



THE WOMEN'S HUB AND STAFF REFLECTIVE SPACES

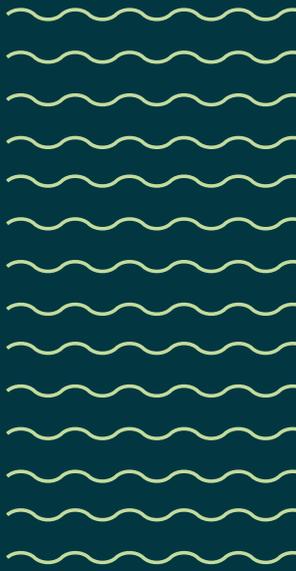
A Review of Practice Development at Change Grow Live (CGL)

AUTHORS:

David Garrett
Rachel Payne
Rebecca Rieley
Charlotte Cooke

WITH SPECIAL THANKS TO:

The women who attended the CGL Women's Hub, the CGL staff and volunteers who took part in the Women's Hub and Reflective Spaces, the Seaview Project's lived experience team (RADAR), and all the other partner agencies and services who supported the Women's Hub with their staff, time and creativity



JUNE 2022

CONTENTS

EXECUTIVE SUMMARY	3
PRACTICE DEVELOPMENT WITH CGL	5
MEASURING IMPACT	8
THE IMPACT OF PRACTICE DEVELOPMENT INITIATIVES	9
LOOKING TO THE FUTURE	16
SYSTEMS CHANGE	19
HOPES FOR THE FUTURE	19
RECOMMENDATIONS	20
CONTACT DETAILS	20
REFERENCES	21
APPENDICES	22
APPENDIX CASE STUDY 1: KAREN	22
APPENDIX CASE STUDY 2: ELLA	24
APPENDIX CASE STUDY 3: CLAIRE	26

EXECUTIVE SUMMARY

Substance misuse is a common issue for people with multiple and complex needs (MCN), and is often linked to experience of trauma. With so many MCN clients requiring support with substance misuse, the Fulfilling Lives South East Partnership (FLSE) wanted to work alongside the commissioned local service, Change Grow Live (CGL), to explore new ways of working that could enhance service provision.

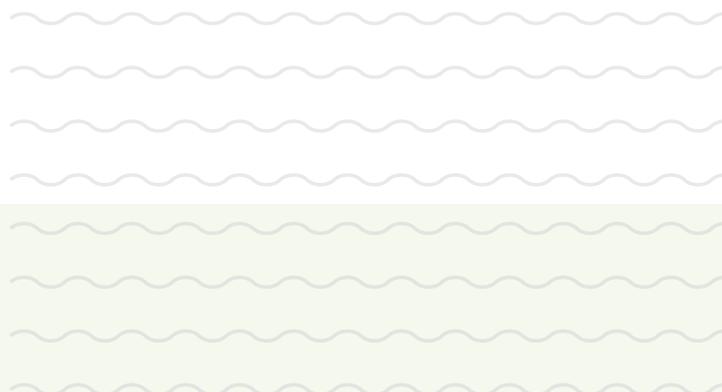
The CGL Women's Hub was setup in Hastings to explore a different approach to substance misuse service provision which may increase engagement for women with MCN. The CGL Women's Hub provides a treatment pathway at a neutral venue for women with MCN who do not feel able to engage consistently and meaningfully with substance misuse services at CGL's main offices. The engagement of 40 women, case studies and feedback were recorded to review the impact of this service model.

This review found engagement was significantly improved compared to previous engagement with CGL services and that women were able to access further treatment and support through the Hub. CGL are looking to continue the work of the Women's Hub and expand to provide this at other locations. There is potential to apply this model to support other marginalised and minority service user groups.

Identifying a need for increased use of reflective skills in supporting clients with MCN, a model of staff group reflective spaces was designed and implemented with a staff team at CGL in Hastings. Initial feedback is positive, and staff have committed to continuing this approach.

KEY STATS

- Women were 78% more likely to go to the Women's Hub than have a keywork session at CGL's main office
- Women were 299% more likely to attend the Women's Hub than groups at CGL's main office
- The average time spent at the hub per person each session was 2.55 hours
- 6 clients have gone on to access further drug and alcohol treatment (rehab and detox)



FULFILLING LIVES SOUTH EAST

The [Fulfilling Lives South East partnership](#) (FLSE) works across Brighton & Hove and East Sussex and is one of 12 projects across England funded by the National Lottery Community Fund to support working age adults with multiple and complex needs (MCN). Starting in 2014 and ending in June 2022, its purpose is to collaborate with partners to bring about lasting changes to the way services support people with multiple and complex needs.

CHANGE GROW LIVE

[Change Grow Live](#) (CGL) is a national charity whose mission is to help people change the direction of their lives, grow as individuals, and live life to its full potential. The organisation is the main provider of commissioned substance misuse services in Brighton & Hove and across East Sussex.

MULTIPLE AND COMPLEX NEEDS

Multiple and complex needs (MCN, also referred to as multiple disadvantage) are persistent, problematic and interrelated health and social care needs which impact an individual's life and their ability to function in society. They are likely to include repeat street homelessness, mental, psychological and physical health problems, drug and/or alcohol dependency, and offending behaviour. People with MCN are more likely to experience violence and abuse, including domestic violence, live in poverty and have experienced trauma in childhood and throughout their lives.



PRACTICE DEVELOPMENT WITH CGL

CONTEXT

FLSE produced The Perspectives Project in 2021, which pulled together experiences of complex trauma and substance misuse treatment support in Brighton & Hove and East Sussex. The findings highlighted how substance misuse and mental ill-health have been the most common problems for people on the FLSE caseload (94% and 96% of the project's caseload respectively), with a high degree of overlap between the two conditions, where 90% of beneficiaries experienced both as co-existing conditions with complex trauma linked to adverse childhood experiences (Rieley et al., 2021).

With so many of FLSE's clients engaging with, or needing to engage with, substance misuse support services, FLSE wanted to work alongside the commissioned local service, Change Grow Live (CGL), to explore new ways of working that could enhance service provision for people experiencing MCN. FLSE invested in the 12-month Practice Development role, starting in July 2021 until June 2022.

THE ROLE

The Practice Development role hosted by CGL sits within a dedicated Practice Development Team that invests in Practitioners who think creatively and reflectively about pragmatic changes to practice from within placement organisations across Sussex. The team collaborates with their placement organisations to trial new ways of working and embed changes that are shown to have a positive impact for clients with MCN.

The purpose of the CGL Practice Development Worker (referred to as the Practitioner hereafter) was to identify and implement innovations to improve engagement between the service and clients with MCN, supporting them to access treatment pathways. To achieve this, the Practitioner implemented a community-based programme for women with MCN called the CGL Women's Hub. In addition, the Practitioner explored ways to implement reflective groups within the staff teams to increase their capacity to support clients with MCN. The aims of these projects were:

- 1. Improve the engagement of women with MCN with drug & alcohol support**
- 2. Explore the CGL Women's Hub as a potential pathway to further drug & alcohol treatment**
- 3. Consider the potential for a model of staff team reflective spaces to increase their capacity to support clients with MCN.**

THE CGL WOMEN'S HUB

CGL is the main provider of drug and alcohol support services across Sussex. The Practitioner identified a need for better treatment pathways for women. Nationally, treatment services have seen considerably more men access their services than women (69% to 31%; PHE, 2020). For many this has reinforced the idea that men are more likely to need the service. However, there are a few working in these services who have been questioning whether the way a service is offered might be a barrier to more women accessing effective treatment.

