

Inquiry into Homelessness in Victoria

Mrs Belinda Robbie

Organisation Name:

Your position or role:

SURVEY QUESTIONS

Drag the statements below to reorder them. In order of priority, please rank the themes you believe are most important for this inquiry into homelessness to consider::

Housing affordability, Services, Public housing, Mental health, Family violence, Employment, Indigenous people, Rough sleeping

What best describes your interest in our Inquiry? (select all that apply) :

Working in Homelessness services , Concerned citizen , Currently or have had a lived experience of homelessness, Other (please describe)

I am also a Landlord of five rental properties

Are there any additional themes we should consider?

Drug & Alcohol Addiction, disability/NDIS

YOUR SUBMISSION

Submission:

Do you have any additional comments or suggestions?:

FILE ATTACHMENTS

File1: [5e2f7ca4a572f-Homeless submission.docx](#)

File2:

File3:

Signature:

Belinda Robbie

For the past ten years I have worked as a homeless case manager for The Salvation Army providing support and temporary accommodation for single women and children. Over this time I have seen the significant impact of the steady rise in living expenses & rent with a much higher volume of working-class families coming through our service because they simply cannot make ends meet.

With rent rapidly increasing and the vacancy rate decreasing, affordable housing is diminishing as more and more families are pushed out of the rental market. In the regional town of Ballarat, Victoria the average rent per week for a basic three bedroom house is \$300. Inflation of government benefits & employment rates is nowhere near in line with how quickly rent is rising.

Very little public housing stock has been added to the pool in our town over the last ten years sending the number of homeless families & individuals on the wait list for priority housing skyrocketing. The families we support are waiting for public housing for a minimum of 12mths and up to 5yrs. This clogs the system with families stuck in transitional housing limbo and leaving services inundated with new referrals everyday and nowhere to house them. Our Housing Establishment Funds are quickly consumed by covering the cost of motel & caravan park accommodation to keep these families safe. We have more recently had to resort to accessing Family Violence funding to cover long periods of crisis accommodation because there was no other option, this funding could be better utilised to meet other FV related needs for the family if we were able to adequately accommodate them.

The public housing properties we do have, for the most part are in disrepair due to age, constant vandalising, and arson. The majority are grouped together forming ghetto communities that breeds crime and anti-social behaviour. We need houses (lots of them) where families can feel safe, at home and take pride in their surroundings. We need public housing that is interspersed with private rental and home owners to foster a positive community atmosphere. They require housing with easy access to public transport, education, employment, specialist services and shopping precincts. This is vital if we are to encourage these families & provide incentives to better themselves, look to a brighter future and move on from public housing so that public housing is viewed more as a stepping stone rather than a final destination. When I lived in public housing from the age of 18, I was fortunate to be provided with a property in a private residential street, I had some wonderful neighbours and access to all of the things I mentioned, I had my first child there and it was our home for 8yrs while I attained a education, worked, saved, and bought my first home! Many of those who enter into public housing need ongoing case managements for longer periods of time to ensure they are settled, can maintain the tenancy and help to work towards longer-term goals now that their basic needs are met. Unfortunately services are not adequately funded to provide that support, our being one example where my program is funded for only 6wks support from time I receive the referral... very little can be achieved in this time given the limited housing options, we'd be barely even scratching the surface in 6wks to be able to meet the most basic of needs. Despite our funding limitations we cannot simply leave families in the streets... so we do continue to work with them beyond 6wks and up to 12mths in some cases just to get them into transitional housing. We then close and re-open the support mths-years later to help them move into public housing but do not have the capacity to support them beyond a few weeks into that tenancy. What often happens is the tenancy eventually dissolves, they are evicted back into homelessness and away we go again. We

have had the same families come back through our service up to 5-6 times! Or we eventually get their grown children presenting & the problem becomes generational. We need more early intervention programs to break the cycle. In other cases, parents have their children removed from their care simply because they are homeless, this impacts our already under-resourced, overworked child protection system.

We need more affordable housing programs & stock, currently agencies like Haven, Tebter, are at capacity & the very few affordable housing vacancies that do surface are inundated with up to thirty applicants which can basically rule out anyone that is unemployed or single as they are unlikely to even get a look in. Alternatively offer landlords incentives to rent to low-income families with build-to-rent schemes.

Up to 50% of the families we support are victims of FV, I believe this is not because family violence has increased but due to more women speaking out, coming forward and asking for help. I am pleased that more recently we have been fortunate to access funding - Flexible Support Packages to help these families however as mentioned earlier at times these funds are quickly utilised just keeping a roof over their head rather than put to better use to address the underlying issues to prevent them repeating the cycle of abuse.

In my experience in working with vulnerable individuals who have serious undiagnosed mental health conditions & due to their mental health are unaware themselves they have a condition, the pathways to access the treatment they need has been difficult. If the individual is unaware they need help, they may be unwilling to voluntarily seek treatment. Even when as a support worker I have identified individuals who are clearly delusional or very unwell, it has been difficult to get them diagnosed as the current system will only respond to those who are a danger to themselves or others as an involuntary patient. I recently had to advise one mother whose daughter refuses to acknowledge her illness or accept treatment to call an ambulance just so she can be assessed by the public mental health system. Because the mental health team won't come to a client to respond unless they become a serious danger. Despite my repeated attempts to seek help from the public system for another client whom was a diagnosed schizophrenic and had ceased taking her medication, she did not receive any treatment until she ended up wandering aimlessly around the city and was picked up by authorities & hospitalised. We should be able to get these types of people treated before it gets to that stage. At times when I had requested help for her, she was delusional and hallucinating. How can we expect a person who is so unwell to realise they need treatment? Shouldn't the advocacy of a skilled service worker be enough for Mental health professionals to respond by coming to see that person and conduct an assessment?

We need more dual diagnosis programs, so the mental health & Drug and alcohol services do not pass the buck, this is confusing and unhelpful for the individuals suffering. We need more in-patient beds to accommodate the seriously ill so they are not turned away because of lack of resources. We need supported accommodation for the mentally ill so they can have someone guiding them to live independently. Another example of a woman our service recently supported where her child was removed and she became homeless due to an undiagnosed mental health condition, the woman does not acknowledge or is unaware she is unwell. She cannot function on a day-to-day basis without case management support. Yet once again she is left by the wayside because she will not voluntarily accept medical treatment or take her medication. We do not have the capacity to support her

indefinitely so once moved into public housing after a very long wait, only months later she is facing eviction due to failure to attend her job network appts, meet Centrelinks expectations, her payments are cut, she cannot pay rent and will end up eventually on the street before entering back into the homeless service system.

We need to create more opportunities for people on low incomes to own their own homes... tiny house schemes, and those like Habitat for Humanity who enlist local business and community volunteers from schools, churches and community groups and individuals who just want to help make a difference to actually build houses that families can BUY their home at approximately 95% of its market value. They pay a \$1,000 deposit and repay the balance of the purchase price to Habitat for Humanity on a long-term interest-free mortgage. Loan Repayments are fixed at no more than 30% of the Partner family's income! How fantastic is this!