Consultation on gambling participation and problem gambling prevalence research

Overview

In this consultation document, we share our intentions with regard to changing the research methodology we use to collect gambling participation and problem gambling prevalence statistics[1] <#_ftn1> .

We believe that this new approach will set the standard for authoritative research into gambling behaviour.

As part of our duty under the **Gambling Act 2005** <*https://www.legislation.gov.uk/ukpga/2005/19/section/26*> to advise the government on gambling in Great Britain and provide an effective regulatory function, we collect gambling participation and problem gambling prevalence data via surveys of adults in Great Britain. The data are published as **official statistics** <*https://www.gamblingcommission.gov.uk/news-action-and-statistics/Statistics-and-research/Statistics/About-the-status-of-official-statistics.aspx*> – meaning they are produced in accordance with the standards set out by the Government Statistical Service in the Code of Practice for Statistics.

The Commission is ambitious about improving the quality, robustness and timeliness of our statistics. We therefore set out a commitment in our 2020/21 Business Plan to 'review our approach to measuring participation and prevalence and publish conclusions'.

We are consulting to ensure all perspectives can be heard before we move to trial a new approach.

[1] <#_ftnref1> For consistency, we have sought to use the established language used in this area; for example the 2010 British Gambling Prevalence Survey (BGPS) was introduced as a 'nationally representative survey of participation in gambling and the prevalence of problem gambling in Great Britain'. Both the BGPS and Health Survey series have consistently distinguished between participation and prevalence, with prevalence specifically being used to describe rates of problem gambling.

Introduction

1 What is your name?

Name

2 What is your email address?

If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.

Email

3 What type of organisation are you representing?

Please select only one item

◯ Gambling operator ◯ Trade association ◯ Charity/non-profit ◯ Member of the public ◯ Professional body ◯ Academia ◯ Other

Please provide the name of your organisation

4 Privacy notice

As part of this call for evidence, we may decide to publish your name and organisation on our website to indicate that you have responded to this consultation. We have asked you to indicate your consent to the Commission publishing your name and organisation to indicate you have responded to this call for evidence.

(Required)

Please select only one item

- ◯ I CONSENT to the publication of my name and organisation to indicate I responded to this consultation
- ◯ I DO NOT CONSENT to the publication of my name and organisation to indicate I responded to this consultation

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The current situation

The Commission currently utilises a 'combination approach' for adult participation and prevalence research which has developed over time, by deriving these official statistics from several different surveys:

- As a section of separate Health Surveys for England, Scotland and Wales[1] *<#_ftn1>* , conducted approximately every 2 years (subject to availability), which are large scale face to face population surveys that provide our current 'gold standard' prevalence measurement
- A quarterly telephone survey which supplements the Health Surveys by providing a more regular measure of participation and problem gambling prevalence
- A quarterly online survey which supplements the telephone survey with more granular data about online gambling behaviour

Whilst the data collected is robust and authoritative, we have identified a number of limitations with the current arrangements which impact our ability to further develop our understanding of a fast moving and changing industry. These limitations are detailed in this consultation, but at a high level can be summarised as:

- Lack of control over our access to Health Surveys limits our ability to report representative data for the whole of Great Britain
- Different participation and prevalence questions on different surveys generate multiple figures
- Data from the different surveys is not directly comparable due to different methodologies being used
- The infrequency and long turnaround time of the Health Surveys from inception to reporting
- Traditional research methods (on which we rely) are in decline and under greater threat due to Covid-19 impacts

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[1] *<#_ftnref1>* The Wales survey (Welsh Problem Gambling Survey) is not an official Health Survey but uses a comparable methodology to England and Scotland. More detail is provided in the 'Background on current participation and prevalence surveys' section.

Our intention

We propose to replace the Health Surveys, telephone survey and potentially the online survey with a single, high quality methodology which will be more efficient, cost effective and timely, helping us to respond quickly to emerging consumer issues. We believe that a new approach will enable us to set the standard for authoritative research into gambling.

We have identified a number of criteria a new 'gold standard' approach needs to enable:

- The ability to accommodate core questions on gambling participation and prevalence on one survey (currently collected via the separate Health and telephone surveys)
- The ability to access a detailed set of demographics and to retain current questions on broader criteria such as other health conditions, which would be published as part of the results
- To address issues of currency by being able to alter questionnaire content, by amending questions, adding or deleting questions quickly
- Complete data that is representative of the adult GB population via a consistent approach in England, Scotland and Wales with a high quality sampling approach (preferably a random probability design)
- Delivery of a large, robust sample size, which can scaled up or down according to budget availability
- Control over the survey, such that we can ensure it provides an unbroken series of annual statistics (unlike the current Health Surveys which we are unable to access every year)
- A significantly faster turnaround than the Health Surveys from completion of data collection to reporting of the statistics
- The ability to conduct fieldwork regularly and therefore release updated statistics on a frequent basis
- Preferably, an approach which does not rely on face to face fieldwork and is therefore better able to withstand the threat posed by Covid-19 to this approach
- That the research should be conducted by a highly reputable provider which follows relevant research industry standards and enables continued compliance with official statistics production requirements

We also consider that changing the survey method could result in changes to the data and intend to undertake a pilot survey to assess the impact ahead of any permanent change.

In moving to a new approach, we are open to making use of existing general population surveys, and also to commissioning a new survey that would be built specifically for the Gambling Commission. It is important to emphasise that whatever option is chosen, ensuring objectivity and transparency in data collection and reporting would be of great importance to us. The Commission, and our lead Government Department, DCMS, are designated to produce official statistics and we are bound by the principles in the Code of Practice around Trustworthiness, Quality and Value. In addition to this, we would seek advice on methodology and questionnaire design from independent research experts and would publish full details of our survey design, response rates and quality assurance processes.

This consultation will be of interest to licensees, consumers and consumer interest groups, charities, academics, and organisations with an interest in gambling research and regulation.

Why we are consulting

The aim of this consultation is to gather views on proposals to move towards a new method of data collection for adult gambling participation and problem gambling prevalence statistics in Great Britain.

The consultation forms part of a review we are conducting which aims to identify current and best practice in the fields of measuring gambling participation and prevalence. As part of this review we have spoken with the ONS, DCMS, research experts and our Advisory Board for Safer Gambling (ABSG). We have also reached out to other organisations which produce official or National Statistics based on large-scale national surveys, in particular to understand changes they have made to their data collection, including the benefits and challenges they have faced.

Under section 26 of the Gambling Act 2005, the Commission holds key responsibility for collecting and disseminating information relating to the extent and impact of gambling. The participation and prevalence statistics we produce are an essential part of our evidence base in order to provide an authoritative voice on the GB gambling market.

Timely, robust measurement of consumer gambling behaviour is critical to identify trends to help prioritise focus (for example take up of new gambling and gambling style products), to measure levels of risk and harm to consumers (via problem gambling screens) and to monitor the impact of policy changes.

Our proposals in this consultation outline our intention to establish a methodology to better inform us of the impact of policy changes and provide an ongoing foundation for evidence-based decision-making.

The published data derived from the Health Surveys, quarterly telephone survey and quarterly online survey are all classed as official statistics and are subject to the **Code of Practice for Statistics** <*https://code.statisticsauthority.gov.uk/wp-content/uploads/2018/02/Code-of-Practice-for-Statistics.pdf*> as set out by the UK Statistics Authority (UKSA). Despite the increasing use of administrative data in recent years, the **UKSA's five year strategy (2020-2025)** <*https://uksa.statisticsauthority.gov.uk/wp-content/uploads/2020/07/UKSA-Strategy-2020.pdf*> recognises the continuing and critical role of social surveys (such as our participation and prevalence surveys) to provide insights on topics that cannot be understood through administrative systems alone.

The statistics from these surveys are published on our website and inform the debate about market trends, changing consumer gambling behaviour and the risks of potential harms to consumers. The statistics are used by the Gambling Commission's Board, Executive Group and at all levels within the organisation.

More widely, our survey statistics are used by government, licensees, consumers and consumer interest groups, charities, academics, and organisations with an interest in gambling regulation, helping to inform policy debate. Therefore, the quality, clarity and timeliness of these statistics is of critical importance to ensure that policy debates are based on the strongest and most up to date evidence.

Our review of potential methodologies has identified the potential to adopt a more regular, flexible, streamlined and value for money data collection approach than currently afforded by the Health Surveys. We believe this can be achieved while retaining a high quality and trustworthy approach which will continue to allow users to have a high level of confidence in our official statistics. In transitioning to a new methodology, there is also the opportunity to integrate content from, or replace the quarterly telephone and online trackers.

We believe adopting a new methodology to collect participation and prevalence data, while retaining official statistics status, will increase public trust and confidence in our statistics. Part of this is to further develop our commitment to the three pillars of the Code of Practice for Statistics, around trustworthiness (confidence in the people and organisations that produce statistics and data), quality (data and methods that produce assured statistics) and value (statistics that support society's needs for information).

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[1] <*#_ftnref1*> The Wales survey (Welsh Problem Gambling Survey) is not an official Health Survey but uses a comparable methodology to England and Scotland. More detail is provided in the 'Background on current participation and prevalence surveys' section.

