Going Beyond - Episode 3 Transcript

Jo: In this episode, we speak to Fiona McCormack, researcher with the Centre for Health and Development at [00:01:00] Staffordshire University, and Sarah Page, Associate Professor in Social Justice and Social Learning at Staffordshire University.

We speak about women's use of substances, the barriers to access and engagement, and best practice for providing support. Hi Fiona, hi Sarah, how are you both today?

Fiona: Very well, thank you.

Sarah: Great, thanks.

Jo: Great. So thank you so much for being here today to record for the Going Beyond podcast. So to start us off for the listeners, could you tell us a bit about yourself and the work you do?

Fiona, I'll go to you first.

Fiona: Yeah, [00:01:30] I'm Fiona McCormack. I'm a researcher with the Centre for Health and Development at Staffordshire University, also known as CHAT. We do applied research and it's mainly looking at trying to improve health and social inequalities in our local population and beyond. One of our themes is around health inclusion.

So for that, we've done a lot around multiple disadvantage. So that's a combination of experiences like homelessness, drug and alcohol use, mental ill health, and for women and experience of interpersonal [00:02:00] violence. So we've done in since 2016, a lot of projects around that and a couple looking specifically at women.

Jo: Fantastic. Thank you so much, Sarah, I'll go to you now.

Sarah: Hi, so I'm an Associate Professor in Social Justice and Social Learning at Staffordshire University. I have more of a practitioner aspect to me in that I worked in practice before I worked in HE. Historically, I

worked in the addictions field, supporting young people and prolific adult [00:02:30] offenders who were utilising substances in more of an educational capacity and also then a therapeutic capacity depending on who I was working with.

Jo: Brilliant, thank you so much. So this series of the Going Beyond podcast is aimed at frontline staff and managers to increase knowledge and understanding of people experiencing homelessness. are using drugs and or alcohol.

So for this episode, I wanted to explore women's use of substances. Now I want to quickly state here that we recognize that both [00:03:00] men and women's needs are important, but for this podcast episode, we're going to specifically focus on women's use of substances and best practice in providing support. So I guess I want to start off by asking you both, what vulnerabilities do women who use drugs and alcohol experience.

Sarah: So typically, women that are using drugs and alcohol are doing so because of an unmet trauma need. So a lot of adverse childhood experiences or maybe [00:03:30] they're presently or have been in a domestic violence relationship and experienced ongoing trauma as a result of that. And so they're the kind of additional vulnerable elements to women that are entering services for support.

Fiona: I think as well another aspect of that is then the revolving door that women often go around so we hear about how women might present for support when a crisis situation but then they go away again and then they present again a crisis situation so it's very up and down and there's [00:04:00] not really then that longer term engagement to try and deal with some of those underlying things that have happened and that they're dealing with as well so it's it's yeah it's quite complex and then there's also For women with experience of multiple disadvantage and the homelessness aspect, the drug and alcohol use can also then be a barrier to getting like a safe place to stay or accommodation that way as well.

So yeah, it can sort of, the drug and alcohol use can prevent them getting support that would otherwise be there for other women who don't [00:04:30] have that type of experience.

Sarah: We also find with women, they may well have been sexually exploited and then accessed in services might lead them to further exploitation.

So we found in the research that both Fiona and I have conducted, um, that women may well end up in a mixed gender treatment service and a male might. Pick up on the vulnerability and start to, to build an interpersonal relationship with that particular woman, [00:05:00] and then start encouraging them to, to use drugs and alcohol, and then to sexually exploit them so that they're funding their own habit as well as the partner's habit in that particular situation.

So there's, there's lots of different exploitive elements to, to what women can experience that causes an additional vulnerability.

