta	0	0	2	No data	2	No data
	ARA Recovery for All	1	7	4	4	N/A	N/A
	Total number of upskilling and relationship building activities and corresponding reach	**14**	**160**	**183**	**1,091**	**139**	**935**
Awareness raising campaigns aimed at the public and people in recovery (including social media campaigns and engagement with service users in treatment centres)	Citizens Advice Wirral	0	0	10	7,942	10	10,000
	Epic	No data	18,700	74	20,164	44	15,975
	Total number of awareness campaigns and corresponding reach	**No data**	**18,700**	**84**	**28,106**	**54**	**26,909**

**Data presented is from January 2025 to October/ November 2025 unless otherwise specified.*
*** Data is for January 2025 to April 2025 only.*

Table 5.2 Project-reported outcomes achieved by service users

Outcome	Projects	Progress achieved in 2023	Progress achieved in 2024	Progress achieved in 2025
Share of service users able to identify a positive improvement in mental health and/or wellbeing	CA Wirral	100% (sample size unknown)	98% (n=31)	95% (sample size unknown
	Epic	78% (n=152)	95% (sample size unknown)	94% (sample size unknown)
	Veterans Aid	No data	100% (n=60)	No data
	acta	N/A*	80% (n <=11)	80% (sample size unknown)
	CABH & Breakeven	No data	88% (n=34)	82% (sample size unknown)
	Cyrenians	N/A*	No data	86% (n=7)
	Beacon Counselling Trust and Bet Know More	100% (sample size unknown)	No data	N/A*
Share of service users reporting improving their relationships and increasing their network of support	Epic	No data	89% (sample size unknown)	91% (n=80)
	Veterans Aid	No data	100% (n=60)	No data
	Cyrenians	N/A*	No data	100% (n=8)
Share of service users reporting increased confidence, self-worth and self-efficacy	Epic	80% (sample size unknown)	85% (sample size unknown)	98% (n=80)
	acta	N/A*	80% (n<=11)	No data
	Cyrenians	N/A*	No data	100% (n=1)
Share of service users reporting better management of gambling (including reduction in gambling or sustained abstinence)	acta	N/A*	80% (n<=11)	80% (sample size unknown)
	CABH & Breakeven	No data	100% (n=32)	97% (sample size unknown)
	Cyrenians	N/A*	No data	86% (n=7)
Share of service users reporting better management of gambling (including reduction in gambling or sustained abstinence)	CABH & Breakeven	No data	64% (n=36)	75% (sample size unknown)
	Cyrenians	N/A*	No data	72% (n=7)

**No service user attended the project or the project closed in the year in scope.*

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