



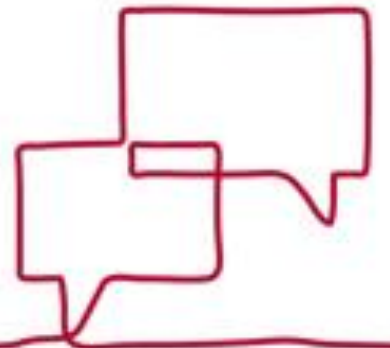
**Frontline
Network
Partner**

The reality for women affected by severe and multiple disadvantage

Learning event hosted by the Scottish Frontline Network

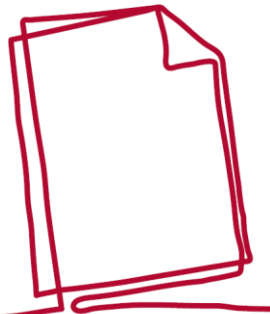
Ursula Hofeldt, Policy and Participation Manager, Cyrenians

Email: ScottishFrontlineNetwork@cyrenians.scot



Teams 'housekeeping'

- Please mute yourself during presentations or when someone else is speaking
- Turn camera off if you have problems with your internet connection
- If possible, turn camera on for breakout room discussions and when asking questions
- Use the chat: please introduce yourself and ask questions throughout
- Slides will be shared after the event



Agenda

Introduction – What is the Scottish Frontline Network?

Hard Edges: The Reality for Women Affected by Severe and Multiple Disadvantage – Presentation by Professor Sarah Johnsen

Q&A session

Discussion in breakout rooms – Sharing experiences and good practice

Wrapping up and feedback

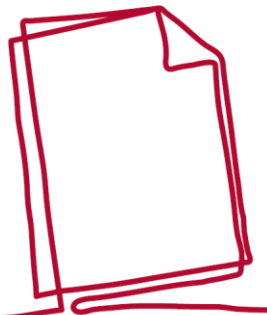


Introduction

The Frontline Network aims to build relationships, share best practice, develop solutions, and communicate the experience and views of frontline workers across the UK.

- Free 'in-house' training opportunities
- Annual survey and conference
- Training Fund
- VRF (Vicar's Relief Fund)

Scottish Frontline Network: shares updates from the sector, facilitates events and training sessions providing a regular opportunity for frontline workers in Scotland to network, share expertise and experience, and link to decisionmakers.



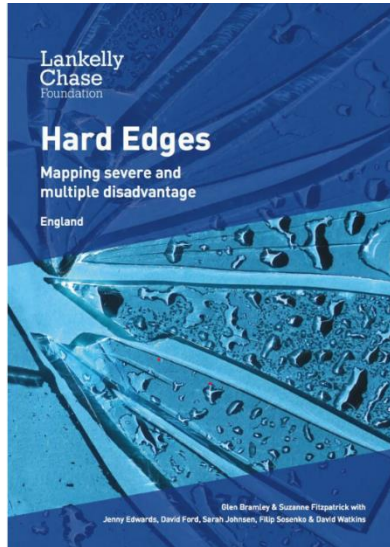


Hard Edges:

