

Defining severe and multiple disadvantage from the inside: Perspectives of young people and of their support workers

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Abstract

The aim of this study was to explore the way young people facing severe and multiple disadvantage and their support workers perceive the circumstances of the young person. The leaders of 11 U.K. and five U.S. support-providing organisations identified 30 young people aged 16 to 25 who were in great need and 35 workers for this study. Thematic analysis of the semi-structured interviews found that shame was a primary emotional reaction to severe and multiple disadvantage. A history of poor relationships led them to develop an acute assessment of others and a tendency to back away from help. Over time, they perceived themselves to be unworthy and unable. Findings underscored the young people's role in shaping their trajectories and shone light on the role of emotions in explaining disconnection from support.

KEYWORDS

definition of severe and multiple disadvantage, disconnection, relationships, shame, unworthiness, voice

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1 | INTRODUCTION

There have been many attempts to define severe and multiple disadvantage, reflecting public system inclusion criteria and epidemiology. The diversity of definitions is evident in the professional and academic language, with terms such as multiple disadvantage, dual diagnosis, multiple and complex needs, high support needs, multiple disabilities, multi-problem, poly-victimisation, and adverse life experiences widely used (for a review of definitions, see Burnside, 2012; Finkelhor et al., 2007; Keene, 2001; Porche et al., 2017; Rosengard et al., 2007). The words tend to capture the mixture of the risks people face, the condition as defined by professionals, and the legal or administrative sanctions for the provision of money or services.

However, despite the increased recognition of “users” voices in relation to welfare state services (Beresford, 2002), there have been few opportunities for people facing severe and multiple disadvantage to contribute to and therefore shape the scholarly definitions and classifications concerning their condition (Rose & Thornicroft, 2010). In this article, the author briefly reviews the research literature on the two main approaches to understanding this population. The author then discusses studies that offer a different view of people facing extremely difficult circumstances before describing a study addressing this issue. After presenting the findings, future theory, research, and policy implications are considered.

2 | A SOCIAL POLICY APPROACH TO UNDERSTANDING SEVERE AND MULTIPLE DISADVANTAGE

Classification is intrinsic to social policy (Pinchbeck & Hewitt, 1969). Definitions change to reflect governmental concerns at the time legislation or other policy is framed. Axford (2017) showed how different lenses focused on impaired development, restriction of human rights, loss of quality of life, or social exclusion ruled needy children in or out of eligibility for state support.

A comprehensive literature review of multiple and complex needs (Rosengard et al., 2007) identified at least nine sets of labels, including (1) mental health, including severe and lasting disorders; (2) medical *dual diagnosis*; (3) disadvantage due to age or transition from one stage of life to another; (4) geographical or temporal disadvantage, for example refugees fleeing abuse and violence; (5) cultural and circumstantial exclusion; (6) marginal, hard-to-reach, and social exclusion; (7) risk to self, service staff, or the community; (8) structural disadvantage such as poverty; and (9) severe or long-term impairment or disability.

Bramley et al. (2015) linked three administrative data sets on people using services in England between 2006 and 2012. They estimated that 15 in every 1000 adults of working age experienced some combination of homelessness, substance misuse, and offending behaviours. The study revealed that gender, age, poverty, childhood trauma, and poor educational experience played some role in the disadvantage. The most common profile was a male, aged 25–44, with a long history of poverty, difficult family relationships, and poor educational background. Famutimi and Thompson (2018), drawing on data from the Substance Abuse and Mental Health Services Administration (SAMHSA), found that a third of the U.S. homeless adults admitted for substance use treatment between 2005 and 2015 had a co-occurring mental disorder.

Rankin and Regan (2004) synthesised definitions by giving priority to two types of vulnerability: breadth and depth of need. Breadth of need captured interconnected risks that demanded the resources of several publicly funded agencies. Depth of need related to the impact of risks on health and development and the amount of state support required (Cunningham & McCollam, 2001).

These social policy definitions have utility for government and public systems, as evidenced in both the U.K. government’s “troubled families” initiative (Day et al., 2016) for those out of work or school and antisocial over an extended period of time, and the U.K. Big Lottery Fund’s programme for people with multiple and complex needs (homelessness, reoffending, problematic substance misuse, and mental ill-health) (Moreton et al., 2016).

3 | AN EPIDEMIOLOGICAL APPROACH TO DEFINING SEVERE AND MULTIPLE DISADVANTAGE

Epidemiology focuses more on the risks to health and development and less on system responses. Hobbs et al. (2019) surveyed approximately 100,000 children and young people from 23 English and Scottish local authorities to measure *key developmental outcomes* and a wide range of risks for these outcomes. They found that 25% of their sample had significant needs.

Porche et al. (2017) drew on data from three U.S. national surveys on the health and well-being of children and adolescents and concluded that 10% of U.S. youth experienced three or more adverse life experiences in adolescence; these included: economic hardship, domestic or neighbourhood violence, parental incarceration, parent death, family member mental illness, or family member substance abuse. Other studies report that 10%–48% (conceptual and methodological differences explain most of the variation) of adolescents have multiple adverse childhood experiences (McLaughlin et al., 2013; Saunders & Adams, 2014). Finkelhor et al. (2007) referred to this group as polyvictims.