The Practitioner met weekly with four other members of CGL staff from a variety of teams and projects (opiate team care coordinator, Rough Sleepers Initiative, Project ADDER and, refuge and supported accommodation) to discuss current treatment pathways for women and to co-design a different experience that better suited the needs of the client group. This team discussed with the women who had tried to access the mainstream CGL service and received feedback that they had felt intimidated, stigmatised and often scared of accessing treatment at CGL's Hastings office, Thrift House. Clients had reported difficulties accessing treatment at the same place as perpetrators of abuse or held fears they could encounter them at the service's office. Others have reported feelings of shame around accessing treatment through an office on a busy high street. Additional factors considered were the vulnerability of women who had experienced repeat removals of children (Garrett et al., 2021), the prevalence of domestic abuse against women with MCN (FLSE, 2019; Bramley & Fitzpatrick, 2015) and clients feeling unsafe to participate in mixed gender groups at Thrift House.

In response, the team setup the CGL Women's Hub to run weekly at a local community venue which has not previously been associated with drug and alcohol treatment. At this venue, the Practitioner was able to ensure only people who identify as women access the space. The Practitioner identified other local services this client group may also benefit from and setup the Hub to run at a time that would not conflict. From 9am to 3pm it delivered a range of groups and activities run by CGL staff, CGL volunteers and staff from partner services who could use this space to provide support. The aim of this programme of activities was to facilitate social and relational experiences in a way that felt accessible. The programme included:

- **All day creative arts and crafts group and recovery-based addiction support groups**
- **Breakfast, lunch and hot/cold drinks (food supplied by the local charity, [Dom's Food Mission](#)) with staff available for informal conversation and support**
- **Access to an accommodation specialist for drop-in advice**
- **Regular visits from an NHS sexual health nurse**
- **Private spaces to meet with support workers and staff to support telephone calls to services**
- **Acupuncture with a guided meditation and a yoga class**
- **Hair and nail treatments from a beautician and once monthly access to a hairdresser**

"...the art activities are a vehicle for open and honest communication to begin, for people to share vulnerabilities and grow from it" – Feedback from a worker at the Seaview Project

"The Hub has led to marginalised females who would ordinarily not interact with CGL staff... Some ladies have expressed when receiving a hot meal, it is the only meal that they have eaten that week." – Feedback from a member of CGL staff

The women were not required to attend for any set length of time or take part in any activities. The majority, but not all, had previous or current links to CGL services at their offices in Thrift House. After information on the Hub was shared at the Local Safeguarding Adults Board, clients attended through signposting from services including Adult Social Care. There was no requirement to undertake an assessment or complete a referral to access the service. A significant majority of attendees were identified by the Practitioner from the CGL database and, with support from care coordinators, were proactively contacted and invited to attend.

Local services have supported the Hub, offering support and staff time, with a shared focus on improving service access for women with MCN. Outreach workers, care coordinators and keyworkers from CGL, [the Seaview Project](#) and [Project ADDER](#) have all been involved in running and planning activities. Other organisations provided clothing donations and both a local supermarket branch and the [Hygiene Bank](#) provided items to give to women for free.

Providing the service is relatively inexpensive, with activities and groups being offered free of charge by the different services involved. Many of the staff use the space to do work that they would have been doing anyway and reach several clients at the same time. There is a cost for venue hire and arts and crafts projects.

A plan to start a second Women's Hub in Eastbourne was well advanced by January 2022 with a venue identified and commitments from local partners. However, recruitment challenges within CGL (and the wider sector) meant there were not enough female staff available to support the Hub at this time. Since then, this has been revisited by CGL and a member of staff has been allocated to setup a Women's Hub in Eastbourne.

MEASURING IMPACT

To understand the impact of the Women's Hub, the team used a selection of data sources. They paid particular attention to the levels of client engagement within the service and compared this with client's previous engagement with mainstream CGL services. FLSE has seen across their other projects that increased engagement often leads to positive outcomes in other areas of life for people experiencing MCN.

QUALITATIVE DATA

Three extended case studies have been included in the appendix of this report and are referenced throughout. For privacy reasons, pseudonyms have been used and changes made to inconsequential details. Case studies were developed using a 1-hour structured interview with the Practitioner, taking notes and later checking with the Practitioner for accuracy.

Structured feedback was obtained from attendees and professionals, capturing how they felt about their experiences at the Hub and the impact of this on their support networks.

QUANTITATIVE DATA

Attendance data at the Hub was recorded (number of sessions attended and duration) and compared against information on CGL's database on previous CGL engagement. Data was also collected on the number of contacts between Hub staff and clients outside of the Hub and compared with existing CGL data (phone calls, text messages, in-person meetings, group attendance, clinical appointments and keyworker sessions).

For the reflective spaces pilot, staff attendance, number of sessions and lengths of session were recorded.

THE IMPACT OF THE PRACTICE DEVELOPMENT INITIATIVES

1. NOT ENGAGING?

IMPROVING THE ENGAGEMENT OF WOMEN WITH MCN WITH DRUG & ALCOHOL SUPPORT THROUGH THE HUB

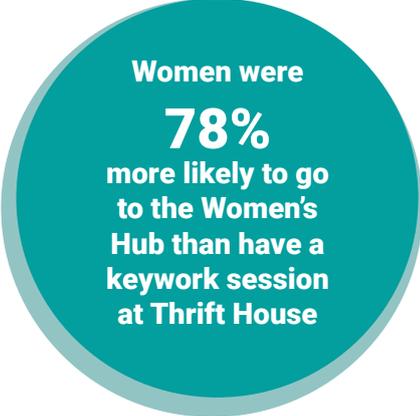
CGL first tried to work with Ella two years ago. After Ella didn't show for 22 appointments and attended no groups at the office, her case was closed... In all there were 66 attempts by CGL staff to engage with Ella.

Missing just a couple of weeks [at the Hub], Ella voluntarily attended 14 sessions (93% attendance) staying an average of 1.7 hours each time. – Extract from Ella's case study (Appendix 2).

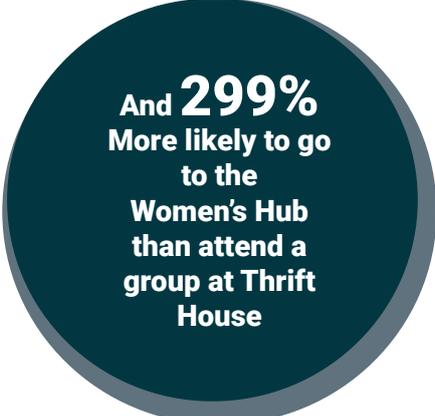
Our findings indicate that women are more likely to engage consistently and for longer with the CGL Women's Hub than access CGL services at Thrift House. At a time where care coordination caseloads regularly exceed 60 clients, it was not possible to have in-person appointments with each client on a regular basis. To address this, the Hub offered the opportunity for clients to engage meaningfully with group interventions, recorded by care coordinators as an indication of the client's engagement. The current configuration of the Hub also offers care coordinators (who identify as female) the space to meet with clients either in the group setting of creative activities or in private rooms. Care coordinators were also able to use the Hub to engage with clients who were not regularly coming to Thrift House, either by attending in-person or contacting the Hub team to arrange for work that supports a client's treatment (e.g. rehab referral paperwork).