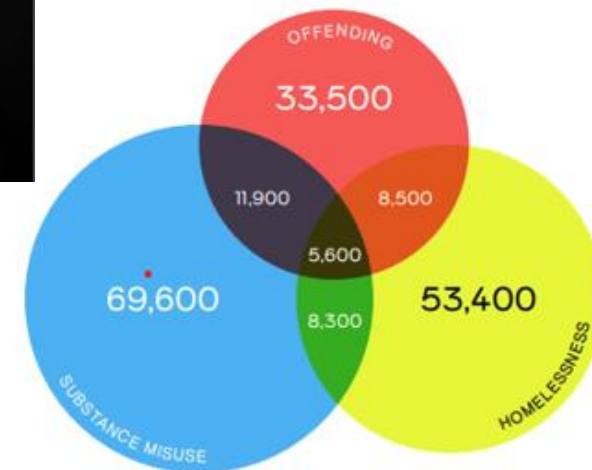
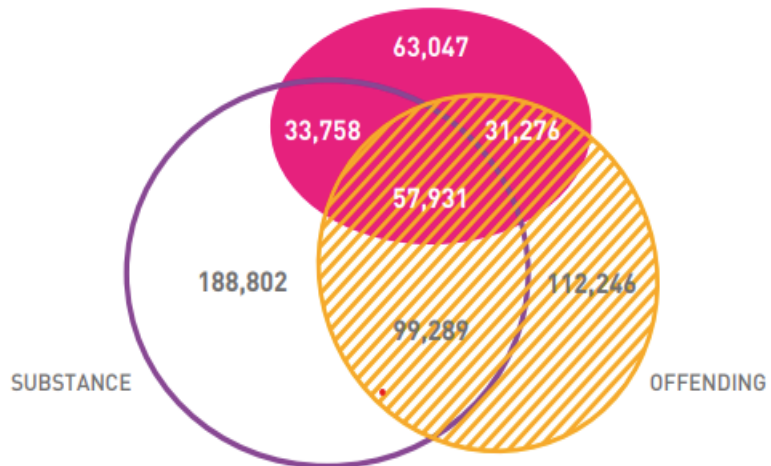
The Reality for Women Affected by Severe and Multiple Disadvantage

Prof Sarah Johnsen & Dr Janice Blenkinsopp

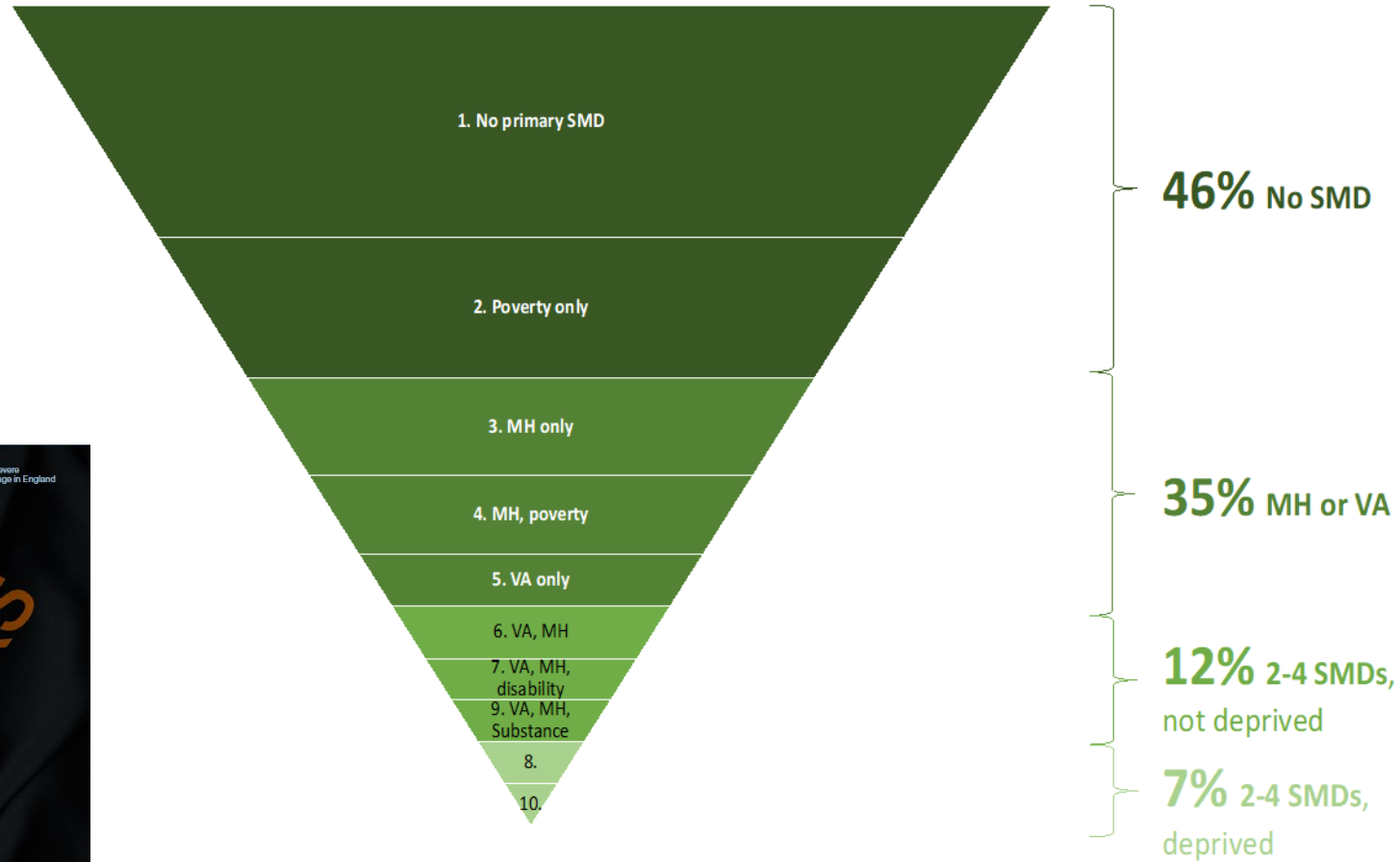
Background: 'Hard Edges'



