

# TRANSCRIPT

## LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

### **Inquiry into Homelessness in Victoria**

Melbourne—Wednesday, 12 August 2020

*(via videoconference)*

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**WITNESS**

Dr Brian Vandenberg, Health Economist, Monash University.

**The CHAIR:** Welcome back, everyone. I am very pleased to be welcoming Dr Brian Vandenberg from Monash University today. Dr Vandenberg, I have just got some formal words to present to you before we get going. All evidence taken at this hearing is protected by parliamentary privilege, as provided by the *Constitution Act* but also by the standing orders of the Legislative Council. Therefore any information you provide during this hearing is protected by law. However, any comment repeated outside the hearing may not be protected. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament. As you would be aware, all evidence is being recorded by our fantastic Hansard team, and you will be provided with a proof of that transcript. Those transcripts will ultimately be on our website and will form part of the committee's final report. I will quickly introduce the committee. My name is Fiona Patten; I am the Chair. We have Dr Tien Kieu, the Deputy Chair; Ms Wendy Lovell; Ms Kaushaliya Vaghela; and Ms Tania Maxwell. I very much appreciate you taking the time to meet with us today, Dr Vandenberg. If you would like to make some opening remarks, then we will open it up to a more general discussion with the committee.

**Dr VANDENBERG:** Sure. Good morning and thank you very much for this opportunity to contribute to the Inquiry into Homelessness in Victoria. I would like to begin by paying my respects to the traditional owners of the land on which we are meeting today. I am a researcher at Monash University, and my submission to this inquiry relates to the link between gambling and homelessness. We have just completed a study investigating the link between gambling and homelessness among older people in Victoria. This study was supported by a research grant we received from the Victorian Responsible Gambling Foundation. I would like to acknowledge my co-authors on that grant from Monash University, including Professor Kerry O'Brien, Associate Professor Charles Livingstone and Associate Professor Adrian Carter. Now, there is a detailed report from our study that will be published soon, and I hope to be able to provide the committee with this full detailed report in the very near future. But today I can provide you with a brief verbal summary of our main findings from our study, and then I am very happy to answer any questions that you may have.

As I said, we investigated the link between gambling and homelessness among older people in Victoria. While homelessness is known to be one of the most severe gambling-related harms and older people appear to be more at risk, there has been very little research on how gambling and homelessness are linked. Therefore we chose to undertake a very exploratory study, and the main questions we aimed to address were: how are gambling and homelessness linked among older people; how do individual, structural and other factors contribute to gambling and homelessness co-occurring among older people; how do service providers currently identify, understand and respond to the co-occurrence of gambling and homelessness among older people; and, fourthly, how can service provision be improved to prevent and minimise the harm associated with gambling and homelessness among older people?

Our study involved two main parts. First, we reviewed all of the international research that is available on this topic of gambling and homelessness and, secondly, we interviewed a large group of key workers in Victoria who currently work in roles supporting older people experiencing gambling and homelessness, and that included frontline workers in housing and homelessness services, problem gambling services and aged care.

This morning I will talk mostly about the findings from our interviews with the key workers, but first I will just summarise what we know about this issue of gambling and homelessness from the international research. There has only been a small amount of research on this area and there is a lot of variability in the quality of the methods and the samples, but there are some broad observations we can take from the existing research.

The research indicates that a large proportion of homeless people do not gamble at all, but those who do gamble are often more likely to be harmful gamblers, sometimes defined as problem gamblers. The previous research also finds that the prevalence of harmful gambling amongst homeless populations is often higher than it is in the general community, and that is a consistent finding across multiple countries. So, for example, while around 1 per cent of the general population are diagnosed as problem gamblers often, the rate in the homeless population is more like 10 to 30 per cent.

In terms of the causal relationship between gambling and homelessness, this has not really been rigorously investigated, so it remains a bit of an open question where more research is needed. In terms of the factors that

contribute to the link between gambling and homelessness, previous research indicates that there are a range of multilevel factors involved, including individual factors like mental illness, substance use and trauma; interpersonal factors such as relationship breakdown; community level factors such as the availability of gambling, the accessibility of gambling; and also broader structural factors such as poverty and lack of access to affordable housing.

