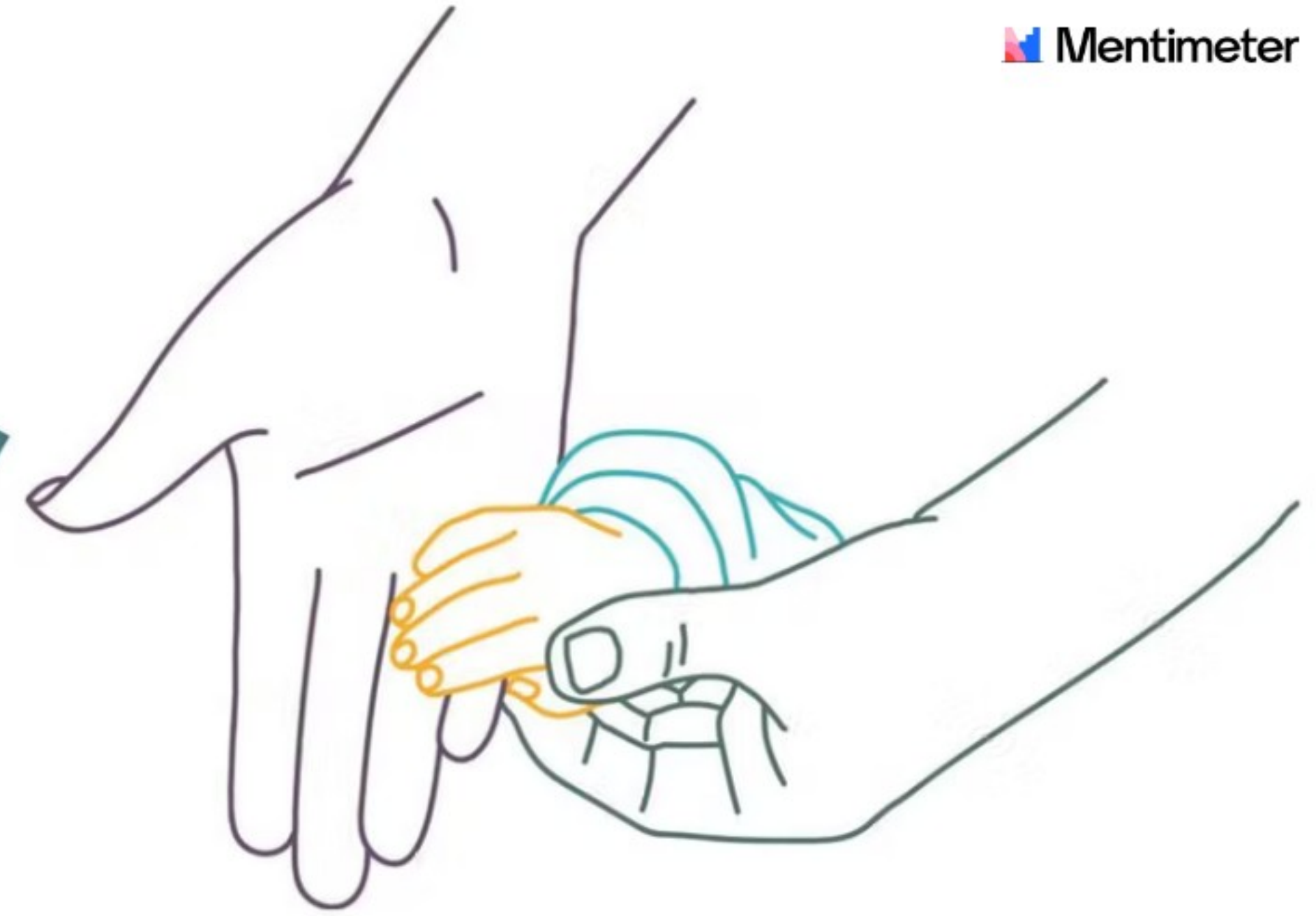


Supporting Women, Reducing Harm



Online Event

28th April 2022

Event slides and audience feedback

This event is brought to you by...

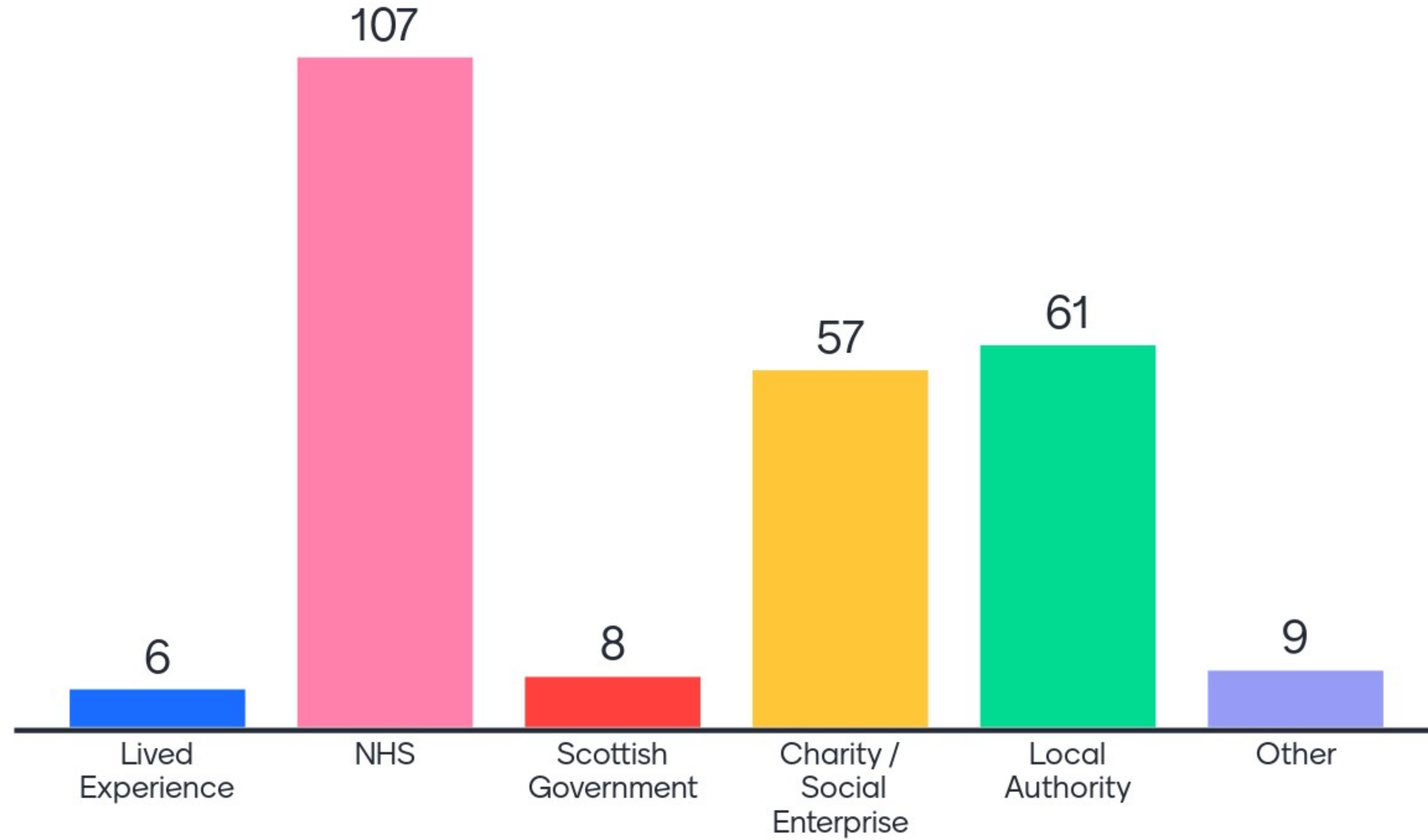


Scottish Government
Riaghaltas na h-Alba
gov.scot



INSPIRING SCOTLAND

What sector are you from?



Why are you passionate about Supporting Women, Reducing Harm?

To make a difference

Injustice

Because they deserve better

To make a difference

To ensure stable homes for children

I want to make a difference

I am a Children and Families Social Worker and this is relevant for trying to keep families together.

Reduction of stigma

I want to reduce the stigma women face

Why are you passionate about Supporting Women, Reducing Harm?

by supporting women, we can support their children

Hopefully to make a difference

To support more patients

Early intervention

to make a difference

Time for change

Long term affects on their children.

To make a difference

Women need more support to be heard and be understood

Why are you passionate about Supporting Women, Reducing Harm?

Because they deserve better.

Best practice

Represent health in local MARAC and have lived experience

Make a difference to lives of babies and families

Because drug deaths and harms are a crisis and we have to act now

not enough being done

Keeping families together

Need to make a change

Help them reach full potential

Why are you passionate about Supporting Women, Reducing Harm?

To support woman having the best opportunity

To achieve the best outcomes for all

Supporting families

To help make a difference for women and their children

Because they deserve better

To make a difference

To allow more opportunities for woman and children

To help other women

These women need a voice and I can be that voice!!

Why are you passionate about Supporting Women, Reducing Harm?

I am a woman

To support well-being, family life, life expectancy

Impact for children & families

Getting it right from the start

Help support mother&infant relationship

Females should be the default for service design

Help women to reach their potential

Because women deserve better from our institutions

Because it matters!

Why are you passionate about Supporting Women, Reducing Harm?

To better support women and their children

To make a difference to the women and their children

To improve quality of lives for families in Scotland

Critical stage in a women and family's life with direct implications for infants and children.

To empower women and reduce stigma

To make a difference

For postive futures for parents, infants and families.

Deserve betterAnd make a differenceReduce stigma

I work with women and see the daily struggles they face to get support. It's difficult for them to navigate

Why are you passionate about Supporting Women, Reducing Harm?

Because children thrive with their mothers.

To empower families

Being pregnant has given me new insight into some of the difficulties for women.

Overcoming stigma

Keeping the promise for children and young people.

If we support women effectively, we shape the future for everyone.

Better outcomes for children and families

Because people deserve better

Mioee preventative support for children and their families

Why are you passionate about Supporting Women, Reducing Harm?

Being trauma informed and listening to those with lived experience is critical. I want my work to scaffold families and following. The Promise

Working to undo stigma and tackle inequities

Society being more inclusive

To improve outcomes for women, children & families

To support them through their pregnancy and into motherhood

Perinatal period a vulnerable time for women - making a difference to women and the future development of their children

To help women, families and their babies/children

To offer advice and support to vulnerable women

To keep children with their mother when its safe to do so

Why are you passionate about Supporting Women, Reducing Harm?

Impact on children

Action is needed

My role and the support women

To give the best support I can

Equality

Because women have the right to health care/support/families, no questions asked

to help women make positive changes to their lives

I think this is a vital part of my role as a community midwife working with vulnerable families.

The need to reduce stigma, and supporting women is key for the health and well being of women and their baby

Why are you passionate about Supporting Women, Reducing Harm?

Affects so many of my clients and life needs to be better for these women and I want to help support them to better their life's and reduce stigma

All women should be equal and support to remove barriers some face

To ensure families rights are ensured

DASAT worker helping empower woman

Because these women deserve a supportive and encouraging service

Reduce stigma, make a difference, they deserve much better

To help transform

Because women are under-represented

To help support and make a difference

Why are you passionate about Supporting Women, Reducing Harm?

To give women a voice

They deserve all our support

To make a difference

Help stop judgement and worry

There's such a gap in support and still a stigma attached to addiction and mental health in mums

To support the next generation

I want to make a difference

To make a difference

Helping all families get a good start no matter what.

Why are you passionate about Supporting Women, Reducing Harm?

Time for change and to make a difference

To give babies and infants a voice

Women have been consistently underrepresented/supported/considered by policy. This needs to change.

To support families to achieve better outcomes, reduce stigma and aid recovery

Everyone deserves a chance, addiction is not a choice

Seen these issues make a huge difference for infants and families - we can do more

To improve outcomes, and deliver excellent care

Help families stay together

To disrupt the inter generational harm caused by early trauma

Why are you passionate about Supporting Women, Reducing Harm?

To support parents to achieve their potential and keep children safe

I am a substance misuse nurse and am passionate about women being understood and supported.

We need better outcomes for women and children throughout Scotland and stop women dying too soon

Hopefully , collectively, to make a difference

There is a great need for this support and I want to help break cycles of deprivation

Optimal time to support recovery

To support families

Help them to make changes

Supports need to improve

Why are you passionate about Supporting Women, Reducing Harm?

I am a children and families support worker, supporting families affected by harm

Safer pregnancies and happier families

I work as a midwife in mental health and i am passionate about maternal mental health in scotland for all women

Women should not be living alone and not able to reach out for support and help. Particularly supporting families and making a difference

To improve outcomes for children

To support women

to challenge stigma

Everyone is valued

I am an addiction counsellor so want to know and understand how to help and make a difference

Why are you passionate about Supporting Women, Reducing Harm?

Because women deserve to be listened to and heard

Supporting women and families. Not enough understanding at present

Such a crucial time in a women and child's life.

To improve their lives

So people can reach their true potential

To make a difference, help families and become a better practitioner

I work with domestic abusers and feel it is on the increase, want to do more

To reduce harms, provide support and advocacy, make a difference

It helps the women herself , and her child and family.

Why are you passionate about Supporting Women, Reducing Harm?

To make a meaningful impact and help people to have a better life.

I work with them and I feel I can change someone's world with support.

Early intervention should work towards a lesser need for further support

To support women and children to stay together

Just moved from local authority to third sector and feel as i will have more direct work i want to be party to empoweri g women to continue to care for children and be correctly suppoorted now

To reduce harm and make a difference to women

To make a change

Reduce stigma for people experiencing substance use

As am a women with lived experience of addiction and being pregnant, i want to help and support other new mums and families

Why are you passionate about Supporting Women, Reducing Harm?

To help shape expansion of services

A chance to change

Vulnerable group with particular needs

Involved with so many women in my work. Want to be better prepared to help.

To protect, support and encourage women. For equality in our society.

To ensure babies get the best possible start in life and that pregnant women have the opportunity and support to improve their own lives

To support positive change

I have lived experience and now work supporting families in pregnancy and with young children

To give mums and babies the best opportunity to live a happy life

Why are you passionate about Supporting Women, Reducing Harm?

Want to make a difference and support these families as best as can.

Women-specific support is essential for families & children

To support women and families

To reduce harm to children

Because women deserve better

to reduce stigma and improve lived experience of women and children

I work with people with lived experience of addiction and recovery and am passionate about finding out more to support women I work with and develop a better understanding- let women with a lived experience be heard :)

The Promise, keeping families together, support at the earliest opportunity

Give choice to women and let them be aware of choice

Why are you passionate about Supporting Women, Reducing Harm?

We have a big number of female clients who struggle with how they can stop or substitute self-harming behaviour

The impact of alcohol harms on women is often overlooked, and women with alcohol problems are more likely to be stigmatised. This needs to change.

Womens needs are far greater

To provide & support gold standard care for vulnerable women & their families & in turn gain better outcomes

Hopefully to be able to support

i support women, children and their partners on a regular basis that have drug and alcohol issues through my job and are keen to understand the issues they face.

Often a hidden issue - need to properly support women and help provide positive environments for children

To provide better support for now and future

Support the women in pregnancy then there is a better chance of healthier babies

Why are you passionate about Supporting Women, Reducing Harm?

Because I am a woman and I believe no woman should live in fear and I want to keep them safe

To make a difference support families

To better support woman and improve outcomes for woman and children.

I am a Children and Families Social Worker and I'm interested in keeping families together and encouraging positive parenting

Because we fail women + their infants/children with current cultures + practice of shame + blame

Working in homeless we have a lot of DV cases and having my own experience of it I want to be there for others.

have seen the reality of trauma of substance use, mental health and child loss/removal

More support is needed to help.

A key part of my role and one I am looking to expand/improving. They are a vulnerable group facing specific issues.

Why are you passionate about Supporting Women, Reducing Harm?

Taking a gendered approach is vital to making a difference to reduce harm for women and children

Worked supporting women for over 15 years and have watched the un-necessary barriers they have to cross

To show we care and to actively listen and support

In my new role as a CMHN I want to be able to provide the best support and advice to every patient & give women the best chance

I want to find out more information about the topic and find out real life experience from people, and to make a positive difference

To reduce inequalities and stigma for women and families

Support women to make positive changes in their lives

Keeping children with mothers if possible. Reducing stigma and pain for mums and children together. Improving long term outcomes

Make positive changes

Why are you passionate about Supporting Women, Reducing Harm?