4 | LIMITATIONS OF THE CURRENT APPROACHES TO DEFINITION

The proportion of the population exposed to multiple risks far exceeds the proportion getting specialist government-sponsored help. Hobbs et al. (2019) found only a quarter of young people in greatest need were supported by social care, mental health, or youth justice systems. This is an empirical representation of Hart's (1971) law that high disadvantage is inversely related to public systems response. Hobbs et al. (2019) also measured civil society support, finding that most young in great need were supported by friends, family, and community activists. A small proportion of young people (5%) experienced significantly impaired development and were also disconnected from both public systems and civil society support.

Disconnection from support is an overlooked dimension of severe and multiple disadvantage. People in great need who do not seek or get support tend to fall into two categories. One focuses on resilience, showing that many people exposed to multiple risks and some whose health or development is impaired live relatively uneventful lives (Fergusson & Lynskey, 1996; Garmez, 1993; Luthar, 2003; Rutter, 1985). The second deals with the inefficiency of public systems (Rosengard et al., 2007), meaning that a high proportion of people exposed to and succumbing to risk do not get the help they need from public systems.

This literature does not explain why people in great need disconnect from both formal and informal sources of support. Kools (1999) and Samuels and Pryce (2008) showed that young people facing challenging times build effective strategies to deal with their situations and cope with their trauma. These strategies draw more on their own resources than assistance from others.

Kools (1999) found that adolescents in the foster care system used four strategies: hiding the foster child status, maintaining a defensive posture, distancing from others, and keeping relationships superficial. Young people carefully assess the ability to relate to people who could help them Little, Sandu, & Truesdale (2015). Understanding in more depth the way young people use these strategies can help improve the response of practitioners.

Adversity undermines young people's sense of self. Kools (1999) found that the *vener of self-reliance* masked a negative view of self, leading to social detachment. Emotions have been key in the process of social connection, particularly in the development of close bonds with caregivers who can provide a "safe haven" and a "secure base" and serving as barometers of attachment security (Bowlby 1969/1982, 1973). Depending on attachment style, individuals will differ in how they feel in their close relationships and in their ability to regulate these emotions (Ainsworth et al., 1978). Given the deficiencies in family support characteristic of vulnerable populations (Fergusson et al., 1994; Osgood et al., 2010), young people facing severe and multiple disadvantage present an unexplored opportunity to understand the role of emotions resulted from past relational experiences in the future

process of social disconnection. Moreover, self-conscious emotions such as shame, defined as a negative view of self as compared to own and societal standards (Tangney & Dearing, 2003), have been shown to be experienced by disadvantaged populations, for example in the context of poverty (Chase & Walker, 2013), but more research is needed to understand how they influence the trajectories of young people faced with severe and multiple disadvantage.

5 | ADDITIONAL CONSIDERATIONS

Despite the well-evidenced challenges of offering effective support for this population—partly explained by a shortage of evidence-based programmes to tackle severe and multiple disadvantage and public systems' difficulty managing needs that involve multiple agencies—research is accumulating on the potential of relationships with professional helpers to alter trajectories of young people facing severe and multiple disadvantage (Author, 2019; Parr, 2016; Virat & Dubreil, 2020). The family-like nature of these relationships (Author, 2019) afford workers a close perspective on the nature of disadvantage faced by young people and their response to it. Thus, including the views of the workers, alongside those of the young people, could provide further insight into understanding the experience of facing severe and multiple disadvantage and ways of addressing it.

6 | QUESTION, HYPOTHESIS AND METHOD

One of the main limitations of the existing literature is a failure to consider the role of the individual in defining and dealing with their own disadvantage.

Accordingly, the present research asked: What are the characteristics of severe and multiple disadvantage as perceived by young people facing such disadvantage and by the workers who support them?

7 | METHOD

7.1 | Sample

The sample included 30 young people and 35 workers from 11 U.K. and five U.S. organisations. The young people were aged between 16 and 25; had experienced a significant risk to health and development, including abuse or neglect, poverty, and substance misuse; had manifested significant impairment to health and development, for example, challenging behaviours, and mental ill-health; had been supported by the organisation in the study for at least 6 months, leading to perceived positive change relative to their situation. The organisational leaders viewed the positive relationship between a worker and the young person as contributing to this change.

The 35 workers were described in diverse ways, such as therapists, case workers, youth workers, and volunteers. Their supervisors and peers considered them to be exemplary in relating to young people, as demonstrated across many cases.

7.2 | Procedure

The present research is part of a comprehensive qualitative study into the potential of professional helping relationships to alter trajectories of young people facing significant disadvantage (Author, 2019). A purposive recruitment strategy was used, selecting a sample based on particular characteristics that allow for a rich

exploration of particular phenomena. Participants were recruited through the author's professional networks, to identify U.S. and U.K. voluntary, non-profit organisations that supported young people. Leaders of each organisation were asked to nominate young people and workers to consider the consent procedure.

Interviews of between 45 min and 1 hour undertaken in a place where young people felt safe, usually on the premises of the support organisations, were voice recorded. The author conducted all the U.K. interviews and helped conduct the second set of interviews undertaken by the U.S. research team. Participants received gift cards (£20 in the United Kingdom and \$50 in the United States). The workers did not accompany the young people in the interviews but were available if needed (Tables 1 and 2).