Now I will turn to the findings from the main part of our study, which was interviews that we did with key workers in Victoria, and the literature review that I just mentioned, that really shaped the sorts of questions we used in our interviews with the key workers. We interviewed 50 workers face to face. Needless to say that was done prior to the pandemic, so we were fortunate to be able to do those face-to-face interviews in that more naturalised setting. Each interview took about an hour, and we chose to interview workers rather than their homeless clients because we wanted to start carefully building the evidence base on this issue and explore a wide range of perspectives, rather than jumping straight into directly talking with people who have lived experience of gambling and homelessness.

We do eventually hope to undertake research with people who do have that lived experience, however. All of our interviews were recorded and transcribed, and we analysed that data thematically. So this was a qualitative study. We found four main themes. I will very briefly summarise those themes, and then I will give you our main conclusions and our recommendations. Overall, the workers we interviewed believe that gambling and homelessness among older Victorians is linked but the relationship is very complex.

So briefly here are the four main themes that we found: the first main theme is that gambling among older people experiencing long-term homelessness is often hidden, and because it is often hidden it is often overlooked by workers, particularly in homelessness services. With regard to those experiencing long-term homelessness, we found that the underlying conditions of this long-term homelessness, such as loneliness, isolation and poverty, tended to contribute to the appeal of gambling and influence their gambling behaviour. In turn the harmful effects of their gambling exacerbated often the conditions of their long-term homelessness.

The second main theme is that gambling can also be a cause of homelessness among older people, particularly in cases of first-time homelessness later in life. We heard that large and rapid gambling losses, gambling debts and financial ruin from high-intensity gambling behaviour often characterised this route into homelessness. Relationship breakdown often occurred concurrently in these situations. Major life events and life changes such as job loss, retirement, divorce or bereavement among older people were often an underlying trigger for their gambling behaviour and gambling-related harm and their subsequent homelessness in many cases.

The third main theme we found is that there are multiple and complex factors that usually play a role in the link between gambling and homelessness. These include individual factors, interpersonal factors and structural factors. Some factors appear to aggravate gambling and homelessness as well as result from gambling and homelessness—for example, poverty and mental illness—so the direction of the link between gambling and homelessness remains very difficult to untangle.

The fourth main theme we found is the need for more recognising and responding to gambling and homelessness in the service system. Some current responses, indeed, to co-occurring gambling and homelessness are effective—for example, financial counselling and crisis support—but there are also gaps in the service system. A key challenge we identified is not only to respond to the needs of homeless individuals with gambling issues but also to recognise these issues in the first place. Importantly, we heard that routine screening for gambling issues is rarely done by homelessness services. We also heard that there is a lot of stigma attached to help-seeking for gambling issues among people experiencing homelessness, and that represents another barrier.

Conclusions. Our main conclusion is that gambling and homelessness among older people is a complex challenge for Victoria and it is not adequately addressed at the present time. Our research findings suggest where some steps could be taken to address gambling and homelessness in Victoria, and we have four recommendations. First and foremost, there is a need to expand screening and early detection of gambling issues in the homeless population. In order to facilitate this, some increase in the capacity of statewide gamblers help services to reach homeless persons could be considered. Second, there is a need for greater access to financial counselling services for those who are homeless. We found this seems to be an effective way not only of assisting people with financial issues but also of uncovering gambling issues that may be hidden. Thirdly,

there is a need for more education and training for the workforce within housing and homelessness services to increase their confidence and their capacity to recognise and respond and refer to gambling issues among people experiencing homelessness that they support. And fourth and finally, there is still a lot we do not know about the extent and magnitude of gambling and homelessness in Victoria, so better research and surveillance of this issue is needed to help better inform policy and program decisions.

That concludes my summary of my submission. As I said, I will hopefully be able to provide you with that full published report from our research very soon. Thank you for the opportunity to appear today, and I am happy to answer any questions if I can.

**The CHAIR:** Thank you, Dr Vandenberg. I think it is a very striking and probably quite obvious area—that, if someone said problem gambling could lead to homelessness, I do not think anyone would be gasping in surprise—but you were also just explaining that vicious circle that is created there. You touched on expanding screening and early detection of gambling issues across the population. I was not aware that we were even really doing that currently. In looking at expanding it, are there any models that are actually working now? Are there any organisations that are actually really recognising that gambling could be one of the underlying problems?

