GRP REPORT NO. 5

Study of Clients of Problem Gambling Services

Stage 2: Round 1 Report

Problem Gamblers, Loved Ones and Service Providers

Prepared for the Gambling Research Panel by

New Focus Research Pty Ltd

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GRP Secretariat

Telephone: +61 3 9651 4945
Facsimile: +61 3 9651 4900

Postal address:
GPO Box 823
Melbourne VIC 3001

Email: grp@justice.vic.gov.au
Website: www.grp.vic.gov.au

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1. Background

There is a range of intervention strategies available to problem gamblers and others affected by problem gambling.

The Gambling Research Panel is undertaking a comprehensive qualitative and quantitative research project to evaluate these strategies and make recommendations to gambling help service providers and relevant government and industry bodies.

This 'point-in-time' report presents the results of the first phase of a three-round longitudinal tracking study of problem gamblers, loved ones of problem gamblers, and providers of problem gambling services. In addition, a series of in-depth qualitative interviews will be conducted with a subset of 20 participants, to provide an in-depth understanding of the experiences of problem gamblers.

For the purposes of this report, the term ‘loved ones’ describes a cohort of partners, family members and/or close friends of the problem gambler

Background research drawing on previous related studies used to determine the methodology, sampling and theoretical framework for this project can be found in the initial scoping report, ‘The Experiences of Problem Gamblers, their Families and Service Providers’.

The study aims to collect and track quantitative data related to problem gambling, and to quantify issues arising in the initial qualitative phase of this research which was aimed at informing the tracking study. This research report summarises the results and provides an overview of findings from the first of three rounds of research.

2. Aims

This study's principal aims are to assist in improving the effectiveness of services for problem gamblers and their loved ones, and to better understand why people gamble excessively and become problem gamblers.

This round of research aims to:

- explore patterns of gambling behaviour;
- assess use of, and satisfaction with, providers of problem gambling services;
- comment on the perceived strengths and weaknesses of the various services and interventions provided by problem gambling and other services;
- assess perceptions of problem gambling development and reduction issues, and the importance of key aspects of problem gambling service provision;
- assess perceptions of gambling issues and services and perceptual differences between problem gamblers and their loved ones;
- document patterns of service support;
- inform and develop appropriate policy and other responses across community services;
- guide users and providers of problem gambling services;
- provide insight into why self-identified problem gamblers use problem gambling services, other services or self help.

3. Methodology and Sample

The research study is a three-round, six-monthly tracking study of problem gamblers, their loved ones and service providers of problem gambling treatment in Victoria. The data from problem gamblers and loved ones of problem gamblers was collected via telephone survey. The data from problem gambling service providers was collected via a self-completion survey distributed to service providers' employees or volunteers.

The questionnaires (see Appendix 1) were designed to capture both quantitative and qualitative data regarding:

- frequency of problem gambling;
- forms of gambling used;
- reasons for developing problems with gambling, in relation to personal issues, lifestyle issues and aspects of EGM (Electronic Gaming Machines or 'pokies' or 'pokie machines');
- perceived effectiveness of several machine and venue management initiatives in reducing gambling problems;
- frequency of service use and the types of services/supports used by both gamblers and those close to them;
- satisfaction with services and specific aspects of the treatment provided;
- suggestions for improvements to gambling support services;
- suggestions for those trying self-help strategies;
- awareness of current problem gambling media campaigns.

This information was collected from all three samples. Additional information was collected from service providers only. This included perceptions of:

- successful aspects of their services;
- potential areas of improvement for their services;
- resources required to achieve such improvements.

Some questions were aimed at quantifying issues raised in the initial qualitative research conducted in Stage 1 of this project, while others were aimed at establishing baseline data for comparison across the three rounds of this longitudinal project.

Sampling methodology

Problem gamblers were self-identified and self-sampled, (i.e. the study was advertised, see Appendix 2) and people who believed they had a gambling problem volunteered to participate. Additional names and telephone numbers were obtained from an AC Nielsen study on gambling in Victoria undertaken in 2003. In order to ensure the people on these lists were problem gamblers by the same definition as those who self-identified, these people were asked if they believed their gambling had given harm, or had a negative impact on (a) them personally, (b) their loved ones, and/or (c) the community. This covers the spectrum of gambling activity defined as 'problem',

compulsive' and 'pathological')[1]. Those not meeting the self-identified criteria were not included in the sample.

