

Compendium of Reports – Headline Results

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Prepared by:

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Executive summary

1. In 2012 gambling participation and problem gambling questions were included in the Health Survey for England (HSE) and the Scottish Health Survey (SHeS)¹. Results of the surveys were published in late 2013 with a chapter in each on gambling.
2. The Commission has commissioned NatCen to combine the datasets from the two surveys, re-weight the data and provide in-depth analysis of the resultant dataset which is representative of England and Scotland.
3. On 29 April the headline report of this analysis was published, providing figures on gambling participation, overall rates of problem gambling, rates of problem gambling by activity and number of activities. This report was circulated to the board on 28 April.
4. The key findings from the report for adults in England and Scotland are:
 - a. 65% have gambled on at least one activity
 - b. 0.5% were classified as problem gamblers according to DSM-IV, 0.4% according to PGSI, 0.6% according to either screen
 - c. Rates of problem gambling and at-risk gambling were highest amongst men aged 16-24 (15.8%)
 - d. Rates of problem gambling were highest amongst those that had participated in 7 or more activities in the past year (6.8% DSM-IV, 7.6% PGSI, 8.6% either screen)
 - e. Rates of problem gambling were highest amongst those that has participated in spread betting, poker and betting on other events (20.9%, 13.2% and 12.9% respectively according to either screen)
5. The headline report will be followed by a full report on the findings in July.
6. Board is invited to note the headline results, to note plans for producing the compendium of reports and progress to date.

Background

7. In 2012 the Commission was able to secure question modules in both the Scottish Health Survey (SHeS) and the Health Survey for England (HSE). The surveys covered:
 - a. Gambling participation in the past year in all forms of gambling
 - b. Gambling participation in the past year for online
 - c. Gambling participation in the past year by gender and age
 - d. Socio-economic profile of past year gambling groups
 - e. Problem gambling prevalence by gender and age
 - f. 'At-risk' prevalence by gender and age
 - g. Problem gambling prevalence by gambling groups
8. Comparability of methodology with the BGPS series was maintained as far as possible key elements of the methodology were:

¹ The Commission have approached the Welsh Health Survey and National Survey for Wales teams but were unable to secure questions in these vehicles, it is estimated the impact of Wales' absence on the results is minimal given the relatively small Welsh population and the similar results obtained there in previous surveys.

- a. The problem gambling question set in the HSE and SHeS is identical to BGPS 2010
 - b. The participation question set is the same as BGPS 2007²
 - c. Survey sample size for the HSE and SHeS combined was ~12,000 compared to sample size of ~8,000 for England in BGPS 2010
 - d. English residents aged 16+
 - e. Interviews conducted face-to-face
 - f. Gambling questions included in a self-completion booklet
 - g. Sample drawn at random from Postcode Address File, maintained by Royal Mail
9. The Commission has commissioned NatCen to combine the datasets from the two surveys, re-weight the data and provide in-depth analysis of the resultant dataset which is representative of England and Scotland.
10. On 29 April 2014 the headline report of this analysis was published, giving figures on gambling participation, overall rates of problem gambling, rates of problem gambling by activity and number of activities. This report was circulated to the Board on 28 April. The full report is included in Annex A.
11. The Commission has thus far communicated the results internally to board members, members of SMT and sector leads. The Commission has also circulated the headline findings to members of the RGSB advisory group and presented the findings at the Community Liaison Group.

Key findings

12. The key findings from the report for adults in England and Scotland are:
- a. 65% have gambled on at least one activity
 - b. 0.5% were classified as problem gamblers according to DSM-IV, 0.4% according to PGSI, 0.6% according to either screen
 - c. Rates of problem gambling and at-risk gambling were highest amongst men aged 16-24 (15.8%)
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 - e. Rates of problem gambling were highest amongst those that has participated in spread betting, poker and betting on other events (20.9%, 13.2% and 12.9% respectively according to either screen)
13. The key messages in all Commission communications about the data released are:
- a. While firm trend figures will not be available until further health surveys, patterns of decline have also been seen in data collected through the Commission's omnibus survey, and the patterns of distribution for participation appear to remain broadly stable.
 - b. In particular, younger men tend to gamble on a wide range of activities and have higher rates of problem gambling.

² The gambling questions in the HSE and SHeS were administered in a self-completion booklet whilst the BGPS 2010 was administered through Computer-Assisted-Self-Interview. For this reason more complex routing was possible during BGPS 2010 than in the HSE / SHeS. It was therefore decided that the participation screen for the HSE / SHeS would be identical to that of BGPS 2007, which also used a self-completion booklet.

- c. Problem gambling appears to be most closely linked to number of activities participated in, rather than problem gambling causality being driven by participation in a single activity.
- d. Any amount of problem gambling is of concern to government. The existence of at-risk problem gamblers demonstrates the need for effective prevention and effective treatment
- e. Further analysis of the data will be available in the full report in June.

Next steps

14. This headline report is the first in a compendium of reports which will look at health survey data along with secondary analysis of the Commission's omnibus participation data and other data available from external sources. The table below summarises each report in the compendium, the content and the planned publication date:

Report	Datasets Utilised	Purpose	Publication date	Who
1a	Scottish Health Survey Health Survey England	Provide initial headline findings on participation and problem gambling levels for Great Britain	29 th April	NatCen
1b	Scottish Health Survey Health Survey England	Provide in-depth analysis of problem gambling levels and associations with problem and at-risk gambling and impacts of problem gambling (impacts of problem gambling to be confirmed once analysis is undertaken)	July 2014	NatCen
2	Omnibus data 2011-13	Provide in-depth analysis of trends in participation and frequency of play since BGPS 2010	July 2014	Databuild
3	Industry Statistics Gambling Compliance Operator Survey External Consultancy data (GamblingData, H2GC etc)	Provide market context for the survey data	July 2014	Databuild
4	All of the above (and Problem Gambling)	Give an overview of findings and set the results of reports 1-4 in a policy context, identifying gaps in knowledge and consider options for	July/August 2014	Databuild

	Miniscreens)	future work (in consideration of RGSB strategy). It is envisioned that this report will be for internal consumption only.		
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15. Findings from report 1b, 2 and 3 will be presented at the July board meeting.
16. It is our intention to engage the RGSB's Research Group on a regular basis as reports 1b, 2, 3, and 4 are produced to give them early sight of results and where appropriate enable them to input into the early drafts. An engagement plan with the Research Group has been outlined and will go to the next meeting of the group on 13 February 2014.
17. The Commission has also taken the decision to include the questions in the Health Survey England 2015 data collection at a cost of approx £130,000 excluding VAT. The Scottish Health Survey team has elected to include the questions in subsequent surveys at no cost to the Commission. The next SHeS results will be published on 25 September 2014.

Recommendations

18. The Board is invited to note the headline results.
19. The Board is also invited to note plans for producing the compendium of reports and progress to date.