Scope of this consultation

The specific focus of this consultation is to gather views on proposals to adopt a new methodology for our regular participation and prevalence research, to provide nationally representative data for the adult population of Great Britain.

There are a number of important areas which are linked to the methodology review but are considered out of scope of this consultation:

Gambling Related Harms

A stated aim of the **National Strategy to Reduce Gambling Harms** <*http://www.reducinggamblingharms.org/*> is to identify a robust means of measuring harm.

This is an important step forward as problem gambling is a measure of whether an individual is experiencing issues whereas harms take into account the scale and impact of the issues both on the individual and associated others.

The Gambling Commission published a framework for measuring gambling-related harms in July 2018, and an equivalent framework for harms experienced by children and young people in May 2019. They outline how gambling harms can manifest and have increased visibility of the range of harms that can be experienced.

The long-term goal, as identified in our National Strategy, is to establish an interdisciplinary programme of work measuring harms and determine the social cost of gambling, as well as the impact that it has on health and wellbeing.[1] <*#_ftn2*>

In the meantime, the Commission is committed to doing what it can to build and contribute to the growing evidence base on gambling-related harms. It has begun a pilot of new survey questions on gambling-related harms to develop a better understanding the different ways that people can experience harm as a result of their own or someone else's gambling. As this is currently in progress, the specific means of measuring harm via survey questions is not within the scope of this consultation. However, we understand the importance of this work and hope that it will result in a set of questions that can be added to our core survey/s as a way of measuring the extent to which gambling-related harms are experienced.

Longitudinal research

There is evidence that movement in and out of experiencing issues with gambling can be cyclical over the long term. It is important to be able to understand the incidence rate of problem gambling (new cases arising) and the number of people who relapse. This, coupled with the importance of understanding the pathway to individuals experiencing harms and how changes in their lives contribute to this, can only be fully understood through longitudinal research. We have therefore identified the establishment of a longitudinal study as a vital component of a wider programme of work[2] <*#_ftn2*> required to measure the impact of gambling-related harms on society.

In 2019 we commissioned NatCen to conduct a scoping review and recommend potential approaches to setting up a longitudinal survey[3] <*#_ftn3*> , and we are considering next steps.

It does not form part of the scope for this consultation on participation and prevalence as the research aims for the two projects are not sufficiently aligned to allow this to be taken forward as one project.

Reaching specific populations

In addition, we know that one of the issues with the Health Survey approach to-date has been there are certain groups who are not captured in the sample as it is drawn from residential addresses.

This means that groups such as homeless people, students in halls and armed service personnel residing in barracks are not included in the surveys. Whilst these groups form small numbers in the overall population there has been a suggestion that they could have higher rates of problem gambling than the general population.

Whilst we understand the importance of gaining data from these groups, we do not anticipate that this research will form part of population level measurement of participation and prevalence, aside from where they are naturally included in the sample under the new approach. We will explore separately if research for these groups can be delivered by external partners.

Similarly, rates of participation and prevalence for young people (aged 11-16) are gathered through an Ipsos MORI omnibus in schools and we anticipate maintaining this vehicle as our approach for understanding behaviour and risks in this group.

Access to research datasets

A further area linked to, but outside the scope of the consultation is the intention, outlined in our National Strategy, to work towards the creation of a central data repository that would enable access to anonymous datasets for research. We are interested in making the data from a new participation and prevalence survey available, which would align with this aim by helping to accelerate the pace of research and open up access to a broader range of researchers.

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[1] <*#_ftn2*> A key dataset to support measurement of harms is the NHS Digital "Adult Psychiatric Morbidity Study" (APMS), which runs every seven years, and a number of organisations across the National Strategy have strongly recommended gambling questions being included in the 2021/22

fieldwork.

[2] <#_ftnref2> **https://www.reducinggamblingharms.org/asset-library/Implementation-plan-June-2020/Next-Steps-on-measuring-harms-impact-success.pdf** <*https://www.reducinggamblingharms.org/asset-library/Implementation-plan-June-2020/Next-Steps-on-measuring-harms-impact-success.pdf*>

[3] <#_ftnref3> **http://www.reducinggamblingharms.org/asset-library/Longitudinal-Gambling-Scoping-Report.docx** <*http://www.reducinggamblingharms.org/asset-library/Longitudinal-Gambling-Scoping-Report.docx*>

Background on current participation and prevalence surveys

To assess our proposals for methodology change, it is first necessary to understand the scope and respective roles of our current surveys. In this section, we provide background about the Health Surveys, telephone and online surveys and our view on how these compare with best practice. A more detailed discussion of best practice in research methodology and further background on our existing surveys can be found in the Annexes.

The Health Surveys

The Commission's main measures of problem, moderate risk and low risk gambling rates among adults aged 16 and over are via the Health Survey for England (HSE), Scottish Health Survey (SHeS) and Welsh Problem Gambling Survey.

The Health Surveys were identified as the most suitable vehicles for the inclusion of gambling content following the cessation of the British Gambling Prevalence Survey (BGPS) series in 2010. The Health Surveys were identified via an internal review of large-scale survey vehicles that were available at the time, which considered their methodologies, coverage and potential for including content on gambling. It was felt at that time that the Health Surveys provided a regular, robust vehicle and would bring benefits of measuring gambling participation and prevalence in the context of other social activities and comorbidities. The internal review was followed by a public consultation.

The table below shows the years in which we have run gambling content on the Health Surveys and the comparable Wales survey[1] *<#_ftn1>* and the associated data and reports which have been published. Where possible, data from the HSE, SHeS and the Welsh Problem Gambling Survey are combined to produce a Great Britain report on gambling behaviours in England, Scotland and Wales. Unfortunately, it has not always been possible to conduct the surveys in England, Scotland and Wales in the same years[2] *<#_ftn2>* , and therefore combined Great Britain reports have so far been published only for 2015 and 2016.

Year	Countries covered	Publications
2012	England and Scotland	**Combined report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-England-Scotland-Full-report.pdf>* published in June 2014.
2015	England, Scotland and Wales	**Scotland report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Participation-in-gambling-and-rates-of-problem-gambling-Scotland-headline-report.pdf>* and **Wales report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Participation-in-gambling-and-rates-of-problem-gambling-Wales-headline-report.pdf>* published in October 2016. **Combined Great Britain report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2015.pdf>* [3] *<#_ftn1>* published in August 2017
2016	England, Scotland and Wales	**Scotland report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Participation-in-gambling-and-rates-of-problem-gambling-%E2%80%93-Scotland-2016.pdf>* and **Wales report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Participation-in-gambling-and-rates-of-problem-gambling-%E2%80%93-Wales-2016.pdf>* published in November 2017. **England report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/England-Health-Survey-Findings-2016.pdf>* published in April 2018. **Combined Great Britain report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2016.pdf>* published in September 2018.
2017	Scotland	**Scotland report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Participation-in-gambling-and-rates-of-problem-gambling-Scotland-2017.pdf>* published in December 2018

Year	Countries covered	Publications
2018	England and Wales	**England data** *<https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018/health-survey-for-england-2018-supplementary-analysis-on-gambling>* published (by NHS Digital) in December 2019. **Wales data** *<https://www.gamblingcommission.gov.uk/Docs/Welsh-Problem-Gambling-Survey-2018.xlsx>* published in August 2020.
2020	England	None – fieldwork curtailed in March 2020

Since HSE fieldwork was curtailed in March 2020 due to Covid-19, we are intending to collect gambling data on the 2021 survey instead. We are also seeking to secure space on the Scotland and Wales surveys in 2021. We expect the data for these surveys to be available by the end of 2022 at the earliest, but at this stage it could be compared against data from a new approach to enable further analysis of the impact of introducing a new survey, its reliability and robustness.

The Health Surveys at a glance

The table below provides a summary of the Health Surveys, however more detail can be found in Annex 2.

Survey	Health Survey England	Scottish Health Survey	National Survey for Wales (NSW)[4] <#_ftn1>
Provider	NHS Digital	Scottish Government	Welsh Government
Method	In-home, face to face interviewing. However, the gambling content is self-completed by respondents	In-home, face to face interviewing. However, the gambling content is self-completed by respondents	In-home, face to face interviewing. However, the gambling content is self-completed by respondents
Sampling approach	Random probability sample	Random probability sample	Random probability sample
Sample definition	Adults aged 16+	Adults aged 16+	Adults aged 16+
Sample size	7,100 approx	3,200 approx	Variable, estimated at 2,000+
Problem gambling screens used	DSM-IV and PGSI	DSM-IV and PGSI	PGSI
Survey frequency	HSE is annual, but gambling content has run in 2012, 2015, 2016, 2018	SHeS is annual, but gambling content ran in each year from 2012-2017 (has not run since)	NSW is annual. Gambling content was planned for 2020/21 before being cut short by Covid-19.
Data collection period	Continuous through January-December	Continuous through January-December	Fieldwork runs over 12 months from April-March
Core data available	Past 12 month participation, problem gambling, demographics, lifestyle, other health questions	Past 12 month participation, problem gambling, demographics, lifestyle, other health questions	Past 12 month participation, problem gambling, demographics, lifestyle, other health questions

View on best practice: Health Surveys

Historically, face-to-face interviews, conducted by interviewers in respondents' homes, have provided the best means of delivering random probability samples[5] <#_ftn1> . Such surveys, of which the HSE and SHeS are examples, use the Postcode Address File (PAF; a list of every point in the UK to which mail is delivered) to randomly select addresses which gives each household an equal likelihood of being selected.

