Improving the user journey to reduce dropout from Gordon Moody services

Findings Report
Jan 2024
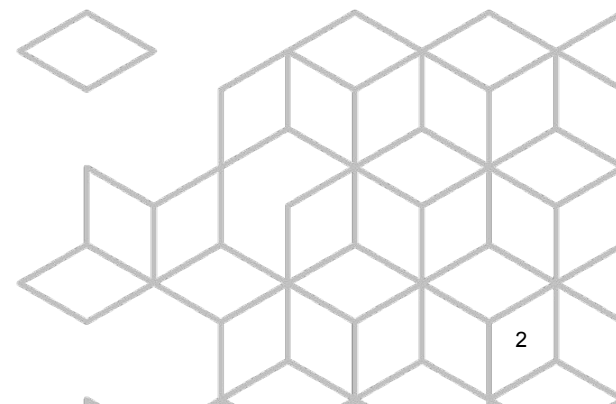
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Executive summary

BIT's Gambling Policy & Research Unit reviewed Gordon Moody's application process for treatment for gambling related harm, between October 2023 and January 2024.

What Gordon Moody are doing well:

Website: The webpage design is consistent across the site and uses engaging visuals, with direct links to the application form from each page.

Application form: The form collects data that helps recognise and mitigate risks and speeds up the assessment process.

Assessment: Staff members make an outstanding effort to reach applicants throughout the application process.

Pre-treatment: Applicants have access to regular check-ins and group calls, as well as personalised support from staff.

Overview of key barriers:

Website: There is a lack of clarity regarding practicalities and treatment options, and navigation involves friction.

Application form: The form includes jargon and questions not used by staff to inform decisions.

Assessment: The text messages sent to applicants are not reflective of the warm nature of Gordon Moody staff.

Pre-treatment: Applicants receive limited information about treatment logistics, and some alumni felt that pre-treatment support was not consistent.

Based on the barriers, we developed solutions, which can be grouped under these themes:

Make the process easy to complete

Provide clarity to the applicant on what to expect

Provide support throughout the process

1. Background

THE
**BEHAVIOURAL
INSIGHTS
TEAM**

THE
**GAMBLING
POLICY &
RESEARCH
UNIT**

We worked with Gordon Moody to enhance the user experience from initial website engagement through to the commencement of treatment

Our primary objective was to **identify and address behavioural barriers and pain points** that may lead to user dropouts along Gordon Moody's application journey, and apply behavioural insights to develop solutions to **increase the number of users starting treatment.**

We sought to answer the following two **research questions**:

1. Within the different stages of the user journey, which specific elements act as barriers preventing users from progressing to treatment?

2. What solutions can be employed to overcome the identified behavioural barriers and to increase the number of individuals entering treatment?

Our partner

GORDON MOODY

Gordon Moody are the leading UK charity providing residential treatment for gambling-related harms.

Their services involve pre-treatment engagement with applicants, assessment of the level of harm, various forms of residential treatment, as well as aftercare.

2. Methodology

We collected data by reviewing Gordon Moody's website, application materials, and related data, as well as by interviewing staff and treatment alumni

1

We systematically reviewed the website, the application form, and the text messages sent to applicants.

The review focused on the information applicants see, how information is presented, and what steps applicants need to complete to submit an application.

2

We interviewed three staff members involved in pre-treatment support.

These semi-structured interviews focused on Gordon Moody's processes and the views of staff members regarding potential barriers. We also aimed to understand how staff members use the information provided in the application form.

3

We interviewed four treatment alumni.

The interviews offered direct insight into the application experiences of individuals with lived experience of gambling-related harm. We asked participants to recall what they found easy or difficult throughout the application process and how each stage could be improved.

4

Finally, we reviewed data on applications and admissions.

This final step involved analysing Gordon Moody's internal data on which applicants are more likely to drop out and at which stage of the process. The findings indicate whether certain barriers affect some demographic groups more than others.

See appendix 1 for more detail on analysis approach

Our findings should be interpreted with the characteristics of research participants and accessed datasets in mind

We worked with small sample sizes
We only interviewed three staff members and four treatment alumni. Therefore, our findings come from a limited sample and may not represent the views of wider groups of staff members and treatment alumni.

Our sample did not include important subgroups
We interviewed people who work for or have been treated by Gordon Moody. Therefore, our findings do not represent the views of those who dropped out of or did not apply for treatment due to the barriers they faced.

Interviews relied on recalling past events
Participants were often asked to recall experiences from previous months, some of which were potentially traumatic. It is therefore likely that their current views do not always align with their past experiences.

Application data is incomplete
The application dataset contained missing values and labels; we are cautious it may include distorted findings. We have used this data as an initial guide, but placed greater emphasis on insights derived from the application process review and interviews in shaping our findings and recommendations.

Desk reviews were completed by researchers without first-hand experience of gambling harm
The website, application form, and messages were reviewed by researchers, who had not experienced gambling harm. While the reviews were informed by research, these findings might not align with applicants' views on the user journey.

3. Findings and recommendations

This section outlines barriers and recommendations, following the user journey from entering Gordon Moody's website to the commencement of treatment

Website – landing page and navigation

Application form

Assessment

Pre-treatment

First call by applicant and follow-up message – *not reviewed in the audit*

Professional referrals – *not reviewed in the audit*

Reviewed forms of communication after the submission of the application form

- ➔ **Automatic text messages**
- ➔ **Pre-assessment call**
- ➔ **Assessment call**

- ➔ **Welcome pack**
- ➔ **Regular calls**
- ➔ **Group sessions**
- ➔ **Resources on the website**

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Application data shows that applicants are diverse and drop out at various stages of the user journey, leading to a 17% completion rate of treatment overall

What we found:

We reviewed the application data of 2123 individuals from 2021-2023.