Fiona: Yeah, and picking up on that as well, I think then in terms of the accommodation, if then there isn't the traditional safe route for women to go through, [00:05:30] then it can be if they're then into a mixed hostile environment, there's a lot of those similar issues there as well around drug use and also people who might take advantage of them. Because they're right there in the, in the same kind of environment with them as well. And that can also then lead to things like survival sex. So if women are then in that situation where The, the sort of sex seems to be the only thing they have to transact with, or the only resource they've got to draw on, then they can then end up [00:06:00] sometimes, um, doing sort of sexual favours in, in exchange for a roof, or relying on more informal strategies, um, for accommodation because they haven't got that kind of route in to, service or support as well, which can lead, give them additional risks as well.

Jo: Yeah, absolutely. And I, I guess, you know, women are more likely to carry, um, like the trauma of, uh, domestic abuse and, you know, having children taken away from them. And that might mean that, you know, using drugs [00:06:30] becomes a bit of a coping mechanism because of that trauma.

Like, like you said, Before that, that's kind of the cycle of trauma and that added also the added stigma as well of things like that happening So yeah, it's a real complex situation.

Sarah: I think as well that Professionals sometimes think well if the the child for example has gone through looked after care services And is now an adult that is presenting to them that surely there would have been some support when they were in looked after care to have addressed trauma.

And we've certainly [00:07:00] found from women that that isn't the case, that that kind of support to address that trauma issue is, is not there. Or if it is offered on the rare occasions that it is offered, the women at that point don't see that there is the impact from the trauma in the same way. Maybe they, They just don't recognize it or don't want to recognize it and address it at that point.

And so at lots of different points on a woman's journey, she's not getting support to, to address the kind of issues that she's been through. [00:07:30]

Jo: Yeah absolutely. So I guess you started to touch on this a little bit, but. I wanted to ask, why, why do you feel that current treatment services don't always cater to women's needs?

Sarah: Women have talked to us about how if they turn up at a treatment service, very often it's mixed gender. So there are some treatment services that are female only spaces and We've heard really positive feedback about those particular [00:08:00] spaces, but when in mixed gender treatment, um, the, the likelihood to bump into someone maybe in the waiting room that you've previously had a sexual relationship with and highly likely that that was exploitative is there.

A lot of the, the males in services tend to be perpetrators of domestic violence as well. And so it may be a previous perpetrator or then you're at risk of ending up in a relationship where there's going to be domestic abuse. And then furthermore, as you're entering or [00:08:30] exiting the service, very often there might be drug dealers hanging around and trying to, to entice women to, to utilize substances rather than go on to a recovery journey.

So it feels very much for women that they're set up to fail. We've also noted that women tend to have multiple appointments in multiple locations. And so there might be an expectation to visit the probation

officer one day, another expectation to visit a mental health worker another day, another expectation to go to [00:09:00] a completely different venue for a drugs worker and so forth. And if social services are involved over child care issues, there'll be expectations around that too. And so women are constantly having to go to lots of different places to meet with different professionals and to retell their story. And in retelling your story, story, you are re traumatizing yourself.

And so the, the lack of joined up communication between the professionals to reduce that was [00:09:30] really apparent in the research that we've been doing. And so, so there's some of the things that I would be concerned about for women when they're accessing treatment services. We also find incredibly long waiting lists, so I talked very candidly like, oh, they visit the mental health worker, but actually to get hold of a mental health worker is a real challenge. And so women in our research have talked to us about how sometimes it's a matter of months and for some women it's been three to four years before they've then managed to actually [00:10:00] get some treatment.

And part of that is due to capacity issues within services. Part of that is because sometimes services say to people, well, you need to be abstinent from taking drugs and alcohol before you can access this because we're not quite sure. whether you're presenting mental health challenges here or whether actually it's a result of the substances that you're using.

And these kinds of requirements make it really tricky for women because women very often are using drugs to be able to self [00:10:30] medicate because of the trauma that they've experienced that there's automatically therefore mental health symptoms associated to post traumatic stress disorder. And, and therefore there's no, nothing as a kind of buffer for that woman while she's having to wait then for an appointment. And then when an appointment then finally comes and they're asked to then disclose and talk through the process, again, all that vulnerability comes out. And so the coping mechanism kicks back in of wanting to, to use. Usually after assessment, there's another [00:11:00] way before you can actually access the therapist to be able to kind of process your trauma and your, your mental health with.