Random probability sampling is generally regarded as the best survey method to achieve accurate population estimates[6] <#_ftn2> . A recent summary of existing research demonstrates that probability samples provide consistently more accurate estimates than non-probability samples (even with declining response rates), over many topics including health, consumption behaviour and sexual behaviour and attitudes[7] <#_ftn3>

This is a key point of difference from telephone and online surveys, which rely on respondents having phone and/or internet access. Face-to-face interviews are more effective at reaching 'hard-to-get' population groups compared to other modes[8] <#_ftn1> , and traditionally have had higher response rates, which mean that the risk of non-response bias is overall lower.

We consider that the Health Surveys use a high quality approach and that the use of random probability sampling should preferably be continued to provide the most accurate possible participation and prevalence data. The Health Surveys also provide a wider range of contextual data that are not just gambling focused and help to ensure gambling is considered by other bodies who use this data as an important variable.

However, a variety of challenges exist with the Health Survey approach – for instance, issues around timing and flexibility - which are outlined in the Proposals section. We assert that it is possible to address the existing challenges with the Health Survey approach while retaining the 'gold standard' random probability sampling element, and core contextual questions on comorbidities, as part of an alternative survey.

Quarterly telephone and online surveys

The **quarterly telephone survey** is currently our main measure of gambling participation (in the last four weeks) and is intended to supplement the 'gold standard', but less frequent, prevalence measurement of the Health Surveys with more frequent data collection. We have run a telephone survey focused on gambling participation since 2008 and the survey in its current form has been running since 2011.

The **quarterly online survey** has been run by the Commission since March 2015 with the aim of gaining a more detailed understanding of how consumers engage with online gambling products than is possible via the Health Surveys and quarterly telephone survey due to restricted space on those studies and cost considerations.

The telephone and online tracking surveys at a glance

The table below provides a summary of the quarterly telephone and online surveys, however more detail can be found in Annex 2.

Survey	**Quarterly telephone survey**	**Quarterly online survey**
Provider	Yonder[9] <#_ftn1>	Yonder
Method	Standalone telephone (CATI) survey	Online omnibus survey using Yonder's online panel
Sampling approach	RDD sampling[10] <#_ftn1> , with quotas on age, gender, social grade and region	Quota sampling – quotas set on age, gender, social grade and region
Sample definition	Adults aged 16+	Adults aged 18+
Sample size	c. 1,000 per quarter – reported based on c. 4,000 over the last 4 quarters	c. 2,000 per quarter – reported based on c. 8,000 over the last 4 quarters
Problem gambling screens used	Short-form PGSI	PGSI – for internal use only[11] <#_ftn1>
Survey frequency	Quarterly (waves typically conducted in March, June, September and December)	Quarterly (waves typically conducted in March, June, September and December)
Data collection period	4 weeks per quarter	One weekend per quarter

Survey	Quarterly telephone survey	Quarterly online survey
Core data released as official statistics	Past 4 week participation, mode of play, problem gambling, demographics, perceptions of trust and levels of crime in gambling	Mode of play, device usage, location of play, number of accounts, in-play betting participation, use of gambling management tools, awareness of advertisements and social media etc.

Telephone and online survey data is released via an **annual gambling participation report** <*https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2019-behaviour-awareness-and-attitudes.pdf*> each February. In addition, a more limited set of telephone **survey data on gambling participation** <*https://www.gamblingcommission.gov.uk/Docs/Survey-data-on-gambling-participation-Sept-2020.xlsx*> is released quarterly. All telephone and online survey data is reported on an aggregate 12-month basis to counteract seasonal differences in gambling behaviour.

View on best practice: telephone survey

Telephone interviewing is a widespread method of running a nationally representative survey of a cross-section of the population. We consider that our quarterly telephone survey currently fulfils an important role in providing more regular participation and prevalence data than the Health Surveys, and in covering the whole of Great Britain. The methodology is relatively cost-effective, has proven resilient to Covid-19 and the prevalence data collected compares reasonably closely to the Health Survey figures.

However, we recognise that there are a range of criticisms of telephone surveys, including:

- RDD telephone samples are not true random probability samples as it is unknown whether all numbers have an equal chance of being selected. Additionally, as in the case of our quarterly telephone survey, quotas are often applied to control the profile of the achieved sample.
- The proportion of mobile-only households is increasing, hence increasing the level of bias in estimates unless mobile numbers can be included. It has been argued that telephone surveys are no longer considered viable for high quality random probability surveys, due to the difficulties in drawing rigorous samples that remain comparable over time.
- Research has shown that compared to face-to-face interviewees, telephone survey respondents are more likely to give what they consider to be 'satisfactory' answers rather than the full, true picture (known as 'satisficing'), tend to be less engaged, and are more likely to show dissatisfaction with survey length (even when telephone interviews are shorter).
- Telephone surveys may also not be suitable for data collection for more sensitive topics as respondents may not be willing to reveal personal details or information regarded as less socially acceptable to an interviewer.

The telephone survey currently plays an important supplementary role to the Health Surveys. However, we have identified alternative approaches which would enable us to consolidate the Health Surveys and telephone surveys by collecting the same information via a consistent methodology.

View on best practice: online survey

The online tracker plays a further supporting role in our current combination of approaches and is particularly useful for understanding the behaviour of gamblers who are more engaged online. The online survey is not a source of official statistics on participation or prevalence but offers the greatest questionnaire flexibility at the lowest cost relative to the Health Surveys and telephone survey.

Over the past few years, we have seen a rise in use of online surveys in the UK, most of which are based on opt-in panels, widely used for market research and opinion polling, but also social research [12] <*#_ftn1*> . Despite this growth, we recognise a number of limitations with online panel-based data collection:

- Mode of interview – the online methodology means that the sample responding to the survey are more likely to be engaged online, thus skewing the data. This is likely to be especially true for older age groups where high online engagement is less ubiquitous than amongst younger people. We therefore do not use the online survey to report overall rates of engagement in online gambling or to report rates of problem gambling.
- Panel interviews – the surveys are conducted with members of the Yonder online panel. These individuals have signed up to receive surveys on a regular basis. It is natural that people with certain characteristics are more likely to sign up to be members of a panel and therefore the surveys may not be entirely representative of the population.

Overall, we consider that an online panel-based survey should not be used as the primary source of participation and prevalence statistics due to the impact of sample and mode effects on the data. Opt-in panel surveys are generally considered a less robust means of generating accurate population estimates compared to probability samples.

As part of our review, we have identified the increasing use of 'push to web' methods for surveys, whereby respondents are recruited offline (such as via another survey, or through the post), and then encouraged to go online and complete a web questionnaire. Push-to-web methods are used for online surveys that require a random probability sample, amongst sampling frames that do not include email addresses. We note that several major surveys that produce official statistics have updated their data collection approach in recent years and delivered considerable benefits as a result.

We recommend that a 'push to web' and/or mixed mode approach should be explored further and piloted as a potential means of replacing our current participation and prevalence surveys. We believe that such approaches would satisfy the requirement for a gold standard sampling approach while also delivering greater cost-effectiveness, timeliness and flexibility.

[1] <#_ftnref1> The irregular pattern by year of the gambling questions being accommodated is due to a combination of factors including availability of budget and space on the surveys

[2] <#_ftnref2> The main reason why we have not been able to cover all of Great Britain in some years is that, despite the Scottish Government electing to include our content in the SHeS every year from 2012-2017, we have been unable to secure space in the survey in recent years.

[3] <#_ftnref1> The combined GB reports for 2015 and 2016, and the combined England and Scotland report for 2012, have been authored by NatCen (commissioned by the Gambling Commission)

[4] <#_ftnref1> The National Survey for Wales is the current vehicle used to ask similar questions in Wales to those included in the Health Surveys for England and Scotland (replacing a previous omnibus survey run by Beaufort Research in Wales). Questions were included on the NSW in 2020 but face to face fieldwork was cut short due to COVID-19 and the methodology was changed to a telephone survey. With the change of method, the gambling questions were removed as they were not considered suitable for a telephone approach by the Welsh Government.

[5] <#_ftnref1> Random probability samples satisfy two criteria: 1) that every unit in the population has a chance of being selected for the sample, and 2) that the probability of selection for any unit in the population is either known or could be populated. Retrieved from: **https://www.ipsos.com/en/ipsos-encyclopedia-random-probability-sampling** *<https://www.ipsos.com/en/ipsos-encyclopedia-random-probability-sampling>*

[6] <#_ftnref2> Sturgis, P. (2020). An assessment of the accuracy of survey estimates of the prevalence of problem gambling in the United Kingdom. Retrieved from: **https://about.gambleaware.org/media/2179/an-assessment-of-the-accuracy-of-survey-estimates-of-the-prevalence-of-problem-gambling-in-the-united-kingdom.pdf** *<https://about.gambleaware.org/media/2179/an-assessment-of-the-accuracy-of-survey-estimates-of-the-prevalence-of-problem-gambling-in-the-united-kingdom.pdf>*

[7] <#_ftnref3> Cornesse et al. (2020). A Review of Conceptual Approaches and Empirical Evidence on Probability and Nonprobability Sample Survey Research. *Journal of Survey Statistics and Methodology. 8*(1). **https://doi.org/10.1093/jssam/smz041** *<https://doi.org/10.1093/jssam/smz041>*

[8] <#_ftnref1> Smith, Nicolaas & Sturgis (2014). Options for carrying out large-scale surveys in Wales. Retrieved from: **https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf** *<https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf>*

[9] <#_ftnref1> Formerly known as Populus before changing their name in October 2020

[10] <#_ftnref1> Random-digit dialling (RDD) is a method of probability sampling that involves using randomly generated numbers for a telephone survey. It is distinguished from other telephone sampling methods because it uses the sample from the frame of telephone numbers, instead of relying on telephone directories or other telephone lists which might exclude certain types of people. However, RDD samples typically include a high proportion of non-working and non-residential numbers.