Young people provided detailed accounts of their life circumstances to establish context and characteristics as perceived by the young people and their workers. Subsequent questions reflected themes from the research literature described above. The final protocols were approved by ethics committees in each country. Pilot visits

TABLE 1 Youth sample demographics and characteristics ($N = 30$)

Age range	16–25
Gender	
Male	18
Female	12
Reported housing difficulties	9
Reported mental health disorders	8
Reported emotional regulation difficulties	13
Reported self-harm (three attempts to commit suicide)	5
Reported substance misuse	5
Reported difficulties with education	11
Reported loss of family members (two murders)	5
Reported involvement with social care system	7
Reported involvement with criminal justice system	8
Social network	
Social support	
Perception of availability of someone to rely on	
Yes	5
No	20
Composition	
Positive ties	
Absence	7
Limited (one person)	9
Two or more people	9
Negative ties	14

Note: The characteristics above were mentioned freely and were not elicited by the researcher during the interviews. Given the young people's support from agencies that deal with populations with severe and multiple disadvantage, the actual number of risks they faced is likely to have been higher.

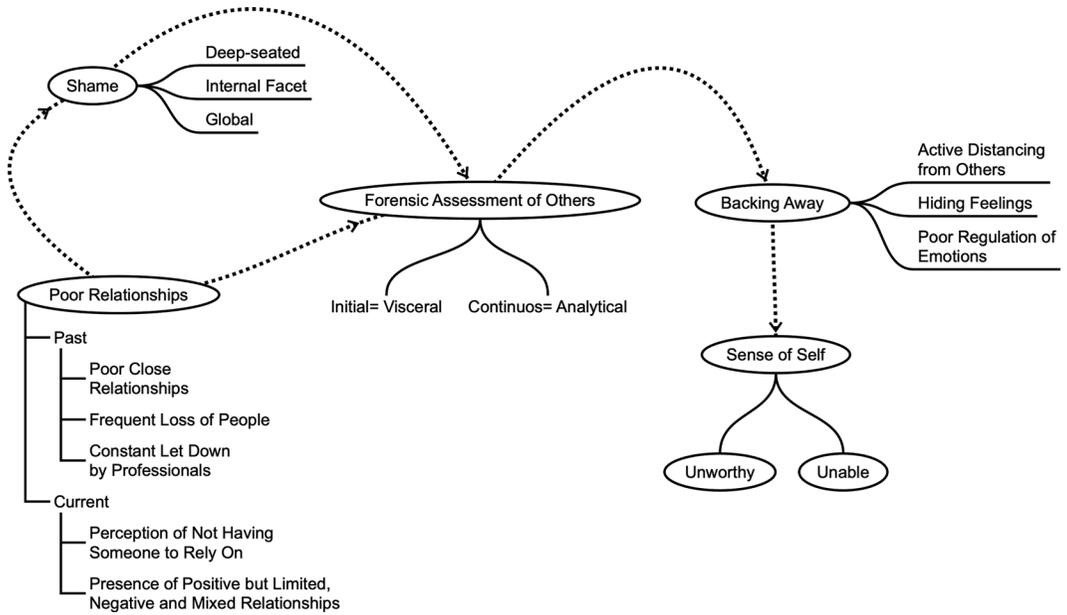


FIGURE 1 Characteristics of young people facing severe and multiple disadvantage as perceived by themselves and the workers who supported them

were undertaken, one in each country, to assess the feasibility of the instruments. Minor changes such as the ordering of questions were identified and implemented (see Tables 3 and 4 for final interviewing templates).

7.3 | Analysis strategy

Two out of the three main epistemological positions described by Willig (2013) informed a critical realist approach to the data. The strategy sought to understand and interpret the factors that led the young people into disadvantage and to understand their behaviour, thinking and motives. The views of the workers provided new perspectives and tests of young people's views. The phenomenological elements were drawn out by repeatedly listening to participants' experiences.

The data were analysed using Braun and Clarke's (2006) six stage thematic approach.

The coding started with a list of pre-defined codes with new codes added as required. Semantic as well as latent themes were coded. Themes were selected based on frequency and relevance to the research question. The analysis was conducted using the qualitative software NVivo11.

Trust in the findings (Lincoln & Guba, 1985) involved several steps. Interviewers debriefed after each visit to discuss emerging perspectives and potential biases. Triangulation was achieved both at the data source level, young people and workers, and at the analyst level. Agreement between the author and an independent coder was tested on a third of the youth sample: Cohen's $\kappa = 0.76$. The author kept a reflexive journal of the coding process, summarising case studies, changes to the analysis strategy, and reoccurrence of and connections between themes.

Three further checks for variation in findings were conducted. First, a deviant case analysis, where a case that could challenge the emergent model was compared with a typical case, was conducted (Madill et al., 2000). This revealed differences attributable to sample selection (e.g., young people who had recently been matched to their workers as opposed to those who had more than 6 months of engagement), problem definition (e.g., despite using the same label of "severe and multiple disadvantage," support organisations differed in its conceptualisation), or

TABLE 2 Worker sample demographics and characteristics (N = 35)

Gender	
Male	10
Female	25
Professional qualifications ^a	
In social sciences	20
Other fields	1
No higher education	4
Role in the agency ^b	
Youth worker	7
Outreach worker	4
Program manager	4
Mental health worker	3
Development worker	2
Case worker	2
Key worker	2
Practitioner	2
Case manager	2
Support worker	1
Therapist	1
Link worker	1
Family support worker	1
Teaching assistant	1
Youth coach	1
Project coordinator	1
Reported years of experience of supporting people with multiple and complex needs	
1-5	12
5-10	10
Over 10	8

^aNot all workers spoke about their professional backgrounds in terms of their professional degrees.