So there's, there's lots of kind of structural barriers here. And, and some of that is about capacity issues. And some of it is about systematic issues that are actually creating inequalities and people accessing services.

Fiona: Yeah. I think I would add to that and totally echo everything that Sarah said there.

And then also add into it in the context of the wider cuts in austerity services are having to do things with a [00:11:30] lot. less resource than they have been previously. And I think there's been some suggestions that with that, there's then been a focus more on mixed, because that's, that'll do everyone, rather than, because there isn't then the additional resource to drill down and look at what different groups of people might need, it's then just been a broader, and then you hear sometimes concerns about, oh, we can't just do something for women because there isn't for men. So there's not really that look in it. that it's focused I guess on the equality of resource and what is available and it doesn't necessarily [00:12:00] critically look at how actually accessible is that for this particular group of women and what could be done to try and improve that so like you know trust is really important building up a level of trust with someone that you're working with well that's very hard if you've got loads of people on your caseload, and things like that. And also around sort of, I think that there's a need to look more at outcomes for women as well, and to really then justify, well, we need to do something differently because the women outcomes for women are not what they should be and what we should, um,

accept as [00:12:30] well.

Sarah: I think, uh, another factor is that women are very often the childcare provider in a family home.

And so for, for women who haven't had children removed from them. child rearing, then there's the additional challenges of that and making appointments. So it's hard enough, isn't it? As a woman who's had a baby, having to get baby out of the house and go somewhere is like a massive feat, let alone [00:13:00] to get there on time for an appointment.

And so there's those kinds of challenges. But also what if your children are in school and the appointments clashes with when you're having to take children to school when you're having to pick them up from school and all the kind of anxiety that comes around in being in time and being a responsible parent.

And then you've got school holidays. So for many women, that big summer holiday means that it's childcare all the way. And therefore that Women wouldn't be able to [00:13:30] access recovery services in that period. It would be too difficult to be able to do that. Well, having children for a whole six weeks in the summer holidays is a little bit stressful.

Most parents have a lot of fun, but also relieved when it comes to children going back to school because of the intensity of it. So actually that's quite a critical time for women. to need support and yet that peer support or that professional support isn't available to them in the same way because they just [00:14:00] can't access it because of the child care commitments.

So all of these factors have a kind of impact on women as well and services. don't tend to have cratias. Um, those that do fantastic, we applaud you. For some services, they don't want children there at all. And for some women that is helpful because if you've had a child removed from you and having another woman present with their child might be quite painful for you and some services don't have [00:14:30] buildings that are actually very child friendly either.

I remember one service that we visited that was multi floored with no lift access. And so women were arriving with their prams and there was a very tiny space for prams to be put and then the women were having to carry the baby upstairs for one appointment and then go back to the ground floor for another appointment and then go to the middle floor.

And, and all of those kinds of things create barriers to people accessing services and experiencing something then positive when they're in services.

Jo: Yeah, there seems to be a [00:15:00] huge amount of kind of barriers for women being able to access and sort of engagement. I guess I'd like to move on to sort of thinking about for frontline workers or

people working in the substance use field, if a woman is, is able to kind of come to their appointments for substance use and meet with the support worker, are there things that we should be looking out for in terms of presentation, any causes for concern, is there anything that could indicate, you know, that, you know, [00:15:30] an intervention needs to be made or or something like that.

Sarah: I'll give you a little bit of example from practice when I was interviewing one woman in the research that we've recently been engaged in. Constantly throughout that conversation, the new boyfriend was texting and phoning. And so we would talk for a few minutes and then the phone would buzz. And every single call was a, where are you and how long are you going to be? And the [00:16:00] place hadn't changed. We were still having the meeting and he'd been made aware of that. And. I could see that as the calls increased, she was getting more and more anxious for our meeting to come to a close so that she could go and meet him. And in the course of that meeting, she also disclosed that he had a previous record of domestic violence with other women.