[11] <#_ftnref1> Online panel-based surveys are known to inflate rates of problem gambling compared to other methods. Therefore, the PGSI data gathered on the online survey is used only for internal analysis and is not considered appropriate for external publication.

[12] <#_ftnref1> Lugtig (2013). Cited in Nicolaas, G., Calderwood, L., Lynn, P. & Roberts, C (2014). Web surveys for the general population: How, why and when? http://eprints.ncrm.ac.uk/3309/3/GenPopWeb.pdf

Annex 1: Best practice in survey methodology *<#fact-bank-1>* **Annex 1: Best practice in survey methodology**

This section provides an overview of best practice for sampling and methodology for population measurement surveys. It considers the pros and cons of the main research methodologies that are available as well as recent developments whereby significant national surveys have changed their methodology.

In an ideal world, measurement of gambling participation and prevalence in the population would be gathered via a census of the entire population. However, collecting data from all members of the population is not realistic due to cost and time constraints, and so participation and prevalence data is typically gathered via surveys with nationally representative samples[1] *<#_ftn1>* . According to a worldwide review of gambling research between 2000-2015, most studies on participation and prevalence have been conducted in Europe, Asia, North America and Oceania, and many countries have never carried out research on gambling behaviour[2] *<#_ftn2>* .

Sampling

Random probability sampling – the approach used by the Health Surveys – is generally regarded as the best survey method to achieve accurate population estimates[3] <#_ftn3> . In short, random probability sampling satisfies two criteria: 1) that every unit in the population has a chance of being selected for the sample, and 2) that the probability of selection for any unit in the population is either known or could be populated[4] <#_ftn4> .

The alternative to random probability sampling is non-probability sampling. Methods based on non-random criteria include convenience sampling, voluntary response sampling and quota sampling. Such methods have become more popular in recent years as they typically enable research to be conducted at lower cost, and more quickly[5] <#_ftn5> .

Much, but not all, of non-probability sampling is conducted using online panels. There are a number of limitations with these types of non-probability online samples, including low response rates and bias[6] <#_ftn6> , often a result of noncoverage of those without internet access and self-selection bias. There are also concerns around fraudulent and inattentive behaviour by panellists[7] <#_ftn7> .

The continued view of random probability sampling as 'gold standard' is evidenced in a recent paper by Cornesse et al (2020)[8] <#_ftn8> where a summary of existing research demonstrates that probability samples provide consistently more accurate estimates than non-probability samples, over many topics including health, consumption behaviour and sexual behaviour and attitudes. The authors' key recommendation from this research, is to continue relying on probability samples, as the accuracy of probability samples are generally higher than non-probability samples, even with declining response rates.

Methodology/Data Collection

This section aims to provide an overall summary of the different methodologies available for collecting data on gambling participation and prevalence. Their respective advantages and disadvantages are also discussed.

The four main avenues of data collection are:

- Face-to-face surveys
- Postal surveys
- Telephone surveys
- Online/web-led surveys

These survey modes are also often used in combination with each other, referred to as mixed-mode surveys.

Face-to-face Surveys

Historically, face-to-face interviews, conducted by interviewers in respondents' homes, have provided the best means of delivering random probability samples. Such surveys, of which the HSE and SHeS are examples, use the Postcode Address File (PAF; a list of every point in the UK to which mail is delivered) to randomly select addresses which gives each household an equal likelihood of being selected. This is a key point of difference from telephone and online surveys, which rely on respondents having phone and/or internet access. Face-to-face interviews are more effective at reaching 'hard-to-get' population groups compared to other modes[9] <#_ftn1> , and traditionally have had higher response rates, which mean that the risk of non-response bias is overall lower.

In regards to Covid-19, it is important to note that the lockdown in March 2020 resulted in all face-to-face interviewing being stopped, which caused immediate disruption to surveys already in field (such as the HSE), in addition to long-term uncertainty about when and how fieldwork can resume. The Office for Statistics Regulation (OSR) have published guidance to the producers of official statistics, stating their support for flexibility and responsiveness shown by producers[10] <#_ftn9> . Since lockdown was eased, research agencies have been able to resume face-to-face fieldwork, however new safety measures have had to be introduced. Data collection methods have evolved to allow for socially distant doorstep interviews and there has been an increased reliance on interviewer-administered telephone and video interviews[11] <#_ftn10> .

The ongoing impact of Covid-19 and the uncertainty surrounding the future may well accelerate the shift from face-to-face interviewing to other methods. The HSE (including the Commission's gambling content) is currently expected to take place in 2021, however there must be a question mark over its future given the risk of further national and local lockdowns related to Covid-19.

Postal Surveys

A postal survey is a method in which paper questionnaires are sent to participants by post and are self-completed by the respondents and then returned through the mail. Postal surveys appear to have been used in Finland[12] <#_ftn11> and Italy[13] <#_ftn12> for measuring gambling participation and prevalence in the respective countries. Postal surveys are more frequently used in combination with other modes of data collection, in attempt to improve response rates and ensure coverage of those who do not have phones or internet access (see 'Mixing modes of data collection' below).

Key advantages of postal surveys include that they are generally less expensive to run than telephone and face to face surveys (though are more expensive than web surveys), and they offer better coverage of the population than online surveys, which exclude those without internet access[14] <#_ftn1> .

A major disadvantage of postal surveys is that they are generally not appropriate for longer surveys and those that have complex routing. The more complex a paper survey is, the lower quality the end data will be (due to missing responses, routing errors and miscomprehension). It should also be noted that postal methods are not suitable for surveys amongst those with poor literacy skills and language proficiency, and may also be difficult for those with visual disabilities (this limitation would also apply to web surveys, though web surveys are more easily able to address these limitations, as discussed below)[15] <#_ftn13> .There is also likely to be a slower turnaround with a postal survey, due to a longer fieldwork period[16] <#_ftn1> , and time required for data entry. In terms of response rates, postal surveys usually have lower response rates than face-to face surveys, although generally higher than telephone and web surveys.

Telephone Surveys

Telephone interviewing is a popular alternative method of running a nationally representative population survey, with it being used for national gambling surveys in multiple countries including (but not limited to) Australia, Hong Kong, France and Belgium[17] <#_ftn1> . Fieldwork is typically conducted using computer-assisted telephone interviewing (CATI) in which the interviewer follows a script that is controlled by the survey software.

A key advantage of telephone surveys is that they provide a means of carrying out interviewer-administered interviews without the need to visit respondents' homes. This fact means that the method has been more resilient than in-home surveys to the impact of Covid-19; the Commission's telephone survey has been able to continue throughout 2020 whereas the Health Survey, and other surveys of its type, have seen fieldwork halted. Nationally representative telephone surveys also tend to have a lower cost than face to face research and can typically be turned around relatively quickly.

Telephone surveys typically use Random Digit Dialling (RDD), either using the Ofcom database of landline numbers, which includes ex-directory numbers as well as listed numbers, or the random generation of the last 'N' digits of numbers taken from other sources. This is not a true random probability sample as it is unknown whether all numbers have an equal chance of being selected[18] <#_ftn1> . Additionally, in practice 'RDD' samples for telephone surveys often include quota controls, unlike a true random probability sample.

A further issue with telephone surveys is that the proportion of mobile-only households is increasing, hence increasing the level of bias in estimates unless mobiles can be included (though this is both complex and expensive)[19] <#_ftn1> . It has been argued that telephone surveys are no longer considered viable for high quality random probability surveys, due to the difficulties in drawing rigorous samples that remain comparable over time[20] <#_ftn14> .

It should be noted that research has shown that compared to face-to-face interviewees, telephone survey respondents are more likely to give what they consider to be 'satisfactory' answers rather than the full, true picture (known as 'satisficing'), tend to be less engaged, and are more likely to show dissatisfaction with survey length (even when telephone interviews are shorter). Telephone surveys may also not be suitable for data collection for more sensitive topics as respondents may not be willing to reveal personal details or information regarded as less socially acceptable to an interviewer[21] <#_ftn15> .

Online/web-led surveys

Over the past few years, we have seen a rise in use of online surveys in the UK, most of which are based on opt-in panels, widely used for market research and opinion polling, but also social research[22] <#_ftn16> . The ONS has been leading a drive for its surveys to be 'online first', with traditional methods used for follow up. This goal is aligned with the Government Digital Strategy which is to be 'Digital by Default'[23] <#_ftn17> . The shift to online and mixed-mode survey methodologies has likely been accelerated by the recent impact of Covid-19 on face-to-face interviewing.