^bThe diversity in worker labels reflects the fact that their support-providing role is not clearly defined in this context.

young people's cognitive abilities (e.g., some young people had difficulty expressing themselves during the interviews, e.g., their answers were short, repeated words, and used often "don't know"). Second, the sample was divided into subgroups of those for whom the data indicated reasonable or low-quality relationships before being supported by the worker. The analysis strategy was then repeated, revealing the study themes to have the best fit for young people with a history of major relationship breakdown, evident in the perception of having no one to rely on, challenges related to their main caregivers (e.g., heavy drug use of parents), and sustained engagement with public systems.

TABLE 3 The structure of the interview protocol for young people

Sections interview	Topic
Part I: Introductory chat	Young people identify someone working at the support agency with whom they had a relationship that was important to them
Part II: Relationship with the worker	First impression Development of the relationship Turning points/positive and negative moments Worker qualities that contributed to/hindered the relationship Young people's qualities that contributed to/hindered the relationship 1 (never) to 10 (always) number exercise on key elements in relationships (e.g., trust, care) and follow-up with an example Short description of other meaningful relationships in the young people's lives
Part III: Life changes over the course of the support from the agency	Changes in the young people's life since they started coming to the support agency Follow-up questions about how young people explained such changes
Part IV: Self-perception	Self-description, current and past Sense of control and sense of pride, current and past
Part V: Conclusion	Advice for essential worker qualities in supporting young people in these situations

8 | FINDINGS

The primary findings are summarised in a thematic map (see Figure 1), covering the following themes:

- Poor relationships, past and current.
- The role of shame in the way young people think and feel about themselves.
- The acute assessment of those offering help.
- Backing away.
- Perceptions of self as unworthy and unable.

8.1 | Bad relationships, past and current

Whereas relationships are a source for support for most people (Cohen, 2004), participants' accounts of their past and current relationships were negative. With a few exceptions, young people came from families in which parents had been unable to nurture healthy development. Parental mental ill-health, addiction to drugs and alcohol, domestic violence, and child abuse were routine:

Y001: My mom, I guess she was on drugs. When I was six, we were taken by the state, so me and my little sister. Then what her dad always told me was protect her. She had a chance to get us back when I was eight years old, so two years later. She cleaned herself up, she got a job, she got her stuff back. The state didn't like what she was doing, so we went back to foster care. (Young person, United States)

TABLE 4 The structure of the interview protocol for workers

Sections interview	Topic
Part I: Introductory chat	Workers identify a young person with whom they formed a positive relationship and helped to improve their situation
Part II: Relationship with the young person	<p>The beginning of the relationship</p> <p>Description of the young person and their situation</p> <p>Factors that contributed to/hindered the relationship</p> <p>Goals for change for the young person</p> <p>The middle of the relationship</p> <p>Progression of the relationship</p> <p>Positive changes in the young person and reasons for it</p> <p>Turning points in the relationship</p> <p>The end of the relationship</p> <p>Signs for when the worker was no longer needed</p> <p>Worker's role in the young person's progress</p> <p>Factors that hindered the young person's progress</p> <p>Changes in emotions and agency of the young person</p> <p>Description of the worker's current relationship with the young person</p>
Part III: Workers' ability to support young people in difficult situations	<p>What workers do when they relate to young people</p> <p>Personal and professional qualities involved in relating to young people and their development</p> <p>Ways in which relationships with young people benefit workers</p> <p>Emotions associated with supporting this population</p> <p>Reasons for when the relationship does not account for progress in the young person</p> <p>How the support agency supports/hinders the workers' ability to relate</p> <p>Ability to form and maintain several relationships</p> <p>The role of shame in this population</p>

Respite was seldom found in other close relationships outside of the family, with friends and romantic partners drawing the young people into gangs or domestic violence:

A301: Like before I came here, I was like mucking it with the wrong people. (Young person, United Kingdom)

Loss of relationships was a recurrent experience for the young people in the sample. Bereavement was frequent and the causes of death—drugs, alcohol, and crime—were atypical. In other instances, young people actively broke personal ties, escaping a violent father for example or giving up on a drug-abusing mother. A few of the young people interviewed were parents themselves and had lost their children to foster care because of their chaotic life styles:

X112: He was taken away from his mom when he was two months old because of abuse and drug addiction. Dad was a high-level member of the (Name) gang, shot, paralysed. (Worker, United States)

Over half (57%) of the young people had received extended support from public systems, a few for their entire lives. For some, professional supports and substitute carers had been their close ones, and quality of relationships was variable. The young people described being let down by people charged with their care and not being treated as individuals:

Y001: I grew up in the system, and I don't like social workers. They tell you some stuff, and then lie. (Young person, United States)

As this pattern of failed and variable relationships continued, the young people were unable to describe any meaningful connections in their life other than with their worker:

Z001: [...] my dad is in the picture, but in terms of being a supportive father figure, I'm better at the job than he is. I just turned 18 so that says a lot. And my brother is just like a complete wreck. (Young person, United States)

