Scottish Recovery Consortium

Women in Recovery

Themes 1 - 6

June 2026

SRC SCOTTISH RECOVERY CONSORTIUM

Contents

When SRC refers to lived experience, this includes people at every stage of recovery. This encompasses those who are not currently engaged in treatment, those in treatment, those further along in their recovery journey, and those who are abstinent. Engaging with people where they are at, and respecting each individual's journey, recognises that drug and alcohol harm is not a linear process. Acknowledging the full continuum of people's experiences ensures that all voices are valued and that services, systems, and the work of SRC are shaped by the diverse realities, needs, and strengths of people at different points in their lives.

Introduction

This report forms part of a wider programme of work undertaken by the Scottish Recovery Consortium (SRC) over the past 18 months. Through a national baseline {Recovery Communities Research}[1] involving communities across Scotland, women consistently identified significant gaps in the support available to those affected by alcohol- and drug-related harm, as well as barriers to accessing meaningful recovery pathways.

To build a clearer understanding of the current landscape, SRC delivered a programme of work examining both the evidence base[2] and national policy[3] through a gendered lens. Our national conference in June 2025[4] underscored the urgency of addressing gender-specific challenges and highlighted strong interest across Scotland and the wider UK in progressing this agenda.

Between August 2025 and February 2026, SRC brought together more than 140 people and organisations from across the country, creating the conditions for deeper exploration of the intersecting challenges faced by women affected by drug- and alcohol-related harm. This report sets out the co-produced insights gathered through that process.

Right-Based Approach and the Charter of Rights

This work is underpinned by a clear commitment to human rights and the principles set out in Scotland's Charter of Rights for People Affected by Substance Use[5]. The Charter of Rights for People Affected by Substance Use, National Collaborative (2025), affirms that every individual has the right to access to timely, high-quality support and to be treated with dignity and respect. The Right to the highest attainable standard of physical and mental health, and the Right to an adequate standard of living, provide specific protections that women should enjoy.

Furthermore, the fundamental human rights principle of non-discrimination tells us that groups who face the greatest barriers to having their rights realised should be prioritised.

For women, access to these rights is particularly critical. Women affected by drug and alcohol harm often experience intersecting inequalities—including trauma, poverty, domestic abuse, stigma, and involvement with child protection or the justice system—which can create significant barriers to support. Too often, services are not designed with women's needs in mind, resulting in gaps in access, safety, and continuity of care.

The Women in Recovery (WiR) work recognises that improving outcomes for women requires more than service provision—it requires a rights-based, gender-responsive, and trauma-informed approach. This means ensuring that women are not only able to access support but that their voices are heard, their experiences are understood, and their rights are actively upheld in all aspects of policy and practice.

Embedding rights within this work is not optional—it is fundamental. It is central to the role of SRC and its partners in driving systemic change, reducing inequalities, and ensuring that all women are supported to recover in ways that are safe, respectful, and empowering.

[1] Recovery Communities Research: A National Baseline, Iconic Consultancy (2024)
[2] Women in Recovery: Rapid Evidence Base Review, Nugent (2025)
[3] Women in Recovery: Policy Synthesis, Briege and McFall (2025)
[4] Scottish Recovery Consortium National Conference: Women in Recovery Workshop (2025)
[5] Charter of Rights for People Affected by Substance Use, National Collaborative (2024)

Acknowledgements

Scottish Recovery Consortium extends its deepest thanks to everyone who contributed to this work. The achievements of this programme were made possible through the time, commitment, and openness of all those involved.

We offer our heartfelt appreciation to everyone who shared their reflections, experiences, insights, and expertise. Your willingness to speak honestly — often about difficult, sensitive, or deeply personal issues — has shaped the depth, richness, and integrity of this work.

We would like to express a sincere thank-you to Briege Nugent, who was commissioned by SRC to work alongside us. Briege's expertise, commitment to collaborative learning, and thoughtful, grounded approach were instrumental in shaping the direction and quality of this work.

We also extend our gratitude to the many practitioners, volunteers, professionals, community members, researchers, and partners who offered their knowledge and thoughtful perspectives throughout the process. Your commitment to improving outcomes, challenging inequality, and advocating for change has strengthened both the purpose and direction of this work.

A special thank-you goes to the SRC staff team, whose dedication, care, and hard work made this possible. Your commitment to bringing people together, holding space for sensitive conversations, and ensuring that every voice was heard has been invaluable.

To each and every person who contributed their time, experience, and belief in the value of this work — thank you. Your contributions are deepening our collective understanding of the complexities women face.

As we move forward, we remain committed to continuing this work — building on these insights, strengthening the evidence base, and ensuring that the voices and experiences shared throughout this process continue to guide the next stages of learning, action, and change. This is only the beginning, and we look forward to taking the next steps together. In turn, we strive to influence policy, practice and strengthen the wider recovery movement across Scotland.