I am a women's criminal justice social worker, with family with lived experience. The reason women offend are different therefore the support the need is

Women with drug and alcohol issues are particularly at risk in the perinatal period.

To support the children as well as the women in having a better life

Multi generational impact

Women are suppressed due to the stigma, let's break down the barriers

Childhood lived experience. Family support is my passion

To make a difference

Early intervention for women and young children

To ensure infants and families receive the right support at the right time in a way which meets their needs.

Why are you passionate about Supporting Women, Reducing Harm?

Women face so many barriers and more needs to be done

Challenge the inbuilt misogyny of the Patriarchy

Supporting parent infant relationships and the wellbeing and protection of young children in families with addiction issues

Reducing the cycle of trauma for children, compassion towards women who experience the challenges of managing their own adverse experiences

To make a difference keep families together.

To be able to provide support for women who are struggling. To help children get the best start in life with their families

To support change

Important part of my daily role. To make a difference and support children to get the best start in life

to make a difference and support women who are in need of help - listening to women and letting them know there is help out there for them

Why are you passionate about Supporting Women, Reducing Harm?

Yes

to make a difference in keeping families together

there needs to be a change

I want to help support them improve their lives and that of their children. I also want everyone to feel heard and included within society.

The needs of women are so often forgotten

Reducing systemic trauma

Women have so many roles in life and have to juggle millions

To try and make changes and reduce the devastation that substance use causes to woman and families.

To make a difference and support women and families in the charity I volunteer for

Why are you passionate about Supporting Women, Reducing Harm?

Support to struggling individuals and to assist in the prevention of reoffending

To enable families to overcome challenges and move towards thriving!!

I have had so much experience seeing the amazing change when we'll designed services offered

I am a woman and want to support women. I want children to grow up safely in their own families. I want women to frame their own support needs.

Supporting women can make a real difference

To give the new generation positive role models and set expectations around respect and the importance of families

Women need hope!

To empower women

To better support women and children

Why are you passionate about Supporting Women, Reducing Harm?

To make a difference to children and families

Lived experience of having 2 children in addiction.
Passionate about supporting women to reduce harms.

Raise awareness and make a difference

Improve support for women and improve outcomes for women and their children

needs addressing nationally. women need support. and their families . to make a difference.

Break the trauma cycle and support those who need and want help

Make a difference

building safe, secure relationships

To empower women and make a difference to their lives and their families.

Why are you passionate about Supporting Women, Reducing Harm?

Need to address stigma and see problematic alcohol and drug use as a public health crisis

For a better future

To make a difference

Because children deserve the best start in life, and everyone deserves support.

I've been there and want others to get the help they need sooner. Also by supporting women with children we have a chance to prevent the trauma of the children

to be more trauma informed and support women to make positive change

As a trainee health visitor taking a salutogenic holistic person centred approach to health care is very important to me. Joining up lived experience with professional care is the way forward.

To provide a safe place for women

To ensure equality for women who have to face challenges and therefore support them for best outcomes for children and their future

Why are you passionate about Supporting Women, Reducing Harm?

Everyone deserves to be supported and we need to be able to support everyone

Changes are needed to support families to stay together.

To make a real difference in our area and protect vulnerable families

To support women and families

We need to have more support, for families, we need to do better at keeping families together in line with The Promise

Women we support in our organisation are kinship carers, mothers, daughters, family members, children of the future have a right to early intervention, protection, a voice, reducing adverse childhood experiences

We need to break the cycle of inter generational trauma

SDF alerted me to the need

To support children and families

Why are you passionate about Supporting Women, Reducing Harm?

To support those who are often unheard

because stigma kills

There isnt enough knowledge about it and how to support women

They deserve more

I work with females within CJSW and also volunteer with chs and can see the flawed system to effect change

trauma recovery

Support hard to reach families to provide improved opportunities for their future.

Work in substance use services supporting families and children and can support people to make a difference in their lives, if I am informed I can give those support the information, support to empower them to take control of their and their families

Breaking the cycle

Why are you passionate about Supporting Women, Reducing Harm?

to help improve care pathways for women and their families

reducing intergenerational transmission of trauma

Raise awareness and make a difference

To break a cycle

Keeping women and children safer

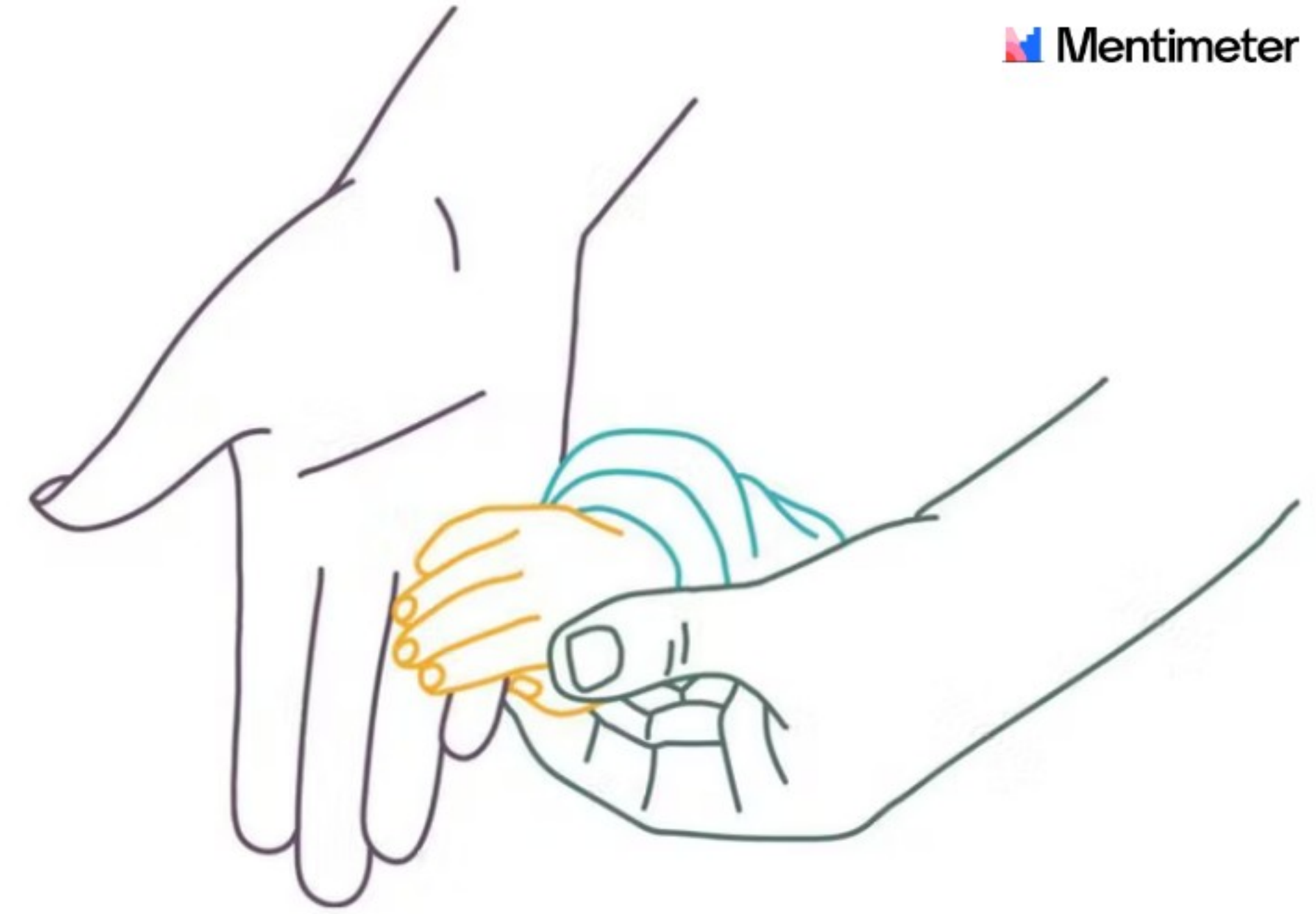
Raise awareness

Women and their families deserve better. Hope to make a difference as it is so hard for them but feel limited in what I can do. The stigma needs to be addressed

Great way to make Scotland a better place to grow up in

To break the stigma of addiction

Setting The Scene

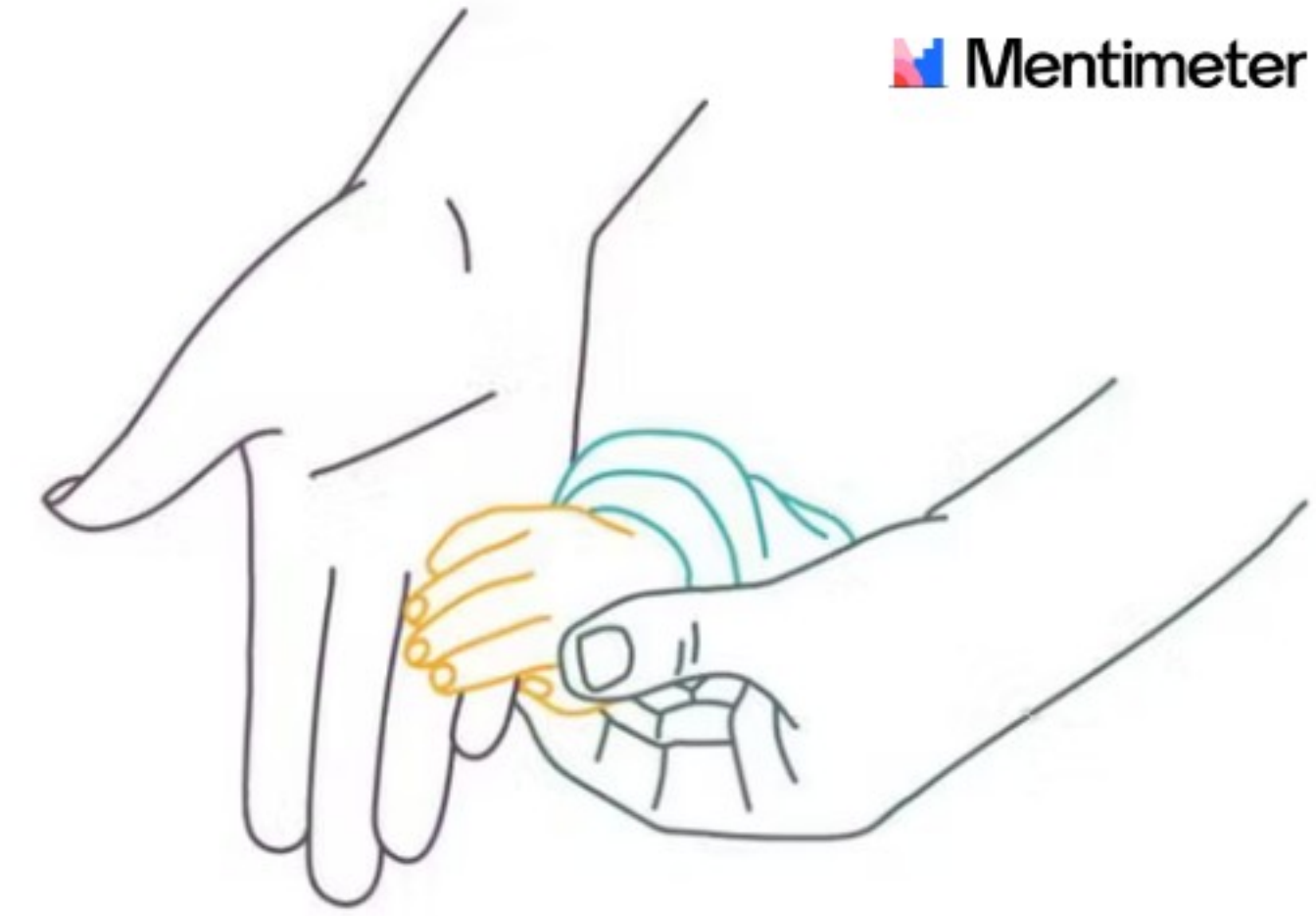


Sharon Graham, Voices of Lived Experience

Dr Anne McFadyen, Infant Mental Health Lead, PMHNS and Chair, Infant Mental Health Implementation and Advisory Group

Dr Roch Cantwell, Lead Clinician, Perinatal Mental Health Network Scotland

Lived Experience Interview Quotes

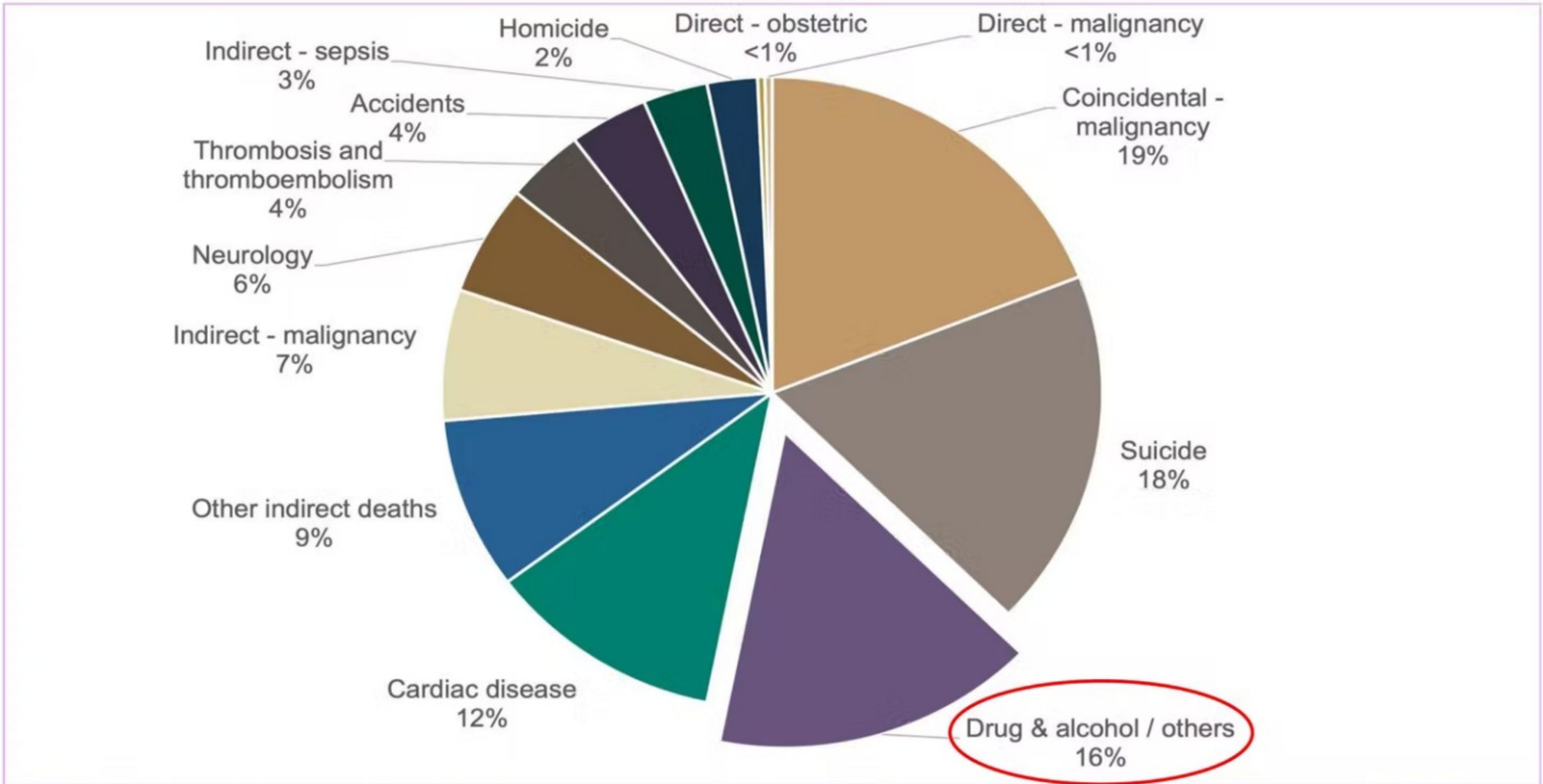


It was just a traumatic experience for me and my kids, and I would hate other people , other young mothers to go through that, it was awful. I had a nervous breakdown after it

We just feel so downtrodden and we don't know where to turn and then that gives us the fear of coming to services and saying like, no, we need this help

