The Effectiveness of the Treatment Services Provided by Beacon Counselling Trust: A Review of Service Users' Experience

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Executive Summary

Beacon Counselling Trust (Beacon) is a registered mental health charity that works to provide free and confidential treatment and support services for anyone experiencing gambling-related harm. Established in 2009, they are one of the leading providers of this kind of support in North-West England. Their vision is to provide "safe and effective" care to improve the lives of individuals and families affected by gambling-related harms.

Project Aims

This project pursued a report on service users' experience of the treatment model and therapeutic pathways offered at the client organisation to gauge its effectiveness. This will inform the organisation's treatment model and external support work.

Methodology

Online surveys were used to collect data for this study, distributed to service users by email. These surveys were read and coded to devise overarching themes, which were then analysed using thematic analysis.

Key Findings

This research indicates that Beacon Counselling Trust is successful in supporting individuals in understanding and managing their gambling-related harms. Service users reported positive outcomes from the services, either in that their treatment helped them to cease gambling completely or helped them gain a wider understanding of the causes of their behaviour and provided structured support towards management and recovery. The findings indicate that the therapeutic care provided is of a high standard, reporting high levels of safety and trust within the environment and positive and empowering relationships with staff members. Some participants reported their experiences with Beacon as more suitable for their needs than other support services or healthcare settings, and others stated that the services at Beacon were an essential component to their recovery, alongside the use of other services.

Recommendations

1. Continue to check in on service users who have completed the treatment pathway and, if possible, endeavour to maximise engagement with the aftercare service.
2. Reinforce selection criteria to align service users with counsellors/primary staff members.
3. Continue to increase awareness and support for people experiencing gambling-related harms.

Introduction

Project Background

This project has been developed in collaboration with Interchange, a charity based in the University of Liverpool, which aims to connect local Voluntary Community Organisations with a need for a research project with a student in the School of Law and Social Justice looking to undertake such a project. As a Sociology student looking to pursue an applied research project in my final year of Higher Education, I was partnered with Beacon Counselling Trust.

The Client Organisation

Beacon Counselling Trust is a registered mental health charity that works on several community-based support, treatment, and education programs in the field of mild to moderate mental health issues to provide free and confidential treatment and support services for anyone experiencing gambling-related harms. Established in 2009, they are one of the leading providers of this kind of support in North-West England, offering a variety of modalities and interventions from advice and guidance, trauma-informed interventions, to one-to-one, couples, or group therapy. Their vision is to provide "safe and effective" care to improve the lives of individuals and families affected by gambling-related harms.

Project Brief and Aims

This project aimed to gather insight into service users' experience of the treatment model and therapeutic pathways offered at the client organisation, gauge its effectiveness, and inform development.

The key aims were:

- Evaluate how well Beacon Counselling Trust's services support individuals in understanding and managing their harmful gambling behaviours.
- Gather insights from individuals who have completed their treatment pathway to understand their experiences and perceived outcomes.
- Analyse whether the services provided meet high standards of therapeutic care in terms of safety, accessibility, and support.
- Unpack how individuals perceive their experiences at Beacon Counselling Trust compared to other support services or healthcare settings in terms of attitudes, approaches, and overall effectiveness in providing support.

Literature Review

This project has been developed to understand the experience of service users within a gambling support charity in North-West England. To understand this project, it is necessary to explore how gambling and gambling-related harms are conceptualised and place this within the context of gambling support provision across the UK. This literature review aims to unpack the contested nature of harmful gambling, tracing public health against "responsibility" conceptual frameworks to explore the current climate of gambling support. The review will begin with an exploration of the definition and framing of gambling-related harms, followed by a discussion of existing gambling support initiatives.

Gambling relates to the practice of investing money or material goods with the hope of gain based on an uncertain outcome; it is practiced recreationally but is heavily commercialised through casinos, lotteries, and sports betting (Abbott et al., 2013). Discourses of harmful gambling as a result of such practices have no concrete definition and are subject to contestation (Langham et al., 2015). Since 1975, the World Health Organisation has included "gambling disorder", previously known as "pathological gambling", within the International Classification of Diseases and Related Health Problems (Abbott, 2020). Relating models which categorise gambling as a recreational activity that some engage with "problematically" has received criticism for pathologising harmful gambling (Hilbrecht et al., 2020). Competing frameworks serve to define gambling-related harms as "any adverse impacts gambling may have on individuals, families, or communities", ensuring the distinction pertains to harmful versus non-harmful gambling as opposed to problematic versus conventional gambling (Langham et al., 2015, p.2). These frameworks aim to depart from notions of "compulsive" or "irresponsible" gambling which frame gambling-related harms as an autonomous rather than a structural issue, facilitating the narrative that those who experience harmful gambling either consciously choose to gamble regardless of risk or do so due to a lack of moral strength and self-control (Miller et al., 2015). The expanded rhetoric, therefore, seeks to consider factors which predispose individuals to an increased risk of developing a harmful relationship with gambling, including cultural, social, psychological, and biological factors (Abbott et al., 2013). For example, increased interest in the effects of adverse childhood experiences points to the role of emotional dysregulation within the home during childhood as a determinant of higher risk of maladaptive behaviours such as harmful gambling (Kyte et al., 2020; Poole et al., 2017). While not only broadening the scope of harmful gambling, these frameworks extend the focus to consequences beyond the person who gambles, acknowledging the harm experienced by

families, friends, and social connections (Abbott, 2020). This acknowledges that harmful gambling comes at a high social cost, supporting recent pressures for gambling-related harms to be recognised as a public health problem (Blank et al., 2021).