**Dr VANDENBERG:** We found that it is quite inconsistent, particularly within the homelessness support services sector and crisis accommodation services. When a person does present, a gambling issue will be recorded if they disclose it or if a worker detects it. That is at the moment the standard approach; it is really relying on someone to disclose or the worker to detect. There is not a standard way of screening. However, there are some very simple and non-intrusive screening tools that are out there that would not add an enormous amount of time and workload to frontline workers. In fact there are tools that just involve one question, and that question then triggers a set of other responses. So there are some practical measures that can be taken to expand from a very low base of activity that we currently have.

**The CHAIR:** Will we see some of those in your final report?

**Dr VANDENBERG:** Yes, indeed.

**The CHAIR:** Great. I very much look forward to that. Just quickly, it probably might not be the case, but I had an email the other day saying that \$1 billion had been saved with most gambling venues being shut during these last few months through the COVID period. Did that trigger anything in the research that you were conducting, or is it too early?

**Dr VANDENBERG:** It has triggered more questions for us, for sure. We undertook our research well before the pandemic, so that was not something we had in mind. But what we did find is that the venues that are now closed appeal to a lot of people who are homeless, who are lonely, who are isolated, who lack shelter, who lack a safe space to spend their daytime in, to relieve boredom and for many other reasons. So there are a lot of questions we now have about how those people are coping with those venues now being closed.

**The CHAIR:** Absolutely. I had not really considered that. Thank you. Tien Kieu.

**Dr KIEU:** Thank you, Dr Vandenberg, for being here today and your presentation into problem gambling and homelessness. I still do not quite understand why you focused on the older age group of people. The next question I have is: problem gambling or gambling addiction could be caused by many reasons, from the family to mental health and from all the pressure, and people may want to relieve their boredom or may want to escape from their present situation, which seems to be hopeless in some aspect, according to them. Maybe they have some false hope. So those are the problems. You have mentioned how to deal with that: early recognition to provide service and to train the workforce to help in those areas. But also in your opinion do we need to do anything with the providers of gambling, the casinos? The Chair just mentioned now: because of COVID some of the casinos, some of the poker machine venues, have been closed. These people may not be able physically to go to venues, but online gambling is unregulated in some sense and could attract. Particularly they have a psychological method to attract people and so on. So apart from, 'Why the older group?', the question is: what policy or strategy could we impose to deal with the attraction of those providers of gambling, so to speak?

**Dr VANDENBERG:** Thank you very much for that question. The first question you asked was why did we focus on older people. Just briefly on that, one of the reasons was that the Victorian Responsible Gambling

Foundation, that has supported our research, has observed an increase in harmful gambling among older Victorians in recent years. So they are identified as a priority group for further research and also further support. Also with regard to homelessness, the homeless population in Australia, and in fact internationally, is ageing. The homeless population average age is growing every year. So we saw those two factors—the increase in harm among older people from gambling and the increasing age of homeless people—as a reason to look at the link between gambling and homelessness specifically among older people.

With regard to your question about gambling venues and whether or not there is a role for those in addressing this link between gambling and homelessness, we certainly did hear from workers that suggested that that is something where more can be done. We did not interview venue operators or any representatives from the industry, so I cannot speak to any of that.

Financial counsellors in particular reported to us that the increase in harm from online gambling is something that they are seeing a lot of. They gave us examples—very detailed examples—of where a person has experienced significant financial loss from what they would describe as rather predatory behaviour by gambling companies who operate online gambling services. They have been trying to raise awareness with government and others about that type of conduct by those companies. There is certainly more that can be done from a harm minimisation perspective and then an early intervention perspective by operators of those online gambling platforms. It seems that often a person who is getting themselves into a lot of financial problems is well known to the online gambling operators, and not enough is done beyond very minimal steps that they do under their code of conduct and those sorts of things.

**Dr KIEU:** And also of particular concern is the approach that they have with younger and younger children in a disguised form of gambling. It then creates an addiction and normalisation of gambling online for very young children. That is something that I think we need to deal with somehow, and sooner rather than later.

**Dr VANDENBERG:** Yes, I would agree with that.

**The CHAIR:** Thank you. Wendy Lovell.

**Ms LOVELL:** I am just going to add to that and say I think online gambling and gambling on credit cards should be banned. But that is a personal opinion.

