Centre for Justice Innovation

Drug and alcohol treatment services for women:

A guide to commissioning

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Executive summary

Women who use drugs and alcohol typically do so in different ways and for different reasons than men. Their substance use is more commonly linked to trauma and abuse, often focused on different substances, is complicated by sex-based biological differences and is more likely to occur alongside caring responsibilities.

However, years of historic disinvestment into the treatment system has made it harder for services to respond to women's gendered needs. The closure of many small or specialist providers, greater competition for contracts and squeezed budgets have driven a move to one-size-fits-all treatment provision that is shaped by its majority male user base. Resourcing issues and contracting arrangements have created barriers to partnership working, driving treatment into silos.

As system leads, commissioners have the ability to set priorities around improving treatment access and options for women, and to influence a commissioning culture that embeds the lived and living experience voice. While the Centre for Justice Innovation strongly advocates for gender-specific services, this briefing aims to help commissioners by sharing examples where commissioners have reconfigured mixed-gendered services to deliver more trauma-informed and gender-responsive treatment and support through collaboration, partnership working and upskilling workforces.

This briefing intends to help commissioners utilise much-needed additional funding under the Government's 10-year drugs strategy, *From Harm to Hope*, to create a legacy of partnership working that supports knowledge sharing and lived experience involvement within drug and alcohol treatment.

Five principles for commissioning better treatment for women

1 Understand local women's drug and alcohol treatment needs

It is imperative for commissioners to understand women's needs within the local context – both of women attending treatment services and, more pressingly, women who are not accessing support. Engaging with community and 'by and for' organisations to better understand the needs of women with intersecting identities and/or from marginalised communities, such as women from minoritised ethnic backgrounds, LGBTQ+ people, neurodiverse women and those belonging to particular religious sects will foster understanding. Commissioners should be explicit about this need in tenders and require service providers to detail how they will address these cohorts of women and better support their needs.

2 Ensure services meet basic standards for gender-responsive treatment

Where gender-specific treatment is not an option, mixed-gendered services should be required to explore how they can reconfigure existing provisions to provide gender-responsive support, such as offering the choice of a same-gender key worker or providing women's only spaces. Flexibility of delivery within contracts is key in enabling provision to adapt and tailor support to meet individual women's needs. Co-locating drug and alcohol services in community-based and/or dedicated women-only spaces has proven to be an effective means of reaching women who may otherwise not access services. Commissioners should include specifications in tenders to encourage co-location and partnership working between service providers.

3 Build the capacity of workforces to respond to women's gendered needs in trauma-informed ways

View improving women's access to treatment and support services as a training and upskilling opportunity. Commissioners should utilise the expertise from partners that are experienced in working in trauma-informed, gender-responsive ways and encourage knowledge and resource sharing between these and less experienced partners. Building workforce capacity to respond effectively to trauma will facilitate better gender-responsive care without the need for commissioning separate services. Requiring service providers and the wider workforce to undertake accredited training around domestic abuse and commit to anti-stigma approaches will support earlier identification and prevent escalation.

4 Develop a legacy of partnership working and integrated care

Establishing a legacy of partnership working that enables holistic and integrated care for women needing support will lay the foundations for future commissioning and service development, even within the uncertainty of future drug and alcohol funding. Strategic partnerships can underpin opportunities for improved access pathways to key forms of support and work towards a fully joined-up whole-systems approach. Requiring service providers to detail how they will work with other partners can foster a practice of co-location between statutory, specialist and community services that can better reach and support under-served women.

5 Embed the voice of experts by experience to build peer-led communities of support

Commissioners, service providers and practitioners should not make assumptions about women's needs or their experience of services. Service provision should be led by listening to and embedding the voice of women with lived experience into the full cycle of commissioning, including understanding need and unmet need, influencing decision making and evaluating performance. Commissioners should seek to develop meaningful and trusting relationships with experts by experience, and work to establish a lived experience recovery forum with specific women-only sub-groups that can influence treatment and support provision. Service providers should be required to detail how they engage service users and address feedback in their tender responses.

Solutions for improving women's access to gender-responsive treatment

CHALLENGES	SOLUTIONS
Understanding women's needs	• Conduct local needs assessments to understand local women's needs and experiences. • Consider the needs of women who are not in services, as well as those already seeking support. • Involve women with lived and living experience, both of substance use and of accessing existing support, to understand their experiences and what is needed in all stages of the commissioning cycle. • Engage with community and 'by and for' organisations that support women from different demographic groups to understand more about how to support these women's needs.
Safety concerns around mixed-gendered spaces	• Ensure that services meet basic standards for gender-responsive treatment by delivering treatment in safe, appropriate spaces and ensuring that women have access to women-only group work and a same-gender key worker. • Women-only groups should be held at various times and days throughout the week, as well as having online and digital access. • If possible, services should have women-only floors, rooms and entrances but if not possible then ensure women key workers are present at entrance or offer option of women being escorted by a key worker they trust.
High prevalence of multiple, complex and co-occurring needs often linked to trauma among women in treatment	• Upskill practitioners and wider workforce with accredited trauma-informed and gender-responsive training. • Work with service providers and wider partners to adapt treatment and support spaces into Psychologically Informed Environments (PIE) that follow the Trauma Recovery Model. • Develop partnership working legacies and improved access pathways to key forms of support such as mental health, domestic abuse, child and adult social care, housing, NHS women's health hubs and sexual health. • Outreach practitioners into services that women already feel comfortable attending.
High prevalence of domestic and/or sexual abuse among women who use substances	• Upskill practitioners and wider workforce with accredited domestic abuse training. • Co-location with domestic abuse services, for example: ○ Commission IDVAs within drug and alcohol providers ○ Substance practitioners outreach provided at domestic abuse services. ○ Include domestic abuse as part of standard assessment practices. ○ Ensure mixed-gendered services have domestic abuse policies in place for managing situation where perpetrators also attend the service.

CHALLENGES	SOLUTIONS
Women's health across their life course may affect substance use	• Involve women with lived and living experience to better understand how menstruation, miscarriage, contraception, menopause, endometriosis and other predominantly women-specific health issues impact their substance use. • Work closely with NHS women's health hubs to ensure joined-up, holistic care for women who use substances to receive the healthcare they need.
The additional needs of women who have childcare responsibilities, including people who are pregnant	• Offer option of having onsite crèche at treatment and support services. • Ensure flexibility of service provision to allow mothers to work around child and/or work commitments, such as holding group and one-to-one work across multiple days, as well as having a mix of online and digital access. • Ensure there are integrated referral and access pathways across midwifery, sexual health, drug and alcohol treatment and any other relevant services to support with earlier identification and the development of protection plans. • Promote links between mental health services and local Family Drug and Alcohol Courts to improve support for mental health interventions for those at risk of having children removed. • Upskill practitioners and wider workforce in strength-based and relational approaches that work with mothers rather than using punitive approaches. • Awareness training for practitioners and wider workforce around stigma towards mothers who use substances and how this impacts them accessing support. • Adopt anti-stigma and non-judgemental approaches.
Supporting women who have had children removed	• Upskill practitioners and wider workforce in strength-based and relational approaches that work with women rather than using punitive approaches. • Ensure holistic wrap-around support is provided for mothers who have had children removed that focuses on mental wellbeing and support. • Offer gender-specific spaces that do not include crèches. • Partner with Pause, a national charity that supports women who have had, or are at risk of having, more than one child removed from their care. The charity supports local authorities and organisations to create positive changes to services and systems through training and consultancy.
Women from minoritised ethnic backgrounds, religious communities, LGBTQ+ women, and women with neurodiversity or disabilities may face additional barriers to accessing treatment	• Ensure 'by and for' organisations are involved in partnership and collaborate with community organisations to ensure provision is delivered in culturally sensitive and appropriate ways. • Involve women with lived experience in all stages of commissioning cycle. • Ensure practitioners and wider workforce undertake accredited anti-discrimination training.

CHALLENGES	SOLUTIONS
Supporting women using substances who have involvement with the criminal justice system (CJS)	• Ensure specialised support pathways for criminal justice-involved substance-using women, particularly upon release from custody to provide them with continuity of care. • Ensure that women have rapid access to their scripts where necessary. • Combine statutory and non-statutory services together to provide integrated, trauma-informed support for women.
Supporting women using substances living in rural, more remote areas	• Utilise community buildings in more rural areas that women feel comfortable attending. • Outreach practitioners into GP surgeries and other services accessible in rural areas. • Provide online and digital treatment and support options that are more accessible to women unable to get into town centres.
Lack of engagement in community treatment and support services	• Recognise that community treatment will not be suitable for some women and do not take lack of engagement as a sign of 'refusing to engage'. • Utilise funding allocated for residential services for women where community services have not been suitable, and do not let cost be the deciding factor. • Do not require women using substances to make their case for a residential space in front of a panel. • Upskill practitioners and wider workforce with accredited trauma-informed and gender-responsive training to support them to better understand what can appear as 'non-engagement'.
Budget and resource constraints	• Co-commission treatment and support services to save money for individual partners and provide holistic support for women. • Integrate pathways to help identify women earlier and prevent escalation, improving outcomes for the women and also saving partners and services money long-term. • Sub-contract specialist women's workers from gender-specific organisations to support women's needs in mixed-gender provision. • Commissioning longer contracts allows service providers to embed into an area and can lend itself to a more adaptable way of working through flexible specifications.
Uncertainty over future funding	• Form partnerships involving all relevant stakeholders to support women with multiple and co-occurring needs and commit to improving treatment access and support options for women. • Utilise this shared priority to identify opportunities for co-commissioning and co-location, as well as integrating access pathways across different services. • Share knowledge, guidance and expertise among partners. • Develop a legacy of partnership working that fosters collaboration and whole-system approaches.

