THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON THE IMPACTS OF GAMING MACHINES MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON TUESDAY 16 APRIL 2002.

Mrs DONNA FAY KNOX, SECRETARY/MANAGER; AND **Mr DAVID GEOFFREY KNOX**, RESEARCH OFFICER, HOBART BENEVOLENT SOCIETY, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Mrs Silvia Smith) - I am Sylvia Smith, the chairperson of the committee. This is Sue Smith and Geoff Squibb, two members of the committee. We welcome you along today and look forward to a rather professional submission via a PowerPoint presentation. I will hand it over to you and if it is all right with you, if any of the members of the committee have a question they want to ask as we are going along, they will intervene and try to get some answers.

Mrs KNOX - I am Donna Knox and I would just like to thank you for the opportunity to be able to do this presentation. The Benevolent Society, as part of their operations in 2000, set up a database to manage our clients and part of that database was to set up a screen whereby we could actually collect data on the gambling behaviour of our clients.

We would just like to firstly give you a brief overview of the Benevolent Society. We were established in 1860 by a group of businessmen and the brief was to relieve the plight of the poor. Today we are an incorporated charity administered by a board of Hobart business persons. We are a non-sectarian organisation in that we have no affiliation with the churches and other organisations. We are funded by bequest and recently in the last few years we have had limited Commonwealth funding. The Benevolent Society provides emergency relief for the disadvantaged in the community. We provide emergency relief services in the form of vouchers for material goods, mostly food vouchers, about 70 per cent of our business is food vouchers, plus wood and a few other odds and ends, financial counselling and also referral to specialist agencies in areas that we do not cover ourselves. Due to funding constraints we are only open 22 hours a week which is four days a week for five and a half hours. During that time we see an average of about 28 clients per week. We cover southern Tasmania which is the old 002 phone area code.

During the years 1998-99 we saw an increase of some 33 per cent on the demand for our services. Of course the question we asked was: was this due to gambling or was it for some other reason? To that extent we applied to the community support levy people for a grant which we received and we conducted research then to quantify the impact of gambling upon our clients.

Mr SQUIBB - Can I just clarify that? The 33 per cent increase in demand for services was in 1999 compared to the demand in 1998?

Mrs KNOX - During 1998-99.

Mr SQUIBB - During that financial year?

Mrs KNOX - Yes, compared to 1997.

Mr SQUIBB - 1998?

Mrs KNOX - Yes.

Mr SQUIBB - Which is some three years after the introduction of gaming machines. Did you have a trend prior to 1997-98?

Mrs KNOX - No, it always increased slightly each year but just during that time there was a significant jump -

CHAIR - That particular year?

Mrs KNOX - in demand for emergency relief. So we just asked the question was it due to gambling because the poker machines had only been introduced a couple of years beforehand into pubs and clubs. So that's why we applied for the grant.

We received the money and engaged a social researcher to set up the database and we collected the data ourselves. That report was submitted to the community support levy program just before Christmas and it was just five days too late to actually give you the written report. Hence we're giving a verbal submission today but you will have the report after we've finished.

So I'll just hand over to David who will now go on with the contents of that report, focusing on gambling.

Mr KNOX - Thank you, Donna, and thank you very much for the opportunity of being able to present the findings of our research.

As Donna mentioned, I was engaged to undertake the research and construct the database and so we did that. The report, which is available for you at the end of the presentation, is entitled *The Impact of Gambling on Emergency Relief Services Provided by the Hobart Benevolent Society*.

The main question we were addressing was we wanted to try and quantify the impact of gambling, particularly problem gambling, upon the clients of the society.

I should point out that the Hobart Benevolent Society was an ideal context to do this type of research mainly from the point of view that the society only provides emergency relief. In other words, when we looked at service data it wasn't compounded by any other type of service, it was purely emergency relief service and that enabled us to look at that data with only that background.

In terms of what we did, obviously we moved into trying to define what problem gambling is. Certainly we came across, as we encountered the literature, that it's quite complex and difficult to define what gambling is, especially problem gambling, and the literature suggests that it's very useful to think of it in terms of a continuing one.

