

FAMILY AND COMMUNITY

DEVELOPMENT COMMITTEE

MR J. PERRERA MLA, Chair
MR W. NOONAN MLA, Member
MR J. SCHEFFER MLA, Member
MRS J. POWELL, Member

CHRIS MCNAMARA
CEO, SNAP GIPPSLAND

**INQUIRY INTO SUPPORTED ACCOMMODATION
FOR VICTORIANS WITH A DISABILITY OR
MENTAL ILLNESS**

TRARALGON

9.09 AM, TUESDAY, 21 OCTOBER 2008

MS McNAMARA: Hello.

THE CHAIR: Hello.

MS McNAMARA: My name is Chris McNamara, and I am the CEO of SNAP Gippsland. I'm very pleased to be invited along today to provide a report to you. Thank you.

THE CHAIR: Yes. Thank you very much for coming. Good morning, everybody. My name is Jude Perrera. I'm the chair of the Family and Community Development Committee. On my left is Jeanette Powell. She's a deputy chair and also member for Shepparton. And onto my right is Johan Sheffer. He's the member for eastern Victoria, covering this area. And extreme right is the member for Williamstown, Wade Noonan. And also my extreme left is the executive officer - - -

MR BROMLEY: Marcus Bromley.

THE CHAIR: Marcus Bromley.

MS McNAMARA: Okay.

THE CHAIR: Right. Welcome to the public hearing of the Family and Community Development Committee inquiries into the provision of supported accommodation for Victorians with disability and mental illness. The committee is looking into issues such as the standard range and adequacy of care and accommodation currently available, the appropriateness of the current service providers, how unmet need is managed in Victoria, accessibility and appropriateness of accommodation for rural communities, ethnically diverse communities, indigenous Victorians, and the impact of current service provision on families and carers. Can you hear me at the back? Yes?

The committee is an all-party investigative committee of the Victorian Parliament, and is due to report to Parliament by 30 June next year, after which the government has up to six months to reply to the Committee's report and recommendations. All evidence taken at these hearings are protected by parliamentary privilege, as provided by the Constitution Act 1975, and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of political legislation in other Australian states and territories. Any comments a witness makes outside the hearing may not be afforded such privilege.

We are recording the evidence and will provide a proofed version of the transcript to each witness at the earliest opportunity, so that it can be corrected as appropriate. Now, I would like our first witness, Mrs Chris McNamara, chief executive officer of SNAP Gippsland as she introduced herself before, to make some opening comments or make a verbal submission.

MS McNAMARA: Okay. I'm going to make a verbal submission, and pretty much relating to the – what SNAP Gippsland actually does, what its role is, the catchments and location that we operate within, service delivery models, what our experience has been in terms of accessing housing for our client group, the current situation in terms

of our clients, and some recommendations. SNAP Gippsland is a psychiatric disability rehabilitation support service. It's part of the Victorian mental health service system and has been delivering psychosocial rehabilitation recovery models of service and care to people with – to adults with serious, enduring and recurring mental illness since 1992.

Our vision is working together for better mental health, and we work in partnership with our service users to enable them to participate fully in community life and access and utilise community services and resources. SNAP is governed by a well-qualified community board of management, and its primary funding source is through the Department of Human Services, Victoria. We're an accredited service with the Quality Improvement Council. SNAP delivers home-based outreach support services in the shires of East Gippsland, Wellington and South Gippsland and Bass Coast, to a total of 67 people, and we have service outlets in Bairnsdale, Sale and Leongatha.

Psychosocial rehabilitation day programs are delivered in the shires of East Gippsland and Wellington, and they're delivered to a total of 55 people from service outlets in Bairnsdale and Sale. So our service operates from Bairnsdale right through – we have clients as far as Phillip Island. We also deliver prevention and recovery care services in partnership with Latrobe Regional Hospital. The service is a regional ten-bed facility, pre-acute, post-discharge, that operates 24 hours a day, seven days a week, and that's located in Bairnsdale. We deliver two dedicated models of service and care, one being the collaborative recovery model and the other collaborative therapy.

