

Consultation on the structure, distribution and governance of the statutory levy on gambling operators

October 2023

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Ministerial Foreword



In April, we published our landmark white paper following our extensive Review of the Gambling Act. This set out a comprehensive package of new measures to strengthen the protections in place to make gambling safer and ensure our regulatory framework is fit for the smartphone era.

The introduction of the statutory levy is an important element of a broader suite of protections we are introducing to prevent harm before it occurs while ensuring the public has access to the right help if and when they might need it. This detailed consultation sets out our vision for ensuring independent, long-term and trusted funding for research, prevention and treatment (RPT) of gambling-related harm, with appropriate government oversight. We have been absolutely clear that implementation of our white paper proposals to deliver real change is a priority and we have kept up momentum since April. In July, we launched both our consultations on introducing an effective stake limit for online slot games and modernising regulation of the land-based sector. The Gambling Commission has likewise moved at pace to consult on the implementation of a range of key policies, including financial risk checks.

The landscape for research, education and treatment of gambling-related harms has experienced huge change since the Gambling Act 2005 was introduced. We recognise the significant contributions industry has made in these areas, and welcome the substantial increase in funding the largest gambling operators have made available for treatment in recent years. This has facilitated the expansion of support and treatment available for people across Great Britain and the work of a wide range of organisations, including in the third sector, working to prevent gambling-related harm.

However, a sufficient quantum of funding is not the only requirement for effective arrangements to understand, tackle and treat gambling-related harms. It is also crucial that there is sufficient trust, independence and integration across the system. The current voluntary system is no longer fit for purpose. A new approach is needed and that is why this government has taken the decision to introduce a statutory levy. The new levy will be paid by gambling operators to the Gambling Commission and will provide sustainable, ringfenced funding for research, prevention (beyond the previous focus on education) and treatment of gambling-related harms, putting the independence of funding beyond absolute doubt.

We recognise, however, that the statutory levy represents a generational change to funding arrangements and there are complexities around the transition to this new system. We want to provide clarity for the sector on the way forward as quickly and as transparently as possible while managing the transition in an effective way. This public consultation sets out the government's initial proposal for how the RPT system under the statutory levy should work, including key aspects of the levy's design such as the rates operators should pay, the areas of funding distribution as well as governance and accountability arrangements.

We want the final design of the statutory levy to be based on need and led by the evidence in line with the approach we took with the Gambling Act Review. To help ensure that, I encourage all of those with an interest in gambling regulation and beyond to engage with this important consultation. We have a particular interest in the views and evidence of respondents on the structure, distribution and governance of the levy to support the government as we look to deliver real change for the sector and for the public.

Working across key government departments and with the Gambling Commission, the NHS, UK Research and Innovation (UKRI) and others, we will introduce a levy funded system which supports high quality research to inform policy and regulation, builds a truly national approach to prevention and education, and integrates a treatment system for harmful gambling. We absolutely want those who enjoy gambling without coming to harm to continue to do so, however it is our priority to ensure that anyone in our country suffering with gambling-related harm can access the help they need when and where they need it.

Rt Hon Stuart Andrew MP

Minister for Gambling

Executive summary

The Gambling Act Review [white paper](#) published in April 2023 set out the government's plans for modernising the regulation of the gambling sector. It outlined a comprehensive package of measures to introduce robust new protections against gambling-related harm, balanced to prevent ill effects as early as possible while minimising disruption to those who participate without experiencing harm.

One of the key proposals in the white paper was the introduction of a statutory levy paid by operators and collected and administered by the Gambling Commission under the strategic direction of government, replacing the current system of voluntary industry contributions. The white paper committed to consulting on the details of how the levy will be designed, including proposals on the total amount to be raised by the levy and how it will be constructed, taking into account the differing association of different sectors with harm and/or their differing fixed costs to ensure that a rate is fairly and proportionately set.

[Section 123](#) of the Gambling Act 2005 contains a power to enable the creation of a statutory levy which would be payable to the Commission to fund projects related to addiction to gambling, other forms of harm or exploitation associated with gambling, or any of the licensing objectives. Such projects may be undertaken by the Commission itself and/or through the distribution of funds to other bodies (including other public sector bodies) who are undertaking projects connected with gambling addiction, harms or exploitation, or in connection with any of the [licensing objectives](#). No government has used these powers to date.

We took the decision to consult publicly on the details of the statutory levy because it represents a significant change towards a new funding mechanism for research, prevention and treatment (RPT) and provides an opportunity to improve and expand the system as a whole. The views and evidence of respondents will inform the government's approach to implementation as we aim to introduce the levy via secondary legislation next year.

This document sets out the government's proposals regarding the key aspects of the design and implementation of the statutory levy, summarised in the table below:

Area	Key proposals
Scope, rates and amounts	<ul style="list-style-type: none">● Levy applied to all Gambling Commission operating licence holders● Levy rates (% Gross Gambling Yield) when fully in force (2026/27):<ul style="list-style-type: none">○ 1% from all online operators (excluding society lotteries with remote licences)○ 1% from remote software licences○ 1% from remote machine technical licences○ 1% from remote pool betting licences○ 0.4% from land-based casino/betting○ 0.4% from non-remote software licences○ 0.4% from non-remote machine technical

	<ul style="list-style-type: none"> licences <ul style="list-style-type: none"> ○ 0.4% from non-remote pool betting licences ○ 0.1% from land-based arcades and bingo ○ 0.1% from society lotteries (including External Lottery Managers and local authority lotteries licensed by the Gambling Commission) ● Those with Gross Gambling Yield or gross profits over £500k will be expected to pay the levy ● Levy to be paid with annual fee; or on a fixed date; or an alternative option ● Expected to raise approx. £90 million-100 million per year by 2027 (based on industry provided data)
Distribution and spending	<ul style="list-style-type: none"> ● Levy distribution to be administered by the Gambling Commission for research, prevention and treatment to reduce gambling harm, under the strategic direction of government ● Research: 10-20% of funding to UKRI for the establishment of a Gambling Research Programme (GRP) ● Prevention: 15-30% of funding to create a co-ordinated GB-wide approach to prevention, early intervention and education ● Treatment: 40-60% of funding to the NHS in England, Scotland and Wales to commission treatment and support services
Governance and accountability	<ul style="list-style-type: none"> ● Distribution of levy funds being administered according to strategic direction set by government will be a condition of DCMS and HMT approval, supported by a central government Levy Board, including DHSC and DSIT ● An appropriate mechanism will set out the conditions and/or expectations under which government would approve spending, in line with the statutory framework ● An informal Advisory Group convening experts across disciplines will support commissioning bodies' decision-making on how levy funds are spent ● Levy rates and distribution to be reviewed every 5 years

The purpose of this consultation is to ensure that the government is able to consider the best available evidence and mitigate any unintended consequences when finalising policy decisions. The consultation will be open for 8 weeks, closing on 14 December. We encourage all of those with views or evidence on the options above to make submissions via [online survey](#) by that point. The government will then publish a formal response to set out our decision and reasoning before implementing the changes. Any changes to the law will be made by secondary legislation.

Introduction

Current arrangements

Under the [Licence Conditions and Codes of Practice \(LCCP\)](#), the Gambling Commission currently requires operators to make an annual financial contribution to one or more organisation which deliver or support research into the prevention and treatment of gambling-related harms, harm prevention approaches, or treatment for those harmed by gambling. The amount is not specified, as this is a Gambling Commission licence requirement rather than a levy. The Commission did not have the statutory power to set an amount and, as such, the amount individual operators voluntarily contribute to research, education and treatment (RET) varies widely.

Arrangements for collection and management of industry donations have changed in recent years. From 1 January 2020 a new requirement came into force requiring operators to direct their annual contributions to one or more organisations on a [list maintained by the Commission](#). The Commission's guidance also states that operators can continue to donate funds to any organisation outside of those on the maintained list, but such contributions will not be counted as LCCP RET contributions. This change was a result of the Commission's review of the RET arrangements in February 2018 which concluded that the current voluntary system was falling short of its objectives. The Commission was concerned that RET contributions were disparate and uncoordinated and that some recipients of RET contributions had no clear link to the research, prevention or treatment of gambling harms.

To address this the Commission committed to improving the transparency of the amounts and destinations of RET funding. Alongside the RET organisation list, the Commission now collates and publishes information about LCCP RET contributions annually. However, the data does not include details on the annual contributions of individual operators.

In July 2019, following meetings with the then DCMS Secretary of State, five major operators (now four due to mergers) committed to increase their annual contributions from 0.1% to 1%, in incremental steps over a four-year period. In 2020 the decision was taken that the proposed increase in spend would be, in part, used to provide a cumulative £100 million for treatment over the first four years (to 2024) to GambleAware. This has led to a significant increase in the money available in the voluntary system, with some other operators also increasing contributions. Alongside the commitment to GambleAware, industry also committed £10 million to support the National Education Programme delivered jointly by YGAM and GamCare.

In the [latest data for 2022/23](#), operators contributed over £53 million in total, largely driven by the increase in contributions to GambleAware (rising from almost £34.7 million in 2021/22 to over £46 million for 2022/23). This supports GambleAware's commissioning of the National Gambling Support Network (NGSN) which has helped increase the provision of support and treatment for suffering with gambling harms in Great Britain. The NGSN includes a network of counselling services across the country and the National Gambling Helpline, both led by the charity GamCare, residential care services provided by Gordon Moody, as well as a research and evaluation programme now focused on treatment and prevention. GambleAware also produces national safer gambling campaigns to raise

awareness and encourage behaviour change in relation to gambling-related harms. Until recently it provided an annual £1.2 million to help fund NHS specialist treatment services, but in March 2022 [NHS England](#) announced that from April 2022, it would no longer accept this funding due to concerns about the voluntary nature of the funding from industry.

Regulatory settlements

Separate to the voluntary funding arrangement, when the Commission takes regulatory action against a gambling operator, an outcome of that action can include a payment in lieu of a financial penalty applied for socially responsible purposes in line with the [Statement of Principles for Determining Financial Penalties](#). The Commission reserves the right to review the destination of regulatory settlements to ensure that they meet the criteria set out in this Statement. Destinations must be for socially responsible purposes which address gambling-related harm or other [licensing objectives](#) and should demonstrate how they will accelerate progress to reduce gambling harms, and how they will publish any research findings and ensure that meaningful evaluation will be conducted.