Problem gamblers and loved ones who participated in the study were recruited through:

- newspaper advertisements in metropolitan, regional and community newspapers;
- posters at venues (Crown Casino and Tabcorp venues approved by Tabcorp);
- flyers to community health services, general practitioners and universities;
- the Gamblers Anonymous message board;
- radio and television announcements about the study;
- problem gambling service providers.

The volunteering problem gamblers and loved ones were encouraged to tell others about this important study and to distribute the New Focus free-call 1800 number to create a 'snowballing' effect.

Problem gamblers were offered a $100 Coles-Myer voucher as an incentive to participate in the three rounds of this longitudinal research, and loved ones were offered a $50 Coles-Myer voucher for their participation in Rounds 2 and 3 of the research.

Ethical considerations

As with the recruitment for the initial qualitative research, the same ethical considerations prevailed for this quantitative research. Given the close relationship between the Department of Human Services and the Gamblers' Help Services and that a number of project participants were involved as either clients or service providers, before commencing the research it was necessary to gain approval from the Department of Human Services' Human Research Ethics Committee. The research methodology also had to comply with the ethical guidelines of the Gambling Research Panel.

To respect the rights, privacy and integrity of the individuals concerned, a number of procedures and protocols were put in place to ensure that potential distress is kept to a minimum, and confidentiality and anonymity respected at all times. These protocols pertain to recruitment and storage/ownership of data.

Recruitment protocols

As respondents 'self-selected' for the project, a procedure regarding ongoing contact was established. Privacy was maintained by not leaving telephone messages and, to avoid confusion and inadvertently 'outing' a problem gambler, it was ascertained if the participant shared a first name with anyone in their household.

Participants were assured that the data was being collected in compliance with the Market and Social Research Privacy Principles and that at no time would they be individually identified[2].

Storage and ownership of data protocols

All data, records and personal information are kept in strictest confidence. Personal information is password protected to safeguard against unauthorised access, modification or disclosure.

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[1] This definition is that used by Dickerson in (1996) 'Estimating the extent and degree of gambling problems in the Australian population: a national survey' *Journal of Gambling Studies* 12 (2): 161–177.

[2] The Gambling Research Panel Research Ethics were also applied to respondent care protocols.

Sample achieved

The sample achieved for Round 1 was as follows:

Segment	Sample
Problem gamblers (60 service users and 82 non-service users)	142
Loved ones	77
Service providers	54
TOTAL	**273**

Of the 142 problem gamblers, 64 per cent are female and 36 per cent are male. Of the 77 loved ones, 71 per cent are female and 29 per cent male.

Measures to ensure low drop-out rates were, and will be, employed, including an incentive for each round of the project, a follow-up call to ensure contact details remain correct, and the provision of a Freecall 1800 number to all participants to use if they have any queries about the project or need to change their contact details. Our interview team will be re-contacting each participant in the months preceding the second round to maintain interest and ensure accuracy of contact details.

The Round 1 interviews were conducted from 26 August 2002 to 16 July 2003. Interviews were 35–40 minutes in duration. Respondents were given the option to refuse any answer and/or call back later to complete the survey. For this reason, some individual responses to certain questions have smaller sample sizes as respondents may not have answered that particular question.

4. Overview of Survey Findings

4.1 Contributors to the development of problem gambling

4.1.1 Dominant forms of problem gambling

The most dominant form of gambling for 85 per cent of problem gamblers in this study is through EGMs (or 'pokies') at pubs or clubs. EGMs at Crown Casino were regularly used by 18 per cent of problem gamblers, and a further 17 per cent used TAB/Sports wagering. Other forms of casino gambling (such as blackjack) were problems for 6 per cent of the sample. Only one or two problem gamblers mentioned either bingo or Internet gambling.

These results are consistent with the type of 'problem gamblers' that service providers report they are treating. They perceived, as part of this study, that 77 per cent of their clients are presenting because of addiction to EGMs at pubs and clubs. This is followed by TAB/Sports wagering at around 10 per cent, and casino EGMs 10 per cent.