Where young people could identify a past meaningful and constructive relationship, its utility was limited:

D411: (Grandmother) is brilliant as in a strong family member. But (Grandmother) doesn't understand what it's like to come off drugs or do sex work. (Worker, United Kingdom)

Positive relationships were counterweighted by dysfunctional relationships by direct (e.g., gang involvement) and indirect (e.g., unavailable parents) influences:

K301: There's some people I was hanging out with, actually pull me down as well. Because like, I wasn't hanging out with the right people so I was kind of looking for trouble. (Young person, United Kingdom)

8.2 | The role of shame

Extended exposure to dysfunctional, unreliable, or unresponsive relationships influenced young people's sense of self, especially a sense of shame, of distress produced by understanding past behaviours to have been unworthy. Words such as useless, worthless, disgusting, not amounting to anything, broken, second-class citizen, not worthy of others, and not good enough were frequent in young people's self-description. The language used applied to the entire self, extending beyond specific actions, such as crime:

G301: All I could see then was how much I wanted to die. I wouldn't be able to describe myself. I was awful. I was so broken, just, yes, desperate to get out of this world. (Young person, United Kingdom)

H301: It was like, I was ashamed of myself. Like, the way I was. Like, when it comes to like, the appearance, I could always play the part with the appearance. But when it comes to the feelings and how you feel about yourself, it's not good. It's not good. (Young person, United Kingdom)

The shame was deep as well as broad. It was rooted in a rational assessment that someone with similar experience would feel the same. As such, the shame was hard to shake off:

G411: [...] shame is massive and I think shame, you know, you can't lose it and once you feel it, it sticks and it's really hard to kind of lose. (Worker, United Kingdom)

The shame fed a continuous, strong internal dialogue about failures of the self, shutting out engagement with the everyday world:

P112: I used to have pity for myself. I used to definitely feel like...because I'm the black sheep I used to definitely feel like, Why is this happening to me? Why they did that? Why did you do this? Like, Why? Why? Why? Why? (Young person, United States)

In many cases young people blurred the boundaries between shame and guilt. They took undue responsibility for the behaviours of others.

Shame came from the perception of having failed to live up to the standards, ideals, and norms of others. Feeling ashamed, the young people naturally assumed that they were not worthy of help, and for many it took a major life event to jolt the young person into reflection about the world around them:

F301: There's a couple of workers that I felt like I haven't been accepted before. Like, do you really want to be sat here supporting me or telling me what to do? (Young person, United Kingdom)

D412: That's why the pivotal moment for many of those women was a near-death experience brought on by violence or drug-related illness or something associated with that work that then forces vulnerability into their faces, kind of thing, and presents some other choice, sort of. But yes, the intense pain of the everyday levels of shame that is there is actually what's underlying a lot of the, you know, the cycles and the patterns. (Worker, United Kingdom)

8.3 | An acute assessment of others

Disadvantage encourages people and agencies to offer help. Teachers support pupils beyond their formal educational and pastoral responsibilities. A young person kicked out of school is directed to a variety of professional supports. Homeless young people take their chances with a mostly empathetic general public. How did these young people view help?

They were sceptical. The recurrent negative relationships described appeared to lead the young people to doubt the motives and honesty of others. They were suspicious. They knew they could be hurt, let down, and disappointed. They were prepared to protect themselves from people who help. Their primary assessment was "how will this person make me feel?"

A411: Our clients distinguish very well. Very well. Very early because it's very important for their protection [...] What I want to tell you, am I zero, I am one, who are you? Are you going to section me, what is going to happen here? (Worker, United Kingdom)

G302: Even though I knew that I would have to take time to like break down my walls to try trust her fully, she never gave me any like vibes of like, oh she seems rude or she makes me feel

uncomfortable. There wasn't any of that, I felt alright around her I guess. So yes, straight off the bat I thought she was okay. (Young person, United Kingdom)

This acute assessment of others is not a routine part of human interaction. It comes to the fore in contexts that require an assessment of the need for fight-or-flight. For the young people in this sample, however, the vigilance was continual. Accordingly, the assessments were visceral not rational assessments, relying more on nonverbal cues than answers to questions:

W001: It was just the connection—the way she [the worker] was talking to me, the tone of her voice, and the way she looked at me in my eyes. It just showed she's really there paying attention to whatever I'm saying and to the reasons why I'm upset. (Young person, United States)

Any worker wanting to form a relationship with a young person had to pass the assessment. A good first impression was not sufficient for the young people. It was followed by a rigorous testing of whether the worker cared, understood, and would provide practical help. Workers talked of “being watched, being analysed, and psycho-analysed”:

X001: I could tell it wasn't really just her trying to do her job. I could tell it was really her caring because anybody else, they could've just been like, just go to jail. Just go back to jail. You feel me? We don't care about your life right now, but she wouldn't. (Young person, United States)

Young people searched for acceptance, for people who would take them on their own terms. “Authentic” was a common descriptor, someone would be who they said they were, even if that fell short of what was required. “Genuine” was another word frequently used by young people and their helpers:

T001: But he seemed, out of all the staff, when I first started coming here...the most genuine—the most that actually like cared about the kids and stuff in the centre, you know. (Young person, United States)

H412: I think you have to be yourself, always. I think women or people who've been through stuff they can pick up bullshit very, very quickly, so if you're presenting as something that you're not, then they won't... You're not authentic in the work and how can you support them if you're not authentic in yourself. (Worker, United Kingdom)

8.4 | Backing away

In addition to a range of behaviours consistent with their mental ill-health, addiction, and educational and employment disadvantage that often set them apart from mainstream society, their sense of shame and recurrent experience of being let down by others led them to further back away, including from people who could offer them support.