In July, the Gambling Commission published the [latest regulatory settlements data](#). Since April 2023, over £44 million has been applied to socially responsible purposes via regulatory settlements, with £32 million going to GambleAware. These have supported a variety of projects and services across the spectrum of RET ranging from a 24-month study to better understand gambling in the veterans community, an 18-month pilot to trial the delivery of education materials in non-school settings, and Continuous Professional Development (CPD) training for university staff on the risk of gambling harms among students.

Regulatory settlements which include an element of financial payment for socially responsible purposes following enforcement action should not be seen as part of the core funding system of RET. However, should there be any such future regulatory settlements following enforcement action, the Commission has indicated that it will consider the process for approving the destination of such settlements in view of the final levy system. This means that the Commission would consider how the process (should it be needed) can, as far as possible, ensure the coordination of commissioning with the new levy system and avoid a dual system or duplication of work being funded in RPT by the statutory levy.

Transitional arrangements

It is essential for the government that there is minimal disruption to service provision in the transition period to the statutory levy being in force. GambleAware's regulatory settlement-funded provision includes the creation of a system stabilisation fund to provide financial support to manage disruption among organisations in the system of gambling harm prevention, support and treatment across England, Scotland and Wales during the transition period to the levy.

As part of the regulatory settlement, further funds will also be made available to accelerate GambleAware's commissioning plans in relation to reducing disparities in outcomes, experience and access; developing an integrated system; improving access through digital transformation; and research. Priority areas for research are:

- continuing to build the evidence base on gambling harms

- system research to inform commissioning or service provision
- evidence translation and dissemination.

Regulatory settlement funds were directed to GambleAware by the Commission in accordance with its Statement of Principles mentioned above and further details of commissioning and evaluation plans are available from GambleAware. Annual reports will be published to demonstrate value for money and progress against the objectives of the funds.

The government and the Gambling Commission expect operators to continue to make annual financial contributions as required by the LCCP until the levy is in force. Once a levy is created, the Commission will remove this requirement and therefore it is likely that the [LCCP RET list](#) will no longer be relevant or needed.

Case for a statutory levy

When we considered this issue in 2018, much of the debate centred around the quantity of funding provided by industry. This has increased substantially since then, rising from c.£10 million in 2019 to c.£50 million in 2023 and has meant RET provision has substantially expanded over the past few years.

We welcome the significant contributions industry has made to RET since the introduction of the Gambling Act, and the substantial increase in funding the largest gambling operators have made available for treatment in recent years. During the course of the Review, the Betting and Gaming Council also offered to further increase voluntary contributions across its wider membership representing 90% of the industry. Online members of BGC offered to pay 1% of GGY, matching the commitment of the four biggest operators in 2019, and land-based casinos to pay 0.4%.

Our aim is to improve the provision of high-quality, independent research on gambling, ensure there is a coordinated approach to prevention activity to raise awareness of harms before they occur, and align support and treatment services commissioned by the NHS and third sector to create a world-leading ‘no wrong door’ approach, ensuring those experiencing gambling-related harms are able to access the right help they need when they need it.

A new system for the provision of quality research, effective prevention activities and treatment services (RPT), strengthening the previous RET system, is now needed. An increased level of investment to improve and expand work in existing areas, as well as explore new areas of work in the prevention of gambling-related harm is one important aspect. The levy will play an important part in the government’s aim to have a better informed and protected public when it comes to gambling-related harms, and will ensure we have the robust evidence needed to strike the right balance between freedom and protection as new challenges and developments in the industry arise.

However, we recognise that a sufficient quantum of funding is not the only requirement for effective arrangements in this area and this alone will not achieve our objective for a system which is equitable, ensures a high degree of long-term funding certainty and guarantees independence. We believe there is further scope to increase the demonstrable independence of spending, government oversight regarding commissioning decisions and the available investment in high quality, independent research to inform policy and

regulation. Based on our assessment of current funding levels and distribution in the system, we estimate that the levy needs to be structured so as to raise c.£90 million-£100 million each year to deliver these improvements and an expansion of projects and services across all three aspects of RPT, while ensuring financial impacts on licensees are proportionate. Further detail on the objectives and expected outcomes for the new system are outlined in Section 2.2.

We also recognise that in order for research, prevention and treatment measures and findings to be applied across public policy and health communities, there is a need for governance structures that are transparent, trusted and independent. Historically, and persistently, there have been concerns from parts of the research and public health base that the current voluntary funding system does not deliver appropriate levels of trust with improvements needed across the provision of RPT. We have therefore taken the decision to introduce the statutory levy to put the independence of funding beyond absolute doubt and create widespread trust to further strengthen the system for RPT across Great Britain.

Finally, we want the design and use of the levy to be as much as possible based on need and a balanced view of the evidence. As a statutory mechanism, the levy will raise public funds and so it is essential that projects and services funded through the levy support the improvement and expansion of our RPT system, and can evidence clear impacts for policy, regulation and the public.

International comparisons

There is no standard mechanism internationally for funding research, prevention and treatment, or comparable models which would work for our country, though there are levy-supported approaches undertaken in other countries.

New Zealand as well as some Australian states such as New South Wales and Victoria use a hypothecated tax, charged according to a variety of different funding models. In New Zealand, [the Gambling Act 2003](#) contains a formula for a 'tax and recover model' whereby funding for research, prevention and treatment is directed through the Ministry of Health through funds from general taxation but costs are recovered by Treasury from a levy on industry, using player expenditure and numbers presenting for treatment as part of the calculation. For example the rate for casinos is 0.56% and non-casino gaming machines 0.78%. In New South Wales, Australia, the levy is currently set at 2% of gaming revenue, whereas in Victoria the rate is currently 0.68%. In Queensland, hotels with gaming machines are required to pay a Health Services Levy, the percentage of which is based on monthly taxable metered wins over \$100,000. The sole purpose of the fund is to benefit and support Queensland health services.

Canadian provinces tend to have high levels of expenditure addressing gambling harm paid for out of general taxation; but all have specific proportions of their total revenue derived from specific taxes on gambling. In Ontario, 2% of gross revenue is allocated by the Ministry of Health and Long-Term Care to fund gambling research and treatment.

In Europe, Spain is an example where general tax revenue funds almost all spending on research, prevention and treatment. In other countries, state monopolies may use part of their profits. In the Netherlands, all online operators must pay an annual levy (which was

increased in October 2021), a fixed percentage of which supports the Addiction Prevention Fund. Charity Lotteries are exempt from paying this levy.

Next steps

This 8-week consultation on options will ensure that the government is able to consider the best available evidence in deciding how to design and implement the statutory levy most effectively. To provide maximum clarity and transparency through this consultation process, the following sections set out a proposal for the levy in three key areas:

Area	Key proposals
Scope, rates and amounts and timing	<ul style="list-style-type: none"> ● Levy applied to all Gambling Commission operating licences ● Levy rates (% GGY) when fully in force (2026/27): <ul style="list-style-type: none"> ○ 1% from all online operators (excluding society lotteries with remote licences) ○ 1% from remote software licences ○ 1% from remote machine technical licences ○ 1% from remote pool betting licences ○ 0.4% from land-based casino/betting ○ 0.4% from non-remote software licences ○ 0.4% from non-remote machine technical licences ○ 0.4% from non-remote pool betting licences ○ 0.1% from land-based arcades and bingo ○ 0.1% from society lotteries (including External Lottery Managers and local authority lotteries licensed by the Gambling Commission) ● Those with Gross Gambling Yield or gross profits over £500k will be expected to pay the levy ● Levy to be paid with annual fee; or on a fixed date; or an alternative option ● To raise approx. £90 million-100 million per year by 2027
Distribution and spending	<ul style="list-style-type: none"> ● Levy distribution to be administered by the Gambling Commission for research, prevention and treatment to reduce gambling harm, under the strategic direction of government ● Research: 10-20% of funding to UKRI for the establishment of a Gambling Research Programme (GRP) ● Prevention: 15-30% of funding to create a co-ordinated GB-wide approach to prevention and education for gambling harm ● Treatment: 40-60% of funding to the NHS to commission treatment services
Governance and accountability	<ul style="list-style-type: none"> ● Distribution of levy funds being administered according to strategic direction set by government will be a

	<p>condition of DCMS and HMT approval, supported by a central government Levy Board, including DHSC and DSIT</p> <ul style="list-style-type: none"> ● An appropriate mechanism will set out the conditions and/or expectations under which government would approve spending, in line with the statutory framework. ● An informal Advisory Group convening experts across disciplines will support commissioning bodies' decision making on how levy funds are spent ● Levy rates and distribution to be reviewed every 5 years
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Gambling policy is substantially reserved in relation to Scotland and Wales and devolved in relation to Northern Ireland, and so the statutory levy covers England, Wales and Scotland but does not extend to Northern Ireland. By contrast, health policy is devolved in all three nations and, as such, careful consideration will need to be given for any levy funding used for health purposes in Scotland and Wales. The government will make decisions regarding the fair allocation of levy funding to devolved administrations after fully considering:

- the consultation responses we receive
- the evidence provided in those responses
- a further review of other health areas.

This consultation relates to a statutory levy which will be paid by all operators providing facilities for gambling to customers in Great Britain who are consequently required to hold the appropriate licence from the Gambling Commission.

Responses to this consultation will be reviewed before any draft regulations implementing the levy are laid before Parliament. The government plans to formally respond to this consultation to announce our decision early next year.

Section 1: Structure of the statutory levy

1.1 Our approach

We believe that the statutory levy should aim to provide independent, sustainable funding for RPT, ensuring that it is directed where it is needed most without disproportionately impacting the sustainability of gambling businesses.

We recognise that some forms of gambling business - particularly online operators - account for a greater share of overall gross gambling yield (GGY, which is the difference between money staked and winnings paid out), or equivalent to gross profits. The evidence shows that online providers of higher-risk gambling products, such as online slots on which we are further strengthening protections, are associated with greater levels of 'problem gambling' and gambling-related harm. As such, we think online operators can also reasonably be expected to contribute more to cover the costs of tackling and preventing gambling-related harms both through paying a higher rate of the levy and in contributing more overall to the total funding raised by the levy.