Most applicants are white (83%) and **male (74%)**, and due to high dropout, only 17% of applicants complete Gordon Moody's treatment.

20% of dropouts happen when Gordon Moody **cannot contact the applicant for assessment**. Cancelling the appointment, dropping out after assessment, and declining treatment are other frequent reasons for dropout, each representing 14% of dropouts.

Women and ethnic minorities are **less likely to cancel their assessment appointment** than white men. However, we have not found other differences across genders and ethnic groups.

Implications of findings:

Recent UK data shows that 69% of gambling treatment services users are male. This indicates that **male applicants to Gordon Moody's services are overrepresented,** not only **compared to** the wider population, but also to **the specific subgroup of gambling treatment users.**

The ratio of white applicants at Gordon Moody (83%) aligns with census data showing that 82% of residents in England and Wales are white. Gambling treatment users are less diverse on average, with 90% of this group being white. This suggests that **Gordon Moody attracts a ethnically diverse range of applicants**.

Data on dropouts indicates that **increasing engagement is equally important at each stage of the journey.** Differences in dropout rates across demographics show that the identified **barriers affect some groups more than others**, which is supported by BIT's evidence review on barriers to accessing treatment.

*The application dataset contained missing values and labels; we are cautious the above may include distorted findings. Therefore, we have used this data as an initial guide, but have placed greater emphasis on insights derived from the application process review and interviews.

Website landing page and navigation

Overview of the stage

What do applicants do at this stage of the user journey?

1. **Access website.** Most applicants' first point of contact is Gordon Moody's website. On the landing page, applicants receive information about who Gordon Moody are and a high level overview of their offering. From the landing page, applicants can navigate to further information, to a self-assessment tool, and to the application form.

Objective of review

Highlight barriers within the website design and content that may be stopping applicants from starting an application, and identify opportunities to streamline the user journey. This should help ensure that those with the greatest need for support can access the information they need, in order to reach out to Gordon Moody.

Note on data collection
At the time of the data collection, applicants needed to navigate through multiple pages to find the application form, as detailed on the following slides. However, Gordon Moody have since added an "Apply now" button to the landing page, streamlining access to the form. While we welcome this improvement, we believe there are still further changes that could be implemented to facilitate applications.

Why do applicants need to do this?

The purpose of the website is to:

- Offer information about existing services and logistics involved;
- Help users understand whether the support is relevant for them by using self-assessment tools;
- Build trust and encourage users to apply for support;
- Offer information for friends and family.

Applicants need to use the website post application as well. At this stage, the website helps understand how to prepare for residential treatment and what further support is available.

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It is not immediately clear what the range of services is that Gordon Moody provides and what practicalities are associated with each support option

The landing page does not outline the range of treatment options Gordon Moody offers

Gordon Moody provides a range of treatment and support options for those experiencing gambling-related harm and their affected others. While the top of the landing page mentions residential treatment, details, such as advice, counselling, online support, or a structured residential treatment course, are only provided at the bottom.

The residential treatment may be too salient, and can make users think that Gordon Moody only provides residential treatment. This may be off-putting to potential applicants who are unable to attend residential treatment, reducing the likelihood that they apply.

There was limited practical information available about the treatment services

For some offerings, such as the retreat and counselling programme, there is limited information provided about the cost, locations, timelines and waiting periods. Some of this information is not available on the website or can only be found in the FAQs.

Instead, the landing page displays a news section offering information less relevant to the applicants.

Whilst we understand Gordon Moody's rationale for limiting upfront information, if applicants struggle to find practical details, they can be discouraged from applying. For example, applicants may believe they cannot afford treatment and are not eligible for financial support. The limited information on costs can therefore act as a barrier.

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The buttons on the landing page take users to unexpected pages, creating friction in website navigation

There are multiple "calls to action" (CTAs) with nearly identical wording, which take users to unexpected pages:

- The "get help now" button takes users to a page with general information and out of the application loop instead of opening the application form;
- The "learn more" button leads to a page containing self-assessment questions instead of showing more information;
- After clicking the "find out more" button, users see information about outreach and not about treatment options.

Having numerous buttons with confusing CTAs makes it challenging for users to determine the correct next step. This may lead to a sense of frustration, potentially prompting the user to exit the website.
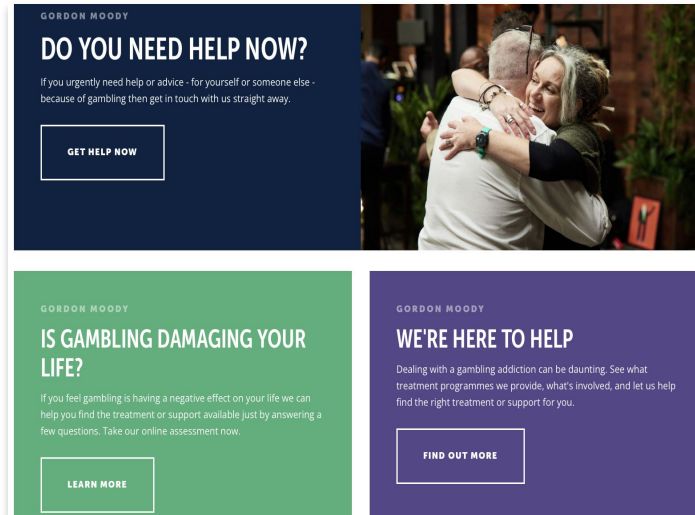

GORDON MOODY

DO YOU NEED HELP NOW?

If you urgently need help or advice - for yourself or someone else - because of gambling then get in touch with us straight away.

GET HELP NOW

GORDON MOODY

IS GAMBLING DAMAGING YOUR LIFE?

