

Gambling treatment services

Breakeven

Date of assessment visit: 11 and 12 December 2025

Background to assessment

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

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

Breakeven provides support to people experiencing or affected by gambling harms across the South East and East of England. People can access support from Breakeven 24 hours a day, 365 days of the year. They offer 1:1 treatment through counselling sessions which are delivered in person or online, targeted group support and aftercare programmes, support for family members and affected others, and outreach, engagement and education across a wide range of communities and systems.

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

How we carried out this assessment

Before the assessment, we sent an information request to the provider. We completed our assessment on-site and via remote interviews over 2 days. During our assessment, we reviewed information about service delivery including policies and procedures, governance documents and case records. We spoke with leaders, managers, operational staff, and people who had used the service. A survey was also sent to people with lived experience to gather their feedback. We received feedback from other services working with Breakeven UK and the commissioners for the service, GambleAware.

Our view of the service and recommendations:

There was an open and transparent culture within the organisation, including clear incident reporting processes. Staff knew how to respond to safeguarding concerns. Systems ensured that staff were safe to work with people and were trained appropriately. There were effective safeguarding processes in place which helped keep people safe from abuse or neglect. Risks to people were monitored and managed safely. Support and treatment was delivered from safe and clean environments. Staff and people who used the service reported feeling safe.

There were clear and effective referral pathways into the service, and people were assessed and started receiving support very quickly. Treatment was delivered in line with current national guidance by skilled counsellors. The provider worked effectively internally and with external partners to deliver high quality support and treatment. People were supported effectively to address their gambling harms and improve their wider wellbeing. Data and people's feedback highlighted the positive impact of the support and treatment delivered.

People who used the service were treated with dignity and respect. The provider supported people's individual needs and preferences in a non-judgmental way. People had choice over how they accessed support and treatment. Quick access to support and good partnership working helped the provider respond to people's immediate needs and manage risks effectively. Staff wellbeing was a priority for the provider and staff felt very well supported.

The provider delivered responsive, person-centred treatment and support, meeting individual needs and preferences. There were processes in place to ensure continuity of support and treatment. People could access clear and accessible information about the service. The provider used people's feedback to inform service delivery. There were no barriers to access and people from a broad range of communities were helped to access support and treatment. People were supported to plan ahead and engage with aftercare to support their ongoing recovery from gambling harms.

The service was led by skilled and experienced leaders. Lived experience played a key role in shaping the organisation's direction. Staff described a supportive and open culture and could speak up. Equality and diversity was promoted within the organisation. There were effective governance systems and processes in place to help monitor and improve service delivery. The provider worked extensively with partners, systems and communities to increase awareness of gambling harms and ensure all people could access support. There was a continued focus on improving the quality and accessibility of the service.

People's experience of the service

We received consistently positive feedback from people who had used Breakeven's services. People described the service as "considerate", "flexible" and "professional", and highlighted that staff showed "empathy" and were "supportive". One person told us that Breakeven "supported me both emotionally and practically, giving me the tools I needed". Another described an "amazing service with compassion and dedication to support their clients". Many people highlighted the positive impact of Breakeven's support on their lives; for example, one person told us, "Breakeven has supported me through navigating the many highs & lows of being a person affected by gambling... Breakeven has radically changed mine & my family's life".

The provider also received excellent feedback from stakeholders. One told us that the provider was "expert in understanding the needs of their communities and individuals experiencing gambling harms". Another described them as "an exceptional organisation who really understand the needs of the individual". Many stakeholders highlighted the accessibility of their services, stating "Breakeven is extremely responsive to their service-users, with extremely low waiting times", and "Breakeven demonstrates a high level of responsiveness, consistently offering timely access to support and a flexible range of appointment options to suit individual circumstances". Stakeholders also highlighted Breakeven's supportive approach to people using their service, with 1 stating "Empathy is at the very core of their beliefs" and that they treated people "with dignity, respect, and patience".

Is the service safe?

Safe overall summary

There was an open and transparent culture within the organisation, including clear incident reporting processes. Staff knew how to respond to safeguarding concerns. Systems ensured that staff were safe to work with people and were trained appropriately. There were effective safeguarding processes in place which helped keep people safe from abuse or neglect. Risks to people were monitored and managed safely. Support and treatment was delivered from safe and clean environments. Staff and people who used the service reported feeling safe.

Learning culture

We found there was an open and transparent culture within the organisation, including sharing information about and responding to risks. Staff were encouraged to speak up and report concerns, and there were clear processes to report incidents, supported by policies and procedures.