Several stakeholders have advocated for levy charges to be based on a 'polluter pays' principle whereby the operators responsible for the highest levels of harm are charged at the highest rate. The 'polluter pays' principle originates in environmental regulation and is well-established in other sectors, such as the levies and case fees used to fund the Financial Ombudsman Service (FOS) which is based on the likely number of cases referred to the FOS by a firm in scope.

Gambling harm is highly complex in nature. As set out in [Public Health England's \(PHE\) evidence review of gambling harms](#), harmful gambling is associated with and can lead to a range of health and financial harms, can be comorbid with other health issues, and can be linked to broader health and place-based disparities. We do know that some products are associated with a higher risk of harm (e.g. online gambling). According to the [2018 Health Survey for England](#), excluding National Lottery draws, 4.2% of people accessing any online gambling were experiencing problem gambling, compared to 1.3% of people accessing any gambling activity. These trends have also been identified in [evidence highlighted by PHE](#). While drawing on predominantly cross-sectional evidence from multiple jurisdictions, [a meta-analysis of research around the risk factors for harmful gambling](#) found that 'internet gambling' had the strongest association with problem gambling, exceeding any other product type and various demographic or socioeconomic factors. Online gambling is also increasingly flagged by individuals accessing treatment or support services: in 2021/22 around [75% of patients of the National Gambling Treatment Service](#) across Great Britain primarily gambled online, and [84% of GamCare helpline callers](#) mentioned online gambling against 30% for offline.

However, the current evidence base does not allow us to say what particular share of harm a given product is responsible for. This is further complicated by the fact that participation in multiple gambling activities is linked with an increased risk of experiencing gambling-related harm. Therefore, a polluter pays principle would be difficult to implement for this levy at this time.

Further, the Gambling Commission's enforcement regime already means that operators who are known to have acted in harmful or irresponsible ways in violation of the robust requirements set out in licence conditions undergo suitable sanctions which may include suspension or revocation of a licence as well as financial penalties commensurate with the severity of the case of non-compliance. Unlike these sanctions, the levy is not intended as a form of reparation or deterrent for harms caused by operators, but as a way to guarantee independent and sustainable funding for provision of RPT.

Nevertheless, we recognise that there are higher rates of problem gambling associated with products online compared to most land-based products, as well as the higher operating costs in the land-based sector, which we also want to take into account. To reflect these considerations we propose a simple but balanced model, charging the levy at differing percentages of GGY to different categories of gambling operator, in order to raise the target amount of £90 million-£100 million per year for RPT.

1.2 Proposed scope and rates of the levy

Scope

[Section 123](#) of the 2005 Act sets out the broad framework for the statutory levy, including the operators in scope, the purposes for which levy funding can be used and the need for secondary legislation to set out the amount of the levy and the timing of the levy payment. Section 123 requires that the levy applies to all holders of operating licences which means that the levy cannot be applied to particular classes of operating licences only (as emphasised in the [explanatory notes to section 123](#)).

The statutory levy will therefore be applied to all classes of licence holder under the Gambling Act 2005, including remote, non-remote and ancillary, which are licensed to deliver the following activities:

- Arcades: Family Entertainment Centres (FECs) and Adult Gaming Centres (AGCs)
- Bingo: remote and non-remote
- Betting: remote and non-remote
- Betting: non-remote general betting limited operating licence (on-course bookmakers)
- Pool betting licence: remote and non-remote
- Casino: remote and non-remote
- Society lotteries (remote and non-remote, including local authority lotteries licensed by the Gambling Commission) and External Lottery Managers
- Gambling software and gaming machine technical licences

Under section 282 of the Gambling Act 2005, alcohol-licensed premises such as pubs are automatically entitled to offer two Category C and D machines provided they give notice to the licensing authority (in Scotland, the licensing board) and pay the fee. However, pubs are

not licensed by the Gambling Commission and as such, they are out of scope of the statutory levy.

Section 123 also sets out that the levy is to be administered by the Gambling Commission and provides that a failure to pay the levy will be enforced in the same way that a failure to pay the annual licence fee is enforced; i.e. through revocation of the operating licence.

Proposed rates (gross profits, net profits, receipts)

The Gambling Act 2005 gives the government full discretion to determine the amount of levy and how it is calculated. The 2005 Act sets out a non-exhaustive list of examples as to how the government might calculate the levy, including by reference to a percentage of specified receipts, profits (net or gross) or of the annual licence fee, the last of which is based on the GGY licensees expect to generate during the year.

In developing the policy proposal set out in this consultation, DCMS has considered the full range of examples provided in the Act, with three options appearing to us as the most viable in enabling us to strike the right balance between fairness and proportionality for operators and the maximisation of funding for RPT:

Option 1: Gross Gambling Yield (broadly equivalent to gross profit)

We have considered past-year GGY as the reference point for calculating operators' levy obligation.

The Gambling Commission regularly gathers data on GGY or equivalent (such as proceeds for the lottery sector) through quarterly or annual regulatory returns and as such has a robust and well-known process for collecting dues from industry on an annual basis. We recognise that GGY can fluctuate, and wider financial impacts in the market will have specific impacts on how much is raised by the levy. However, industry GGY has been broadly stable in recent years and pursuing this option would mean that forecasting total levy funding is much simpler and administratively effective when it is based on past year or past period data points, such as Gross Gambling Yield in a previous year which is also used to inform the particular fee band licensees are in. This reduces the need for in-year forecasting and amendments and increases certainty for both operators and commissioning bodies. We want to take a data-led approach to the collection of the levy while avoiding an administrative process which is burdensome or costly.

We recognise that licensees which fall in scope of the levy, such as those holding gambling software licences and machine technical licences (remote and non-remote), do not have GGY which refers to stakes minus winnings paid out. However, we think that for those licensees, gross profits is the appropriate reference point for calculating levy payments.

Option 2: Annual receipts / sales

We also considered charging the levy as a percentage of an operators' annual licence fee or total receipts.

Annual fees are charged on the basis of costs the Commission expects to incur in regulating the sector which it correlates to the GGY each individual licensee is expected to generate

during that period. We think tying levy payments to those costs would be inappropriate given the very different purpose annual fees play in cost reflecting regulatory burden versus our intention of raising sufficient, trusted and independent funding for RPT.

Likewise, charging the levy as a percentage of an operators' total receipts would introduce a new formula for calculating the levy charge. This also risks being too much of a blunt instrument which does not account for operators' operating costs, which differ widely across the industry, whereas GGY accounts, at least in part, to profits accrued through customers' losses.

Option 3: Net profits

We have also considered net profits as a potential reference point.

Net profits would perhaps capture a licensee's 'pure' profit more precisely and would account for both operating costs as well as taxes paid after GGY. However, charging the levy in this way would introduce a substantially new process in the calculation and payment of the levy for operators as well as for the Gambling Commission in forecasting and ensuring that levy dues were being paid fairly each year. This could cause delay for those bodies responsible for commissioning work to tackle and treat gambling-related harm. It is the government's priority to see levy funding being directed for projects and services as soon as possible and we want to minimise disruption to existing services as we transition to the levy.

In setting regulations on the levy, the Gambling Act provides the government with broader options to determine the amount of the levy according to a specified formula or in some other way. At present, we consider the options set out above as the only viable routes to calculating the annual levy charge.

Government's position

We propose that GGY/gross profits is used as the reference point for levy payments. This approach strikes an appropriate balance between administrative simplicity which avoids the need for excessive processing costs for both licensees and the Gambling Commission, while raising sufficient, long-term funding for RPT purposes. Adopting this streamlined, data-led approach will also be crucial in providing funding certainty in the future for those organisations such as the NHS and UKRI responsible for commissioning projects and services with levy funding each year. Ultimately, our aim for the levy (outlined in Section 2) is best served by using data points and processes familiar to both industry and the Gambling Commission. This will mitigate the risk of administrative costs undermining the purpose of - and sums raised by - the levy.

Nonetheless, the statutory levy is a major change to the provision of RPT and thus we propose a phased introduction of the levy to provide time for the government to ensure the right foundations are established as we transition to the new model, while providing adequate investment for projects and services during this period. As set out in Figure 1, the government is implementing the statutory levy with the aim of raising c.£90 million-£100 million per year when fully in force by the 2026-27 financial year, approximately double the funding currently raised by voluntary contributions.

National Lottery

In developing our proposal, we closely considered whether the power in the National Lottery etc Act 1993 to introduce an annual levy payable by holders of licences issued under that Act should also be implemented. The power to introduce an annual levy under the 1993 Act only becomes available once the power to introduce a levy under the Gambling Act has been implemented. The National Lottery already makes a significant voluntary RPT contribution alongside the billions raised for good causes annually, and the 4th National Lottery Licence, due to commence in February 2024, has been further strengthened with new commitments for RPT funding. We have concluded that charging a levy to the National Lottery under separate powers would be disproportionate and therefore do not plan to consult on this issue. However, we will continue to work closely with the National Lottery to ensure that efforts and contributions to socially responsible purposes are maximised.

Society Lotteries and External Lottery Managers (ELMs)

We recognise that there are arguments to exclude society lotteries from the scope of the levy. However, as mentioned earlier, the power to introduce the levy is a blanket power and we are unable to exclude particular classes of licence holders, such as society lotteries, from the levy. In recognition of the low rates of harm associated with participation in society lotteries and the important benefits they bring to good cause fundraising, we are currently minded to charge the levy to society lottery licensees, including ELMs and local authority lotteries licensed by the Gambling Commission, at the lowest rate of 0.1%, subject to consultation. Furthermore, we are considering a suitable definition comparable to GGY that can be adjusted to take account of contributions to good causes.

