

Voice of the voiceless  
Resilience in the context of homeless mothers with  
accompanying children in Sydney



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# Map of Australia



# The Beautiful Harbour City of Sydney



# Australian demographics



- ⌘ Population of Australia is approximately 22,000,000
- ⌘ Population of NSW is 7 million
- ⌘ Population of Sydney is 4.5 million
- ⌘ Approximately 4 million children under 15 in Australia
- ⌘ Around 5 million families in Australia

# Issues covered



- ⌘ An overview of homelessness in Australia.
- ⌘ Focus of phase 2.
  - Introduction
  - Aims
  - Methodology
  - Results

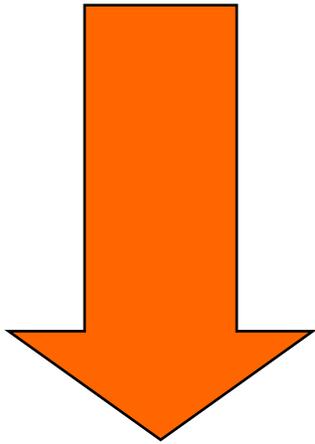
# Why do we care about homelessness families?



- ⌘ Family homelessness is on the rise.  
Homeless=100,000.
- ⌘ Homeless families= 24,000.
- ⌘ Homeless children= 10,000.
- ⌘ inter-generational homelessness.
- ⌘ There is a lack of local information on family homelessness.

# Why homeless mothers?

Maternal health/well being



Child health/well being



# Aims



- Identify enabling factors in empowering homeless mothers
- Examine Antonovsky's Sense of Coherence and coping mechanisms in this population
- Policy implications

# What is resilience?

Resilience is positive adaptation in the face of adversities. Luthar, 2007





Resilience is a dynamic process that can be developed and/or enhanced throughout individual's life span

Werner and Smith, 2001; Garmezy & Masten, 1986; Antonovsky, 1987; Masten, 2001

**Resilient people are not invincible.**



# Why are some mothers more resilient?



# Method



- ⌘ Based on ethics guidelines (next slide)
- ⌘ Payment of \$20
- ⌘ Face to face interviews
- ⌘ Interview guide-based on Antonovsky's theory of salutogenesis
- ⌘ A range of issues from childhood to adulthood were covered
- ⌘ Interviews audio-taped and transcribed by a professional transcriber

# Method-Recruitment



Homeless mothers with at least 1 accompanying child in temp accommodation services

Having been homeless for 2 weeks

18+

No active psychosis

Recruit through SAAP-mainly



# **Method-*continued***



⌘ SOC- 29 was administered for cross association and further validation.

# What is Salutogenic theory?



- ⌘ Antonovsky's Salutogenesis is based on the origin of health and not pathology.
- ⌘ SOC is a construct that refers to the extent to which one sees the world as comprehensible, manageable and meaningful. Antonovsky, 1987



Antonovsky's model is based on three main factors: **problem solving**/finding solutions, identification of **resources** or GRRs\* and the mechanism that creates a better sense of coherence (SOC).  
(Lindstrom and Eriksson, 2005)

\* **General Resistance Resources** (e.g. education, social support, money)

# Results



- ⌘ 30 face to face interviews
- ⌘ Diverse cultural background (e.g. Aboriginals, Arabic Muslims, Russian, Anglo Australian, Samoan, Middle Eastern, Asian and Italian)
- ⌘ Pathways to homelessness was mainly triggered by DV but financial difficulties kept women in transient life style
- ⌘ Average age of mothers = 32
- ⌘ Average age number of children=3

# Results-*continued*



SOC Questionnaire and the interview guide produced similar outcomes. But mothers were divided into three groups based on the interview results:

- Resilient (N=12, SOC<100)
- Somewhat resilient (N=6)
- Non resilient (N=12, SOC>100)

# Protective factors



- ⌘ Religious beliefs/spirituality
- ⌘ Family support/connectedness (including subjective support)
- ⌘ Problem solving skills
- ⌘ Positive childhood experience
- ⌘ Education and history of employment
- ⌘ Absence of long term exposure to D&A

# Resilient mothers



- ⌘ Challenges vs difficulties
- ⌘ Realistic expectations
- ⌘ Better child-parent relationship
- ⌘ External and internal locus of control
- ⌘ Mobilised resources, e.g. shelter's facilities
- ⌘ Compassionate
- ⌘ Engaged with their environment
- ⌘ Had an realistic plan to exit the system

# Is SOC 29 appropriate in this context?



- ⌘ There was a strong association between SOC and interview results
- ⌘ Modifications/simplification required:
  - ☑ - Length
  - ☑ - No of answers to questions

# Strength and limitations



- ⌘ Shelter providers active involvement ✓
- ⌘ Triangulated approach ✓
- ⌘ Large sample size for a qualitative design ✓
- ⌘ Cross correlation with standardized questionnaire ✓
- ⌘ Not generalisable, due to qualitative design ×
- ⌘ Does not include other forms of homeless ×

# **Strength and limitations-continued**



- ⌘ Limited participation of mothers with little command of English ×
- ⌘ Service providers' influence on sample recruitment ×
- ⌘ Due to their positive outlook, resilient mothers may not have reported past life adversities (e.g. childhood experiences) ×

# Policy implications



- ⌘ Facilitating homeless mothers opportunities for employment (e.g. child care, assisting with finding employment)
- ⌘ Involvement and engagement with shelter activities including decision makings
- ⌘ Increased access to health/mental health services for both mothers and children or opportunistic programs

# Policy implications- *continued*



- ⌘ Parenting education e.g. link between maternal health and child health, positive parenting
- ⌘ Life skills for mothers e.g. Budgeting, problem solving skills, ability to use resources
- ⌘ Early childhood intervention for parents and children at school and pre-school levels

Note: Many of these programs could be delivered at the shelters.

# Questions?