1. Background

Women who use drugs and alcohol often do so in different ways and for different reasons than their male counterparts. There is, therefore, a need to ensure that treatment is delivered for women in a way that prioritises their safety, recognises and responds to their trauma and adversity (including experiences of sexual, gender-based or domestic abuse) and is co-delivered with other forms of support to create an integrated approach.

This need for better gender-sensitive treatment for women is well recognised, and local authorities have a duty to advance equal opportunity and access to services under the Public Sector Equality Duty (PSED).[1] The Independent Review of Drugs noted how the closure of small and specialist providers has negatively affected the provision of treatment for women[2], and this was reflected in the *From Harm to Hope* drugs strategy, which identified women as an under-served group who had not received effective service in the past.[3] However, there is little guidance on how treatment services can better meet the needs of women, particularly how to feasibly do so against the backdrop of historic disinvestment of statutory and third-sector services.

This briefing aims to support local authorities to ensure that their commissioning of drug and alcohol treatment services better meet the needs of service users identifying as women. Drawing on conversations with commissioners and service providers, we focus on the pivotal role of commissioners as system leads to foster and guide new, collaborative models of service delivery. We have included case studies of existing practice and resources intended to provide examples ahead of future commissioning activities.

We hope that this briefing will help local authorities take advantage of the much-needed increased allocations for treatment services provided under the drug strategy to develop better treatment for women and to create a legacy of partnership working, knowledge sharing and lived experience involvement that will be resilient to changes in government policy and future resource shifts.

The need for gender-sensitive treatment for women

Women's drug and alcohol use

Research has found that women are less likely to use most types of substances than men[4] and are less likely to engage in poly-drug and alcohol use.[5] However, those women who do use substances face a greater degree of health issues and more severe social consequences than their male counterparts.[6] According to National Drug Treatment Monitoring System (NDTMS) data, women in treatment are more likely than men in treatment to be using alcohol or prescription drugs and less likely to be using cannabis, opiates, crack or powder cocaine. They are also less likely to be injecting drugs.[7]

The social circumstances of women who use drugs and alcohol

Studies have found that, compared to men, women using substances are typically younger, less well educated, in receipt of lower incomes and are more likely to be married or cohabiting with a partner.[8] Women in treatment are also significantly more likely than men to have childcare responsibilities.[9]

Women's drug and alcohol use, trauma and abuse

Research has found that women commonly reported experiences of early trauma as a key driver of later drug and alcohol use.[10] A particular link has been evidenced between women's drug and alcohol use and experiencing emotional, physical and sexual abuse, often perpetrated by a partner or family member.[11]

Barriers to accessing treatment

Women make up only 29% of people in drug treatment[12] and 42% of people in alcohol treatment.[13] This disproportion may reflect gender inequalities in the use of substances; however, there is significant evidence to suggest that women face distinctive barriers in accessing treatment, such as:

- **Stigma:** Drug and alcohol use is more stigmatised for women than men. Women who use substances are typically portrayed as 'bad', 'deviant' and 'unfit mothers'.[14] This stigma might discourage women from disclosing their drug and alcohol use.[15]

- **Ongoing domestic abuse:** Women who are in abusive relationships may find that their partners resist or prevent them from accessing or engaging with treatment because they do not want them to stop using or to disclose abuse.[16]

- **Safety concerns:** Women may choose not to access mixed services due to fearing for their safety, especially if they have already experienced interpersonal abuse, are experiencing domestic abuse or have engaged in sex work. Women may feel unsafe disclosing their experiences in front of men in mixed groups or feel uncomfortable staying in mixed-gender residential facilities.[17]

- **Caring responsibilities:** Women might avoid accessing treatment due to fears of having children removed due to disclosing drug and alcohol use and/or domestic abuse.[18] The difficulty of accessing treatment alongside family commitments creates an additional barrier for women with children.[19]

- **Additional barriers faced by women from ethnic minorities:** Women in treatment are two-thirds less likely than men to come from Asian backgrounds and 10% less likely to come from black backgrounds.[20] The evidence on why this might be is limited but BAC-IN, a peer recovery organisation, found through engagement with Black and minoritised ethnic service users that many of the women did not feel treatment services were delivered in a culturally sensitive way.[21]

Women's experiences of treatment services

The Centre for Justice Innovation's recent report looked at how women experience treatment in the West Midlands.[22] We found that while services were seeking to meet women's treatment needs, there were issues with how treatment was being provided:

- Services were delivering treatment in mixed-gender spaces which women could find to be chaotic, intimidating or unsafe. Some women reported being targeted by predatory male service users while accessing treatment, mutual aid and recovery services.

- Although women emphasised the importance of all-women group work as a space to discuss the trauma that was driving their substance use, some treatment services only had mixed-gender groups or did not offer the option of having a same-gender key worker.

- Staff might lack the skills to recognise or work safely with women experiencing domestic abuse.

- Resource constraints and a lack of comprehensive understanding of women's needs have driven treatment models which are not flexible enough to respond to the needs of women with significant trauma. Women might not have time to build a trusting relationship with their key workers or be excluded from services due to missed appointments or behaviour interpreted as 'disruptive'.

- Treatment services tended to work in silos rather than in partnership with other important sources of support in women's lives such as women's centres, mental health treatment or domestic abuse organisations. While women's centres work with women who use substances and have a strong history of engaging women in treatment, other services often do not offer support to women who are using substances.

2. Delivering gender-responsive support for women with drug and alcohol treatment needs

The Office for Health Improvement and Disparities' (OHID) commissioning quality standard (CQS) for drug and alcohol treatment sets out the need for a treatment system to offer a range of high-quality support options available for people affected by drug and alcohol use, delivered by a multi-disciplinary skilled workforce as part of a recovery-oriented system of care.[23] For women, a high-quality treatment system is one that provides flexible, trauma-informed treatment and support in safe and gender-responsive ways. Treatment should take strength-based approaches, influenced by the voices of women with lived experience, as part of a recovery-orientated system of care.

Within the context of budget cuts and resourcing constraints, embedding gender-responsive drug and alcohol treatment is challenging for many local authorities. While gender-specific services represents a gold standard for the delivery of gender-responsive treatment, there are ways mixed-gendered services can tailor their approach to better meet women's needs. The government include a section on tailoring services to meet the needs of women in the forthcoming Alcohol Clinical Guidelines[24] and the current Drug Misuse and Dependence UK Guidelines on Clinical Management.[25]

This section offers practical examples of approaches that local authorities and providers are using to ensure that their treatment services meet women's needs. It includes case studies of specialist women's services showcasing the key elements of their treatment models as well as examples of mixed-gender services that have tailored their support for women to illustrate the impact of adaptions such as workforce training or women-specific sessions. We also look at how treatment services can work alongside other providers through co-location and integrating services that support co-occurring needs.

Fostering gender-sensitive treatment within mixed-gendered services

Within mixed-gender treatment provision, commissioners should work with services to reconfigure provision to offer gender-sensitive treatment options for women. Ensuring provision remains within the remit of keeping women safe, working flexibly allows services to adapt their approaches for the individual women they support. Services told us, for example, how beneficial it is for practitioners to be able to pick women up from their homes and drive them to appointments or to help clients to attend meetings with external services, such as probation. Commissioners need to embed flexibility into contracts with providers to allow services to tailor their support to meet the different needs of women using substances.

Commissioners should also require potential service providers to specify how they plan to restructure existing service provision to make it more gender-responsive in their tenders, such as by offering choice around treatment modalities, times and locations. This should include, though not limited to, offering women the choice of having a same-gender key worker and running women-only groups. Service providers need to be transparent about the physical space they operate from, and they should detail how they will make mixed-gendered spaces safe for women attending, such as separate entrances or floors for men and women. Providing women with choice is a fundamental component of trauma-informed practice, and it should be noted that not all women needing support will be able to access services at specific times or days of the week. Offering online and digital gender-specific support helps reach women who may not be able to attend in person, such as those with caring responsibilities or living in remote rural areas.

For areas where it is not possible to commission a separate women-only service, subcontracting specialist women's workers from gender-specific organisations to work with core providers can help enhance their support offer for women. It can also benefit the service provider as this collaboration will likely improve engagement, retention and successful completions.

Gender-responsive provision within mixed-gender service: The Nelson Trust and Change Grow Live in Swindon

Change Grow Live (CGL) are the core provider of treatment in Swindon, offering a mixed-gender drug and alcohol treatment and recovery service. Recognising the barriers for women in accessing treatment in a mixed-gender environment, CGL have two specialist women's workers from the Nelson Trust supporting women who use substances. As part of their support provision, CGL and the specialist women's workers have created a safe space for women by establishing a Women's Hub on Monday afternoons. While treatment at the centre is open for everyone, this time and space is reserved specifically for women and is held on the first floor, which is not open to men at that time. The hub changed from Wednesdays to Mondays due to feedback from the women that Wednesdays clashed with another local women's support group. By listening to the women they intend to support, service providers were able to make a relatively straightforward adjustment that meant the service was accessible to more women.

Recognising that even with changing the Hub day not all women will be able to access support at a set time, women are also able to access support from the specialist women's workers throughout the rest of the week, not solely during the Women's Hub. Women can access gender-specific support around domestic abuse and sexual health. Women can also receive support around childcare needs and food inequalities, as well as meeting with bloodborne virus nurses.