4.1.2 Main contributing factors

Thirty-three per cent of problem gamblers identified stress (gambling being a way to cope) as a factor in the development of their gambling problems, 24 per cent said boredom or nothing else to do, 22 per cent of mentioned relationship difficulties/breakdowns, and 19 per cent gambled as a social activity.

The reasons given by loved ones were quite similar, showing stress and boredom as major contributors. A noticeable difference between problem gamblers and loved ones concerned the contribution of relationship difficulties and breakdowns. Eight per cent of loved ones blamed relationship difficulties/breakdowns, compared to 22 per cent of problem gamblers.

Service providers had similar perceptions of the key factors leading to problem gambling behaviour. Stress (98 per cent) and relationship difficulties (96 per cent) were the two most frequently mentioned issues, followed by having a big win (81 per cent) and boredom or nothing else to do (78 per cent).

4.2 EGM features that increase gambling expenditure or duration

4.2.1 EGM features that increase gambling expenditure

Some EGM features were seen by problem gamblers as contributing to them spending more money. The main reason stated by 27 per cent was free spins or free games. The desire to win/winning the jackpot was the stated motivation of 23 per cent. Sixteen per cent mentioned note acceptors as promoting greater expenditure.

Playing or betting more lines on the machine (15 per cent), and the possibility of a payout at any time (15 per cent), were seen as inducements to spend more money, and 15 per cent said the EGMs' audio features contributed to increasing expenditure.

Other EGM features were mentioned less frequently, from the pictures and icons on the machine to hearing others win.

4.2.2 EGM features that increase gambling duration

For 23 per cent of respondents, bonus or free game features were the major single contributor to their increasing gambling time. The prospect of winning encouraged 16 per cent to spend more time on the machine, 12 per cent lost track of time, and 12 per cent were trying to recover their losses.

Other encouragements to gamble longer than intended were the welcoming atmosphere of the venues and not being able to see outside.

4.3 Initiatives and their effectiveness in reducing development of problem gambling behaviour

4.3.1 Prompted initiatives

Problem gamblers felt that external limitations to their gambling behaviour would be most helpful. Banning ATMs at venues, restricting venue opening hours and the amount of money that can be put into the machine and bet at the one setting were seen as effective or very effective in reducing the incidence of their gambling.

Male problem gamblers rated certain initiatives as far more effective than did the females. Limiting venue opening hours, having venue staff intervene to stop excess gambling, having clearly visible clocks and banning smoking at venues, were perceived to be more effective by male problem gamblers. This is not to say that female problem gamblers did not feel the initiatives were effective for them, but rated their effectiveness lower than did the males.

Service providers, when compared to problem gamblers, were more likely to rate nearly all venue management, machine and activity-based initiatives as far more effective.

4.3.2 Effective activities to reduce the chance of development

When asked about activities that would have reduced the chance of developing a gambling problem, over half of the problem gamblers said that having more to do with their time — self-development activities and hobbies or interests — would have been very effective or effective. Having access to a relationship or gambling counsellor would also have been effective for the majority of problem gamblers.

Forty per cent of problem gamblers who are currently employed (n=111) say that full-time employment was effective or very effective in reducing the development of their addictive behaviour. Problem gamblers who are not employed full-time (n=31), including those who are unemployed, retired, on pensions, on home duties and students, perceive full-time employment to be effective or very effective (35 per cent).

Involvement in sporting clubs/gyms (n=6), social groups/community activities (n=6) or more family involvement and interaction (n=6) were also identified as activities that may have restricted the development of their gambling problem.

4.3.3 Self help strategies suggested by problem gamblers

Forty-eight per cent of problem gamblers suggested getting professional help through some form of counselling (support groups, Gamblers Anonymous, ex-problem gamblers, etc) as a self help strategy. Keeping busy, spending more time with family and participating in volunteer work were also seen as good ways to help problem gamblers distract themselves from their addiction. Sixteen per cent of problem gamblers suggested restricting access to ATM cards or not carrying any money as another self-help mechanism.

4.3.4 Self help strategies suggested by loved ones

This segment yielded many suggestions to assist problem gamblers. Most frequently advised was encouraging and engaging the problem gambler in other activities that they enjoy (32 per cent). Good communication, support and listening to the problem gambler’s concerns were suggested as other means to assist problem gamblers to recognise and deal with their addiction.