HOMELESS



Background: 'Gender Matters'



Research Questions

- How (if at all) does the combination of different types of disadvantage influence **service responses and women's experiences** of these?
- When and why do women with experience of SMD **first seek help** from support services?
- What if any **opportunities** to support women with experience of SMD are '**missed**'?
- What factors **facilitate and/or inhibit** their access to and engagement with support services?
- How do women **perceive and experience** the services available?
- What are the **implications** for the commissioning, design, and delivery of support services?

Methods

Qualitative case study approach, involving 2 services in each of 4 cities across UK (Belfast, Glasgow, Stoke-on-Trent, Swansea) (*n=8 services*)

Phase 1

- In-depth interviews with women with lived experience (timeline and traditional) (*n=60 participants*)
- Focus groups with frontline support workers (*n=26 participants*)

Phase 2

- Local area consultation in each city (*n=14 participants*)
- National key informant interviews (*n=14 participants*)

Childhood
TRAUMA
e.g. sexual &
Physical Abuse

Kids being
born (2)
of them
lost/taken
FROM ME

Lead to homelessness
& drug abuse.

lasting 3/4 years
(due to the loss of
my kids/ERADU)

Met another
Abusive and manipulative
LATER of a partner

— Linking in with
homeless & drug
services to get
clean & see my
kids (SPT Program)
Program with 3rd son,
still using during pregnancy.
Meth did not agree with
baby.

— Had got clean
and stayed clean
for my other pregnancies
doing really well for
5 years, seeing
kids had a home
linking in with certain
services (welcome
centre) (exterior)
Rosemary St. &
homeless extern

— Bit of a re-
lapse, homeless
again. Got
clean. 5th
son born.
ended upon
(cocaine)
Clean
now
for
nearly 1yr.

7 years
REFERENCES
SE-ENCE, FOUND
IT USEFUL.

Stopped
for summer
holidays

During childhood had
amazing holidays in various
countries, which were amazing
while a year with mum.
Made great memories.

WENT TO SEE DAD IN NEWQUAY FOR
holiday with Grampa, had an amazing time
went scuba set and body boarding, loved it,
bigly

Summer / 1st year
Started Smoking, drinking
still ice skating.

2011 MARCH 10th
Mum suddenly passed
away due to a heart murmur

19th MARCH.
Mums funeral
Disagreement
in family, where
my living arrangements
were

BACK TO SCHOOL
Became more focused in my work
& wanted to learn, as before I was
basically a class clown & didnt care.

JUNE 2011
Stopped Andy
passed away,
Really awful
time.

2011-2012
Friends house was
a party house had
Some great memories
there alot of madness
with alcohol. My
Friend Moved to LONDON
AND ONE NIGHT AFTER A PARTY
ME & a friend had Broke
IN Smashed the place, and a
fire was set.

School
2012.
Done my prelims
& exams, not all
of them unfortunately
that was my last year
of school

Summer 2012.
Fell in love with my
1st proper boyfriend
took a break for the first
time and loved every moment
of it, was the happiest ever.