Given the prevalence of substance use among women who have encountered the criminal justice system (CJS), another key aspect of supporting women's needs is the importance of having specialised support pathways for criminal justice-involved substance-using women. This is particularly crucial upon release from custody to ensure that women receive continuity of care and avoid disruptions to their medications and scripts during the resettlement period.

Specialised support pathways for criminal justice-involved substance-using women: Mentoring West Midlands

Mentoring West Midlands (MWM) is an organisation working across the Midlands to provide enhanced, holistic support to individuals involved in the criminal justice system with multiple, complex needs and who are often characterised as 'hard-to-engage'. Commissioned by Walsall Council using OHID funding, MWM deliver a specialist, mentoring support intervention to criminal justice-involved individuals with drug and alcohol needs. This support is offered in addition to the standard treatment services, allowing MWM to focus their attention on those who are struggling to consistently engage in treatment, with a particular emphasis on the post-custodial period.

This specialised service means MWM is able to provide a much-needed connection between custody and the community, including vital through-the-gate support. Although MWM supports a smaller number of women than men, the high complexity of issues they are dealing with means the priority is around providing flexible support in order to build relationships to facilitate longer-term engagement.

> *"With our female casework, [there are] some quite pronounced vulnerabilities and needs, which you wouldn't see typically when working with men."*
> **Director, MWM**

As the service works predominantly with women at higher risk, information sharing with other local services is key, particularly around issues of domestic abuse, sex work and mental health. This includes developing vital links with local hospitals and clinical staff to support with referrals, request welfare checks during long waiting periods, and advocate for women to continue receiving the medications they were prescribed in custody so that they do not return to using drugs and alcohol as an alternative. Waiting times to see consultants for prescriptions are typically long, so specialist mentors arrange for these women to be put on cancellation lists to try to get them seen sooner. They also stay in regular communication with the women and provide reassurance and support around seeking support with other services and agencies.

One challenge is in finding a safe space for casework sessions with female service users. MWM works closely with the mixed-gendered service, the Glebe, who can provide private rooms for them to use. Mentors at MWM aim to use the spaces at quiet times and often will call ahead to check busyness and escort the women on site.

> *"I just have to plan as much as I can. I'll be with the service user all times and reassure them. And they do have female support workers there, which is good. It's just organising and informing the agencies that this is the situation."*
> **Specialist Mentor, MWM**

Equipping the treatment workforce to meet women's needs

The way women experience their interactions with treatment service staff can play a major role in whether they succeed in achieving their recovery goals.[26] In particular, women who have experienced trauma – and especially those who have had traumatising experiences in services - such as poor care experiences or child removal – can find it deeply harmful when their needs are not listened to or circumstances not taken into account. To support women's treatment and recovery needs effectively, it is imperative that local workforces are familiar with trauma-informed approaches that emphasise choice, collaboration and safety. For new providers, commissioners can require services to document their trauma-informed understanding through tender specifications and contracts. For existing contracts, commissioners can request providers to stay up to date with training, where necessary, to ensure services respond to emerging evidence around best practice.

Clinical guidelines include a section focussing on trauma-informed care[27] and CQC guidelines[28] necessitate a basic level of domestic abuse awareness training for staff. Therefore, commissioners should insist that service providers ensure staff have ongoing accredited trauma-informed training. In order to develop wider workforce skills, commissioners can look for local organisations with expertise of working in trauma-informed and gender-responsive ways – such as domestic abuse services, women's centres or services supporting sex workers – to share knowledge, training and practical guidance with less experienced partners. Commissioners can require service providers to detail in their tender responses how they plan to work with other partners to share skills and resources around trauma-informed and gender-responsive practices.

Another important area for workforce development is an awareness of stigma. Evidence suggests that women experience more stigma around substance use than men, and more still if they are mothers.[29] Commissioners should work with local partners to ensure workforces understand the barrier that stigma creates for women needing support and to enable practitioners to actively engage in anti-stigma practices. Further information on trauma-informed care and anti-stigma practices can be found in the resources section.

Trauma-informed training for workforces

Basis[30] is a charity in Leeds that supports women who engage in sex work, as well as women and young people that have been sexually exploited. Recognising the overlap with sex work and substance use, they work closely with the core drug and alcohol treatment provider and other services that might interact with this cohort of women and offer free training to enable better wrap-around support. They acknowledge that women can be reluctant to trust practitioners, particularly if they have had previous negative experiences with services. Their training therefore includes a focus on building trusting relationships and emphasises the time and flexibility that is required.

> *"We've invited [treatment service providers] in because it serves the women that we work with better and it ultimately helps other service as well... And helping them to establish that relationship because it's a relationship that women may be quite apprehensive about engaging in. It's a vital service to them and it's important to be aware of the power dynamics that will influence that relationship from the start – alongside the additional challenges related to the impact of trauma and previous stigma on relationship building."*
> **Business Development Manager, Basis**

As part of the training, Basis help workforce staff understand how women have come to be where they are and humanise this. Workforces also need to be able to adopt a flexible way of working with women to be able to meet them where they are at, rather than following a prescriptive approach, while also taking account of their safeguarding and clinical needs. The training also explores how to engage women in a gender-sensitive and trauma-informed way, including a focus on language used.

> *"Phrases like 'refusing to engage' are quite harsh and can often be taken as judgmental, particularly for somebody that's used to being judged and stigmatised. It's a massive trigger, if you're trying to build up a relationship, we would always avoid using words like that... they're so used to being judged and blamed and so they will either disengage or get really upset and angry and then be labelled as difficult and continue to not get the service they need."*
> **Business Development Manager, Basis**

Co-location

Commissioners and services can better meet the needs of women through effective co-location. This can take the form of providing some elements of substance treatment and support in other spaces women frequent. In identifying opportunities for co-location, it is helpful to consider spaces where women might feel comfortable seeking help, such as GP practices or local women's centres. This can help encourage women to access treatment, while also minimising time they may spend in potentially unsafe treatment spaces. If mixed-gendered services are limited in their ability to adapt physical spaces to be Psychologically Informed Environments (PIE),[31] then co-location with partners that are able to design and deliver services in ways that take into account the emotional and psychological needs of women can provide suitable support for service users that might otherwise feel unable to access treatment. However, it is important to note that not all elements of treatment can be provided elsewhere given limitations on where clinical activities like the dispensing of medication can take place. Further information on Psychologically Informed Environments and the Trauma Recovery Model practices can be found in the resources section.

Co-location in settings where women already frequent can support earlier identification and prevent escalation through providing access pathways to services that support co-occurring needs, such as mental health or domestic abuse. Similarly, women's health issues such as menstruation, menopause, contraception and miscarriage can affect women's substance use and/or act as additional barriers to accessing support. The Women's Health Strategy[32] acknowledges the need for better integration between substance treatment and health services; this could include the co-location between service providers and NHS women's health hubs which are intended to meet women's health needs holistically and across their life course.[33] There is no one singular 'female' experience, and women with multiple intersecting identities will likely face additional barriers to accessing treatment. Working with 'by and for' organisations with experience of working with women from minoritised ethnicities, LGBTQ+ people, neurodiverse women, migrant women and other marginalised groups will help facilitate engagement and may offer opportunities for collaboration.

Another model of co-location is bringing additional service providers into substance treatment services. This helps women access other services relevant to their needs, as well as offering opportunities for improved collaboration. This approach works well where treatment services have established women-specific groups or spaces (as described above) so that women feel comfortable and able to attend.

As system leads, commissioners have the ability to create and foster a flexible, whole-systems approach to meeting women's needs that encompasses co-location by working with commissioners for other service areas. Commissioners should strengthen relationships with these other commissioners and develop models for collaboration which identify resources that may enhance both areas of service. Commissioner can also influence co-location by including it as a requirement in tenders and require service providers to detail how they plan to work with other services. Encouraging partnership working enables women's treatment and support needs to be met concurrently, but also offers opportunities for earlier identification and escalation reduction and may also save money if services can utilise the same space.

Co-locating drug treatment in specialist women's services

In Coventry, drug and alcohol treatment provider Change Grow Live (CGL) have worked closely with a specialist organisation that support women who have experienced or are at risk of experiencing sexual exploitation, Kairos Women Working Together.[34] This organisation is well established in the area and has close relationships with the women they support. Kairos operate their Women's Hub out of a community hall, providing women-only support in a location that women feel safe and comfortable attending. Through conversations and partnership working, CGL practitioners now operate out of the Women's Hub once a week. This makes substance support more accessible for women who have experienced sexual exploitation by bringing the provision to them. It also allows CGL to reach these women without having to create a new women-only space, which would not have been possible within the current budget.

> *"The chances are there will be somewhere in the city that is already established that we can go in because that's somewhere [the women] already feel safe… to achieve the same goal with limited resource, it is better to work collaboratively."*
> **Partnership Manager, Change Grow Live**

Co-locating treatment within other community spaces

In Newcastle, Public Health commissioners recognised that the central drug and alcohol treatment service based in the city centre was difficult for women to access. Using funding from OHID's Drug and Alcohol Capital Programme, they refurbished a library to provide a non-stigmatising space that embeds recovery within the local community. This allowed co-location of the drug and alcohol recovery provision (Newcastle Treatment and Recovery Service) alongside PROPs, a family and carer support service, with the rent and running costs covered by the Public Health budget. This repurposing of the library facilitated its use for other important services, as well as community and voluntary sector groups and mutual aid, such as Narcotics Anonymous, who use the space out of hours. The library acts as a family-friendly location that aims to engage groups who might not engage in other provision.