It is important to distinguish the use of a random probability sample who then complete the survey online, from an online survey whereby participants are recruited through opt-in panels. There are a number of limitations with these types of self-selecting, non-probability samples, including low response rates and bias[24] <#_ftn1> , but also concerns around fraudulent and inattentive behaviour by panellists[25] <#_ftn18> . As a result, opt-in panel surveys are generally considered a less robust means of generating accurate population estimates compared to probability samples. The majority of studies currently indicate that both offline and online probability sample surveys are more accurate than non-probability online sample surveys[26] <#_ftn19> .

The cost and time-saving advantages of online panel methodologies have encouraged multiple countries worldwide to set up web panels based on probability samples. Research suggests that the model can provide high population coverage and reduce the risk of selection bias[27] <#_ftn20> . Participants for probability-based panels are recruited by using conventional sampling frames and methods, and using traditional modes of contact and incentives. In some cases, research using online probability-based panels includes offline households by providing them with internet access, or allowing them to take part using a different mode. Within the UK, we have seen multiple research agencies utilize these panels, with examples including NatCen and Kantar.

One limitation to note with self completion online methods, is that similar to postal surveys, they may not be suitable for those with poor literacy skills and low language proficiency and may also be difficult for those with visual disabilities. However, these limitations are more easily addressed with web surveys than they are with postal versions, due to the ability to increase font size and offer audio options, amongst other accessibility options.

Alternatively, 'push to web' and web-first surveys are a method of data collection whereby respondents are recruited offline, and then encouraged to go online and complete a web questionnaire. Push-to-web methods are used for web surveys that require a random probability sample, amongst sampling frames that do not include email addresses. Contact is typically made by recruitment from another survey[28] <#_ftn21> , through the post, and sometimes by telephone[29] <#_ftn22> [30] <#_ftn23> .

Mixing modes of data collection

Given the limitations of each of the main methodologies, and the desire for increased cost-efficiency, many survey designers are now selecting mixed-mode approaches, which give an opportunity to compensate for the weaknesses of individual modes at a more affordable cost. For example, respondents can be offered a choice in how they wish to respond to a survey, or non-responders to the preferred mode can be followed up using a secondary method. In recent years we have seen various surveys shift from 'traditional' face-to-face surveys to 'push-to-web' and digitized methods. For example, the Opinions and Lifestyle Survey conducted by the ONS has switched from a face-to-face data collection to an 'online' first methodology with telephone follow-up of online non-respondents[31] <#_ftn24> . Other surveys which have changed to mixed-mode approaches in recent years include the Understanding Society Survey[32] <#_ftn25> , the Active Lives survey[33] <#_ftn26> , and the People and Nature Survey[34] <#_ftn27> .

We have also seen the Community Life Survey, a survey which is designed to provide official statistics and is commissioned by DCMS, move from a face-to-face methodology to a push-to-web survey. Since 2016, the survey has been conducted using Address Based Online Surveying (ABOS), which is conducted via an online methodology with a simplified paper version (for those who are unable to participate online and/or those who are given a second reminder to participate), and provides an affordable method of surveying the general population whilst maintaining a random sampling technique[35] <#_ftn28> .

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[1] <#_ftnref1> Two examples of this are New Zealand's 2016 Health and Lifestyles Survey and Northern Ireland's Gambling Prevalence Survey.

https://www.hpa.org.nz/sites/default/files/Final-Report_Results-from-2016-Health-And-Lifestyles-Survey_Gambling-Feb2018.pdf *<https://www.hpa.org.nz/sites/default/files/Final-Report_Results-from-2016-Health-And-Lifestyles-Survey_Gambling-Feb2018.pdf>*

https://www.communities-ni.gov.uk/publications/2016-northern-ireland-gambling-prevalence-survey *<https://www.communities-ni.gov.uk/publications/2016-northern-ireland-gambling-prevalence-survey>*

[2] <#_ftnref2> Calado, F. & Griffiths, M. D. (2016). Problem gambling worldwide: An update and systematic review of empirical research (2000-2015). Journal of Behavioral Addictions. DOI: 10.1556/2006.5.2016.073

[3] <#_ftnref3> Sturgis, P. (2020). An assessment of the accuracy of survey estimates of the prevalence of problem gambling in the United Kingdom. Retrieved from: **https://about.gambleaware.org/media/2179/an-assessment-of-the-accuracy-of-survey-estimates-of-the-prevalence-of-problem-gambling-in-the-united-kingdom.pdf** *<https://about.gambleaware.org/media/2179/an-assessment-of-the-accuracy-of-survey-estimates-of-the-prevalence-of-problem-gambling-in-the-united-kingdom.pdf>*

[4] <#_ftnref4> **https://www.ipsos.com/en/ipsos-encyclopedia-random-probability-sampling** *<https://www.ipsos.com/en/ipsos-encyclopedia-random-probability-sampling>*

[5] <#_ftnref5> Göritz, Reinhold & Batinic (2000), cited in Cornesse et al. (2020). A Review of Conceptual Approaches and Empirical Evidence on Probability and Nonprobability Sample Survey Research. *Journal of Survey Statistics and Methodology. 8*(1). **https://doi.org/10.1093/jssam/smz041** *<https://doi.org/10.1093/jssam/smz041>*

[6] <#_ftnref6> Smith, Nicolaas & Sturgis (2014). Options for carrying out large-scale surveys in Wales. Retrieved from: **https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf** *<https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf>*

[7] <#_ftnref7> AAPOR Task Force on Online Panels 2010: **https://www.aapor.org/Education-Resources/Reports/Report-on-Online-Panels** *<https://www.aapor.org/Education-Resources/Reports/Report-on-Online-Panels>*

[8] <#_ftnref8> Cornesse et al. (2020). A Review of Conceptual Approaches and Empirical Evidence on Probability and Nonprobability Sample Survey Research. *Journal of Survey Statistics and Methodology. 8*(1). **https://doi.org/10.1093/jssam/smz041** *<https://doi.org/10.1093/jssam/smz041>*

[9] <#_ftnref1> Smith, Nicolaas & Sturgis (2014). Options for carrying out large-scale surveys in Wales. Retrieved from: **https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf** *<https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf>*

[10] <#_ftnref9> **https://osr.statisticsauthority.gov.uk/covid-19-and-the-regulation-of-statistics/** *<https://osr.statisticsauthority.gov.uk/covid-19-and-the-regulation-of-statistics/>*

[11] <#_ftnref10> **https://www.ipsos.com/ipsos-mori/en-uk/ipsos-mori-resumes-face-face-fieldwork** *<https://www.ipsos.com/ipsos-mori/en-uk/ipsos-mori-resumes-face-face-fieldwork>*

[12] <#_ftnref11> Castrén, S., Basnet, S., Pankakoski, M., Ronkainen, J. E., Helakorpi, S., Uutela, A., Alho, H., & Lahti, T. (2013). An analysis of problem gambling among the Finnish working-age population: A population survey. BMC Public Health, 13, 519. doi:10.1186/1471-2458-13-519

[13] <#_ftnref12> Bastiani, L., Gori, M., Colasante, E., Siciliano, V., Capitanucci, D., Jarre, P., & Molinaro, S. (2011). Complex factors and behaviors in the gambling population of Italy. Journal of Gambling Studies, 29, 1–13. doi:10.1007/s10899-011- 9283-8

[14] <#_ftnref1> https://www.ipsos.com/ipsos-mori/en-uk/ipsos-mori-resumes-face-face-fieldwork

[15] <#_ftnref13> **https://www.ipsos.com/en/ipsos-encyclopedia-postal-surveys** *<https://www.ipsos.com/en/ipsos-encyclopedia-postal-surveys>*

[16] <#_ftnref1> Smith, Nicolaas & Sturgis (2014). Options for carrying out large-scale surveys in Wales. Retrieved from: **https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf** *<https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf>*

[17] <#_ftnref1> Calado, F. & Griffiths, M. D. (2016). Problem gambling worldwide: An update and systematic review of empirical research (2000-2015). Journal of Behavioral Addictions. DOI: 10.1556/2006.5.2016.073

[18] <#_ftnref1> Smith, Nicolaas & Sturgis (2014). Options for carrying out large-scale surveys in Wales. Retrieved from: **https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf** *<https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf>*

[19] <#_ftnref1> Smith, Nicolaas & Sturgis (2014). Options for carrying out large-scale surveys in Wales. Retrieved from: **https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf** *<https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf>*

[20] <#_ftnref14> **https://the-sra.org.uk/SRA/Blog/The%20impact%20of%20Covid19%20on%20high%20quality%20complex%20general%20population%20surveys.aspx** *<https://the-sra.org.uk/SRA/Blog/The%20impact%20of%20Covid19%20on%20high%20quality%20complex%20general%20population%20surveys.aspx>*

[21] <#_ftnref15> Holbrook, Green & Krosnick (2003). Telephone versus Face-to-Face Interviewing of National Probability Samples with Long Questionnaires: Comparisons of Respondent Satisficing and Social Desirability Response Bias. Public Opinion Quarterly, 67(1). **https://doi.org/10.1086/346010** *<https://doi.org/10.1086/346010>*