WENT TO CRAIGTAR
with my Friends &
their mums for 2 weeks
was my first time there
we had a brilliant time

2012.
Moved in with friends
with DAD WAS IN A BAD
PLACE.

LATE 2012
Im Suce I
picked up a few
offences.

2013
BROKEN UP with
a bit hard & started
alcohol & ecstasy for
and Cannabis everyday.
A MAD FEW MONTHS.

April
Was getting sorted for
court, steaming, got
lifted from dads house
and picked up a few
charges. Missed my
sentencing at Hamilton
for fire raising.

21st APRIL 13'
Went to Hamilton Sheriff
not expecting jail
time I got 12 months
detention & Coaccused
got 18. We were separated
on our transport to jail
& met some nice boys
on GLS van.

PRISON IN 2013 for 12 months
HAD A Great experience & made some
great friends I still have to this day
got my painting & decorating qualification.
Got my Higher maths C-.
Done a presentation for young offenders.

in Glasgow, which
was going back to my
21st Birthday. Friday it was, went to address well to see my ex partner
so was devastated, went home with friends, police came with warrant, I didnt accept it drank
my drop of alcohol & took drugs, and ended up with my door put in & 14 charges. The
Next Friday I got another brekender, picked up 2 charges. In JANUARY I was
Remanded for 3 weeks & I asked for a
Mental Health. DURING MY TIME in Greenock I worked at the wood workshops making
picnic tables. In Polmont I won a competition for a recovery poster & won a great
picnic table. Also done a life skills programme, got my naloxone training & many other
things.

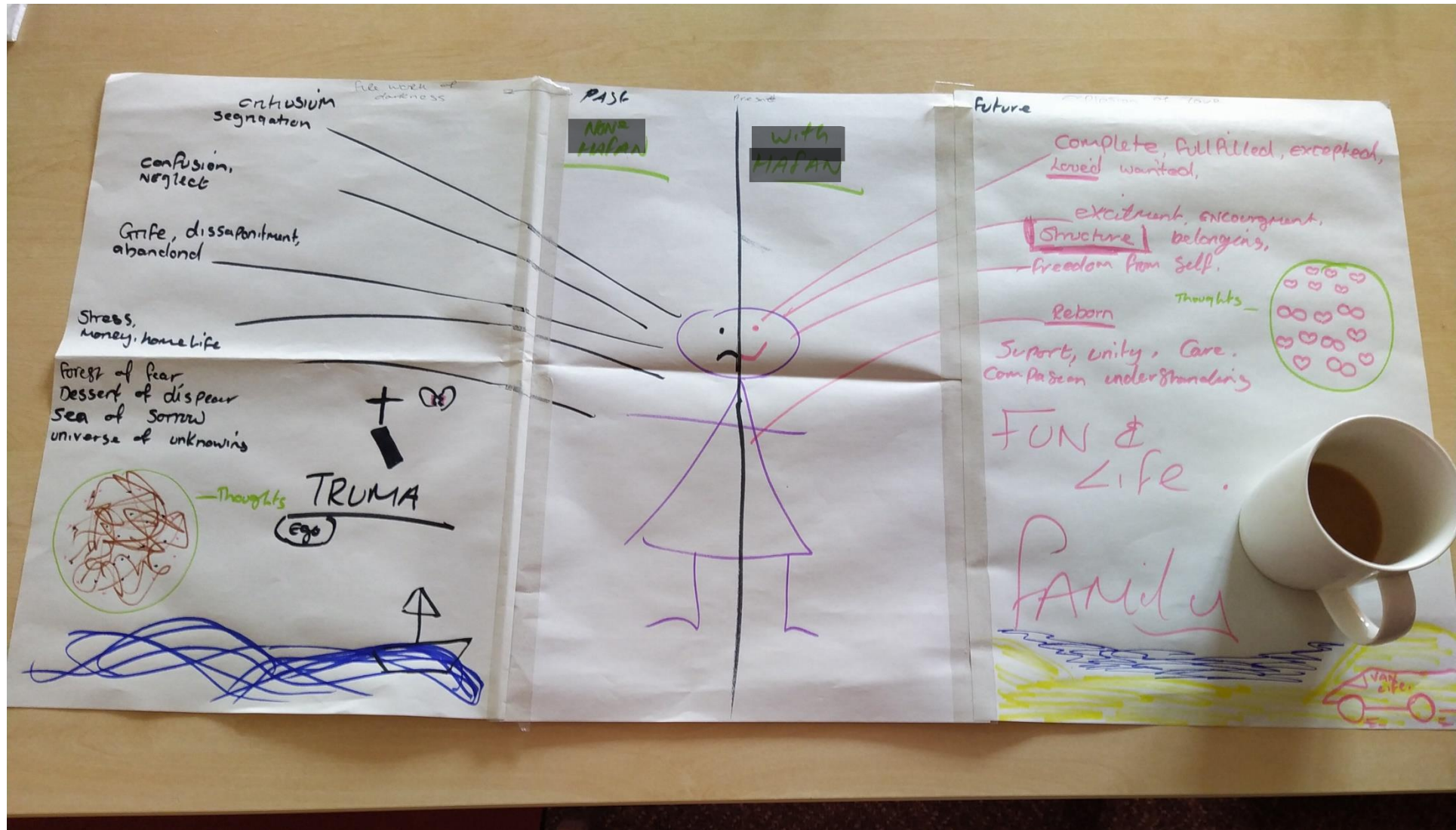
IN 2014 I feel pregnant to my first baby girl, was so happy & nervous as I was 19,
my pregnancy went great & child's father got out of prison to see her being born &
couldn't of been anymore cuter she was perfect. 22/11/14 she was born, the
day after mine & her dad's anniversary. IN MAY 2015 I found out I was
pregnant with baby girl no2 was more nervous than ever this
time, I was alot bigger also, baby was late and was born 17.12.15.
She was a girl, Big baby weighing 9.01 & R was 6.4 !!
They were just 2 perfect girls, growing up they were just amazing &
had amazing wee characters. Also Later on in these lifes a few
things had happend and unfortunately got removed from my care, I done
everything they asked of me & failed. At the same point that's

