Collective Voice

Rosanna O'Connor
Director, Addictions & Inclusion
Office for Health Improvement & Disparities
Department of Health and Social Care
39 Victoria Street, London, SW1H 0EU

3 February 2022

Dear Ms O'Connor,

RE: WOMEN'S ALCOHOL AND DRUG TREATMENT IN ENGLAND

As part of the work of Collective Voice, we have formed a wider voluntary sector working group specifically to focus on the needs of women in drug and alcohol treatment. The aim of the group is to improve the treatment offer and successful life outcomes for women who access drug and alcohol services.

Alcohol and drug residential and community treatment has not consistently been designed specifically for women, or catered well for their distinctive needs. This needs to change. Moving forward it is essential that the needs and rights of women in treatment and recovery is explored via research, to develop and deliver a gender specific evidence base.

We are aware that both national commissioning standards and a national outcomes framework are being developed at the moment, as recommended by Dame Carol Black's Review and accepted in the Drug Strategy, From Harm to Hope. Both pieces of work must fully reflect the needs of women and be ambitious about what we can all do to ensure women flourish within treatment and in the community.

It is essential that both the commissioning standards and the national outcomes framework reflect fully the specific needs of women, across all elements of their life course, in order to improve outcomes for the women we serve.

We want to ensure specialist women's drug and alcohol provision is available to all women, irrespective of treatment delivery type or geography; as a right. This means access to gender specific (and women only) services and spaces; in inpatient detoxification, residential treatment and community service delivery.

We would like to see the national commissioning standards include specific reference to women within three core areas.

Specialist women's drug and alcohol provision to be included in all commissioned Service Level Agreements:

As a minimum, this should include:

- Clear guidance for commissioners on meeting the needs of women
- Clearly defined treatment pathways to wider health care including access to social care, sexual health services, health visitors, family services, mental health, hepatology and specific pathways for women with midwifery and menopause clinics
- Timely access to specialist midwifery services throughout pregnancy and maternity within community and residential settings
- Joint working with local domestic abuse services
- Trauma informed group work for women only
- Women only spaces available in all services for open access or at the point of entry into services/transition from one service to another
- Choice of gender of support worker
- Funded provision for childcare for women accessing treatment who have dependent children

- Standard provision of free sanitary products in all community and residential services, especially via NSP provision in order to tackle period poverty head on
- Recognition of motherhood as an aspect of identity irrespective of the status of the child/children. National and local data sets to be broken down by sex, gender and life variables (eg young adult, pregnancy, menopause) to allow for analysis of trends and improvements in treatment outcomes being delivered. This data to be actively used to inform research and development of a gender specific evidence base and to improve outcomes over time for women – to improve health, life outcomes and recovery. For example, comparting outcomes by setting (e.g. Women only spaces versus mixed treatment, online versus in person support)

Workforce competencies which speak specifically to the needs of women

As a minimum this should include:

- A cohort of trauma informed staff in all community and residential settings
- Training in domestic abuse, sexual exploitation and adverse childhood experiences (ACEs) for all front line staff within the first year of employment

Recognition of the value of women's lived experience

As a minimum this should include:

- A definition of pathways to ensure women's voices are fully included in lived experience groups and activity at both national and local levels. We would expect performance targets to be set to support this.
- A recognition that stigma can be a particular feature for women's ability to access and sustain treatment and recovery. Commissioned services should provide women with multiple methods to access and engage in support.

As a group, we want to talk frankly about the needs of women and support OHID in whatever way is most useful to ensure that the needs of women are woven through the commissioning standards and national outcomes framework documents. We know that not all of the above may sit neatly within the two but would like to suggest that some could be incorporated into wider commissioning and planning tools being designed to support the implementation of the Government's drug strategy.

We are aware there is a further meeting on the development of national commissioning standards planned on 16 March 2022 and request that you take the recommendations of our group into account and feed back to us on progress made.

With best wishes

Yours sincerely

Karen Tyrell

(Chair, Women's Treatment Group, Collective Voice. Executive Director, HumanKind)

Nic Adamson (Executive Director, CGL)

Karen Biggs (CEO, Phoenix Futures)

Megan Jones (Director, Cranstoun)

Laura McIntyre (Head of Women's Services, Changing Lives)

Collective Voice

Siobhan Peters (Director, WithYou)

Hannah Shead (CEO, Trevi)

Maggie Telfer (CEO, Bristol Drugs Project)

Natalie Travis (National Head of Service, Turning Point)

April Wareham (CEO, Working With Everyone)

Anna Whitton (CEO, WDP)

cc

Pete Burkinshaw, OHID

Oliver Standing, CEO Collective Voice