Confidential Enquiries into Maternal Deaths

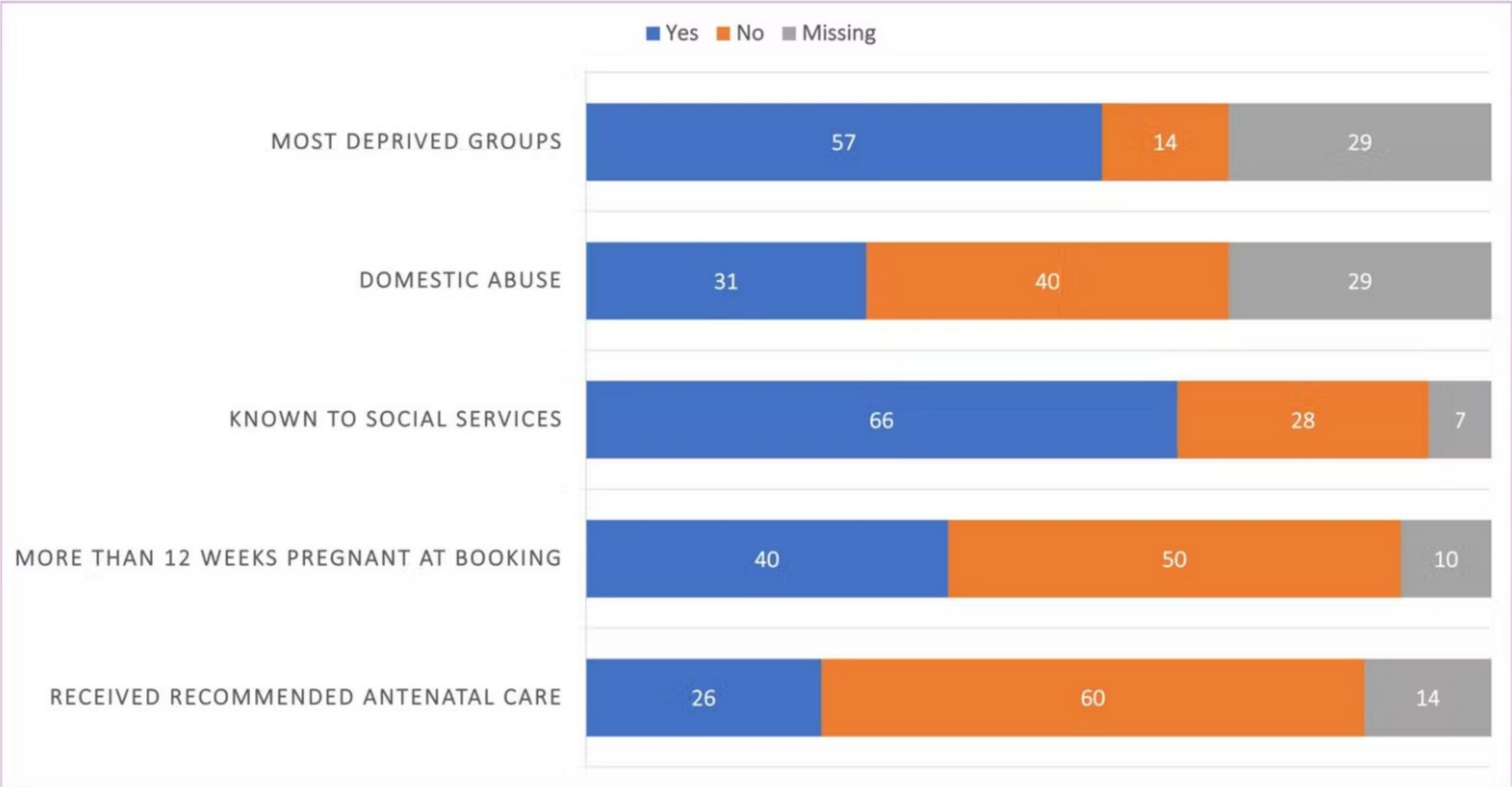
Women who died during the perinatal period



*Deaths between 6 weeks and 12 months postnatal

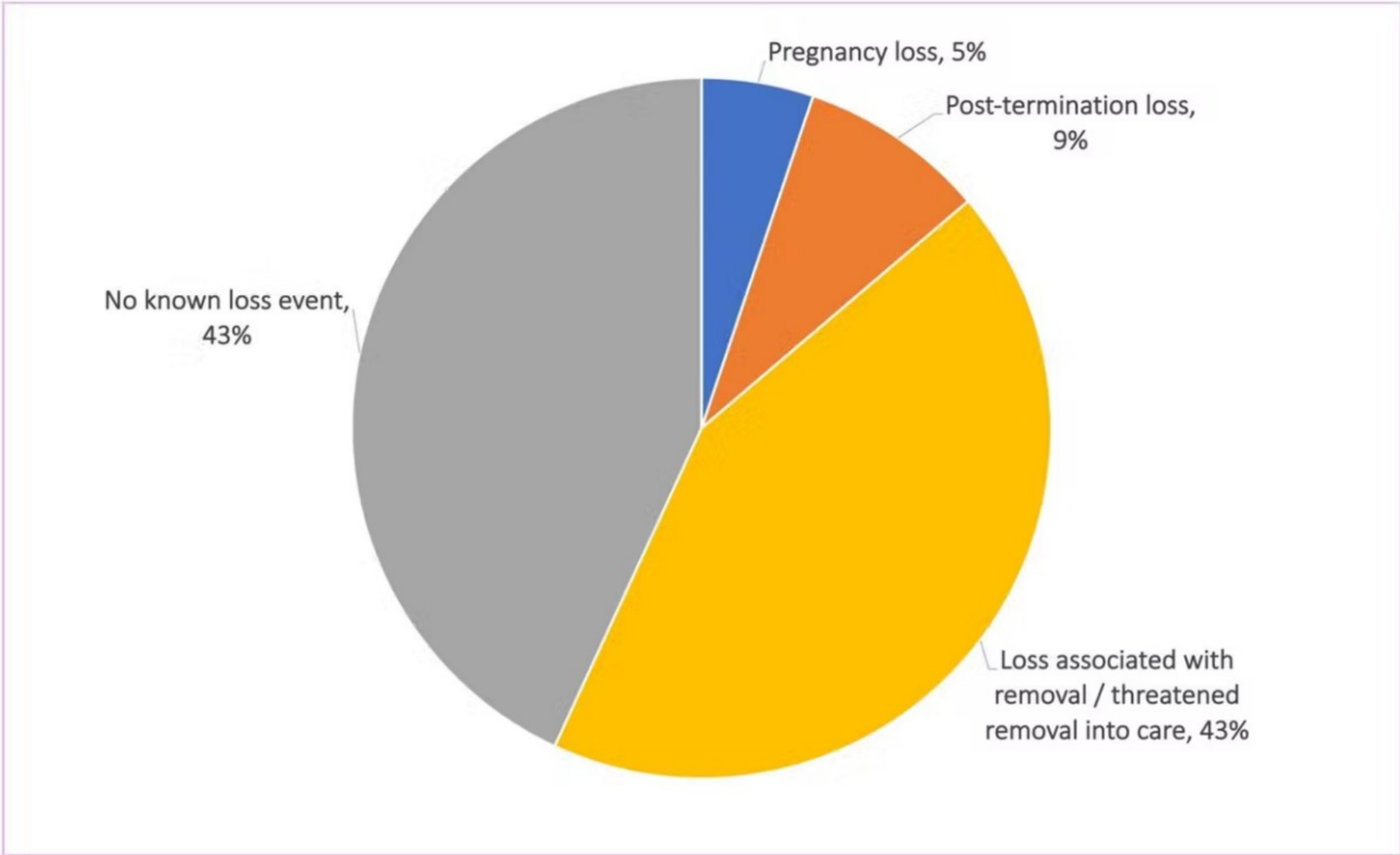
Confidential Enquiries into Maternal Deaths

Women who died in relation to substance use during the perinatal period



Confidential Enquiries into Maternal Deaths

Experiences of loss for women who died in relation to substance use during the perinatal period



Confidential Enquiries into Maternal Deaths

Lessons learned for women who died in relation to substance use during the perinatal period

- Better communication
- Joint working
- Outreach
- Training and education

Integrated,
specialist care



- Therapeutic alliance – engagement and continuity
- Not *just* treating the addiction
- Being where the woman is – poverty, trauma, domestic abuse, loss / threatened loss

Holistic care



We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

More from Sharon please.

What action will be taken

a huge amount to reflect on already, thankyou

How I can shape my practice.

Actions

What can I do to make a difference :)

The feeling of progress

To hear more about what we can do now to better support women and their children.

More from Sharon

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

A better way to support the women I work with and help them to stay with their families if possible

What I can do to make a difference

So that I can better support women

Thank you already. What steps can be taken now

Local short life working groups feeding in

A better understanding in supporting my ladies and families, to better shape me as a midwife

What does good coproduction really look like

how is it best to support these women directly

Help my practice

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

To be a better practitioner and make a better future for families and socially

What we plan to do moving forward to make the changes required

Thank you

How to connect up services

Agreed actions

Connections and networks that effectively move this work forward

Consider how the service I'm part of might meaningfully take action

a better understanding of lived experiences

More from Sharon please and how to put my training into suitable practice for our families

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

So much information already that can be used locally to drive change. More of this please! :)

I would love this to be shared more with social workers that are involved with children and mothers

Learn and increase my knowledge. Also hear more from Sharon.

In practice, what can we do to support women who are at real risk of having child/children removed.

How can I best support individual families

For Dharon -What practical interventions are the most useful

Reassurance that things are going to change so that women get the support they need

To hear more from women with lived experience

Being part of the solution

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

Looking forward to hearing more about this, from Sharon's perspective and other professionals

links to what is available to women within their own local authorities

Like Sharon said its time for action how do we not just talk about better links but do it daily in practice . Real difficulties in holistic approach often left feeling cant get access to correct support for women i.e sms , mh links with third sector

Thinking about the lived experience and evidence presented and linking this to how we move forward

To improve my practice and the support I can offer the women I care for.

I would like to see a change in the care and how women are treated when they engage with doctors/services and going forward as of today, action in my own community and how we can help

Making a difference

Sharon is inspiring, more from her throughout the day

Learning more about what I can do to

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

How to navigate conversations around substance misuse with pregnant people, where to signpost for more help, how to support

Action for supporting women holistically.

More knowledge on how to support women at the time when they need it most. Early intervention and prevention

Better understanding leading to improved practice.

An idea of what I can do as a health visitor to help more. Sharon's discussion really enriched my learning. Thank you

Will the slides be shared following the event?

Sharon Was phenomenal ! Working together with lived experience professionals is so important - its never an either or situation - its always AND WITH - We can do it so much better together !

Collaborative direction led by voice lived experience

Gain deeper understanding of the impact of concurrent vulnerabilities on people, their babies and wider families. Additionally what professionals can do to support them - Charlotte Student Midwife

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

Learning from womens lived experience

How best to support families and a greater understanding of lives experience

ACTION

How the Whole Family Approach and Family Inclusive Practices Document will be embedded into a ROSC model across local authorities in which all partners follow this model. Instead of working in isolation in their specialist areas.

determine the role of the working group so they can take action ASAP

Chance to reflect and consider the SWRH conversations so we can continue to improve the therapeutic services we offer to families. CrossReach Counselling

Meaningful connections and ibtegrated setvices that meet womens needs

CHANGE

A clearer idea of what I can do in my current role, and how also to support my collaugues to provide more effective care to women affected by drug and alcohol use within the perinatal period.

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

A better understanding of how I can support colleagues, families and children for who this is a lived experience

Our #LivedExperience stories have real power - the more of our stories you can hear & transmit the more you can argue for investment & change!

To support women and families in the best way I can, gaining expert knowledge and skills.

Improve my practice, and how we can support families to ensure best outcomes

How do we balance child protection and maternal welfare in a more caring and appropriate way?

Sharon's story is so powerful and I hope her story gives other women hope that they can change things with support

Know how to support and help women with past traumas that have shaped their lives leading to addiction

Contacts for my community

The opportunity for role specific communities of interest/action as follow up would be great. I am a health visitor and would love to learn from other HV's Scotland wide

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

What I can do to help more as a health visitor. Time to remove stigmatism and help keep families together in a safe nurturing environment.

To learn how this will/has been implemented into services and what more we can be doing as professionals to improve practice alongside budget/funding cuts, staff shortages etc.

Sharons lived experience very powerful to hear. Increase knowledge, learn from other people and improve the way we judge those who have substance PNMH issues

As practitioners working in a variety of settings across the country, we need less disparity and more cohesion to ensure that women are receiving the same response from all in terms of having their voices heard

Would love access to today's material to help spread the word.

Often there is poor recognition that as Anne said the child may be 'harder than average' to look after particularly when prenatal alcohol exposure is so poorly recognised and recorded.

I'm keen to hear more about the ACTIONS that are planned. We need to walk the talk

Our Stories Have Power -
#LivedExperience Voices clearly articulate the need for investment, learning, & change. Nourish & elevate our voice & we will all be served better

Trauma informed care comes into this.

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

Wonder if anyone is familiar with the MAT standards, Medication Assisted Treatment in there area from the Scottish Recovery Consortium

10 principles of intensive family support (The Promise)....my new 10 commandments!!!

A better relationship between health & LA. Sometimes can feel that "systems" get in the way. Many women find hospitals & antenatal care retraumatizing and require a resource intensive approach to ensure they are accessing what they need.

Services should be designed to fit people. People shouldn't have to fit into poorly established services

I have worked with women with addiction spanning decades now. But it took addiction in the people I love to change my way of thinking. When working with women with addiction I know there has been past negative life experiences that have shaped her.

#youkeep talking we keep dying

Where are the gaps? How best can organisations work together? Where to focus first?

How can I make a difference

A better understanding of what I can do to help make things better for all women who have experienced the trauma of losing children through addiction and to help ladies suffering with addiction keep Carr

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

There are so many #LivedExperience women who have recovered & healed & who now are professionals in their own right across medicine, social work, criminal justice, we need to make it safe for them to come forward & help direct & guide us all.

what can we do to reduce the stigma and support these women

How to shape and implement best practice

Very powerful 3 sessions! As much knowledge of issues as possible.

Information about how this issue is addressed

Collective action

Better understanding. Im currently going through social work involvement with my unborn child.

I love that Liz!!! Come the day when we no longer have to put descriptors such as 'trauma-informed' and non-judgemental to the care we deliver, it will be taken as read.

Very powerful, hearing Sharon's experience

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

Better understanding of services and how they work

Continuity. Make access uncomplicated and think individuality

Failed to engage versus our service failed to engage this woman... this is the massive paradigm change we need

Thank you so much Elisabeth Ellis & all the team for advocating for our ladies who need extra support to your work mates in other areas of the hospital!