[22] <#_ftnref16> Lugtig (2013). Cited in Nicolaas, G., Calderwood, L., Lynn, P. & Roberts, C (2014). Web surveys for the general population: How, why and when? **http://eprints.ncrm.ac.uk/3309/3/GenPopWeb.pdf** *<http://eprints.ncrm.ac.uk/3309/3/GenPopWeb.pdf>*

[23] <#_ftnref17> Blog on the ONS website: **https://blog.ons.gov.uk/2019/01/10/designing-future-surveys/** *<https://blog.ons.gov.uk/2019/01/10/designing-future-surveys/>*

[24] <#_ftnref1> Smith, Nicolaas & Sturgis (2014). Options for carrying out large-scale surveys in Wales. Retrieved from: **https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf** *<https://gov.wales/sites/default/files/statistics-and-research/2019-02/options-carrying-out-large-scale-surveys-wales-2014.pdf>*

[25] <#_ftnref18> AAPOR Task Force on Online Panels 2010: **https://www.aapor.org/Education-Resources/Reports/Report-on-Online-Panels** *<https://www.aapor.org/Education-Resources/Reports/Report-on-Online-Panels>*

[26] <#_ftnref19> MacInnis, B., Krosnick, J. A., Ho, A. S. & Cho, M. (2018). The Accuracy of Measurements with Probability and Nonprobability Survey Samples: Replication and Extension. Public Opinion Quarterly. 82(4). **https://doi.org/10.1093/poq/nfy038** *<https://doi.org/10.1093/poq/nfy038>*

[27] <#_ftnref20> Callegaro et al (2014b). Cited in Nicolaas, G., Calderwood, L., Lynn, P. & Roberts, C (2014). Web surveys for the general population: How, why and when? **http://eprints.ncrm.ac.uk/3309/3/GenPopWeb.pdf** <*http://eprints.ncrm.ac.uk/3309/3/GenPopWeb.pdf*>

[28] <#_ftnref21> Examples include the Opinions and Lifestyle Survey, where respondents are drawn from the Annual Population Survey, which consists of respondents who completed the last Labour Force Survey.

[29] <#_ftnref22> Examples of push-to-web surveys include the Active Lives Survey and the Community Life Survey.

[30] <#_ftnref23> **https://www.ipsos.com/en/ipsos-encyclopedia-push-web-surveys** <*https://www.ipsos.com/en/ipsos-encyclopedia-push-web-surveys*>

[31] <#_ftnref24> **https://www.ons.gov.uk/aboutus/whatwedo/paidservices/opinions/opinionsandlifestylesurveymixedmodepilotanalysis** <*https://www.ons.gov.uk/aboutus/whatwedo/paidservices/opinions/opinionsandlifestylesurveymixedmodepilotanalysis*>

[32] <#_ftnref25> **https://www.understandingsociety.ac.uk/** <*https://www.understandingsociety.ac.uk/*>

[33] <#_ftnref26> **https://www.sportengland.org/know-your-audience/data/active-lives?section=methodology** <*https://www.sportengland.org/know-your-audience/data/active-lives?section=methodology*>

[34] <#_ftnref27> **https://www.gov.uk/government/collections/people-and-nature-survey-for-england** <*https://www.gov.uk/government/collections/people-and-nature-survey-for-england*>

[35] <#_ftnref28> **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/899706/Community_Life_Online_and_Pap_2019-20.pdf** <*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/899706/Community_Life_Online_and_Paper_Surve_2019-20.pdf*>

Annex 2: Background on current participation and prevalence surveys

The Health Surveys (England and Scotland)

The Commission's main measures of problem, moderate risk and low risk gambling rates among adults aged 16 and over are via the Health Survey for England (HSE), Scottish Health Survey (SHeS) and Welsh Problem Gambling Survey.

The Health Surveys were identified as the most suitable vehicles for the inclusion of gambling content following the cessation of the British Gambling Prevalence Survey (BGPS) series in 2010. The Health Surveys were identified via an internal review of large-scale survey vehicles that were available at the time including their methodologies, coverage and potential for including content on gambling. It was felt at that time the Health Surveys provided a regular, robust vehicle and would bring benefits of exploring co-morbidities with problems with gambling. The internal review was followed by a public consultation.

The HSE and SHeS are large-scale face-to-face household surveys which cover core topics every year, including general health and key lifestyle behaviours that influence health, and social care. Fieldwork takes place throughout the calendar year. They are the Department of Health's and Scottish Government's main measures of health in the population. The Health Surveys are predominantly interviewer-administered via computer assisted personal interviewing (CAPI), however the gambling content (and other topics, such as sexual orientation and religion in the HSE) is collected via self-completion booklets which are handed out to respondents during the face to face interviews. The self-completion approach is adopted to help elicit more honest answers from respondents on potentially sensitive topics, particularly where other household members may be present.

In terms of methodology, the HSE uses a stratified random probability sample of households to generate a core sample [1] *<#_ftn2>* which is designed to be representative of the population living in private households in England, while the SHeS uses a similar clustered, stratified multi-stage sample design.[2] *<#_ftn2>* Respondents are interviewed in households identified at the selected addresses. In the HSE 2018, the sample comprised 9,612 addresses selected at random in 534 postcode sectors and a total of 7,126 adults completed the gambling questions. In the most recent SHeS that included our questions, in 2017, the core sample consisted of 4,445 addresses, providing an overall sample of 3,697 respondents, of whom 3,198 completed the gambling questions.

For more information on the methods for the Health Surveys, please see NHS Digital's **Health Survey for England 2018 Methods** *<https://files.digital.nhs.uk/CA/2393EF/HSE18-Methods-rep.pdf>* document and the **Scottish Health Survey 2017 Technical Report** *<https://www.gov.scot/publications/scottish-health-survey-2017-volume-2-technical-report/>* .

The gambling content of the surveys is:

- Past 12 months participation by activity – the list of activities in the health surveys is not as granular as the telephone survey e.g. for online play there are only two categories – any online gambling and any online betting. This, coupled with the frequency of the surveys, is why the telephone survey is currently considered our main measure of participation levels.
- Overall frequency of gambling – captured across activities, rather than for individual activities
- Problem gambling, moderate risk and low risk rates according to the full (9 item) PGSI screen
- Problem gambling rates according to the DSM-IV (10 item screen developed for use in a clinical setting)

The HSE and SHeS include both the full PGSI screen and the full DSM-IV screen, allowing detailed assessment of problem gambling prevalence [3] *<#_ftn3>* . Rates from the two screens are reported both separately, and in combination in order to produce the most accurate estimates of problem gambling (i.e. a respondent is defined as a problem gambler if they meet the definition according to either or both screens).

Fieldwork for the HSE 2020 stopped in March because of Covid-19 and will not restart this year. NHS Digital currently plan to resume the HSE in 2021, and the Commission's participation and prevalence questions will be included.

Welsh Problem Gambling Survey

Following the identification of the Health Surveys as the best vehicle for inclusion of gambling content at the time of our previous review, the Commission also took steps to include content in the equivalent survey for Wales. Initial attempts were unsuccessful [4] *<#_ftn4>* , so to fill the gap for Wales in 2015, 2016 and 2018 we utilised Beaufort Research's **Wales Omnibus Survey** *<https://beaufortresearch.co.uk/omnibus-surveys/wales-omnibus/>* as our vehicle for the Welsh Problem Gambling Survey. For 2020 fieldwork, we were able to secure space on the **National Survey for Wales (NSW)** *<https://gov.wales/national-survey-wales>* for the standard gambling participation and PGSI questions.

Although Wales does not run a Health Survey in the same way as England and Scotland, the methodology for Wales is intended to supplement England and Scotland with data which is as comparable as possible. As with the HSE and SHeS the gambling questions in Wales, regardless of the vehicle used to date, are self-completed by respondents. However, the 'equivalent' surveys adopted in Wales do not include the detailed questions on health topics that are incorporated in the HSE and SHeS.

In common with the HSE and SHeS, the Beaufort Research Wales Omnibus Survey is also conducted in people's homes using CAPI (with the gambling content being self-completed by respondents) however there are some notable differences in approach compared to the HSE and SHeS:

- The survey runs on a quarterly basis in March, June, September and December (rather than throughout each month of the year) with c.4,000 interviews across the year

- A combination of random location sampling and quota sampling is used (in comparison to the HSE and SHeS which use a pure random location design and do not apply quotas)

The NSW, like the Health Surveys, is a large-scale survey which runs throughout the year using a random probability sampling approach. As with the England and Scotland surveys, the core interview content is interviewer-administered via CAPI, with the gambling questions and other topics considered sensitive, being self-completed by respondents. However, a key difference between the NSW 2020 and the HSE 2020 is that the NSW was not able to accommodate the DSM-IV screen, instead intending to use only the PGSI to establish problem gambling prevalence.

Like the HSE, the NSW 2020 fieldwork was also suspended due to Covid-19. To allow some aspects of the NSW to continue, a short telephone survey of appropriate topics in the 2020-21 survey was agreed by the Welsh Government; however, the gambling questions were not included in this short survey because it was felt that the topic would not work well by telephone.