> *"I think what we recognise is that it can be really difficult for women to access services and often drug and alcohol services are fairly male dominated and that can be quite tricky. ...[The library] building is completely non-stigmatising in terms of why people might walk in and makes it a lot easier."*
> **Portfolio Lead Harm Reduction and Social Inclusion, Newcastle Public Health**

In the previous recommissioning cycle, commissioners stipulated that they would like drug and alcohol and family services to co-locate and the Public Health portfolio lead reflected how this motivated service providers to work together to provide more joined-up care that is focussed on a whole family approach. Using the same OHID funding, they renovated a children and family centre on the other side of the city, bringing together drug and alcohol practitioners as well as Barnardo's Early Help staff. The intention of co-locating these services was to enable women and families to receive wrap-around support in an easily accessible, non-judgemental community venue. Within this family centre, they have a designated space for clinical drug and alcohol treatment that provides inreach, as well as family and carer support, in a family-friendly environment.

Gender-specific community-based treatment

A number of areas have explored the use of separate specialist treatment services for women. While a lack of funding is often cited as a key barrier to offering separate treatment for women, options for how to do this within budgets should still be explored. This section provides examples where local authorities have been able to provide gender-specific treatment within existing funding constraints.

These services, which may be for all women with treatment needs or focus on women with the most complex needs, often differ significantly from mainstream treatment provision by using holistic, trauma-informed, multi-disciplinary models influenced by women's centre models. In some cases, specialist services are delivered by organisations with particular expertise in drug and alcohol treatment such as The Nelson Trust, while others are delivered by specialist women's service providers with treatment providers offering clinical support. Some areas have incorporated this into their main treatment contracts through sub-contracting, while others have stand-alone contracts.

Gender-responsive drug and alcohol treatment service: The Nelson Trust

The Nelson Trust delivers gender-responsive substance use treatment for women through its network of women's residential services and women's centres. The organisation has opened a first-of-its-kind women's centre inside HMP Eastwood Park. Initially their women's centres were set up to support criminal justice-involved women in the community to engage with probation from a women-only space. However, they have developed to provide one-to-one support for a range of intersecting needs, including housing, domestic abuse, health, education, training and employment, justice involvement, sex work, finances and substance use.

Following consultation with local commissioners in Swindon, The Nelson Trust expanded their services to include an enhanced drug and alcohol community treatment pathway and were commissioned to work alongside community treatment providers in the region. They collaborated with treatment provider Turning Point to embed specialist women's recovery support workers into their women's centres, as well as offering a range of other women-centred services within the wider rural Turning Point hubs. Bringing together a community women's service and a clinical community treatment provider into one cohesive service required careful planning and adaptation to combine the two approaches successfully.

Treatment providers benefit from the success that women's centres have in engaging under-served women. If a woman engages well at the women's centre but does not feel comfortable attending drug and alcohol groups, both teams can work together to ensure she remains engaged with support from the centre while continuing to work on getting her on a treatment pathway.

> *"To get to that point, it was really about understanding each other's positions, developing those relationships, looking at what was practically possible. And, you know, having a bit of a shared sense, shared risk taking rather than you know, the risk being on one organisation and not the other... It's just having those conversations [and] really building up that sense of partnership... And we've found a really good 'meet in the middle'."*
> **Chief Operating Officer, The Nelson Trust**

Gender-specific residential treatment

While much of drug and alcohol treatment commissioning will be concerned with community provision, the intensive nature of residential recovery makes it vital to ensure that services are safe and appropriate for women. The shortage of funding around treatment provision has been particularly salient in regard to residential treatment due to the lack of ring-fenced funding, meaning there is a significant gap in terms of specialist provision for women around residential rehab. Funding cuts to drug and alcohol services has meant that community treatment services have been prioritised.

In this context, competitive commissioning processes where providers must bid to be on each local authority's approved provider framework, and then offer places through spot purchasing, can create an environment where providers feel unable to raise concerns or challenge commissioners about local authority practices. Some providers reported particular concerns around the requirement in some areas for service users to appear in front of a commissioning panel to effectively plead their case in order to receive a residential rehab place. In such instances, service users are expected to disclose personal and sensitive information to a panel of local authority commissioners and senior healthcare professionals, often resulting in them reliving their traumatic experiences in order to get support, which can be extremely harmful.

Service providers we spoke with stressed that cost cannot and should not be the only deciding factor when determining the use of residential treatment. While restricted by budgets and a lack of ring-fenced funding, it is important for commissioners to utilise the benchmarked funding for residential treatment options to provide choice for women and their recovery. Commissioners must take an individual person-centred approach and recognise that community services are not suitable for all women. For example, women are often told they must engage in community group sessions before they will be considered for residential rehab. This overlooks the fact that many women do not feel safe in mixed-gender groups, while other women have childcare responsibilities that make regular attendance difficult.

Gender-responsive residential treatment: Phoenix Futures' Ophelia House

Ophelia House is a women-only residential support service in Oxfordshire, which can house up to 26 women. Phoenix Futures created the service after recognising the importance and need for gender-specific provision after their previous women-only residential treatment in London closed in 2019. Phoenix Futures are a charity providing residential, prison, community and specialist services for people who use substances through therapeutic community models.

Women in recovery collaborated with Phoenix Futures on the design of Ophelia House, both those who have accessed residential treatment and those who have not. It was important for Phoenix Futures to involve women with less positive experiences of treatment, as well as women with disabilities, in the co-production to ensure the space is fully accessible. As a result of their consultations, Ophelia House has a separate area for women to spend time with their children and families who visit on weekends.

> *"Coproduction sits at the heart of what we do... Everybody who sits in the senior management, we can make these decisions on behalf of people who use services based on what we think is best but there's no better person to tell us than the woman who's been through that or wants to and what the barriers are for her."*
> **Head of Quality and Performance, Phoenix Futures**

Phoenix Futures invited commissioners to visit Ophelia House, both in person and virtual tours, which included accounts from women sharing their experience of Ophelia House: how it helped them and why it was a better option for them than a mixed rehab. Staff at Ophelia House found this a useful way of explaining to commissioners what the service does and enabling them to understand the treatment offer. They also provide commissioners with information relating to residential rehabs, referrals and good practice to help commissioners better understand the various pathways. This information includes evidence relating to the cost benefit of residential treatment and how, while more expensive upfront, successful completion of residential treatment can provide net savings in the longer-term.[35]

Gender-responsive detox: Via and The Nelson Trust partnership

Via are working with The Nelson Trust to develop the first women-only inpatient detox centre in the UK. Detoxification is often required before women who use substances can access residential rehab options. The lack of gender-specific detox provision is a major barrier to women accessing vital residential services and Via and The Nelson Trust are seeking to address this gap. This partnership brings together The Nelson Trust's long history of delivering trauma-informed women's services that respond to women's distinct needs with Via's wealth of expertise and clinical knowledge around inpatient detoxification.

To ensure the tools and approaches the detox centre use are effectively tailored to women's needs, Via's team have focused on updating their models and resources through co-production methods. Women with lived experience are working with the development team to inform, design and pilot materials and practices. Via are taking this approach specifically for the development of gender-informed inpatient detox services but also in the development of gender informed provision across their community services.

> *"We are putting the time and effort in to coproduction, to make sure that resources, interventions, environments and partnerships work for the women who currently use our services, and really importantly, for those who do not currently access services. We have a responsibility to make sure that we understand what is needed and that wherever possible we make the changes that are needed. Where those changes are not wholly within our control, we have to collaborate and influence change. The Women's Treatment Working Group is a key forum through which we collaborate with female leaders across the sector to both influence and drive the change that is necessary. It is through that group that the inpatient detoxification need was identified."*
> **CEO, Via**

Integrating services for co-occurring needs to enable joined-up care

To improve outcomes of women seeking treatment and to promote earlier identification and support for women to prevent escalation, commissioners must recognise that women with drug and alcohol needs are often facing multiple disadvantages, which lead to co-occurring complex needs. Often, the restrictions around drug and alcohol funding force treatment services into silos, working in isolation from other forms of support. Providing wrap-around support to women to address all their needs in one space, particularly in a space where they feel safe, increases the likelihood of engagement and reduces the chances of them falling through the gaps.

Given the tight funding environment, commissioning integrated approaches will likely mean supporting providers to look at how to bring together existing resources. Overcoming resistance will mean emphasising how integrated working can produce long-term benefits and cost avoidance further down the line. Working in partnership to influence the legacy of an integrated and whole-systems approach will likely be more successful in affecting long-term change compared to purchasing services to address specific problems in the short-term.

Integrating statutory and non-statuary support can bring together expertise from local partners with the flexibility of third sector approaches to deliver holistic support. Utilising these strengths can facilitate the development of a one-stop-shop where women are able to access various support provision under one roof.

