

Changing Futures

— Stoke-on-Trent —

Case Study: The Impact of Stigma on Recovery and Support for an Individual Experiencing Multiple Disadvantage

Introduction

This case study explores the experiences of Paula (pseudonym), an individual experiencing multiple disadvantage including homelessness, domestic abuse, trauma, alcohol dependency, poor physical health, mental ill-health, and involvement with multiple services. It highlights how stigma, historical allegations, community perceptions, and professional responses created significant barriers to support, accommodation, and recovery opportunities. It also demonstrates the importance of trauma-informed and person-centred practice when working with individuals with complex needs.

Background

Paula has a long history of trauma, alcohol dependency, safeguarding concerns, unstable housing, and poor physical and mental health. During the reporting period, professionals from Changing Futures, Adult Social Care, CDAS, healthcare services, housing providers, probation, and police were involved in responding to substantial safeguarding risks.

Paula was found in environments where there were concerns regarding domestic abuse, coercive control, sexual exploitation, and threats to her safety. On several occasions, multi-agency professionals coordinated emergency interventions, removed her from unsafe situations, secured temporary accommodation, and provided practical support including food, clothing, welfare checks, benefits assistance, and daily care arrangements.

Despite extensive advocacy, Paula experienced continual barriers to obtaining stable accommodation. Long-term housing applications were repeatedly declined because of historical tenancy issues and previous accommodation breakdowns. As a result, she spent significant periods in temporary accommodation, hotels, and unsafe environments where risks of exploitation, abuse, and alcohol misuse remained high.

At the time of this case study, Paula was in hospital with a severe alcohol-related health condition. Professionals assessed that without intensive intervention, rehabilitation, and appropriate accommodation, there was a significant risk of further deterioration and premature death.

Barriers and Stigma Identified

Criminal Allegations and Public Perception

Several years earlier, Paula had been investigated by police in relation to a serious offence. No charges were brought, there was no trial, and no further action was taken. Despite this, Paula

continued to be viewed by many services and members of the community through the lens of this allegation.

Professionals reported that the stigma associated with the investigation appeared to influence decision-making across accommodation, support, and treatment services. Paula was often perceived as a risk to others rather than recognised as a highly vulnerable adult who was at significant risk herself.

Social Media and Community Stigma

The allegation received widespread attention through social media and local news coverage. Paula's identity became well known within her local community, resulting in hostility, community judgement, and reported death threats.

As a consequence, Paula lost the stability she had previously achieved. At the time, she had her own property, engagement with support services, a pet, and a level of independence that she described as a positive period in her life. Following the publicity, she felt unable to remain safely in her community and ultimately lost her accommodation.

Professionals felt that the impact of social media coverage continued long after the police investigation ended and that Paula remained labelled despite never being convicted of any offence.

Housing Barriers

Stigma significantly affected Paula's access to accommodation. Housing providers frequently declined placements due to perceptions of risk, historical behaviours, and previous incidents. This resulted in a cycle of temporary placements, homelessness, and instability.

Without a safe and permanent home, Paula was unable to establish the stability needed to address her underlying trauma, engage effectively with treatment, and maintain recovery from alcohol dependence.

Service Exclusion and Professional Responses

Professionals identified occasions where services became reluctant to work with Paula due to concerns about her behaviour, perceived risk, and historical allegations. In some instances, angry or threatening comments made during periods of distress, withdrawal, intoxication, or crisis led to services withdrawing involvement.

Staff reflected that responses to Paula were sometimes influenced by fear and stigma rather than an understanding of trauma, mental ill-health, and the wider context of her experiences. This contributed to repeated feelings of rejection and reinforced her belief that she was not worthy of support.

Stigma Associated with Alcohol Dependency

Professionals highlighted the impact of language and attitudes toward addiction. Discussions regarding previous detoxifications, rehabilitation attempts, and funding often focused on perceived failures rather than recognising that recovery is not linear.

Repeated references to unsuccessful interventions risked overshadowing Paula's strengths, motivation, and ongoing desire for change. This contributed to barriers accessing further rehabilitation opportunities despite clear evidence of need.

What We Did as Professionals

Changing Futures and partner agencies undertook extensive work to reduce risk and support Paula's recovery.

Actions included:

- Removing Paula from unsafe environments where there were significant safeguarding concerns.
- Securing emergency and temporary accommodation across several locations.
- Providing food vouchers, clothing, household essentials, and welfare support.
- Conducting regular welfare visits and wellbeing checks.
- Coordinating safeguarding responses with police, probation, health services, Adult Social Care, and substance misuse services.
- Supporting access to medical treatment and hospital care.
- Advocating with housing providers to secure long-term accommodation.
- Exploring rehabilitation opportunities nationally and contacting multiple providers.
- Liaising with commissioners regarding funding options for residential rehabilitation.
- Maintaining engagement during periods of crisis, homelessness, hospital admission, and disengagement from services.
- Ensuring Paula's voice, wishes, and goals remained central to multi-agency discussions.
- Professionals also challenged stigmatising narratives by highlighting Paula's vulnerabilities, trauma history, and strengths rather than focusing solely on historical incidents and perceived risks.

What the Individual Wants

Paula has consistently expressed a desire to change her life and move away from the circumstances that have contributed to her alcohol dependence.

Her goals include:

- Entering a long-term residential rehabilitation programme.
- Leaving the local area to create distance from negative influences and traumatic experiences.
- Building friendships and support networks with positive peers.
- Addressing the underlying trauma that contributes to her alcohol use.
- Achieving stable accommodation where she feels safe.
- Improving her physical and mental health.
- Maintaining recovery from alcohol dependency.

During her hospital admission, Paula expressed that she was "ready" for change and stated that she no longer wanted alcohol to be part of her life. She reported that she hated drinking and wanted the opportunity to build a different future.

Outcomes

At the time of writing, Paula remained in hospital receiving treatment for a serious alcohol-related health condition. She had successfully completed a physical alcohol detox and was abstinent from alcohol while an inpatient. Work was ongoing to identify suitable accommodation and secure access to residential rehabilitation.

Professionals remained concerned that discharge without appropriate accommodation, psychological support, and rehabilitation would place Paula at exceptionally high risk of returning to alcohol use, homelessness, exploitation, deteriorating mental health, and further physical harm.

This case demonstrates the profound impact stigma can have on individuals experiencing multiple disadvantage. Historical allegations, social media exposure, community judgement, and risk-focused responses created barriers to accommodation, treatment, and recovery. It further highlights the importance of trauma-informed practice, challenging stigma, and ensuring that individuals are assessed on their current needs and circumstances rather than being defined by past events.

For Paula, access to stable accommodation, trauma-informed support, and specialist rehabilitation could provide an opportunity to address long-standing trauma, improve her health, and achieve sustainable recovery. Without these interventions, professionals assess that the risks of relapse, significant harm, and premature death remain extremely high.