And she wasn't sure whether to be concerned about him or not. And these were instant red flags. flags for me just in the behavior of [00:16:30] constantly calling. So you also that get that kind of sabotaging behavior. I've also, when working in practice, had women that always turned up with their boyfriends and the boyfriend would be in the waiting room.

And although the appointment time would be the full time, et cetera, and she'd be fully present while she's in there, again, leaving with the partner too. And, and so things like that now. uh, kind of red flags to me there, the kind of things I think, hmm, that's really interesting, possibly your boyfriend's being a bit controlling and [00:17:00] coercive, and I wonder how free you are then to implement the kind of things that we've been talking about and release your own hopes and dreams.

Fiona: Yeah, I think from our research around the multiple disadvantage side as well, it's similar in that we hear that services often underestimate what the impact could be of a controlling relationship, so if they're trying to get hold of a woman by phone, and she's not always answering the phone, that's not necessarily that she doesn't want to engage, she just

might not have her phone on her at the moment, or it might be being [00:17:30] controlled and she's got limited access to it at times.

So I guess it's trying to look at sort of creative ways to engage and make sure that You're trying different things to communicate with that woman and, and yeah, like being aware of what's in question and

Jo: Yeah, I think that's really important actually for frontline staff to be aware of to not just go to the default of saying Oh, well that that woman isn't engaging They're gonna close the the case of the caseload sort of thing and I guess [00:18:00] because the you know the high caseloads of people well, you know It's like, I can imagine that there's times where it's like, well, they're not engaged, so I can't focus on them.

So I'm going to focus on someone else. But actually it's like, like you said, Fiona, like looking beyond that. Okay. What, that might be the reason that, that, that woman isn't able to attend that appointment or she hasn't picked up the phone in the while and yeah, looking deeper than the, Oh, you know, she's just decided that she isn't, isn't maybe ready to get that support.

It's more. Okay, let's think deeper. So I think it's really [00:18:30] important actually for frontline staff to be aware of that and be very reflective in the way they work rather than just sort of, you know, looking at the obvious.

Sarah: Even if the woman isn't in a coercive and abusive relationship in that moment, mental health fluctuates, and so you might be on to being able to, to be structured, attend meetings and, and be making progress. And then you might end up having a slump with your mental health. That means that you don't want to get off bed for several days because things are really [00:19:00] difficult and attending appointment as, as part of that context.

Again, really difficult and isn't going to happen. So because we know that mental health and addictions tend to go hand in hand, just to be a little bit more flexible as a service around that and recognizing that there are going to be moments that women engage and there are going to be moments that women don't engage.

And we're to travel and journey with the person rather than persecute the individual for not turning up.

Jo: So. [00:19:30] I guess the next question I want to ask is, why do you feel that we need a gendered approach to support?

Fiona: For me then, in terms of health research, gender is a recognised, um, contribution to how people experience health and access services and all kinds of things.

So for me, gender, it's not just about women and focusing on women. but it's about acknowledging that gender can shape people's experiences generally and so a lot of the time previously because we know women are often hidden homeless [00:20:00] and sofa surf and all kinds of things so they're not visible and seen to services they can go under the radar and so often services can be built on the default which is their visible majority of men's needs and that's not to say that I think gender, personally, going forward, we should be looking at both and trying to look at what works best for both genders.

But women, I feel like, have been very hidden up to this point, so we need to invest in looking at that and really exploring what is going on for women and what can help them to elevate [00:20:30] their outcomes and improve life for them.

Sarah: It's also about common sense in that if we were setting up a domestic abuse service, we, and we were asking, inviting victims of domestic abuse to come and to be vulnerable and to open up about their scenario and to move forward life for them. e wouldn't expect them to sit in a room with perpetrators as part of that. We would see that as a vulnerability to them and a safeguarding concern. And yet in drug services, despite the fact that [00:21:00] we know that the majority of women are victims of domestic abuse, we're doing exactly that in a mixed gender treatment setting.