From the start of the CGL Women's Hub (2nd November 2022) until the end of the data collection period (29th May 2022), an attendance register was taken. The Hub took place weekly and was hosted 28 times, with 40 different women attending the Hub during the reporting period. The team also recorded when the client called to cancel or did not attend as expected. Where a client did not attend for four weeks or more without explanation and no indication they would return, and where clients were no longer able to attend (e.g. they were now in rehab or hospital), attendance recording stopped but the service remained open to them. A record was also kept of the number of hours each client attended the Hub.

Where clients currently or previously worked with CGL, attendance data was compared against a period of up to six months prior engagement with CGL services at Thrift House (going back as far as April 2021). The number of contacts between the service and the client were grouped into telephone/text, in-person contact, keywork session, in-person medical appointment and attending a group. These were then compared against the number of times clients had attended the Hub.



Women were
78%
more likely to go
to the Women's
Hub than have a
keywork session
at Thrift House



And **299%**
More likely to go
to the
Women's Hub
than attend a
group at Thrift
House



The average time
spent at the Hub
per person each
week:
2.55hrs

The attendance figures show a significant uptake of women attending the Hub compared to their previous engagement with CGL services at Thrift House. The average number of weeks each client attended the Hub was 4.4 compared to 2.5 keywork sessions over an equivalent timeframe and 1.1 groups. In total, the 40 women attended the Hub 174 times between them. Adjusted to compare to an equivalent timeframe, these same clients would have typically attended 43.6 groups, 98.0 keywork sessions and 16.1 other in-person contacts.

In the six months before coming to the Women's Hub she had been seen five times. Karen tried one of the groups a couple of times and said she felt able to be bubbly and silly but didn't feel able to talk about her feelings. Since then, Karen has been to 15 sessions at the Hub with an average attendance of over 80% in nearly five months. – Extract from Karen's case study (Appendix 1)

COMPARISON OF AVERAGE NUMBER OF CLIENT AND PROFESSIONAL CONTACTS

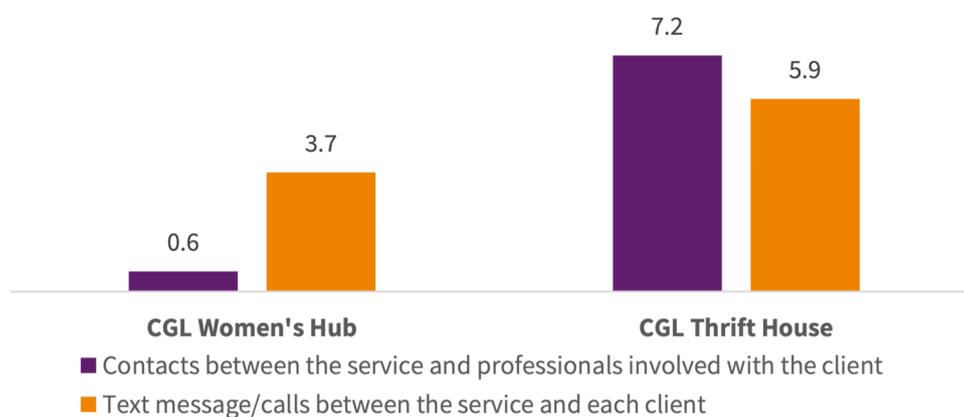


Figure 1

The Women's Hub also appears to be able to attain these levels of engagement by making relatively fewer phone calls and sending less messages to the client as well as requiring significantly less contact with professionals to facilitate this engagement (Figure 1). It is not clear that all contacts between services at Thrift House and clients or professionals were recorded consistently as this may vary between the multiple different workers compared to the single Practitioner recording data for the Women's Hub. A caveat here is the higher levels of contact with the clients compared to professionals at the Women's Hub is also likely influenced by the level of care coordination responsibilities required of Thrift House services. Still, this points to the Hub being regarded by clients as a service they want to visit and engage with.

The Practitioner went through a list of everyone identifying as a women who was open to CGL in the area... Speaking on the phone, Karen said this [offer of support at the Hub] had come at the right time for her, that one of her parents was seriously unwell and she needed some support. - Extract from Karen's case study (Appendix 1)

To further promote access to and engagement with the Hub, the Practitioner proactively reviewed the service's database to identify and contact clients who identified as female to invite them to the Hub. This built on verbal invites being shared by care coordinators during their contacts with clients. For the Practitioner, this involved up to two attempts to communicate with the client by phone or text, with messages tailored to each client. As the case studies show, clients seemed to attach significance to the experience of being proactively contacted by the service, possibly as a sign of feeling 'wanted' or welcomed.

To continue this proactive communication approach, the Practitioner encouraged staff who attended the Hub to continue checking in with clients throughout the week (between Hub sessions) to maintain and build relationships. This helped to nurture a team who held clients in mind throughout the working week and was enabled through protected 'de-briefs' for staff after each Hub session.

Figure 2 shows further detailed attendance data which includes nine women who first attended after March 2022. As a result, almost one quarter of the total clients were only able to attend an average of seven weeks each. Figure 2 also shows that the average time a client attends each week remains the same regardless of how many sessions they have attended. This suggests the 2.55 hours may be a general limit for clients although some clients have an average duration of around five hours. Unfortunately, the duration of contacts with CGL at Thrift House is not routinely or consistently recorded so there is no direct comparison. However, feedback from CGL staff suggests keywork sessions usually last up to 30 minutes and are often combined with other tasks such as drug tests. Groups at CGL Thrift House typically last from 60 to 90 minutes.