Both models are research validated and evidence based, and recognised by Ausinet. The collaborative recovery model has been developed by the University of Wollongong, with whom we have a partnership agreement, and it's a structured system that focuses on positive outcomes for service users, and it's based on helping people explore and work towards meeting their own life goals, and to managing their illness experience. The four elements of hope, meaning, self identity and responsibility underpin the model. We also deliver collaborative therapy, which is developed by the Mental Health Research Institute of Victoria, and that's a comprehensive, therapeutic framework for service users, clinicians, services and others to work systematically towards the achievement of optimal health.

It works on stress vulnerabilities, coping strategies and skill development, including symptom recognition. We also are trialling a post-recovery model of service called Flourish, which is being developed by the University of Wollongong. It's based on the principles of positive psychology. It's peer-delivered, and it's a group program, and assists people with their recovery and self-development. So what we know is stable, affordable appropriate housing is the foundation of recovery, and critical to the quality of life of people with mental health problems. Research shows that two thirds of consumers identify housing and support as the most important issue in their lives.

There's a strong association between housing and clinical improvement. Stable housing has been shown to be a better predictor of reduced hospital admissions than clinical interventions. This is not a new issue. In 1993, the report on the National Inquiry into Human Rights of People with Mental Illness stated:

One of the biggest obstacles in the lives of people with mental illness is the absence of adequate, affordable and secure accommodation. Living with a mental illness or recovering from it is difficult even in the best of circumstances. Without a decent place to live, it's virtually impossible.

There's a lack of available and affordable private rental properties in Gippsland. Holiday homelessness is a common experience in coastal communities. In Gippsland, public housing is inadequate to meet the needs of people with mental health problems. Wait lists for singles housing is indefinite. There's an inadequate mix of accommodation types. Most public housing is located in high-density estates where the concentration of people with extreme needs, issues relating to alcohol and other drugs, unemployment and domestic violence is not conducive to recovery. The Victorian Housing and Support Program of the early to mid nineties is proof of the benefits of secure, appropriate, affordable housing.

This end destination housing, spot-purchased, close to services and amenities, with tenancy management by the Office of Housing, and support to the residents provided by PDRS services, change the lives of people with mental health problems. Many PDRS services still have nomination rights to the remnants of this program. This effective program could still be revitalised by the Department of Human Services now, by the investment in replacement properties when residents no longer require the support of the PDRS service. There's still a need for transitional housing with support, to prevent people with mental health problems of all ages from being discharged into homelessness, and provide secure housing for a period of time whilst working with PDRS services to locate end-destination housing.

Caravan parks and other people's couches are not an appropriate environment to do this. Short-term hotel beds are a totally unacceptable option, and there is no space and no opportunity to even cook a meal. SNAP Gippsland's access to housing – so this is what we have actually gone through over the years since we've been involved. And I might add that SNAP actually started through a need for housing back in 1992. A lot of people will say to me, "What does SNAP mean? What is – what's it stand for?" Well, now it doesn't stand for anything, but in 1992 we called it the Special Needs Accommodation Project. So it was all about housing.

So SNAP has nomination rights to 29 Office of Housing properties, seven in South Gippsland and Bass Coast, three in Sale, three in Lakes Entrance and 16 in Bairnsdale. Nomination rights to these properties was allocated to SNAP under the Housing and Support Program. The program commenced in 1994 in recognition of the need for secure, appropriate and affordable housing with support for people with mental health problems. Housing was supplied by the Office of Housing, and funding for support of residents was made available through the then-Office of Psychiatric Services. Housing stock, primarily two-bedroom housing units in lieu of limited singles stock, were spot-purchased in collaboration with the PDRS services, who were the support provider, to ensure appropriate as a location etcetera, and establishment grants of up to \$5000 were made available for the purchase of furnishings and whitegoods.