So to have that separate space. So that women can then talk about the range of reasons as to why they're using drugs and get to the root of the issue makes things safer for women, but equally for men in my experience, and we said right at the beginning that this is about focusing on women today, but we recognize that men have needs too.

Men may well have also had adverse childhood [00:21:30] experiences. Um, maybe they've witnessed in the family home, lots of domestic abuse happening, and then they're replicating that in their own family home in the abuse that they're perpetrating. And so for men, they also need to be in a separate space to explore, their past and the reasons that they end up using drugs and to be able to work on themselves too. So I think there's, there's times that having mixed gender treatment and having people together is fantastic, but there's other times [00:22:00] when you're working through foundational issues that you need to have that separate space and to address women's issues.

For women that have ended up being in mixed gender treatment, the research shows that women. tend to, if they do in a mixed gender context, disclose maybe that they've been involved in sex work, for example, they're likely then to experience predatory behaviour. Or if they've disclosed and said, I've been a victim of domestic abuse, they've [00:22:30] had males turn around in mixed gender treatment settings and say, well, men could be victims of domestic abuse too, and they felt belittled then in that moment.

And yes, men can be victims of domestic abuse. And some of the women that we've interviewed have acknowledged that they've equally hit their partners as much as they've been hit, but in having same sex recovery groups, it's given them a space to actually reflect on the toxic levels within the relationship and even to realize they were in a domestic abuse relationship.[00:23:00]

So they may have thought that that was normal. So those are the kinds of reasons why I think having that same sex approach is a really helpful way forward when we're starting to look at addictions. And as Fiona alluded to early, we also need to think that in terms of homeless accommodation too, that if there's additional vulnerabilities for women, is there spaces that women can go to that are same gender rather than women being vulnerable in a mixed gender setting and maybe [00:23:30] therefore being exploited or being abused as a result of the connections being made?

Fiona: Just another thing I think is really important to emphasise here is that services and support needs to be co designed with women with lived experience so that what is on offer is appropriate and based on the

experiences of those that it's trying to reach, I think that's crucial and a lot of our research has been qualitative research which has looked at understanding people's experiences and [00:24:00] views of I'm trying to engage with services and a key partner for us in doing that has been expert citizens community interest company here based here in Stoke on Trent, and they've been fundamental in trying to embed that lived experience element and in the need for systems to change to better serve those with experience of multiple disadvantage?

Jo: Yeah, absolutely. So I think we've kind of touched on the next question about, you know, what might need to change in terms of the way treatment [00:24:30] services are set up to cater for the needs of women in terms of kind of having same gender spaces.

But I think to finish, it would be great to talk a little bit more about best practice in supporting women. So for those frontline workers that work in drug and alcohol services, how can we really engage with women? What techniques can we use? I think from

Fiona: I think from some of our research, it's been showing about how women really value that relationship that they can build up with people and not been feeling that they're not being judged because often such internalized feelings of shame as [00:25:00] well as around child loss or having or using in drug and alcohols and trying to balance that with your mental health, like They're aware of all these things so they don't need further judgments from people who they're trying to get help and support from.

It needs to be opening and welcoming and we heard a lot about women and they really valued. They don't focus on this problem, problem that I've got. It's about the strengths and what, what do I enjoy doing and what can I build on in the future and what would I like to work towards. So recognizing that [00:25:30] the women have also got their own interests and their own strengths in engaging with that and looking at what they might like to happen as well, in a realistic way, not setting them up for a fail, obviously, and massive expectations, but things that they could work towards that would give them value in a sense of, yes, I've achieved that as well.

Sarah: Also found that the simple things of offering a female support worker or key worker is a helpful thing. Not every woman gets offered that. And for some women, they don't realise [00:26:00] they, need or would like that until they then experienced it. So that would be something that we would advocate. I think there's also something about venues in the community to one particular project that we visited.