Could Sharon Graham please stop making me cry

Currently working in Intensive Family Support Team we keep walking with and working with parents who have had the grief and trauma of children removed and it's a privilege to do this. Marie IFST Health Visitor

previous experience

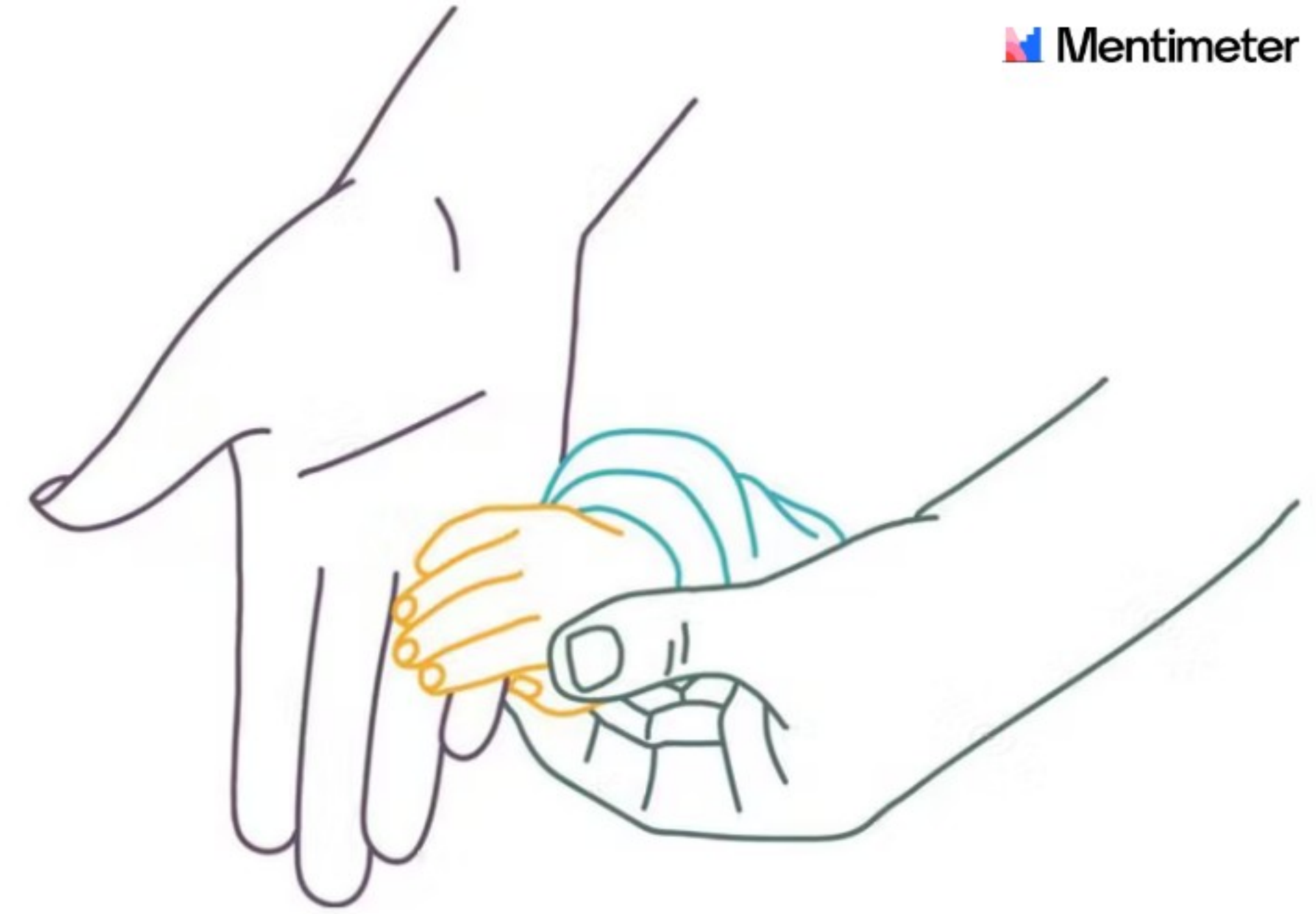
Stigma and fear

Lack of trust of the services

We are taking a short break and will begin again at 10:10am. In the meantime, what would you like to get out of the event today?

Clearly the learning and actions from The Promise are still not shifting attitudes

Identifying Problems and Accessing Support Session A – Speakers:



Liz Ellis, Associate Specialist Obstetrician, NHS

Lisa Jarvis, Senior Charge Midwife, Special Needs in Pregnancy (SNiPS) Service

IDENTIFYING PROBLEMS AND ACCESSING SUPPORT

Elizabeth Ellis
Associate Specialist Obstetrician

Lisa Jarvis
Senior Charge Midwife, Special Needs in Pregnancy Service

Special Need in Pregnancy service

Background

1980's

Dr Mary Hepburn identified that those most in need of antenatal care were not accessing it as a result of competing interests, complex lives and barriers to care in established settings.

1989

Specialist service developed to address these issues with six, weekly multi-disciplinary clinics spread across the city of Glasgow. Each supported by an obstetrician, midwife, health visitor and addiction worker.

Addiction was almost the sole reason for referral

Obstetricians had option of prescribing opiate substitution treatment.

The service provided an opportunity to deliver as much care as possible in the community.

Current Structure

2022

SNiPS specialist clinics run in North and South Glasgow at The Princess Royal Maternity and The Queen Elizabeth University Hospital. A liaison model of the SNiPS service is available in Clyde.

90% of current referrals now relate to poor mental health with additional complications of problematic substance misuse, gender based violence and child protection concerns.

Dedicated obstetric and midwifery staff remain, however the prescribing of opiate substitution treatment and the presence of addiction workers and health visitors at clinic have ceased.

The support of a clinical psychologist is provided at The Princess Royal Maternity Unit with plans to achieve this at The Queen Elizabeth University Hospital.

Service changes have had no effect on the number of women attending.

Identifying Problems

The Best Start



Recommendation 35

All staff should receive a level of training to identify and support vulnerable women as part of routine care, and women with the most complex vulnerabilities should have access to a specialist team.

Referral to the Specialist Needs in Pregnancy Service

- At Booking appointment
- Vulnerable Pregnancy Liaison Group
- Social work referral
- Health visitor/FNP
- ADRS
- GP
- Asylum Health Bridging Team

Accessing Support: The Value of Continuity

It is known that a positive experience of maternity care for socially disadvantaged women are often attributed to a higher level of continuity of care. Continuity of care and relationship between care giver and receiver has been proven to lead to better outcomes for women and babies whilst offering a more positive and personal experience.

‘So, antenatally, the continuous, the continuity of care that was ultimately, you know, beautiful, because it meant that I didn’t have to repeat my story to six different midwives to get six different opinions’

Participant 3

‘ So during like, my antenatal care, I cant lie, like my midwives, I was really blessed with some really lovely midwives. Every one of my children, their midwives have been just they’ve always been so supportive and they would always speak to me before the conference and say, basically this is what I've got to say. And always getting in there and never hearing anything different. Whatever they said, its what would be said on the conference. Because a lot of people, lots and lots of different professionals say one thing and when we get into a conference or a meeting and its completely different, different set of things they’re saying, and it was nice that they were kind of the only consistent people that were consistent with their word, their support, their support never changed.

Participant 4

Accessing Support: Giving Confidence

- Named Obstetrician
- Named Midwife
- MDT
- Clinical Psychology
- Trauma informed, non-judgemental supportive care
- Woman known, give history once.
- Deliver all antenatal and postnatal care.
Liaison with multi-disciplinary team.
Advocacy.
- Team huddle at the start of every clinic to share new information and develop plans of care and support.
- Clinical Psychologist support in clinic, verbal consent with no requirement to formally opt in.
- Pregnancy as a window of opportunity for change.

Offering support: Strengths

Keeping the big picture in mind!

MIDWIFERY

- Extremely flexible care
- Direct communication between patients, midwives and social work
- Assertive outreach

MEDICAL

- End safely with a healthy mother and baby
- See each woman as an individual, protocols are helpful but must not rule
- Plan safe, accessible care
- Timely interventions to keep mother and baby safe

MDT WORKING

- Advocacy with other colleagues

OFFERING SUPPORT: The Remaining Challenges

- Time..... Never enough!
- Stigma.....Still exists, even in departments around us
- Accessing other disciplines
- Ensuring investigations and appointments are in place
- Where women with problematic substance misuse as part of their clinical picture, stratification remains to direct women to addiction psychiatry in the first instance rather than specialist perinatal mental health services
- Barrier to care via opt in system
- Not yet reached equity of access to specialist perinatal mental health services, but hopefully progress can be made
- Ongoing support post discharge from midwifery services, particularly following removal of baby after birth

Final Thoughts

Failed to engage

Services failed to engage her

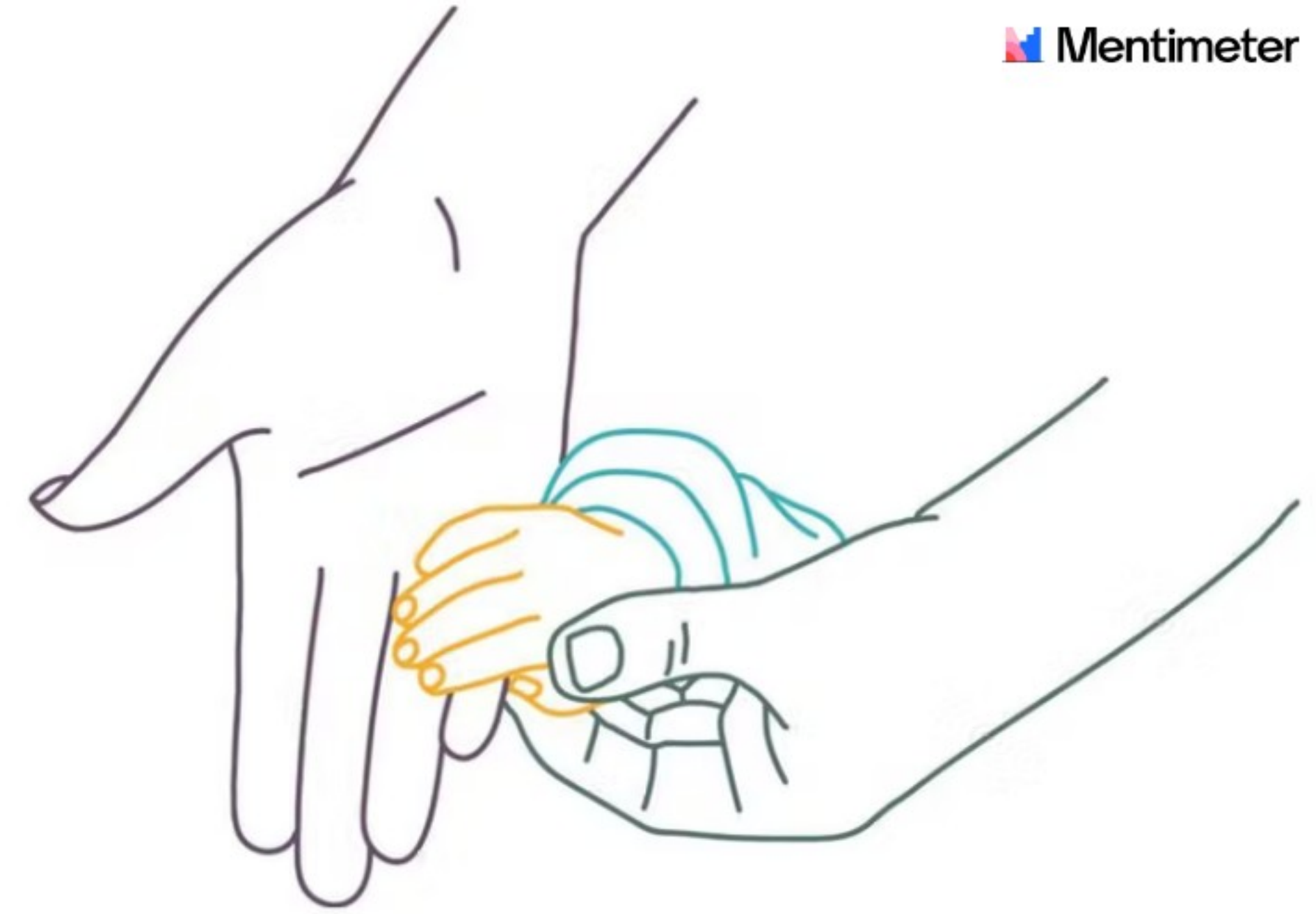
Obstetric outcomes

Lived experiences

Service Led

Co-production

Identifying Problems and Accessing Support Session A – Panel:



Sharon Graham, Voice of Lived Experience

Liz Ellis, Obstetrician, NHS

Lisa Jarvis, Senior Charge Midwife, SNIIPS Team

Ann-Marie Kennedy, Social Work Team Leader, Change is a Must Team. Perth and Kinross Council

Professor Fiona McQueen, Vice Chair, Drugs Death Taskforce

Panel Q&A

155 questions
832 upvotes

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Judgement and stigma

The attitudes of others.

Confidence

Confidence

Shame, discrimination, stigma, fear

Stigma fear

fear of being judged fear of losing child

Fear of being judged

Our own self trauma, our own self doubt, our own guilt and shame, our negative experiences with authority figures and services, our trust

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

having to travel to access it..... worried to meet people who may know them...not knowing what is out there

flexibility of support

Stigma

Stigma

Fear

Lack of compassion

Past experience

Stigma

Stigma

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Fear

Referral criteria

Stigma

Flexible resources

Not having a service to access

Fear and discrimination

Judgement

Lack of joined up care

.

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Attitudes and stigma

Fear of losing child to social work services

Stigma and time

Sigma Fear

Losing their child

Fear of child being removed

Thinking their children will be taken away

Shame

Stigma

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Blame

confidence

Unaware if services available

Feeling judged

Judgement

Stigma

Being judged

stigma

Fear

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Fear

Judgement

fear

Confidence

Fear that their child will be removed

Stigma and trust

Fear

Stigma & fear of being judged

Mistrust of services

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Stigma, fear of child being removed

Trusting the process and professionals to do as they say and stay by their side

Knowing where to go
Being judged

Judgement

Negative past experience

Removal of children

Stigma and isolation

Being judged by others

Fear of being judged

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Embarrassment

Lack of specialist teams

Fear of judgement

Inflexible service models

Stigma, Fear & Confidence.Mental Health

Undeserved feeling of shame

Lack of person centred care for them

Attitude mainly through lack of education and insight\lived experience

Having their children removed

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Fear, judgement, previous bad experiences

Having other babies removed

inability/lack of confidence to advocate for themselves

Services not meeting women where they are

Professional support

Fear of children being removed

Knowing where to go / who to ask. Ease of access.

Lack of understanding

Stigma

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Fear

Negative experiences previously

Fear

Loss

Fear

Judgement

Lack of trust between women and the services/professionals who are supposed to support them

Societal attitudes

Stigma, travel and 1-1 support

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Structural sexism and racism

Fear of being judged and losing their child

Fear of being judged.

Feeling like they need to be perfect parents - far too much pressure these days on how to parent and hard to admit that you are struggling.

Shame and stigma

System design creates barriers

Dependence on health resources. We should seek help and support wider, especially from those with previous lived experience

Stigma - fear of losing their children

Attending at the right time

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Stigma

Past experience

Lack of local services

Fear of their issues being used against them

Fear

Stigma, fear.

Stigma ! Feeling unable to ask for help due to fear of what will happen

Fear & stigma

Fear & lack of confidence in 'the system'

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Being judged

Stigma

Stigma and fear

Awareness of services

Criteria

Fear

Stigma

fear of losing child

Services not working together

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Fear

The worry that their children will be removed from their care.

Fear of services removing their baby.

Staff constraints massive factor

Removal of children, being under other services (like addictions) without joint working with perinatal services.

Fear

Stigma

Feeling of grief when a child is taken away from your care.

Stigma



What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Fear

Lack of meaningful support

Inflexibility

Stigma

Stigma of lack of skills, ie. reading/writing which impacts so many other areas of life involvement

Judgement

Unsure where to access support

disappointed/traumatised by past experiences so 'not worth it'

Lack of post pregnancy services

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Confidence

Fear

Scared of losing the child

Negative views of services, due to their own lived experience

Shame

Poor experiences

Lack of information

Previous experiences with services

Fear of judgment

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Lack of flexibility

Shame,guilt, stigma and feeling like mums dont matter

Fear!Both from their own or other women's experience

Stigma

Previous experience

Previous experience

Judgement

Fear of baby being removed

Fear of losing children

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

lengthy waiting times for services after referral is made

referral time lines

Poor past experience

Layers of complex trauma, inherited trauma and generational beliefs

A true fear of stigma and also losing their child

Fear

Judged

Professional protectionism

Fear

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Stigma

Pre & during - stigma, fear, judgement Post - lack of services

Lack of awareness of services

Stigma women think they will be judged if they come forward or they think they will lose their baby

Lack of knowledge on what is available

Trauma

fear of being judged - losing their child

Discrimination

Shame. Stigma. Fear

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Staff not knowing how to help or what to offer

Lack of motivation

Feeling less than

Hopelessness that this time won't be different

Appropriate services at appropriate times for women - support isn't just required 9-5pm

some professionals' fear of open and honest working

Fear of being judged, stigma, past experience

Predominance of concerns about child protection

Intensively resourced flexible services

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Cut back on services.

Repeatedly having to tell your story

Shame, stigma, and fear.

Stigma, fear of being judged, fear of their child being taken into care, loss of control

Stigma and opt-ins

Not knowing what's available

Discrimination

Differing and competing priorities agendas or themes of professionals across services

Hearing needs of women, knowledge & skills support, capacity & leadership support

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Knowledge of service's

Concern that accessing support means they aren't coping

Lack of knowledge of resources

A support network that works and fits their needs

Stigma
Fear of enforced services
Referral criteria
Funding
Rural areas

Exclusion criteria rather than inclusion criteria

Lack of resource - for services it's frustrating to not have enough people/time to spread across all the need. Stigma. Lack of professional hope. Inequalities and deprivation.

Fear, Stigma
Past experience of services

thresholds/criteria
stigma

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Stigma

The unknown

Siloed Care

Access to service

Multiple stigma such as substance and: travel community, ethnic backgrounds

Stigmafear of losing a child - often again

Stigma

Not wanting social work involvement

Lack of awareness of support

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Past negative experiences with services

knowing they even exist

Not having resources to cope with demand

discrimination

Constant change of staffing, lack of consistency for women, people having to retell their story over and over again. Clunky referral process, paperwork, lack of time..fear of losing their children, and STIGMA..