It appears that gambling itself is not a problem. However, it's the degree to which people engage in gambling that gives rise to the term 'problem gambling'. For instance, many people find gambling an enjoyable recreational pursuit with no ill effects at all. It's fine. However for some people obviously it leads into difficulties that can then quickly compound into destructive and even, as someone suggested, pathological behaviours. So the complexity lies in the fact that there's no clear point in which a recreational gambler becomes a problem gambler.

However there is a range of behaviours which have been acknowledged as typically associated with people becoming problem gamblers and obviously these behaviours have increase in severity. So for most people who engage in gambling they've got no problems whatsoever. There's a small minority who their behaviour would suggest that they have got some degree of a problem with gambling and there's an even smaller group who have severe problems. So pointing out the fact that the -

Mr SQUIBB - That's not the scale I take it.

Mr KNOX - That's not the scale not at all. But indicating as it gets darker into the red the problem is increased.

CHAIR - Would you suggest that the definition of a problem gambler could in some ways be similar to quantifying an alcoholic? Some people can drink and have no problems. Some people can drink a little bit more and only have middling problems and there is a smaller group on the other end that are the alcoholics. Would it be fair to say there is possibly a similarity to that?

Mr KNOX - Certainly there are some parallels there. How close that parallel is is going to be an interesting issue in itself. However, as you will see, there is quite a strong correlation between problem gambling and alcoholism, for instance, and we will pick that up as we go through. But certainly in terms of addictive behaviour the DSM4 which is one of the measures we used to pick that up because that is written from a clinical point of view. So gambling is a continuum. What we did then was for the clients themselves we used the Southoaks Gambling Screen, which I understand you are probably familiar with. However, we then encountered a bit of a research problem. It is okay for clients to come to the society seeking emergency relief and we can interview them, assess them for emergency relief services and in the course of that we can conduct a gambling assessment using the SOGS.

However, there is quite a number of clients who would come seeking emergency relief services who, whilst themselves may not have a problem with gambling, it appears that in the context of their assessment it appears that members within their own family or household have a problem with gambling. That may be even the very main reason for them presenting for services. For instance, there might be a mother who presents and would receive a food voucher because she has difficulties with her partner who may be a problem gambler and there is no food for the children and for the rest of the family. So that presents a bit of a problem as to how do you assess the clients who you have only face to face contact with but are presenting partly because of a problem of someone else.

So we looked at the DSM4 which is also a widely recognised instrument. That has a slightly different emphasis. It approaches problem gambling from a psychiatric disorder perspective and again aligns it with other forms of addictive behaviour, to answer your question there also. So it is more of a clinical assessment. In many ways the DSM4 is very similar to the SOGS in some of the questions that it asks. But it emphasises a lot more of the psychological aspects of problem gambling and according to the DSM4, a person getting a score of between one and two is termed at risk of being a problem gambler. So we ask clients to make an assessment using the DSM4 about the person, their significant other who in fact had the problem. Granted, there is quite a degree of limitation in that because you are basically asking someone to assess someone else by proxy.

However, we recognise in a clinical set-up, a psychologist or psychiatrist may be asking a client about their problem gambling but they need to establish rapport in order to get valid results. We argued that the client who has presented at the society already has that rapport with their partner and therefore has an intimate knowledge of their behaviour and whilst it is not ideal, it is better than nothing and we took that as a basis for assessing a client by proxy, if you like, in terms of the impact on the person who is presenting.

So basically what we did then, as part of the routine assessment that Donna would undertake and the staff at the Benevolent Society, we injected a segment where we asked people about their gambling behaviour. We basically introduced it by a standard phrase saying the Government is sponsoring us to do some research into the impact of gambling on our services and would you mind answering a few questions. If they did then we would record that refusal and then continue on the assessment. If they did not mind answering a few questions, the question was asked to them, a screening question, do you gamble now and then, a very straightforward, simple type of question, and there is evidence in the literature to suggest that that type of screening leads well into obtaining more valid results. If they did, then we led them through a SOGS questionnaire, also asking them what was the main form of their gambling, and then continued the assessment. If they themselves did not gamble, then we asked does anyone else's gambling directly impact on them. If no, then continue on with the assessment. If yes, then you can see there that we then introduced the DSM4, and given the limitations upon that approach we then progressed with that and collected the data on that.