Current gambling treatment services in the UK do not conform to a centrally sanctioned treatment model, and many of the residential or helpline services are commissioned by charitable organisations such as GambleAware, Gordon Moody, and GamCare (Office for Health Improvement Disparities, 2024). Harmful gambling interventions are dominated by the gambling industry itself, with its main function lying in promoting "responsible gambling" (Van Schalkwyk et al., 2021). These initiatives equip individuals with the tools to prevent harmful gambling, manifesting in self-exclusion programmes, limit setting, and training employees in gambling venues to recognise and intervene with such practices (Ladouceur et al., 2017). This emphasis on the role of the individual in preventing their harmful gambling ultimately ignores the wider processes of compulsive consumption orchestrated by the gambling industry (Reith and Dobbie, 2012). This can deeply discredit and pathologise people who engage in harmful gambling, generating low levels of sympathy and support for these individuals (Miller and Thomas, 2017). For example, the use of slogans such as "Gamble Responsibly" or "When the fun stops, stop" sets individuals apart as morally distinct from the majority of people who can and do gamble safely (Van Schalkwyk et al., 2021). The stigma and shame internalised by those labelled as a "problem gambler" become compounded by the limited effects of responsible gambling campaigns; Ladouceur et al. (2017) found that although self-exclusion programmes reduced the urge to gamble initially, the majority of participants returned to gambling venues in no more than six months. This internalisation of their identity as a flawed consumer is a main cause of treatment avoidance among people experiencing gambling-related harms, with 61% feeling reluctant to open up about their problems due to the associated shame and embarrassment (Ipsos and GambleAware, 2023; Miller et al., 2015). Therefore, this industry monopoly of support services not only reduces the interest clinicians and policy-makers have in a public health approach due to its framing as an intrinsically safe practice but also actively discourages individuals from seeking formal treatment (Reith and Dobbie, 2012). An estimated 340,000 adults in England were classified as "problem gamblers" in 2023 (Gambling Commission, 2023), yet only 6,645 individuals received treatment across the whole National Gambling Treatment Service 2022/2023, causing calls for a government commitment to increase gambling support through a public health lens (Abbott, 2020; GambleAware, 2023).

A public health approach to gambling-related harms includes a range of interventions and initiatives which can support those experiencing harm through education and awareness, screening and intervention (Wheaton et al., 2024). The 2019 NHS Long-Term Plan promised to expand support to people with serious gambling problems (NHS England, 2019). This increased the responsibility of public health services and resulted in a growth from one UK NHS Gambling Clinic in 2008 to 15 currently available across the country, including Liverpool, Blackpool, and Manchester (NHS England, 2024). These locations matter within the North-West context of the project, and it becomes necessary to evaluate these services against those of third sector providers such as Beacon. Blank et al. (2021) contend that healthcare providers can be vital in the identification and screening of gambling-related harms. Within these settings, evidence has been found of low awareness of how to spot and support someone experiencing gambling-related harm, as well as an absence of a streamlined referral system whereby individuals can be directed to relevant NHS or third party providers of gambling-related support (Office for Health Improvement & Disparities, 2024; Hing et al., 2015; Wyllie et al., 2023).

Considering the literature, it becomes necessary to reflect on the current treatment and support systems within the field of gambling. This report aims to use an isolated example of a third-sector gambling support service in a location where NHS gambling clinics are present to demonstrate its value and efficacy, providing actionable insights to policymakers of the perceived demand for provision to be streamlined and standardised by a national system. This report will, therefore, seek to contribute to the development of safe and effective care models by amplifying service users' voices and raising the profile of third-sector organisations.

Methodology

This chapter will discuss the design and strategy of this research. It will begin by explaining the research method used and its close alignment to the research question, and then discuss the methodological limitations of this study and actions taken to mitigate these.

Philosophy

This study aims to derive meaning from the lived experiences of service users to inform knowledge and understanding of the present treatment model in this location. As a result, a qualitative approach was pursued to collect rich and insightful data (Braun et al., 2021).

This study will incorporate some deductive elements that guide question focus based on existing literature on standards of service provision (Bath, 2008; CAMH, 2024; De Smet et al., 2020). These questions are largely in place to guide participant responses to relevant material, upon which they can elaborate as pleased, facilitating an overall inductive approach as theory will be the outcome of the data (Clark et al., 2021).

Sample

The participants for this study were chosen through voluntary response sampling, in which participants were invited to participate via an email advertisement (Stratton, 2023). The study surveyed nine participants who had completed their treatment pathway at Beacon. This type of non-probability sampling typically yields a smaller sample size, therefore, it is not possible to draw broad inferences from the data that reflects wider society, and findings can only apply to sample participants (Pace, 2021; Rahman, 2023; Stratton, 2023).