Commissioning integrated services for women: New Chance, West Midlands

As part of a community sentencing approach aimed at tackling the root causes of offending behaviour and reducing reoffending, the Police and Crime Commissioner in the West Midlands commissioned an adult diversion scheme for women called New Chance.[36] The initiative sits alongside of the justice system and is delivered by a number of third sector organisations, including Anawim, Black Country Women's Aid, Changing Lives and Green Square Accord Housing Association. The programme offers tailored support designed to meet each individual woman's specific needs and provides access to counselling, support groups and other specialist services to deal with long-term issues around trauma, abuse and mental health. Caseworkers also offer practical help to resolve more immediate issues, such as managing debt, health concerns, homelessness and sex work. An evaluation conducted by the University of Birmingham in 2020 found that New Chance successfully reduced reoffending by 16%, and this rose to over 50% among women who used substances.[37]

> *"Once a woman's in contact with [New Chance], she does not need to go on what we call the kind of signposting carousel, where she is sent here, there, and everywhere. Things are brought to the woman... So when they walk through the door at New Chance, they get a systemic response, they get everything working together."*
> **Criminal Justice Policy, West Midlands Police and Crime Commissioner**

Models providing integrated care which simultaneously support women's co-occurring needs correspond with government clinical treatment and recovery guidelines.[38] Integrating referral pathways between services typically frequented by women can facilitate earlier identification of women with substance use treatment needs and prevent escalation. Ensuring that relevant needs assessments and questions are asked across a range of services will require communication and collaboration across the workforce. This can be seen as an opportunity to upskill the workforce on women's health and co-occurring issues.

Integrated referral pathways: Specialist midwifery support for women with drug and alcohol needs

A complex needs midwife in Coventry developed specific referral pathways for women using substances to increase engagement and identify women earlier who need support. She proposed the need for a specialist midwife to provide support for pregnant substance using women after working with homeless people and noticing how few women attended the service in comparison to other women without multiple complexities. The midwife developed a needs assessment to learn more about the barriers women faced and found women were delaying seeking healthcare support until their needs had escalated and were urgent. For pregnant women, this often meant not attending scans and antenatal clinic appointments, or spontaneously presenting when in labour with substance misuse as a complicating factor. This led to additional risks for pregnant women and their babies due to a lack of time for external organisations to implement child protection plans or offer treatment support earlier.

The role of a specialist substance and alcohol misuse midwife was created. Without additional resource, the midwife worked to integrate a more specialist approach into existing provision by ensuring sexual health, substance misuse and homeless partners included the question "are you, or might you be, pregnant" in their assessments. The midwife connected with the main drug and alcohol treatment provider in the area, Change Grow Live (CGL), and Kairos Women Working Together organisation to deliver midwifery clinics at the treatment centre and drop-in services that more regularly offered pregnancy tests when women would attend for their scripts and encourage early referrals. At Kairos, a trauma informed antenatal setting was provided where assessments would take place, women were provided with food and other educational sessions tailored to their needs. This integrated approach allows the midwife to utilise free drug screening and provides access to a space that women are already attending. It benefits CGL who are able to offer a specialist midwife as part of their general service. This partnership has fostered a more joined-up approach, with Kairos practitioners providing bus tickets or offering transportation to and from antenatal appointments, whilst also supporting with facilitating more challenging meetings such as safeguarding. The midwife has close links with mental health services and local Family Drug and Alcohol Courts to improve support for women at risk of having children removed or going through the courts with previous children and is working to improve pathways for babies born to women with less severe substance use.

Part of this work to better integrate referral and access pathways has included internal changes around how to engage and speak with women who use substances. The result of this specialist, integrated approach is that pregnant women using substances are identified at a much earlier stage, allowing for greater support and protection plans to be put in place for mother and baby before situations escalate.

> "*It's not that women are hard to engage, it's that our service restrictions are hard for women to engage with.*"
> **Specialist substance misuse midwife**

Supporting women who are involved with children's services

Our previous research identified that fear of intervention by children's services can create a strong incentive for mothers to avoid seeking out drug and alcohol treatment. Mothers who use substances can face more critical judgments from social care and child protection services than fathers and may be more at risk of having their children removed – a traumatic experience which can worsen drug and alcohol issues and the experiences of their children.[39]

We therefore see a need for integrated models of family support which bring together expertise in drug and alcohol support, children's social care, domestic abuse, adult mental health and other relevant areas of need. The four models below demonstrate approaches that work with families at different stages of the child protection and child welfare system. These models are designed to work with parents in relational and strength-based approaches, rather than punitively. They typically have more resources than standard family support services and work to educate practitioners around trauma-informed and gender-responsive practices. This can be achieved through re-profiling and a prioritisation of resources rather than significant new investment. Through fostering partnership working between child welfare and drug and alcohol services, these models may identify upskilling opportunities around the traumatic impact having children removed has on women and how this ultimately feeds into their substance use.

Early Help Hubs

Early Help is about identifying needs within families early and providing coordinated support before problems become more complex. There is often less stigma attached for a mother to attend Early Help services as they provide help to families who do not, or no longer, meet the threshold for a statutory intervention and are typically based in community settings. Early Help provision should involve multi-agency working that is made up of a range of community support, universal, and acute and targeted services. Within these models, mothers should have access to a domestic abuse worker, substance use worker, mental health support and family support, but this specialist provision varies depending on local implementation. Having substance use specialists situated in community Early Help hubs promotes more locality working and offers treatment support across a wider range of areas. Particularly in more rural areas where accessing town or city centre service buildings may be more challenging, having substance use support in less stigmatising community settings will help reach women for whom treatment support may have otherwise seemed unattainable.

Family Safeguarding Model

The Family Safeguarding Model is an alternative approach to child protection that seeks with parents to identify needs and address the factors known to cause harm to children such as domestic abuse, parental substance use and parental mental health.[40] This model brings together the principles of a relational, trauma-informed, multi-disciplinary approach within the child protection setting and aims to work with families to address the concerns before they escalate to requiring care proceedings. This model utilises the expertise of substance use workers, domestic abuse workers and health workers following strengths-based and motivational styles of support that work with the mother to look at the behaviours and experiences underpinning presenting issues.

When families move past the pre-proceedings stage of intervention within social care and enter care proceedings, the Family Safeguarding Model ceases. However, where areas are able to offer similar interventions for the care proceedings stage – such as Family Drug and Alcohol Courts, which use many of the same underlying principles and work directly with families to reduce the shame and trauma of care proceedings – these should be provided as a continuance. This would enable best practice for mothers and the family the whole way through their family support journey.

Family Drug and Alcohol Court (FDAC)

FDAC is a therapeutic, problem-solving court model, for parents whose children are subject to care proceedings due to range of presenting issues including parental drug and alcohol use. FDACs mitigate the traumatic effect of proceedings and work with mothers (and fathers) to develop a tailored intervention plan that supports parents' individual specific needs. The model is based on trauma-informed, person-centred, restorative practices that bring parents and families into the process so that, where it is safe to do so, children can remain with their families. This involves intensive support with the multi-disciplinary team and regular judicial reviews with the same judge. Research has consistently shown that outcomes for both mothers and children are better in FDAC than in normal care proceedings; higher proportions of mothers who go through FDAC no longer use substances at the end of proceedings compared to mothers going through traditional proceedings, and children are more likely to be able to stay within the family.

At the end of proceedings, FDAC will coordinate a package of support for the family regardless of outcome, allowing mothers to take ownership of what she and her family need. If a child is removed, then FDAC are able to provide emotional support and stability for the mother during a time of immense grief and loss and assist her to continue to engage with other services. FDAC also provides training, resources and support and practice guidance for other services that interact with the family to ensure understanding of trauma-informed practices in the given context.

Post-proceedings Support Model

Post-proceedings support models are not standard, but some local authorities have implemented specialist services to support families at the end of court proceedings. Given the overlap between social care systems and substance use treatment systems, providing families with after-care plans and a dedicated practitioner to coordinate and oversee the delivery of the care plan can support mothers in the early stages of substance recovery where there is a heightened chance of relapse. There is currently very little support available to mothers who have had a child removed. Approaches such as after-care plans are important to support mothers with their grief and mental health, as well as working with them to stop the repeat cycle of child removals. Organisations like Pause, who support women through intensive, supportive and trusting relationships with practitioners,[41] can help mothers rebuild their lives and prevent more removals in the future. Pause is usually jointly commissioned by NHS and local authorities.

Where children have been returned to or remain with mothers, post-proceedings support is typically child-focused and in the form of social carers. While the need for children to be supported during this time is crucial, it does not negate the need for tailored support for mothers. Post-proceedings support models can assist mothers to navigate support services to address any co-occurring needs.

3. Commissioning gender-sensitive treatment

As set out above, there are a range of different options which have the potential to improve women's experiences of drug and alcohol treatment, ranging from changes in the way that mixed-gender services are delivered to new specialist services to integrated, multi-agency practices. Commissioners with responsibility for drug and alcohol services can play a pivotal role of fostering these innovative approaches. Women are under-represented and under-served in current treatment provision, and so identifying and embedding locally appropriate, sustainable innovations will require a focus on the specific needs of women that runs throughout the commissioning cycle.

This section discusses the key elements of effective commissioning approaches including understanding the needs of local women, incorporating those who are not accessing services and being explicit about this need in tender specifications. We look at how, through strategic partnerships and service mapping, commissioners can identify opportunities for co-location and co-commissioning. Finally, this section explores the importance of amplifying the voice of women with lived experience and illustrates this with examples of experts by experience being involved in the commissioning process.

Understanding local need

The CQS require that services are commissioned based on comprehensive understanding of local need. For women who face particular barriers in accessing services, it is important that needs assessments consider women who are missing from services as well as the needs of women who are in treatment. It is also imperative that women's intersecting identities are considered and how this might present additional barriers to them accessing treatment. As discussed, the importance of collaborating with women's health hubs to address co-occurring needs through co-location is vital, but it is equally important that local needs assessments consider and explore how these specific health needs – such as pregnancy, menstruation, miscarriage and menopause – affect women's substance use.