The provider reviewed all incidents to ensure they were reported accurately, and any learning was shared with staff through feedback in team meetings or via the provider's hub (intranet). We saw evidence of shared learning and reviewing processes in response to specific incidents through incident update summaries, for example around data security processes.

The provider had a 'Being open and Duty of Candour' policy in place and all staff completed regular training around Duty of Candour. This supported staff to engage in open and honest practice, and those we spoke with understood their responsibilities in this area.

Safe systems, pathways and transitions

The safety of staff and people who used the service was prioritised by Breakeven. They communicated effectively with people and worked closely with National Gambling Support Network (NGSN) and wider partners to ensure people could access the right support to meet their needs, which helped to mitigate any risks to their wellbeing and safety.

There were clear incident reporting procedures in place and staff we spoke with knew how to report and escalate incidents.

The provider used a secure electronic recording system and had policies and procedures which ensured the safety and security of people's records on this system. All staff completed regular data protection training, which supported good practice.

There were effective risk management processes in place, including immediate and ongoing risk assessments during support and treatment, along with care coordinator oversight of people with higher risks and management oversight of risk at regular meetings.

The provider had a weekly partnership meeting with another NGSN provider to discuss people with more significant risks or those potentially requiring psychiatric assessment. There was an effective pathway to refer people to this partner for more structure clinical support if needed. There were also effective pathways in place to refer people to residential support with NGSN partners if they needed support with more complex issues, for example substance misuse problems.

Partners and stakeholders highlighted Breakeven's safe practices around support and treatment. One told us that "Staff demonstrate confidence in recognising risk factors, escalating concerns

appropriately, and ensuring smooth transitions so that people receive the right level of care at the right time”.

All people we spoke with and those who responded to our survey said they felt safe when accessing support from the provider, with all survey responders giving the highest rating in this area.

Safeguarding

There were effective safeguarding processes in place which helped keep people safe from abuse or neglect. This included accessible policies and procedures, regular training for all staff in safeguarding adults and children and suicide and self-harm awareness, and a quarterly safeguarding audit.

Although there had been no recent statutory referrals, staff we spoke with knew how to identify safeguarding concerns and were confident around actions needed. They reported good support from the care coordinator and safeguarding leads with managing any concerns. Staff working in criminal justice settings were clear on local processes for raising safeguarding concerns. There were also staff on the team with relevant specialisms, for example children’s safeguarding, who could support colleagues to manage concerns.

Leaders told us that while there were challenges integrating with national safeguarding systems, the organisation had developed some good links with local partners. We heard the organisation supported multi-agency meetings where necessary when people who used the service had social services involvement. We also saw examples where staff had contacted local authority partners for professional advice after identifying potential safeguarding concerns, such as financial abuse.

Partners and stakeholders were positive about Breakeven’s response to safeguarding concerns, with one highlighting that they “appropriately shared concerns where risk or safeguarding issues have arisen”.

Involving people to manage risks

People’s risks were identified through a risk screen during their initial assessment, and managed and monitored through regular risk assessments during their support and treatment. This helped staff respond to any new or ongoing concerns. Records we saw contained a good level of detail about the nature and management of any presenting risks. We heard the provider had recently worked with commissioners to develop and improve the risk screen tool.

The provider had a care coordinator who managed people with a higher level of risk or more complex support and treatment needs. They liaised with people and partner organisations to ensure that risk was managed effectively by the provider, or referred people promptly for support by a service which could meet their needs safely. This included NGSN partners, NHS gambling clinics and wider healthcare partners.

There was a monthly clinical meeting where managers reviewed a risk register of all people using the service with higher levels of identified risk and those with safeguarding risks. This provided organisational oversight of risks and helped to ensure appropriate action was taken to keep people safe.

Safe environments

As well as offering remote support, the provider leased various office and meeting spaces across the South East and East of England which were used to deliver support and treatment. They arranged some health and safety checks directly, for example PAT (electrical equipment) testing and fire safety checks, liaised regularly with landlords, and worked with an external organisation

who provided independent oversight and assurance around the safety of properties used. Staff also delivered support from locations in the community such as banks, and the provider risk assessed these locations before staff started working there.

Staff told us they felt safe working for the organisation, highlighting clear routes of communication, effective risk management processes, and a buddy system and access to a personal alarm when completing face-to-face work. All staff completed mandatory training around lone working practices to help them work safely in the community.