Data Collection Method

Anonymous self-complete surveys were distributed online to participants to collect attitudinal data regarding service user experience (May and Perry, 2022). The results generated will not be generalisable beyond the services at Beacon Counselling Trust (Clark et al., 2021).

Quantitative questions were used to define key concepts, followed by open-ended prompts to capture deeper insights and unexpected findings. This generated rich, explanatory data akin to that of an interview (Braun et al., 2021; May and Perry, 2022). A survey format was chosen to focus discussion on service experience while avoiding sensitive topics like personal gambling histories (Flick, 2018).

The anonymous and self-complete nature of this research method was employed to enhance the validity of responses. With no researcher present and no way to link responses to a participant, the participants may have felt less compelled to give socially desirable answers and express their views about their service experience that reflect the truth (Clark et al., 2021; May and Perry, 2022). Furthermore, the use of online research can give a voice to those who might abstain from face-to-face research or are unable to travel to a location where research is taking place (Braun et al., 2021).

Data Analysis

Thematic analysis was undertaken to generate patterns of service user experience and gauge the effectiveness of the service (Castleberry and Nolen, 2018; Vaismoradi et al., 2013). The data itself is not a "container of meaning", so a detailed process of coding was undertaken to identify responses with shared underlying connotations (Vaismoradi et al., 2016, p.101). To minimise the extent to which the analysis was guided by the researcher's analytic biases, coding was inductive to ensure themes were strongly linked to the data itself, and thus a more accurate representation of service user experience (Braun and Clarke, 2006). A repeated review of the dataset allowed for the organisation of codes into broader themes. The themes were then reviewed and adjusted to ensure each one had sufficient evidentiary support and was distinguishable from any other (Braun and Clarke, 2006). The data was then reported by discussing each theme in depth, aiming to provide a rich description of the entire dataset to promote an understanding of the general patterns of experience of service users within this cohort (Braun and Clarke, 2006). The findings have been reported with the utmost objectivity, as well as being supported and linked to wider literature where appropriate, to provide context and enhance the credibility of findings (Vaismoradi et al. 2016).

Ethical Considerations

To ensure the research met the necessary ethical requirements, all participants gave properly informed consent to participate in the study, and were provided with a participant information sheet so they understood what the research involved, their role in the research, and any risks they may face if taking part (Israel and Hay, 2006). It is important to note that although participants would be considered vulnerable in some contexts due to their experience of gambling-related harms, for this project, they were only questioned on their experiences of the service to minimise potential distress.

Limitations

This study is not without its limitations; digital online surveys are demonstrative of declining response rates and no guarantee of completion (May and Perry, 2022). The small sample size does challenge the generalisability of findings of this research, yet, as the aim of the research was to gain a rich, qualitative account of the experience of respondents and not a statistical representation of the population, this approach is valuable for the depth it can afford (Pace, 2021). The primary aim of the research is not to understand the nature of gambling support in the UK more generally, but to understand the perspectives and experiences of a sample of service users at Beacon to contribute to a picture of effectiveness.

Secondly, the absence of a researcher provides no opportunity to clarify, probe, or adapt the survey to the specificities of the particular respondent (Clark et al., 2021). To mitigate this, respondents were afforded as much opportunity to elaborate through open-ended questions.

Whilst the inability to control response rates and ensure completion as there would be with an interview is a limitation, the study favours the collection of general attitudes of a larger sample of service users than conducting even fewer interviews and gathering data that would even less adequately represent overall attitudes of service users.

Conclusion

The methodological approach to this research has been developed in close alignment with the research aims. A qualitative approach has been pursued to gain valuable and in-depth insights into service users' beliefs, attitudes, and experiences of Beacon's services. The choice to gather this data via online survey was made to protect potentially vulnerable participants, reach more participants, and increase the scope and representativeness of the findings. The following section presents the findings uncovered through thematic analysis of the raw data.

Findings and Discussion

This section presents the key findings from this study, alongside an analysis and discussion of their significance and wider implications within the context of this report. These results will also be situated within the wider context of gambling-related support provision, based on service users' experience of other third sector or NHS services.

The findings of this study offer empirical evidence to support the claim that Beacon Counselling Trust provides safe and effective therapeutic interventions and treatment pathways from the perspective of this focused/modest cohort of service users. Through a process of inductive coding and thematic analysis, these findings have been organised into five key themes that showcase patterns of effectiveness within the service, highlighting unique strengths in its delivery, outcome, and impact. These themes are: (1) Practical Advantages, (2) The Environment, (3) The Staff, (4) Effectiveness and Positive Outcomes, (5) Wider Context of Gambling-Related Support.

Practical Advantages

When discussing the choice to seek treatment at Beacon Counselling Trust as opposed to a different provider of gambling support, many participants identified the convenience and accessibility of the service as a key reason for engagement.

R1: "Convenient and easy to access"
R5: "They explained everything in easy-to-understand terms"

Most participants mentioned the availability of telephone counselling sessions as a decisive factor in their use of the service, as in the case of one participant who referenced this as key in facilitating access to gambling support due to the cost and time of public transport limiting access to other services. Furthermore, notions of convenience were mapped directly onto increased feelings of safety as participants felt more comfortable engaging with the service from the privacy of their home.