Layered + complex experiences of Stigma Blame Fear

Stigma.

Judgement

Stigma, fear, type of support available,

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Judged on past experiences and risk adverse practice

Scared of outcomes

Fear of having baby removed, investigations into home life, significant others finding out the extent of the problem. And possible social work involvement with older children at home already.

Maybe being in care system themselves they are fearful of losing children to social work

accessibility

Fear of loss

Services "not fitting" and no other service available

Ineffective joint working and communication. Stigma. Trauma. Many, many others.

Judgement

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Unaware of support

Knowing what services are available

Money/budgetting

Service provision

Stigma - language used to describe women and families

For rural locations Geography is a barrier on top of the other barriers mentioned.

Not ready to change

Poor past experiences with services

Lack of direction for women. Eligibility criteria for services

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Lack of focus and visibility of recovery and good outcomes

Fear, stigma, not knowing when something's 'wrong'

Made to feel different from other mums

My child will be taken away

not the right services available

Awareness of what support they are entitled to and of how services should be delivered - advocacy needed

Guilt

Unaware of benefits of support

Fear and negative experiences

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Not enough mental health support provided for women who are struggling with fertility issues or pregnancy/baby loss - this is significant, traumatic and can predispose to future mental health difficulties but under-recognised.

structures and eligibility too rigid

Past experiences

Feeling judged and looked down on.

Stigma

Ratio of demand and resources doesn't match

Services have constraints that determine the way support is given. This fuels lack of flexibility and lack of individually tailored approaches

Most services require a referral process which cause delays and as Sharon rightly says women fall between services instead of providing an individual care package with collaboration

Being continuously re-traumatised

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Unaware of services

Lack of trust

Trust issues

Not knowing that services exist

Fear - losing their child

don't trust services

Previous poor experiences of services

building a relationship with professionals is fundamental and professionals linking to community services

Need resources that explain we are here to help and not take kids

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?

Being judged or labeled as a poor parent

Access to services, mistrust

the silos between substance use and mental health services

Preconception of social work removing babies

Judgement

Being lost between services, not enough opportunities for face to face, fear, low mood, relationship issues between parents, not being heard, services not chasing enough, trying everything to connect and build a picture with the family

That they will be questioned, judged and not held and supported.

Low income and poor accessibility of services

Fear of loosing child

We are taking a short break and the next session will begin at 11:25am. Menti is open for any feedback you have. See you soon!

Sharon's input has been phenomenal!

Thought provoking!

Taking so much from today already!!

Can you confirm that all slide will be forwarded to participants.NHS

Really informative and thought provoking discussions so far, thanks to all the organisers / contributors

Yes, Sharon for Prime Minister

Feeling really inspired and encouraged that there are so many likeminded and passionate people across Scotland. Women deserve better!

Sharon's input is invaluable, thankyou so much to her

Really enjoying content so far and good to hear so many people looking to help instead of 'Punish'

We are taking a short break and the next session will begin at 11:25am. Menti is open for any feedback you have. See you soon!

Really enjoying the collective thinking about these issues. Understandably, focus is on women, but important to note that mother+baby cannot be considered separately - hoping to keep babies 'in the room'!

Learned experience is HOW professionals LEARN. Thank you Sharon.

Lack of education with some professionals does impact on how service users are treated/judged/supported.

It is disappointing that none of this is difficult to do, but trauma informed care just isn't business as usual yet.

Really informative and encouraging that so many people have attended. More from Sharon would be great. Fantastic conference so far

Glad to know there's others who feel so passionate about this. Thank you so much for organising this, really though provoking!

Always happy to help organise & mobilise the voice of lived experience in Scotland - please don't hesitate to get in touch if you

Sometimes there can be unrealistic expectations placed on service users on how they should live their lives/lifestyle choices.

I've really enjoyed hearing from all the panellists, especially Sharon. Shows how invaluable it is to hear from those with lived experience.

We are taking a short break and the next session will begin at 11:25am. Menti is open for any feedback you have. See you soon!

Talking about joined up care it's a shame that there aren't more members of the addictions faculty with a voice at the table. I'm sure I'm not the only representative present at the meeting, but we are here! (Addictions consultant from nhs Lothian)

Services are so stretched and to provide gold standard services there needs to be money invested with the hope that the benefits of the proper supports will be seen over a period of time.

Very interesting and well presented. The willingness to help is there just the HOW to be worked out . Well done

How do we work to remove the barriers that prevent co-production of services / solutions; the inclusion of statutory and non-statutory services in making those things e.g continuity of funding, 'conflicts' in governance.

Too much emphasis placed on "drug testing" with decisions made for a family's future based on results from testing, ignoring the need for a holistic approach/holistic assessment.

Thoroughly enjoying the webinar so far! Really sad to hear the ongoing struggles with service access, particularly for individuals with multiple complex needs. Still huge gaps to be filled with multiagency working.

Hearing from people with live experience is amazing! It really hits home and reminds

And thank you Sharon for being our voice on here today We Do Recover !!!! ♡

We are taking a short break and the next session will begin at 11:25am. Menti is open for any feedback you have. See you soon!

Excellent event so far. Thank you

It is fantastic to see so many people here and we can all learn to improve and shape individual practice...a bottom-up groundswell. Cultural change also needs top-down direction, money, willingness to create a shift... how can we speed it up?

I love the idea of being able to share expertise within different regions of Scotland. How do we make that common knowledge let's share and grow together so everyone has the same opportunity

Already the empowerment within these sessions show services want and can improve. Sharon said stop having meetings and meetings and make that change. Each person can do that small changes which hopefully has influence on improving experiences.

With more funding and more staff we would have more time supporting women and their children. At the moment we rush from one visit to the next. Smaller case load would equal higher quality care (social policy employee)

Refreshing to hear professionals being so honest and acknowledging the gaps in services

Has anyone heard of the Rights based approach and the Medication Assisted Treatment from the Scottish Recovery Consortium

Language needs to change, stop saying Addiction services and call them Recovery services!!!

We are taking a short break and the next session will begin at 11:25am. Menti is open for any feedback you have. See you soon!

Thank you for organising this. Pleased so many attending. Really empowering

Transformative change

Feel so sad for the um of one of my babies ion foster care. At meetings she looks so sad. Not sure what support she is getting and she doesn't say much. Meetings all on zoom. Today is making me understand the importance of reaching out.

Heartening to hear that we are all experiencing similar challenges and wanting to improve

How do we reach out and educate the professionals that don't get it!

We need more of the mother baby recovery units to promote salutogenesis in this field. It's time.

positivity and determination

People from Shetland travel all over the UK to access residential services, including mother and baby services, as it is not available locally.

Joanne referenced requirement for H&SCP to commit 5% of budget for innovative practice. Can anyone help me

We are taking a short break and the next session will begin at 11:25am. Menti is open for any feedback you have. See you soon!

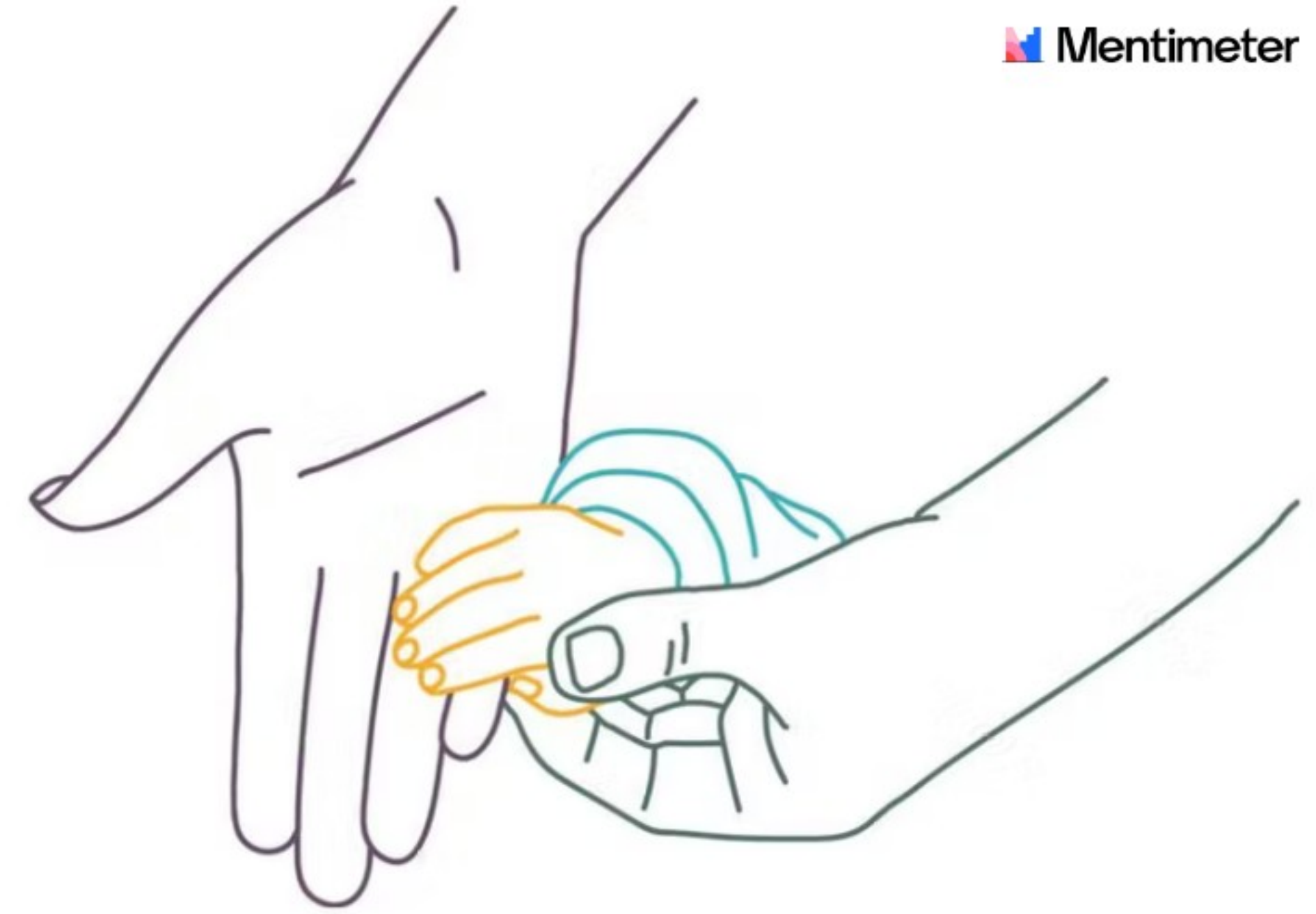
I am currently working as intensive family support health visitor in East Renfrewshire HSCP as a test of change and really excited about opportunities this brings to be creative, patient, persistent, relationship based etc. I feel galvanised! Marie

voice of the child

root and branch reform of systemic rigidities which resist change

Joining Up Pathways of Care

Session B – Speakers:



Emma Cashmore-Gordon, Perinatal Services Manager, Aberlour

Heather Kelly, Assistant Director, Aberlour




Intensive Perinatal Support Service

Emma Cashmore-Gordon

Perinatal Services Manager






“ I lost the care of my two older children as my life was chaotic due to taking drugs. If I had more help may be I would have been able to keep my boys “ (Mother)

“ I felt judged at meetings, like a second class citizen.. I thought I had to just do what was said ... I felt worthless” (Mother)

“Every child who cannot live with their parents needs to know that everything possible was done to help them remain with their birth families. For parents living with adversity they need intensive support” (Senior Social Work Manager)



Aim

Maximise opportunities for new babies to remain safely in the care of their mother through:

1. Facilitating recovery from problematic substance use
2. Enhancing parenting capacity

Service Delivery

- Referrals: Forth Valley Vulnerable Pregnancy Pathway, Self-referrals, GP, addiction services etc
- Relational, strengths based whole family support
- 7am to 7pm, 7 days per week
- Prebirth to baby's first birthday
- co-produced assessments and outcome focussed support plans
- Wrapping support around the family, recovery community, specialist services

Personalised Support

Prebirth - Focus on Mum and babies health & stabilising substance use

- Develop parents understanding of risk and safety related to substance use
- Support to attend appointments e.g. midwives, addictions services, social work, DWP
- Preparing for becoming a parent and home baby
- Increasing knowledge attachment/bonding
- Advocacy e.g. child protection care conference
- 1:1 therapeutic and emotional support (mental health, domestic abuse, trauma)

Personalised Support

Post birth - Focus on increasing parenting capacity

- Intensive visiting support
- Parenting coaching (bathing, feeding etc)
- Promoting bonding and attachment (play, baby massage)
- Supporting family time (contact)
- Building/strengthening kinship and community support



Outcomes

Parallel working with partners and in co-production with parents

1. Parent(s) provide safe, loving, consistent and predictable care: prioritising babies safety and wellbeing
2. Parent(s) improve their health through desisting, reducing or stabilising their substance use
3. Parent(s) parenting skills, knowledge and understanding increases
4. Support systemic change – parent(s) access early help and support

Challenges

Landscape of national support is sparse

Transitioning on from intensive support – what happens next for families and impact on recovery

Sustainability of services

“The best way we can help a new baby is to ensure that their parent’s needs are met and their trauma attended to”

Dr Bruce Perry (2020)



Mentimeter

aberlour
scotland's children's charity

End of Presentation

Thank you for Listening!

www.aberlour.org.uk

Registered Head Office: Kintail House | Forthside Way | Stirling | FK8 1QZ
Scottish Charity no: SCO07991 | Company Reg no: SC312912



Aberlour Mother and Child Recovery Houses (MCRH)





“I lost my kids a few times. They went to foster care and I would have went to a place like this if I had the chance. I think this is a great for women and their children.”

- Mum supported by Aberlour



“This is badly needed. I hid my drug use and people only found out about it when I had my baby and she was in withdrawal. I loved my daughter and would have welcomed something like this.”

- Mum supported by Aberlour



Follow us on Social Media



Aberlour Children's
Charity



AberlourCC



AberlourCCT



Aberlour Children's
Charity

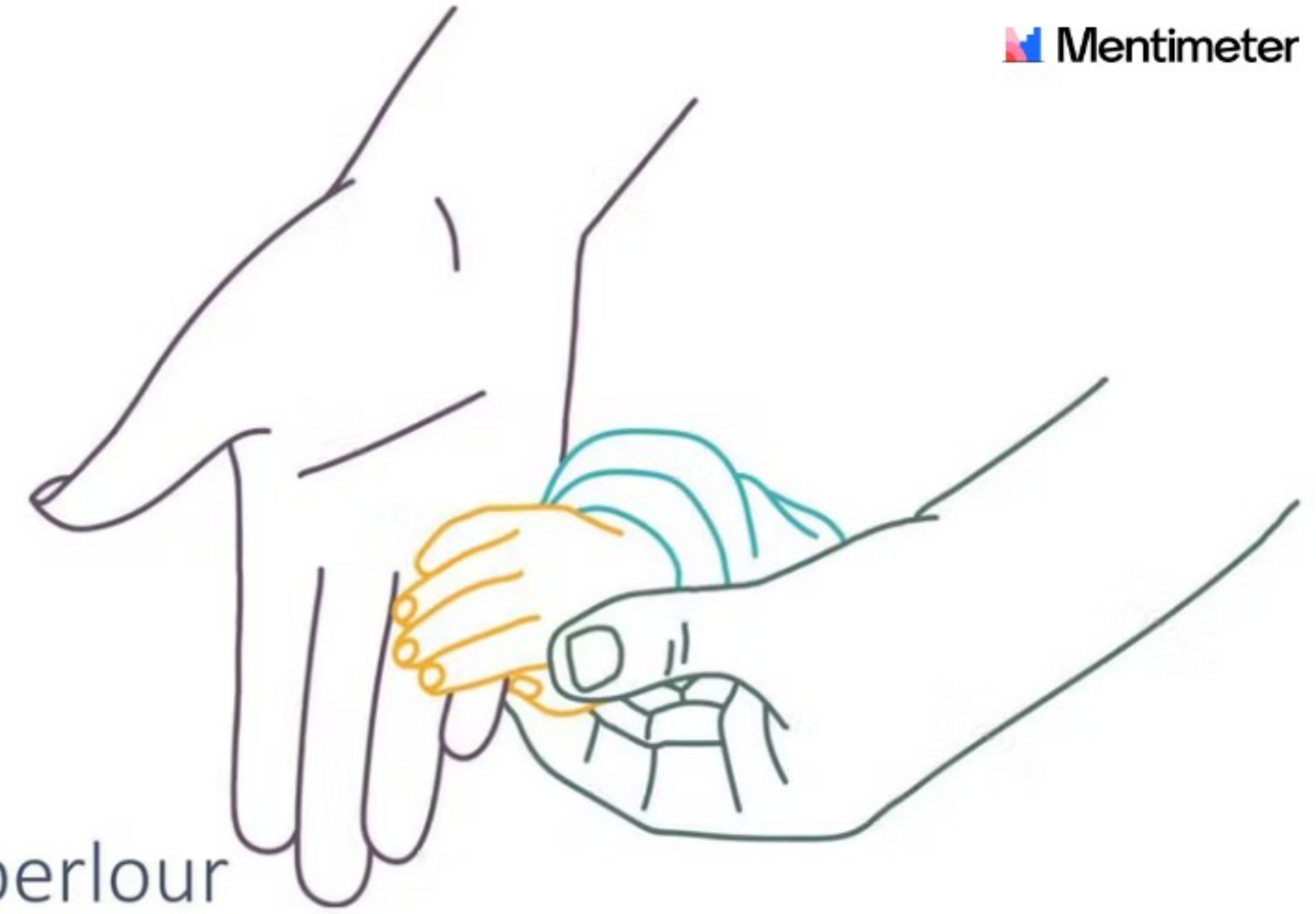


AberlourCCTChannel

www.aberlour.org.uk

Joining Up Pathways of Care

Session B – Panel:



Sharon Graham, Voice of Lived Experience

Emma Cashmore-Gordon, Perinatal Services Manager, Aberlour

Heather Kelly, Assistant Director, Aberlour

Hugh Masters, Chair of the Perinatal and Infant Mental Health Programme Board

Joanne Smith, Policy and Public Affairs Manager, NSPCC Scotland

Neil Hunter, Principal Reporter/Chief Executive, Scottish Children's Reporter

Administration and Chair of the whole family approach implementation working group

Panel Q&A

155 questions
832 upvotes

What opportunities do you see for creating joined up pathways of care?