So in terms of defining problem gambling, scoring is one thing. However, determining the threshold at which a person can be deemed a problem gambler is quite another. So the real issue is how likely is it that a person can be deemed to be a problem gambler. The literature again is quite complex in this, and Roy Morgan in some of his previous research conducted in Tasmania has suggested it is helpful to think about problem gambling in terms of risk. In other words, using the SOGS score a person who received a score of between 0 to 4 is not at risk at all, no problem, a recreational gambler, not a concern. However, he introduces the fact that from scores 5 onwards there is a chance that person may be a problem gambler. He suggested a 1 in 5 chance for a score of 5 to 6; 7 to 9, a 1 in 2 chance; and from 10 or more they are definitely a problem gambler. So again recognising the sense that defining problem gambling is very much an issue of lying on a continuum, Morgan used the cut-off point as being 5 or more as a definitive of someone being a problem gambler, whether or not they are in actuality or whether there is a chance at least they are at risk of being a problem gambler, and from his point of

view he included them in the analysis. So we have taken that as a standard for using our research, mainly obviously so we can have comparative data across different reports.

So for clients who are impacted by another's gambling then we used the DSM4. The probability of their being a problem gambler was if the score was 0 then they are not at risk at all, and the DSM4 is constructed in such a way that a score of 1 or more indicates a level of being at risk of being a problem gambler. Obviously in the literature it goes up that - I cannot remember the exact score just offhand, but as you get higher up there are other categories in terms of being a pathological gambler in this context.

Mr SQUIBB - So in this case, just to understand the 1 or more, the person at significant risk, that refers to the other person's gambling?

Mr KNOX - That is right. This is a client coming to the benevolent society for emergency relief services.

Mr SQUIBB - For a significant other person?

Mr KNOX - For their own needs initially. In the context of their assessment for emergency relief services they have consented to responding to questions about gambling, and it has then transpired that part of their problem may be because of a significant other person's problem gambling. So it is the assessment of the other person who is not present by proxy. There are some methodological limitations on that, but again it is better than nothing, and we figure there is some rationale for it at least. So, putting that all together, for clients themselves we use the SOGS, and they are defined as a problem gambler if they scored 5 or more. And clients impacted by another's gambling were at risk if they received a score of 1 or more.

So in terms of what we did, we set up the database to collect data. We collected data from 1 December 2000 to 31 August 2001, a period of nine months, and we collected that data and were able to analyse the data from there.

Mr SQUIBB - Any reason for that particular period of nine months?

Mrs KNOX - We had funding for 12 months so we obviously had to write a report. We had to set up the database which took about three months so we only had a nine months window to do it.

CHAIR - In the particular period of time that you received the levy funds, in the round that you received them from.

Mr KNOX - So it was a setting up of research and constructing the database, collecting the data and then allowing the time for the analysis and the writing of the report. I should point out that the society has continued to collect the data but obviously the subsequent data is excluded from this analysis so we are only looking at nine months worth.

So in terms of what we found, if first of all you look at all clients the report provides an extensive profile of all clients that presented at the Benevolent Society during this period. There are 357 of those. It is also worth noting that of those clients there were another 528 related persons in their households who, if you like, would be indirectly

impacted by their particular needs. You could say that in the context of food vouchers being given to a person presenting it may have an effect on 885 people in all.

CHAIR - On that point, can I just ask: the figure of 357 clients presented during that period, would they be singular clients or some return clients that you assess a second time?

Mr KNOX - These are all different clients.

CHAIR - They are all different clients, okay.

Mr KNOX - They presented on numerous occasions. In fact the 357 clients had 382 discrete care plans. Some would actually finish a care plan and then you may see them in the period of the nine months but to all intents and purposes, their first care plan had finished and you had not seen them for six months perhaps.

CHAIR - I just needed to clarify that.

Mr KNOX - Those 382 care plans were addressed on 1 137 occasions resulting in 1 800 or so services being provided. That is the beauty of a database. You can just pull these things straight out.

So that is all clients and in the report, because we did not have an opportunity to do a pre and post introduction of gaming machines analysis, all we could compare the gambling data with was all clients. The report has a chapter which gives an extensive profile of all those 357 clients. Then we move into the gambling side of it. There is a whole chapter devoted to the analysis of the gambling data. Of those 357 clients, 279 clients consented to being asked about gambling. Of those, 50 or 18 per cent acknowledged that they gambled; 31 gambled themselves and 19 were impacted by someone else's gambling.