R1: "I felt assured that it was my decision to use the service"
R4: "I went at my own pace"

A main source of appeal to participants was the freedom they felt when using Beacon's services, regarding the negotiation of counselling sessions, their control over the direction of the treatment pathway, and Beacon's emphasis that using the service was the client's decision and that they were free to opt out at any point. Allowing service users this "freedom and control" over their treatment pathway was seen to positively influence their engagement and satisfaction with the service. This suggests that the choice to engage with services at Beacon lay solely with the recipient, rather than as a forced process that the counsellor inflicts onto the client, reflecting effective service provision practices (Moloney, 2016).

R7: "the one-on-one sessions were invaluable"

Several participants described the provision of one-to-one counselling as a key benefit of the service. This was seen to provide a level of privacy and safety unmatched by similar services that offer support in a group setting. Participants felt that their sense of comfort was increased, and they felt more willing to engage when talking to someone one-on-one. One participant felt an enhanced value to the service as the treatment was targeted to the individual; this access to one-on-one time with a professional felt more personalised and beneficial to their recovery.

In this regard, the accessibility and convenience of the service were widely acknowledged by participants and became a key indicator of effectiveness. The practical usability of the service and its implications on feelings of safety and empowerment positively influence how well the service meets the needs of its users and suggest that the services provided meet high standards of care.

The Environment

All participants in this study either agreed or strongly agreed that there were high levels of both safety and trust felt at Beacon throughout the process of treatment. These insights into the environment at Beacon can guide our understanding of the standard of care provided to these service users.

R9: "The sessions put me at ease"
R4: "It felt like a safe space to express myself"

Participants noted that safeguarding procedures were in place throughout their use of the service, increasing their feelings of safety. Consistent references to the clear guidelines outlined by staff members, consistent wellness checks, and the stressed confidentiality and perceived anonymity provided by the one-on-one sessions and telephone counselling demonstrate repeated efforts by Beacon staff to forge a safe and supportive environment for its service users. The environment created can directly impact the effectiveness of service delivery; feelings of safety and trust experienced by the service user impact their willingness to engage positively with the service and, therefore, achieve a positive outcome (McLeod, 2007).

R7: "The support helped me get things off my chest"
R5: [The environment was] open and honest"

All participants, bar one, agreed or strongly agreed that they felt high levels of comfort during their treatment. One participant noted that it was only at Beacon that they felt comfortable opening up about their gambling behaviour and related harms, as it provided a space to talk anonymously about a topic they felt they could not disclose to friends or family. The participant who referenced low levels of comfort at Beacon stated that, from their perspective, Beacon offers a unique environment that facilitates uncomfortable but necessary conversations about challenging topics, but still offers support and understanding from a professional.

R6: "I could open up and be honest in a space that was free from judgement"

The notion of "not being judged" was of clear importance to several participants. Wider societal discourses surrounding those who gamble harmfully, as discussed in the literature review, have previously blamed the individual for their plight (Miller and Thomas, 2017). From this, it is compelling to suggest that those who experience gambling-related harms would feel high levels of judgement, perhaps explaining why participants felt that the non-judgemental climate at Beacon was noteworthy.

These responses are consistent in suggesting that the environment at Beacon offers a safe space for service users to express themselves, in line with their commitment to delivering "safe and effective" care.

The Staff

Feelings of trust, empathy, and understanding were consistently attributed to the staff at Beacon. It is key to analyse the standards of care provided by the counsellors, advisors, and therapists to understand the effectiveness of service delivery.

R4: "professional, inspiring, respectful, caring, friendly"
R5: "I'm on the road to recovery thanks to the wonderful people within the organisation"

Most participants noted having a positive relationship with their counsellor. Qualities such as being friendly, polite, a good listener and empathetic, alongside high levels of mutual trust and respect, were consistently identified as key to service users' willingness to engage and share their stories and experiences. One participant referenced feeling comfortable sharing their stories and experiences with certain members of staff, but not with others, which they felt had a tangible impact on their treatment process. Another participant referenced great rapport with their counsellor as they felt they had been selected based on their compatible qualities and specific understanding of the client's case. This highlights the importance of the individual qualities of the counsellor being matched with the individual. Wheeler (2010) found that improvement during treatment and associated outcomes can be explained by the impact of the therapist in influencing client trust and engagement in the therapeutic process, more so than the disposition of the patients themselves. As most participants referenced their counsellor as key to their recovery, unprompted, it is compelling to link the staff at Beacon to the positive outcomes in these cases.

R1: "My counsellor was encouraging and kept me motivated"

Many participants felt that their retention within their treatment plan was largely due to the encouragement and support given by their counsellor. Participants referenced that the presence of a counsellor, one-on-one, provided a sense of accountability and commitment to continuing the process. In the case of one participant, the empathy shown by the counsellor motivated the participant to open up about challenging topics, a notion corroborated by another participant who felt disempowered to talk about such topics with different, comparatively "dismissive" service providers. Participants identify this sense of empowerment as key to helping them complete their treatment pathway with a satisfactory outcome.