Young people described being overwhelmed by their experiences and disadvantage. They found it difficult to understand and process feelings. To compensate, they developed protective strategies to separate themselves from their emotions. The transcripts contain recurring phrases such as “shield up,” “bottling up,” “big wall up,” or “shut down”:

G302: I feel like my walls will never go down until I've literally sat down and literally let everything go. Because I feel like once you've been hurt by people that are meant to love and protect you, it's hard to trust people that are strangers. You get what I'm saying? (Young person, United Kingdom)

Alcohol and drugs were other common strategies to numb powerful emotions:

D412: How do you live with what you've had to do to get the drugs, on the thought that you've put a chemical of somebody else you know, an important relationship? It's so so hard, it's such a big thing...Drugs are a very useful way of masking and taking away the pain of coping with what you're doing. (Worker, United Kingdom)

When unleashed, young people were frequently unable to regulate their feelings and became verbally and physically aggressive. Official records referred to them "storming out," "having a short fuse," "banging off," "bouncing off the walls," "being jumpy," and being subject to "blind rage":

Z002: I was cussing out everybody. I didn't care. I was just angry, blinded by rage. (Young person, United States)

8.5 | Unworthy and unable

Young people summarised their characteristics in three ways. First, their lack of worth excluded them from the orthodoxies of life, education, work, and family. Second, they felt undeserving of attention or support from others, so distanced themselves from those who could help. Third, they did not feel in control of life or capable of influencing the world in their favour:

H302: [...] a year ago, I didn't feel proud. I was making myself sick and I was, you know, just like, just being. I weren't living... I was surviving. (Young person, United Kingdom)

X002: Back then I would have said I do what I need to do to try to survive. People just don't understand me. Back then I wouldn't have even had kids. I was thinking I'm doing what I need to do to survive. I don't care what anybody thinks because they're not in my shoes. (Young person, United States)

9 | DISCUSSION

Definitions rooted in public policy and epidemiology can miss important facets of people's lives and so respect the design of effective responses. This study has shone light on the characteristics of young people facing severe and multiple disadvantage. It finds that emotional reactions to disadvantage such as shame lead them to back away from public system and civil society supports. The experience of being let down by past relationships creates mistrust and acute assessment of support. The combination of risk, shame, a deep distrust of help and distancing from society leads young people to feel unworthy and unable.

9.1 | Research implications

This study confirms Samuels and Pryce's (2008) finding that the protective instinct developed by young people when they were consistently under threat is counterproductive. In particular, it supports Kools' (1999) research into the relationship between a negative perception of self and social detachment. Moreover, the findings in this

study underscored how the young people's emotional reactions to the risks faced are core to an understanding of their life trajectories. The heavy, self-conscious, and deep-seated nature of shame takes forward the conceptualisations of Tangney and Dearing (2003) by showing its role in forging young people's trajectories and the accumulation of disadvantage. The evidence fits with Lewis (1971), who wrote that we feel guilt over specific actions and shame about the global self.

The evidence from this study provides detailed examples of Schafer et al. (2009) work pointing out that negative self-assessments pushing people facing difficult times away from help and society are also the foundation of their building resilience.

9.2 | Theory implications

The findings have implications for how attachment theory applies to a context of severe and multiple disadvantage. The lives of young people in this sample was underpinned by poor relationships. Their mistrustful, protective pattern of connection to others suggest a combination of avoidant and preoccupied attachment tendencies. However, the young people also used their template of relating when describing their relationships with their workers. Whereas typically the process of filtering new data operates outside of conscious awareness (Griffith, 2004), so making it less amenable to change and adaptation, in this study the young people used what they had learned from their previous relationships and analytically engaged with what new people could offer to them.

This study has some implications for how we understand identity development by expanding the narrative of apparent self-reliance proposed by Samuels and Pryce (2008) and Ungar (2001) to focus on self-worth and competence. Charting processes that reinforce positive or break up negative identities would improve support for this population.

9.3 | Limitations of the study

The study has several limitations. First, because the sample comprised young people and workers perceived to enjoy strong relationships, the findings cannot be generalised to all young people facing severe and multiple disadvantage. Second, and in a similar vein, the young people were supported by organisations known to the author's social network and considered to be exemplary in their practice. Nothing can be said about the variation in practice or young people not supported by agencies. Third, because data on young people's backgrounds were collected retrospectively, only limited conclusions can be drawn about their life trajectories. Fourth, the data were collected using a single instrument applied in two countries, limiting the potential to gain deeper insights by adapting protocols in light of emerging findings such as the role of cognition in the way young people define their situations. Fifth, with the benefit of hindsight, more data could have been collected about the organisational context in which the workers operated and where support was provided to young people. Sixth, the model presented in this study adopts a realist approach to causality, as discussed by Maxwell (2004) and defined as real mechanisms and processes that are in principle observable but not necessarily regularities. Although the study adopted several strategies that could afford causal explanations such as long-term engagement with this population, rich data, a detective style for data analysis, and checking for alternative explanations, further validation of the model, possibly using a quantitative data set of a similar population, is recommended to firm up these findings.