I should point out to you that some of the numbers, particularly the 31 and the 19, get a little bit confused because the same numbers, quite by coincidence, are used in different contexts. I will try and explain where they fit but at this stage if you just recognise that 50 people acknowledged that they gambled, 31 gambled themselves and 19 were impacted by someone else's gambling.

Mr SQUIBB - To come back and pick up the ones on the first dot point that did not consent at any stage.

Mr KNOX - There were 76 or so that were not assessed. That was mainly because part of the Benevolent Society's operations is to give out Christmas hampers at Christmas time and also toys from the ABC Giving Tree and a number of those clients are referred to the society on a one-off basis from other agencies. They were not involved in this.

Mrs KNOX - We did not think it was fair to them.

Mr SQUIBB - So none of those were involved further down?

Mr KNOX - Only if they were already existing clients of the society. I think we had one refusal to participate in the gambling questions.

So of the 31 clients who gambled themselves, recognising that some gamble with no problems whatsoever, it was purely for recreational reasons with no ill effects, 12 were deemed to be problem gamblers. In other words, they scored five or more on the SOGS. These clients had 15 care plans which were addressed on 42 occasions resulting in the provision of 80 services for them. It is also worthwhile noting that they had an additional 13 related persons in their households. So in total there were 25 people who were impacted either directly or indirectly through approaching the Benevolent Society.

So turning now to the 19 clients who did not gamble themselves but were impacted by someone else's gambling, again numbering them a little confusing. But this is now another group of people who presented to the society but they themselves were not the problem in terms of gambling but it transpired that a significant other in their life gambled. All of those significant others were deemed to be problem gamblers. They scored one or more on the DSM4. These clients received 201 services, had an additional 13 related persons in their household indicating a total of 32 persons both directly or indirectly helped. So putting all that together, it is a lot of numbers but there is a table for you. A client who does not gamble nor is impacted by another's gambling, 229. A client gambles but he is not a problem gambler, 19. A client gambles and is a problem gambler, 12. A client's significant other gambles but he is not a problem gambler, 0. A client's significant other gambles and is a problem gambler, 19.

So the bottom line of that if you add those together, clients affected by problem gambling, either by their own gambling or that of their significant other is 31 and that is 11 per cent.

CHAIR - Thirty one out of a total of 279?

Mr KNOX - That is right. These are all clients of the society, either through their own gambling or indirectly impacted by someone else's gambling. So again, drawing upon the database, looking at all clients who gamble by age and gender. So we are now coming back to 31 clients. These are not just problem gamblers, these are also people who do not have a problem gambling. You can see the distribution there of males and females and the ages; hopefully you can read to ages on the side there. If we then go to the next slide and look at the difference, these are the problem gamblers who are clients, just going back there. That is all clients who gamble, 31 of them, compared to problem gamblers, 12. You will notice that women are very highly represented in the older years whereas males are represented in the younger years. Just again, a comparison there. So this is a subset on that first slide.

Furthermore, what we found in terms of when we looked at mode of gambling, these are all problem gamblers. Both the ones, clients themselves and clients who had significant others who gambled. You can see there that the major mode of gambling was through gambling machines. Interestingly enough with the self gambler, sporting events and races was quite a significant amount and significant other gambling and then an average across all gamblers. You will also note that even though we asked about Internet gambling there was none represented there. It is also interesting from a self gambler's point of view, casino games rooms were not represented at all where it was for significant others.

Mr SQUIBB - What do you mean by missing?

Mr KNOX - They are just missing data where either the question was not asked or they did not give a response.

Mrs SUE SMITH - A significant other could perhaps not know they are gambling and where they are losing those funds.

Mr KNOX - That is right, yes. So presumably in that sense you could say that in the significant other category their partner may have gone to the casino and that is all they know but they have come back with no money or there is no money at least for this next week's food for the children or whatever.

So pressing on then. Looking now at the 12 clients who were themselves problem gamblers and because of the difficulty of analysing people by proxy the rest of the presentation focuses on these particular 12, first of all there were six males and six females. As indicated before, the males seemed to be under 35 years and the females were over 35.