Brian, I have had some experience prior to coming into Parliament in the gambling industry in that I was a newsagent, so obviously a Tattersall's agency attached to that as well. One of the things that I observed a lot was the way that gambling and smoking went hand in hand—again, gambling, smoking and drinking when you are talking about pokies venues and things like that. There is a reason why all the hotels screamed so loudly when they banned smoking inside hotels and pokies venues, because that addictive personality is there. If a person smokes and gambles and drinks, it is all about addictive personalities.

You have spoken a lot about the cause for homelessness and gambling and the connection being around the obvious things of a death and loneliness and that desire for companionship or to ease their boredom, but I just wondered if you had done any research into addictive personalities, because it seems to me that if we could solve what the addictive personality link is, we could solve a whole lot of problems that we have with gambling, smoking, drugs—all sorts of things that are very costly to our society to address when people do get into those problems.

**Dr VANDENBERG:** Thank you. That is a really important question. We did not look at what you call addictive personalities per se but we definitely heard a lot from the workers in the sector, the homelessness sector, who saw a strong link between drug and alcohol use and someone's gambling. That was a frequently referred to set of circumstances. Sometimes the alcohol and drug use would co-occur while they were gambling. Sometimes alcohol use would be a trigger for someone gambling more and gambling harmfully. Also, just to add more complexity, sometimes drug and alcohol use would result from successful gambling or unsuccessful gambling. So it is very complex, but what became clear to us is that they are very inseparable in many situations of gambling and homelessness, alcohol and drug use. The venues themselves often are licensed premises, so alcohol availability in those conditions, in those situations, is obviously not going to be very helpful.

**Ms LOVELL:** One of the universities, and I thought it was Monash, was doing some research around addictive personalities. I wonder if it would be worth you collaborating with the people who are doing that to look at those issues.

**Dr VANDENBERG:** Yes.

**Ms LOVELL:** Even obesity, which I know Monash is very big on researching—again, addictive personalities. I can put my hand on my heart and say, ‘My addictive personality is not to gambling or drugs or alcohol; my addictive personality is to Coca-Cola and dairy food’. I think there could be a lot to be gained from researching addictive personalities in this area.

**Dr VANDENBERG:** Yes, I could not agree more. Thank you.

**The CHAIR:** Thank you. Kaushaliya.

**Ms VAGHELA:** Thanks, Chair. Thanks, Dr Vandenberg, for your presentation today. I am looking forward to reading the report once it is available. I want to know if during your study there were any surprises compared to what you had read in terms of the research that was done somewhere else and internationally. The other thing is, because of the COVID-19 pandemic the gambling venues are shut down. Now, it was already mentioned by you that people gamble due to a variety of reasons, and particularly your research is based on older people. So if older people are unable to go to the gambling venues now they are at home—usually older people are not known to be very tech savvy and to go online—do you think they will go online, and are they going online and gambling? And if they are, that means the reasons that have been mentioned for going to the venue and doing gambling as opposed to doing gambling online might be different. And what are their coping mechanisms now, if they are not able to go and gamble at the gambling venues?

**Dr VANDENBERG:** Yes, look, it is a really important question, absolutely. Sorry, I forgot the first part of your question. But just with regard to the closure of venues at the moment and whether or not older people who are homeless would be gambling now online instead of venue-based gambling I could only speculate, but we did hear from workers who said—a number of times workers said to us—that people who are older and are homeless rarely gamble online because, as you say, they just do not have access to the technology. They do not have a phone that works. They do not have a phone with credit. They do not have a laptop or wi-fi where they are living. So I could only speculate that there may not be as much of an uptake in that population as there may be in others. But the pandemic is unusual in that it is only going to exacerbate things like stress, isolation, loneliness among that group, so there may be ways they have found to access online gambling just to relieve those things.

**Ms VAGHELA:** Yes, because if, say, a reason was loneliness and isolation if they are at home, is that the reason which is triggering them to go online and do the gambling? The first part of my question was in terms of your research study that you did. Did you see any surprises compared to other research out there?