4.4 Problem Gambling Help Services

4.4.1 Why the problem gamblers finally sought help

Forty-two per cent of problem gamblers were seeking help for their problem at the time of their interview. Gamblers Help/Anonymous were most frequently mentioned as the sources of assistance. Health centres, Red Cross and individual practitioners were also being consulted.

Thirty-six per cent of respondents said they first sought assistance when their finances hit 'rock bottom'. Female problem gamblers were significantly more likely to cite this reason as a key trigger to seeking assistance (42 per cent of female problem gamblers, compared to 24 per cent of males).

Fifteen per cent said they sought help after reaching emotional 'rock bottom' and/or experiencing suicidal feelings, and 20 per cent said pressure from loved ones was a key factor in their seeking help.

A talk and story in *New Idea*[3] by a reformed problem gambler 'Gabriela' touched two problem gamblers and motivated them to see find help. A loved one also mentioned the 'Gabriela' story as a huge influence in the problem gambler finally seeking help.

These key drivers for seeking help were confirmed by service providers. Financially or emotional crises were the two major reasons that providers felt problem gamblers sought their assistance. Providers were also aware that problem gamblers felt pressure from loved ones. Some loved ones had obviously pressured the problem gambler to seek assistance, as this was the major reason given by them as to why the problem gambler finally got help with their problem.

4.4.2 Important offerings in treatment programs

The problem gambler's relationship with their counsellor was considered the most important factor in making counselling work (86 per cent rated this as very important). Second most important was the problem gambler's ability to get in contact with counsellors in difficult times (74 per cent rated this as very important). The option to choose group versus individual counselling (69 per cent), and specialist knowledge of problem gambling (68 per cent), and the cost/free service (67 per cent), were important offerings. Over 60 per cent of problem gamblers rated these as very important factors.

Problem gamblers were asked about the importance they placed on a counsellor being either an ex-problem gambler or someone with close personal experience of problem gambling, and 41 per cent said it was very important. Twenty-eight per cent said that it was very important for counsellors to be ex-problem gamblers. Loved ones placed more importance than the problem gamblers did on a counsellor's personal experience of problem gambling.

These findings contrasted with service providers' attitudes, where the majority felt it was either unimportant or very unimportant to have such closeness to problem gambling.

4.4.3 Perceptions of problem gambling treatment

There were high levels of satisfaction with the treatments problem gamblers received — 91 per cent of problem gamblers were satisfied or very satisfied with their treatment: 94 per cent of female problem gamblers were satisfied/very satisfied with their treatment, compared with 85 per cent of the males.

Satisfaction levels (combined satisfied/very satisfied scores) were 88 per cent for convenience in getting to the centre, and 98 per cent satisfaction with contact frequency and session length.

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[3] Reference unidentified.

Higher statistical analysis was conducted to determine the main predictors of satisfaction with the overall treatment. The frequency of contact and length of entire treatment were two key drivers of satisfaction with service providers.

Loved ones were also very pleased with the treatments problem gamblers received. Overall satisfaction was 92 per cent (combined satisfied/very satisfied scores).

Perceptions of satisfaction with the various elements that made up the treatment were also very positive. The lowest satisfaction levels were, as with problem gamblers, with the convenience of getting to the centre (79 per cent). Loved ones were not as satisfied as the gamblers with the length of wait before the next visit (82 per cent) and, similarly, the frequency of contact (85 per cent satisfaction) although these still reflect high satisfaction levels.

Overall, the results indicate that problem gamblers and their loved ones are pleased with the support services they are receiving.

4.4.4 Why problem gamblers stopped their treatment

Problem gamblers' main reasons for stopping treatment were that they 'didn't like the treatment' (24 per cent), 'didn't connect with the counsellor' (11 per cent), 'did not stop gambling' (9 per cent) and 'not ready to quit' (6 per cent). Other reasons ranged from transportation problems, people not being honest in the group sessions, the counsellor being on leave, talking about sports rather than the reason they were there, and not agreeing with a service provider's philosophies.