9.4 | Policy and practice implications

The emotional reaction to risk and its impact on sense of self point to the role of connection in the recovery process. At present, most public policy is focused on interventions to reduce a risk or ameliorate defined

conditions. Most of the young people in this study had previously been exposed to a range of treatment interventions which they and their workers discounted as important to recovery.

This leads to several opportunities for practice development. How does the absence of early nurture, love, and safety and later disconnection influence resilience in protecting against multiple disadvantage and in the recovery process? As Maibom (2010) noted, shame requires an audience; another route into this could be to find effective ways of breaking down shame, for example by connecting young people to relationships that unshackle them from negative emotions and help them to recover their abilities and worth to society.

This study put a spotlight on the relational capabilities of workers. Young people closely analysed the intervention techniques and personal qualities of workers looking for what in previous studies (2015) was described as three "H"s, of: head, meaning the ability to focus on shared goals, not organisational objectives; heart, referring to a deep sense of caring; and hands, concerning the practical help provided to the young person. More could be done to identify workers who have these capabilities.

Finally, the findings prompt reflection about the types of outcomes society seeks for young people facing severe and multiple disadvantage. Public policy is focused on the reduction of psychological symptoms, educational disadvantage, and addictions. Without a sense of worth or competence it is hard to predict the success of any intervention in reducing psychological disorders, educational disadvantage, or their outcome.

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PEER REVIEW

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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REFERENCES

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: Assessed in the strange situation and at home*. Erlbaum.
- Author (2019). Information omitted to maintain the integrity of the review process.
- Axford, N. (2017). *Defining and classifying children in need*. Routledge.
- Beresford, P. (2002). User involvement in research and evaluation: liberation or regulation? *Social Policy and Society*, 1(2), 95–105. <https://doi.org/10.1017/S1474746402000222>
- Bowlby, J. (1969/1982). *Attachment and loss* (Vol. 1). Basic Books.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger*. Basic Books.
- Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F., & Watkins, D. (2015). *Hard edges: Mapping severe and multiple disadvantage in England*. Lankelly Chase Foundation. Retrieved from Lankelly Chase website: <http://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Burnside, L. (2012). *Youth in care with complex needs*. Office of the Children's Advocate.

