



Perinatal and Infant Mental Health

Supporting Women, Reducing Harm

– Audience Engagement and Feedback Report

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Background

On the 28th April 2022, the Scottish Government, Perinatal Mental Health Network Scotland, NHS Scotland and Inspiring Scotland hosted ‘Supporting Women, Reducing Harm’ the online event.

The event brought together over 300 people representing lived experience, the third sector, statutory services, NHS, local authorities and Scottish Government to discuss support for women and families who use substances in the perinatal period.

Ahead of the event, we were overwhelmed by the number of registrations (almost 500 people signed up to attend), showing the importance of this topic and desire for a national conversation.

The event was designed to be interactive and attendee input was captured using a digital tool called Menti. The intention behind collecting input from attendees throughout the event was to gain ideas and knowledge to help to inform priorities and areas for a short life working

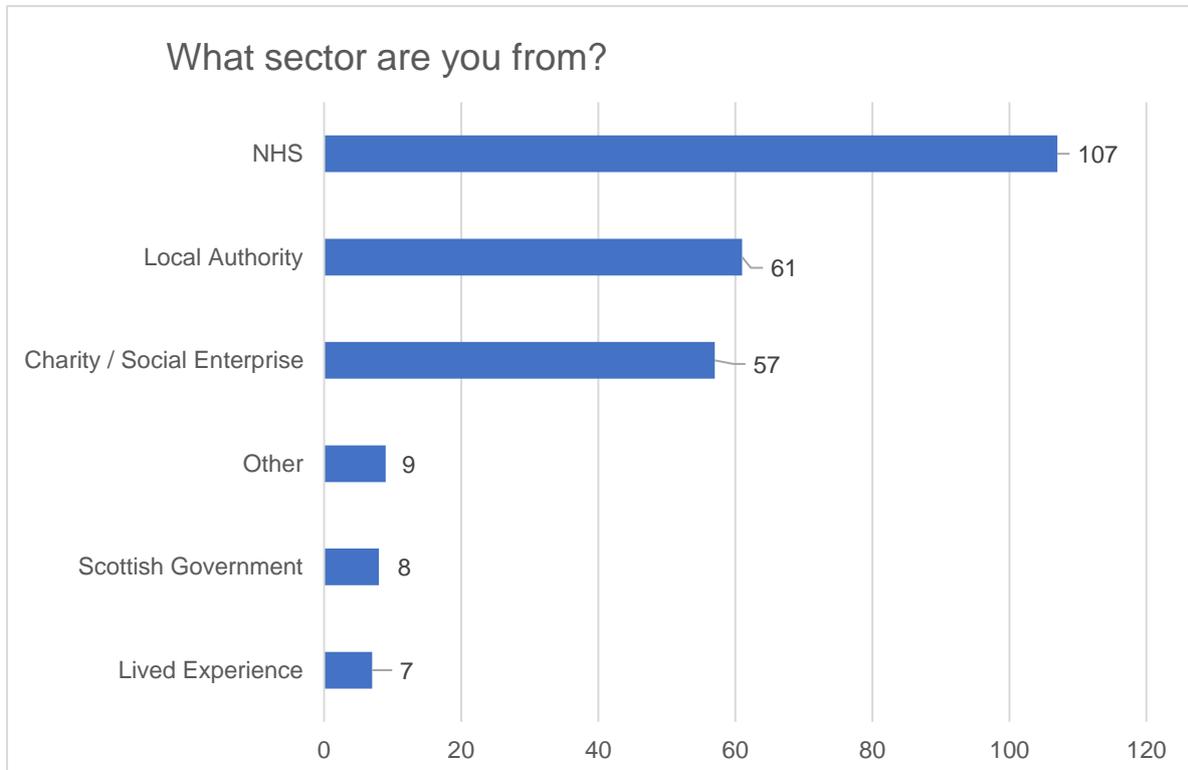


group, that was announced at the event by Angela Constance MSP, Minister for Drugs Policy.

This report provides a summary of feedback from attendees throughout the event, focussing on ideas for the short life working group to take forward. A bulk download of all audience feedback was taken from Menti by Inspiring Scotland, and key themes were drawn from this data. A full report on all responses submitted to all questions, including responses to presentations is also available. Menti data has shown that 314 people took part in the audience participation. We received less responses to some questions and throughout this report we highlight the number of responses to each question.

The sector event attendees were from

At the beginning of the event, we asked all attendees to tell us what sector they have come from. The table below shows responses, with the majority of attendees from NHS, Local Authorities and the voluntary sector.





