

Prevalence Study Advisory Group Meeting 2 February 2006

1. This is a note of the key points from the first advisory group meeting – for those who were not at the meeting, it is worth reading this in conjunction with the discussion paper issued before the meeting and the meeting slides.
2. Following the introduction by the Commission on the background and aims of the study, NatCen gave a presentation on the approach to the study and some of the key issues for decision. During the discussion, the following key points were raised:

- Does random sampling from the Postcode Address File exclude institutions like nursing homes?
Yes, it would exclude for example, nursing homes, prisons, student halls of residence and would focus solely on private households. However, we do not believe this will have an effect on the prevalence study estimates because the percentage of the population living in institutions is not large enough to affect the overall estimates.

Extending the survey population to include institutions would be an enormously expensive and time-consuming enterprise and we do not think it is either necessary or justified. It is worth noting that institutions are not normally included in similar government or public-funded surveys.

- Are under-16s to be included in the survey?
No, including under-16s is beyond the remit of this study and would require a different survey design – probably involving schools rather than targeting individual households. However, there is separate research being carried out by the National Lottery Commission into participation by adolescents.
- We believe the use of incentives could introduce bias to the study?
NatCen are recommending using a small incentive (in the form of a voucher) in order to maximise response rates. Response rates in social surveys have been falling across the board in recent years, and studies have shown that incentives can significantly improve response rates (references to follow from NatCen). However, there was concern that the use of incentives could introduce a bias to the results – since certain subgroups of the population are likely to be more ‘incentivised’ than others. However, we feel that the benefits of maximising response outweigh the possibility of introducing a small bias – evidence to follow from NatCen on this.

Following the meeting, we thought it would be worth also noting that use of incentives is common in publicly-funded surveys, including this list of previous NatCen clients.

Name of study	Type of incentive used	Client
British Social Attitudes	£5 high street voucher	ESRC et al
Crime and Justice Survey	£10 high street voucher	Home Office
Evaluation of On Track (Wave 2)	£5 high street voucher	Department for Education and Skills
Families and Children Study	£10 high street voucher	Department for Work and Pensions
Health Survey for England	Book of 1 st class stamps	Department of Health/Health and Social Care Information Centre
LHA Pathfinders evaluation	£10 high street voucher + book of 1 st class stamps	Department for Work and Pensions

Name of study	Type of incentive used	Client
National Travel Survey	£5 high street voucher	Department for Transport
Scottish Health Survey	Book of 1 st class stamps	Scottish Executive
Scottish Social Attitudes	Book of 1 st class stamps	Scottish Executive, ESRC et al
Student Income & Expenditure Survey	High street voucher between £3 - £15	Department for Education and Skills
Survey of English Housing	Book of 1 st class stamps	Office of the Deputy Prime Minister
Warmfront	£10 high street Voucher	Energy Savings Trust

- Would a larger sample size reduce the need for incentives?
No, any survey is subject to a degree of non-response – whatever the sample size. The aim of incentives is to minimise non-response bias and, consequently, to maximise the representativeness of the sample (and the robustness of the results).
- What effect would increasing the sample size have?
There are diminishing returns, statistically, in increasing the sample size. Taking the prevalence of problem gambling as an example, in 1999 the prevalence (using SOGS) was estimated at 0.8%, based on a sample of 7700. With a sample of 10,000 in 2006, we estimate that a change of 0.38 percentage points would be ‘detectable’. This is based on the assumption of 80% power, and using a 95% significance test. (That is, there is an 80% chance that if a change in the order of 0.38 percentage points was to occur in the population then the survey would observe a large enough change to give a statistically significant result.)

Although this is a fairly large absolute change (equating to close to a 50% relative increase), upping the sample size significantly beyond 10,000 would not greatly help. For instance, increasing the sample size to 20,000 would only allow for a change of 0.34 percentage points to be detectable.

For behaviours that are more prevalent (such as gambling on fruit machines where the prevalence was 14% in 1999), a sample size of 10,000 will allow for much smaller relative change to be detected. For gambling on fruit machines a 1.5 percentage point change would be ‘detectable’ with 80% power. And, for gambling on dog races (which was 4% in 1999) a 0.8 percentage point change would be detectable.

Increasing the sample size beyond 10,000 would only have a limited effect on the confidence volatility of change over time.

Nat Cen agreed to provide additional information following the meeting:

This section provides additional information about how increasing the sample size would effect the detection of differences over time of problem gambling prevalence. Further information about the calculation used is also presented.

Increasing the sample size would yield a somewhat larger sample size of problem gamblers (about 80) which will allow for somewhat more robust and detailed analysis of this population. A sample size of 10,000 will also provide better precision for the prevalence of different types of gambling (participation and expenditure) and more accuracy for the analysis of change over time.

