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Mr. Jude Perera, MLA,  
The Executive Officer  
Family and Community Development Committee  
Parliament House  
Spring Street  
East Melbourne  
VIC 3002.

October 9, 2008

Dear Mr Perera

Hanover Welfare Services welcomes the inquiry by the Family and Community Development Committee into the Provision of Supported Accommodation for Victorians with a Disability or Mental Illness.

Hanover Welfare Services (Hanover) aims to make a practical difference in the lives of people experiencing homelessness or facing a housing crisis. Hanover provides direct, tailored support and accommodation and housing options for people experiencing homelessness. Hanover is also committed to research about examining, understanding and addressing the underlying causes of homelessness.

Hanover's work encompasses three inter-related areas:

- Support - the provision of high quality individualised tailored support to assist clients to address issues impacting on homelessness.
- Accommodation - access to a range of accommodation and housing options, including 79 crisis accommodation beds, 14 rooming house beds, 255 transitional housing properties and 9 long-term properties.
- Research and advocacy – robust, targeted and timely homelessness research, and the provision of high-level advocacy and policy advice to state and federal governments, community sector agencies and the community.

Established in 1964 in Hanover Street, Fitzroy, Hanover is incorporated as a not-for-profit company. With an annual budget of \$13M and a staff of over 160 people located at seven key sites across metropolitan Melbourne.



Hanover's mission is to empower people who are homeless, or at imminent risk of becoming so, to enable them to take greater control of their lives. Many of our programs are funded through the Supported Accommodation Assistance Program (SAAP), which is the main national response to homelessness.

Hanover is supportive of current Victorian Government policy that works to place people with a disability and/or mental illness into supported accommodation services in communities or providing packages of in-home support. However, it is our experience that some Victorians with a disability and/or mental illness are at risk of experiencing homelessness, and once someone is homeless are at risk of cycling through crisis accommodation and the SAAP system which is not the appropriate system.

There are three key facets to homelessness: primary homelessness (people without conventional accommodation, living on the streets, sleeping in parks); secondary homelessness (using emergency accommodation, youth refuges, women's refuges, staying with friends); and tertiary homelessness (living in boarding houses on a medium to long-term basis and do not have security of tenure provided by a lease). It is Hanover's concern there is a heightened risk of all forms of homelessness for people with a disability and/or mental illness and the need for a more coordinated response to people to access appropriate supported accommodation and allied services.

The incidence of mental health issues is commonly associated with homelessness. It has been noted that the estimated prevalence of mental disorders among people who are homeless varies, reflecting the area in which the research was conducted, the definition of mental illness and the methodological approach. Despite these limitations there is consistent evidence that people who are homeless have a much higher prevalence of mental illness than the general population. For example, the data shows that 12% of SAAP clients nationally reported a mental health problem. Data specific to Hanover's own services concur that mental health issues and psychiatric illness were contributing factors for over 12% of clients presenting at our SAAP-funded services.

The incidence of mental health contributes to and can be caused and/or exacerbated by homelessness. As recent research by Johnson shows, about 30 per cent of the more than 5000 cases examined reported mental health problems. Of these, 53 per cent respectively had developed the problems after becoming homeless. Hence, homelessness is a cause and consequence of poor mental health. As a *cause*: mental illness increases a person's vulnerability to homelessness. As a *consequence*: the research evidence suggests a direct correlation between length and harm of homelessness and worsening mental health.

Further, as noted by Robinson in research with AHURI, some people with a mental illness experience cycles or iterations of homelessness where they move chaotically through various forms of tenuous housing and periods living on the street. Indeed, repeated failed attempts to establish a 'home' result in fresh, accumulated trauma which compounds poor mental health & persistent homelessness.

Hanover experiences difficulty in trying to access supported accommodation and related services. For instance, we find that unless a client is already case managed by Mental Health services when entering into one of our crisis facilities that it is difficult to navigate, link to and or access mental health supported accommodation. In contacting mental health services about supports, it has been the experience of our Dandenong services that clients very rarely meet specific criteria's or are diagnosed "drug induced" and are deemed ineligible for services.

Many people with a disability are also at risk of homelessness and inappropriately entering the SAAP system. This is due, in part, due to the risk of domestic and family violence – which is a critical driver of homelessness generally – as well as the lack of affordable housing options and the provision of the support required. This is evident in national SAAP data that shows that two of the main reasons someone with a disability sought assistance is due to domestic violence and the unavailability of usual accommodation. The data from the Australian Institute of Health and Welfare (AIHW) also shows that SAAP clients with a disability were more likely to seek assistance due to drug, alcohol or substance abuse issues and were also more likely to seek assistance due to being a recent arrival in the area and due to recently leaving an institution—such as a prison, detention centre or hospital.

Hanover strongly supports measures that place a premium on the prevention and early intervention of homelessness. More preventative approaches to homelessness and associated forms of disadvantage need to be developed and supported. This refers to the provision of programs which prevent homelessness occurring in the first place. This includes the provision of timely advice and support and the availability of affordable, appropriate and secure housing. At the moment when someone exits from a SAAP service this is likely to mean a return into homelessness (such as moving to an inappropriate rooming or boarding house). This means inevitably that they risk returning to the SAAP system due a dearth of more appropriate housing and support options. This is particularly the case for people with serious recurring mental illness and acquired brain injury from drug and alcohol

Accordingly, Hanover encourages the Committee to consider the adequate provision of supported accommodation for people with disabilities and/or a mental illness such as community residential units, and independent units that are matched to appropriate levels of support. One service model is a share housing approach with individual single rooms with bathroom/ensuite facilities and integrated with a support worker providing case management and coordinating referrals to specialist services, recreation, training and other related activities.

One of the biggest obstacles to providing stability to the lives of clients with a disability and/or mental illness is the current fragmentation of services, including housing support, and the lack of appropriate housing. Where would encourage greater collaboration between mental health, disability and SAAP services. Currently SAAP support periods are time limited and often tied to accommodation. This results in people with multiple complex needs cycling between intermittent housing and support and periods of chaos and homelessness.

For some clients (for example people with Acquired Brain Injuries) ongoing support is needed in order to maintain housing, yet standard SAAP support periods in Victoria vary between 6 to 26 weeks.

Hanover proposes that new models of housing and support for people with multiple and complex needs require development and adequate resources. This must include the possibility of ongoing support for people with Acquired Brain Injury and serious recurring mental illness.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tony Keenan', with a long horizontal flourish extending to the right.

Tony Keenan  
CEO