R5: "They knew what I was going through"

R8: "The feeling of being understood remains with me today"

A key and recurring theme reported by participants concerning staff was the perception of being genuinely understood by their counsellors. The unique intersection of support providers who are trained professionals in the field but also have a rich understanding of the complexities of gambling and gambling-related harms through lived experience was described by participants as "something unique that other services do not offer". Participants felt it was important to speak to someone with similar experiences to theirs, as it brought a sense of understanding that they had not felt before. This provided a sense of normalcy and empowerment through the relatability of the relationship, but also more informed and well-suited guidance due to the counsellor's unique knowledge of gambling.

It is, therefore, seen that Beacon offers a valuable and unique service to its clients as the staff can make sound clinical judgements for a client's recovery as well as regarding their emotions and cognitions with care, respect, and understanding (Moloney, 2016).

Effectiveness and Positive Outcomes

The effectiveness of Beacon's services is dependent upon how well they support individuals in understanding and managing their harmful gambling behaviours. It is important to consider this against satisfaction and outcome for the service user, rather than considering a service effective because the users complete the treatment pathway (Patel, 2021).

R7: "Beacon was a first-rate service for me, I really cannot fault it"

R8: "The sessions were successful in helping me cease gambling completely"

Several participants referenced a good outcome whereby the core problem they sought treatment for was resolved due to engagement with Beacon's services. These participants found that Beacon was crucial in their recovery journey, either having not gambled since completing the treatment or providing support and emotional care that helped unpack the reasons they

gamble in a harmful way. This direct link between service engagement and positive outcome suggests Beacon's services to be effective among this cohort.

R6: "Beacon helped me explore my behaviours in a safe space"
R8: "I have gained a new understanding of the underlying cause of my gambling"

The language used by many participants when discussing the outcome of their treatment demonstrated that Beacon's approach to treatment gave participants a wider understanding of the cause and nature of gambling-related harms. Participants noted that the support given went further than practical advice on how to limit gambling behaviour; treatment was seen to provide participants with a newfound understanding of the underlying causes of their gambling, triggers and emotional traumas as part of the bigger picture of their circumstances. A realisation of the impact of their gambling was seen to correlate with a sustained commitment to completing the treatment to reduce such behaviour. When commenting on whether the key problem they sought treatment for was solved through participation in Beacon's services, many participants showed a nuanced understanding of their addiction/harmful behaviours. It was frequently understood that their harmful gambling was a complex matter rather than an "easy fix", and that support would be needed for a long time. It was seen that Beacon offered a psychoeducational approach to recovery that facilitated a pathway for clients to move towards their personal goals by developing a healthy understanding of their behaviour.

R3: "I know Beacon are there if I need them"
R5: "The service provided a structure for me to get on the road to recovery"

A key takeaway for many participants was the feeling of structure within the support at Beacon; their services were seen to offer a framework of practical strategies and techniques which participants felt matched their recovery needs. Participants felt a level of support throughout their treatment pathway, with this framework acting as a guide for progress but also a structure to fall back on in the wake of any adverse effects on their recovery.

Notably, participants praised the aftercare service at Beacon, such as supplementary counselling sessions or participating in Trek Therapy events, stating that knowing Beacon would always be there for them empowered them to continue with their recovery in the long term (De Smet, 2020). Some participants appreciated the choice to engage in the aftercare service, again

alluding to feelings of control over their recovery. Conversely, some participants felt a desire to engage more consistently with these services, stating that they should either reach out themselves or that the service should promote greater involvement through more structured and frequent outreach.

The overall consensus is that the presence of Beacon within the lives of these participants gave a sense of structure and support that was fundamental for a long-term positive outcome of their treatment. In terms of self-perception of recovery, this is indicative of an effective service (De Smet et al., 2020).

Wider Context of Gambling-Related Support

Finally, to fully understand the effectiveness of Beacon's services, it is fundamental to situate them within the wider context of gambling-related support and compare service user experiences of alternative NHS or third-sector services.

A consistent theme among these participants was that the choice to use Beacon was partly due to a lack of options or awareness of available services. Most participants discovered Beacon through an internet search and referenced that "they wouldn't have otherwise known" about them. In the case of one participant, they felt that not enough is done by healthcare services that are not gambling-related, feeling an absence of education on how to treat people experiencing gambling-related harms and signposting to services such as Beacon. It was seen amongst the cohort that they would not have accessed this support if they had not taken the initiative to search for it themselves. Whilst this may not be the experience of all participants or service users at Beacon, it certainly reflects the wider context of gambling harm support and training within healthcare settings; Wyllie et al. (2023) found a lack of confidence among GPs in their ability to identify and support individuals experiencing gambling-related harms, suggesting a need for more training and awareness of this topic. Beacon is one of seven centres that offer the Level 2 Award in Tackling Gambling-Related Harms, endorsed by the Royal Society for Public Health. This course is for anyone working in the wider public health workforce and aims to provide candidates with an understanding of the nature and impact of gambling and related-harms, instructing them on tools to identify affected individuals, as well as the ability to signpost them to relevant services who can offer advice and support (RSPH, 2023). In this sense, Beacon strives to increase the coordination of healthcare providers and gambling

support services, promoting a public health approach to the treatment of individuals experiencing gambling-related harms (Office for Health Improvement and Disparities, 2024).