Safe and effective staffing

The service was staffed flexibly by full, part-time and self-employed staff to ensure people could access support from the service 24 hours a day, 365 days a year. This included offering 1:1 counselling and groups in the evening and at weekends to help improve access. Staff we spoke with told us they could work flexibly to support their wellbeing while meeting the needs of people using the service. This approach meant people could access support from the service when they needed it.

There were safe recruitment practices in place to ensure the safety of staff and people who used the service. This included enhanced DBS checks for all staff and regular checks to ensure staff who required accreditation from professional bodies kept this up to date. The provider also used an external organisation to annually audit its recruitment practices. This gave additional assurance that safe and legal practices were being followed.

At the time of our assessment, there were no staff vacancies. The provider had a strong track record around staff retention, with some staff having remained in permanent roles after completing placements with the organisation.

Staff completed mandatory training which was relevant to their role and reflected commissioner's expectations, for example around health and safety, fire safety, and data protection. There were effective systems in place to monitor compliance, and data showed an overall compliance rate of 98% at the time of our assessment. The provider also ensured that wider training was available to support staff in their roles, for example training around neurodiversity awareness.

Newer staff told us they received an effective induction, including relevant training, shadowing opportunities and meetings with key colleagues. The provider's structured induction included training around the model of care, Breakeven's programmes, policies and procedures, and the case management system.

All staff had access to clinical supervision every 2 weeks, which was delivered either in groups or 1:1 depending on staff's caseloads, the complexity of their work, and their professional experience. Staff with higher caseloads and those supporting people with more complex issues could access weekly 1:1 case management and supervision sessions. We saw evidence that all staff were receiving regular supervision in line with the provider's policy. All staff we spoke with were positive about clinical supervision at Breakeven, noting it provided a safe and confidential space for discussion and support.

Many staff including senior leaders had lived experience of gambling harms or other addictions. Those we spoke with felt well-supported and told us the strong presence of lived experience in the organisation meant there was caring and empathy shown to them.

Infection prevention and control

All staff completed regular mandatory training in infection control and prevention, which helped to support safe working practices across the different environments where support and treatment were

delivered. Work spaces we saw during our assessment were maintained to a high standard and were visibly clean and tidy.

Medicines optimisation

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

Is the service effective?

Effective overall summary

There were clear and effective referral pathways into the service, and people were assessed and started receiving support very quickly. Treatment was delivered in line with current national guidance by skilled counsellors. The provider worked effectively internally and with external partners to deliver high quality support and treatment. People were supported effectively to address their gambling harms and improve their wider wellbeing. Data and people's feedback highlighted the positive impact of the support and treatment delivered.

Assessing needs

There were clear and effective referral pathways into the service. People could self-refer via the provider's 24-hour helpline, by email or through a webform on the provider's website. The provider also accepted referrals from National Gambling Support Network (NGSN) partners and other external organisations.

On receipt of a referral, an assessment practitioner contacted people to complete an initial assessment which explored their gambling harms and wellbeing needs, including emotional, physical, social and practical issues. The assessment included a risk screen and staff explored any issues around physical and mental health and suicide and self-harm risks to ensure people were safe. Staff attempted to contact people 4 times and if unsuccessful, shared information with them via a closure email on how to access support in the future.

The needs of affected others, including family members, were also considered and if required, they could access on-going support. There was a tailored assessment process in place to help identify the needs of affected others.

Data for September to December 2025 showed that people received support from Breakeven exceptionally quickly. The average waiting time for initial contact following referral was 0.7 days, and the average waiting time for a comprehensive assessment was 0.1 days. Following assessment, people's direct support and treatment started within 2 days. This data was consistent with Breakeven's performance across the 12 months before our assessment, and demonstrated the provider could consistently respond to people's gambling harms needs without delay.

Following assessment, people were referred into the provider's treatment pathway, or to NGSN partners if a different type of support would better meet their needs. Within Breakeven, people could access therapeutic support delivered by a counsellor for around 8 1:1 sessions, which focused on areas such as understanding gambling triggers, shame and stigma, relationships and family impact, and coping strategies. The duration of treatment was flexible and based on people's needs and goals.

Records we reviewed showed people received a comprehensive assessment of their needs, with a focus on risk, safety and wellbeing. Session notes were detailed and factual, and treatment was supported by a care plan which provided structure and which was reviewed and updated regularly.

