Women and Multiple Disadvantage
At the end of last year MEAM and Agenda held three learning hubs focused on women experiencing multiple disadvantage (MD), attended by practitioner professionals and women with lived experience. They aimed to discuss the local and national issues impacting this group and promote examples of best practice support in England.

Policy context
In the past, determining what constitutes MD has rarely been viewed through a gender focus. Definitions have often failed to provide appropriate consideration of the specific issues facing women, resulting in MD being skewed disproportionately towards men.

The individual issues traditionally seen to form MD (substance misuse, homelessness, mental health issues and criminal justice involvement) have themselves only relatively recently starting taking consideration of women. National and local strategies have been directed predominantly, and at times exclusively, towards men's needs, reflected in the funding of support services, leading to inappropriate support services for women. As a result, services may miss opportunities to engage with women or exacerbate problems. This reduces the likelihood of women coming forward for support.

Thinking about women's experiences can challenge how people might view MD. It makes people think about other experiences such as motherhood, removal of children, involvement in sex working, domestic abuse and sexual violence. This in turn can make MD locally more proportionately split between men and women.

Barriers to support
Across each hub attendees, made up predominantly of frontline staff and women with lived experience, explored their experiences of the barriers women facing MD confront trying to access support.

- *Women specific support*

It was repeatedly said that there is a general lack of women specific support services. The funding for those that are available is often precarious and can as a result lead to the exclusion of women with chaotic lives, for example access to refuges and shelters. Services were generally thought to give insufficient consideration towards the specific needs of women, such as around childcare or providing women only spaces. Provision for women from minority groups and with additional challenges, for example women with disabilities or Black, Asian and minority ethnic women, is particularly limited.

- *Isolation*

Women experiencing MD were described as often the most isolated people within local communities, with minimal access to social support. This isolation makes it more difficult for women to come forward to seek support and maintain motivation to tackle complex issues. It is more difficult to follow or try and create structure in your life without support from others around you. This isolation is often combined with fear, due to previous or existing abuse, about losing children, or simply about being constantly misunderstood.

- *Trust and control*

Women were thought to particularly struggle to trust services, a result of being constantly let down in the past, personally and professionally. There is a hesitancy to engage when you believe you wont get the support you need, passed from professional to professional and are repeatedly asked to fill out complicated assessments that ask traumatising questions. The support women are offered is often generic, and has been tailored to the specific needs of men. Women are made to fit the needs of the service, with limited choice about how they want

to be supported, or what it is they want to achieve with support. The inability to provide flexibility leads to missed opportunities and reduces motivation to engage.

- *Stigma*

Women facing MD routinely and consistently confront stigma, from the public in daily activities and regularly from the professionals they interact with. They are defined by their vulnerabilities, and frequently labelled as 'unco-operative and manipulative', along with other derisive and derogatory labels. This was seen by those present as a particularly serious issue when regarding women who are involved in sex working. They are doubly stigmatised for having problems seen by the public as 'male issues', particularly around substance misuse and offending.

- *Trauma*

Women experience and respond to trauma differently to men. Women's trauma is often bound up with relationships, intimacy and disempowerment. Services too often fail to take trauma into consideration, leading to poor experiences in services which can compound existing feelings of trauma, abuse and powerlessness. In order to be gender informed much more work needs to be done around recognising and responding to trauma within services.

- *Children*

Women experiencing MD frequently have had or at risk of having their children removed. Women who have had their children removed can feel as though services abandoned them after the removal and that the grief and loss they felt was not acknowledged. There is not enough consideration on the continuing impact on the mother, or their concerns that they may lose them. This can lead to further trauma, shame and guilt and a sense of not fulfilling societal expectations of what it means to be a woman.

The list above is far from exhaustive, it is a sample of some of the main issues raised, there were a whole host of others including: involvement in sex working; dual diagnosis; appropriate accommodation.

Solutions

Expert speakers shared their experiences of developing best practice examples of supporting women experiencing MD. Groups discussed what they felt would be possible solutions to problems they currently face and the steps that could be taken to help lead to changes positively affecting the lives of women.

- *Lived experience*

Women with lived experience must have more influence over commissioning, service design, and the development of local and national strategies. In places where this is already happening it has helped identify specific local issues that are preventing women coming forward to access support, helping them feel more comfortable, safe and motivated to engage for longer periods of time. Solutions are best identified by those who are most directly impacted by the barriers.

- *Strengths based approach*

Too often services focus solely on 'solving' women's issues, adopting routine plans to try and fix their problems. This can be disempowering and demotivating. However, there are approaches which start with a more inclusive and assets based approach. Working with women to develop plans that focus on what they themselves want to achieve, not solely looking at a problem to solve, and building pn their various strengths to help women move towards their immediate and longer term goals.

- *Relationships*

Focusing on relationships was seen as the most important way of building trust and confidence between women experiencing MD and support services. Creating flexibility for this group, with key workers having smaller caseloads to have more time to build relationships and show commitment is possible. As is utilising peer support locally and within services to demonstrate that change is achievable.

- *Trauma informed care*

Adopting a trauma informed approach (TIA) is vital for women facing MD. More and more services are successfully showing it can be done even in the current funding climate. Commissioners are becoming more aware of its importance. Treating individuals in a way that takes their potential experience of trauma constantly into consideration should be seen as the norm. Similarly, there are more services adopting psychologically informed environments (PIE). Both TIA and PIE are important for all individuals using services, but due to the level of trauma and how women experience trauma it is arguably even more vital for women.

- *Challenging stigma*

Reducing the stigma that women confront should be prioritised. Developing local advocates to champion the issues and improve community engagement is one method. As is training professionals, to understand the importance of the language used and the way to treat individuals in a respectful manner. Involving women with lived experience in this process is critical to changing attitudes and improving practice.

Next Steps

MEAM and Agenda will continue working to improve service provision for women experiencing multiple disadvantage alongside the strategies that directly impact them. We will carry on influencing local and national policymakers and commissioners on the issue.

If you would like further assistance improving local support or challenging local policies around women experiencing MD please let us know by emailing stephen.moffatt@meam.org.uk or Jessica@weareagenda.org.uk