Gambling software (remote) and gaming machine technical licensees (remote and non-remote)

In contrast to gambling operators which transact directly with customers in Great Britain, there are also businesses licensed by the Gambling Commission which manufacture and supply gambling software and gaming machines, both remote and non-remote, and conduct business to business (B2B) commercial activity rather than business to customer (B2C) transactions. Those licensed to manufacture and supply gambling software or gaming machines are held to robust technical standards set by the Gambling Commission which ensure fairness, consistency, and transparency, while B2C operators have a wide range of requirements set out in the LCCP. While B2B licensees do not directly receive income from customer losses ie. GGY, we do recognise that they form a crucial part of the broader supply chain fundamental to the industry as a whole. As such, we think they should be in scope of the levy and propose the rates these licensees should pay reflects the rates we propose for online and land-based B2C licensees.

De Minimis threshold

The Horserace Betting Levy, which is charged at 10% of operators' profits accrued through leviable bets, includes a provision which exempts operators' first £500,000 GGY from being in scope of the levy to manage impacts, particularly for smaller operators. There are additional administrative costs for businesses in the calculation and payment of the statutory

levy each year, as well as costs for the Gambling Commission in the collection and enforcement of the levy. We recognise the need to continue to minimise the burden on operators with lower profits and that the benefit of collecting an operator's levy payments is not cancelled out by the costs of payment and/or collection. This will reduce the risk of disproportionate costs or administrative burdens falling on smaller operators and reduce the risk of the levy acting as a barrier to operators entering the market. We therefore think a minimum threshold is needed for the statutory levy and propose that licensees in scope of the levy with GGY or gross profits (or an equivalent which we will define for society lotteries and ELMs) which total less than £500,000 would not be expected to pay the levy. This would also include those operators who are licensed by the Gambling Commission but are registered as not trading.

Figure 1: Proposed levy rates by year and operator licence type

Financial Year	Largest four operators	Other online operators (betting, casino, inc. gambling software licences and remote gaming machine technical licences)	Land-based (Casino / LBO, inc. non-remote gaming machine technical licences)	Land-based (On-course bookmaker, AGC, FEC, bingo)	Society lotteries (minus good cause contributions) and External Lottery Managers (based on lottery proceeds)	Estimated funds raised (based on industry provided data)
2024/25	1%	0.5%	0.2%	0.1%	0.1%	£70-£80m
2025/26	1%	0.75%	0.3%	0.1%	0.1%	£80-£90m
2026/27	1%	1%	0.4%	0.1%	0.1%	£90-100m

Our forecasts based on industry provided data indicate that a levy charged at these rates would raise the target amount of c.£90 million-£100 million per year when fully in force. These proposed rates are also broadly in line with the proposal put forward by the Betting and Gaming Council over the course of their engagement with the Gambling Act Review. We are therefore confident that levy payments at these rates should not be a disproportionate burden on businesses while facilitating the expansion of our RPT system and putting the independence of funding beyond doubt. We will continue to work with the Gambling Commission in analysing the latest data to ensure that a levy structured in this way will raise the target £90 million-£100 million we think is needed to improve and expand RPT provision and deliver the outcomes we set out below in Section 2.

Should the government decide following the evidence received from this consultation to use one of the alternative options as reference points for the levy set out above (annual receipts or net profits), or a different option entirely, this could impact the rates at which the levy was to be paid by each category of licensee. The Government is committed to a proportionate, evidence-led approach.

Consultation question 1:

The government proposes to raise around £90 million to £100 million per year for RPT through a levy charged to licensed operators' GGY. We propose the levy is charged at different rates for different categories of gambling operator to take into account the association of different sectors to harm and the higher fixed operating costs incurred by different parts of the industry.

1a. Do you agree with the proposal for how the levy should be charged?* (Yes/No/I don't know)

1b. Please explain your answer. (Free text box)

1c. Do you agree with the proposed total that the government estimates the levy needs to raise?* (Yes/No/I don't know)

1d. Please explain your answer. (Free text box)

1e. Do you agree with the proposed de minimis threshold for the levy?* (Yes/No/I don't know)

1f. Please explain your answer. (Free text box)

1g. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

We also intend to build in a mechanism to review levy rates to ensure that they are set at an appropriate level to properly fund the RPT system. Our full approach to reviewing the levy is set out at Section 3.3.

1.3 Proposed timing of payment of the levy

Section 123 of the Gambling Act does not expressly deal with the timing of payment of the levy. Instead, it requires that regulations introducing the levy set out when it is to be paid.

We have identified two possible approaches to the timing of the levy payment. The first approach would be to have licence holders pay the levy at the same time as they pay their annual fee. The second approach would be to have all licence holders pay the levy on the same fixed date.

Option 1: paying the levy alongside the annual fee

The timing of payment of the annual fee varies between licence holders as it is determined by reference to the anniversary of the issue of the licence by the Gambling Commission (with bespoke rules for multiple licence holders). If payment of the levy is aligned with payment of the annual fee, then the levy will fall due on different days of the year for different licence holders. This could make the forecasting and distribution of the levy challenging, and potentially impact funding certainty for commissioning bodies such as NHS and UKRI. Greater consideration of the interaction between the collection of a future levy alongside Commission annual fees will need to be taken into account ahead of any final decisions on the timing of payment of the levy.

However, this option would deliver on consistency with existing processes and simplicity in the administration and collection of the levy. It builds on existing and well-understood processes for operators and the Commission, which will be important for the future predictability and success of the levy system.

Option 2: paying the levy on a fixed date

This option would mean that a single day of the year was identified e.g. 1st October and all levy payments from all licence holders would be due on that date. While we recognise this would create clarity for organisations in receipt of levy funding, it would also introduce some administrative complexity for both the Commission and operators, introducing a new type of payment which is not aligned with the payment calendar for fees - thus creating a separate forecasting and payment process.

Government's position

There are clear advantages and disadvantages for both options. It is a priority that we develop a streamlined process for levy payment (and collection) which aligns with the administrative processes of the Gambling Commission to ensure efficiency and consistency in the management of the levy. However, under both options we would expect licensees to pay the levy in advance (i.e. based on projected GGY) and as such would apply in the same way to existing and new entrants into the market. Calculating projected GGY is also a well-understood process as this forms a key part of the annual fee band licensees fall within. Nonetheless, the issue of timing is finely balanced and the government requires further evidence and the views of stakeholders in order to make an informed decision regarding the timing of payment of the levy.

Consultation question 2

On the timing of payment of the levy, the Government's priority is to maximise the certainty and predictability of the amounts raised by the levy each year, and minimise administrative burden in both payment operators and collection by the Commission. The government has explored two options but recognises the issue is finely balanced and

does not have a final proposal at this stage.

2a. Should the government pursue option 1 or 2 in setting the timing of payment of the levy? (Option 1/Option 2/I don't know)

2b. Please explain your answer. (Free text box)

2c. Do you agree that the levy with the proposal that licensees should make levy payments in advance i.e. based on projected GGY? (Yes/No/I don't Know)

2d. Please explain your answer. (Free text box)

2e. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

1.3 Implementation

We expect the levy to come into force in 2024 to make increased and independent funding available for RPT as soon as possible thereafter. Following the transition phase, we expect the levy to be fully in force by 2027.

Section 2: Distribution and spending

2.1 Our Approach

The Gambling Act 2005 sets out a range of purposes for which funding raised by the statutory levy can be used. With DCMS and HMT consent, the Commission can administer the distribution of money for purposes related to, or provide financial assistance for projects related to:

- addiction to gambling
- other forms of harm or exploitation associated with gambling, or
- any of the licensing objectives:
 - preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime,
 - ensuring that gambling is conducted in a fair and open way, and
 - protecting children and other vulnerable persons from being harmed or exploited by gambling.

We want the use of the levy to be led by the evidence on what works to prevent and reduce gambling-related harm across Great Britain. However, we also recognise that there are significant gaps in the evidence base which mean we cannot, for example, introduce the levy as a mechanism to recoup the societal and government costs of gambling harm. We nonetheless want to maximise use of existing expertise wherever possible to deliver value for money without creating an administrative burden. The priority for the government is to increase the level of investment and strengthen the provision of projects and services to understand, tackle and treat gambling-related harm and improve outcomes for the public.

The statutory levy will be applied across Great Britain and as such this consultation addresses potential spending on projects and services across all three nations. As set out in the introduction, while gambling policy is substantially reserved in relation to Scotland and Wales, health policy is a devolved matter. Further consideration will need to be given to a fair allocation of levy funding across Great Britain, with particular consideration given to funding directed to health purposes.

Finally, while the legislation sets out the broad framework above for the purposes of the levy, current provision across the sector is aligned to three strands of activity – research, education and treatment. Roughly 90% of all support and treatment provision is commissioned and delivered by charities in the third sector which hold substantial expertise. To avoid any unnecessary disruption to the existing system, we propose that the levy funding be divided across these same funding streams – research, prevention (broadening out the existing ‘education’ strand) and treatment.

Consultation question 3

The Government has a clear objective to minimise the disruption to existing service provision in bringing the levy into effect while providing independent, sustainable funding for key projects and services to further understand, tackle and treat gambling addiction. Given the existing structure of funding for projects and services, we propose levy funding should be allocated across the three categories of research, prevention and treatment.

3a. Do you agree with the proposal that levy funding should be allocated across the categories of research, prevention and treatment? (Yes/No/I don't know)

3b. Please explain your answer. (Free text box)

3c. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

This Great Britain-wide consultation addresses potential spending on projects and services in England, Scotland and Wales, and as such a fair allocation of levy funding will need to be made across all three nations.

3d. Is there any evidence the government should consider as to how a fair allocation of levy funding might be implemented across all three nations of Great Britain, whether by reference to the Barnett formula or some other mechanism? (Free text box)

2.2 Setting objectives for the system

The levy represents a significant transformation for the RPT system and will no doubt evolve over time as evidence of the needs of the public and demands on the system become clearer. However, it is important that government has clear strategic objectives from the outset to guide the new system so that we can build a plan to strengthen existing arrangements and mitigate risks of any disruption to services and programmes.