People we spoke with who used the service highlighted the speed at which they were assessed and started their treatment. One person said "I was very pleasantly surprised how upon first contact with the service I was contacted quickly, assessed and offered a number of sessions". Partners and stakeholders also highlighted this, for example one told us "referrals are acknowledged promptly, with clear communication that treatment has commenced. This timely

approach supports confidence in the service and ensures individuals feel attended to without unnecessary delay”.

Many staff told us they were proud to work for an organisation that could provide immediate support to people when they needed it the most. They felt this helped motivate people to actively engage in their support and gave the best chance of good outcomes.

Delivering evidence-based support and treatment

Support and treatment was delivered in line with current national guidance which helped ensure standards were met and opportunities for positive outcomes were enhanced.

Counsellors delivered support to people which incorporated various therapeutic approaches. These included cognitive behavioural therapy, integrative and humanistic counselling, motivational interviewing, and transactional analysis. These approaches were in line with current guidance from January 2025 from the National Institute for Health and Care Excellence (NICE) on gambling-related harms. Staff that we spoke with told us they tailored support to meet people’s needs and could adapt this over the course of treatment to respond better to changing needs and goals.

Treatment was delivered by qualified and accredited counsellors. All were accredited with a professional body such as the British Association for Counselling And Psychotherapy (BACP) or National Counselling and Psychotherapy Society (NCPS). Counsellors were required to provide ongoing evidence of their professional accreditation and continuous professional development.

People who used the service provided positive feedback about the quality of their treatment and the skills of the practitioners. One person said their counsellor had “listened, explained, supported and helped me realise my triggers, put practical barriers in place”, and another described their counsellor as “so well trained and fully understands my situation”.

How staff, teams and services work together

We found staff worked effectively internally and with external services and stakeholders to deliver high quality support and treatment. Examples included regular meetings with partner organisations to review and escalate risks, clear pathways to refer people to other types of gambling harms support, and signposting people to services which could support with both gambling harms and wider wellbeing needs. There was good communication and close working between the assessment and counselling teams to ensure people could start treatment quickly and that risk information was shared when needed.

The provider had effective processes in place to ensure continuity when people’s treatment ended. This included prompt transition into the provider’s group support services. Staff contacted all people who had finished treatment at regular intervals to ensure they had the right level of support to assist their recovery from gambling harms.

Feedback from stakeholders highlighted the provider’s effective approach to working together. One stakeholder told us “practitioners have always been supportive and keen to understand how we can collaborate to best support those needing our help”, and another highlighted that their partnership “helps provide holistic support and address wider social or psychological issues”.

Supporting people to live healthier lives

The provider supported people by delivering effective gambling harms treatment, but also supporting them with accessing support around their wider wellbeing. We saw evidence in case records of staff signposting and referring people onto a wide range of services which could help to address risks

and improve outcomes, for example debt and financial advice services, housing services, or domestic violence support services.

The provider undertook engagement and education activity across a broad range of services and systems in the South East and East of England. This included the criminal justice system, colleges and universities, corporate organisations, local authorities and charities. Staff delivered accredited training, presented at external events, and worked with organisations to develop policies around supporting people with gambling harms and embed workplace charters. This work helped to broaden understanding of gambling harms and the associated risks, and helped people to access support when they needed it.

The provider used the CORE-10 wellbeing assessment tool at regular intervals during people's support and treatment to monitor their wellbeing and identify when action was needed to address any emerging needs or risks.

Monitoring and improving outcomes

Breakeven used established tools to regularly assess gambling harm risks and wellbeing, including the Problem Gambling Severity Index (PGSI) and the CORE-10, which measures psychological distress. Staff and people using the service used these tools from initial assessment and up to the end of treatment to help monitor the effectiveness of support being delivered. Evidence from the provider and commissioners showed that people's reported outcomes in these areas routinely improved following their treatment.

The provider collected feedback from people who used the service at the end of their treatment. Results shared with us by the provider and commissioners showed that almost all people answered positively around being supported to make a positive change, being offered enough appointments, being satisfied and recommending the service to others.

As part of its service oversight, the provider ran weekly reports to monitor PGSI and CORE-10 outcomes and satisfaction scores, which allowed them to monitor outcomes. We heard that any concerns were fed back to teams or individuals as needed to help address any issues and provide additional support if needed.

People we spoke with told us that the support and treatment they received from Breakeven had resulted in improved outcomes around their gambling harms and their wider wellbeing. One person responding to our survey said "I am forever grateful to the counsellors & weekly support group I attend in helping me rebuild not only myself but my marriage", and another said "The staff has really supported me both emotionally and practically, giving me the tools I needed to keep myself sane whilst dealing with [relative's] gambling".