One client was from a non-English speaking background and interestingly no clients of Aboriginal-Torres Strait Islander background were problem gamblers. There were three who acknowledged that they did gamble but none were in the category of being a problem gambler at all.

For the clients who were problem gamblers, again looking at these particular 12 you can see there the size of their households. There's total beneficiaries of 25 in all. There were six clients who only looked after themselves, as it were, and then it was a spread of clients with larger families. So there was one client who had themselves plus another four at least with others.

All this information is contained in the report so if you don't pick it all up it's certainly there.

It is interesting that 70 per cent of the related persons were 12 years or under and in fact 38 per cent were infants aged between zero and four years.

Mrs SUE SMITH - In the client only, the six, is there any indication that perhaps they may be only themselves because their problems have created a division?

Mrs KNOX - No, they were single clients, single males and single females.

Mr KNOX - In terms of income, fortnightly per capita income, ranging in category from $101 up to $500, that's per person. So it obviously depends on household size somewhat. Most of the income came from government pensions and benefits, and wages and salaries accounted for only 4 per cent of the total count of income sources.

As part of the assessment for the emergency relief services that the society does, the society records presenting problems, why they have come to the society in the first place and you'll see for these particular 12 clients who were deemed to be problem gamblers, problems with debtors and creditors were the main reasons they came. They were then followed by accommodation costs and problems with rent arrears et cetera.

Whilst they acknowledge that these are the presenting problems they have come for, part of the society's work is to work through with them and discover some of the underlying issues so they can create a care plan to address some of these problems. It comes at no surprise at all that there were 12 clients who had addictive behaviour expressing itself in gambling and you will then notice the correlation there with alcohol and addictive behaviour.

Mr KNOX - Reasons for accessing emergency relief services. Again, looking at these 12 in particular, you'll see there the blue and also the red mainly pick up the issue of temporary rise in expenses and a recent rise in regular expenses. The yellow is regular income lower than regular expenses.

Mr SQUIBB - The rise in regular expenses - the cost of gaming could be part of that?

Mr KNOX - Presumably if it's part of their expenses for their lifestyle. That would be subsumed in that, I'd imagine.

Mrs KNOX - It could be something like they have got into arrears with their rent, which means their landlord then asks them to pay more weekly rent so they catch up with the arrears. Their visa card could have been blown out so therefore they have to make a higher monthly payment. So they are regular expenses that have arisen because they have got behind in payments.

Mr KNOX - And in terms of where clients came from in terms of referral, you can see that most were self-referred, 60 per cent; 33 per cent were referred to the society from the community sector; and 7 per cent came from government services. In terms of the services that were actually given to these 12 clients - sorry, that was just the clients who were impacted by gambling, so now we are back to this wider group of the clients themselves plus clients who were there and it also transpired they had problems with significant others. You can see hopefully some figures familiar to you there. The clients in terms of self was 4.3, others 6.8, giving rise to that figure of 11.1 per cent which we have come across previously, and the services there are 5.1, 12.8 and a total of 17.9, and expenditure. And so you will notice there is a disproportionate number of services for clients who themselves are problem gamblers and certainly across the significant others. The expenditure, whilst it is lower, I suspect is probably a result of referring to other agencies et cetera, which is counted as a service because they have received a service from the society, albeit not a monetary service. So the society has an output report which talks about the different types of services given. Some of those are monetary, obviously, and have costs associated with them. Although the society does not give out money there is a cost item and others - for example, referral to other services - is recognised as a discrete service in itself.

Drawing some key points from all of this, defining problem gambling is quite a difficult and complex task, and we used for clients themselves a SOGS score of 5 or more; for those that had problems with others close to them who are gambling, a DSM4 score of 1 or more. The report analyses data collected over a nine-month period. Of the 279 clients assessed, 4 per cent were deemed to be problem gamblers, and a further 7 per cent were impacted by a significant other's problem gambling, making 11 per cent in all.

Although 31 clients were impacted either by their own or someone else's problem gambling, a further 26 related persons were affected, a total of 57 people, and the main mode of gambling across problem gamblers is gaming machines, and that was 55 per cent across that client group.

CHAIR - Both groups?

Mr KNOX - Both groups, that is right. I think it was 59 for self -

CHAIR - So there was a similarity in the singular groups too, wasn't there.