We suggest the following five objectives to guide the distribution of the statutory levy:

Trusted long-term funding certainty - there needs to be a high degree of certainty about the level of funding available to enable proper planning of services and programmes. It is essential that commissioning and delivery bodies can enter into formal agreements with confidence of future funding and of avoiding swings in available funding due to e.g. changes in trade association arrangements, changes in the gambling landscape such as mergers and acquisitions, significant government policy or regulatory changes, and even wider issues such as economic downturns or consumer behaviour. The structure and governance of the levy aims to provide long-term funding certainty for those responsible for commissioning

projects and services. As a statutory levy paid each year, the sustainability and independence of the funding will be beyond doubt and will secure trust across the system.

Increasing access and integration - latest available estimates put the number of people experiencing problem gambling at c.300,000, but less than 5% currently receive treatment, significantly lower than for alcohol and drug abuse. This compares to [18% of dependent drinkers](#), and [47% of opiate and crack cocaine users](#). 12 of the planned 15 NHS specialist gambling treatment clinics are currently in operation, across all regions of England. When all are open, these will run at a cost of £6.5 million per year. As the strategic commissioner of third sector services, GambleAware allocated over £25m on the provision of treatment in 22/23. The levy will allow the development of an integrated and comprehensive treatment system across Great Britain in the coming years to ensure there are established referral pathways between NHS and third sector provided services, so that we have a 'no wrong door' approach for those experiencing gambling harms and that we can help those who need treatment are able to access it earlier in their journey.

Expanding support and prevention activity across Great Britain - prevention activity encompasses a wide range of projects and services to raise public awareness of gambling-related harms, educating at-risk groups and preventing issues before they occur. We have a robust regulatory framework which places a range of rules and restrictions on gambling operators which will be further strengthened through the implementation of measures announced in the white paper. However, the levy will provide sustainable funding for the government to develop a coordinated prevention approach, at the local, regional and national level, providing investment for organisations, including in the third sector, for harm prevention activities across Great Britain. This will facilitate more upstream interventions in the prevention of gambling-related harms where it is needed most. It will also aim to raise awareness of gambling-related harms and support pathways, to prevent or reduce harms earlier and more effectively.

Filling key gaps in the evidence base - UK research councils have provided c.£2 million in funding awards for gambling research since 2019. In addition, c.£19 million in regulatory settlements has been directed for research projects between 2019-2022, however, given the lack of certainty about the level of funding, it has been challenging to put in place a coherent research strategy. By comparison, the Medical Research Council has invested more than £140 million over the last five years in research directly addressing mental health questions and UK Research and Innovation (UKRI), the umbrella body for the major research councils, has a £19 million strategic priority fund for online safety. A dedicated and sustainable injection of funding for independently-commissioned research, including rapid response funding as well as long-term projects, will help to build capacity in the field and attract a more diverse range of researchers to help fill gaps in the evidence base.

Supporting the Gambling Commission's capacity - The Commission recently published an [Evidence Strategy](#) outlining the key evidence priorities to support the Commission's regulatory and policy objectives. Levy funding could support the Commission to directly commission timely research to understand emerging issues and build capacity to more quickly progress planned work e.g. operator data collection and analysis.

Consultation question 4:

The statutory levy is an important part of the government's wider efforts to further understand and reduce gambling-related harm. To guide the strategic priorities for the levy, we propose the outcomes listed above as preliminary objectives for the levy.

4a. Do you agree with the proposed objectives? (Yes/No/I don't know)

4b. Please explain your answer. (Free text box)

4c. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

2.3 Proposed allocations of levy funding across research, prevention and treatment (RPT)

The Gambling Act 2005 is clear that while it is the Gambling Commission which collects and administers levy funding distribution, spending decisions will be subject to DCMS Secretary of State and HM Treasury approval. However, we want to use this consultation to provide the sector and the wider public with clarity as to the broad expectations of government in the distribution of the levy.

This section provides details regarding the approximate allocations and uses of levy funding which will guide DCMS approval of expenditure once the levy has been introduced. DCMS and HM Treasury will continue to work closely together to ensure the strategic direction of funding is appropriately set. Further, the government will ensure an appropriate mechanism is put in place which makes clear the conditions and/or expectations under which DCMS and HMT would approve spending schemes and decisions, in line with the statutory framework.

2.3.1 RESEARCH (10-20%) - up to c.£20 million each year

As with all fields of research, qualified researchers and other organisations such as businesses and charities can apply to the UK research councils to fund research on gambling. However, between 2005 and 2021, [just 112 studies with a focus that included gambling were funded by UK Research Councils or the National Institute for Health Research \(NIHR\)](#) compared with [691 for alcohol](#). Evidence submitted to the Gambling Act Review suggested that just 6.6% of academic papers published containing empirical research on gambling behaviours and policies between 2019 and March 2021 were from British-based researchers, and gambling as a research topic more broadly has a relatively low status.

Substantial funding for gambling-specific research is available through the system of voluntary donations from operators. However, many academic and research institutions are reluctant to receive funding which has been provided through voluntary donations from industry due to conflict of interest rules, or perceptions that industry has the capacity to influence the scope of individual projects or the research agenda more broadly.

Government's position

It is imperative that more high quality and peer-reviewed research is carried out to fill gaps in the evidence base and inform policy and regulation. The levy provides an opportunity to build greater diversity, capacity and clear investment in the gambling research field, bringing together multidisciplinary approaches, as well as appropriate charities and organisations outside academia. We want innovative research in the field to deepen our understanding of gambling and gambling-related harms in Great Britain.

We propose that 10-20% of levy funding each year (up to c.£20 million) should be allocated to UK Research and Innovation (UKRI), a non-departmental public body which brings together the seven disciplinary research councils, Innovate UK and Research England. This funding will be used to establish a UKRI-led Research Programme on Gambling which will aim to cover key questions and evidence priorities related to gambling and gambling-related harms to stimulate interest and strengthen the capacity in the field.

In line with [the Haldane Principle](#), the Programme will produce research that has been through a rigorous and independent peer review process in the selection of projects to deliver the highest quality research. In conjunction with ongoing work at the Gambling Commission to expand capacity to collect and analyse more timely, granular operator data, clear levy investment in gambling research will provide much-needed data and diversity in the field to fill gaps in the evidence base and understand emerging issues across the sector.

We also propose a proportion of this funding is used by the Gambling Commission for the purposes of regulatory research. This will support the expansion of the Commission's research-commissioning capacity to help inform its approach to specific regulatory challenges and/or compliance among licensees. The Commission has outlined key evidence gaps and priorities in its recent [Evidence Strategy](#) which could form the basis for a coherent research programme. However, we will ensure that there is no duplication between the aims and objectives of the UKRI Programme and any of the Commission's research activity.

Consultation question 5

The Government proposes 10-20% of funding raised by the statutory levy should be allocated for quality, multidisciplinary research to inform policy and regulation. The Government proposes a new bespoke Research Programme on Gambling led by UKRI is established to provide clear investment for gambling research and build excellence, diversity and capacity in the research field.

5a. Do you agree with the proposal that 10-20% of funding raised by the levy should be allocated for sustained, high-quality, independent research? (Yes/No/I don't know)

5b. Please explain your answer.

5c. Do you agree with the proposal for levy funding to establish a bespoke

Research Programme on Gambling led by UKRI? (Yes/No/I don't know)

5d. Please explain your answer.

5e. Is there any additional evidence in this area the government should consider?

2.3.2 Prevention (15-30%) - up to circa £30 million each year

An effective prevention plan seeks to identify the right mix of interventions to be applied at both the population and individual level, further strengthened by our package of measures in the white paper. Prevention of gambling harms will include a broad spectrum of measures at population level, including regulatory restrictions on products, place and provider, as well as tailored measures for the benefit of at-risk groups and more specific protections for at-risk individuals, including education and awareness-raising activities among particular at-risk groups.

Figure 2: Gambling harm prevention measures

(source: Gambling Commission [National Strategy to Reduce Gambling Harms](#))

	Example measures
Universal measures: for the benefit of the whole population	<ul style="list-style-type: none">● Regulatory requirements and/or restrictions on product, place and provider● Point of sale safer gambling messages● Population-based safer gambling campaigns● Gambling management tools
Selective measures: for the benefit of at-risk groups	<ul style="list-style-type: none">● Targeted population safer gambling campaigns● Workforce education programmes for relevant sectors and professionals● Education programmes for children, young people and other vulnerable groups
Indicated measures: for the benefit of at-risk individuals	<ul style="list-style-type: none">● Self-exclusion● Financial gambling blocks● Customer interaction by gambling staff● Interventions and online support by frontline staff (e.g. in treatment, healthcare, debt advice settings)

Given the wide variety of projects and services, delivery of prevention activity is led by a mix of government, Gambling Commission and a range of third sector organisations.

Government recognises the crucial importance of the third sector, particularly in raising awareness and providing information to prevent people from coming to gambling-related harms and support for those who might need help.

The Gambling Commission requires all gambling operators to make information available to customers on how to gamble safely and how to access information on harmful gambling and

the support available. Gambling operators are also required to offer a range of preventative tools to limit time or money spent or to take time-outs from gambling. Our white paper set out a range of proportionate measures to strengthen preventative measures, including developing a new model for independently informational messaging on the risks associated with gambling led by the evidence on what works for different contexts and audiences.

Currently, most operators direct people to the independent charity GambleAware's begambleaware.org site for information and support, which contains a wide range of information for everyone on risks, as well as links to advice and support, including the 24-hour National Gambling Helpline. GambleAware also provided funding for a range of prevention and education activity which included the Citizens Advice Gambling Support Service for those experiencing gambling-related debt, a programme to reduce stigma around gambling-related harm, and GP awareness training with the Royal College of General Practitioners.

Regulatory settlements have also provided funding for a number of prevention programmes all of which are [listed on the Gambling Commission website](#). The Association of Directors of Public Health, Yorkshire & Humber are delivering a three-year project to implement and embed a sustainable, multi-component and collaborative programme across Yorkshire and the Humber to tackle gambling-related harms, including gambling-related debt, with a focus on education and prevention to understand what works. Likewise, the Greater Manchester Combined Authority have recently launched a four-year project to deliver an innovative whole-system population health programme in the Greater Manchester city-region.