Consent to support and treatment

People who used the service received clear information about consent and confidentiality. Staff gathered people's verbal consent to support and treatment during their initial assessment and sent a follow-up form to gain written consent. This was followed up by practitioners during initial support and treatment sessions to ensure people's understanding. We saw evidence of consent being recorded routinely in people's records.

Staff we spoke with understood the principles of consent and confidentiality. All staff completed mandatory training on the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS), which supported understanding of their responsibilities when assessing consent and capacity.

Is the service caring?

Caring overall summary

People who used the service were treated with dignity and respect. The provider supported people's individual needs and preferences in a non-judgmental way. People had choice over how they accessed support and treatment. Quick access to support and good partnership working helped the provider respond to people's immediate needs and manage risks effectively. Staff wellbeing was a priority for the provider and staff felt very well supported.

Kindness, compassion and dignity

Feedback we received from people who used the service was extremely positive, and highlighted a patient, empathetic, and non-judgmental approach from staff at Breakeven. People said they were treated with dignity and respect by the provider. One person told us their counsellor "shows...empathy and is supportive", another said they "made me feel so comfortable" and another person described staff as "really patient and non-judgemental". It was clear from discussion with staff that they listened to people and were committed to treating people well.

Stakeholders also highlighted the compassionate approach of Breakeven's staff. One stakeholder had observed that "Staff consistently show empathy, treating service users with dignity, respect, and patience", and another said "they demonstrate genuine care towards their clients".

In our survey, all responders gave the highest rating for feeling treated with dignity and respect.

Treating people as individuals

Staff we spoke with were committed to supporting people's individual needs and preferences in a non-judgmental way. Many had lived experience of gambling harms and told us this helped them to empathise with and support people effectively. People who used the service confirmed their personal needs were acknowledged and promoted. Stakeholder feedback also support this, with one telling us "Their personalised approach ensures that every person receives care that reflects their needs and goals", and another describing the provider as "experts in understanding the needs of their communities and individuals experiencing gambling harms".

The provider delivered training which helped staff to understand and respect individuality and differences, for example around equality and diversity and understanding autism. This helped staff to communicate with people sensitively and effectively. One person told us they were neurodivergent and that during treatment with the provider they "felt comfortable", which was "rare for them" when accessing services.

Independence, choice and control

People had choice over how they accessed support and treatment from the provider. There were various referral routes into the service and 1:1 treatment was offered in person or via video or telephone call depending on people's preference. The provider also offered flexibility around the timing of treatment so people could access 1:1 or group support at the most convenient time for them.

The provider had developed alternative ways to provide counselling for people, for example through telephone messaging services and email. This helped people with communication needs such as hearing and speech impairment and people with severe anxiety to have equitable access to support and treatment.

People using the service could request support from a male or female staff member or peer supporter if needed. The provider could also offer counselling in several languages, for example Greek, Polish, Thai and Chinese languages.

People we spoke with and those who responded to our survey were positive about the flexibility of the service and the different ways they could access support and treatment.

Responding to people's immediate needs

The provider was extremely responsive to people's immediate needs, reviewing referrals, contacting and assessing people and starting treatment usually within 2 days.

Staff monitored risk and wellbeing throughout people's treatment, including the PGSI and CORE-10 assessment tools. This allowed staff to monitor and respond to any increasing or emerging risks.

The provider had effective risk management processes in place including oversight of higher risk cases by a care coordinator and regular management oversight which helped ensure people's immediate and emerging needs were appropriately met. Effective referral pathways with other providers and stakeholders ensured people could get prompt support for any immediate needs.

There was a strong skill mix within the counselling team and people using the service could be matched with someone who met their preferences for treatment. The team offered a broad range of therapeutic interventions through different modalities. Some staff had experience in specific types of gambling like gaming, and others we spoke with had experience of working with children and young people. This meant that the service could respond to the needs and wider circumstances of people using the service.

Workforce wellbeing and enablement

We found that staff wellbeing was a priority for the provider. Staff unanimously told us they enjoyed working for Breakeven and felt very well supported. Many staff had worked the provider for a long time and noted a positive culture within the organisation as a key reason for this.

Staff told us they could get support from leaders, managers or peers at any time and that teamwork was a strength in the organisation. The provider considered how to support staff engagement given different working arrangements across the team, for example setting up a messaging service group chat for all staff.