- Chase, E., & Walker, R. (2013). The co-construction of shame in the context of poverty: Beyond a threat to the social bond. *Sociology*, 47(4), 739–754. <https://doi.org/10.1177/0038038512453796>
- Cohen, S. (2004). Social relationships and health. *American Psychologist*, 59(8), 676–684. <https://doi.org/10.1037/0003-066X.59.8.676>
- Cunningham, G., & McCollam, A. (2001). Developing an assertive outreach service: From evidence to practice. *Journal of Integrated Care*, 9(2), 30–37. <https://doi.org/10.1108/14769018200100015>
- Day, L., Bryson, C., White, C., Purdon, S., Bewley, H., Sala, L. K., & Portes, J. (2016). *National evaluation of the troubled families programme: Final synthesis report*. Department for Communities and Local Government.
- Famutimi, O. D., & Thompson, K. R. (2018). Trends in substance use treatment admissions among the homeless in the United States: 2005–2015. *Journal of Public Health Issues and Practices*, 2, 118.
- Fergusson, D. M., Horwood, L. J., & Lynskey, M. (1994). The childhoods of multiple problem adolescents: A 15-year longitudinal study. *Journal of Child Psychology and Psychiatry*, 35(6), 1123–1140. <https://doi.org/10.1111/j.1469-7610.1994.tb01813.x>
- Fergusson, D. M., & Lynskey, M. T. (1996). Adolescent resiliency to family adversity. *Journal of Child Psychology and Psychiatry*, 37(3), 281–292. <https://doi.org/10.1111/j.1469-7610.1996.tb01405.x>
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Re-victimization patterns in a national longitudinal sample of children and youth. *Child Abuse & Neglect*, 31(5), 479–502. <https://doi.org/10.1016/j.chiabu.2006.03.012>
- Garmez, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry*, 56(1), 127–136. <https://doi.org/10.1080/00332747.1993.11024627>
- Griffith, B. A. (2004). The structure and development of internal working models: An integrated framework for understanding clients and promoting wellness. *The Journal of Humanistic Counseling, Education and Development*, 43(2), 163–177. <https://doi.org/10.1002/j.2164-490X.2004.tb00016.x>
- Hart, J. T. (1971). The inverse care law. *The Lancet*, 297(7696), 405–412. [https://doi.org/10.1016/S0140-6736\(71\)92410-X](https://doi.org/10.1016/S0140-6736(71)92410-X)
- Hobbs, T., Morpeth, L., Ellis, D., & Tobin, K. (2019). *Matching children's needs and services: A case of three circles*. Dartington Service Design Lab. Retrieved from Dartington Service Design Lab website: <https://www.dartington.org.uk/wp-content/uploads/2019/02/Matching-Childrens-Needs-and-Services-A-Case-of-Three-Circles.pdf>
- Keene, J. (2001). *Clients with complex needs: Interprofessional practice*. Blackwell Science. <https://doi.org/10.1002/9780470690352>
- Kools, S. (1999). Self-protection in adolescents in foster care. *Journal of Child and Adolescent Psychiatric Nursing*, 12(4), 139–152. <https://doi.org/10.1111/j.1744-6171.1999.tb00063.x>
- Lewis, H. B. (1971). *Shame and guilt in neurosis*. International Universities Press.
- Lincoln, Y., & Guba, E. (1985). *Establishing trustworthiness*. *Naturalistic inquiry* (pp. 289–331). Sage.
- Little, M., Sandu, R. D., & Truesdale, B. (2015). Bringing everything I am into one place. *Dartington, UK: Lankelly Chase Foundation*, <https://lankellychase.org.uk/wp-content/uploads/2015/10/Bringing-Everything-I-am-Into-One-Place.pdf>
- Luthar, S. S., (Ed.). (2003). *Resilience and vulnerability: Adaptation in the context of childhood adversities*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511615788>
- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, 91(1), 1–20. <https://doi.org/10.1348/000712600161646>
- Maibom, H. L. (2010). The descent of shame. *Philosophy and Phenomenological Research*, 80(3), 566–594. <https://doi.org/10.1111/j.1933-1592.2010.00341.x>
- Maxwell, J. A. (2004). Using qualitative methods for causal explanation. *Field Methods*, 16(3), 243–264. <https://doi.org/10.1177/1525822X04266831>
- McLaughlin, K. A., Koenen, K. C., Hill, E. D., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(8), 815–830. <https://doi.org/10.1016/j.jaac.2013.05.011>
- Moreton, R., Adamson, J., Robinson, S., Richards, N., & Howe, P. (2016). *Fulfilling lives: Supporting people with multiple needs—Annual report of the national evaluation 2016*. CFE Research. Retrieved from <http://mcnevaluation.co.uk/wpfb-file/fulfilling-lives-multiple-needs-evaluationannual-report-2016-pdf/>
- Osgood, D. W., Foster, E. M., & Courtney, M. E. (2010). Vulnerable populations and the transition to adulthood. *The Future of Children*, 20, 209–229. Retrieved from <http://www.jstor.org.ezp.lib.cam.ac.uk/stable/27795066>
- Parr, S. (2016). Conceptualising 'the relationship' in intensive key worker support as a therapeutic medium. *Journal of Social Work Practice*, 30(1), 25–42. <https://doi.org/10.1080/02650533.2015.1073146>
- Pinchbeck, I., & Hewitt, M. (1969). *Children in English society* (Vol. 1). Routledge & Kegan Paul.
- Porche, M. V., Zaff, J. F., & Pan, J. (2017). *Barriers to success: Toward a deeper understanding of adversity's effects on adolescents*. America's Promise Alliance. Retrieved from <https://www.americaspromise.org/sites/default/files/d8/2017-03/Barriers%20to%20Success%20Digital%20Media%20Toolkit%20FINAL.pdf>
- Rankin, J., & Regan, S. (2004). *Meeting complex needs: The future of social care*. Institute for Public Policy Research and Turning Point. Retrieved from IPPR https://www.ippr.org/files/images/media/files/publication/2011/05/Meeting-Complex-Needs_full_1301.pdf

- Rose, D., & Thornicroft, G. (2010). Service user perspectives on the impact of a mental illness diagnosis. *Epidemiology and Psychiatric Sciences*, 19(2), 140–147. <https://doi.org/10.1017/S1121189X00000841>
- Rosengard, A., Laing, I., Ridley, J., & Hunter, S. (2007). *Closing the opportunity gap—Findings of a literature review on multiple and complex needs*. Scottish Executive Social Research. Retrieved from <https://www.webarchive.org.uk/wayback/archive/20170112055441/http://www.gov.scot/Publications/2007/01/18133419/15>
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry*, 147(6), 598–611. <https://doi.org/10.1192/bjp.147.6.598>
- Samuels, G. M., & Pryce, J. M. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review*, 30(10), 1198–1210. <https://doi.org/10.1016/j.childyouth.2008.03.005>
- Saunders, B. E., & Adams, Z. W. (2014). Epidemiology of traumatic experiences in childhood. *Child and Adolescent Psychiatric Clinics*, 23(2), 167–184. <https://doi.org/10.1016/j.chc.2013.12.003>
- Schafer, M. H., Shippee, T. P., & Ferraro, K. F. (2009). When does disadvantage not accumulate? Toward a sociological conceptualization of resilience. *Schweizerische Zeitschrift Für Soziologie*, 35(2), 253–278.
- Tangney, J. P., & Dearing, R. L. (2003). *Shame and guilt*. Guilford Press.
- Ungar, M. (2001). The social construction of resilience among "problem" youth in out-of-home placement: A study of health-enhancing deviance. *Child and Youth Care Forum*, 30(3), 137–154. <https://doi.org/10.1023/A:1012232723322>
- Virat, M., & Dubreil, C. (2020). Building secure attachment bonds with at-risk, insecure late adolescents and emerging adults: Young people's perceptions of their care workers' caregiving behaviors. *Children and Youth Services Review*, 109, 104749. <https://doi.org/10.1016/j.childyouth.2020.104749>
- Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). McGraw-Hill Education.

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