Quarterly telephone survey

The telephone survey is conducted by Yonder on a quarterly basis in March, June, September and December with c.1,000 interviews conducted in each wave. Telephone numbers to be called are generated via random digit dialling (RDD) with a 50:50 split of mobile and landline numbers [5] *<#_ftn5>* . The sample of valid numbers generated is then cycled through the month until the required number of interviews is achieved. Quotas for number of interviews are set based on age, gender, social grade and region and data are weighted to the profile of the national population.

The core content of the survey is:

- Participation in different gambling activities in the past 4 weeks
- Mode of play for each activity (online / in-person)
- Whether the respondent has bet in-play in the past 4 weeks
- Frequency of play for each activity and mode

- Attitudes to gambling and motivations for gambling
- The short-form PGSI
- Demographics

The telephone survey data is released via an **annual gambling participation report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2019-behaviour-awareness-and-attitudes.pdf>* each February, with this report also including relevant data from the quarterly online survey. In addition, a more limited set of telephone **survey data on gambling participation** *<https://www.gamblingcommission.gov.uk/Docs/Survey-data-on-gambling-participation-March-2020.xlsx>* is released quarterly. All telephone survey data is reported on an aggregate 12-month basis to counteract seasonal differences in gambling behaviour, so each report is based on around 4,000 interviews.

The telephone survey has included an assessment of problem gambling rates via the short-form PGSI since mid-2011. This allows a quick assessment of problem gambling status and has been shown to track well to the full PGSI screen for overall rates of problem gambling and rates within large demographic groups (age and gender splits). When the short-form (or 'mini-screen') PGSI was developed it was, however, advised that it should not be used to track detailed changes in problem gambling behaviour. As such we are unable to use the current telephone survey data to track indicators such as problem gambling by activity or problem gambling rates within smaller demographic groups.

Quarterly online survey

The quarterly online survey has been run by the Commission since March 2015 with the aim of gaining a more detailed understanding of how consumers engage with online gambling products than is possible via the Health Surveys and quarterly telephone survey due to restricted space on those studies and cost considerations.

The online survey is run by Yonder and is included as part of their online omnibus. Surveys run on a quarterly basis in March, June, September and December with 2,000 interviews conducted per quarter. As with the telephone survey, quotas are set based on age, gender, social grade and region and data are weighted to the profile of the national population.

The core content of the survey which is released as official statistics is:

- Mode of play
- Devices used for online gambling
- Location of play
- Participation in in-play betting

- Number of gambling accounts
- Use of self-exclusion and other gambling management tools
- Exposure to gambling advertising (including via social media) and its perceived impact
- Social gaming play

In addition, questions are asked about participation and problem gambling prevalence (via the full PGSI screen) for survey routing purposes, however these questions are not included in our statistical outputs as they duplicate content from the Health Surveys and telephone survey.

The online tracker is the Commission's current most practical option for inclusion of topical questions relating to general gambling behaviour and issues. This is because of the ease with which new questions can be added to the survey and the low cost per question relative to the Health surveys and telephone survey.

The online survey data is released as part of the **annual gambling participation report** *<https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2019-behaviour-awareness-and-attitudes.pdf>* alongside telephone survey data. In addition, **online survey data** *<https://www.gamblingcommission.gov.uk/Docs/Gambling-participation-in-2019-behaviour-awareness-and-attitudes-Datafile-3.xlsx>* for 2019 was released in an Excel file. As with the telephone survey, all online survey data is reported on an aggregate 12-month basis to counteract seasonal differences in gambling behaviour, so each report is based on around 8,000 interviews.

Whilst the online tracker provides a quick and cost-effective method for gaining the views of consumers it arguably does have some methodological flaws. The extent to which these may bias results is the subject of debate in research circles with some agencies claiming that online samples can be just as high quality as research via more traditional methods and others pointing to potential weaknesses such as:

- Mode of interview – the online methodology means that the sample responding to the survey are more likely to be engaged online thus skewing the data. This is likely to be especially true for the older age groups where high online engagement is less ubiquitous than amongst younger people. As such we do not use the online survey to report overall rates of engagement in online gambling (the telephone survey is the main measure for this) or to report rates of problem gambling.
- Panel interviews – the surveys are conducted with members of the Yonder online panel. These individuals have signed up to receive surveys on a regular basis. It is natural that people with certain characteristics are more likely to sign up to be members of a panel and therefore the surveys may not be entirely representative of the population

Despite these limitations the survey is, however, particularly useful for understanding the behaviour of gamblers who are more engaged online. It is also useful in tracking trends over time (as the methodology does not change).

[1] *<#_ftnref2>* A stratified random sample is a sample obtained by dividing a population group into distinct units or strata based on shared behaviours or characteristics

[2] *<#_ftnref2>* Those living in institutions are outside the scope of the survey. This should be borne in mind when considering survey findings since the institutional population is likely to be older and, on average, less healthy than those living in private households.

[3] *<#_ftnref3>* The Welsh Problem Gambling Survey also typically includes both the PGSI and DSM-IV screens, however the 2020 National Survey for Wales (NSW) was able to accommodate only the PGSI screen

[4] *<#_ftnref4>* This was predominantly because two of Wales' principal national social surveys (the Welsh Health and Welsh Household surveys) were combined to form one National Survey and therefore space was limited at that time

[5] *<#_ftnref5>* Working to a 50% mobile split allows for a natural fallout of mobile only households (currently 21% according to Ofcom)

Our proposals

We recognise that our current set of surveys have a range of strengths and limitations. Taken as a whole, the current 'combination' approach of three surveys provides good breadth of coverage of key metrics and maintaining this mix for several years has allowed us to report data and trends in a consistent manner over time.

Actions could be taken to maintain and enhance the combination approach. For example, sample sizes could be increased to provide more robust data (if budget allowed) and questionnaire content could be reviewed and made more consistent. However, such changes would not address many of the limitations of the current approach. These are outlined in the following pages, together with our proposed actions.

Proposal I: Single survey for Great Britain

Lack of control over the inclusion of our questions on the Health Surveys limits our ability to report representative data for the whole of Great Britain

The issue:

Due to the fact the current Health Survey approach relies on separate NHS/government-led surveys in England, Scotland and Wales, it has often not been possible for the Commission to secure space for our participation and prevalence questions on the surveys for all three nations in the same years. Consequently, it has so far only been possible to release a combined 'Gambling behaviour in Great Britain' report for 2015 and 2016. In 2020 we are therefore relying on data from four years ago (2016) for the most recent GB-representative Health Survey statistics on problem and at-risk gambling. This inability to publish complete, consistent data that represents the full geographical area that we are responsible for is one of the key issues that we are seeking to address through the methodology review.

Proposal:

> To replace our current usage of the separate Health Surveys for England and Scotland and equivalent survey in Wales with a new 'gold standard' population survey which covers the whole of Great Britain via a large and robust sample.
>
> We will consider both existing general population surveys that we can access, and new surveys, which would be designed for this purpose, as a means of meeting this objective.

Rationale:

We will be able to report complete, consistent data that covers the whole of Great Britain via a new survey that reflects best practice and allows comparisons between the nations to be made with confidence.

Consolidating control over the survey for England, Scotland and Wales will also strengthen our ability to change, add or remove questions in a consistent way. As a result, we will be better placed to respond to emerging policy issues, government interest, stakeholder concerns, changes in research funding or specific events.

In an ideal world, if budget allowed, we would seek to generate a very large sample size which would not only provide robust national data but also provide more granular geographic data and facilitate comparisons between the widest possible range of demographic cohorts.

5 Do you agree with this proposal?

Please select only one item

◯ Strongly agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly disagree

Please explain the reasons for your answer

6 Is it important is it to adopt a survey approach which covers all of Great Britain (England, Scotland, Wales) using a consistent approach?

Please select only one item

◯ Yes ◯ No ◯ Undecided

Please use this box for any additional comments

Proposal II: Consolidation of current surveys

Data from the different surveys is not directly comparable due to mode effects

The issue:

For the Health Surveys alone, there are currently difficulties associated with combining data from three separate surveys for England, Scotland and Wales. The use of a different survey in Wales means that for Wales we do not have access to the broader health measures available via the HSE and SHeS and, from 2020, we also do not have access to DSM-IV problem gambling screen data.

The problem of comparability is exacerbated when the quarterly telephone and online surveys are also considered. Data collected via the quarterly telephone and online surveys (while helpful in supplementing the Health Survey data with more timely statistics) is not directly comparable due to different survey methodologies.

Proposal:

> To reduce the number of surveys the Commission currently uses to produce official statistics on participation and prevalence to provide a single set of trusted metrics.
>
> As part of this, to absorb content from our existing surveys into the new 'gold standard' population survey.