The commissioners we spoke with are assessing unmet need by using population data alongside local administrative datasets. In Swindon, Public Health commissioners used health records to explore the prevalence of substance-related health conditions, hospital admissions or deaths among women who are not accessing treatment. Working with criminal justice and child welfare services, data can also be helpful in identifying women who are in and out of prison or who have had children removed and are more at risk of substance use. Supplementing statistical assessments of need with insight from local stakeholders who support particular communities of women will help fill knowledge gaps and add context to the data. For example, some commissioners are engaging with community leaders or charities who work with women from minoritised ethnic groups, LGBTQ+ communities or religious sects in order to understand the cultural or societal barriers these women experience. These organisations are also likely to have relationships with women with lived experience and could help facilitate engagement.

Building on OHID's unmet needs toolkit

OHID released an unmet needs toolkit in August 2023, with the aim of providing local areas with updated estimates of the prevalence of opiate and/or crack cocaine use and estimated number of people with alcohol dependency. Using NDTMS data, the toolkit also reports on the levels of unmet need for the different prevalence substance groups by age and sex. OHID suggests the data allows local areas to determine *"which cohorts treatment access is currently working well and for which it is not"*.[42]

Commissioners should combine data with the new Local Outcomes Framework (LOF) which provides local areas with key information to monitor local outcomes and activity against the key aims of the Drug Strategy. Commissioners and treatment providers can register to use the Local Outcomes Framework through NDTMS and use it to look at differential outcomes and performance of treatment for women.

It may also be helpful for commissioners to look at differences in referral pathways between women and men. Commissioners should explore pathways where women are more likely to be accessing other forms of support, such as GP surgeries or more gender-specific services like domestic abuse. The stigma around women's substance use can lead to them being viewed negatively by social services and some may fall through the gaps of support.

Service mapping

Treatment and recovery services should work better with other services also supporting women with multiple needs in order to enable them to address their co-occurring issues simultaneously. Commissioners can play an important role in fostering partnership working but may not know all of the relevant services in their area. Commissioners now have wider remits and broader portfolios, making it increasingly difficult for them to be aware of all services and initiatives that women who use substances may interact with. In response to this, some commissioners have undertaken service mapping to identify local resources.

Commissioners and service providers raised the importance of commissioners going into their communities and visiting services. This was seen as crucial for learning more about the services available, what they deliver, and how they could link in with other services to provide joined-up support for women. It also provides opportunities for commissioners to hear service user feedback about how the services are working for them. This Women's Services Map provides a database of women's centres as well as gender-responsive services across England and Wales, and similar maps should be developed that combine local drug and alcohol services with local women's services. It is also useful for commissioners to liaise with other commissioners in the area to learn of any services that are commissioned locally but may not be on the map. This knowledge of local provision will support in the development of effective commissioning partnerships.

Tendering and contracts

CQS guidance states that designing and contracting services needs to be considered and inclusive. To address women's needs, it is helpful for commissioners to make it clear in contracts that supporting women is a priority and to embed specifications into tenders. Commissioners have found success through keeping tenders straightforward with explicit requirements for providers to detail how they will support women, how they will work to overcome barriers to access, how and where they intend to do outreach, what their referral pathways will be and so on. Commissioners should be clear about women's needs and barriers within the local context in their tenders and require service providers to address how they plan to support these women.

Specifications should also include specifics about how providers support different intersecting identities, such as women from minoritised ethnicities, neurodiverse women, LGBTQ+ women, women who have children or have had children removed, homeless women and any other specifications relevant to local need. This makes it clear to potential providers the council's priorities around supporting women and will ensure it is brought to the fore of service providers' minds. It is particularly important that under the new Provider Selection Regime (PSR),[43] the experiences and perspectives of women and other marginalised groups are considered alongside overall (male-dominated) performance data. Commissioners will be taking a lead on whether to renew contracts under the PSR, and it is imperative that opportunities to improve services for women are not lost.

Contracting different providers for different elements of drug and alcohol treatment and recovery can drive services to work together. Whether through one core provider with additional subcontracts or through multiple and separate contracts, commissioners reflected that having multiple providers can allow for more tailored services. It also contractually requires providers to work flexibly and in partnership with one another. Commissioners and service providers stressed how offering longer contracts allows service providers to embed into an area and establish themselves. It allows for the relationship between commissioner(s) and service provider(s) to develop over time and can lend itself to a more adaptable way of working through flexible specifications and open communication. We heard from commissioners and service providers about the importance of balancing service provider agency with the responsibility of commissioners to meet targets set out by the drug strategy. Contractual obligations should respect this dynamic, while also embedding flexibility that allows service providers the autonomy to adapt to changing needs. Establishing trusting relationships with service providers through relational contracting may better enable partners to meet the desired outcomes of the contract, embedding a collaborative way of working that allows partners the flexibility to respond to ongoing changes.[44]

Monitoring performance

Continuous monitoring of the quality and performance of services is vital to ensure that services are working for the people they are intended to support. However, traditional ways of measuring success may not reflect women's experiences. While quantitative data mandated by the CQS on outcomes and activities are important and helpful indicators, they offer limited insights into the quality of service being provided, particularly for under-served groups like women. Recognising that numbers and KPIs alone do not necessarily reflect the full picture, both quantitative and qualitative methods should be used to measure quality and performance. For example, low numbers of women in treatment might indicate low demand, but it might also demonstrate difficulty in accessing referrals.

Those we spoke with outlined that the most important means of assessing outcomes and performance of services was through speaking with the women who use the services to understand their perceptions of what is effective and what could be improved. It is crucial that commissioners and partners do not make assumptions, either about the services themselves or about meaning behind the quantitative data without supplementing this with qualitative service user feedback.

Model for collecting lived experience feedback

Change Grow Live (CGL) is the core provider of mixed-gendered mixed-substance treatment service in Coventry. They previously held monthly forums to provide service users with regular opportunities to share feedback but recognised that the same people attended each time, representing just a small portion of service users' experiences.
To address this and ensure they were hearing from a variety of service users, across a range of topics, CGL restructured their feedback model to have a 'topic a month' approach.

In addition to holding monthly 'have your say' days and surveys focused on particular topics, they also collect feedback through calls with randomised service users each month to gain a deeper understanding. Sometimes these service users are selected at random, sometimes they may be selected at random from within a specific cohort of service users, such as women or neurodiverse users, those new to the service and so on. The service quality lead wanted to gather more feedback from women service users and so established a group in order to develop their confidence and feel more comfortable sharing their opinions. Around 14 women regularly attend the group and other women are brought into the group on a more ad hoc basis to encourage them to share their views on particular topics. These groups feedback on specific monthly topics, but also act as a means of supporting other women to get involved in the different elements of feeding back. Creating women's only groups or tailored one-to-one opportunities help foster supportive environments where women may feel more able to share views without requiring additional resource.

Involving the lived and living experience voice in commissioning

Ensuring that the voices of women with lived experience are meaningfully included throughout the commissioning cycle can support the development of services that appropriately meet the needs of target women. Often drug and alcohol services have good connections with the people they support, and this expertise in engaging with lived and living experience is something that can be used to drive a partnership approach of amplifying the voice of the women the services are intended to support.

Take time at this forming stage to ensure that all partners understand the importance of involving women with lived and living experience and build adequate time and resource into any commissioning strategies to allow for this to be done meaningfully. Consider the different ways of engaging women with lived and living experience as not all means will be suitable for everyone. Some women may feel comfortable attending forums or focus groups, others may prefer one-to-one discussions with support workers. For others, online or in-person surveys may be preferable for them to get their views across. As with everything in this sector, one-size does not fit all and only obtaining lived experience feedback via one method means that views are not going to be representative of the larger cohort.

Building peer-led communities of support: Essex Recovery Foundation

Local commissioners in Essex recognised a need to move away from siloed working among service providers, towards a recovery community that embeds the voice of lived and living experience in decisions around commissioning.

This has led to the creation of Essex Recovery Foundation (ERF), a local charity with the long-term goal of handing over the drug and alcohol commissioning responsibility to the community. ERF seeks to build a local recovery community, involving both professionals and those with lived experience of substance use, with the aim of influencing and shaping future service commissioning and delivery. They also want to change perceptions of substance use and recovery. A key element of this is the empowerment of individuals in recovery, including women, to share their perspectives and improve understanding of their experiences and the needs of the local community.

> “ *Everyone taking part and having an equal voice, so no one's voice is any more important than anyone else's voice, and we're all one community. That's the kind of premise that we really want to work under.”*
> **Radical Change Lead, Essex Recovery Foundation**

Key to this shift in commissioning power is developing a much better understanding of the local community, their needs and goals. ERF has recruited and trained community researchers, whose role is to improve knowledge and understanding of the needs of local service users, giving a voice to the expanding recovery community. In collaboration with the community, ERF developed a drug and alcohol needs assessment for the county, which will be used on an ongoing basis to gather feedback and accurately capture the current needs of the local community.

ERF envisages change at every stage of the commissioning process. During the bidding process, community researchers will engage with and visit potential providers, making the process more interactive and ensuring the panel have a full picture of the service before making any decisions. There will also be further opportunities for the entire community to have input and provide scrutiny throughout the tendering process, by being involved in setting questions, sitting on interview panels, etc. The continuous nature of the needs assessment will also provide ongoing scrutiny even after contracts have been awarded. Over time, ERF, representing the views of the community, will dictate what the area's priorities are, the type of services needed and ultimately what services are commissioned locally.