**Dr VANDENBERG:** Well, I think the thing that surprised us the most is that while we expected to hear a lot about gambling among people who are homeless, what we were surprised to hear were the very detailed and quite shocking cases where people had become homeless later in life with no pre-existing problems—no history of mental illness or financial problems. They had worked their whole life, had a stable family life, had strong relationships with family members, but something has triggered them to gamble in a harmful way. They have kept it hidden from everyone around them, and ultimately they have lost everything. That was a very sad thing to hear, because we heard that multiple times. There were some common factors in those situations. As I said, there were often some life events or life changes that would trigger that gambling behaviour. Another common factor was that they had access to large amounts of funds to gamble, and usually those who were close to them were not aware that those funds were being used. Another common factor was that the platforms through which they were gambling did very little to prevent the harm and encouraged them to continue to gamble at that harmful level right up until everything was exhausted—until all funds were gone, until multiple credit card debts had accumulated. So that was probably the most surprising and probably the most shocking and sad finding we came across.

**Ms VAGHELA:** Thank you.

**The CHAIR:** Thank you. Yes, that sense of loneliness when someone dies, and just finding that solace where everybody knows your name at the local poker machine hotel and where that path leads to. Tania Maxwell.

**Ms MAXWELL:** Thank you, Chair. Thank you, Dr Vandenberg, for coming today and for your presentation. It is interesting because I think through this conversation even I have found myself reflecting on somebody sitting at a poker machine, but of course gambling comes in so many different shapes and forms. Whether it is playing cards, whether it is going to the races—a lot of people have a racing gambling addiction. I think that sometimes people start their addiction and they do not realise that they have it. They can go and play the poker machines for a bit of fun and before you know it—and I know, I have done it myself—it is like, ‘Oh, I’ll just have one more go, I’ll just have one more go’. But for those people who cannot just get up and walk away it can then become an addiction that they previously had not even thought that they would ever consider them to have.

I am just wondering: how do we prevent people from becoming not only addicted but spending so much money in the poker machines that it has such an enormous financial impact? I mean, given that we still have to work within the boundaries of the charter of human rights, how do you restrict that or prevent that, or what do you see as an establishment’s responsibility to support those people in a completely different way? We know that when we are talking about poker machines and things, those hotels, those businesses, are paying an enormous amount of money to register those slot machines, poker machines, so they are going to want to be ensuring that that amount of money is covered—that it is viable for them. So they have that quandary, but would you see it as a balance for them still to be able to support in a positive way those who are choosing to go and gamble?

**Dr VANDENBERG:** It is a difficult question for me to answer in the context of our research because, as I said before, we did not really look at the role of venue operators and what they could do to contribute to minimising harm from gambling for the population that are homeless that use those venues. But there were certainly plenty of anecdotes we heard of people who are groomed by gambling operators to continue to gamble. There is not an unconscious accidental amount of harm that is going on out there in gambling venues. The venues are often intimately aware. They know people by name. They know a lot about individuals who are gambling there regularly and harmfully, so they do have enough information to do some targeted responses to minimise harm. And there is a range of things that can be done: introducing breaks, time. The technology of the machines, we know from others—including my collaborator on this study, Charles Livingstone—is very much aimed at encouraging people to gamble continuously without a break. So there are things that are able to be done to minimise the risk of harmful gambling that we know. It is just a matter of the will being there to then do those things.

**Ms MAXWELL:** Thank you. I guess, too, it is often quite interesting to watch somebody sit and gamble on a machine. They can leave home because they feel lonely, and yet they are often quite isolated even in a very busy facility where they are gambling on their own and they do not have conversations with anybody else. You watch that concentration, so it is an interesting issue to attach to homelessness and to understand a response that has a positive outcome. So thank you.

**The CHAIR:** Thank you. Thank you very much, Brian. I think the intersection between homelessness and gambling is something that probably is absolutely obvious once it is pointed out—I think that point about providing a place for people who are experiencing homelessness also. Again, your final points on how there are many modest adjustments we could make to some of our gambling legislation that could have some really profound results—whether it is maximum spends or even just closing those venues for a couple of hours to give people some respite. I very much appreciate your time here, Brian. I know I speak on behalf of the committee that that was really interesting. We hope that we will see your final report before we make our final report, because we would love to include some of those findings, but you have certainly given us some great information now. I appreciate that. You will receive a transcript. I encourage you to have a look at that, but again, thank you very much. The committee will recess for a couple of minutes while we bring in our next witness.

**Witness withdrew.**