The NHS webpage '[Help for problem gambling](#)' has recently been updated, and includes information on the common indicators which suggest that people may be experiencing harmful gambling, as well as advice and links to treatment services. In September, the government published a new [cross-government Suicide Prevention Strategy for England](#) which considers the link between suicide and issues such as harmful gambling. As part of the NHS Long-Term Plan, DHSC has committed £57 million for suicide prevention by March 2024 to support local suicide prevention plans and the development of suicide bereavement services. The charity Gambling with Lives also provides a range of community, professional and emotional support for those bereaved by gambling-related suicide.

To prevent children and young people from experiencing gambling-related harm later in life, since 2020 children have been taught about the risks relating to gambling, including the accumulation of debt, as part of the [statutory Relationships, Sex and Health Education \(RSHE\) curriculum](#) in England. The Young Gamers and Gamblers Education Trust (YGAM) charity provides free training for university staff and students' unions and maintains a bespoke student website dedicated to help protect university students and young people from gambling harm. Likewise, the charity Fast Forward has established the Scottish Gambling Education Hub to provide access to gambling education and prevention opportunities through training, peer education, peer theatre, as well as the wider Scottish Gambling Education Network.

The Department for Education (DfE) is working closely with Gambling with Lives to review the ongoing evidence around gambling education to help inform future policy. The research, funded via regulatory settlement and currently being undertaken for the department by IFF Research, will test whether schools are teaching RSHE effectively, including about the risks

of gambling, and will provide emerging findings to inform decisions regarding the department's review of the RSHE statutory guidance which is anticipated to start later this year.

Government's position

Together, these and other activities designed to prevent gambling harms will undoubtedly have a positive impact, but there is further work to be achieved on coordination and evaluation of what works across Great Britain and expanding services delivered by the third sector across the country.

The levy could facilitate the expansion and coordination of prevention activity, at local, regional and national levels, in a wide variety of areas. These could include projects to build capacity and expertise in frontline settings to increase responsiveness to gambling harm; for example, in primary care or criminal justice settings. Funding could also be used to raise awareness of gambling harms through expanded education for young people and the wider public through government-led messaging on the risks of gambling tailored for a range of audiences to provide greater upstream protections for the public. Services for those who have been affected by someone else's gambling, aftercare programmes to prevent relapse, broader suicide prevention and bereavement support are further areas where trusted, independent and evidence-led services could also be developed and/or expanded.

Centralised funding through the statutory levy for prevention activity represents a substantial shift from current arrangements, which are largely led by the third sector funded through voluntary contributions from the gambling industry. There are also currently no statutory services responsible for delivering prevention activities across Britain and, as with treatment, the approach varies significantly across the three nations.

As such, we do not think there is currently a clear and obvious commissioning and delivery body to coordinate prevention activity in and across England, Scotland and Wales. The government's position, therefore, is to invite views and the best evidence from respondents on how the government should design the future system for the prevention of gambling-related harm, recognising the required mix of prevention activity across a complex national landscape.

Consultation question 6

Government recognises that the statutory levy represents a major change for the range of organisations currently delivering projects and services to educate at-risk audiences regarding the risks of gambling-related harms and raise awareness across the wider public. We propose that 15-30% of funding raised by the levy should be allocated for broader prevention activity focused on population level interventions, as well as tailored measures to better protect those at-risk groups. This significant investment provided through the levy will facilitate the expansion of work in this area, led by the latest evidence

of what works and ensure coordination of activities across Great Britain.

6a. Do you agree that 15-30% of funding raised by the levy should be allocated for the described prevention activity? (Yes/No/I don't know)

6b. Please explain your answer.

Government also invites views on the following aspects to help design the future prevention system:

6c. How should the commissioning system for prevention be organised under the statutory levy?

6d. What are the priority projects, services and outcomes the government should consider in the prevention of gambling-related harm?

6e. What evidence is there, including from other health areas, that prevention is effective at reducing gambling harms?

6f. Please provide any additional views or evidence in this area the government should consider here.

2.3.3 Treatment (40-60%) - up to circa £60 million

There have been major policy changes to the provision of treatment for gambling harms across Great Britain, with increasing recognition of gambling as a public health concern in Scotland, Wales and England. In England, the NHS Long-term Plan (LTP) acknowledged that previous NHS treatment provision only reached a small number of people experiencing problem gambling or those gambling at an elevated risk of harm. The Plan committed to expand the geographical coverage of NHS services in England for people with serious gambling problems through the creation of 15 specialist gambling clinics by 2023/24, with £15 million of funding over this same period.

There are now 12 of the 15 planned clinics open, with representation across every region of England. Clinics have recently opened in Milton Keynes, Thurrock, Bristol, and Derby. These clinics build on the seven gambling harms clinics already open in London, Leeds, Newcastle, Manchester, Southampton, Stoke-on-Trent, and Telford, as well as an additional national clinic, which treats both gambling and gaming addiction in children and young people, in London. The three remaining clinics in Liverpool, Blackpool, and Sheffield will open by the end of the year. Beyond 2023/24, the NHS has confirmed that it will continue to fully fund the clinics with an annual recurring budget of £6.5 million to sustain the provision.

At the local level in England, funding for local government's health responsibilities is an essential element of the government's commitment to invest in preventing ill health, promoting healthier lives and addressing health disparities. Local authorities are responsible for improving the health of their local population and reducing health disparities. The Public Health Grant (PHG) is provided to all local authorities by the Department of Health and Social Care each year and is ringfenced for use on public health functions and to provide a

number of mandated health services. The PHG includes provision of services for a range of functions including drug and alcohol misuse, but does not mandate the provision of services for gambling-related harms.

While there are currently no NHS specialist clinics in Scotland or Wales (where the NHS is devolved), there is ongoing work to improve treatment provision in Wales and Scotland. Currently, gambling treatment services and support in both countries are mainly provided through primary care and the voluntary sector. The Welsh Government has worked with key partners to undertake a [gambling health needs assessment which it published in February this year](#) and will inform the development of specialist treatment services in Wales. The Scottish Government is working with Public Health Scotland to develop an understanding of the scale of harmful gambling in communities by reviewing and developing Scotland-level data. The [NHS Inform](#) site also includes information on gambling treatment services and support in Scotland.

The majority of treatment services across Great Britain are commissioned by the charity GambleAware and delivered by third sector providers. GambleAware is responsible for the National Gambling Support Network; a group of organisations operating across Great Britain which provide support for those experiencing varying degrees of gambling-related harm and include a wide range of services for gamblers and affected others. Services include:

- the National Gambling Helpline, operated by GamCare - the helpline offers free confidential advice and support and can act as a referral route into local treatment providers
- GamCare and a network of third sector providers offer one-to-one therapeutic support and treatment across the country, both online and in person, as well as group-based Gambling Recovery Courses
- Residential rehabilitation services for those most severely impacted by gambling-related harms, provided by Gordon Moody.

While there is a level of integration between NHS and non-NHS treatment services, for example, through referrals to the NHS by GambleAware commissioned services, we recognise that there are improvements to be made to the treatment pathway.

The Office for Health Improvement and Disparities (part of DHSC) has undertaken a needs assessment of the current treatment system in England, looking at both NHS provision and third sector commissioned services. This project aims to assess the strengths and weaknesses of existing treatment provision, working in collaborations with key stakeholders. The final report is expected this autumn and the findings will provide vital evidence to support improvements to the future system. It will also complement the National Institute of Healthcare Excellence (NICE) clinical guideline on gambling treatment which is currently being [consulted on](#), and is expected to be published in 2024. Separately, to support the development of effective treatment interventions, OHID has commissioned the University of Sheffield to calculate harmful gambling treatment needs and demand at local, national and regional levels. The findings are due shortly.

NHS England has established a new Gambling Harm Clinical Reference Group, providing a forum for sharing learning and best practice across specialist gambling clinics, while

providing clinical leadership for the expansion programme under the Long-Term Plan. Earlier this year the NHS appointed Professor Henrietta Bowden-Jones, Founder and Director of the National Problem Gambling Clinic, as its first National Clinical Advisor on Gambling Harms.

Government's position

The levy represents a crucial opportunity to strengthen our treatment and support system for gambling-related harms, improving referral pathways and ensuring integration between the NHS and the third sector services so that anyone experiencing gambling harms in the country can access the right support at the right time.

We propose that the levy should provide clear and ringfenced investment for the NHS to commission treatment services, including those delivered by the third sector, to ensure services adhere to the highest clinical standards and are led by the latest evidence on what works. NHS involvement across the full treatment pathway, from the National Gambling Helpline, to regional provision of services by third sector providers and the NHS specialist services, will lead to better integration and referrals across the treatment system in GB so that people can access the right help across the full spectrum of need.

Government is clear on the crucial role and expertise of the third sector which currently delivers 90% of support and treatment activity (largely through GambleAware's National Gambling Support Network), and is currently the only route for gambling-specific treatment in Scotland and Wales.

This Great Britain-wide consultation addresses potential spending on health matters in Wales and Scotland. While the levy covers England, Scotland and Wales, health is devolved to all three nations and the treatment infrastructure and provision is substantially different in Scotland and Wales compared to England. Clearly ringfenced funding of this kind will also enable a more comprehensive assessment of treatment needs, demand and access across each nation and across Great Britain as a whole. This will support the development of a comprehensive, evidence-led treatment system. As discussed above, further considerations will need to be made to implement a fair allocation of levy funding across England, Scotland and Wales.

Consultation question 7

The government proposes that 40-60% of funding raised by the levy should be allocated for treatment each year. This will facilitate the NHS having a major role in commissioning services across the full treatment pathway and building a 'no wrong door' approach for gambling harms.

7a. Do you agree with this proposal that 40-60% of funding raised by the levy should be allocated for treatment? (Yes/No/I don't know)

7b. Please explain your answer.

7c. Do you agree that the NHS should have a major role in commissioning the

treatment pathway to improve and expand treatment provision?(Yes/No/I don't know)

7d. Please explain your answer.

This Great Britain-wide consultation addresses potential spending specifically on health matters in Wales and Scotland which are devolved matters. As with the levy more broadly, the government will look to achieve a fair and effective allocation of levy funding for health purposes, including treatment, across Great Britain (whether by reference to the Barnett formula or some other appropriate mechanism) after fully considering the evidence provided in responses to this consultation.

