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Hard Edges:

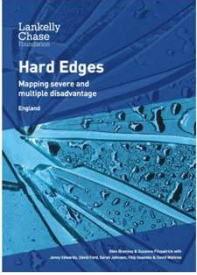
The Reality for Women Affected by Severe and Multiple Disadvantage


Prof Sarah Johnsen & Dr Janice Blenkinsopp


LEADERS IN IDEAS AND SOLUTIONS

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Background: 'Hard Edges'









Category	Count
Substance (only)	188,802
Homeless (only)	63,047
Offending (only)	112,246
Substance & Homeless	33,758
Homeless & Offending	31,276
Substance & Offending	99,259
All three	57,931



Category	Count
Substance Abuse (only)	69,600
Offending (only)	33,500
Homelessness (only)	53,400
Substance Abuse & Offending	11,900
Offending & Homelessness	8,500
Substance Abuse & Homelessness	8,500
All three	5,600



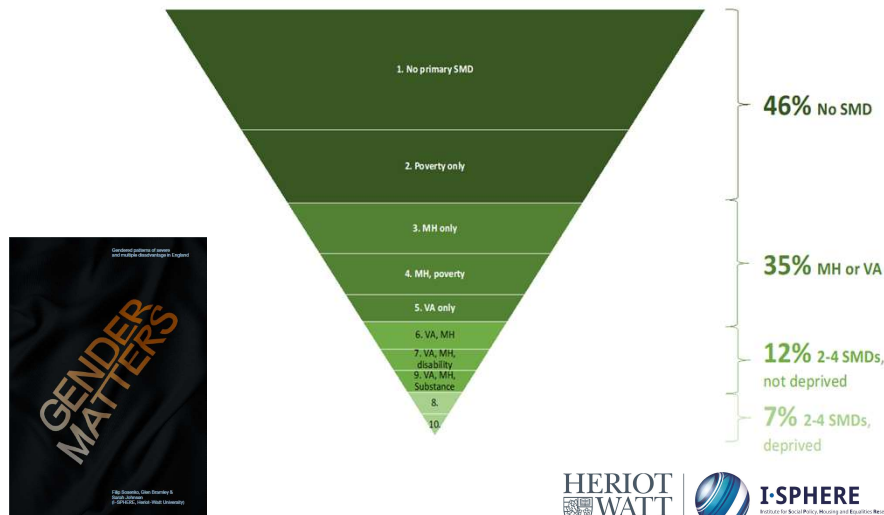
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Background: 'Gender Matters'



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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?

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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

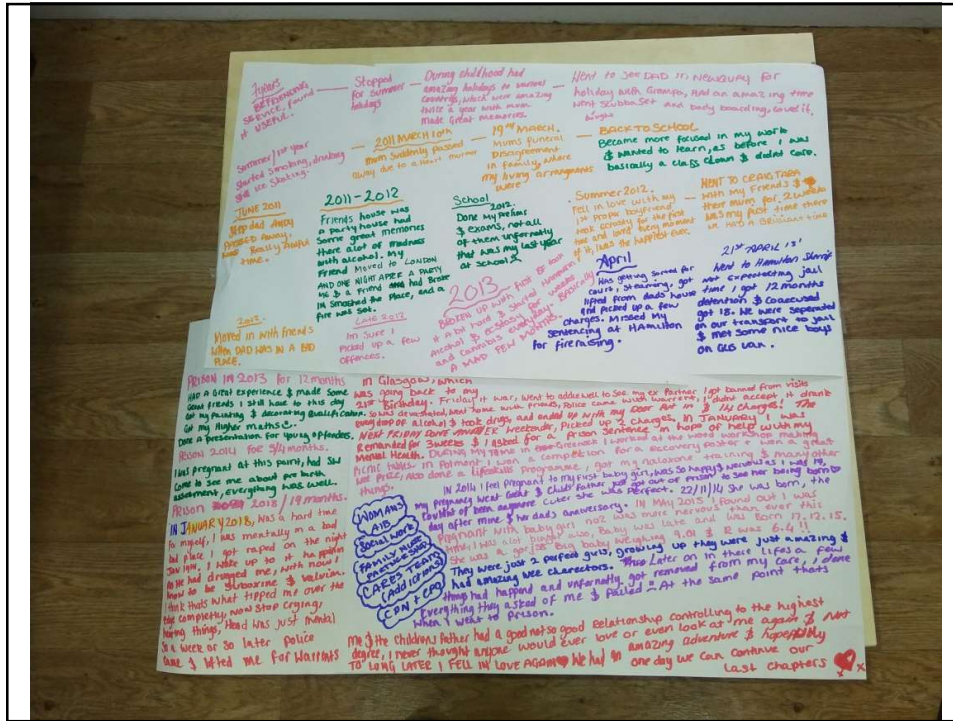
- Local area consultation in each city ($n=14$ participants)
- National key informant interviews ($n=14$ participants)