R3: "I felt Beacon was the best fit for me"

When asked to compare their experiences of other gambling support services against that with Beacon, participants found that Beacon's focus on "the person, not the addiction" was starkly different to experiences with other services that treated gambling and the affected individual as "dirty". The experience of this service user largely reflects the dominant, stigmatising discourse in wider society that individuals who gamble harmfully face (Miller and Thomas, 2017). Other participants found alternative services to be dismissive of their circumstances and "less empowering" than the services at Beacon. The results from this cohort indicate that Beacon's services move beyond traditional discourses of gambling-related harm by adopting a more compassionate, supportive, and less stigmatising approach to recovery based on a holistic understanding of the individual and their circumstances.

R1: "Beacon added an extra dimension to my recovery"

It was also commonly reported that Beacon was effective alongside the use of other services, for example, support groups such as Gamblers Anonymous and self-exclusion schemes such as Gamstop or Gamban. Participants found that both Beacon and these alternative services were fundamental to different aspects of their recovery; the latter offered practical and immediate intervention, and the conversations and therapy at Beacon were able to provide more long-term guidance regarding the nature of their gambling-related harm. For example, one participant noted finding support and understanding among peers at Gamblers Anonymous, but not the healthy attitudes towards gambling that they found through the professionally driven support at Beacon.

Service users perceived Beacon's services as essential to their recovery and, thus, an effective element of wider gambling support provision. Some participants stated that their experiences at Beacon were preferable to experiences with other services in terms of attitude, approach to treatment, and overall satisfaction with the outcome. This suggests that Beacon provides a unique and valuable service to individuals and also serves to increase the availability and awareness of services of this kind. These findings should not diminish the value of other

available services; it was commonly found that recovery was achieved through a myriad of support services that work alongside each other to support an individual with their treatment. It is more compelling to suggest that an issue lies in education and awareness of the nature of gambling and gambling-related harms, and that more should be done to inform healthcare and service providers on how to identify affected individuals, and the services available to them so that more people are given the support that they need.

Limitations of Findings

There are some potential limitations to the findings of this study. The primary limitation is the representativeness of the findings; the data collected cannot be said to reflect the experiences and beliefs of the wider cohort of service users at Beacon, and therefore cannot fully determine effectiveness. However, the findings do provide key insights into some service user experiences, building a greater understanding of the impact of Beacon's services and treatment model. The second limitation concerns the features of the sample; all participants who completed the survey had been successful in completing their treatment pathways at Beacon. This does mean the research is subject to bias and may miss key insights from service users who may have prematurely ended their treatment, or had a different experience from these service users. Yet, the key findings of this study did not report effectiveness solely as completion of the treatment pathway; the results demonstrated effectiveness through sources of safety, empowerment, and a deepened understanding of their relationship to gambling activity, meaning that the data is still valuable. Due to the scale of this project, it was not feasible to incorporate a wider range of service users within the study, but it would be recommended in future research to use participants of this kind to further contribute to an understanding of Beacon's services and their effectiveness. Finally, as with all survey research, the quality of the research is dependent on the quality of the survey design (Johns, 1999). Despite sustained attempts to design the survey in a way that would afford participants to speak freely, it is unavoidable that the research questions are guided by the research team's assumptions regarding good outcomes and service effectiveness, which may not correspond to the respondents' views. All results were reported as objectively as possible, but this limitation should be kept in mind when reviewing the findings.

Conclusions and Recommendations

The findings of this study offer empirical evidence to support the claim that Beacon Counselling Trust provides safe and effective therapeutic interventions and treatment pathways from the perspective of the focused/modest cohort of service users.

Key findings:

- The treatment matched the needs of service users due to its accessibility, flexibility, and provision of one-on-one and telephone counselling.
- The environment at Beacon promoted safety, trust, and comfort, putting participants at ease and positively impacting their willingness to engage with treatment.
- Participants felt empowered by the service provision due to friendly and motivating staff members, the provision of a solid foundation of structured support and an aftercare service to closely follow and fall back on.
- The characteristics of the staff members, often having experience with harmful gambling or gambling-related harms themselves, provided a unique feeling of being understood, and the well-informed provision of support and advice.
- Many participants found that they stopped gambling as a direct result of Beacon's services.
- Participants also found that the nature of support provided gave them a wider understanding of the causes and triggers of their harmful gambling and provided relevant support and guidance that promoted management of this behaviour in the long term.
- Some participants found Beacon to be more effective in approaching gambling-related treatment than other services.
- In other cases, Beacon's services were found to be an essential part of their recovery, alongside other fundamentally beneficial services.
- Participants felt there was a lack of understanding or awareness of gambling-related harms within the NHS and other healthcare providers.

Potential recommendations for development:

1. Continue to check in on service users who have completed the treatment pathway and, where possible, endeavour to maximise engagement with the aftercare service.