If you feel gambling is having a negative effect on your life we can help you find the treatment or support available just by answering a few questions. Take our online assessment now.

LEARN MORE

GORDON MOODY

WE'RE HERE TO HELP

Dealing with a gambling addiction can be daunting. See what treatment programmes we provide, what's involved, and let us help find the right treatment or support for you.

FIND OUT MORE

Image 1: Captured from Gordon Moody

"If I've got to go to a website that doesn't actually make it easy for me, what a rationale to do nothing. You've just given me the reason [not to apply]."
– Staff member

The website does not contain enough information about treatment outcomes and does not showcase the diversity of individuals treated

Evidence for treatment effectiveness is not made salient

The website presents Gordon Moody as a leading charity, but it primary highlights negative aspects of gambling, such as the daunting nature of dealing with addiction, and falls short in showcasing evidence of treatment effectiveness, such as:
- Testimonials from alumni;
- Statistics about success rates;
- Practical examples of what applicants can gain from the treatment.

Research suggest that fear of treatment is a key motivational barrier to seeking gambling support. Furthermore, doubts about quality of offer, including the treatment program, skills of therapists and therapeutic relationships can act as structural barriers to seeking treatment. Evidence of treatment effectiveness, such as information about expertise, success stories, and language focused on benefits of attending treatment, may help encourage application.

The imagery is not reflective of the range of individuals applying for treatment

While the website features images representing a range of demographics, the landing page depicts mostly one demographic (white males). Therefore, the landing page can give the impression that Gordon Moody's services are suitable for this group only.

Shame and stigma around gambling is common, especially among women and ethnic minorities. Including more inclusive imagery and testimonials by a diverse group of alumni on the website may help applicants perceive the treatment as welcoming and suitable for them.

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The following are examples of potential changes to the content on the landing page

Original website texts

DO YOU NEED HELP NOW? *If you urgently need help or advice - for yourself or someone else - because of gambling then get in touch with us straight away.* *Get help now*	*IS GAMBLING DAMAGING YOUR LIFE?* *If you feel gambling is having a negative effect on your life we can help you find the treatment or support available just by answering a few questions. Take our online assessment now.* *Learn more*	*WE'RE HERE TO HELP* *Dealing with a gambling addiction can be daunting. See what treatment programmes we provide, what's involved, and let us help find the right treatment or support for you.* *Find out more*

Proposed alternatives

Consider changing the "get help now" button to a button prompting to call or fill out the application form. *Call us now*	Consider replacing the "learn more" button with one describing the action e.g. "take assessment" / "take test". *Take assessment*	*"Dealing with a gambling addiction can be daunting. We have over 50 years of experience offering residential treatment, at-home counselling, and advice for friends and family. Let us help find the right support for you."* Redirect the button to information about available support.

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What Gordon Moody are already doing well:

Salient CTAs: At the top of the website, there are some salient buttons with clear CTAs and important functionalities. For example, "apply now" leads straight to the application form.

Simple website design: Large titles, use of colours and short sentences make the website easy to navigate.

Credibility building: The first sentence on the landing page highlights that Gordon Moody are the UK's leading charity dedicated to offering support, which helps build confidence in the service provision.

Ideas to reduce dropout

> Solution is ready to be implemented given evidence base and limited backfire risk
> Solution may require further design and evaluation ahead of implementation

Ease of navigation

- **Review links and wording of CTAs:** Ensure that it is clear from the CTAs where each button will take users and that the text is not repetitive*.*

Clarity of information

- **Clarify what offerings are available:** Consider including what type of support the charity offers on the landing page (advice, counselling, online support or residential treatment) or who the support is for (those who need support or family/ friends).
- **Clarify treatment practicalities on the website.** This should include cost, length, itinerary, etc. Ensure that all relevant information about logistics can be reached via a direct link from the landing page.

Trust in offering

- **Highlight treatment effectiveness:** Consider adding relevant statistics or testimonials about success rates, and frame the language around the benefits and solutions rather than the challenges.
- **Showcase wider demographics:** Consider including case studies or testimonials from the target demographic and more inclusive imagery on the landing page.

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Application form

Overview of the stage

What do applicants do at this stage of the user journey?

1. **Fill out and submit the application form**

   Applicants are asked the following in the application form:
   - Personal information, including sensitive data, such as ethnicity and sexual orientation;
   - Personal finance information, employment and accommodation status, and receipt of state benefits;
   - Gambling behaviour in the past and present.

   The form can be submitted on the website or downloaded as a pdf, then sent to Gordon Moody.

Objective of review

Highlight pain points during the application form completion and identify solutions for simplifying and restructuring the form to reduce the number of applicants dropping out at this stage.

Note on data collection
Applications can also be made by a professional, using a referral form, or by calling Gordon Moody for support with completing the form. These application routes were not in scope of this project and have not been reviewed.

Why do applicants need to do this?

Gordon Moody want applicants to submit an application form with complete and accurate information about their circumstances and gambling behaviour.

At this stage, staff members want to know about:

- Contact details of the applicant to arrange further assessment;

- Risk factors, such as suicidality or homelessness to prioritise applications;

- An overview of gambling experience to understand the applicant's background before the first conversation.

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The form is too lengthy and does not inform applicants about how long it takes to complete and what information needs to be shared

The form contains multiple questions that staff do not always see as useful

Gordon Moody staff do not use all the information in the form, and there is some disagreement regarding the rationale for including certain questions. Questions that staff members do not see as useful include:

- Questions from the Diagnostic and Statistical Manual of Mental Disorders (DSM) – *too many questions without a clear purpose that may not align with the scales used later during treatment, i.e. PGSI;*
- Personal finances and employment - *these questions are asked during the subsequent assessment.*

The length of the form is in itself a barrier to applying. An unexpectedly long medical form can be off-putting, especially if applicants are distressed or on the fence about applying.