More meetings like this to generate conversations and ideas

Modelling what works champions of change identified

Excellent staff training.

Specialist midwife forum across Scotland

A willingness from stakeholders

Awareness of available service

Lived experience workers/outreach need to be at the centre of this, the power of example and compassion and empathy

Better links between maternity services and those who provide support post birth.

Training!!

What opportunities do you see for creating joined up pathways of care?

working collaboratively with different professionals, regular multi-disciplinary meetings

More care for women More communicationCommunity awareness

Collaboration

Reduced hierarchy between LA and third sector

Education to other areas on stigma

Awareness of services

Service culture change and better culture of collaboration

staff training

Investment in training for staff

What opportunities do you see for creating joined up pathways of care?

Positive outcomes

Need to get decision makers to similat events

Training

Redesign of our service with lived experience and training

ongoing discussion like this

Networking with third sector, close kinking with maternity and other services, such as addictions. More trauma informed training opportunities.

There are potentially many but there needs to be more facilitation to bring focus.

training/networking

women should pick who they want to be their advocate

What opportunities do you see for creating joined up pathways of care?

better communication between services

Seems to be a National network is required

multi agency locality training

Training

Accountability

Is it possible to share who is attending from individual localities so we can contact each other and carry on conversations

Mapping out workforce development opportunities that are available

Training

Specialised midwife services in all areas of Scotland as opposed to just some

What opportunities do you see for creating joined up pathways of care?

Ongoing information sharing

Learning from each other

lived experience support

Change of overall culture and professional thinking and actions

Awareness of services and better links between these

Need stronger links with 3rd sector organisations who in turn need sustainable funding (Heather Sloan Health Improvement Lead - Mental Health)

Workforce training

Stronger links between statutory and third sector services

It all depends on effective communication and preparing the workforce for this through training.

What opportunities do you see for creating joined up pathways of care?

Links with those already providing specialist services

Funding

Continuity of service provision bridging pre and post birth - with additional provision for mother's who are not the main carer of their baby

Knowing what services exist and identifying gaps.

Advocacy

Trauma trained staff across all sectors

Sharing success stories. What is working

More meaningful inclusion of those with lived experience

Peer support

What opportunities do you see for creating joined up pathways of care?

Multi-disciplinary Meetings

workers having reduced case loads and more time to build relationships

Get everyone educated on the MAT standards and a right based approach Advocacy approach

Collaboration and peer support workers

Collaborative working and regular training

Chairpersons of Children's meetings and case conferences can be key

Multiple opportunities BUT we need sustainable financing and meaningful collaboration across sectors to create secure change for families. CrossReach

Sending directives to heads of services

Collaboration

What opportunities do you see for creating joined up pathways of care?

Better communication between supporting services

Improved staff training

Lived experience as specialist workers

Staff training and enough resources, recognition of the demands on services

Opening easier referral pathways

Investment and training

Definitely more people with lived experience to speak to teams. Its easy for us to be kind and compassionate but when you can't relate to their situation its difficult to know what to say and what can help or harm

COMMUNICATION

Long term multi working not short term funding

What opportunities do you see for creating joined up pathways of care?

Knowledge and understanding of our workforce & lived experience central to direction SUSTAINABILITY

Perinatal mental health services working collaboratively with addiction services opposed to exclusively

Lived experience within c&f social work teams

More action and accountability

We should look at what is the 'right' pathway, and then ensure that all services statutory and third sector can merge their skills depending on who is best at providing supports in a particular area of Scotland

Linking up perinatal and addiction services

Dual Diagnosis - smash down the silos - whole person humanistic approaches are required by all!

Lets all work together

Get the right people around the table at the right time but keeping mothers and unborn babies at the centre

What opportunities do you see for creating joined up pathways of care?

Referrals to Pre-Birth/Mellow Bumps group within Fife Gingerbread

collaboration. getting the right support for each family

Encouraging a shift in thinking amongst existing services
Acknowledging 3rd Sector's pivotal role in service delivery

Core mental health services supporting all women and babies with increased capacity and without stigma

Awareness of services
Less barriers around eligibility
Reducing the hierarchy between statutory and non statutory services
Allowing women and children's voices to be at the forefront, always

Improved long term funding

Collaboration between all professionals and lived experience to create a fantastic service

Training. Discussions and helping each other

collaborative care pathways between addiction services and perinatal mental health services where co-morbidity exists

What opportunities do you see for creating joined up pathways of care?

Sharing the same goal among all professionals

Training on women specific services

More opportunities for training on trauma informed practice/services

Thank you Anne - you are absolutely right - sustainability in the 3rd sector is constantly under pressure!

Sometimes feel communication is one way with local authority - difficult to be effective when working in the dark

Share ideas

Communication, Communication, Communication and systems that talk to each other!

Sustainability through effective training

Working collaboratively with professional joint training learning from each other

What opportunities do you see for creating joined up pathways of care?

I am part of a new community service which is developing in West Lothian to promote a whole system approach. This is focused on whole family support ensuring they have the appropriate links and support to access mental health & wellbeing services.

Upskilling workforce modelling across services

Training, awareness, collaboration, caring staff, time and the freedom to allow midwives to help and support their women

Be bold. Work with the families and Professional involved for each family and discuss what everyone can do for this individual family and tailor make the approach as much as possible (may be different with the next family)

sharing and learning

Open up the discussion with the resources available..... it may identify opportunities that can be taken forward to those with funding.

Coroduced services should become thenorm

challenging structural and organisational attitudes

Time! Developing meaningful relationships is crucial

What opportunities do you see for creating joined up pathways of care?

Reducing barriers to accessing appropriate mental health care for patients engaging with alcohol and drug recovery services

creating joint clinics between services, and include women with lived experience in design. Creating spaces where women can talk safely about each unique experience of pregnancy. Training for staff to understand importance of this.

Professionals understanding each others roles and sharing care in its true sense with less 'thats not my role, thats your role'.

Ability to network and pick others brains

Developing relationships with other services.

Always bringing whole family to joint discussion.

Training, information sharing, joined up working, flexible working, creating link workers between services.

Blended roles, removing rigidity which creates barriers

Better resource/ funding to improve capacity

What opportunities do you see for creating joined up pathways of care?

so informative and interesting!!

Better outcomes for women and their babies; opportunities to learn from each other and build strong working relationships that have the mother and baby at the centre.

Structural change. Proper funding. Vol sector has to provide on lower budget which creates inequality but has stronger voice than stat sect social work dying under weight of paperwork and lack of proper resource. Relationships need to be priority

I've lost the zoom link!

No to discriminate isolated areas from residential support just because of the distance to travel. If mums want to keep their babies. They will go anywhere to not be separated .

trust

We are taking a short break for lunch and the next session will begin at 1pm. Menti is open for any feedback you have over lunch. See you soon!

Fab event

Amazingly interesting

Coproduced services take longer to establish but are more successful in the long term

Thanks to everyone so far for this platform

Really well run day so far. :)

This has been really useful and though provoking. So relevant in the current climate of change and service redesign.

So many good things happening but I still hear sentences that start 'what we need...'

Really informative, thoroughly enjoying it today, thank you all

Informative and well organised

We are taking a short break for lunch and the next session will begin at 1pm. Menti is open for any feedback you have over lunch. See you soon!

Best event I've been at in sometime!

So interesting and engaging. Looking forward to next session.

Thanks really informative and thought provoking

This reinforces that I am in the right job

Thank you! I can see collaborative events like today are creating more transformative change by their very nature of inclusion and structure.

Really like the interaction and the use of menti!

In my role as a statutory SW, I have found that lack of training and experience re trauma, addiction, ACE's for workers can significantly impact on engagement, assessment and supports for mums and children.

Definitely see link between engaging in new person centred ways professionally and transformative change after today

Great event - taking away so much so far - thank goodness its not a face to face event as I would not have managed to attend - thanks all for pulling such a comprehensive conference together :)

We are taking a short break for lunch and the next session will begin at 1pm. Menti is open for any feedback you have over lunch. See you soon!

Excellent training - only wish more of my colleagues had attended!! I'll certainly be sharing what I've learnt from today. Thank you 😊

Just loving Mentimeter - never used it before - fantastic tool for getting feedback etc.

thankyou all for a very thought provoking training session. a lot to reflect on. There is a lot of help out there, better communication needed on all tiers of care.

I think third sector is undervalued and under funded. Lots of what is being discussed today is already happening

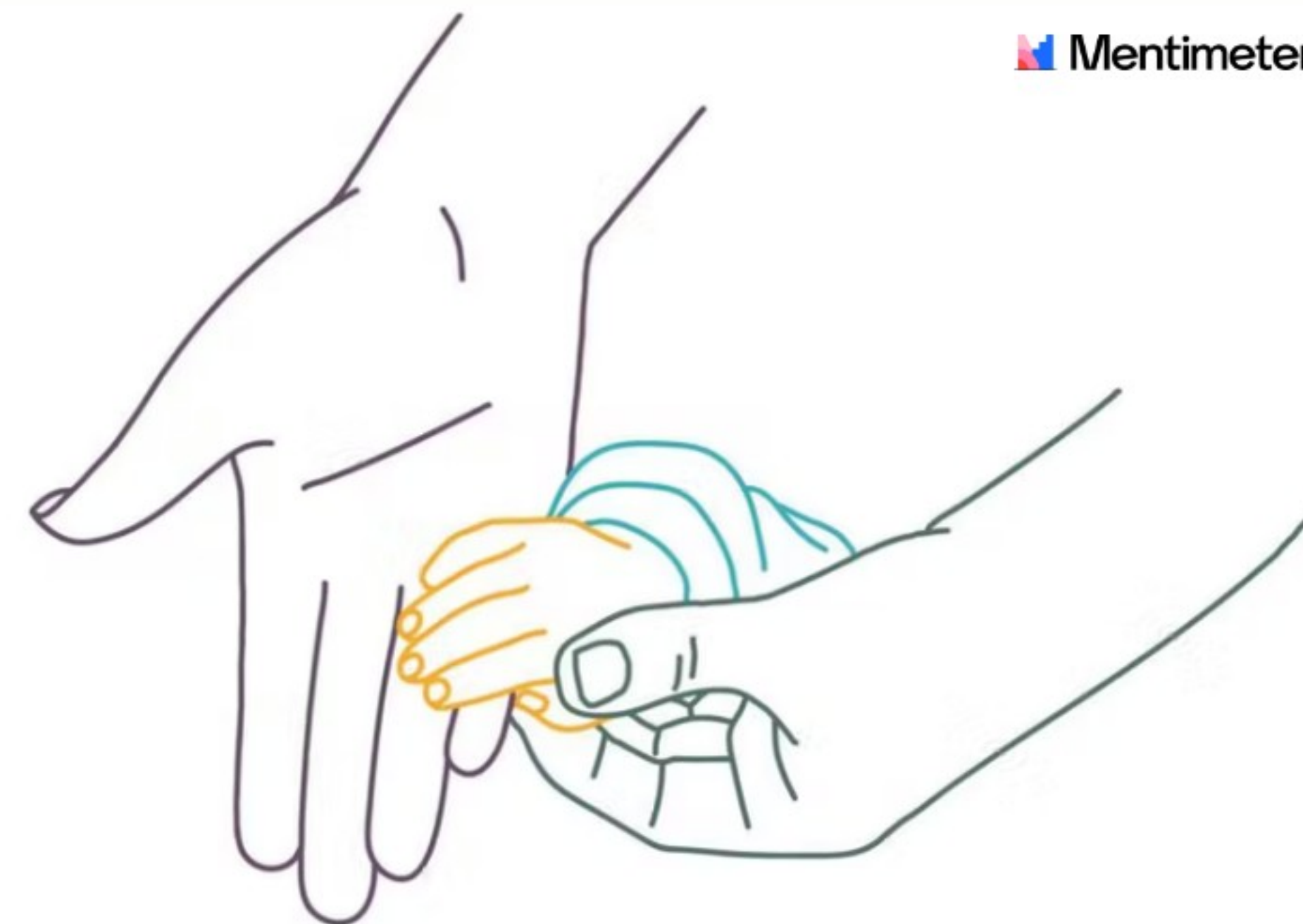
Really keen to feed back today's content to our team. Can see opportunities for changes already!

Had this training been face-to-face, I wouldn't have been able to attend due to cost implications. Could any future events be a mixture of face-to-face and Zoom?

intensive support needed

Compassionate

Joining Up Pathways of Care Session C – Speaker:



Julia Donaldson, Consultant Clinical Psychologist, NSPCC

WHAT DO GOOD SERVICES LOOK LIKE? NSPCC Glasgow Infant & Family Team

Julia Donaldson
Consultant Clinical Psychologist/Clinical Director

Supporting Women – Reducing Harm
28th April 2022

Glasgow Infant and Family Team GIFT

Interagency partnership NSPCC NHS GGC and GCC
Multidisciplinary team established for > 10 years

Assessment and support/intervention with young children under 5 in care and their parents/carers.
Intergenerational approach

Individualised, goal orientated intensive support plans using evidence-based interventions

Key aims: support infant mental health and recovery through relationships and make recommendations to legal/social care system



Infant mental health: Practice and Policy



Primary caregiving relationships are the most important predictor of children's social and psychological outcomes

Quality of caregiving experiences is critical and key to child well-being

Stability and minimising harm of disruptions

Caregivers support the child's mental health when they provide sensitive and attuned care and value the child as an individual

Attachment Theory: John Bowlby (1969)

Parent recognises need,
comforts, child accepts comfort



Child feels safe and able to
explore again



Attachment Theory: John Bowlby (1969)

Parent recognises need,
comforts, child accepts comfort

Child feels safe and able to
explore again



This is **really** hard to do if
you are stressed, scared,
coping with substances
yourself

Stigma

“Stigmatization has a perverse double effect:
- the more society stigmatizes people who use substances, the fewer opportunities for treatment will be on offer
- at the same time, stigma drives individuals who need help away from those services that are available”

[Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

Addiction is a societal issue – we all have a responsibility to support women and families affected by addiction.