2. Reinforce selection criteria to align service users with compatible counsellors/primary staff members to maximise felt comfort and rapport.
3. Continue to advertise the service, share information regarding gambling-related harms, and educate healthcare professionals on identification and support pathways to help increase awareness.

These findings gather insights from individuals to understand their experiences with Beacon's services. Within this cohort, the data suggests that these services provide high standards of safe and effective therapeutic care, strong support and guidance, and spread awareness of gambling-related harms for the individual and the wider community. This data also provides an insight into participants' experiences with other gambling support services or healthcare providers, alluding to the wider context of gambling-related support in the UK.

Due to the scale of this project, these findings should not be taken as an overall reflection of the effectiveness and experience of the service for all service users. Nevertheless, the findings provide crucial insights into the process of undertaking a therapeutic pathway at Beacon and are a valuable source of data due to the direct usage of service users' voices and opinions. Therefore, while this data does not give a complete and representative picture of the effectiveness of Beacon's services, it contributes to Beacon's ongoing endeavour to understand the impact and effectiveness of its services, promoting the development of its treatment model and encouraging more research of this kind to continue to determine the effectiveness of the service.

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Appendices

Appendix A

Version #2   27/01/2025

UNIVERSITY OF LIVERPOOL

PARTICIPANT INFORMATION SHEET
For an anonymous self-completion survey

A study into service users' experience of the treatment and interventions provided by Beacon Counselling Trust.

We are inviting you to take part in a research study on behalf of Beacon Counselling Trust. Before you decide whether to take part, please take the time to read the following information so you can understand why the research is being done and what it would involve for you. If you have any further questions or if there is anything you do not understand after reading, feel free to ask us. You are under no obligation to take part in this study and should only do so if you feel comfortable and want to.

Thank you.

What is the purpose of the study?

Beacon Counselling Trust is one of the leading providers of gambling-related support in the North-West of England. They aim to improve individuals' and families' lives whilst staying committed to providing care that is safe and effective. Therefore, an understanding of service users' experience and opinions of the services provided is important in order to gauge how effective Beacon Counselling Trust is in achieving its aims. We would like to contribute to this understanding by hearing your feedback so BCT can support and improve its treatment model in the future.

Why have I been chosen to take part?

You have been invited because you have taken part in and completed a treatment pathway/counselling programme within Beacon Counselling Trust.

Do I have to take part?

Participation in this study is completely voluntary. If you decide to take part, you will be asked to fill in a consent form before completing the survey. Even if you consent to take part, you will still be able to withdraw from the study at any time before, during, or after completing the survey, up until March, when data analysis will begin.

What will happen if I take part?

You are being asked to complete an online survey. The survey will consist of several questions that you will need to complete yourself.

Preliminary themes for the survey:

- Type(s) of service used; length of treatment
- How did you find out about the service?
- Your attitude towards seeking help - What other services were used before BCT? Why did you choose to use BCT? Any doubts during the programme about continuing?
- Was it a safe and trusting environment? Did you feel comfortable sharing your experiences/story? Levels of rapport, empathy, and empowerment?
- Did the treatment match your needs? Were you allowed a degree of control regarding your treatment? Were your options made known to you? Did you find yourself still needing further support post-treatment?
- Experiences with other NHS or third-sector gambling support services.
- To what extent was the core problem you sought treatment for resolved (i.e. stop or reduce gambling)?

Surveys will be filled in completely anonymously, and you will not be identifiable from your responses.

How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task' and in accordance with the University's purpose of "advancing education, learning and research for the public benefit.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The Principal Investigator

acts as the Data Processor for this study, and any queries relating to the handling of your data can be sent to kirt83@liverpool.ac.uk.

Further information on how your data will be used can be found in the table below:

How will my data be collected?	Data will be collected via a self-complete survey
How will my data be stored?	All information gathered from this study will be stored securely on a password-protected University of Liverpool computer.
How long will my data be stored?	Your data will be stored for the duration of the project, after which it will be destroyed.
What measures are in place to protect the security and confidentiality of my data?	Your data will be completely anonymised from the point of collection due to the nature of the survey. All data gathered from this study is kept confidential by being stored securely on a password-protected University of Liverpool computer. Only members of the research team will have access to the data.
Will my data be anonymised?	Your data will be fully anonymised from the point of collection through a self-completed online survey.
Who will have access to my data?	Only the research team will have access to the study data.

1. Are there any risks in taking part?

The project will only collect data regarding your experience and thoughts on the services provided to you at BCT. The questions will focus on the service user's experience rather than the nature of your gambling-related harms or your life experiences. Whilst your previous experience may relate to your experience of the service and feel relevant to the survey, the project asks that the focus remains on your experience of the service itself.

Nevertheless, should you feel in any way distressed or uncomfortable with the content of the survey, you are entitled to abstain from answering certain questions or withdraw from the research altogether. Furthermore, if you feel that answering questions that relate to your service user experience would be too difficult or distressing, it would not be appropriate for you to participate.

Following participation in the study, you will have access to a dedicated support system within the organisation where you can debrief the process, receive guidance, ask questions, and raise any concerns you may have about the research and your experience of taking part in the study.