"Core 10 and PGSI are worth so much more than DSM, [...] because it's about the emotional state, it's about where they are as a person." – Staff member

Applicants do not know what to expect when they start filling out the form

There is no indication of how long it will take to complete the form, what information applicants will need to provide, and where they can find that information.

Providing limited information about the form can create friction, e.g., if applicants need to provide their National Insurance number, but do not know where to find it.

Applicants might also be concerned that they will be asked to provide information they do not want to disclose. This can discourage them from applying.

Staff members need certain information to assess and mitigate risks early

There are pieces of information that staff find useful to know before the assessment

Staff members need to identify risk factors, such as suicidality, homelessness, criminality as early as possible.

Questions on emotional state are judged to be more informative than those about money and time spent gambling. They help identify risk factors and understand the applicant's situation.

Questions about why someone decided to apply, which games they play, as well as information provided in free text boxes are seen as great conversation starters.

"Why do we bother asking about debt and money? Has anyone ever made a decision based on money? I haven't." – Staff member

Although it is currently too long, staff would add some new questions to a redesigned form

Staff would prefer to have an emergency contact they can reach if they are worried about an applicant. However, the phrase "emergency contact" might scare applicants, therefore, we suggest asking for the contact details of "someone close to you".

While staff see most money-related questions as irrelevant, one staff member mentioned that many applicants have illegal debts, which can be an important risk factor. The current form does not ask about informal and illegal debts.

"I work with a lot of people that own sharks a lot of money and there's risk involved there. Knowing that [...] would be useful." – Staff member

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The form does not build trust in applicants before asking sensitive questions

Applicants are asked to provide sensitive and personal information without justification

There are several questions relating to personal and sensitive information, such as sexual orientation, personal finances, and health data. Yet, it is not clarified why Gordon Moody needs to collect this information and how it will be used.

HAVE YOU EVER CONSIDERED SUICIDE AS A RESULT OF YOUR GAMBLING? *

Please Choose ⇕

BACK   NEXT

Image 2: Captured from Gordon Moody

The lack of clear and salient justification for asking sensitive questions can lower trust in applicants. As a result, applicants may be less likely to disclose such pieces of information truthfully.

For example, staff interviews suggested that information on suicidality is only used at this early stage to assess immediate risks. Yet, it is not explained to applicants that Gordon Moody need to know about risk factors in order to prioritise applications.

"On this form, right at the beginning, when I don't know you, I don't trust you, I'm not going to tell you I'm gay for the first time ever." – Staff member

Many questions offer too many options to choose from, increasing the complexity for applicants completing the form

Some questions have drop-down lists with an overwhelming number of answer options

Applicants sometimes need to choose between lots of answer options that are often similar to each other. Impacted questions include those about employment status, state benefits, housing, and motivation to apply. Over a third of current applicants select "other" for accommodation type, and staff members do not trust the information shared in the form.

There is strong evidence that offering too many options makes decision making more difficult, especially if individuals seek to minimise their efforts. This can lead to choice deferral (not answering questions in the form) or inaccurate information disclosure.

PRESENT ACCOMMODATION?

Please choose

| Please choose |
| Local authority |
| Housing association |
| Private rented |
| Accommodation tied to job |
| Owner occupier |
| Supported housing |
| Homeless hostel |
| Residential care home |
| Hospital |
| Prison |
| Probation hostel |
| Bed and breakfast |
| Temporary housing |
| Living with family |
| Living with a friend |
| Sleeping rough |
| Other |

Image 3: Captured from Gordon Moody

"I trust the assessment infinitely more than I trust the application form [...]. I have gotten vastly different answers in the assessment versus what I've seen in the application form. [...] So I use the application form as a jumping off point to give me a rough idea, but I never take it as gospel" – Staff member

Questions are difficult to understand due to the use of jargon and lack of intuitive grouping

Questions that relate to the same topic are not listed below each other

While many similar questions follow each other directly in the form, there are instances where applicants need to jump back and forth between gambling-related questions and questions about personal circumstances.

There are also questions that could be grouped together to clarify what they refer to and why they are asked.

A more intuitive grouping of questions could make the form easier to scan and understand – both for applicants and staff. Furthermore, form completion takes longer if applicants cannot anticipate what the next questions involve.

Multiple questions include jargon or do not define important concepts

Some questions use acronyms and jargon, such as "leave to remain in the UK" and "state benefits eligibility". These may decrease comprehension, especially for low-literacy individuals.

It is not clear how concepts such as gender or monthly income are defined, which risks inaccurate disclosure.

If applicants do not understand the questions and available options easily, they might stop filling out the application form or provide inaccurate information.

"It's three in the morning, and I've just gambled all my money, and I'm looking at [the form] –
I wouldn't know where to start." – Staff member

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The layout of the form makes it difficult to fill out, and its design does not accommodate for neurodivergent and low-literacy individuals

Some design and layout choices make it more difficult to fill out the form quickly and accurately

Sections are clearly numbered and mandatory questions are marked with an asterisk. The form keeps a consistent style and marks errors, which help quick progression.

However, progression should be indicated more clearly and completion should be quicker. These can be achieved by adding a progression bar, and ensuring that all questions have the format most users would expect. E.g. date of birth should be changed to a single DD/MM/YYYY format.

Unusual question formats and lack of clarity about progression can slow down completion and discourage applicants.

The form is not accessible enough for neurodivergent and low-literacy individuals

The form has headings in capital letters, which are difficult to read for neurodivergent and low-literacy applicants. Autofill and autocorrect functions, and a plain English form version would also benefit these subgroups.