Support services were provided for as long as required to meet the residents' individual recovery goals. Upon closure from the program, the person continued to reside in the property. It was understood that nomination rights would be made

available to replacement properties after people no longer needed the support. It's SNAPs understanding that this has never occurred, ultimately ensuring that this extremely effective program became a dwindling resource and defunct. SNAPs opportunity to nominate people to this type of housing is extremely limited and infrequent. In the past three years, there's been four vacancies in these properties, in these 29 properties that we've had.

Of the 39 residents, only 10 people currently receive support from SNAP. SNAP also has nomination rights to three Community Housing Limited properties, one two-bedroom long-term rental unit in Bairnsdale and two two-bedroom units in Wonthaggi, under the Social Housing Initiatives Program, the SHIP Program. Of the three residents, two people currently receive support from SNAP. SNAP doesn't keep a wait list in terms of housing. If a vacancy does occur in any of the properties that we have nomination rights to, the housing needs and support needs of all current clients are assessed and nominations are made to the Office of Housing.

All SNAP clients are encouraged to make an application for public housing, and clients in need of secure, affordable public housing or private rental work with their PDRS recovery support worker to locate housing on the private rental market, or in community housing. It's always difficult to locate appropriate housing that's affordable, and the stigma, as in all small communities, is often an issue. So the current profile in terms of our clients for their housing need – these are the people that we are providing home-based outreach support services to. In South Gippsland/Bass Coast, we have a caseload of 30 people. Ten of these people are living with ageing parents.

This is not appropriate for either the family members or for the individuals involved. In Sale and district, in terms of home-based outreach services, we have a caseload of 12 people. Two people are living with ageing parents, one person lives in inappropriate housing where there's a drug culture, and another is suffering housing stress due to extreme debt. And in Bairnsdale and district, of a caseload of 27 people in the home-based outreach support program, four people are living in unstable housing due to domestic violence, alcohol and other drugs, and temporary arrangements with friends, three people are living in inappropriate housing; either located a long way from services, in caravans, or in rundown housing.

Of this group of 69 people in total, around about a third of the clients that we support are in some sort of housing need or stress. My recommendations are that the Housing and Support Program should be revitalised, with an immediate injection of funds to start replacing the housing stock and to get this program happening again. It actually worked very, very well. It gave people dignity, and gave them a starting point for the rest of their lives. Incentives must be made available to encourage private property developers to invest in housing developments that can provide long-term accommodation for people of all ages with mental health problems.

A flexible funding option from the Department of Human Services for home-based outreach support services to respond to these opportunities is essential. Otherwise, we just cannot deliver on it. We get these opportunities coming our way, it's happened here in Gippsland, and it's very difficult for agencies just to be able to get there and

get going with it, even though we know that there are people who are in need of this particular accommodation.

Protocols must be developed between SAAP services, supported accommodation, assistance programs, mental health services and PDRS services to ensure that SAAP clients of all ages with mental health problems receive specialist mental health support services. The following is really what I would hope to see to be adopted as guiding principles for the provision of housing and support services for people with mental illness. And this is from Meehan, and he writes:

That the provision of supported housing represents a new way of thinking about housing with wrap around supports and includes several core requirements. These requirements were first outlined by Ridgeway and Carling but have been developed by many contributors over time, and they are:

- the house must be a home, not a residential treatment setting;
- the housing must be stable and long term, not time limited to break into iterations of homelessness;
- choice of housing must be based on consumer preference;
- consumers must be housed as members of the community, not residents of a program;
- housing should foster consumer control over their environment;
- housing that keeps levels of stress manageable should be selected;
- housing should be located in neighbourhoods with a mix of residents consistent with community norms to minimise stigma;
- housing must have an appearance consistent with the neighbourhood;
- there must be support available that's individualised and flexible;
- the levels of support required at any given time must be defined by consumers;
- Support must occur in the person's home rather than in a transitional environment.

And that, to me, epitomises the housing and support and program. Thank you.