7e. Is there any additional evidence on the provision of treatment for gambling-related harm in England, Scotland and Wales the government should consider?

7f. Is there any additional evidence to support the establishment of an integrated system of treatment for gambling-related harm across Great Britain, particularly from other areas of health, the government should consider?

Section 3: Governance and accountability

3.1 Oversight and advisory structure

We want to use this consultation to set out the principles we think are appropriate parameters within which governance arrangements should be established. It is a priority for government that the levy system delivers improved transparency for funding directed to RPT while avoiding the creation of arrangements which are overly burdensome or convoluted. Therefore, the following three principles will guide the governance and accountability mechanisms for the levy:

Following the legislative framework - aside from the role of DCMS Secretary of State and HM Treasury in approving spending made with levy funding, the Gambling Act 2005 is silent on the precise arrangements needed for that approval process or any broader mechanisms needed to ensure sufficient transparency. Despite the absence of statutory provision in this area, we recognise the importance of robust governance mechanisms and propose that any arrangements strike an appropriate balance between accountability and accessibility. The processes in place will ensure levy funding is accounted for while governance arrangements remain clear for organisations within the system and the wider public.

Appropriate government oversight - the statutory levy will raise public money ringfenced for projects and services to understand, tackle and treat gambling-related harm. It is crucial that funding demonstrates good value for money and impact for people across our country. As such, DCMS will work closely with other government Departments, including HMT, DHSC and DSIT, to maintain an appropriate level of central government oversight regarding the use of levy funding.

Engaging the experts - we want the priorities for the distribution of levy funding to be led by an ongoing assessment of the evidence of what works and where funding is needed most. It is therefore important that the government maximises the use of relevant expertise among public bodies and the third sector as part of governance arrangements, ensuring this advice is also available to the Gambling Commission. We want to create an appropriate and sustainable advisory mechanism for experts across a range of relevant areas including gambling regulation, health research, treatment and prevention in other public health areas, to inform the priorities set for levy funding.

In order to ensure the long-term sustainability and effectiveness of the statutory levy system, we think a clearly defined governance structure is needed to ensure that levy funds are collected, allocated and accounted for appropriately and transparently. In line with the principles above, we propose the creation of (i) a Levy Board for government to oversee the health of the system and (ii) an expert Advisory Group to inform decision-making and priority-setting for the commissioning of projects and services, alongside the Gambling Commission's role in collecting and administering the distribution of funds.

Levy Board

Section 123(5) of the Gambling Act 2005 specifies that any distribution of levy funds by the Gambling Commission must have consent from DCMS and HM Treasury. However, given the range of projects and services the levy will provide funding for, we need to ensure there is robust government oversight across the whole levy system which will cover Great Britain.

We propose that the Levy Board will be the central oversight mechanism for government, consisting of appropriate representation from DCMS and HMT, in addition to DHSC (as the government lead for treatment) and the Department for Science, Innovation and Technology (DSIT, as the government lead on research), as well the Scottish and Welsh governments.

The role of the Levy Board will be to:

- oversee the overall functioning and health of the levy system, including that RPT allocations are properly accounted for, and that the system delivers value for money
- ensure high-level funding is allocated appropriately and fairly across the RPT strands and across Great Britain
- provide formal sign-off (if appropriate) for the Gambling Commission to administer the distribution of levy funds to commissioning bodies, including the NHS and UKRI

Advisory Group

Government recognises the wealth of expertise available in this country to help inform spending and broader strategic priorities of the levy system. While responsibility for assessing individual bids for RPT funding will rest with the respective commissioning bodies as outlined in Section 2, we propose their decision-making will be supported by an expert Advisory Group.

The Advisory Group will be chaired by DCMS, with the Gambling Commission and commissioning leads for research (UKRI), prevention (finalised following consultation) and

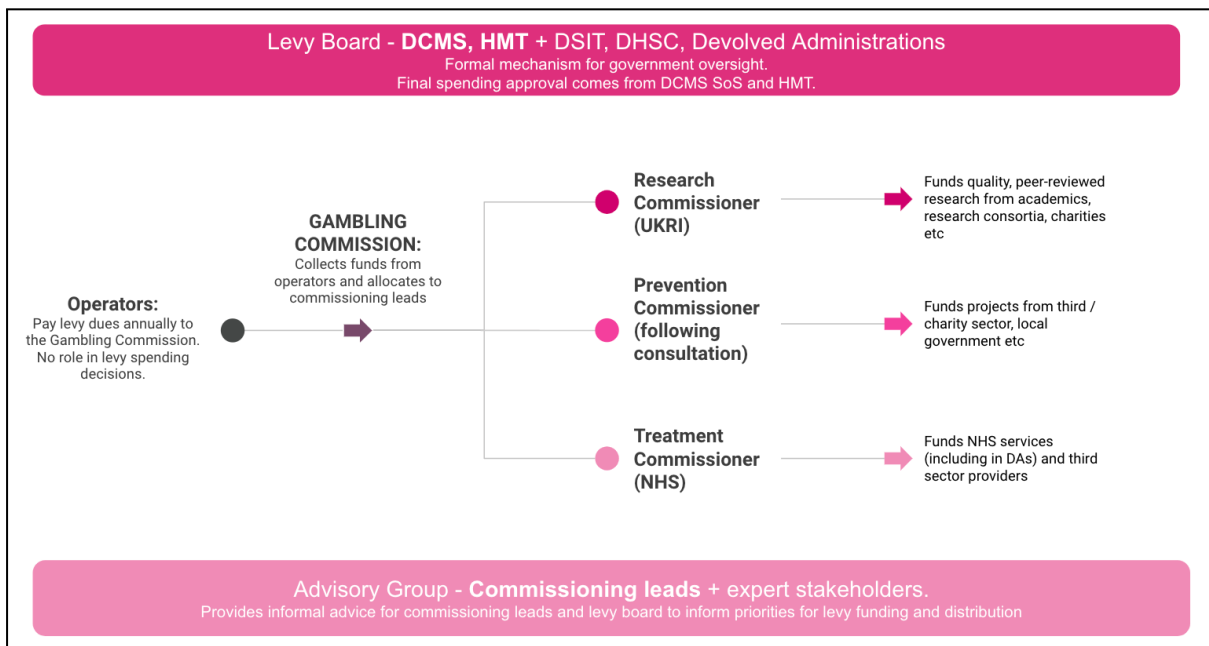
treatment (NHS) as standing members. This group will be supported by a membership of experts across wider government, public health, local government, lived experience and academia.

The role of the Advisory Group will be to:

- advise commissioning bodies such as the Gambling Commission, the NHS and UKRI, on funding priorities, such as essential services, knowledge gaps or treatment needs and demand in new areas
- provide advice on emerging issues in gambling or new evidence, including from other sectors or health areas
- facilitate communication and collaboration between commissioning leads and the RPT sector to ensure a joined-up approach to commissioning

Prior to the statutory levy coming into effect, more detailed Terms of Reference will be established to provide absolute clarity on the scope, timings, reporting and responsibilities across these governance arrangements.

Figure 3: Proposed governance structure for the distribution of levy funds



Consultation question 8

The government proposes that administration of levy fund distribution by the Gambling Commission and RPT commissioning bodies should have formal oversight from a central government Levy Board, and decision-making support from an expert Advisory Group.

8a. Do you agree with the proposed role and remit of the Levy Board? (Yes/No/I don't know)

8b. Please explain your answer.

8c. Do you agree with the proposed role and remit of the Advisory Group?(Yes/No/I don't know)

8d. Please explain your answer.

8e. Please provide any additional views or evidence in this area the government should consider here.

3.2 Accountability processes

In line with the provisions in the Gambling Act 2005, the DCMS Secretary of State and HM Treasury will be responsible for formally approving the administration of levy fund distribution by the Gambling Commission. We expect this distribution to be in line with the broad allocations outlined in Section 2.

HM Treasury and DCMS approval for the Gambling Commission's distributions will be supported by the expertise of the wider Levy Board membership. The Board will meet regularly to assess the functioning and transparency of the system to meet the statutory framework set out in the Gambling Act 2005, as well as ensuring levy funding is demonstrating impact. All funds from the statutory levy are in effect ringfenced for gambling purposes, and the Gambling Commission can attach conditions to the funding it provides so it can ensure that funding is used in line with the legislation. These conditions could also be used to ensure that RPT funding is only distributed to organisations whose independence is clear.

Overall levy receipts and sums distributed for the purposes of research, prevention and treatment will be reported publicly each year by the Gambling Commission. Further consideration will be given to maximise the transparency of the system ensuring an appropriately detailed overview of funding allocated to specific projects and organisations is provided as well as an evaluation of its impact.

Consultation question 9

The government proposes that DCMS and HM Treasury approval of expenditure of levy funding will be supported by a Levy Board, with levy receipts and sums distributed for the purposes of research, prevention and treatment reported each year.

9a. Do you agree with our proposal for DCMS and HMT approval of levy spending to be supported by a Levy Board to provide broader government oversight of the allocation of levy funds?(Yes/No/I don't know)

9b. Please explain your answer.

9c. Is anything further the government needs to consider in putting in place robust accountability mechanisms into the levy system?

3.3 Reviewing the levy

There is a level of volatility built into any levy system that is set at a percentage of profits rather than a specified sum, meaning that changes in the market may result in funds collected via the levy falling short of or exceeding the target amount.

We also recognise that the needs, demands and priorities of the system may change over time as the projects and services funded through the levy, particularly research to build the evidence base and improvements to the treatment system, begin to have an impact. There is therefore the possibility that the proportions of RPT funding allocated to research, prevention and treatment may change - for example, if a scaling up of effective prevention and education activities results in more early intervention in cases of gambling harm, demand for the costliest inpatient treatment services may decrease. We want the levy to be an important part of the government's wider objective of reducing gambling-related harm.

Additionally, as outlined in Section 2, the levy powers do not state that levy funds must exclusively be used for RPT. While we believe sustainable RPT funding to build the evidence base around gambling, and tackle and treat gambling-related harm should be the initial priority for the levy, we do not rule out the potential for the system to provide funding in the longer term for innovative projects and services, particularly in the prevention space and related to the licensing objectives, such as reducing gambling-related crime.