Loved ones often reiterated a problem gambler's stated reasons for stopping treatment, but loved ones were more likely than gamblers to say treatment stopped because a gambler denied their problem or was unable to commit to regular appointments.

4.4.5 Suggestions from problem gamblers for improving Gambling Support Services

Problem gamblers' suggestions for improving support services often included increasing the counsellors' accessibility and availability — having more counsellors available for one-on-one sessions, being able to see them quickly, access in remote locations, and 24-hour outreach services.

Financial advocacy or advice was also frequently mentioned as being a helpful service.

There were a variety of other suggestions including guest speakers at RSL clubs, visiting venues to identify problem gamblers, offering childcare facilities at support services, and 'buddy' systems for when counsellors are not available.

4.4.6 Suggestions from loved ones on how to assist them in dealing with the problem gambler

Only 14 per cent of loved ones were receiving counselling or treatment (from Gamblers Anonymous, Breakeven, psychiatrists, Camcare or local GPs) to help them deal with the problem gambler.

Sixty-nine per cent said it would assist if there was more advertising and information available on how and where to get help, and 26 per cent said giving loved ones ideas on how to deal with a problem gambler would be of assistance.

Loved ones frequently suggested existing services like support groups, health centres, child minding services and financial counselling would probably assist them in dealing with the problem gambler.

Three loved ones said more regional or country support centres were needed. Some service providers (n=4) suggested family interventions or services to loved ones as a way to improve services to problem gamblers.

4.4.7 Suggestions from services providers on how their organisation can improve service provision

Service providers' suggestions about improving their services to problem gamblers were largely resource related, with infrastructure improvements, increased funding and more staff frequently mentioned.

4.4.8 Service provider perceptions of the most effective ways to help problem gamblers

Working on both gambling and the underlying issues facing the problem gambler were considered most effective by 35 per cent of service providers. Provision of regular and reliable support and care was the next most frequently suggested way to help (18 per cent).

Various successful counselling skills, such as being attentive, caring, staying focused, providing strategies for control and goal setting, were recognised by providers as effective when treating problem gamblers.

Cognitive Behavioural Therapy (CBT) was generally considered to work better than other forms of treatment and was mentioned by approximately 80 per cent of service providers. This is consistent with the GRP report *Best Practice in Problem Gambling Services* (2003) which found CBT in some form a core treatment approach. Motivational interviewing/solution based techniques were cited as effective alternatives by 30 per cent.

Two service providers recommended the Victorian support program, 'Wonder Women' and Gabriela Byrne's 'Free Yourself Program' was considered a sound alternative. Less traditional forms of counselling treatment like Eye Movement Desensitisation Routine (EMDR) and hypnosis were also suggested as innovative interventions currently available in Victoria and elsewhere.

5. Methodological Issues Arising from Round 1

The questionnaires used were not standardised, validated questionnaires and an analysis of methodological issues is required before the implementation of the next round. The results from this first round of quantitative research identified methodological issues with some questions where further questioning may be required to interpret or qualify responses.

Development of problem gambling

The questions about the contributing factors to the development of gambling problems were put to problem gamblers, loved ones and service providers differently.

Gamblers and loved ones were asked, ‘What factors in your/your partner’s life do you think played a major part in the development of your/your partner’s problem gambling?’ This was an unprompted, multiple-response question; i.e. the question was asked in an open-ended manner and respondents could give as many answers as they thought applied. These results were then coded into categories (including an ‘other specified’ category) and percentages of respondents listing that reason for the development of their/their loved one’s problems were calculated.

Service providers were asked, ‘What percentage of your clients would you estimate present with a problem for each of the following?’ This was a prompted question; a list was read out and the service providers asked to estimate a percentage for each list item.

In order to be able to directly compare these responses and test for significant differences, the question needs to be presented the same way to all groups. The open-ended question that was put to problem gamblers is a more suitable question format for this group and therefore, should these results need to be compared in subsequent rounds, the service providers’ question will be changed to match that asked to problem gamblers and loved ones.

Forms of gambling

The question about forms of gambling used was also put to problem gamblers, loved ones and service providers differently.

Problem gamblers and loved ones were asked ‘Which form(s) of gambling do/did you/your partner have a problem with?’ This was an unprompted, multiple-response question.