ATTENDANCE TRENDS BY NUMBER OF WEEKS ATTENDED

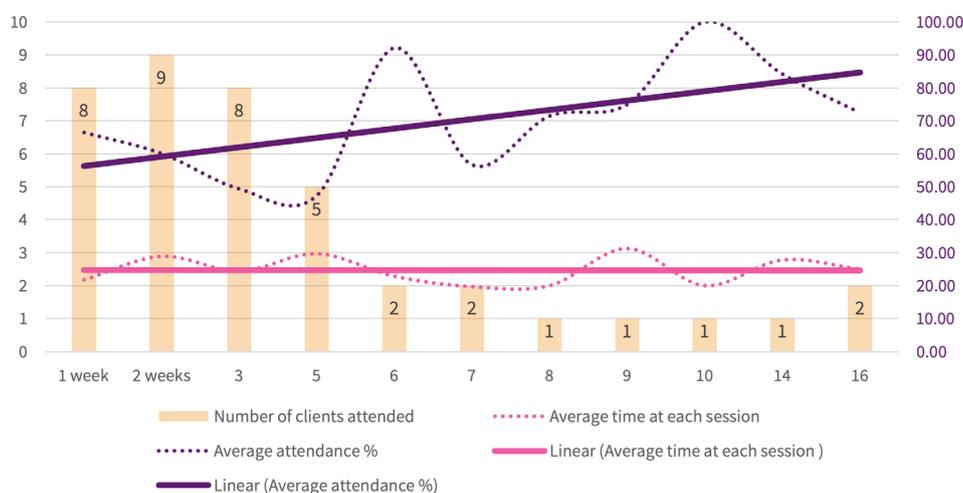


Figure 2

"My clients do meet me at the Hub, which is helpful to me for engagement and the benefit of social interaction to the client." - Rough Sleepers Initiative (RSI) staff

The Hub data suggests women engage much more consistently and for longer at the Women's Hub. The potential benefit to care coordination of clients is significant. Firstly, women attending the Hub will likely have records showing higher levels of meaningful contact with the service without necessarily needing to increase the capacity of the care coordinator. Secondly, women are in contact with the service for longer through the Hub, giving more opportunity to meaningfully support the client in pursuing their recovery goals. In addition, there is likely more time when the service can consistently be in contact with the client (either in-person or through a phone call) to carry out care coordination tasks.

As Ella saw more and more of her care coordinator [at the Hub] they started to talk about detox and rehab... Previously the paperwork was completed for Ella to go to rehab, but she didn't engage with any of the preparation work... Ella went on to complete four weeks in detox and moved to a place at a women-only rehab. - Extract from Ella's case study (Appendix 2)



2. A NEW TREATMENT PATHWAY

THE CGL WOMEN'S HUB AS A PATHWAY TO FURTHER DRUG & ALCOHOL TREATMENT AND OTHER SUPPORT SERVICES

The approach of the Hub has the potential to make an impact on the way substance misuse services are structured, and how clients access support. There are spaces at the Hub for care coordinators and outreach workers to meet confidentially with clients. Care coordinators have used the Hub to complete assessment and rehab paperwork (including phone calls facilitated by Hub staff in case the care coordinator is not able to attend) as well as discuss risk concerns with clients. Clinical work has also been undertaken at the Hub such as urine drug screening (UDS), providing Naloxone pens (to respond to opiate overdose) and testing for blood-borne viruses and infections.

The Women's Hub has also been used by occupational therapists, domestic violence workers, housing workers and the [Rough Sleepers Initiative](#), to meet clients and connect them with drug and alcohol treatment. As explored in this report, this is with a client group who have not been as consistently engaged with services based at Thrift House and clients who are often considered 'difficult to engage'. Staff at the Hub also report being able to use this space to support clients with their expectations and prepare for the transition to detox and rehab placements. The increased contact time staff have with clients has also allowed support with stress responses when they have been observed (e.g. disassociating when overwhelmed). An example of this can be found in the response of staff to Ella in her case study when she had a distressing phone call (Appendix 2).

DRUG & ALCOHOL TREATMENT SUPPORT

Since the start of the Women's Hub, six clients have gone on to access further drug and alcohol treatment through support facilitated at the Hub:

- Two currently in rehab, one completed a 3-month stay and another is currently on a waiting list.
- One completed an in-patient alcohol detox, one was supported to gradually reduce and stop drinking and another completed a diazepam detox.
- Feedback and case studies demonstrated this pathway can be complex and women have benefited from the support they have gained through the Hub:



"There were delays with Claire's rehab application... and she felt let down by this. As she started to see staff at the Hub follow through with things they said they were going to do, Claire felt she could trust them... Following her new application to rehab, Claire went to a women-only rehab that specialises in trauma-informed support." – Extract from Claire's case study (Appendix 3)

Several women were also able to re-engage with CGL through the Hub and access substitute prescribing:

"Ella and her care coordinator used a private space in the building to start the assessment. Ella was there for over three hours that first day and after a follow-up phone call completed the assessment... Ella then met the Nurse Medical Prescriber and started again on a methadone prescription." – Extract from Ella's case study (Appendix 2)

PHYSICAL & MENTAL HEALTH SUPPORT

In addition to drug and alcohol treatment, there is evidence the Hub has supported women to address their physical and mental health needs. Some clients have shared that the sense of community created at the Hub has helped them feel able to talk about and get help with unaddressed health needs. As one client put it, "It has helped me to talk about things I felt alone with, such as relationship issues and helped me to talk to other workers about things that I hadn't got help for before". As Karen's case study shows (Appendix 1), she was able to access hepatology and counselling support through the Hub.

The Hub also hosted a sexual health Nurse to meet with clients. Feedback from the Nurse highlights a welcoming atmosphere, creating a space where they have been able to meet clients and signpost them to other services. They also reported that they have been able to see more women in the hour they spend at the Hub than they would otherwise be able to.

"I like the informal environment, which I believe helps the clients to feel at home and able to engage. There appears to be no judgement, and clients are able to help themselves to what they need, without feeling they are being looked down on." – NHS sexual health nurse

DOMESTIC ABUSE SUPPORT

Another frequent outcome from the Hub is support with abusive relationships and accessing specialist domestic abuse support, including support from independent domestic violence advisors (IDVAs). The approach of the Hub has been person-centred, making clients aware of their options in response to abusive relationships. Care is taken not to unintentionally remove women's choices and reinforce abusive dynamics by imposing the wishes of staff on clients. The informal, relaxed and welcoming atmosphere reported by several clients also seems to create an environment where women feel able to disclose their concerns. As Karen's case study shows (Appendix 1), exploring feelings about difficult relationships can have a strong link to client's motivation to go to rehab:

Staff at the Hub arranged for workers from specialist domestic abuse accommodation to meet Karen at the Hub, but they let Karen lead on when she wants to have these conversations. Staff at the Hub have also arranged for Karen to talk to a domestic abuse advocate, and specialist housing services in addition to accommodation specialist at the Hub. – Extract from Karen's case study (Appendix 1)

"Hub works really well, the ladies especially enjoy and thrive in the relaxed environment which allows them to open up honestly & deal with past & current trauma in a safe space, which has led to vital interventions for ladies revealing trauma such as DV (domestic violence), which has meant we have been able to have them moved into safe living spaces." – Feedback from a CGL staff member

3. REFLECTIVE SPACES

THE POTENTIAL FOR A MODEL OF STAFF TEAM REFLECTIVE SPACES TO INCREASE CAPACITY TO SUPPORT CLIENTS WITH MCN

The case for reflective skills in areas relevant to supporting clients with MCN has been made consistently in social work and mental health care. Bennet et al.'s study of the ability of reflective work to enhance motivational interviewing skills in substance misuse found a positive effect even with an inconsistent engagement with the reflective element (2007). A good example of the power of reflective thinking relevant to MCN can be found in Chamberlayne's identification of 'closeness at a distance without engagement' by a homeless hostel manager (2006). Reflective skills have also been found to increase recognition of mental health stigma (Prosser et al., 2021) and improve staff relationships and their understanding of mental health presentations (Harrison, R. 2021).