We observed further issues on the pdf version of the form. For example, there are multiple columns on one page, and the pages are more dense.

If general guidelines on accessible form design are not followed, neurodivergent and low-literacy applicants may take longer to complete the form and could be discouraged from applying.

"It looks like a big medical document, [...] unwieldy and scary. And I think it can lead to that viewpoint of 'what's this leading into? Am I gonna have to do more of this?' " – Staff member

What Gordon Moody are already doing well:

Collecting useful information: The form collects data that staff find useful to know before the assessment. This speeds up assessment calls and helps mitigate risks.

Design: The online application form has a consistent design and layout with large enough fonts and contrasting colours. This aligns with design guidelines for user interfaces.

Ideas to reduce dropout

Solution is ready to be implemented given evidence base and limited backfire risk
Solution may require further design and evaluation ahead of implementation

Ease of form completion

Work with staff to identify questions to remove. Make sure each question has a clear purpose for staff at this early stage. In future iterations, try to remove one old question for each new addition to minimise form length.

**Simplify** language, add further aids, such as visual guides, and optimise question format using government guidelines.

Clarity around progression and information needed

Indicate time required to complete the form and **progress** throughout.

Clarify what data applicants need to provide and where they can find it, e.g. their NI number.

Trust in data handler

Increase trust and minimise further harm by **starting and ending the form with light-touch, non-sensitive questions** and providing justification for why questions are asked, e.g. by highlighting that Gordon Moody needs to assess potential risks.

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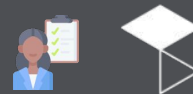
Assessment

Overview of the stage

What do applicants do at this stage of the user journey?

1. **Call with Gordon Moody:** After the submission of the form, applicants go through an assessment over the phone that help Gordon Moody decide which of their services they can offer to the applicant;

2. **Automated text messages:** During this period, applicants receive several automated text messages that prompt them to book an assessment and attend it, or reschedule if needed;

3. **Additional optional calls or messages:** During the days when applicants are waiting for the assessment, they can talk to staff members, who provide initial guidance and support if needed, while gathering further information about the applicant.

Objective of review

Highlight barriers during the initial assessment phase and identify solutions to improve engagement and reduce dropout rates at this stage.

Why do applicants need to do this?

Gordon Moody need to accurately understand the circumstances and gambling behaviour of applicants to determine whether they are suitable for treatment.

Therefore, applicants need to provide information about their background and gambling habits during the assessment call and during other communications with staff, complementing any information already provided in the application form.

Automated messages lack logistical details and rapport-building elements, making them feel disjoint from the communications received from the therapists

There is a lack of clarity about next steps while applicants are waiting for the assessment

Automatic messages sent to applicants do not include information about what to expect in the coming days. Missing information includes:
- GM's opening times when applicants can call;
- What to prepare for the assessment;
- Whether the assessment takes place over the phone or in person;
- What the next steps are;
- Where to find more information or additional support.

The automated messages do not build trust in applicants

Staff members call and text applicants to build rapport, but automated text messages do not follow the same standards, which can lead to lower trust. For example:
- The word "assessment" was not considered friendly by an interviewed staff member;
- Messages do not show empathy or have trust-building elements, such as interest in or understanding of the applicant's circumstances and wellbeing;
- Messages include punctuation mistakes;
- The signature is often missing or incomplete.

Applicants may feel shame, stigma, and uncertainty associated with the assessment. Lack of understanding of the process and what the assessment entails may create further ambiguity and negative emotions. Furthermore, if messages feel cold, distanced or unprofessional, applicants might lose trust in the service and do not attend assessment calls.

The closing text message is indifferent and does not make re-applying salient enough

Gordon Moody makes multiple attempts to reach out to disengaged applicants. However, the final automatic message informing applicants that their application has been closed feels different from the supportive tone maintained by Gordon Moody in other communications and does not make it easy to re-apply. For example:

- The message does not acknowledge that deciding to submit an application is a difficult step;
- It does not signpost to other forms of support;
- It does not include links to the form for re-applying;
- The encouragement to re-apply in the future does not show empathy.

Attending residential treatment is a major step towards recovery, and some applicants may apply multiple times before they feel ready to commit themselves. The distanced tone in the closing message might make applicants feel that Gordon Moody do not offer the level of support and care they need in the future.

What Gordon Moody are already doing well:

Personalised calls and messages from therapists: Gordon Moody have taken steps to ensure that the calls applicants receive include trust-building elements and that staff members show empathy during calls.

Ideas to reduce dropout

> ➡️ Solution is ready to be implemented given evidence base and limited backfire risk
> 🔵 Solution may require further design and evaluation ahead of implementation

Clarity
🔵 **Checklist with practical advice:** Consider sending new applicants a checklist via email, which includes what to expect while waiting for the assessment and beyond, timelines, what to prepare, and what other support is available.

Tone
➡️ **Consistency in messages' tone:** Ensure consistency in tone across the automated messages and the ones sent by therapists. All messages should include trust-building elements. *(see example on following pages)*

🔵 **Review terminology used for application and assessment** and ask staff members and alumni for input. For example, the word "assessment" could be replaced by "overview call", "information call" or "introduction call".

Motivation
➡️ **Promote re-applying:** Encourage re-applying by showing more understanding towards applicants and providing information about the process of re-applying. We would suggest shortening the re-application process where appropriate.

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Example of alternative automated messages

Message 1: Sent after the applicant requested the application form after first phone call

Original

Proposed alternative

Hello {{firstname}}

As requested, please complete the application form located at this link {{url=https://gordonmoody.org.uk/online-application/}}

Kind Regards,

Gordon Moody

Hello {{firstname}},

Thank you for calling us and well done for taking the first step towards getting support.