PRISON 2014 for 3/4 months.
I was pregnant at this point, had SW
come to see me about pre birth
assessment, everything was well.

PRISON 2018 / 19 months.
IN JANUARY 2018, was a hard time
for myself, I was mentally in a bad
bad place I got raped on the night
Jan 19th. I wake up to it happen
As he had drugged me, with now I
know to be Suboxone & Valium.
I think that's what tipped me over the
edge completely, now stop crying,
hearing things, Head was just mental
So a week or so later police
came & lifted me for warrants

WOMANS
AIB
Social work
FAMILY NURSE
PRENATAL
CARE TEAM
(Addictions)
CRN + EPA

Me & the children's father had a good not so good
deger, I never thought anyone would ever love or even look at me again & not
TO LONG LATER I FELL IN LOVE AGAIN We had an amazing adventure & hopefully
one day we can continue our last chapters

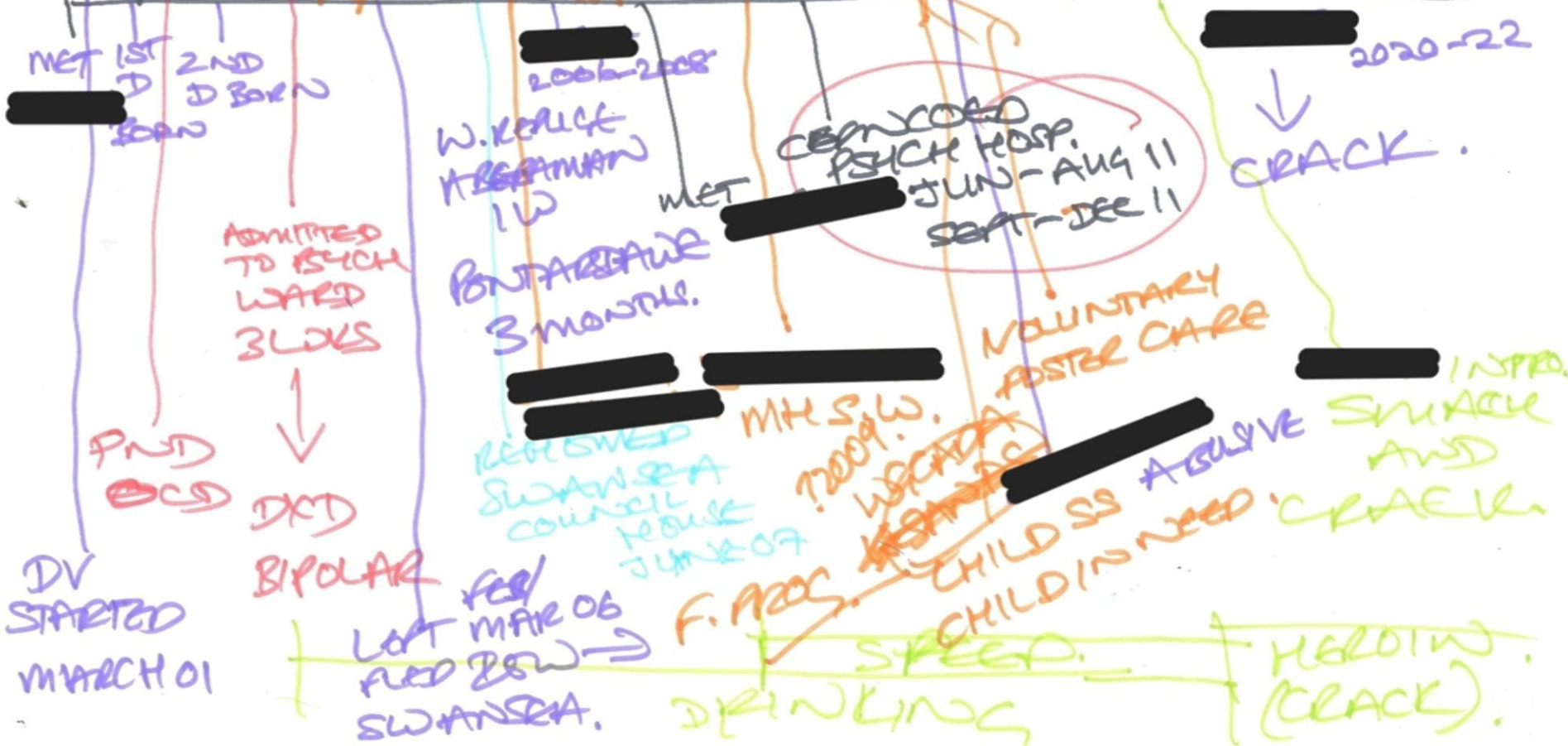


DV █
MH █

HO █
SM █

Su █

2000 2001 2004 2006 2007 2010 2011 2013 2014 2016 2018 2022



Influence of Compound Disadvantage on Experiences and Service Responses - 1

- Routes into and experiences of SMD domains **highly gendered**; exploitation by men a key theme
- Co-occurrence **compounds disadvantage**, esp. for those experiencing other intersectional disadvantage (e.g. minoritised ethnicity, neurodivergent, physical disability)
- Disadvantages coalesce in myriad ways but with same outcome of **heightening barriers** to mainstream support
- **Increased recognition** of inter-relatedness of disadvantages in policy/practice debate – and concerted effort to overcome them in places

Influence of Compound Disadvantage on Experiences and Service Responses - 2

- But success in joint working largely symptomatic of **commitment and goodwill** of individual stakeholders; progress re systems change limited
- Some services continue to **operate as if oblivious** to relationships between disadvantage domains
- Lack of mental health provision for women affected by **dual diagnosis** extremely problematic
- Concerns re perceived increase in number/ proportion of women diagnosed with a **Personality Disorder**

Missed Opportunities and Critical Junctures for Intervention

- **Absence of / inadequate responses** to trauma
 - **Childhood:** sexual/ physical/ emotional abuse, neglect, family dysfunction
 - **Adulthood:** sexual violence, domestic abuse, loss of children
- **Critical junctures** and ‘red flags’
 - Problematic drinking / disruptive behaviour at school
 - Leaving care
 - Transition from CAMHS to adult mental health
 - Child removal