Parenting outcomes of parenting interventions in integrated substance-use treatment programs: A systematic review

Angela D. Moreland^{*}, Aimee McRae-Clark

Medical University of South Carolina, 67 President Street, Charleston, SC 29425, United States



- Positive parenting outcomes with the inclusion of parenting interventions in **integrated** substance use treatment programs
- Parenting interventions should be **tailored** for parents who use substances

RESEARCH

Open Access

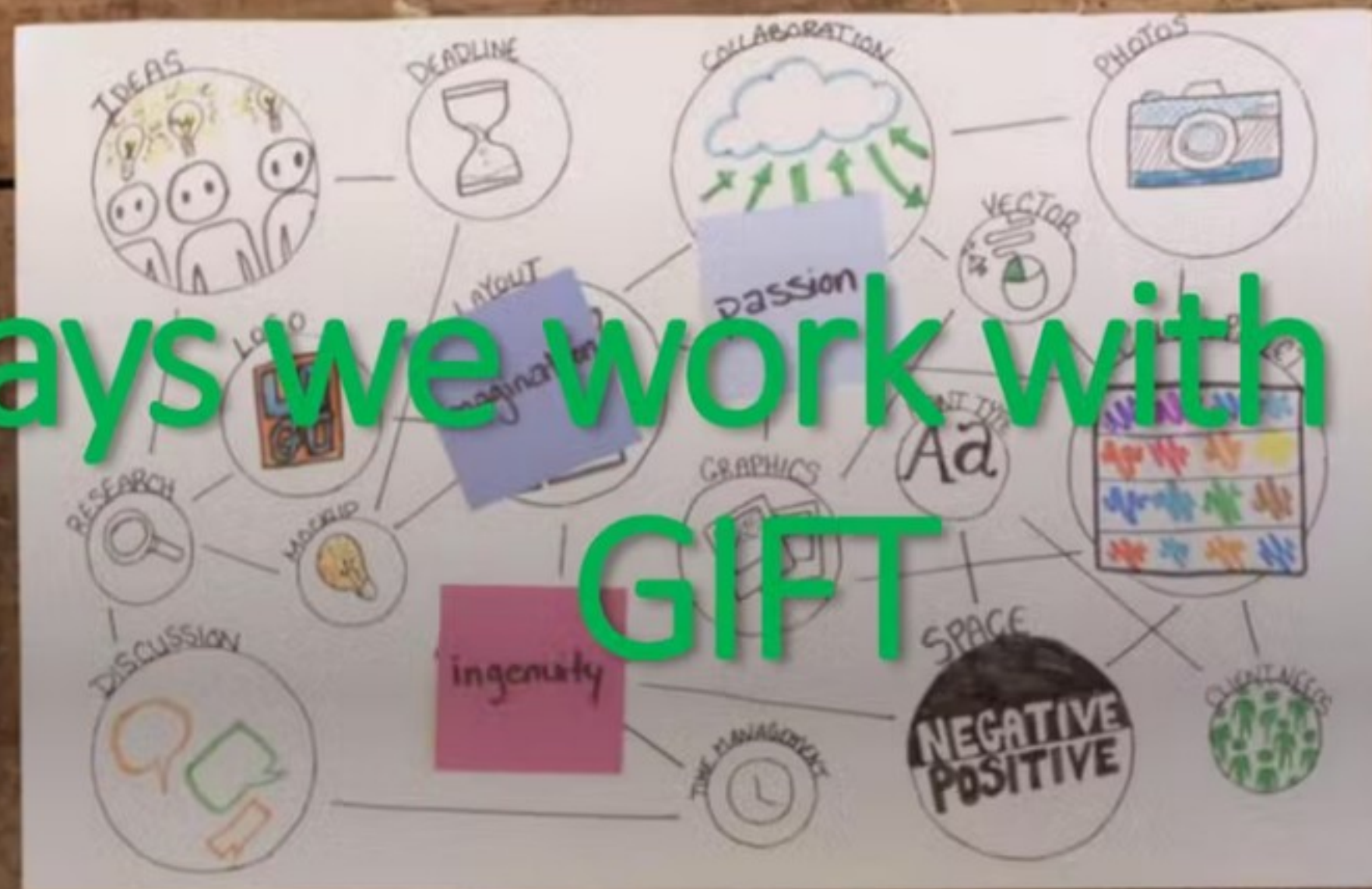
Mediation pathways for reduced substance use among parents in South Africa: a randomized controlled trial



Adeem Ahmad Massarwi^{1,2*}, Lucie Cluver^{1,3}, Franziska Meinck^{4,5}, Jenny Doubt¹, Jamie M. Lachman^{1,6}, Yulia Shenderovich^{1,7,8} and Ohad Green¹

- Findings emphasize need to create **supportive environments and systems** for parents who use substances and experience emotional stress and mental health problems, particularly within families experiencing adversity.

Some Ways we work with Families at GIFT



Community
Efficiency

Plan

Creation

Investment

Com

Experiences of Families working with GIFT

Parents

- Experiences of neglect and trauma
- Substance Use
- Mental health – mood; anxiety; complex trauma; neurodevelopmental
- Domestic violence

Infants

- Experiences of neglect and trauma
- Relationship/attachment disturbance, developmental delays - social/emotional
- Genetic factors, in utero exposure

GIFT Interagency approach



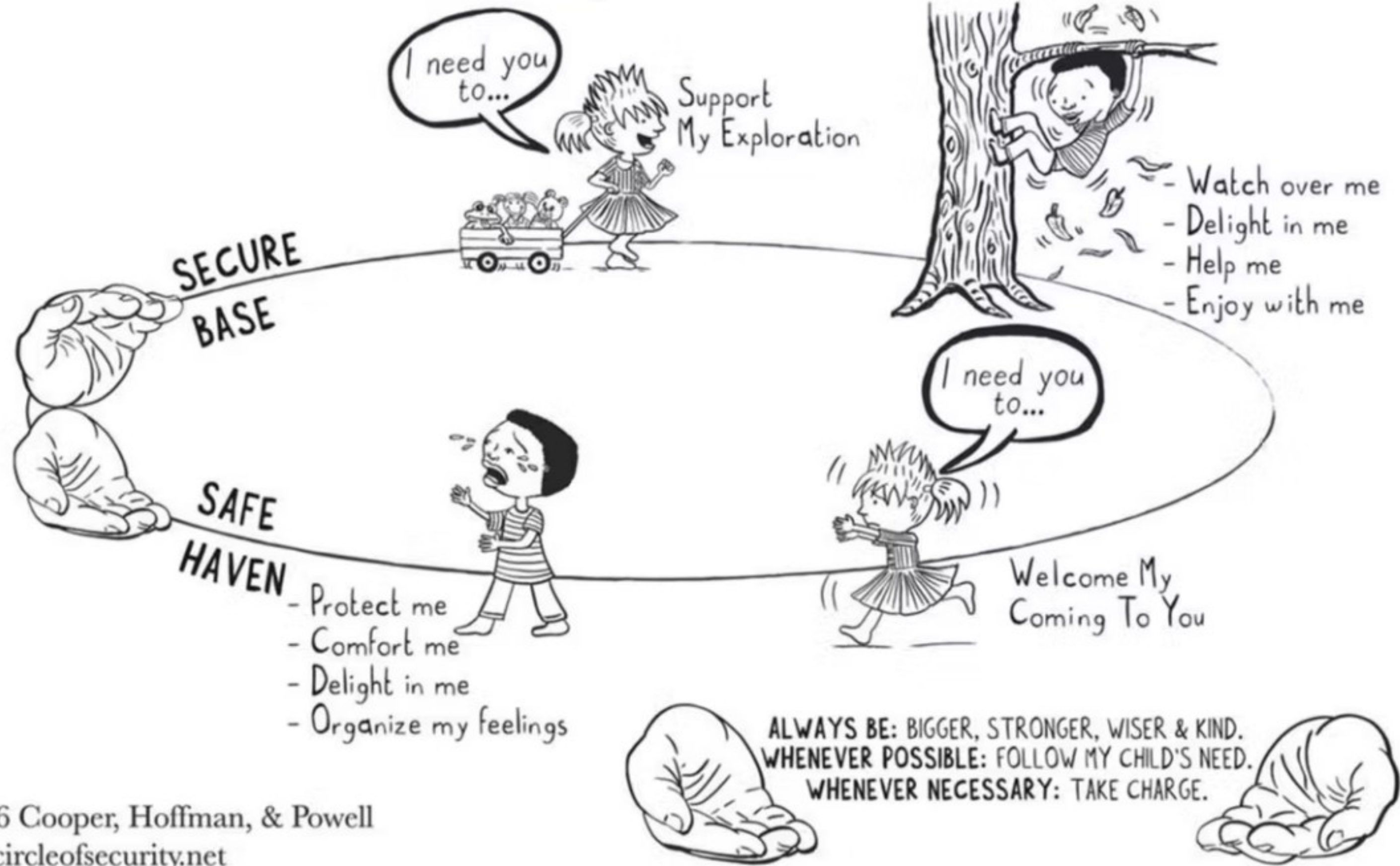
- Interagency partnership – strategic level
- Support/intervention plans which wrap around the family to address relationships *and* mental health *and* addiction
- As much, if not more, time on intensive liaison/communication with all involved, as on infant-parent intervention

With Parent: Compassion Focused Therapy

- **What brought me here?**
 - Early experiences
 - Feelings of shame
 - Your views of yourself and others
- **Key fears – about others, about how others think of me**
 - E.g. being hurt more; being alone
- **Safety behaviour – what I do to protect myself/survive**
 - E.g. avoid, numb
- **Unintended consequences**
 - E.g. hard to trust; keep others at a distance, loss
- **Strengths**

Circle of Security®

Parent Attending To The Child's Needs



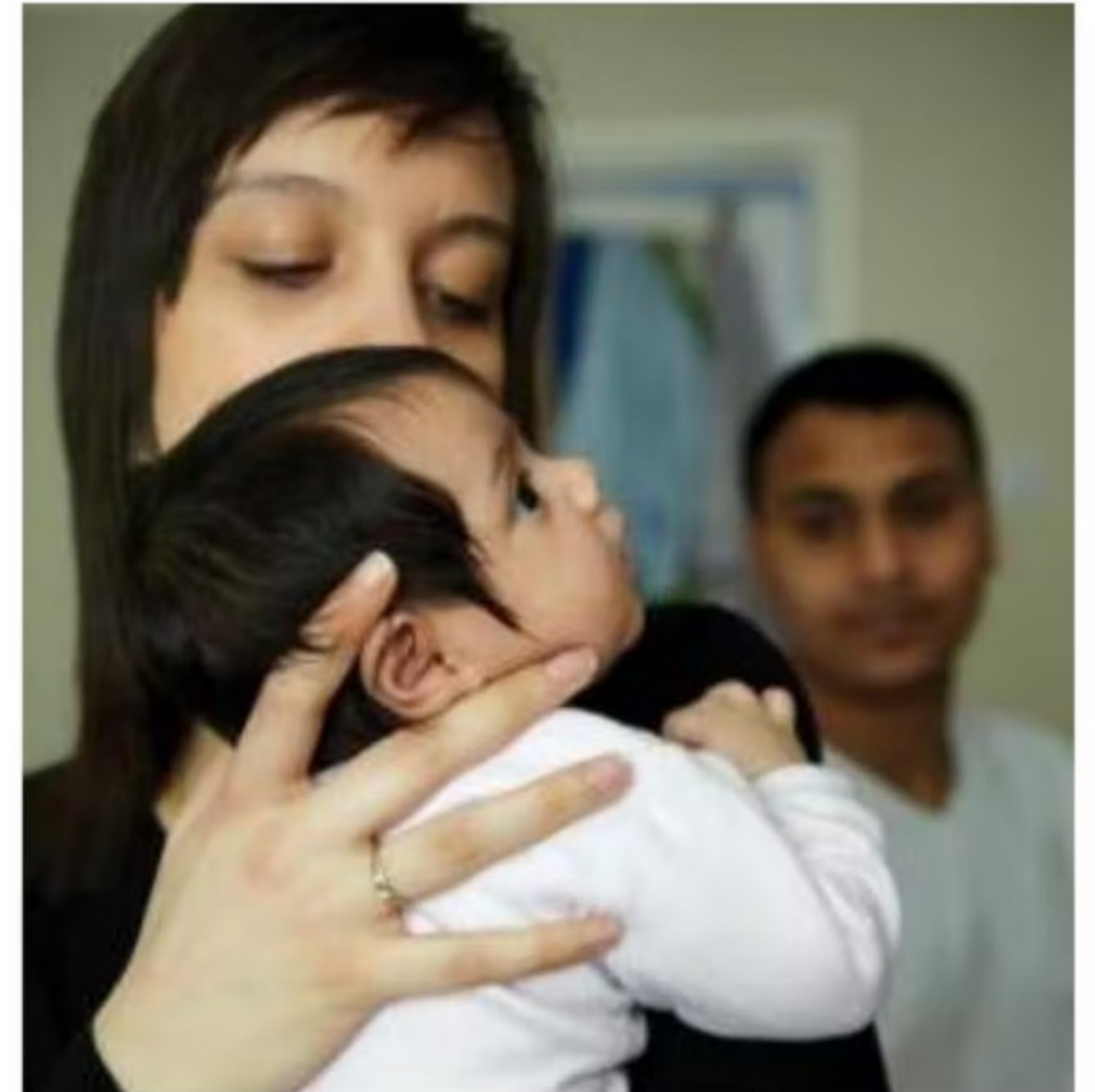
Circle of Security Parenting Intervention

- Hands that hold the hands
- We are all learning as parents and doing our best with what we have
- We all make mistakes, and these are opportunities for learning and support



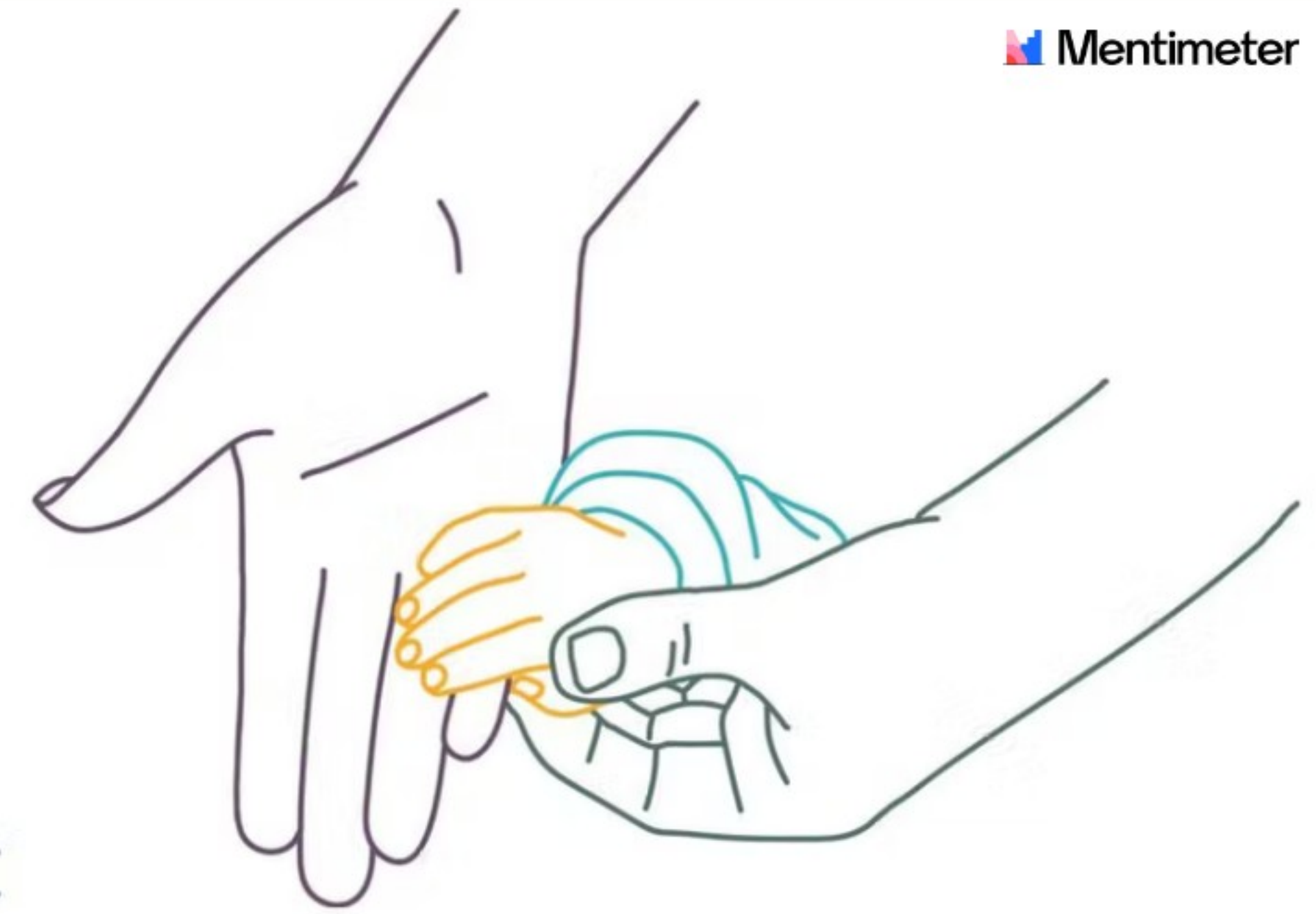
Summary for Discussion

- Need for compassionate approach with both parent and their recovery/ mental health and their relationship with their baby
- Working and investing across the generations
- Minding the gaps - interagency approach at policy, planning and support level
- Travelling with hope - opportunities during pregnancy and beyond
- NSPCC/GIFT welcome involvement in the next steps for supporting women and families



Joining Up Pathways of Care

Session C – Panel:



Sharon Graham, Voice of Lived Experience

Julia Donaldson, Consultant Clinical Psychologist, NSPCC

Lorraine Farrow, Senior Educator - Trauma Informed Care, NES

Dr Patricia Jackson, Paediatrician, Honorary Fellow University of Edinburgh, Advisory group Healthier Pregnancies Better Lives

Rod Finan, Social Work Advisor, Office of the Chief Social Work Adviser/Strategy, GIRFEC, Promise Unit, Scottish Government

Panel Q&A

155 questions
832 upvotes

What would you like the Short Life Working group to focus on?