To proceed with your application, please complete a 5-minute form by following this link: {{url=https://gordonmoody.org.uk/online-application/}}.

Upon completion, you should hear back from us within 2-3 working days.

If you have any questions or need further assistance, please give us a call on 01384 241292, Option 2.

We're here for you!
Gordon Moody Team

Note for all text messages: *We would encourage Gordon Moody to include phone line opening hours so applicants know when to get in touch.*

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Example of alternative automated messages

Message 2: Sent after application form is submitted

Original

Proposed alternative

Hi {{firstname}},

This is a text from Gordon Moody. We have received your application. Could you please ring us on 01384 241292 Option 2 to allow Gordon Moody to move your application forward .

Kind Regards

Hello {{firstname}},

Thank you for completing your Gordon Moody application form.

Please give us a call on 01384 241292, Option 2 to book in your introduction call at a time that works for you.

We understand this is a big step and we're here with you throughout your journey.

Best wishes,
Gordon Moody Team

Example of alternative automated messages

Message 3: Sent after assessment has been booked in

Original

Proposed alternative

Hello {{firstname}} Thank you for your application to Gordon Moody

Your assessment is booked on the **/**/** at **:** with ****

The average assessment lasts 60 to 90 minutes, please try and be in a place where you can answer the questions openly and honestly.

If you need to contact Gordon Moody please ring 01384 241292, Option 2.

Kind Regards

Gordon Moody

Hello {{firstname}},

Thank you for your application to Gordon Moody.

Your introduction call is booked on the **/**/** at **:** with ****

This call will last 60 to 90 minutes and takes place over the phone. We will talk to you about your personal circumstances and experiences with gambling. Please find a private place so you can talk openly and honestly. There is no need to prepare anything in advance.

We're here to support you every step of the way. If you need to speak to someone at Gordon Moody or reschedule, please ring 01384 241292, Option 2.

We're here for you,
Gordon Moody Team

Recommended Notice of closure

Message 4: Sent if applicant could not be reached after submitting application form

Original	**Proposed alternative closing message**
Hello *We are getting in touch regarding your application. We have tried to contact you but have not heard from you for some time.* *If you are still interested in receiving support from us then please get in touch as soon as possible. You can do this by calling 01384 241292, Option 2.* *If we have not heard from you by *** Date *** then we will assume that you no longer wish to continue with your application and it will be closed.* *If you wish to reapply to Gordon Moody in the future then you are welcome to do so online via our website.* *Kind regards*	Hello {{firstname}}, We are getting in touch regarding your application. We have tried to contact you but have not heard from you for some time. If you still need support from us, please get in touch as soon as possible by calling 01384 241292, Option 2. If we have not heard from you by *** Date ***, we will assume that you no longer wish to continue with your application at this point and it will be closed. Gordon Moody's doors remain open to you. Whenever you are ready to reapply, please call us on 01384 241292, Option 2. We are here to help, Gordon Moody Team

Pre-treatment

Overview of the stage

What do applicants do at this stage of the user journey?

1. **Offer confirmed:** Following the assessment, suitable applicants receive an offer for treatment. There is typically a waiting period before treatment commences, which we refer to as the pre-treatment period.

2. **Weekly call:** Those accepting the offer receive weekly calls from a Gordon Moody staff member to keep them informed and engaged.

3. **Welcome pack:** Applicants receive information about their stay as part of their confirmation letter.

4. **Group Zoom Sessions:** Applicants can also join optional group sessions chaired by staff members, where they discuss challenges they face, as well as the practicalities of treatment.

Objective of review

Identify reasons for applicants dropping out during the pre-treatment stage and explore opportunities for introducing additional support, with an emphasis on applicants with longer waiting times.

Why do applicants need to do this?

Waiting periods ahead of starting treatment vary depending on the programme, but can be up to three months. It is key that Gordon Moody keeps applicants engaged and motivated during this period and helps them navigate personal challenges.

Regular calls and group sessions, as well as information about treatment, contribute to continuous engagement and provide pre-treatment support whenever needed.

Applicants and their friends or family do not receive enough information about the treatment

The welcome pack is useful, but is sometimes sent out late and lacks information relevant to some applicants

Applicants receive a welcome pack, but some alumni felt that this happened too late and that the pack lacks information about what applicants can expect during treatment. Missing information includes what to bring or prepare, what happens to benefits, a detailed itinerary, why the treatment works, what applicants should expect or support for taking time off work.

Lack of information from therapists about treatment regime is a barrier to seeking gambling support, as it can create uncertainty and leave room for negative beliefs or expectations. Doubts about the quality and effectiveness of the treatment can also act as a barrier to seeking support.

Lack of resources and guidance for friends or family can add pressure on applicants

Treatment alumni reported that it was challenging to find information for family and friends support, or to know how to tell them they were entering treatment.

Some applicants may feel anxious or scared during the pre-treatment period, as they do not know what to expect and what to tell friends and family. Sharing family psychoeducation, i.e. informing family or partners about the prevention, treatment, and recovery stages of certain disorders, has been shown to help improve attendance to medical treatment of mental health conditions.

"[it] wasn't really transparent what [they were] going to be walking into." – Alumni member

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The support available during pre-treatment is not tailored to different waiting times

When waiting more than 2-3 months or joining the process last minute, additional support is needed

All applicants receive a welcome pack, a weekly call, and are encouraged to attend group meetings. Additionally, one interview participant reported receiving accommodation support while awaiting treatment. However, the available support was not tailored to those waiting over two months, or to those who applied shortly before the commencement of treatment.

As the novelty wears off, individuals may become less inclined to participate in group meetings or engage with their weekly calls, especially if they find the content repetitive. Ensuring that the offered support can adapt to both shorter and longer wait times could help with engagement.