'...the main thing being used by the Practitioner is the self.' (Howe, 2009)

While services can often see the benefit of promoting reflective skills, implementing this in areas where staff teams are struggling with a focus on task-based support was identified as a challenge. To inform the way this was implemented, a staff survey was conducted with 36 respondents across CGL's Eastbourne and Hastings sites. The main concern amongst staff was of time pressures. Most respondents reported limited space for reflective thinking about complex cases in existing supervision and support structures. Managers who responded also stated a need for more training around trauma-informed practice. Several members of one team provided information about a previous positive experience of peer support groups run by each member of the team in rotation. Others expressed a desire for higher quality of peer support from within the staff team.

Each of the first sessions have been attended by four of five staff participants at an interval of three weeks. The Practitioner agreed a contract of expectations with the group, provided prompts for reflective journal exercises, and explained the purpose of the group. This was followed by a mentalisation exercise (see Cracknell, 2012) with three client case studies presented by staff attendees. Following this, the attendees identified reflective discussions on attachment for the next session.

At the following session, the facilitator led a meditative exercise for five minutes followed by a fifteen-minute 'check-in' focused on present feelings of the participants. Several staff attendees shared reflections on their own experience in relation to a discussion on attachment styles. Further discussion was facilitated on the 'window of tolerance' (see Siegel, 1999). For the next session, the group agreed to look at the 'drama triangle' (see Karpman, 1968) and issues arising from working with women who have experienced repeat removal of children from their care.

This is very early days in the development of staff reflective spaces, but early signs are encouraging. There is a commitment from the current team to continue the sessions and a desire within CGL to continue to explore this model with other teams.

LOOKING TO THE FUTURE

THE CGL WOMEN'S HUB

WHAT WORKED

CGL in East Sussex has seen the impact of the Women's Hub and agreed to continue and sustain the initiative with a dedicated member of staff in Hastings. CGL are also revisiting plans to setup a Women's Hub in Eastbourne.

A Neutral Venue: While many clients did access services at Thrift House, the early evidence in this report shows clients are inclined to much higher levels of engagement with the service at a neutral venue in the community, which does not present as a clinical setting. The ability to create a women-only space within the service is likely linked to the sense of safety for client's who have been subject to domestic abuse.

"What we have attempted to create is a relaxed non-threatening or clinical environment, where there isn't pressure on those that attend to fit in with the organisational requirements." – Rachel Payne, CGL Practice Development Worker

Staff Motivation: Cohesion in the Hub staff team was built by effective, collaborative leadership from the Practitioner. Identifying staff who had a particular interest in supporting this client group and involving them in the design and running of the Hub is likely a significant part of this. Another element identified in feedback is staff appeared to value the community at the Hub as much as clients. As one member of the Hub team said, "It is my most enjoyable part of my working week and I feel that staff additionally benefit from the more informal outreach setting to work with clients". The sense of togetherness also appears to extend into their approach with clients: "... staff and guests sit together and chat" (Rough Sleepers Initiative staff).

"The support that the volunteers & CGL, Seaview, ADDER staff give each other has also led to enhanced collaborative working outside of the Hub & has led to relationship building outside of the Hub." – Feedback from CGL staff member

Theory and Values: The Hub has been guided by trauma-informed, person-centred and relationship-based theory. This means staff and attendees are encouraged to consider the impact of trauma, be aware of clients presenting with symptoms of trauma and look to reduce the impact of trauma on client's ability to attend and participate. The latter has involved a combination of prevention (creating an environment that is less likely to provoke trauma symptoms) and support (suggesting coping strategies). The person-centred approach is best seen in the way staff supported clients in abusive relationships. This has been promoted by the Practitioner and appears to have influenced staff confidence to hold risk and complexity while respecting women's agency around their personal relationships. A relationship-based approach can be seen in the way staff are encouraged to keep clients in mind, the warm interaction between staff and clients and the creative focus on activities which enable relationship building.

Addressing Loneliness with Community: Higher levels of engagement appear to run parallel to evidence in the case studies and feedback that women and professionals value the community that is created at the Hub. Many clients talked of the friendships they had formed with other women compared to loneliness and isolation before attending the Hub. Several also explained they had not previously been able to build supportive relationships with women. The sense of community and meaningful support appears to be a factor in women's engagement with the Hub:

"I spent a lot of time alone before I came to the Hub. I have made new friends and have more places to go now as I didn't go to much before" – Hub client

Claire grew in confidence around other women, made friends and later said, "Sharing experiences with other women has been an absolute [help]. I feel less lonely as a result" – Extract from Claire's case study (Appendix 3)

"Some of the ladies have even expressed that these are the first female bonds/friends they have ever had."
- Feedback from CGL staff member

"Support that Staff and other attendees have given me which has really helped me come out of my shell... I like being pampered and speaking to others which has helped me get used to being around others again." – Hub client

Creative Collaboration: The Practitioner has sought to collaborate with multiple other services which has clearly had a benefit to clients; practical, health and wellbeing and relational needs have been met. It has not been challenging to encourage other services and organisations to support the approach of the Hub.

WHAT NEEDS IMPROVEMENT

Initially there was misunderstanding about the Women's Hub, with some staff questioning the aims and objectives of relationship-based work or the benefit of signposting clients to other services. Responses to the staff survey suggest care coordinators may have been responding out of concern over time pressures. The Practitioner reported a generally positive perception of the Women's Hub as an addition to existing services rather than an effective treatment pathway. It is hoped that the findings of this report will give staff and management teams a greater understanding of the potential of the Women's Hub and therefore increase the use of this space by care coordinators. Alongside this, there will need to be space for staff to constructively express and share any reluctance they may have about this approach to service provision.

REFLECTIVE SPACES

WHAT NEEDS IMPROVEMENT

While the initial approach to implementation of reflective spaces was designed to increase staff participation, in hindsight this did not work. With a workforce recovering from the impact of the coronavirus pandemic, staff turnover and time pressures, there was limited capacity from client-facing staff and team managers to participate fully in a new initiative. A new approach, with the intervention of senior management to require space to be made for a reflective space group, has since allowed the start of this project. Delays in implementation have meant there have been limitations on our ability to report in-depth on the impact of reflective spaces. Despite this, staff engagement has been positive and there is potential for the continuation of this approach within this team. Developing this with other teams will likely require someone with a practice development remit.

MEASURING IMPACT

Measuring the impact of new initiatives, such as the CGL Practitioner, is essential to communicate the value of the work to clients and the wider systems intended to support them. The learning in this report shows that the work of Practitioners in development roles is often complex, nuanced, and sensitive, and any monitoring framework should seek to reflect this.

Participatory approaches such as Collaborative Outcomes Reporting (see Dart & Roberts, 2014) have the potential to provide a flexible and proportionate approach to evidencing impact, which provides space for emerging outcomes and involves the Practitioners themselves in setting outcomes. Case study work would be enhanced by applying a social enquiry method such as Most Significant Change (see BetterEvaluation, n.d.), to draw out the key factors which have facilitated positive changes in the lives of clients.