Change over time calculations for problem gambling

The minimum change over time is estimated at 0.38 percentage points and this was derived using a standard power calculation for a change in two percentages:

$$difference = (1.96 + 0.84) \sqrt{p(100 - p) \left(\frac{1}{n_1} + \frac{1}{n_2} \right)}$$

where 1.96 is the z-value for a 5% significance level; 0.84 is the z-value for 80% power; p is the average of the two percentages being compared (which we took to be 0.8); n1 is the sample in Year1 (which we took to be 7350) and n2 is the sample in Year 2 (which we took to be 10000).

With these numbers 'difference' comes out as 0.38pp. Increasing n2 does not make a great deal of difference unfortunately: increasing it to 20000 gives diff=0.34 and increasing it to 100,000 gives diff=0.30.

The reasoning is that the prevalence estimate for problem gambling was based on a fairly small sample size. The 0.8% for DSM has a 95% confidence interval of 0.6, 1.0. So, even with a huge sample size in 2006, any change since 1999 would be uncertain because the 1999 estimate is uncertain.

As an example, suppose we knew for certain that problem gambling prevalence in 2006 was 1.2%. As the confidence interval for problem gambling prevalence in 1999 was between 0.6, 1.0, the change since 1999 would be somewhere between 1.2 (the 2006 estimate) minus the upper and lower confidence intervals from 1999. That is:

$$1.2 \text{ minus } 0.6 = 0.6$$

$$1.2 \text{ minus } 1.0 = 0.2$$

Therefore, the most that could be said is that the change between the two years is in the range (0.2, 0.6).

- How will the methodology protect confidentiality within households?
Each of the self-completion questionnaires is to be returned in a separate envelope, and the interviewer will encourage the respondents to complete them individually and not share answers. Of course, we cannot guarantee that they will not share answers, once the interviewer leaves.
- What action will be taken once the results of the study are known?
The results of the study will be ONE way in which the Commission will gather information about participation in gambling and the numbers of problem gamblers. However, it will not be the sole method. The Commission will also look at (among other things) other research, information gathered from licensees and smaller pieces of work to assess the effectiveness of licence conditions and codes of practice provisions. It is this whole picture on which the Commission will base policy decisions.
- Can you provide additional information about the programme of research to be carried out by RiGT?
We will pass this request on to RiGT. Some information is already available from their website.
- Can you provide additional information about the items within the Canadian screen?
These are the 9 items with the Canadian screen, as discussed at the meeting:

In the past 12 months how often ...

1/ --have you bet more than you could really afford to lose?

2/ --have you needed to gamble with larger amounts of money to get the same feeling of excitement?

3/ --have you gone back another to try and win back the money you lost?

4/ --have you borrowed money or sold anything to get money to gamble?

5/ ---have you felt that you might have a problem with gambling?

6/ --have you felt that gambling has caused you any health problems, including stress or anxiety?

7/--have people criticised your betting or told you that you have a gambling problem, whether or not you thought it is true?

8/--have you felt your gambling has caused financial problems for you or your household?

9/--have you felt guilty about the way you gamble or what happens when you gamble?"

Response codes: 'Never', 'Sometimes', 'Most of the time', 'Almost always'

- Gambling activities should be broken down in as much detail as possible, so as to inform policy development – it is strongly endorsed that the gambling should be broken down by venue as well as type in as much as is possible to avoid double counting. NatCen agreed to produce two draft lists of gambling activity for comment by the Advisory Group. Both lists will be tested on respondents during the development and testing of the questionnaire.
 - DoH recommend including a general health status question and that a single question is included asking the individual to assess whether they have experienced problems with their gambling. Similar questions on whether an individual felt they currently had or had ever experienced problems with their gambling were included in the 1999 study. NatCen and the Commission agreed to discuss this and the potential for a general health status question further with DoH.
3. The Commission invites further comment by Thursday 9 February if possible, but we recognise that that is quite tight, so please contact Helen O'Kane if you have comments but will be unable to provide them by that date.
 4. The next meetings will take place on Wednesday 27 March and Wednesday 17 May at 10am in London (venue to be confirmed.)

Prevalence Study update following 2nd Advisory Group meeting 29 March 2006

This note provides background information should the prevalence study be raised during your contacts with the industry. If you have any comments or questions, please contact Gavin Ellison by e-mail or telephone (0207 306 6232) or Helen O'Kane by e-mail or telephone (0207 306 6279).

The 2nd Advisory Group meeting was held on the 29th March. Attendees included industry representatives, problem gambling organisations and faith groups. A full list is provided below. On the same day we also met with the study Steering Group (DCMS, NLC, RiGT and Department of Health). The focus of discussions at both meetings was the draft questionnaire.

