




*'Parenting while homeless:
Homeless women with
accompanying children in Sydney'*



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Why should we care?

- Family homelessness is on the rise.
- Homeless children may  homeless adults
- Psychosocial costs
- Economic costs
- Health effects
- Lack of local literature on this population

AND

If you care about children... you must

**CARE ABOUT HOMELESS CHILDREN AND
THEIR CAREGIVERS!**

Contents

- Background
- Aims and objectives
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- What next?

Background

According to the census 2001:

- There were 100,000 people with no home
- Family homelessness is rapidly increasing
- 23% of the homeless population included families (N=22,944)
- About 10,000 homeless children in Australia
- 26,700 homeless people in NSW. (42.2 per 10,000)

Background-continued

- Boarding houses (29%)
- Friends and family (45%)
- SAAP (15%)
- Sleeping rough (11%)

Background-continued

Death rate due to all causes continues to be higher among those from a lower socioeconomic

- Males suffered more from cardiovascular diseases, cancer, digestive system and respiratory systems problems
- Females suffered more from lung cancer, cardiovascular and digestive system problems (Mortality in disadvantaged UQT and AIHW, 2005)

Main aims

- To identify impact of homelessness on women headed families in Sydney according to their perspectives
- To make recommendations aimed at improving services to and outcomes for this marginalised population

Objectives of stage one

- Identify issues as perceived by homeless women with children and their service providers
- Explore health service usage, concerns, needs, availability and accessibility
- Determine elements of service provision that are barriers for homeless women with accompanying children
- Develop a questionnaire for a quantitative study

Methods

- Target women and children in temporary accommodations
- A two stage study using qualitative and quantitative methodology
- Stage one has identified repeated views and common themes
- Using results of stage one and the literature, we aim to develop a survey to be used with a larger sample size to conduct a quantitative study
- Make recommendations aiming at improving services

Methods –*continued.*

- Ethics approval obtained
- Stage one, conducted 13 focus groups
- Sampling was through service providers
- Included hard to reach population, e.g. Muslims, Aboriginals, Women on Methadone and NESBs
- Information from focus groups transcribed and analysed
- Common themes identified
- Service providers have been involved from the initial phase of the study.

Methods - *continued*

Major issues explored to date

- Health
- Stigma attached to homelessness
- Psychosocial factors
- Parenting
- Housing

Results

Demographics of homeless participating women

- N=38
- Age range 20 to 47 (average=30yrs, SD=6.7)
- Sample from all over Sydney and Australia
- Ave. No.of children =2.3 (mostly under 7 years of age)

Reasons for homelessness

- Domestic Violence (the main cause)
- Family breakdown
- Poverty
- Drug health issues

Most common health themes

Women

- Asthma
- Stress
- Anxiety
- Depression
- Cold and Flu
- Back pain
- Headaches
- HepC*
- Drug Problems*

Children

- Asthma
- Middle ear infection
- Gastroenteritis like symptoms
- Nutritional issues
- **Behavioral problems**
- Skin problems
- Disability
- Developmental delay

* Mostly reported by Service Providers

Psychosocial issues

- Lack of affordable housing
- Attitude of health and non health professionals (especially that of real estate agents)
- Disempowerment and lack of control
- Lack of support
- Crowded accommodation
- Feeling institutionalised
- Concerns over safety of children
- Disconnectedness (e.g. schools, treating doctors)

Psychosocial issues identified by women- *Continued*

- Anxiety re: unclear future (housing, custody, fear of violent partner)
- Racism
- lack of refuges for larger families
- lack of accommodation for families with young accompanying males
- lack of half way house → relapse
- Unemployment
- Lack of trust
- Language barriers

Physical Barriers to accessing services, as identified by women

- child minding
- transportation
- information re: existing services
- Location of services (too far)
- shortage of culturally appropriate services

Quotes

Housing

“Yes, you know, worrying about losing family and where you’re going to go and what community you’re going to live in with your children and that, you know, like my baby goes to school next year, you know, I want to have a stable home ...”

Attitude of health professionals

"They treat you as if you have a disease. They won't touch you."

"I have experienced two women going to family doctor ...a non English speaking. The women leave their relationship because she's under domestic violence and the doctor blame the woman for leaving the relationship... and this particular doctor is a woman..."

Child behaviour problems

“Oh there’s a lot of kids with behavioural problems...But from what I’ve seen, I feel that there’s a lot. Quite a few go to special schools... seen a lot of violence, a lot of kids have been brought up hard - they’re in refuges...”

Hopelessness and helplessness

“I feel like I am drowning in here. I can’t get housing at the moment and my son and myself are both going to psychologists and I asked many times for my case worker to get respite for my son, because he really needs it.”

Parenting

The lack of support and their living conditions of women made their parenting job extremely hard:

“I slept in this boiler room for about 3, 4 weeks and I was pregnant with my daughter and I had to drag a mattress from Salvation Army, as it was just down the road from them...And yeah there was a boiler room there and I broke it open and I slept in there for 4 weeks.”

Where do women's perspective differ from that of their providers

- provision of transportation
- quality of health care
- children's behaviour before and during their residency

Discussion

Impact of homelessness on the target population:

1. No energy/motivation to seek help
2. Total disempowerment re: parenting
3. No time to spend on their own health
4. Lack of continuity of care
5. Fear of DV partner

Discussion-*continued*

1. Not enough refuges/services
2. Shortage of refuges for people with larger families
3. Diseases as a result of crowded housing and homelessness
4. Language barrier
5. Inability to read and write
6. Absence of in house health services (especially in smaller refuges)

Challenges of conducting research with homeless women

- Recruitment of women (hard to reach)
 - Service providers are very protective of their clients
 - Presence of children during some focus groups
 - Information not disclosed due to distrust
 - Difficulty in communicating in English
 - Some focus groups organised but not attended
- AND
- Wording of the questions are of great importance!

Limitations of the study

- Inability to determine response rate
- Fear of disclosure of sensitive information
- Exclusion of those who live in their car or with friends or sleep rough
- Women not being able to stay focused
- Service providers' concern regarding outcomes of the study.

What next?

The second phase of our study aims to:

1. Use the emerging themes of this study and the literature to develop a culturally appropriate questionnaire to closely examine specific issues of concern
2. Conduct a quantitative study with a larger sample of women
3. Make recommendations to improve service provision