SYSTEMS CHANGE

The Women's Hub model has achieved positive outcomes. The model enabled support from client-facing workers across the support system, with permission from relevant local organisations. The wider support system could replicate this approach to increase accessibility of support services for people facing MCN.

This is especially important to reach women, who have shared with FLSE that they have struggled to feel safe in and engage with traditional treatment services and pathways. Lankelly Chase's Gender Matters report (2020), has helped shine a light nationally on the issues faced by women who experience MCN and provides material for the wider system to reflect on:

'The findings point to a significant number of women who face combinations of severe disadvantage at least as serious as those faced by men and on an equivalent scale. Part of the reason this hasn't been so visible before is because we have relied on administrative data from services, and so the experiences of people who aren't on their caseloads have remained hidden.' (Gender Matters: New conversations about severe and multiple disadvantage, Lankelly Chase, 2020)

Gender Matters encourages the support system to design services and systems with women in mind from the very start of the process and consider their acute needs, in particular the role of 'interpersonal violence and abuse and poor mental health... on gendered differences' (Lankelly Chase, 2020).

HOPES FOR THE FUTURE

"My hopes for the Hub are that it remains a safe space and that is a welcoming, non-judgemental environment where women are able to come and seek support if and when needed, connecting with others in an authentic way that enables them to feel less isolated, more accepted and part of something that feels positive and not oppressive. That staff continue to promote the need for women-specific spaces and work towards the aims and objectives of the Hub. My hopes for the reflective spaces are that it will continue to be a protected space for staff to attend on a regular basis, where they are able to get in touch with their own processes and express strong feelings in an environment that feels safe, helpful, useful and supportive." – Rachel Payne, CGL Practice Development Worker

"Using trauma-informed community venues to meet clients in a meaningful way deserves to be explored further. I can see new hubs starting across East Sussex in the next 12 months, working with other marginalised client groups: within the LGBTQ+ community, neurodiverse clients and, minority ethnic and cultural groups." – David Garrett, Practice Development Coordinator

RECOMMENDATIONS

FUTURE DEVELOPMENT

- Adopt a community-based service model for women with MCN who are not accessing or engaging with services at CGL's main office locations. Whilst this model may be unfamiliar to many substance misuse services, there are clear benefits in terms of engagement and in some cases, pathways to more substantial treatment. There are some logistical challenges to booking suitable community venues – made easier during the pandemic as bookings slowed down and made space for groups like this. However, the early signs present an exciting challenge to drug and alcohol services.
- Investigate the demand for and feasibility of hubs for other marginalised and minority service user groups as well as expansion to other locations. With 65% of service users accessing treatment by self-referral or through family and friends (PHE, 2020), creating spaces that feel safe for marginalised people should be an important part of genuinely inclusive treatment pathways.
- Hub staff to develop deeper understanding of person-centred, trauma-informed and relationship-based theory and values to ensure continued success and enable future expansion. The current Hub programme activities available may not best meet the needs of other service user groups, may not have the staff skills to provide them and the needs of clients accessing hubs might change over time. A strong grasp of the theory and values behind the approach will help hubs adapt and sustain, in the face of staffing and resource challenges.
- Continue to evaluate the hub model approach, through service-user and staff feedback, so that it can be adapted and improved, according to the location and client needs.
- Continue to engage with and encourage a variety of services to hubs, to explore how this space can support their work with MCN clients and to help inform clients about wider service provision and availability.

HUB SERVICE MODEL

- Where it complements the needs of the client group and approach of a hub, look to provide spaces where staff from other services can carry out a normal working day at the hub – increasing meaningful engagement with multiple clients.
- Offer an alternative model for engagement with substance misuse treatment through hubs, remaining open to those who don't attend for a long period of time.
- Dedicate time and resources to monitor engagement, contact levels and facilitation of rehab access at all future hubs, to help build a better picture of their impact.
- Offer staff peer support and reflective groups at hubs, to include partner agencies and services, to promote best practice and enable staff to better support people with MCN.

CONTACT DETAILS

This Practitioner role sat within BHT Sussex and was delivered through the FLSE programme.

For further details on the work of FLSE please visit the website: <https://www.bht.org.uk/fulfilling-lives/>

REFERENCES

- Bennett, G., Moore, J., Vaughan, T., Rouse, L., Gibbins, J. A., Thomas, P., James, K., and Gower, P. (2007) 'Strengthening Motivational Interviewing skills following initial training: A randomised trial of workplace-based reflective practice' in, *Addictive Behaviours*, 32(12), p.2963-75.
- BetterEvaluation (no date) Most Significant Change [online]. Available at: https://www.betterevaluation.org/plan/approach/most_significant_change [Accessed: 10/06/2022].
- Bramley, G. and Fitzpatrick, S. (2015) *Hard Edges: Mapping severe and multiple disadvantage* [online]. Available at: <https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf> [Accessed 14/06/2022].
- Chamberlayne, P. (2006) 'Emotional retreat and social exclusion: Towards biographical methods in professional training' in, *Journal of Social Work Practice*, 18(3), p. 337-350.
- Cracknell, L. (2012) *Mentalization in AMBIT* [online]. Available at: <https://manuals.annafreud.org/ambit-static/mentalization-in-ambit> [Accessed 09/06/2022].
- Darts, J. & Roberts, M. (2014) *Collaborative Outcomes Reporting* [online]. Available at: <https://www.betterevaluation.org/en/plan/approach/cort> [Accessed 10/06/2022].
- FLSE (2019) *Manifesto for Change: Changing systems for people facing multiple disadvantage* [online]. Available at: <https://www.bht.org.uk/wp-content/uploads/2019/11/Fulfilling-Lives-Manifesto-for-Change.pdf> [Accessed: 14/06/2022].
- Garrett, D., Cooke, C., Dowding, K. and O'Brien, J. (2021) *Looking Forward: Supporting women at risk of repeat removal of children from their care* [online]. Available at: <https://www.oasisproject.org.uk/wp-content/uploads/2022/02/Looking-Forward-Report.pdf> [Accessed: 14/06/2022].
- Harrison, R. (2021) 'The power of reflective practice: Evaluating the impact of a psychoeducation and reflective practice group for surgical nursing staff and health care assistants in a trauma centre' in, *BJPsych Open*, 7(S1), S191.
- Howe, D. (2009) 'Reflection and Reflexivity' in *A Brief Introduction to Social Work Theory*, Basingstoke: Palgrave MacMillan.
- Karpman, S. (1968) 'Fairy tales and script drama analysis' in, *Transactional Analysis Bulletin*, 7(26), p. 39-43.
- Lankelly Chase (2020) *Gender Matters: New conversations about severe & multiple disadvantage* [online]. Available at: <https://lankellychase.org.uk/wp-content/uploads/2020/02/Gender-Matters-summary-report-Feb-2020-1.pdf> [Accessed 10/06/2022].
- PHE (2020) *Adult substance misuse treatment statistics 2019 to 2020: report* [online]. Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2019-to-2020/adult-substance-misuse-treatment-statistics-2019-to-2020-report#people-in-treatment-substance-sex-age> [Accessed 14/06/2022].
- Prosser, M., Stephenson, T., Mathur, J., Enayati, E., Kadie, A., Mohamed Abdi, M., and Handuleh, J. (2021) 'Reflective practice and transcultural psychiatry peer e-learning between Somaliland and the UK: a qualitative evaluation' in, *BMC Medical Education*, 21(58).
- Siegel, D. (1999) *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*. Guilford Publications: New York.