There was a shopping mall and the service was in the shopping mall. And so women could very easily say to people, Oh, I'm going shopping and pop into that particular centre and then get some support. So [00:26:30] thinking about where's the building placed and what the building signage is also makes a difference for people to not be stigmatised and to not feel shame as they're entering a space.

And women also talked about how for some of them they had to relocate to a different geographical location to escape and flee abusive partners, dealers and other users in order to, to progress their recovery. And in which case there [00:27:00] was a lot of social isolation for those particular individuals. So thinking about what activities you can put on in the week that are nice things to do, creative things to do, arts, crafts, etc. is really useful.

And the other thing that I would highlight, because we found so many women had experienced domestic abuse, if, if some kind of support around how do you identify red flags for the women and, and to give them tools, [00:27:30] relational tools and what a healthy relationship might look like would be really helpful to women as well.

Women really appreciated one particular service that did the kind of relationships without fear course and would attend on multiple occasions to refresh. To remain in a healthy place in that area of their lives. So they would be some of the things that I would advocate for. And practical things in terms of motivational interviewing skills and solution focused therapy.

And [00:28:00] that Fiona just said, talked a moment ago about focusing on the strengths and the inner resources that the person has and being more assets Um focused in your approach with working with people and rolling with any resistance It's a good thing.

Fiona: I think as well from a lot of our stuff. It's around the need for personal safety first as well, and so, you know, locally, we used to have a women's centre and that was cut through lots of various funding cuts and that was really missed, I think, [00:28:30] and services felt that women then were presenting in different ways because that that resource had been gone and that was, that provided support around financial assistance, sex working, mental health, physical health, all in one place, which was felt to be really valuable um, as well, but again in the context of funding cuts that went so if there's opportunities to pool resources and work with others a lot more closely, then that might be something that will help going forwards, because now we've got as well the, the women's health strategy, the first national health strategy for [00:29:00] women specifically. I hope that that will open up opportunities more for working across and pooling resources, recognising doing this can have benefits across the system as well, and it's not just a drug and alcohol thing, it's not just a homelessness thing, but it's all interconnected as well, and I think around having choice, so for some women, having a women only worker will be great, and for others it won't, so it's recognising as well that women aren't all the same and have different needs and wants as well, but being able to build in that [00:29:30] flexibility where possible in choice and giving them an element of choice I think would be really useful as well.

Sarah: I think particularly that one stop shop approach that Fiona's just described of lots of different services coming together under one roof is seen as a really positive thing. So if a woman is engaging with your service, fantastic. You might ask how she's engaging with the other services and did she want a multiple appointment where maybe one of the other people that she has to meet joins in on a Zoom call or a [00:30:00] Teams call to have that conversation and women talked about that working really well or inviting the probation officer to come on site to wherever your service is, to be able to do that meeting after the woman's accessed a woman's group or a one to one appointment with you. So trying to, to think about how to reduce her having multiple appointments in multiple places is really useful. I think as well, a really important thing for services to consider [00:30:30] is what lived experience involvement that they've had in terms of shaping the service design and whether there's any opportunities for co delivering.

Women told us that they really liked peer support workers that had lived and experienced similar things to them and the additional level of empathy that that provided for them and encouragement. To keep on with their journey of recovery. And so that would be one of the things that we would advocate from [00:31:00] our research as well.

And in our own research practice, we really enjoy working alongside lived experience experts to co design research and collect data together and analyze data together and to disseminate information together as well. So I think that would be our kind of final encouragement to the listeners. think about how you can include lived experience throughout the work that you do and to recognize the expertise and the knowledge from the people [00:31:30] that you're working with in shaping how you do work.

Jo: Yeah completely agree. Unfortunately, I think that's all we've got time for. Thank you so much Fiona and Sarah for speaking with me today. It's been so useful to kind of understand the vulnerabilities that women who use substances experience and. What best practice looks like in terms of support. But yes, thank you both so much for your time.