The provider supported staff with individual health and wellbeing needs. For example, adapting staff working arrangements to support them with disabilities or physical health issues, or providing flexible working arrangements to support staff's work life balance.

All staff had regular managerial and clinical supervision and were supported with training and further development opportunities. For example, we heard that people were supported to access further qualifications up to degree and master's level. Several staff we spoke with had worked up to more senior roles during their employment with Breakeven.

Is the service responsive?

Response overall summary

The provider delivered responsive, person-centred treatment and support, meeting individual needs and preferences. There were processes in place to ensure continuity of support and treatment. People could access clear and accessible information about the service. The provider used people's feedback to inform service delivery. There were no barriers to access and people from a broad range of communities were helped to access support and treatment. People were supported to plan ahead and engage with aftercare which helped with their ongoing recovery from gambling harms.

Person-centred support

The provider delivered person-centred treatment and support, with a focus on meeting individual needs and preferences. Care plans were used to record people's goals for treatment and were reviewed and updated regularly to reflect their changing and developing needs. Staff we spoke with highlighted the organisation's goal to 'not over-treat or under-treat' people. Staff listened and responded to individual need, including referring or signposting to other services that could support people where needed. The provider ensured treatment was always flexible to meet people's needs, for example being offered at times and locations to suit people's preferences and through different mediums.

Feedback from people who used the service and stakeholders was positive; people described the service as "flexible" and "felt like it was tailored to my needs". One stakeholder told us "Staff dedicate significant time to understanding the broader context of each person's situation" and another said the provider "demonstrates a strong commitment to being responsive and understanding service users' needs".

Treatment provision, integration, and continuity

There were clear and accessible routes for people to access support from Breakeven and start treatment quickly. A comprehensive assessment process ensured that treatment offered met individual needs.

We found that the provider worked effectively and collaboratively with partners in the National gambling Support Network (NGSN) and wider systems to ensure people got the right support and treatment to meet their needs, and experienced good continuity of care when finishing their core treatment or moving between service providers.

People were often contacted by their allocated counsellor for regular check-ins as part of the provider's aftercare offer. This helped to deliver continuity between the treatment provided and ongoing support.

We heard the service was experiencing more people seeking support with complex needs including mental health issues, comorbidities with other addictions, and neurodivergence. The provider's use of a care coordinator and good links with partners meant they could respond to risk quickly and safely.

Providing information

There was clear and accessible information on the provider's website about how to access support and treatment, and the offer provided by Breakeven. There was also a wide range of helpful

resources including links to partner organisations, blocking software, and self-guided resources including self-care activities, goal planners and gambling and wellbeing diaries. Hard copies of information leaflets could be downloaded or ordered from the provider's website.

Staff could access a resource library through the provider's internal hub (intranet) to find information about local and national services that could support people with gambling harms and their wider wellbeing. This allowed staff to promptly share information about support options with people using the service.

Listening to and involving people

Breakeven routinely collected feedback from people at the end of their treatment, which helped to inform service delivery. They also shared feedback with staff through internal communications to help highlight the impact of their work and reported on feedback in external communications, including their annual impact report.

The provider had a complaints procedure in place which set out how to investigate concerns raised. People who used the service received advice on how to raise a complaint, and information was also clearly set out on the provider's website. People we spoke with and those who responded to our survey knew how to raise concerns about their support if needed. However, the provider had not received any complaints in the 12 months before our assessment.

Equity in access

People could access free and fast support for their gambling harms. There were clear referral pathways in place and flexible options for support and treatment which allowed the provider to respond to people's individual needs. For example, face-to-face and remote options, 1:1 and group work, and self-help tools. The provider staffed the service flexibly which meant people could access support to fit around their personal commitments.

The provider engaged with and supported a variety of communities and systems, including several prisons across the regional criminal justice system, South Asian communities through its 'Breaking the Sharam' programme, and armed forces personnel and veterans via the 'Battling the Odds' programme. These programmes provided bespoke interventions and education to groups where people could struggle to access support due to barriers or stigma, helping to improve access for these groups. Evidence demonstrated the wide impact of this work; for example, the provider's criminal justice programme had delivered almost 3000 interventions in prisons in the last year. Staff from a prison partnership describe the support from Breakeven as "well received and in some cases, life changing for participants".

Equity in experiences and outcomes

Feedback we received from people who used the service was extremely positive about staff attitudes and no concerns were raised about discriminatory practice or behaviour.