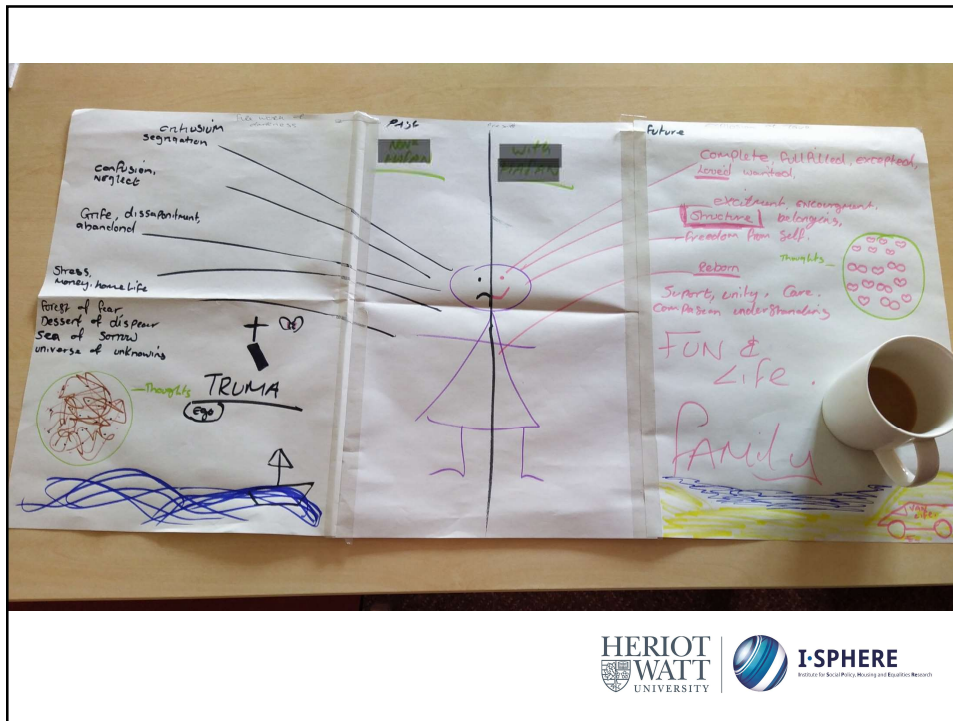
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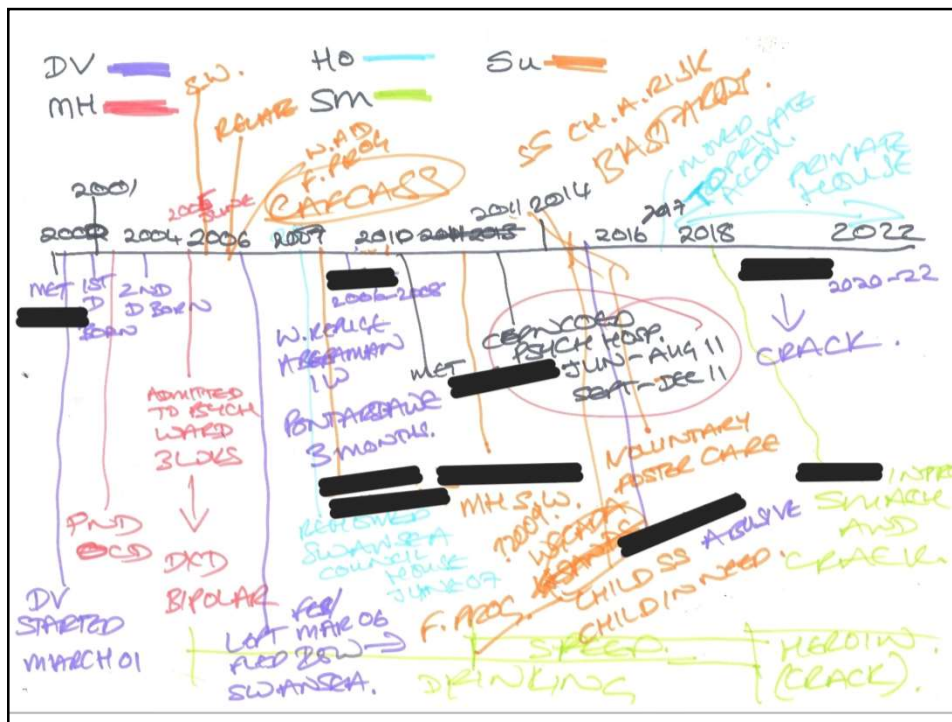
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Influence of Compound Disadvantage on Experiences and Service Responses - 1

- 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

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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**



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Routes In and Missed Opportunities

- **Absence of / inadequate responses** to trauma
 - **Childhood**: sexual/ physical/ emotional abuse, neglect, family dysfunction
 - **Adulthood**: sexual violence, domestic abuse, loss of children
- Women who **experienced social work intervention or refuge as a child** more aware of and likely to seek (housing-related) support when encountering difficulty as adult



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Critical Junctures for Intervention

- **Critical junctures** and 'red flags' include:
 - Problematic drinking / disruptive behaviour at school
 - Leaving care
 - Transition from CAMHS to adult mental health
 - Child removal



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(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



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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



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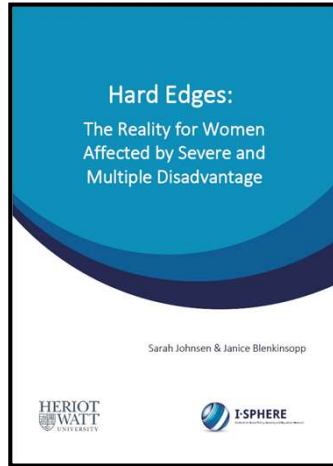
Implications for Policy and Practice

- 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**



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Download the Report



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