Rationale:

Consolidating our surveys will address the issue of multiple data points by using a single methodology (removing the issue of different mode effects) and the ability we will have to apply a single set of participation and prevalence questions.[1] *<#_ftn1>*

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[1] *<#_ftnref1>* The National Survey for Wales provides a useful example of consolidating multiple surveys. Five different surveys; The National Survey, Welsh Health Survey, Active Adults Survey, Arts in Wales Survey and the Welsh Outdoor Recreation Survey were brought together into one single 'National Survey for Wales' following a review of options in 2014. See: **https://gov.wales/sites/default/files/statistics-and-research/2019-02/national-survey-for-wales-technical-report-2016-17.pdf** *<https://gov.wales/sites/default/files/statistics-and-research/2019-02/national-survey-for-wales-technical-report-2016-17.pdf>*

7 Do you agree with this proposal?

Please select only one item

◯ Strongly agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly disagree

Please explain the reasons for your answer

8 Is the current reporting of data via different surveys an issue?

Please select only one item

◯ Yes ◯ No ◯ Undecided

Please use this box for any additional comments

Proposal III: Participation questions

Different participation questions on different surveys generate multiple figures

The issue:

A further consideration which affects comparability is the current inconsistent application of participation questions. Currently, participation statistics are published from both the Health Surveys (based on past 12 month participation) and the telephone survey (based on the past 4 weeks). Further, the surveys incorporate different lists of gambling activities.

The activity list used in the Health Surveys was originally developed for use in the 2012 survey. As such, it does not sufficiently reflect shifts towards online gambling in recent years, and it also provides limited granularity in terms of National Lottery games. Lack of available budget and a desire to retain comparability with previous data sets are the main reasons why the activity list has not been altered in subsequent years.

There is a risk of confusion and misuse of statistics arising from multiple figures, leaving the Commission open to challenge and posing a threat to the credibility of our research. Some questions are duplicated (or questions on similar topics are asked in slightly different ways) – creating a need for the Commission to manage multiple data points (different 'versions of the truth') with associated risks of confusion or misuse of statistics

Proposal:

> Via a single preferred methodology, to gather more granular data on gambling participation and frequency.
>
> Also, to review and refresh the list of gambling activities included in the survey so that it better reflects the current diversity of gambling products and better facilitates analysis of problem gambling prevalence at a product level.

Rationale:

The production of a single authoritative set of participation statistics will provide greater clarity to the use of this data and to policy debates. We believe it will increase user trust in the statistics who will have greater confidence that data is not contradictory and that the way we classify gambling participation accurately reflects the current product mix, both online and offline.

9 Do you agree with this proposal?

Please select only one item

◯ Strongly agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly disagree

Please explain the reasons for your answer

10 Are there other factors that should be considered in developing participation questions and data to meet the needs of users?

Please select only one item

◯ Yes ◯ No ◯ Unsure

Please use this box for any additional comments

Proposal IV: Frequency and turnaround time

The infrequency and long turnaround time of the Health Surveys from inception to reporting

The issue:

While we consider the Health Surveys to provide robust measurement of past 12 month gambling participation and problem gambling prevalence, the length of time between the surveys means that they cannot monitor shorter-term changes, and only measure changes approximately every two years (dependent on when we can secure space). Furthermore, the survey content cannot be adapted quickly to reflect new gambling products, and data from each survey is unavoidably out of date before the next survey is published.

The slow turnaround of the surveys from inception to reporting is also an issue. Using 2016 fieldwork as an example, survey content was signed off in Autumn 2015, data collection ran from January to December 2016, and the combined GB report was published in September 2018 – approximately two years after the survey's inception. This creates a major risk that emerging trends that may require action, will not be identified in a sufficiently timely manner. The quarterly telephone survey fills this gap to some extent albeit via a less robust methodology and problem gambling prevalence measure (the short-form PGSI screen).

Proposal:

To explore surveys (including existing external surveys) which we would be able to access more frequently than the Health Surveys and which have a shorter turnaround time.

To move towards at least annual publication of 'gold standard' participation and prevalence metrics.

Rationale:

Running more regular 'gold standard' surveys and reducing the time lag from data collection to reporting will help meet best practice for official statistics and enable evidence-based discussion and action to take place based on the most up to date and high quality data.

11 Do you agree with this proposal?

Please select only one item

◯ Strongly agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly disagree

Please explain the reasons for your answer

12 What is an appropriate frequency for reporting?

For example, would annual reporting, supplemented by shorter quarterly updates, be suitable?

Please use this box for any comments

13 How important is it to release data more quickly after its collection?

Please select only one item

◯ Very important ◯ Fairly important ◯ Important ◯ Slightly important ◯ Not important

What timescale would be preferable?

Proposal V: Explore more 'future proof' methods

Traditional research methods, already in decline are now under greater threat due to Covid-19

The issue:

It is important to refresh methods to keep pace with evolving best practice for population surveys. Further, reliance on face to face methods carries some risk given the impact of Covid-19 and potential future pandemics and government measures imposed on society

Proposal:

> To explore more 'future proof' methodologies for ongoing measurement which will be able to withstand threats posed to more 'traditional' research approaches. These methods include online, 'push to web' and mixed-mode surveys. Therefore an alternative approach could involve recruiting respondents via postal invitations (with addresses selected on a random probability basis), and conducting the survey either fully online, or online supplemented with other data collection methods such as postal returns or telephone interviews.
>
> Examples of other national population studies which have changed methodology in order to evolve and future proof the research include Sport England's Active Lives Survey[1] *<#_ftn1>* , the Community Life Survey[2] *<#_ftn2>* commissioned by the Cabinet Office and Natural England's People and Nature Survey[3] *<#_ftn3>* . All three of these surveys have moved from more traditional telephone or face to face methodologies to an online or mixed methodology approach.

Rationale:

Alternative methodologies exist which would be better able to withstand the threats posed by Covid-19 or future pandemics to interviewer-led in-home surveys. By continuing with the Health Surveys, there would be a risk that fieldwork may be adversely affected or may have to stop altogether, as has been the case in the HSE 2020.

Coverage of the population may also increase under a mixed-mode approach compared with a single mode survey and bias should decrease in the combined estimates. A survey which has as wide a coverage of the population as possible should minimise bias.

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[1] *<#_ftnref1>* **https://www.sportengland.org/know-your-audience/data/active-lives?section=methodology#adultsurvey** *<https://www.sportengland.org/know-your-audience/data/active-lives?section=methodology#adultsurvey>*

[2] *<#_ftnref2>* **https://www.gov.uk/government/publications/community-life-survey-experimental-online-survey-findings** *<https://www.gov.uk/government/publications/community-life-survey-experimental-online-survey-findings>*

[3] *<#_ftnref3>* **https://www.gov.uk/government/collections/people-and-nature-survey-for-england** *<https://www.gov.uk/government/collections/people-and-nature-survey-for-england>*

14 Do you support the proposal to use an alternative, non-interviewer-led methodology?

(Noting that this would be subject to rigorous testing, as outlined in the next proposal)

Please select only one item

◯ Yes ◯ No ◯ Undecided

Please explain the reasons for your answer

Proposal VI: Survey pilot

Changing the survey method could result in changes to the data

The issue:

The principal risk of a change to a new methodology is that the results will no longer be directly comparable with the existing surveys and their historical trend data. The impact of changing the methodology on trend data need to be understood. We also believe it is important to ensure that, if moving to a gambling-specific survey, it does not attract an over-representation of gamblers or problem gamblers.

We therefore propose to pilot an alternative method to identify and understand the impact that this has on the data compared to our existing surveys. We will work closely with our stakeholders to manage any changes in the data and may consider applying weights to the data (if necessary) to take into account any discontinuity of the data series. Any changes to time series data will also be communicated via our website.

Proposal:

To pilot questions using a potential new methodology in 2021 so that we can compare the results of the pilot with the telephone and online surveys that take place over a similar time frame, and with the most recent Health Survey data (2018). [1] *<#_ftn1>*

To take steps to ensure that the survey does not encourage an over-representation of gamblers, by taking care in the way the survey is branded and introduced to participants.

To analyse and report on comparability of trend data.

Subject to satisfactory pilot study data, to begin our new survey methodology in 2022.

Rationale:

A pilot stage is necessary to be able to analyse and understand the impact of a change to the methodology on participation, prevalence and other important metrics (such as contextual data about physical and mental health comorbidities) and to build sufficient confidence to support a permanent change.

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[1] *<#_ftnref1>* The 2021 Health Survey data will not be available until the end of 2022 at the earliest, so will not form part of our initial parallel test, but would be reviewed and considered against data from a new approach when it is published. Due the key participation and prevalence data from the Health Surveys remaining relatively stable over time, we consider that comparing pilot data against the 2018 HSE and NSW will provide a sufficient understanding of mode effects.

15 Do you agree with this proposal?

Please select only one item

◯ Strongly agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree ◯ Strongly disagree

Please explain the reasons for your answer

16 Would a break in the time series impact your work?

Please select only one item

◯ Yes ◯ No ◯ Unsure

If answered yes, please specify what the impact would be

Before you submit your response

17 How did you hear about this consultation?

Please select all that apply

☐ Social media ☐ Word of mouth ☐ Gambling Commission website ☐ Broadcast (news, TV or radio)
☐ Newspaper (print or online) ☐ Other

18 Overall, how satisfied were you with Citizen Space, our online consultation tool?

Please select only one item

◯ Very satisfied ◯ Satisfied ◯ Somewhat satisfied ◯ Disappointed ◯ Very disappointed

19 Are there any ways we could improve this online survey?

For example, were our questions clear and understandable? Were there enough opportunities for you to express your views?

Please use this box for any comments