It's all about relationships. Change MUST be based on this.

Joined up care in pregnancy, early years and later

Identifying good models to take forward and securing long term funding where required

Training and more support available to support this client group

Collaborative approaches

training services on substance use and like GIFT enable us to better support this along with the pi relationship

Workforce planning

Rural agendas

How to really encourage a shift in attitudes and practice across the board

What would you like the Short Life Working group to focus on?

Equity of service across localities

Training

A better recording system between agencies

To focus on a Scotland wide approach with consideration to rural localities north of Scotland

How to strengthen interagency/multiagency working

Collaboration between services

Training and collaborative approaches.

Focus on issues raised by women with lived experience

A whole system approach

What would you like the Short Life Working group to focus on?

Removing barriers for accessing support

collaborative working

Consistant approach for all agencies involved

importance of lived experience

Reducing barriers

collaborative working

National network for a National approach

relationship building and time needed to do this

More focus on data sharing between agencies

What would you like the Short Life Working group to focus on?

Support and influence on culture change

Easier joint working across service

Building trust and relationships

Making support services available throughout Scotland.

Increasing acces to services for all women and families throughout Scotland

Earliest possible intervention.Good communication and sharing.Continuity and no post code lottery

support for mums whose children are accommodated

good communication between services

Opening this up to the rest of the country

What would you like the Short Life Working group to focus on?

Relationship focused interventions alongside supports for women

Stop stigma

Interagency working

Collaborative working and training

Sustainable investment in statutory and 3rd sector services

Minding the gap, joined up services and clear/accessible care pathways for staff to know where to refer and when

Workforce development, training on stigma and substance use

How to make this equitable across Scotland

lived experience collaboration and what works

What would you like the Short Life Working group to focus on?

Upskilling of staff, implementing structures to facilitate best practice

How to achieve consistency in provision for parents/children in rural/small communities (e.g. for those unable to access more specialised or residential services)

Better collaboration between health & social care. Systems that work for people. Women-specific substance use treatment and support in the community.

Training

Communication - Ensuring systems talk to each other - NHS not compatible with SW - SW not compatible with 3rd sector.

Securing recurring funding commitment

Strengthening links between existing services to improve experiences and outcomes overall

Integration of service providers

Equality of services across Scotland Collaborative working Smoother access to information

What would you like the Short Life Working group to focus on?

Meaningful and secure integration of multi sector wide support to hold the hands of the families

No matter where you live in Scotland what elements would make up a 'good' support service to women needing support?

Improved partnership working

Equality of services across all areas

Relationships and services keeping the women and families at the heart of services

Clear direct real time reporting flowchart of case examples of barriers in joint working

Making the connections between addictions, childhood sexual abuse and the intergenerational impacts. How we design and sustain excellent services keep focus on the infants experience

Mapping current training and who is able to access it, identifying gaps and addressing training needs

How we can put these discussions into real life practice. Stop talking time to put it in to action.

What would you like the Short Life Working group to focus on?

How this information will trickle down into local authorities and force positive change?

Systems that talk to each other

Approaches that can be used and adapted for every locality.

Scotland wide approach

More lived experience involvement in statutory services

Parental attachment

Design a gateway matrix of needs that a first point of contact can use to easily to identify an appropriate service or services for the mother to access

How to improve multi agency working

Local specific services for women & families so they are planned, tailored, with right staff so more new services set up who are equipped to deal with this and specialise in it rather than sit in generic teams

What would you like the Short Life Working group to focus on?

Meaningfully embed lived experience in services

Ensuring mothers from whom children have been removed receive the same access to support and equal access to Service across Scotland

A complete system/approach across the whole of Scotland

More cohesive working across agencies Tackling stigma for women experiencing addiction and other life adversities
Those with lived experiences facilitating training sessions for professionals?

access and pathways across health, third sector, social work in all localities

Developing strategies to tackle the stigma attached to women, mothers and substances

Making it easier for statutory and non statutory services to link up: data sharing; mutual respect; joint assessment and referral e.g. a key worker who finds / outsources what a woman / family need; cross-sector approaches.

Equity of service across Scotland

A representation from Health Visitor please, given we are the Named Person from birth to 5?

What would you like the Short Life Working group to focus on?

Need to tackle stigma - raising awareness of stigma especially stigmatising language - maybe an anti stigma campaign

Accessing addiction interventions alongside relationship intervention

Improving access to joined up services

Life course What women bring to pregnancy What men/partners bring How this impacts their relationships + the infant Through to toddler preschool primary/secondary young adult + risks of developing problematic alcohol/substance use

consistent and collaborative working

More therapeutic work in pregnancy to include thinking about parent infant relationship

Involving lived experience in developing services

services nationwide not just central belt

Lived experience informing service planning & design

What would you like the Short Life Working group to focus on?

Collaborative working

Collaborative working and importance of lived experience

change eligibility criteria or approach by HNS addiction and mental health services

Training for all services on causes of addiction and lived experience

Co-production

The need for early intervention

Early intervention

Preventative work where the focus is to provide support in the hope we can reduce crisis intervention and possible removal of babies

Training development collaboration good practice examples & Implementation guidance documents

What would you like the Short Life Working group to focus on?

Interagency/ multidisciplinary approach

Early intervention

Consistency of services throughout all regions. More service user involvement is so important.

lived experience

Interactive process to increase real life practice issues both good and not so good examples

Experts by experience need to be involved and meaningfully supported and not just a tick box cheap option

Create a formalised method for woman's voices to influence service design and funding those services.

long term funding for third sector

Integrating training into all services to integrate a perinatal health, substance use and mental health

What would you like the Short Life Working group to focus on?

Early intervention in pregnancy

Joined up working

National collaboration

Joined up care

making sure that statutory and 3rd sector are working together and sit down with each individual case they share to make a plan of care

Maintain the balance between needs of mum and baby

Integration of services

Lived experience service planning, design & delivery

on going training please, and consideration for those who do not have English as their first language in Scotland.

What would you like the Short Life Working group to focus on?

Easier access for psychological support for women living with - trauma - waiting lists are too long!

Multi-agency approaches to training and delivery of services that include 3rd sector

Support in the longer term for mothers losing their children to the care system as this is a huge trauma in itself

Supporting the workforce: delivering training to develop responsive, empathetic listening skills to effectively build competency, capacity and support the whole family

Removal of stigma and stereotyping

Services need to assertively engage with women and families

Implementation alongside working group rather than waiting till end of group life

Policy drivers and models to provide clarity in this redesign to help turn this idea into reality.

Establishing accessible and attractive career development opportunities, so that we can redesign services that are not limited by pre-existing professional roles and disciplines

What would you like the Short Life Working group to focus on?

Core funding = long term services with relationships and collaboration with service users and other professionals at heart. LONG TERM FUNDING AND COMMITMENT

We haven't addressed the 'how'do we encourage more of the interagency collaborative working we all want.

Appreciate all roles and picking up on good practice already available. Involving families . Local support available.

Ensuring awareness

Educating on how attachments are made so pregnant woman can understand the effects on their child, and help them to bond

Principles for care pathways, collaborative care pathways, and to hear from addiction services about their role in working with these vulnerable families and assertive outreach models, sharing best practice e.g. the PrePare Team/ GIFT/ other models

How to remove barriers for women accessing the services

Specific CSA support services. Residential rehabilitation services, a menu of treatment options for substance dependency, employing those with previous lived experience in health and social services and vol sectors. Challenging stigma

multi agency support to this - is there anyone from the police here today ??

What would you like the Short Life Working group to focus on?

Training about the importance of working with the parent infant relationship during pregnancy with an appreciation of each conception/pregnancy/PIR being unique.

Lived experience essential

Fair, consistent and secure supply of responsive services across the whole country.

Keeping lived experience at the heart of the suggestions going forward

Something that we can do now is Development of resources to inform women of services and what to expect from them

Slwg should have good representation across sectors with an equal representation from lived experience . Claire Muirhead ADP Glasgow & LE

Taking the persons with lived experiences and getting their opinions on what would be the best way to support. To make the system easy to access and flexible. It needs to be an approach that everyone follows not set by boarders. Collaboration is key

Reduce the inequalities

adequate resourcing on the front line

What would you like the Short Life Working group to focus on?

Drugs services and Mental health Services need to collaborate more in terms of policies around dual diagnosis - we've been saying this for years but the complexity of these issues mean we need to be serious about this issue

Equal access to services

Stat social workers must be involved. Practitioners make important decisions but we are rarely part of the discussions

Education and support but for the women to help them recognise how to make positive change

Supporting new and developing services to implement the ways of working being discussed today into their service from the start and not be restricted by their organisation.

How can we support mothers in rural communities? Mothers with substance misuse issues are flown from the Northern Isles to Aberdeen to deliver their babies, which is in both the mother and babies' best interests but their support network isn't there

Provide professionals with guidance on balance between support and protection

Balancing the needs of mothers and their babies. More sympathetic and proportionate responses from services

How will membership of SLWG be selected ?

What would you like the Short Life Working group to focus on?

Mapping of what is available and where so women can be easily signposted

Support for women after their children are removed. Separate from Social Work. Often workers who are trying to support mothers are the ones who have removed child which is not fair on mother and worker. It is a conflict.

Robust training for all professionals on stigma

Early intervention, multi agency working , joint training.

clear pathways to services

Drug services and mental health working together.

What is getting in the way of practitioners and agencies delivering the kind of care they know that women need?

Grass roots upwards not top heavy ideas.

Training for Health Visitors on addictions and clear guidance on support services locally.

What would you like the Short Life Working group to focus on?

Listen to what women need , early intervention and collaboration of services

Ensuring all agencies are resourced to allow continuity of care

Definitely need to address the hopelessness of mums when child removed and give back some hope

MBU style service that would accommodate women who have substance use issues during pregnancy similar to the Aberlour approach

Who is attending the SLWG?

Learning from best practices already in place and providing more equity of services.As a health visitor I strongly believe that as a non-stigmatised, universal service our role should be a central plank of perinatal infant mental health strategies

Safe space

training and support for the social worker who removes the child to ALSO support the parents - It CAN work really well as they have all been on the same journey and my experience is that it has worked for some families - we need the will

Unite services focusing on the shared goal

What would you like the Short Life Working group to focus on?

Helping parents and children to stay together and thrive

I think we need to very much acknowledge the skills, support and dedication from agencies, to help family's be together and the importance of relationships. However the support given to parents or parent when the child is removed is also there

Support for women , after children are removed .Someme out with social services as there is a real barrier there. Mums are often judged and deemed as non engaging due to the anxiety around social work therefore emotions are heightened.

We need professionals to talk in plain English and not using jargon. Those with lived experience should be treated as equals and not seen as if they're lucky to be included.

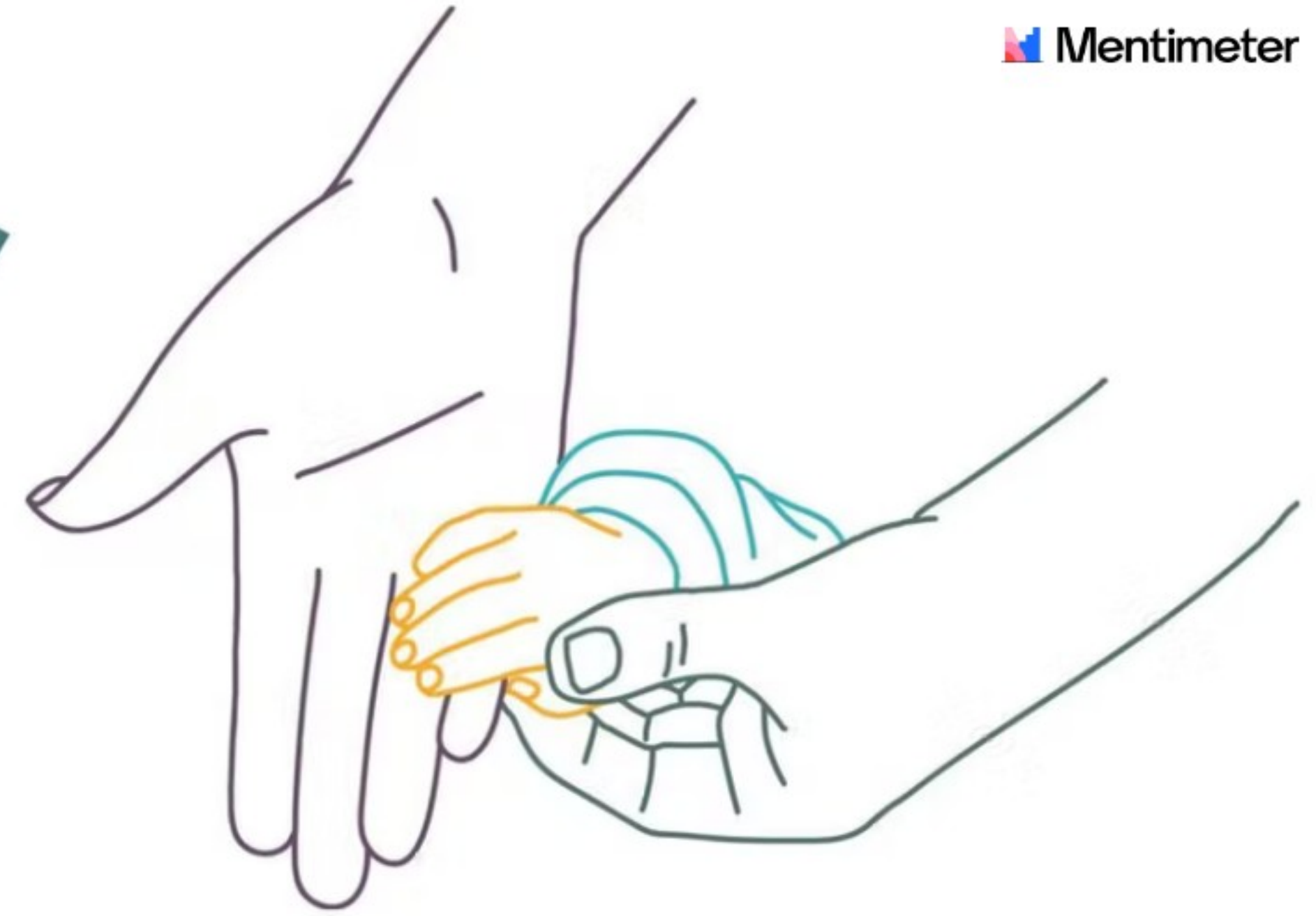
I nominate Sharon to be on the SLWG

Be understanding when planning services. Recognising constraints of those workers who have less power than others through lack of a voice and resources and staffing levels. By recognising and understanding this solutions can be found/barriers broken

Wrap around support being offered as soon as pregnancy identified as vulnerable

Hoping general support to women will be considered not just high tariff addiction

Supporting Women, Reducing Harm



Thank you for joining the event today

For more information on Supporting Women, Reducing Harm, please contact: nss.pmhn@nhs.scot

To contact the Inspiring Scotland team, please email: pimhenquiries@inspiringscotland.org.uk

 Keep the conversation going **#SWRH2022**

This event is brought to you by...



Scottish Government
Riaghaltas na h-Alba
gov.scot



INSPIRING SCOTLAND