(In)visibility and Inhibition Regarding Support

- Active attempts to **conceal or downplay severity** of circumstances ... which can **exacerbate or prolong** exposure to risk
- **Reluctance to seek/ use support** founded on:
 - Fears re access to children
 - Presence of men
 - Deterrence by partners
 - Prior negative experience of services
 - Shame, embarrassment, and stigma

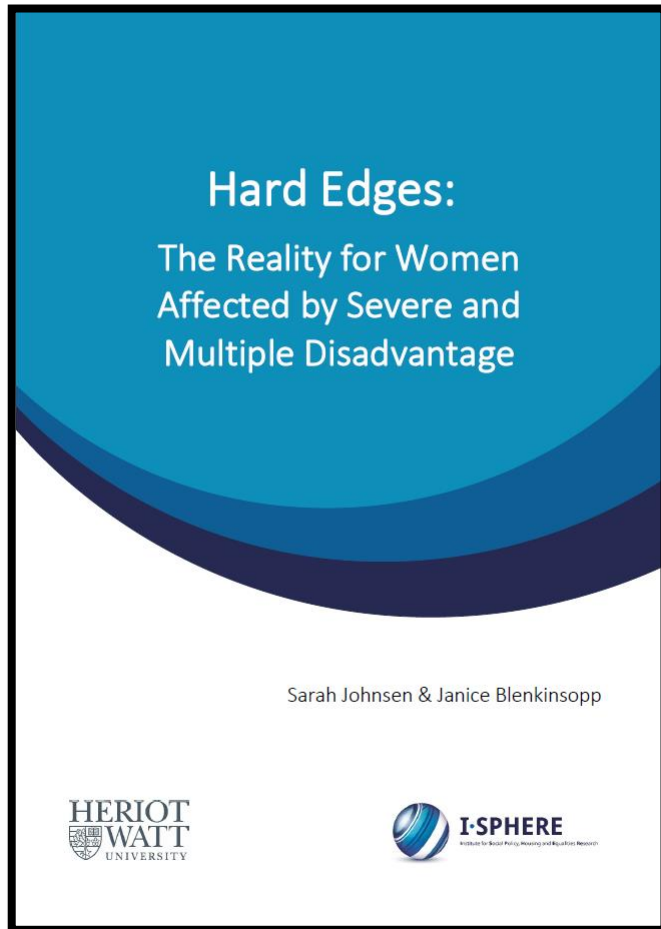
Perception and Experience of Services

- **Pockets of good practice** re trauma-informed and (to lesser extent) gender-informed support; but postcode lottery
- Widespread '**shunting**' between and/or exclusion from services
- '**Luck**' re timing, point of entry, and appropriateness of response
- **Key ingredients** for promoting engagement + positive outcomes:
 - Enabling choice (of accommodation and support)
 - Low threshold access requirements
 - 'Sticky' support
 - Emphasis on outreach
 - Use of navigators
 - Relational approach
 - Rapid response
 - Long-term support

Implications for Policy and Practice

- Stakeholders across all relevant sectors need to **share**:
 - a) **responsibility** for responding, and
 - b) **risks** in responding
- Need for clear **leadership at national level** and greater **cross-sectoral commitment** (esp. health and social care)
- Call for more investment in **trauma- and gender-informed** services, and **women-only** provision
- Need for greater recognition of **severity of trauma** and its impact on ability to make use of support
- Appetite for greater focus on **prevention**

Download the Report



https://researchportal.hw.ac.uk/files/107153525/HardEdges-RealityForWomen_FullReport_logo_.pdf



I-SPHERE
Institute for Social Policy, Housing and Equalities Research

Discussions in breakout rooms

- What is your experience of supporting women with SMD?
Does the research resonate with this?
- Can you share examples of good practice/support in the area you work?
- Key learning/any actions you will take from today?



Final thoughts

- Hard Edges: The reality for women affected by severe and multiple disadvantage (report)
- Scottish Frontline Network – sign up to newsletter here
- St Martin's Frontline Network – Training Fund and Vicar's Relief Fund
- Feedback form – help us improve

We'll share slides after the event