APPENDICES

APPENDIX 1: CASE STUDY – KAREN

The Support She Needs

Karen used to have a problem with amphetamines but hadn't used them for a decade. However, her alcohol use escalated to daily drinking of 3 litre bottles of cider. Karen's alcohol use led to severe mental health problems. Karen was able to reduce this to smaller bottles and cans by herself but was still struggling with dependency. Karen didn't say much about her partner at first, but their on/off relationship had become abusive and came to the attention of support services and the police. On top of this, Karen's mobility was reduced with a spine injury, she had a respiratory illness and in the past her isolation and self-neglect led to an adult social services intervention. Karen felt her life hadn't gone the way she hoped and wanted to pursue interests like cooking and gardening. Karen hadn't seen her children for ages and wanted to improve these relationships. They didn't like Karen's partner and blamed them for her alcoholism.

Karen had been working with CGL and her male keyworker for about nine months. He was doing a good job, but Karen didn't feel she could make a connection and seemed to project feeling judged by him. The Practitioner went through a list of everyone identifying as a women who was open to CGL in the area by text messages and calls and followed this up if there wasn't a response straight away. Speaking on the phone, Karen said this had come at the right time for her, that one of her parent's was seriously unwell and she needed some support. Karen took part in an acupuncture session with a guided meditation, and she also enjoyed arts & crafts in the creative group. Karen said she hadn't been around other women for a long time and responded well to support from staff and other women. Karen opened up about her children and the sense of shame and loss at how distant they had become. Karen told staff this was the first time she felt able to talk about it.

"I like that it's a safe place where you can just chat if you want. And if you want to do other things like art or acupuncture you can do that as well." - Karen

In the six months before coming to the Women's Hub she had been seen five times. Karen tried one of the groups a couple of times and said she felt able to be bubbly and silly but didn't feel able to talk about her feelings. Since then, Karen has been to 15 sessions at the Hub with an average attendance of over 80% in nearly five months. One week Karen turned up in the middle of a crisis. Staff didn't try to push for information but eventually she spoke to the temporary accommodation specialist who helped her to get a place away from her partner. Karen stayed there for a couple of months, which is the longest she had been separated from her partner and managed to abstain from drinking during the six weeks after a gradual reduction. Eventually Karen did go back to living with her partner but kept coming to the Hub. Karen said she enjoyed the women-only space, felt comfortable to talk to staff and, 'It's taught me how to make friends again'. While there was a couple of occasions Karen went drinking with women she met, she has also regularly gone to groups at other women's services with people she's made friends with at the Hub.

"I have made new friendships. Before I came to the Hub, I was lonely and didn't really have many friendships. I felt stuck doing the same things over and over and isolated a lot. Coming to the Hub gives me structure on Tuesdays." - Karen

It became clear to staff that Karen has some concerning liver problems. They helped put Karen in touch with a hepatologist for scans, she was seen by a specialist consultant and started treatment. Karen was also put in touch with the Nurse Medical Prescriber at CGL and a referral for counselling was made. Karen hasn't been able to start counselling yet because of a clash with when she visits her parent in hospital but she's still on the list.

Staff at the Hub and professionals around Karen are still worried about violence in the relationship with her partner and they've kept in touch. Karen and her partner have been served an eviction notice because of the partner's behaviour. Staff at the Hub arranged for workers from specialist domestic abuse accommodation to meet Karen at the Hub, but they let Karen lead on when she wants to have these conversations. Staff at the Hub have also arranged for Karen to talk to a domestic abuse advocate, and specialist housing services in addition to accommodation specialist at the Hub. The Practitioner led a discussion with the staff team about this and they agreed on a soft approach, withholding judgements and being careful not to recreate punitive responses Karen had experienced in the past. The more Karen attended, the more she talked about her partner feeling threatened by this and this seemed to make Karen see the relationship in a different way. Karen has started to question her perspective of the relationship, ask some difficult questions about this and talk more about her feelings about it.

"I have found out about other services that I can go to like Safehaven and Seaview. I have had support with my housing and was given [a] temporary accommodation room after coming to the Hub." - Karen

There were some positive changes in Karen's relationship with her children in the months she spent living away from her partner. Karen was able to meet with them and even met her grandchild for the first time. Karen used the creative group to make and wrap gifts and cards for them. Although this changed when she went back to her partner, Karen has acknowledged this and shown understanding for why her children feel this way. Karen still hoped to go back to her education and pursue her interests. Karen still attends the Hub regularly and it's hoped she can continue to use this space to explore her experiences and access the support she needs.

APPENDIX 2: CASE STUDY – ELLA

Breakfast, Lunch and a New Pair of Trainers

Ella was a mental health inpatient in her teens, spent most of her adolescence in care and was now open to the care leavers team. Ella witnessed a lot of trauma in her life with her parents struggling with addiction. When Ella came to the CGL Women's Hub she was injecting about £150 worth of heroin and crack cocaine daily and taking various illicit medications. Ella was also in a violent relationship with someone nearly twice her age who was suspected of forcing her into sex work. A whole range of services were trying to get in touch with Ella, including a specialist women's service and domestic abuse support services. Ella's Social Worker did a lot to try to support her, but she didn't seem to want (or feel safe) to accept it.

CGL first tried to work with Ella two years ago. After Ella didn't show for 22 appointments and attended no groups at the office, her case was closed. Several attempts were made to get Ella stable on a methadone prescription, but she never went beyond 40mg/day and frequently didn't show up to take it. Ella's engagement was so low that often she would be restarted on methadone despite the six prescribing appointments she missed and would just be seen briefly for very occasional drug tests. In all there were 66 failed attempts by CGL staff to engage with Ella.

Ella's care coordinator asked her to meet at the office to start work with CGL again. Ella was hungover but agreed to meet the next day at the Women's Hub, which is in a different community building. A local charity gave Ella a lift and she turned up in withdrawal. After chatting for a bit, Ella left to score but agreed to come back that afternoon. When she did, Ella and her care coordinator used a private space in the building to start the assessment. Ella was there for over three hours that first day and after a follow-up phone call completed the assessment. Ella said she didn't want to be using drugs and wanted a 'nice normal' relationship but didn't feel that was possible for her. Ella then met the Nurse Medical Prescriber and started again on a methadone prescription.

The next week Ella came back. Staff served her breakfast and lunch and gave her a new pair of trainers. Ella looked happy to pick out some donated clothes she liked and a member of staff plaited her hair and did her nails. Again, Ella had stayed for over three hours and in the coming weeks she started getting the bus to make her own way to the Hub. Another time Ella turned up in clothes she had worn for three days after a lapse. At the Hub she was able to get new clothes, have some food and get her hair washed. While the staff and clients at the Hub had a soft spot for Ella, the coordinator of the Hub used space in her counselling skills training to reflect on the case and the risk of being drawn in and over identifying with their own experiences and values.