The Advisory Group was able to give useful advice concerning the detail of gambling activities, participation and expenditure. However, they were critical about a number of other sections of the questionnaire, particularly those relating to health issues (such as alcohol) and a set of general gambling attitudes questions. Rather than being limited to certain representatives there was a group consensus on these concerns.

We have considered their comments and will write back with our views. On some issues we are content to concede and on others we are not. The Steering Group was supportive of our approach and decisions made to date. The key issues and our responses are included in the table below.

Issues arising from Advisory Group meeting

Issues where our position remains broadly the same after consultation

The approach we consulted on	Reaction from advisory group	Decision
Include attitude questions	Attitude questions are focused on 'moral' issues and are 'ultra vires'. Unsure why we would ask about attitudes.	Attitudes questions are not 'ultra vires'. There is support from DCMS in policy terms and they would provide correlate information to match against socio-demographics or gambling participation. Attitude questions also help to 'sell' the survey to non-gamblers on the doorstep. We may revisit the questions selected to reduce the number or change the wording.
Include question about general status of health. Strong correlations with census data. Examine connections between gambling and health.	Why? Seems to be no justification. Maybe mental health could be included.	Should be included. Gambling forms a part of the public health research picture and inclusion of the question will allow many other comparisons.
Include alcohol screening questions as part of health / addictions profile of respondents. Supported by Steering Group	Why? Seems to be no justification.	We will look at whether a full set of four alcohol screening questions is needed and at questions which link gambling and alcohol directly. Unlike smoking, the links between alcohol and gambling have direct relevance for the Commission.
We had chosen not to include prize competitions as a gambling activity	Consider including prize competitions	No. They are not considered to be gambling.

Issues where our position has changed following comments during consultation

Suggested inclusion of question(s) on perception of crime and gambling	Why? Seems to be no justification.	Although we are interested in perceptions of crime and gambling, we will not explore this through the Prevalence Study. This decision was supported by the Steering Group.
--	------------------------------------	--

Inclusion of questions about smoking as part of health / addictions profile of respondents.	Why? Seems to be no justification.	We will not include smoking because of limited questionnaire space. This decision was supported by the Steering Group.
Questions on activities	Some detailed suggestions were made on the activity questions.	We have accepted some changes to terminology to ensure that respondents understand what activities they are being asked about. These decisions were supported by the Steering Group.

Prevalence Study update following the 3rd Advisory Group meeting 7 June 2006

Many thanks to all delegates for the input made at the meeting on the 7th June.

This note records the comments and discussion about questionnaire and any other key issues raised during the course of the meeting. The specific points follow in questionnaire order.

1. Section A

A1: Should the words “your own money” be removed to make findings more accurate, considering that a considerable proportion of problem gamblers do not gamble with their “own money” and those gambling via a syndicate could be considered to be using funds which are not their own.

These points were substantiated and it was agreed that these words should be removed from the questionnaire. It was also agreed that “best guess” (third bullet point) should be replaced with “best estimate”.

A1(6): Should types of fruit/slot machine be more clearly categorised in this question?

The majority of the group agreed that as the cognitive pilot had shown that respondents could not distinguish between fruit/slot machines with larger or smaller jackpots, it would not be useful to do so for the purposes of this study. However, it was acknowledged that further research should possibly be undertaken in the future to ascertain the prevalence of play on particular categories of machine.

A1(8): Should the word “cards” be replaced with blackjack to ensure that bankers’ games are not confused with card-room gaming in a casino?

No. The group agreed that the wording of this question was already sufficiently clear.

A1(7): Virtual gaming machines in a bookmakers

It was agreed that as poker cannot be played on any FOBTs in licensed LBOs, the word “poker” should be removed from this question. Attendees stressed that the phrasing of questions should ensure that the venue in which a machine is being played can be clearly established, so that results will be accurate.

A1(9): ‘Online gambling’ should be amended to ‘online gaming’, to clarify that this question refers to online casino games, bingo, slots etc and not online betting.

This point will not be taken forward. Although it was acknowledged that ‘gaming’ is the correct term to describe the above, there is a fear that the public will confuse gaming with games of skill. Cognitive tests showed that using the word gambling in this context did not cause participants to confuse gaming and betting, and it was agreed that no change should be made.

A1(10): This question seems to span all types of remote betting, even though it is entitled “online betting”. Should these forms of betting be divided to form separate questions?

No, the way in which betting activity is broken down in section A is sufficient for the purposes of this study.

Should question ‘10’ also specify that remote betting could include betting by text message?

No. The group decided that this would be unnecessary.