Mr KNOX - Yes, 59 per cent I think for clients themselves and about 53 or something for clients with significant others. As you can imagine, some of the language in this gets rather stretched and it is difficult to keep abreast of it. Furthermore, problem gambling was not associated with being an indigenous Australian -

CHAIR - It certainly dispels a myth.

Mr KNOX - Yes, indeed. I thought that was an interesting finding, precisely because there is a myth that tries to draw that -

Mr SQUIBB - Although this was a very small sample, was it not?

Mr KNOX - A very small sample, and certainly there are limitations with this because of that from a statistical point of view. Also noting that there is a disproportionate number of services provided for clients impacted by problem gambling.

In terms of conclusion, as we were just pointing out, the analysis is severely limited by the low numbers of clients. There is a solution to that, obviously somehow getting greater throughput of clients to boost the numbers, and perhaps continue the collection of data over successive years to be able to examine trends and seasonal effects et cetera.

Mr SQUIBB - We certainly do not want to promote a greater throughput of clients for you.

CHAIR - Perhaps the solution is to conduct a statewide study.

Mr KNOX - Statewide, yes, indeed, but certainly to boost the numbers so the data is not being skewed by aberrant situations or individual nuances, whatever. But certainly the idea of continuing the data collection so there is no gap in it and then you can look at the effects over time, whether it is increasing or decreasing. As I said before, we did not have the opportunity of doing a pre and post comparison, and what we compared is between all clients and those that gamble, as a comparison in the report, but if we were able to continue to collect data then we can do a comparison between the nine-month period that we looked at and then as of today, 12 months down the track et cetera.

CHAIR - You said 'if we are able to continue to collect data'. Are you not looking at doing another collection of data at some time in the future?

Mrs KNOX - We have continued collecting data, yes.

CHAIR - Okay. So you are going to do a comparison?

Mr KNOX - Yes.

Mr SQUIBB - But you are not being funded for the continuation.

Mrs KNOX - No.

Mr SQUIBB - Did you apply for funding?

Mrs KNOX - No, we have not. As far as we understand it, there are no sources to actually fund this sort of thing.

CHAIR - They do not like to do a second funding for the same issue.

Mrs KNOX - Yes. The community support levy program is the only place, I think, where you can get funding for this sort of thing, but because we have had our piece of pie, if you like - but we are still collecting the data so that there is that continuation, so there is no gap in it.

Mr KNOX - That brings us to the last slide, then, making that point that the society focuses only on emergency relief, so there is that value and it is not compounded by other service types. It has a rich data set that could be explored further. This is obviously just trying to summarise the data but the database is full of further information that can be analysed. It provides comparative data with clients for whom gambling is not an issue, and has the facilities to continue to collect the data on gambling, and in fact is continuing to do that as we speak but, as we said, it depends on the availability of funding. So that is the presentation of basically what we have done and where we are at. Thank you for your attention.

CHAIR - Thank you for that, a very proactive and interesting presentation, and I think it is heartening perhaps. One could say that somebody has taken the initiative to begin some sort of data collection, albeit on a small base, but it is a start.

Mrs KNOX - That is right. And because there is plenty of anecdotal evidence that gambling could be a problem with people in low socioeconomic areas, there is no actual data to say yes it is or no it is not, and that is what started us off on this, to try and start getting a picture, but you need a longer time to get a true picture of what is happening. Nine months is neither here nor there, really, in some ways, but it does give you at least some indication of what is happening.

Mr KNOX - I guess it is fair to say, too, as indicated, the society commenced in 1860, I think, but certainly in our association with the society gambling really was not an issue earlier on but, as you saw there, I think in 1998-99 there was that jump in demand for services. Obviously there was a lot of media attention given to the introduction of gaming machines et cetera into clubs and pubs, and so there is an obvious question to ask. We were not looking for gambling research initially but, given the rise in client demand, it was a natural question to ask, hence we became interested in doing the analysis.

Mrs SUE SMITH - Did the end result surprise you? I mean, you had anecdotal evidence, you had seen a jump in clientele, you were asking yourself the question why. You had a presumption perhaps gambling had some input into it.