Applicants need additional support and motivation in the last weeks before treatment starts

Both support staff and alumni noted that applicants tend to experience more apprehension immediately prior to the commencement of treatment, often leading to increased dropout rates. Interview participants hypothesised that this is the point when individuals fully acknowledged the realities of entering treatment and find reasons to not attend, such as not knowing what to pack.

"It was generally felt that people drop out at this stage because it's a big decision or life change that people might not be ready for. I don't think it's anything actually Gordon Moody is or isn't doing....I think it's a big decision."
– Staff member

Some interview participants faced logistical challenges in attending or accessing group meetings and weekly calls

Technology-related issues and scheduling make it hard for some to attend group meetings

There is low attendance to some group meetings, as applicants
- Do not know how to join the sessions;
- Forget that a session is taking place;
- Do not have access to the required device or software to join;
- Have other commitments when group sessions are taking place.

Research has highlighted that other commitments (e.g. work, childcare), availability issues, and a lack of practical information are major barriers to attending gambling treatment. These barriers might reduce applicant's' ability to fully engage with pre-treatment support.

Phone calls are not consistent or timely enough

Alumni disagreed on how useful the weekly phone calls are. Although they had mainly positive feedback, one alumni recalled that some phone calls were delayed or missed, despite explicitly asking for a call on their payday to help manage triggers. Another perceived the conversation as "basic", having expected to receive more support during the pre-treatment phase.

Not feeling supported during the pre-treatment may lead to lower trust and reduced motivation to continue.

"I was supposed to get a phone call once a week and twice I have to email her to say where's my phone call? And I asked her to phone me." – Alumni member

What Gordon Moody are already doing well:

Zoom meetings: The group sessions provide opportunity to learn more about what the treatment is like, and what the applicant would be doing in the first few weeks.

Personalised pre-treatment support: Alumni members reported receiving additional personalised support (e.g. accommodation advice).

Weekly calls: These can help build a relationship early, increase engagement, and help identify risks.

Ideas to reduce dropout

➡ Solution is ready to be implemented given evidence base and limited backfire risk

🔄 Solution may require further design and evaluation ahead of implementation

Inform

➡ **Early welcome pack:** Offer an early information pack and visual timeline alongside the confirmation letter, to give a better overview of key practical information during pre-treatment and examples of information to be shared with friends or family. *(see example on following pages)*

➡ **Offer more information** about treatment rationale and effectiveness to help applicants better understand how the treatment can help them.

Motivate

🔄 **Address worry in the last weeks and days before treatment starts:** Survey alumni and those who exit pre-treatment to understand key fears and worries and address those explicitly. Explore solutions to help applicants keep in mind why treatment is important to them and continue to treatment. *(see example on following pages)*

➡ **Ensure calls happen regularly and provide meaningful support:** Ensure calls are made at the agreed times and that individuals understand what to expect from the calls.

Use social networks

🔄 **Ask applicants to nominate a support buddy** (a friend, family member or significant one) to help keep the applicant accountable and motivated to attend treatment. *(see example on following pages)*

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The following slides provide more detail on some of the ideas, including early stage mockups

Early information pack

Aim:
Help applicants understand what to expect during pre-treatment to ensure (1) all logistics are understood (2) fear of treatment is reduced and (3) engagement is maintained.

Rationale:
This pack focuses on reducing uncertainty by outlining what applicants can expect during the pre-treatment phase and what they should do in preparation for residential treatment.

Content *(see example on following page):*
We suggest asking current and former residents about what they would have found useful. The following are examples that could be included:
- **Pre-treatment visual checklist:** What happens during pre-treatment (weekly call and Zoom meetings) and what should be prepared and when (e.g. when to inform employer).
- **Pre-treatment logistics:** Help with logistics (e.g. support with accessing the meetings, when and how to pay).
- **Treatment logistics:** When the treatment will start, location, duration.
- **Treatment rationale and content:** Benefits of treatment and evidence on why and how it works, key components of the residential treatment.
- **Additional FAQ:** These could be crowdsourced from alumni, as well as include links or QR codes to content on the website.

Delivery:
The pack could be provided in a digital or paper format, alongside the written confirmation offer of a place.

Most relevant BI-principles:

Make comprehension easy through simple language, clear call to actions, avoiding jargon, and focusing on the most important information.

Ensure information is conveyed clearly to address **ambiguity aversion**.

Incorporate testimonials from alumni.

This is an early mock up of potential information to include in the information pack

Example of rapport building by including picture of staff member, relevant expertise and quotes

Example of an information pack index

Welcome to Gordon Moody Residential treatment

"Your decision to seek help is a significant step, and we are committed to providing you with the support and care needed for a transformative experience."

ALEX CRAWFORD
HEAD OF TREATMENT SERVICES
Over 15 years of experience in field of addiction

PRACTICAL DETAILS ABOUT THE TREATMENT:

Starting time: Wed 3rd January 2024
Location: [Add address]
Duration: 2 weeks

WHAT TO EXPECT DURING THE PREPARATION PERIOD :

One weekly group Zoom meeting

One weekly one to one call with us

Additional information packs and support from your support buddy and Gordon Moody alumni.

WHAT YOU WILL FIND IN THIS PACK:

1. Pre-treatment checklist
2. Why and how this treatment works
3. Help with logistics (how to access Zoom meetings, help with benefits and time off work)
4. What to tell your support buddy or friends and family
5. Writing your success plan
6. More about Gordon Moody

Your preparation period checklist

We will discuss this checklist during your weekly calls and group discussions.