Missing just a couple of weeks, Ella voluntarily attended 14 sessions (93% attendance) staying an average of 1.7 hours each time. Ella also started going to the Seaview women's group with some of the others who came to the Hub. Ella seemed to stay for longer, have chats and became friends with another woman at the Hub. Ella was also able to see the sexual health nurse (who saw four women in an hour when they said they'd normally struggle to see that many all day), an employment and education specialist, was supported with a dental referral and attended a specialist domestic abuse group.

Staff and her care coordinator used this weekly space to talk to Ella about her understanding of safety and she seemed to become more open and thoughtful, exploring what she might want from intimate relationships.

It was difficult to get beyond Ella's outgoing and confident exterior, but she would open up to people while having her hair done, have a chat while asking for help with a bracelet or allow staff to sit next to her in the creative arts and craft group. One week Ella didn't come to the Hub, and it turned out she was upset after an argument with her partner. They called her persistently while she was at the Hub and staff watched as they could see her become dysregulated. One time her care coordinator saw this and took her to another room to avoid spiralling into distress and feeling shame in front of other people. After a while Ella came back, apologised and said she felt like this was a safe space. Another time while getting her hair done with another woman, Ella turned to her, held her hand and said, 'It's really nice to feel pretty again, isn't it?'

As Ella saw more and more of her care coordinator they started to talk about detox and rehab. For the first time Ella had gone up to 70mg/day of methadone. While she was sometimes using drugs on top it wasn't daily like before. Ella has never been to detox or rehab. Previously the paperwork was completed for Ella to go to rehab, but she didn't engage with any of the preparation work. Her care coordinator talked to staff at the Hub about Ella's situation, and they shared their experience on how to put her forward to be fast tracked for a place at rehab.

Ella went on to complete four weeks in detox and moved to a place at a women-only rehab with a reputation for trauma-informed work. Staff at the Hub helped advocate for this given her difficult experiences of relationships with men and how positively she had responded to the women-only environment of the CGL Women's Hub. Ella was given a sensory box when she went to detox containing affirmations in a daily journal, a meditation book, a stone from the beach as a transitional object and lists of some recovery meetings and groups she might want to attend in future. We don't know how long it might have taken Ella to feel safe to work with staff at Thrift House, but we do know it took her four months of going to the Women's Hub to have a real chance of getting to rehab for the first time.

When she first came to the Hub, Ella seemed a little overwhelmed at how different this space was, the support she got and the relationships she was able to build. In her second week at detox, women and staff from the Women's Hub made Ella a card and spoke to her on a video call from the group, reminding her of all the people that keep her in their thoughts. One of Ella's parents (who has been in recovery for a while) has been able to visit her. At this time, Ella is still in touch with her partner, with support around this being based on a person-centred approach. This means staff resisting being direct about what they think Ella should do about the relationship while making sure she is aware of the choices she has. Ella now talks about her goal to be abstinent and maybe work in substance misuse services one day.

APPENDIX 3: CASE STUDY – CLAIRE

The Way we Share the Space and our Experiences

Claire has been abstinent before but was now drinking 14 units a day. Claire had a sense that there were some underlying causes for her drinking. A few years ago, Claire gave birth to a child who died a few days later. Soon after, Claire had another child who had some unexpected support needs. Claire's relationship with her partner was also difficult and she described him as being narcissistic and passive aggressive. He would constantly call Claire, asking where she was. Claire also experienced difficult dynamics in her family growing up including abuse and difficult relationships with her siblings which she struggled to manage. Claire had been in treatment with CGL for a few months, reported she had a history of post-traumatic stress disorder (PTSD) and, many years ago was given a bleak prognosis for a life limiting illness she managed to overcome. Although Claire had a lot of insight into the difficulties in her relationships, she was so far unable to make significant changes and things had got worse as her social drinking turned into a dependency.

The Women's Practitioner went through lists of CGL clients to identify people who may be interested in coming to the Hub and sent Claire a message. Claire responded straight away to say she couldn't make the next one but was interested in coming after that. The first time she came along she appeared to be anxious. The Practitioner greeted her when she arrived, explained what was on offer, but was careful not to overwhelm Claire or push her to get involved. Claire took part in a guided meditation before an acupuncture session. As the pins were being taken out, Claire became tearful and said she had been living a very isolated life for the last couple of years, hardly left the house, had neglected herself and wasn't doing any of the things she used to enjoy. Claire also talked about how she had become financially dependent on her partner. Claire said her life hadn't turned out the way she hoped it might. Claire felt she had a life of supporting other people but didn't have anyone that was there to support her.

"From the moment I walked into the Hub I felt welcomed and embraced. I don't think I have ever felt so safe... I have received kindness, encouragement and been appreciated for my input too." - Claire

In the three months before she went to the Hub, Claire was seen in person five times including once trying one of the groups at Thrift House. In the first three months for going to the Hub, Claire went six times and spent a total of 30 hours there. Claire didn't talk about any major issues around going to Thrift House but has preferred to engage at the Women's Hub since she was aware this was a choice. Claire has missed just two weeks at the Hub; once when she was unwell and another when she was struggling on the last day of her alcohol reduction. Claire had experienced many abusive men in her life but her feelings about building friendships with women were also complex as she was taught from a young age not to trust them. Claire enjoyed the creative group and showed herself to be talented with art, sometimes bringing her own paints. Claire grew in confidence around other women, made friends and later said, "Sharing experiences with other women has been an absolute [help]. I feel less lonely as a result". Claire would often go with some of the other women to groups at other services throughout the week. Claire talked about the other relationships in her life and showed signs she had started to re-think her expectations from them. Claire said she wasn't sure if things would work out with her partner, but she now talked about ending the relationship as an option she had.

"I was taught by my mother not to trust women and thanks to this group I am learning that I can begin to grow in confidence with regards to my relationships with other women. I feel better toward women than I ever have and am keen (though cautious) to make new female friends." - Claire

As well as address her drinking, Claire wanted to go to rehab to have space to explore more of her feelings and experiences with the relationships in her life. There were delays with Claire's rehab application as her first care coordinator didn't complete the paperwork properly and she felt let down by this. As she started to see staff at the Hub follow through with things they said they were going to do, Claire felt she could trust them. Claire later talked to staff at the Hub who helped advocate for her wish to have a female care coordinator. Claire met her new care coordinator at the Hub for keywork sessions and to go through the paperwork for a place at rehab.

Since going to the Hub, Claire completed a steady reduction in her drinking over eight weeks and checked in with staff at the Hub, using unit cups to measure her alcohol consumption. Staff at the Hub helped Claire consider her rehab options and she felt a women-only space would best help her explore the influence of her trauma experience on her relationships. Following her new application to rehab, Claire went to a women-only rehab that specialises in trauma-informed support. Claire was confident to make her own way there despite it being a long way away. The Practitioner reflected that Claire has MCN but she could come across as articulate and insightful, masking her trauma, isolation and alcohol dependency. Claire said she plans to come back to visit the Hub when she had completed her stay in rehab.

"I adore the whole set up and the way we share the space and our experiences." – Claire