> “ *What we the community are really here to delve into is the how – like how we're delivering services. And just because we've done it like this doesn't mean we always have to and can we make it better?”*
> **Radical Change Lead, Essex Recovery Foundation**

Partnerships and governance

The CQS outline the importance of having an active, multi-agency partnership. Some areas have developed Combating Drugs Partnerships to reflect police force areas, often bringing together multiple local authorities. Commissioners should ensure that better support for women with multiple complex needs is a priority on existing Combating Drugs Partnerships' agendas. Ahead of the next commissioning cycle, establishing a shared commitment to improving treatment access and support options for women can help commissioners identify opportunities for co-commissioning and co-locating.

Partnership working: domestic abuse, mental health, and drug and alcohol refuge

In Coventry, Public Health commissioners worked closely with domestic abuse partners and recognised that domestic abuse refuge provision is often not available for women who use substances. Given the high rates of domestic abuse among women with substance use problems, they agreed to set up a complex needs unit, which would provide safe accommodation for survivors who are fleeing domestic abuse and using substances or experiencing severe mental health issues.

To achieve this, they combined some of the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) with the Safe Accommodation grant for domestic abuse to establish a complex needs unit for people, predominantly women, fleeing abuse who also have substance use or mental health problems (or both). With this funding, they also employed a senior domestic abuse practitioner for the core drug and alcohol provider Change Grow Live (CGL). As part of this role, the practitioner does inreach at the unit and case manages people requiring substance use support. She also attends MARAC and other forums in the area to facilitate knowledge sharing and a joined-up approach.

Within this complex needs partnership, a mental health support service was commissioned to deliver inreach provision in the unit for trauma-focussed counselling. The support service also tried to maximise partnership links with community mental health care services to coordinate packages of support for co-occurring needs that can delivered in one safe place.

Building partnerships around women with multiple and complex needs

Drug and alcohol commissioners may find it helpful to join other local strategic partnership boards in order to support alignment and to make sure provisions consider women's needs. Commissioners we spoke with regularly attended local housing groups, for example, to ensure women are a key focus for how housing provision is structured in an area. It is also helpful for commissioners to establish strategic groups with a sole focus on women, bringing together relevant strategic and delivery partners for supporting co-occurring needs, such as drug and alcohol partners and criminal justice partners.

Multi-agency coordination across local authority areas: Swindon and Wiltshire Female Justice Support Board

In South West England, commissioners from two local authorities who sit within the same police force area established a Female Justice Support Board to better enable the wrap-around support offered to women involved in the criminal justice system. This group brings together local Public Health and criminal justice commissioners, service providers and Voluntary and Community Sector (VCS) partners, housing partners and others.

The group has developed a local version of the national female offender strategy and meets quarterly to discuss delivery plans and ensure mutual accountability. For example, two service providers discussed how they could work together to support women with out of court resolutions that were currently falling through gaps.

The group also provides an opportunity to discuss particular cases and coordinate support. In another example, the group facilitated partners' discussions around gender-sensitive accommodation options that were due to become available, so partners could plan for women due to be reintegrated into the community.

Conclusion

OHID's commissioning quality standard[45] emphasises the importance of a recovery-oriented system of care delivered by a skilled, multi-disciplinary workforce. For women, this means treatment that is flexible, trauma-informed and gender-responsive that takes strength-based approaches influenced by the voices of women with lived experience.

Within this briefing we have addressed the challenges of implementing gender-responsive treatment within the context of budget constraints and provided practical examples to assist commissioners in improving drug and alcohol treatment support and access for women.

Flexibility in contracts, accredited trauma-informed workforce training and women-only spaces are crucial elements in fostering gender-sensitive treatment within mixed-gender services. While this briefing has explored several gender-specific treatment options, including community-based treatment and residential treatment, it recognises that this is not always possible (although it should be aspired to). Co-location and outreach enables joined-up holistic support that better meets women's needs within mixed-gendered services. We advocate for integrated treatment and support options that address co-occurring needs and encourage collaboration between statutory and non-statutory services that support women with complex needs. Women with intersecting identities may face additional barriers to accessing treatment and their needs should be further considered by engaging women with lived experience and 'by and for' organisations to ensure provision is delivered in sensitive and appropriate ways. Women with lived and living experience should be involved throughout the full commissioning cycle and their voices embedded into the delivery of drug and alcohol treatment. This briefing provides insights into tendering, contracting and continuous monitoring to ensure services are responsive to women's experiences.

Annex: Resources

Anti-stigma approaches

National Anti-Stigma Network

The Anti-Stigma Network aims to improve understanding of the stigma and discrimination experienced by all people harmed by drug and alcohol use. They aim to help coordinate and amplify the huge variety of existing anti-stigma work across the UK. Members include a number of major treatment providers and sector bodies. The Network provides advice and resources on tackling stigma.

Assessment tools

Women's Risk Needs Assessment (WRNA)

The WRNA is a specialist assessment tool for women in need of support. It measures a range of women's risks, needs and strengths across 19 scales, as well as operating as a case management tool. It is currently used in 22 jurisdictions across the United States, and countries such as Singapore, Switzerland, the Czech Republic and Namibia have also started to implement the use of this tool.[46] The University of Birmingham is undertaking a validation study of the WRNA Probation Model (version 7) to test its suitability, accuracy and reliability in England. This study is ongoing as part of the Effective Women's Centres Project.[47]

Specialist support

Pause

Pause is a national charity that seeks to improve the lives of women who have had – or are at risk of having – more than one child removed from their care. They offer support for women as well as partnering with local authorities and organisations through training and consultancy. They involve women with lived and living experience in their work and aim to influence change across services and systems.

With You

With You is a charity providing free, confidential support to people experiencing issues with drugs, alcohol and mental health. They have 80 local services in England and Scotland. Support is provided face to face, online, in the community, in schools and in prisons. They hold support groups, or Mutual Aid Partnership (MAP) groups, available for people who experience issues with drug and alcohol to come together and help each other. Some With You services operate women-only groups from gender-responsive safe spaces. With You's LiveChat service enables people from across the country to access advice and information about drugs or alcohol for free. With You are also in the early stages of piloting a menopause support group in their Scunthorpe service. This group has been well attended by local female clients and has provided a space for signposting to additional external support and to empower women to know what options they may have in relation to peri-menopause and menopause related support.

Trauma-informed practice

One Small Thing

One Small Thing is a national organisation that works with other organisations to establish systems that better recognises, understands and responds to trauma. They run a trauma-informed network for anyone working or interested in working with people with trauma.

Psychologically Informed Environments

A Psychologically Informed Environment (PIE) takes into account the psychological makeup of the people using the space. Originating in homelessness services, PIE provides a framework, language and approaches to communicate and support people in a way that gives attention to all parts of a person and how they have come to be where they are. PIE principles often involve the following five key elements: 1) staff training and support, 2) relationship building, 3) a psychological framework, 4) places and spaces, and 5) evidence generating practice. (From Informing Futures website).

Scottish Government's Trauma-Informed Practice Toolkit

This toolkit was developed by NHS Scotland to support organisations in planning and developing Trauma Informed Services. It offers an overview of the five key principles of trauma-informed practice and practical advice for implementing them in clinical settings.

Trauma Recovery Model

With clear links to PIE principles, the Trauma Recovery Model (TRM) is a framework that provides practical guidelines to assist practitioners in understanding the psychological needs that underpin behaviours and can be used to identify the types of interventions that best address those needs. (From Informing Futures website).

Working groups and forums

Women's Treatment Working Group, Collective Voice

Collective Voice established its Women's Treatment Working Group in 2022. This group acts as a cross-organisational network to strengthen the collective ability to support women through treatment and recovery. The group publishes and shares research and good practice in supporting women with complex needs.

English Substance Use Commissioner's Group (ESUCG)

The ESUCG provides a strategic forum for those with commissioning responsibility for substance use services, for improved population and patient level outcomes relating to the use of alcohol and other drugs in England. The ESUCG provides an important space for commissioners to meet, network and work together to improve the commissioning and delivery of integrated services and strategies locally.

Endnotes

1 Government Equalities Office, (2023). *Public Sector Equality Duty: guidance for public authorities.* Available at: gov.uk/government/publications/public-sector-equality-duty-guidance-for-public-authorities/public-sector-equality-duty-guidance-for-public-authorities

2 Dame Carol Black, (2021). *Independent report: Review of drugs part two: prevention, treatment, and recovery.* Available at: gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery.

3 HM Government, (2021). *From harm to hope: a 10-year drugs plan to cut crime and save lives.* Available at: gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

4 Center for Behavioral Health Statistics and Quality, (2017). *Results from the 2016 National Survey on Drug Use and Health: Detailed Tables.* Available at: samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf.

5 National Institute of Drug Abuse, (2021). *Substance misuse in Woman Report.* Available at: nida.nih.gov/publications/research-reports/substance-use-in-women/summary.

6 Carla Green, (2006). 'Gender and use of substance abuse treatment services'. *Alcohol Research and Health.* 29:1, pp.55–62. Available at: pubmed.ncbi.nlm.nih.gov/16767855/.

7 Figures are for all adult women and men in treatment in England 2021/22 and taken from the NDTMS View It service. Available at: ndtms.net/ViewIt/Adult.

8 United Nations Office on Drugs and Crime, (2004). *Substance abuse treatment and care for women: case studies and lessons learned.* Available at: unodc.org/unodc/drug-prevention-and-treatment/publications/data/2004/substance-abuse-treatment-and-care-for-women_-case-studies-and-lessons-learned.html.