The provider worked to address any barriers impacting on people's experiences of support and treatment, such as language and neurodiversity barriers to ensure equity of access. For example, people with specific communication needs. One person who had used the service told us "being neurodivergent, I felt comfortable with the service which was rare for me". We also saw an example where the provider had adapted the support offered for a neurodivergent person by involving their family with consent.

The provider had clear systems and pathways to support people with more complex needs such as mental health issues and comorbidities with other addictions, to ensure they could access appropriate support to meet their needs.

Planning for the future

There were effective processes in place to support people once their planned treatment had finished. Staff told us that aftercare options were highlighted to people from early on in their contact with Breakeven to help ensure they were fully informed about the support available.

With consent, staff completed regular check-ins with people after their planned support had finished, including contact after 2 weeks with consent to ensure that any immediate concerns or additional needs were addressed, and then again at 3, 6 and 12 months. People could re-access support at any time if needed. The provider also referred people to other support services within the NGSN, for example peer aid.

The provider had developed its aftercare offer over the previous 12 months and developed post-treatment support via targeted groups including Wings (Women In Need of Gambling Support), an online platform facilitated by a counsellor for people to speak to others in a similar situation, and the Green Shoot Recovery Course, a 7-week online facilitated course for people looking to abstain from gambling. Data shared by the provider showed a significant increase in people accessing their aftercare services in the last 12 months.

People who used the service were positive about their aftercare and understood how to access ongoing support. One person told us “It was...highlighted to me that further sessions, and longer-term support is available as required”, and another said that following 1:1 support, the “Wings female only support group was identified to me and this group has really supported me”.

Is the service well-led?

Well-led overall summary

The service was led by skilled and experienced leaders. Lived experience played a key role in shaping the organisation's direction. Staff described a supportive and open culture and could speak up. Equality and diversity was promoted within the organisation. There were effective governance systems and processes in place to help monitor and improve service delivery. The provider worked extensively with partners, systems and communities to increase awareness of gambling harms and ensure all people could access support. There was a continued focus on improving the quality and accessibility of the service.

Shared direction and culture

The provider had a clear vision to help people to improve their wellbeing by becoming free of gambling harms, which was delivered through quick and effective assessment, support and treatment, and engagement and education across communities and systems. Staff we spoke with were focused on delivering safe, effective and high-quality treatment which met people's needs and helped them to reduce the negative impacts of gambling on their lives.

All staff we spoke with during our assessment described a positive, safe and supportive culture within the organisation, and many said they felt proud to work for Breakeven. Some staff had worked for the provider for a long time, and highlighted good communication, flexibility and autonomy, and seeing the impact of their work as reasons for staying.

Although staff worked in different ways and across different regions, we found that all teams worked effectively together. Everyone we spoke with was aligned in terms of their values and delivering the organisation's vision and purpose. There were regular regional team meetings and staff often worked together at external events which supported team work and communication. Some staff told us that they would appreciate more opportunities to meet face-to-face with colleagues at events.

Capable, compassionate and inclusive leaders

The service was led by skilled and experienced leaders who provided strategic direction and ensured a focus on delivering a high quality, person-centred service. Lived experience played a key role in shaping the ethos and direction of the organisation, and having lived experience across the leadership and management team helped ensure that everyone across the organisation treated people experiencing gambling harms in a respectful and non-judgmental way.

Staff told us that leaders were visible and always available to provide support when needed, and we saw positive interactions between leaders and wider staff during our assessment.

Stakeholders and partners were positive about the approach of Breakeven's leadership. One told us that they played 'a pivotal role in amplifying the voices of those affected by gambling harms, influencing policy, and driving sector-wide collaboration.' Another commented on the impact of the provider's leadership in the sector, noting their "tireless advocacy for gambling reform and public awareness exemplifies Breakeven's dedication to systemic change"

Freedom to speak up

All staff we spoke with described an open culture within the organisation and felt comfortable to speak up and raise any concerns with leaders and managers. Many staff highlighted clinical supervision as providing a safe space to discuss any concerns. Staff could also raise concerns

through an external organisation that Breakeven contracted to give independent oversight of the provider's performance and practice.

Workforce equality, diversity and inclusion

All staff completed regular training in equality and diversity, which supported their understanding and respect for people from varied backgrounds, including colleagues and those using the service. Staff we spoke with had varied backgrounds and there was a strong presence of lived experience across the team, including experience of gambling harms and other addictions. We heard examples of staff considering and responding to the diverse needs of people they were working with, for example around access to support and treatment due to disability, communication and language barriers, and signposting people to a broad range of support services to help meet their personal and cultural needs.