Service providers were asked ‘What percentage of your clients would you estimate present a problem with each of the following forms of gambling’. This was a prompted question to which service providers were asked to estimate a percentage. In order to compare these results, this question needs to be asked in the same format to all groups.

Location of gambling

The majority of problem gamblers stated they most frequently play at different venues close to home or work. In order to determine if this is for convenience, variety, or so that staff do not recognise them as problem gamblers, the reasons for this pattern could be qualified in subsequent rounds. Alternatively, this can be asked to those included in the in-depth interview round.

Clarification of effectiveness of machine initiatives

Respondents were asked to state what they think the maximum number of lines, note value in machines and maximum bet should be on EGMs. Problem gamblers preferred a very small number of lines, a very low note value and a very small maximum bet. In subsequent rounds, it could be asked how effective these initiatives might be in reducing current gambling frequency and level, and how effective they may have been in reducing the likelihood of developing a gambling problem. It could also be asked how likely problem gamblers would be to visit places in which machines only allowed less than 10 credits per line, less than $1 per play and no note receptors.

Are counsellors ex-problem gamblers?

Problem gamblers thought it was very important that counsellors should be ex-problem gamblers or should have had close experience with problem gambling. To investigate if this would change the services' satisfaction ratings, or problem gamblers' and service providers' perceptions of one another, service providers could be asked if they are an ex-problem gambler or had close personal experience with problem gambling, and the results assessed accordingly.

Clarification of treatment 'success'

Problem gamblers and loved ones were asked if their own methods to reduce problem gambling had been successful. There was a large difference in responses to this question. This may indicate that there is a difference in how problem gamblers and loved ones rate 'success'. Loved ones may define success as a complete cessation of gambling, while for problem gamblers, success may be a reduction in gambling frequency or money spent. In subsequent rounds, treatment 'success' can be defined with each group.

When asked about why past treatment was not a success, the most frequent response from problem gamblers was that the treatment only worked in the short term, whereas loved ones believed treatment was unsuccessful as problem gamblers did not really want to stop.

In subsequent rounds, these perceptual differences can be defined with both groups. Another option is to discuss this issue in the planned in-depth interviews with these groups.

Satisfaction with service providers and propensity to seek help

Those who stated they are currently seeking treatment were asked about their satisfaction with aspects of problem gambling service provision. To independently assess each aspect's capacity for prompting problem gamblers to seek help, those who were not currently seeking treatment could be asked how influential each aspect would be in making the decision to seek help.

Another aspect of service provision that could be assessed in those currently seeking help is the time taken to engage a service and satisfaction levels with this timeframe.

Assessment of advertising effectiveness

Problem gamblers and loved ones were asked if they had seen any advertising regarding problem gambling in the past 12 months. Many claimed they had. However, it could be asked if this advertising had prompted them to take any action and if they were now attending counselling as a result. This would help measure the success of such campaigns.

Another possible question is to ask problem gamblers about their media preferences as the responses could assist in developing more effective advertising and information dissemination strategies.

Reasons for failure of previous treatment

Problem gamblers' main stated reason for ceasing previous treatment was their not liking the treatment. Perhaps in subsequent rounds, this can be expanded upon to investigate what factors of gambling help services were least successful for problem gamblers and what could be done to improve these services. This could also be included in the follow-up qualitative interviewing stage.

Application of the above initiatives

As the questionnaires are already long (taking 35–40 minutes to complete), not all of the above suggestions should necessarily be incorporated into subsequent rounds as an increase in the length of the questionnaire could increase drop-out rates for subsequent rounds. As drop-out rates for such longitudinal studies average 25 per cent over time, it is a priority to maximise retention rates across the three rounds. Those questions which only require re-wording so all three samples are asked the same question and can therefore be directly compared, should be altered. However, it will need to be decided if the other suggested changes are to be incorporated into the next rounds of this tracking study or be incorporated into the in-depth interviews planned to be run prior to the next quantitative round.

Data on gender was not collected from service providers

Service providers were not asked their gender as part of the mail-out interviews. This is a methodological issue that can be changed for subsequent rounds. Gender differences are useful in assessing for many variables, such as satisfaction with service provision and success of services depending upon gender. This question will be asked to all service providers in all subsequent rounds.