2. Are there any benefits to taking part?

There are no known benefits associated with your participation in this study. However, you will be contributing to informing and improving the treatment models at Beacon Counselling Trust and ensuring safe and effective care provision for the future.

3. What will happen to the results of the study?

The information you provide will be included in a report - this report can be made available to you upon your request. Due to the anonymous nature of the survey, you will not be identifiable from your answers or identified within the report.

4. What if I am unhappy or if there is a problem?

If you are unhappy or if there is a problem, please feel free to let us know by contacting Andrew Kirton at kirt83@liverpool.ac.uk, and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with, then you should contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about how the University processes your data, you must be aware of your right to complain to the Information Commissioner's Office by calling 0303 123 1113.

5. Who can I contact if I have further questions?

If you have any further questions or concerns about the study, you should contact the lead researcher, Andrew Kirton, who will do their best to answer your questions.

Email: kirt83@liverpool.ac.uk

Telephone: 0151 795 0548

Thank you for wanting to know more about this study.

Appendix B

Participant consent form

Version #1: 23/10/24
Title of the research project: A review of the effectiveness of the therapeutic interventions and treatment pathways provided by the Beacon Counselling Trust
Name of researcher(s): Ruby Morgan

Please initial the box

1. I confirm that I have read and understood the information sheet dated 2701/2025 for the above study, or it has been read to me. I have had the opportunity to consider the information and ask questions, and these have been answered satisfactorily.

2. I understand that taking part in the study involves an anonymous online or paper survey where I will be asked questions about my experiences and opinions of the services provided by the Beacon Counselling Trust.

3. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.

4. I understand that I can ask for access to the information I provide, and I can request the destruction of that information if I wish at any time before May 2025. I understand that following May 2025, I will no longer be able to request access to or withdraw the information I provide.

5. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool until it is fully

anonymised and then deposited in the archive for sharing and use by other authorised researchers to support other research in the future.

6. I understand that signed consent forms and original surveys will be retained on the University of Liverpool's encrypted drive, which only the research team will have access to.

7. I agree to take part in the above study.

_____   _____   _____
Participant name   Date   Signature
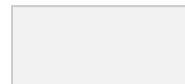
Ruby Morgan   14/02/2025
Name of person taking consent   : Date   Signature

Principal Investigator   **Student Investigator**
Andrew Kirton   Ruby Morgan
University of Liverpool   University of Liverpool
kirt83@liverpool.ac.uk   hsrmorg2@liverpool.ac.uk

Appendix C

Copy of Questionnaire

Beacon Counselling Trust Survey
Beacon Counselling Trust Survey - University of Liverpool Research Project

1. Please state the approximate date that you started your treatment pathway at Beacon Counselling Trust.

2. Please state the approximate date that you ended your treatment at Beacon Counselling Trust.

3. What was the approximate length of time between initially coming into contact with Beacon and formally starting treatment?

4. What types of services did you use/are you currently using at Beacon?

5. How did you find out about Beacon Counselling Trust and their services?

6. Why did you choose to use the services of Beacon as opposed to a different provider of gambling support?

7. To what extent would you agree that Beacon provided a safe environment during your treatment?

Strongly Agree

Agree

Neutral

Agree

Strongly Disagree

7a. Please explain your selection.

8. To what extent would you agree that there was a trusting environment at Beacon?

Strongly Agree

Agree

Neutral

Agree

Strongly Disagree

8a. Please explain your selection.

9. To what extent would you agree that the service providers at Beacon were empathetic?

Strongly Agree

Agree

Neutral

Agree

Strongly Disagree

9a. Please explain your selection.

10. How would you describe the relationship you had with the treatment staff at Beacon?

Very Good

Good

Neutral

Poor

Very Poor

10a. Please explain your selection.

    11. How would you rate the level of understanding of your experiences shown by the service provider?

    Very Good

    Good

    Neutral

    Poor

    Very Poor

11a. Please explain your selection.

    12. To what extent did you feel comfortable sharing your experiences/stories with the treatment staff at Beacon?

    Very Comfortable

    Somewhat Comfortable

    Neutral

    Somewhat uncomfortable

    Very uncomfortable

12a. Please explain your selection.

    13. Did you feel that the types of services offered at Beacon matched your needs? Please explain how.

    14. To what extent would you agree that you had a degree of control over your treatment pathway and decisions made about your use of the service?

    Strongly Agree

    Agree

    Neutral

    Agree

    Strongly Disagree

14a. Please explain your selection.

    15. Did you use any other gambling support services before or alongside Beacon Counselling Trust? If yes, please list below.

    16. Would you describe your experiences of treatment with other services as:

    Worse than Beacon

    About the same as Beacon

    Better than Beacon

    I have not used another service

16a. Please explain your selection.

17. In your experience, how do the attitudes of other gambling support services or general healthcare settings towards gambling/gambling support compare to the attitudes shown at Beacon?

18. In your experience, how does the treatment approach of other services compare to that of Beacon?

19. At the end of your treatment, was the core problem you sought treatment for resolved? Please explain your answer.

20. Did you need further support once you had completed your treatment pathway? If yes, how did Beacon provide this?