Therefore, while this consultation sets out our initial proposals for design, scope and distribution of the levy, we will regularly monitor the system to ensure it is delivering on its objectives. We also intend for the structure of the system to be reviewed every five years and if necessary adjusted to ensure that the rates charged, target sum raised and distributions of funds are appropriate for achieving our aims to understand, tackle and treat gambling-related harms.

Consultation question 10

To provide sufficient time for the statutory levy system to build up to - and work at - full capacity, the Government proposes that the first review of the statutory levy is conducted every five years from when the levy is in force. The review will assess levy rates and the target sum of c.£90 million-£100 million, as well as the distribution of funds across research, prevention and treatment strands and potential to use levy funding for other projects related to the licensing objectives.

10a. Do you agree with the proposal for a review of the levy every five years?
(Yes/No/I don't know)

10b. Please explain your answer.

Consultation question 11

The Department for Culture, Media and Sport will have due regard to the public sector equality duty, including considering the impact of these proposals on those who share protected characteristics, as provided by the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation..

11a. Please indicate if you believe any of the proposals in this Consultation are likely to have a negative impact on persons who share such protected characteristics and, if so, please explain which group(s) of persons, what the impact on any such group might be and if you have any views.

11b. Please indicate if you believe any of the proposals in this Consultation are likely to have positive effects on persons who share such protected characteristics and, if so, please explain which group(s) of persons, what the effect(s) on any such group might be and if you have any views.

Consultation question 12

12. Are there any other factors or points you wish to highlight that have not been considered above?

Consultation question 13

13. Please upload any further supporting evidence that you wish to share. (Upload attachments)

Summary of questions

1a. Do you agree with the proposal for how the levy should be charged?(Yes/No/Don't know)

1b. Please explain your answer.

1c. Do you agree with the proposed total that the government estimates the levy needs to raise?

1d. Please explain your answer

1e. Do you agree with the proposed de minimis threshold for the levy? (Yes/No/Don't know)

1f. Please explain your answer

1g. Please provide any additional views or evidence in this area the government should consider here.

2a. Should the government pursue option 1 or 2 in setting the timing of payment of the levy?(Option 1/Option 2/Don't know)

2b. Please explain your answer.

2c. Do you agree that the levy with the proposal that licensees should make levy payments in advance i.e. based on projected GGY?(Yes/No/Don't know)

2d. Please explain your answer.

2e. Please provide any additional views or evidence in this area the government should consider here.

3a. Do you agree with the proposal that levy funding should be allocated across the categories of research, prevention and treatment?(Yes/No/Don't know)**

3b. Please explain your answer.

3c. Please provide any additional views or evidence in this area the government should consider here.

3d. Is there any evidence the government should consider as to how a fair allocation of levy funding might be implemented across all three nations of Great Britain, whether by reference to the Barnett formula or some other mechanism?

4a. Do you agree with the proposed objectives?(Yes/No/Don't know)

4b. Please explain your answer.

4c. Please provide any additional views or evidence in this area the government should consider here.

5a. Do you agree with the proposal that 10-20% of funding raised by the levy should be allocated for sustained, high-quality, independent research?(Yes/No/Don't know)

5b. Please explain your answer.

5c. Do you agree with the proposal for levy funding to establish a bespoke Research Programme on Gambling led by UKRI? (Yes/No/Don't know)

5d. Please explain your answer.

5e. Please provide any additional views or evidence in this area the government should consider here.

6a. Do you agree that 15-30% of funding raised by the levy should be allocated for the described prevention activity? (Yes/No/Don't know)

6b. Please explain your answer.

6c. How should the commissioning system for prevention be organised under the statutory levy?

6d. What are the priority projects, services and outcomes the government should consider in the prevention of gambling-related harm?

6e. What evidence is there, including from other health areas, that prevention is effective at reducing gambling harms?

6f. Please provide any additional views or evidence in this area the government should consider here.

7a. Do you agree with this proposal that 40-60% of funding raised by the levy should be allocated for treatment? (Yes/No/Don't know)

7b. Please explain your answer.

7c. Do you agree that the NHS should have a major role in commissioning the treatment pathway to improve and expand treatment provision?(Yes/No/Don't know)

7d. Please explain your answer.

7e. Is there any additional evidence on the provision of treatment for gambling-related harm in England, Scotland and Wales the government should consider? (Free text box)

7f. Is there any additional evidence to support the establishment of an integrated system of treatment for gambling-related harm across Great Britain, particularly from other areas of health, the government should consider?

8a. Do you agree with the proposed role and remit of the Levy Board? (Yes/No/Don't know)

8b. Please explain your answer.

8c. Do you agree with the proposed role and remit of the Advisory Group?

(Yes/No/Don't know)

8d. Please explain your answer.

8e. Please provide any additional views or evidence in this area the government should consider here.

9a. Do you agree with our proposal for DCMS and HMT approval of levy spending to be supported by a Levy Board to provide broader government oversight of the allocation of levy funds? (Yes/No/Don't know)

9b. Please explain your answer.

9c. Is anything further the government needs to consider in putting in place robust accountability mechanisms into the levy system?

10a. Do you agree with the proposal for a review of the levy every five years?(Yes/No/Don't know)

10b. Please explain your answer.

11a. Please indicate if you believe any of the proposals in this Consultation are likely to have a negative impact on persons who share such protected characteristics and, if so, please explain which group(s) of persons, what the impact on any such group might be and if you have any views.

11b. Please indicate if you believe any of the proposals in this Consultation are likely to have positive effects on persons who share such protected characteristics and, if so, please explain which group(s) of persons, what the effect(s) on any such group might be and if you have any views.

12. Are there any other factors or points you wish to highlight that have not been considered above?

13. Please upload any further supporting evidence that you wish to share. (Upload attachment)

How to respond

Please respond to this consultation by completing the online response form below:

If you cannot access the link, please send responses to [<gamblingactreview@dcms.gov.uk>](mailto:gamblingactreview@dcms.gov.uk) in a document format like PDF or Microsoft Word.

By submitting your responses via email you are agreeing to the terms outlined in the Privacy

Notice.

We welcome evidence from all parties with an interest in the way that gambling is regulated in Great Britain. We also welcome international evidence. The consultation will close at 11:55 pm on 14 December 2023.

Privacy notice

Who is collecting my data?

The Department for Culture, Media & Sport (DCMS). DCMS is consulting on policy options for measures relating to the land-based gambling sector. For the purposes of personal data collected in the course of this consultation, DCMS is the data controller.

Purposes of this privacy notice

The personal information we collect and process is the data provided to us directly by you in the responses to this consultation. As an individual, this includes your age bracket and country of residence. As an organisation, this includes your organisation name and size.

What personal data do we collect?

The personal information we collect and process is the data provided to us directly by you in the responses to this consultation. As an individual, this includes: your gender, age bracket and region of residence. As an organisation, this includes: your organisation name and size. All questions requesting an individual's personal information offer a 'prefer not to say' option.

How will we use your data?

We will use your data to enable us to carry out our functions as a government department. Your data will be used to inform the development of policy measures to introduce maximum stake limits on online slots.

What is the legal basis for processing my data?

To process this personal data, our legal reason for collecting or processing this data is:

- Article 6(1)(e) of the UK GDPR: to the extent it is necessary to perform a public task (to carry out a public function or exercise powers set out in law, or to perform a specific task in the public interest that is set out in law). In this case, the processing of your personal data is necessary for the performance of a task in the public interest, as the information gathered helps inform future policies; and
- Section 8(d) of the Data Protection Act 2018: to the extent it is necessary for the effective performance of a task carried out in the public interest.

What will happen if I do not provide this data?

You have the option to select 'Prefer not to say' in response to any of the questions that ask

for your personal data.

Who will your data be shared with?

DCMS has commissioned a third party, Qualtrics, to collect your personal data on its behalf. This means we have asked Qualtrics to collect your information via an online survey platform, which we will review as part of the consultation process.

Information provided in response to this consultation (not including personal information) may be shared with other government departments and arm's length bodies, such as the Department for Health and Social Care and the Gambling Commission. The information provided may be published at an aggregated or anonymised level in the government's consultation response, or disclosed in accordance with the access to information regimes (primarily under the Freedom of Information Act 2000 and the Environmental Information Regulations 2004) subject to any applicable exemptions.

Please indicate if any information you provide is commercially or otherwise sensitive.

How long will my data be held for?

Your personal data will be kept for one year in line with DCMS retention policy.

Will my data be used for automated decision making or profiling?

We will not use your data for any automated decision making.

Will my data be transferred outside the UK and if it is how will it be protected?

Your data will not be transferred outside the UK.

What are my data protection rights?

You have rights over your personal data under the UK GDPR and the Data Protection Act 2018. The Information Commissioner's Office is the supervisory authority for data protection legislation, and maintains a full explanation on its website of these rights. DCMS will ensure that we uphold your rights when processing your personal data.

How do I complain?

The contact details for the data controller's Data Protection Officer (DPO) are:

Data Protection Officer
The Department for Culture, Media & Sport
100 Parliament Street
London
SW1A 2BQ

Email: <dpo@dcms.gov.uk>

If you're unhappy with the way we have handled your personal data and want to make a complaint, please write to the department's Data Protection Officer using the details above.

How to contact the Information Commissioner's Office

If you believe that your personal data has been misused or mishandled, you may make a complaint to the Information Commissioner, who is an independent regulator. You may also contact them to seek independent advice about data protection, privacy and data sharing.

Information Commissioner's Office
Wycliffe House Water Lane
Wilmslow
Cheshire
SK9 5AF

Website: [www.ico.org.uk](www.ico.org.uk)
Telephone: 0303 123 1113
Email: <casework@ico.org.uk>

Any complaint to the Information Commissioner is without prejudice to your right to seek redress through the courts.

Changes to our privacy notice

We may make changes to this privacy policy. In that case, the 'last updated' date at the bottom of this page will also change. Any changes to this privacy policy will apply to you and your data immediately. If these changes affect how your personal data is processed, DCMS will take reasonable steps to let you know. Last updated: 17 October