9 Figures are for all adult women and men in treatment in England 2021/22 and taken from the NDTMS View It service. Available at: ndtms.net/ViewIt/Adult.

10 With You, (2021). *A system designed for women? Understanding the barriers women face in accessing drug treatment and support services.* Available at: wearewithyou.org.uk/who-we-are/research/research-report-a-system-designed-for-women/.

11 Stephanie Covington and Janet Kohen, (1984). 'Women, alcohol and Sexuality'. *Advances in Alcohol & Substance Abuse.* 4:1, pp.41–56. Available at: pubmed.ncbi.nlm.nih.gov/6516941/.

12 NDTMS data for 2021/22 data counting people in the opiate, non-opiate only and non-opiate, alcohol groups. Excluding alcohol only figures. Available at: gov.uk/government/publications/national-drug-treatment-monitoring-system-reference-data.

13 NDTMS data for 2021/22 data counting people in the opiate, non-opiate only and non-opiate, alcohol groups. Excluding alcohol only figures. Available at: gov.uk/government/publications/national-drug-treatment-monitoring-system-reference-data.

14 David Best, Katherine Albertson, Jamie Irving, Carly Lightowlers, Adam Mama-Rudd and Alex Chaggar, (2015). *UK Life in Recovery Survey 2015: The first national UK survey of addiction recovery experiences.* Available at: drugsandalcohol.ie/24542/.

15 United Nations Office on Drugs and Crime, (2004). *Substance abuse treatment and care for women: case studies and lessons learned.* Available at: unodc.org/pdf/report_2004-08-30_1.pdf.

16 Stephen Whitehead, Sarah Page, Hannah Jeffery and Fiona McCormack, (2023). *Exploring women's experience of drug and alcohol treatment in the West Midlands*. Available at: justiceinnovation.org/publications/exploring-womens-experience-drug-and-alcohol-treatment-west-midlands.

17 United Nations Office on Drugs and Crime, (2004). *Substance abuse treatment and care for women: case studies and lessons learned.* Available at: unodc.org/unodc/drug-prevention-and-treatment/publications/data/2004/substance-abuse-treatment-and-care-for-women_-case-studies-and-lessons-learned.html.

18 Emma Wincup, (2016). 'Gender, Recovery and Contemporary UK Drug Policy'. *Drugs and Alcohol Today.* 16:1, pp.39–48. Available at: eprints.whiterose.ac.uk/100877/.

19 With You, (2021). *A system designed for women? Understanding the barriers women face in accessing drug treatment and support services.* Available at: wearewithyou.org.uk/who-we-are/research/research-report-a-system-designed-for-women/.

20 Figures are for all adult women and men in treatment in England 2021/22 and taken from the NDTMS View It service. Available at: ndtms.net/ViewIt/Adult.

21 With You, (2021). *A system designed for women? Understanding the barriers women face in accessing drug treatment and support services.* Available at: wearewithyou.org.uk/who-we-are/research/research-report-a-system-designed-for-women/.

22 Stephen Whitehead, Sarah Page, Hannah Jeffery and Fiona McCormack, (2023). *Exploring women's experience of drug and alcohol treatment in the West Midlands*. Available at: justiceinnovation.org/publications/exploring-womens-experience-drug-and-alcohol-treatment-west-midlands.

23 Office for Health Improvement and Disparities, (2022). *Commissioning quality standard: alcohol and drug treatment and recovery guidance.* Available at: gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services/commissioning-quality-standard-alcohol-and-drug-treatment-and-recovery-guidance.

24 Office for Health Improvement and Disparities, (2023). *UK clinical guidelines for alcohol treatment: specific settings and populations.* Available at: gov.uk/government/consultations/uk-clinical-guidelines-for-alcohol-treatment/uk-clinical-guidelines-for-alcohol-treatment-specific-settings-and-populations#developing-inclusive-services

25 Department of Health and Social Care, (2017). *Drug misuse and dependence: UK guidelines on clinical management.* Available at: gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

26 Stephen Whitehead, Sarah Page, Hannah Jeffery and Fiona McCormack, (2023). *Exploring women's experience of drug and alcohol treatment in the West Midlands*. Available at: justiceinnovation.org/publications/exploring-womens-experience-drug-and-alcohol-treatment-west-midlands.

27 Department of Health and Social Care, (2017). *Drug misuse and dependence: UK guidelines on clinical management.* Available at: gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

28 Care Quality Commission, (2023). *Regulation 13: Safeguarding service users from abuse and improper treatment.* Available at: cqc.org.uk/guidance-providers/regulations/regulation-13-safeguarding-service-users-abuse-improper.

29 Stephen Whitehead, Sarah Page, Hannah Jeffery and Fiona McCormack, (2023). *Exploring women's experience of drug and alcohol treatment in the West Midlands*. Available at: justiceinnovation.org/publications/exploring-womens-experience-drug-and-alcohol-treatment-west-midlands.

30 Basis, (n.d.). *About Us*. Available at: basisyorkshire.org.uk/about-us/.

31 Informing Futures, (n.d). *Psychologically informed environments*. Available at: informingfutures.co.uk/psychologically-informed-environments.

32 Department of Health & Social Care, (2022). *Women's Health Strategy for England*. Available at: gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england#education-and-training-for-health-and-care-professionals.

33 Department of Health & Social Care, (2023). *Women's health hubs: core specification*. Available at: gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-core-specification.

34 Kairos Women Working Together, (n.d). *About Us.* Available at: kaiorswwt.org.uk/about-kairos-3/

35 Phoenix Futures, (2021). *Making rehab work*. Available at: phoenix-futures.org.uk/about-phoenix-futures/spotlight-on-recovery/making-rehab-work/.

36 West Midlands Police and Crime Commissioner, (2023). *New pilot court scheme aims to turn lives around*. Available at: westmidlands-pcc.gov.uk/new-pilot-court-scheme-aims-to-turn-lives-around/.

37 Juste Abramovaite, Siddhartha Bandyopadhyay, Zoe Stephenson and Jessica Woodhams, (2020). *New Chance: Process and Impact Evaluation*. Available at: justiceinnovation.org/project/new-chance-project

38 Department of Health & Social Care, (2017). *Drug misuse and dependence: UK guidelines on clinical management.* Available at: gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management; and Office for Health Improvement & Disparities, (2023). *UK clinical guidelines for alcohol treatment: core elements of alcohol treatment*. Available at: gov.uk/government/consultations/uk-clinical-guidelines-for-alcohol-treatment/uk-clinical-guidelines-for-alcohol-treatment-core-elements-of-alcohol-treatment.

39 Stephen Whitehead, Sarah Page, Hannah Jeffery and Fiona McCormack, (2023). *Exploring women's experience of drug and alcohol treatment in the West Midlands*. Available at: https://justiceinnovation.org/publications/exploring-womens-experience-drug-and-alcohol-treatment-west-midlands.

40 Department for Education, (2020). *Family Safeguarding: Evaluation report*. Available at: assets.publishing.service.gov.uk/media/5fa1730b8fa8f57f425ea00d/Hertfordshire_Family_Safeguarding.pdf.

41 Pause, (n.d.). *How to Get Support.* Available at: pause.org.uk/how-to-get-support/.

42 House of Commons Home Affairs Committee, (2023). *Drugs: Government Response to the Committee's Third Report of Session 2022–23: First Special Report of Session 2023–24*. Available at: publications.parliament.uk/pa/cm5804/cmselect/cmhaff/127/report.html.

43 Department of Health & Social Care, (2023). *Provide Selection Regime: supplementary consultation on the detail of proposals for regulations.* Available at: gov.uk/government/consultations/provider-selection-regime-supplementary-consultation-on-the-detail-of-proposals-for-regulations/provider-selection-regime-supplementary-consultation-on-the-detail-of-proposals-for-regulations.

44 GOLAB, (2022). *Relational contracting*. Available at: golab.bsg.ox.ac.uk/the-basics/relational-contracting/#when-to-take-a-relational-approach__complexity-the-need-to-contract-for-a-complex-product-or-service.

45 Office for Health Improvement and Disparities, (2022). *Commissioning quality standard: alcohol and drug treatment and recovery guidance.* Available at: https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services/commissioning-quality-standard-alcohol-and-drug-treatment-and-recovery-guidance.

46 Penal Reform International, (2016). *The Women's Risk Needs Assessment: Putting Gender at the Forefront of Actuarial Risk Assessment.* Available at: penalreform.org/blog/womens-risk-needs-assessment-putting-gender-forefront-actuarial/.

47 Holdsworth, Mackenzie, Ruprai, Long, Pemberton and Summers, (2023). *Women's Risk Needs Assessment Tool, Probation module v7 Technical Report: Cognitive Interview Findings.* Available at: birmingham.ac.uk/schools/social-policy/departments/social-policy-sociology-criminology/research/projects/trauma-health-and-social-harm.aspx.

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This work has been made possible by the generous support of The JABBS Foundation.

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Thanks to:

The authors would like to thank Chloé Geoghegan, Imogen Cheatham, Ben Hughes, Jess Mullen, Jody Clark, John Trolan, Christina Line and Vicki Morris for their continued guidance and support. We would especially like to thank the commissioners, service providers and practitioners who generously gave their time and expertise, without which this guide would not have been possible.

About the Centre for Justice Innovation

The Centre for Justice Innovation seeks to build a justice system which all of its citizens believe is fair and effective. We champion practice innovation and evidence-led policy reform in the UK's justice systems. We are a registered UK charity.

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