Mrs KNOX - I did not think it would be as high as 11 per cent, to be honest. It would be interesting, say, two years down the track to do another analysis to see whether that has gone up or decreased. David mentioned the people who did not have a survey done on them for gambling because it was at Christmas. This year at Christmas time we did do that survey on people as they came in, so if they were referred to us from an outside source, like Housing Tasmania refer people to us et cetera, we ask would they mind when they come in to collect their hamper just doing this quick survey with us. No-one refused so we now have that set of data as well.

Everyone who's a new client who comes to us for services we make it quite clear that doing that survey is not dependent on their service, we go right through and do the assessment and the reason they're there first and at the very end after we've actually given them assistance we then say before you go would you mind doing this survey for us. Do you mind answering a couple of questions and they're quite happy to.

As David said, we've only had one refusal after we did that collection and I think I've had one more since then. Most people are happy to especially if they've got someone else in the family who gambles and it's impacting on them and impacting on the relationship.

Mr KNOX - That raises the issue of the possibility of false positives in the analysis of clients who present and then are assessed or assist significant others by proxy, that they may have a chip on their shoulder or whatever and so skew the results. That's one limitation, one risk you take with that type of approach. But again we thought it was appropriate to continue on that pathway.

Mrs KNOX - The other thing is too that people come to us for emergency relief, they are not coming to us because they're gamblers. They're there for some other reason but through assessment we find out if they are a gambler or someone else in the family is and we can then refer them on to counselling for that person or for themselves so it is an inroad into that. Whereas I think with Breakeven and Relationships Australia they would go there specifically because they recognise that they are a gambler or there is someone else who gambles.

CHAIR - Do you do many referrals on in those numbers; you came up to about 31 there?

Mrs KNOX - Yes, because we concentrate solely on emergency relief we refer a lot to other services rather than trying to do everything ourselves.

CHAIR - I was specifically pointing at people who have the problem of gambling if that's where you refer them on and other things obviously if there are.

Mrs KNOX - Yes, that's right. We refer them to Breakeven or Relationships Australia, wherever they're happy going to.

Mr KNOX - I think you made the point to me earlier on that the society is often the first point of contact that people have if they have difficulties and just as Donna said, she's

that first point of contact and does an assessment and has a care plan but then also can refer on to others for specific types of help and assistance.

CHAIR - Do you have any comment on that referral on? People obviously find you. We've had some comment that the services like Breakeven Australia and Relationships Australia are not easily identifiable as access points for people with problem gambling. Have you any evidence that the people you have dealt with who have come to you for your services have said, 'I didn't know that there was somewhere else I could go'?

Mrs KNOX - People have said that but whether they don't know that or not -

CHAIR - You can't analyse that.

Mrs KNOX - it's hard to assess. Sometimes they might say, 'I didn't know that' because they're too embarrassed to say, 'I knew but I didn't want to go'.

We operate opposite Anglicare so we do a lot of toing and froing across the road and I use Breakeven quite a lot but some people aren't happy to go to Breakeven so they choose to go to Relationships Australia.

Sometimes people have rung the gambling hotline and have talked about the fact they haven't got food in the cupboard et cetera and so the gambling hotline have referred people to us.

CHAIR - That was an excellent presentation.

Mrs KNOX - Shall I give you a copy of the report? There's one each there for you so you can read it.

CHAIR - Thank you. That's most appropriate and we do congratulate you on your presentation. It was an excellent presentation, very easily understood and I think the data that you've given us has given us some extra food for thought on this issue that we're dealing with. So we do appreciate the time and effort put into that presentation.

Mrs KNOX - Thank you.

Mr KNOX - We recognise that it's obviously only a subset. We can't generalise to the broader population because the population that comes to the society is itself a skewed population but given that and given our motivation for doing the research that was contained within that one agency, that's the profile of the problem now.

CHAIR - Well, it's given us a minute view in through the window, hasn't it?

Mr KNOX - Sure.

Mrs KNOX - Our understanding is too that the Gaming Commission will have this report as will a group of community support people.

CHAIR - Okay.

Mrs KNOX - We gave the report to them before Christmas. How far wide that has spread we do not know.

CHAIR - You gave it to the Department of Human Services?

Mrs KNOX - Yes, they have the report.

CHAIR - All right, December 2001, yes. Thank you very much.

THE WITNESSES WITHDREW.