FIRST WEEK
- [ ] **Read welcome pack** to understand what to expect during pre-treatment and next steps
- [ ] **Check you can access the Zoom meetings** and inform us if you struggle with the technology or timing of the meetings

BY SECOND WEEK
- [ ] **Agree your support buddy** and share the family and friends pack with them and other relevant family members/ partners or friends (see page 3)
- [ ] **Make your success plan** (see page 4)

BY THIRD WEEK
- [ ] **Inform your work/ take annual leave**
- [ ] **Check FAQ** and let us know if you have any other questions regarding logistics (e.g. costs, how to take leave from work)

TWO WEEKS BEFORE TREATMENT STARTS
- [ ] **Complete treatment checklist**

A WEEK BEFORE TREATMENT STARTS
- [ ] **Start preparing** - you will receive a welcome pack including what you should bring and how to get to the treatment centre

1

We suggest using alternative terminology to pre-treatment, to help remove the potential negative medical associations

Example of a visual checklist

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Support buddy

Aim:
Motivate applicants to stay engaged during pre-treatment.

Rationale:
A support buddy is a family member, friend or significant other who is chosen by the applicant, thereby leveraging their social network. The buddy can both support the applicant to complete pre-treatment logistics and keep them motivated.

A similar solution has been used previously in the education space, whereby students were asked to nominate a study supporter to receive regular text messages, written together with their teachers. These messages prompted the supporters to start regular conversations with the student about their studies. Students who received the text messages showed improved attendance and attainment. We believe principles of this solution could translate to the support & treatment space.

How this works:
The applicant is asked whether they want to nominate a support buddy. The buddy, after accepting the role, receives short training on their role (e.g. during a group call with Gordon Moody or through a video). After this, they receive regular weekly (or bi-weekly) text messages with prompts for a conversation with the applicant, for example, to check in with them about weekly calls and meetings, about preparation for treatment or to facilitate a conversation about potential concerns.

Most relevant Behavioural Insights (BI) principles:

Leveraging **social networks and support**, recognising that people's friends and peers can be influential in helping them change their behaviour.

Timely prompts that nudge applicants take action.

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Implementation intentions

Aim:
Increase attendance to treatment by prompting applicants to make plans that help avoid triggers taking over.

Rationale:
The findings suggest that applicants may experience greater apprehension towards treatment as the starting date gets closer.

Implementation intentions are a self-regulatory strategy that allow individuals to plan in advance how they will respond to a specific situation. They have been found to be effective in increasing attendance rates at psychotherapy *appointments, potentially by shielding the goal of attendance from negative affect (such as shame or fear of being stigmatised).*

Delivery:
We recommend providing applicants with a worksheet containing exercises to make their implementation intentions. Progress can be discussed further during weekly calls or zoom meetings.

Key elements to include in the worksheet:
Introduction: Explain the purpose of this exercise.
Reminder of cost/benefits: Ask applicants to write down or share the benefits and consequences associated with attending vs. not attending treatment.
Implementation intention: Ask applicants to make plans for when they experience apprehension regarding treatment by writing implementation intentions following an *"if … then …"* plan.

This is an early mock up of a potential worksheet that includes implementation intentions

Examples of implementation intentions:

"If I have the urge to miss the appointment, then I will recall how quickly I can spiral when gambling and lose money"

"If something external makes the appointment difficult, then I will inform Gordon Moody to reschedule the call"

Make your plan

People can sometimes feel concerned about starting residential treatment. To help you manage these concerns, bring to mind why this treatment is important to you and make a plan of action for when worry or triggers appear.

Step 1. Remember your why

Sometimes, if the waiting period is long, we may forget what motivated us to apply to the treatment in the first place. To help you remember, complete the following:

What I will gain from attending treatment is: ....
....

What I will lose if I don't attend the treatment is: ....
....

Step 2. Plan for setbacks

There is lots of support available for you whilst waiting to enter your treatment programme including weekly calls with your support worker and Zoom calls with other people waiting to start their treatment. There could be a number of reasons you don't want to attend a session, but it is important to have a plan for what you'll do when these situations arise to help ensure you do. Have a go at drafting some 'if...then...' rules:

If ....
Then ....

If ....
Then ....

Examples:

"If I feel concerned about my appointment, then I will ignore that feeling and tell myself this is perfectly understandable!"
"If I have the urge to miss the appointment, then I will recall how quickly I can spiral when gambling and lose money"
"If something external makes the appointment difficult, then I will inform Gordon Moody to reschedule the call"
"If I have second thoughts about the treatment, then I will discuss my buddy why I wanted the treatment in the first place"

Most relevant BI-principles:

Doing a cost benefit analysis to make salient the benefits of treatment and **consequences of not attending.**

Writing **implementation intentions** to plan for setbacks.

Utilising **social networks** to stay accountable.

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Appendix

We analysed the collected data to identify behavioural barriers to accessing treatment and to develop recommendations

1

We identified behavioural barriers throughout the user journey.
We linked the findings of the review to behavioural barriers. These barriers are related to the features of the website, application form, communications, and the general application process that potentially prevent individuals from accessing Gordon Moody's treatment.

2

We categorised the barriers using the COM-B model.
Barriers were labelled as a Capability, Opportunity or Motivational barrier. This categorisation helped us structure the findings and develop recommendations systematically. Note that this categorisation was not included in final output but used as an analysis framework.

3

We developed recommendations to overcome each identified barrier.
Our recommendations aim to address the identified barriers. We used general behavioural science principles and user experience guidelines, as well as research about accessing gambling treatment to find feasible and impactful solutions.

4

We categorised recommendations.
Recommendations that are easy to implement and are backed by evidence are labelled as *"solutions ready to be implemented"*. We also included recommendations that are promising, but need further iterations or testing for positive impact, and labelled these accordingly- "*solution may require further design and evaluation".*