Could question '12', "Betting on horse races in a bookmakers, by phone or at the track", be placed before question '10', to make it less likely that participants will confuse playing a bet by phone and betting remotely via a mobile phone?

Not taken forward. No evidence of confusion during testing.

A1k: Should further information be provided to further differentiate the "online betting with a bookmaker" question and the "online betting exchange" question, such as listing Betfair and Betdaq to clarify what a betting exchange is?

Not taken forward. Again, no evidence of confusion during testing. Users of on-line betting site and betting exchanges were aware of the distinction.

A1(14): Should the word 'track' be replaced by 'venue', to ensure that it is clear that this includes sporting events other than dog/horseracing?

NatCen and the Commission will consider this point in subsequent revisions of the questionnaire.

Should the betting exchange question also mention that some online betting exchanges accept bets by telephone.

Agreed. This has now been amended.

Seasonality

Members of the group were concerned that major sporting events occurring less than once a year, most notably the World Cup, could skew the results of the study in terms of recording disproportionately high betting activity in comparison to other years. It was suggested that the questionnaire could include an additional question, for example: "Was most of your gambling this year focused on one event only?" or "Did you only bet on the World Cup this year?"

NatCen have developed workable questions along the lines above and these will be trialled during the pilot. These have been incorporated at the end of Section A as questions A2, A3 and A4.

2. Section B

B2, Parts D and E, explanations

It was agreed that "best guess" should be replaced with "best estimate" here too. This has been changed.

Activity 4: The Football Pools

It was agreed that "At a bookmakers" should be included here too. 'At a betting shop' has been included.

Why does the category "I lost less than £1" exist at all? Will the minimum spent not usually be above this amount?

More work will be done during the next pilot phase on the amounts that people have recorded. This could lead to the minimum band being adjusted. The pilot found some respondents using this category, therefore it has been retained.

Activity 7 should be placed before activity 6 to help ensure that customers make a distinction between the activities.

The group agreed to this suggestion.

B3: The first tick-box should be redrafted to read "Overall, I usually spend more in an average week".

The following wording was incorporated and was successful in the pilot:

"overall, I usually gamble more money in a week"

3. Section D – Attitude statements

The Commission exceeds its brief by including an attitude statement in this questionnaire. The study should be concerned with the prevalence of gambling only. If an attitude survey was to be included, the wording of statements should be neutral and not prescriptive.

The Commission would have the power to investigate attitudes to gambling even without the specific power in the Act. Furthermore:

- it is common to have attitudes statements to which an individual agrees or disagrees ;
- the inclusion of an attitude survey will encourage non-gamblers to take part, which would reduce the overall prevalence of gambling findings and be more representative of the population as a whole; and
- answers from individual questions in the attitude survey will not be interpreted independently but analysed collectively.

The negative statements seem to be more strongly worded than the positive statements. Why is this?

This is not intentional; the statements should be balanced. When feedback is received from the attitude survey pilots NATCEN will examine the distribution of positive/negative questions and their wording will be reconsidered. The 24 statements will be reduced. Originally, it was envisaged that the scale would contain 12 statements, however the final questionnaire contains 14 statements. The best performing statements from the pilot were selected.

4. Section C

C13: “Another day” should be amended to reflect the fact that it is now possible to gamble 24 hours a day via the internet etc.

The point is accepted in principle. Decided to amend for the PGSI which is being used for the first time, however the occurrence of another day within the DSM IV screen should not be changed for reasons of maintaining past comparison. This statement now reads: “In the past 12 months how often have you gone back to try to win back the money you’d lost?”

5. Section E

Question E3 did not work very well during cognitive testing and will be rethought. This question has now been changed to include a tick option of ‘I have never gambled’.

E4: Could an additional question be placed between parts a and b along the lines of “Do you know of any gambling support/help organisations?”

It was agreed that this was a good idea and the proposal will be considered further. However, this additional question has not been included. It was agreed that the list of services/associations could also be reviewed, and should include probation officers, social workers and faith leaders. These have now been added to the list.

Original E5: Credit

This study will not be able to assess the number of people who make use of credit facilities offered by remote gambling sites or by betting operators. The Commission noted the attendees’ view that this should be an area for further research in the future.

E6: Debt

This question has now been changed to: How much are you currently in debt because of your gambling?" This was changed as respondents found it difficult to pinpoint their highest level of debt over a 12 month period. It was agreed that this question should be moved to later in the questionnaire.

E8: The word "gambling" should be inserted before "activities".

Not taken forward. The wording of these questions is standard across many social research studies and is for demographic analysis.

E9: Why is a question included in a gambling prevalence study questionnaire about consumption of alcohol?

The Commission is working with other government departments to research whether there is a correlation between mental health, gambling and drinking alcohol. This question has been standardised and is being used across departments.