Governance, management and sustainability

There were effective governance systems and processes in place to help monitor and improve service delivery. The provider told us that they had focused on formalising these processes to support safe and effective service delivery.

There was a regular audit schedule in place which helped to ensure support and treatment was delivered in line with the provider's expectations and commissioner's requirements. This included quarterly case audits of open and closed cases, safeguarding cases, and performance reporting for commissioners. Annual audits included a financial audit which was shared with the regulator for charities.

In addition to internal audits, the provider commissioned an external organisation to deliver independent oversight of health and safety processes, policies and procedures, and HR and staffing. This provided additional assurance that governance systems were safe and effective.

At operational level, managers completed regular reviews of assessments, case notes, risk assessments and aftercare processes to ensure staff were completing tasks in line with the provider's expectations. Managers fed back any concerns or learning to staff directly through supervision or in team meetings. Senior leaders also ran weekly checks around performance and outcomes and highlighted any concerns or learning to managers to action.

There were relevant policies and procedures in place which staff could access via the internal hub (intranet) and staff told us they were informed when policies were introduced or updated. Examples of policies that we saw were clear, comprehensive and up to date.

There was a structure of regular meetings to support effective governance of the service. This included monthly meetings of the management team, regional and assessment teams, and outreach and engagement teams. Also, a monthly safeguarding and risk review meeting, and weekly meetings with a key National Gambling Support Network (NGSN) partner to manage their referral pathway.

The provider had continuity plans in place to support service delivery in case of unexpected events. This included a plan for the absence of senior leaders to ensure that trustees could continue to run the organisation effectively.

NGSN services are funded by GambleAware, which receives voluntary contributions from gambling operators in line with Gambling Commission requirements. We found no evidence that the provider, or the support and treatment delivered, was influenced by the gambling industry. Leaders told us the provider took a clear position on avoiding any industry contact to ensure independence and no conflicts of interest.

Partnerships and communities

The provider worked extensively with partners, systems and communities both locally and nationally to increase awareness of gambling harms and ensure all people could access the support they needed to address their gambling harms. This included bespoke programmes to support people in the criminal justice system, the armed forces and ethnic minority communities.

We saw evidence of the extensive impact of Breakeven's outreach and education work. Staff had delivered accredited 'Bet You Can help' training, which focuses on a public health approach to gambling harms and education and early intervention, to over 2000 professionals across the public and private sector in the year before our assessment. The provider had attended events for new starters at colleges and universities and engaged with almost 20,000 people and also supported LGBTQ+ services at 2 universities.

The provider worked effectively with other NGSN providers and wider stakeholders. There were established processes to refer people who used the service into other services if they required more structured clinical support. The provider was also developing links with NHS gambling clinics to create further pathways for support.

The provider had a proactive strategy of using different mediums to promote understanding of gambling harms and its services. This included social media campaigns, podcasts, and local radio and national news channel appearances by staff and leaders. The provider hosted collaborative conferences in the South East with NHS and addiction service partners. They also produced an annual report which summarised the broad range of support and treatment offered across different communities and systems and highlighted the impact of their work.

Stakeholder feedback highlighted the impact of Breakeven's work with partners and across communities. One organisation told us "Partnership working is well established, with effective collaboration between Breakeven and all other NGSN providers". Another said "Breakeven work very closely with many other organisations, both within their region and on a national basis... to ensure gambling harms is given the attention it needs. Breakeven show excellent partnership work with other gambling harms support services, which we see firsthand through our collaborative work". Another partner highlighted Breakeven's broad outreach work, noting that "partnerships help provide holistic support and address wider social or psychological issues. Breakeven have been instrumental in getting LAs [local authorities] involved in gambling harm work".

Learning, improvement and innovation

We found the provider had a focus on improving the quality and accessibility of the service. For example, in the last 12 months, the provider had developed governance processes and post-treatment aftercare services.

The provider considered innovative approaches to increase access to support and treatment, for example offering counselling via text messaging and email services to help meet a wider range of communication needs.

Staff were encouraged and supported to keep learning and developing. We heard that the provider supported people to achieve further qualifications to support their work with Breakeven and wider professional development, for example diploma and degree-level qualifications in counselling.

The provider was arranging gambling-focused suicide and self-harm awareness training, which we heard was the first such training offered in the sector.