Responses to focus areas for the Short Life Working group

The final question of the event asked attendees to give us their views on what the short life working group should focus on. While this was the last question of the event, given its importance, we have decided to prioritise it in this report. This question was asked following presentations and panel sessions on:

- Identifying problems and accessing support
- Joining up pathways of care
- What good services look like

We asked the question ‘What would you like the Short Life Working Group to focus on?’ after a presentation from NSPCC Glasgow Infant and Family Team. The session focussed on ‘What Good Services Look Like’ and the discussion reflected the need to focus on the infant’s wellbeing and relationships as well as the needs of adult members of the family. The presentation had a focus on a compassionate approach on supporting both the parent’s mental health and their relationship with their baby. Keeping the baby in mind was an important part of both the presentation and panel discussion that followed.

We received 212 responses from 91 people. We coded and grouped together all responses, identifying eight common themes. These are set out in the table below.

What would you like the Short Life Working group to focus on?	
Common Themes	Number of times stated
Collaborative working between services	32
Lived experience at centre of services	24
Training and guidance	20
Equity of services across Scotland, including in rural locations	19
Early intervention	15
Improve access to services/ remove barriers to access	14
Long term and sustainable funding	13
Data sharing and improved communication	10
Encouraging positive relationships	9
Tackle stigma	8
Support for mothers who have had children removed	5



Direct responses which highlight these themes include:

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

“Services are so stretched and to provide gold standard services there needs to be money invested with the hope that the benefits will be seen over time”

“Our Lived Experience stories have real power- the more of our stories you can hear and transmit the more you can argue for investment and change!”

“We need to break the cycle of intergenerational trauma ”

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

“Robust training for all professionals on stigma”

“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.”



Why attendees felt action is important

One theme throughout the event was the need for action. As part of the opening session, we asked attendees ‘Why are you passionate about ‘Supporting Women, Reducing Harm?’.

318 responses were received to this question from 239 people. At the heart is the desire to support women and families, and make a difference, however the need to reduce stigma and support change were also key themes of attendee responses.

Why are you passionate about Supporting Women, Reducing Harm?	
Common Themes	Number of Times Stated
Support women and families	86
To make a difference	39
Reduce stigma	22
Support change	18
Keep families together	13
Reduce trauma	9
Empower women	8

Responses that highlight the views of attendees include:

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

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

“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”

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



Barriers for people (pre, during, post pregnancy) to accessing support

Following a presentation from the Special Needs in Pregnancy Service (SNIPS) and a panel discussion, we asked participants what they thought the biggest barriers to accessing support were for women and their babies.

427 responses were received from 162 people. Fear, judgement and stigma were strongly identified as barriers. Access to, and confidence in services were also identified. The table below shows the number of times these themes were stated in responses.

What do you think are the biggest barriers for women and their babies (pre, during, post pregnancy) to accessing support?	
Common Themes	Number of Times Stated
Fear	84
Stigma	55
Fear of children being removed	32
Judgement	20
Previous negative experiences	19
Access to services	15
Lack of trust in services	9
Lack of confidence	8
Restrictive referral criteria/ process to access services	7
Location	6
Discrimination	4



Responses that highlight the views of attendees include:

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

“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”

“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.”

“Difficult to access support in a small community and difficult to distance from triggers to continued substance use / be or feel accepted in a small community”

Opportunities for creating joined up pathways of care

Following a presentation from the Intensive Perinatal Service team at Aberlour, and a panel discussion, we asked attendees what opportunities they saw for creating joined up pathways of care.

There were 156 responses from 85 people for this question. It was clear that more awareness of what services are available and a focus on, and resources to, create and sustain links was identified as important. Common themes in answers are set out in the table.



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

Common Themes	Number of Times Stated
Staff training and awareness	26
Collaboration/better links between services	22
Lived experience at the centre of service design	11
Sustainability of funding	8
Improved awareness of services available	6
Improved communication	6
Improved advocacy for women	2

Responses that highlight the views of attendees include:

“Decisions being made based on 'professional opinion' without any real reference to or consultation with the woman herself”

“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)”

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

“Multiple opportunities but we need sustainable financing and meaningful collaboration across sectors to create secure change for families.”



Conclusions

Throughout this event there was a real sense of urgency with a strong desire for change and action. There was also an emphasis on the importance of ensuring that people with lived experience are at the centre of services. Sharon Graham's involvement throughout the day, as a voice of lived experience in the panel sessions, strongly resonated with attendees.

The event had the feeling of a cross sector community being mobilised behind Supporting Women, Reducing Harm, who are keen to stay in touch with and support the progress of the Short Life Working Group.

We gave attendees the opportunity to give feedback throughout the day. Below is a collection of some of the feedback we received and the next steps people would like to see happen.

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

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

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

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 ie sms , mh links with third sector

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

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

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

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

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?

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