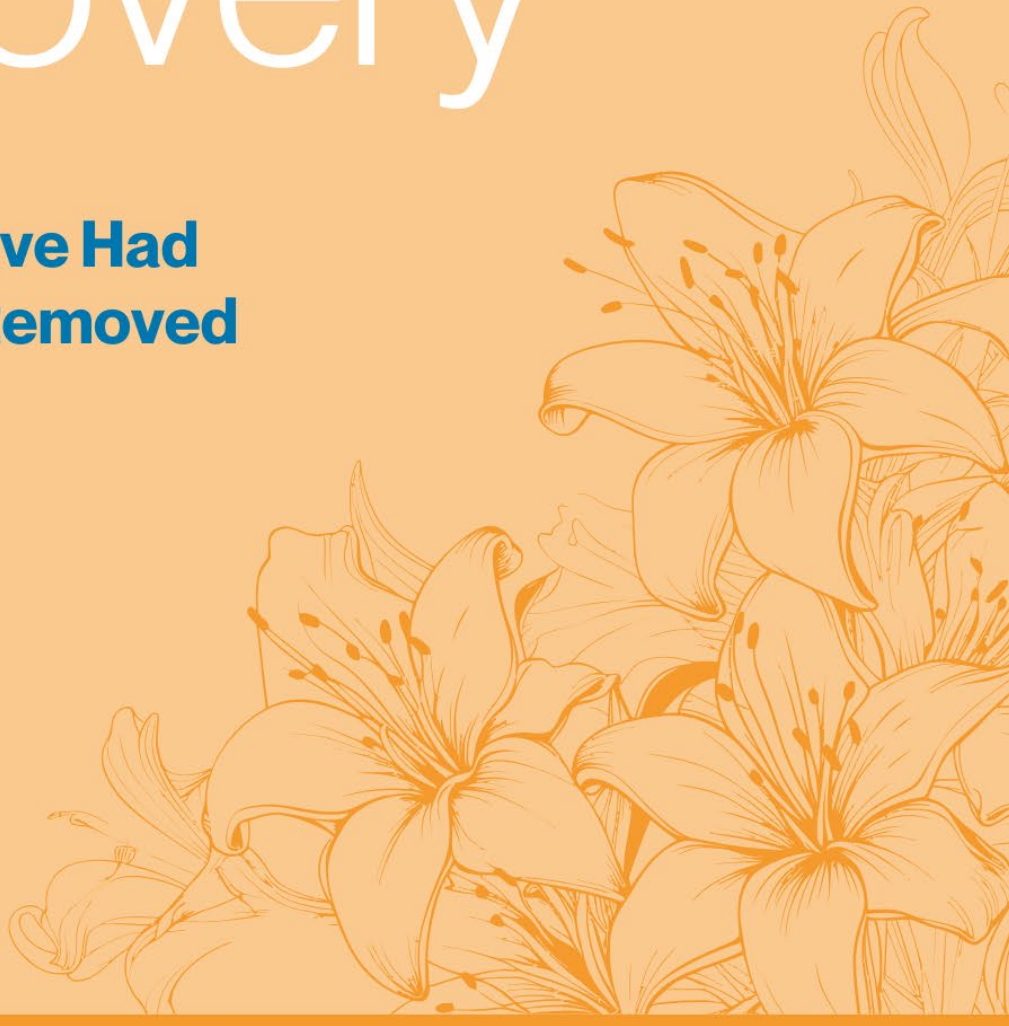
Theme 1

Scottish Recovery Consortium

Women in Recovery

Women Who Have Had Their Children Removed

June 2026



SRC SCOTTISH RECOVERY CONSORTIUM

Overview

This short report spotlights the specific needs of women who have had their children removed and the links to drug and alcohol related harm. This report draws on the accounts of twenty experts/interested parties working in this area who met in January 2025, and a rapid review of the wider research, setting out identified good practice and key recommendations for positive change. The hoped for purpose of this report is to advocate for change so that women experiencing the potential removal of children are better 'seen', that there is mainstream funding for appropriate support services to be in place, and for services to work together so that families get the help they need sooner.

Impact and Gaps in Provision: Out of Sight, Out of Mind

The main frustration voiced by experts and reflected in the wider research is that for too long, women who have had their children removed are not given adequate, if any, support, and disappear from the 'gaze of services' (Devaney et al.2024). These women have complex, challenging lives, often dealing with poverty, domestic abuse, mental health, trauma, child sexual abuse, issues with substance use, learning disabilities, neurodiversity, and have been failed repeatedly by systems, often having been in care themselves (Corra Foundation 2025; Crichley et al. 2023; Canfield et al. 2017).

Children in the poorest areas are ten times more likely to be removed from their parents than in wealthier regions (Agenda Alliance, 2024). Women living in poverty are fearful of social work intervention and of disclosing vulnerabilities (Johnsen and Blenkinsopp, 2024). Women are six times more likely to have children removed than fathers, even if the father is a perpetrator of domestic abuse (Russell et al. 2022). Experts emphasised the lack of understanding of domestic abuse, with mothers being wrongly blamed for staying in these relationships. Parents with drug or drug and alcohol addictions were more than twice as likely to experience removal than those with only alcohol addictions (Critchley et al. 2023). Parents with mental health issues were nearly 70% more likely to have children removed, and parents who had attempted suicide were nearly three times more likely to have children removed (cited in Critchley et al. 2023). Women report a lack of suitable mental health care for those who need it, a lack of recognition for a dual diagnosis and gaps in provision during the perinatal period, specifically for women with substance use and/or mental health issues (Maternal Mental Health Alliance and Reform, 2024). Women of colour are particularly disadvantaged (Agenda Alliance, 2024).

The women often view the child protection meetings they are required to attend as cruel and degrading (Agenda Alliance, 2024). The research highlights cases of women not being shown compassion by social work services, for example, not being formally notified of a permanence decision (Corra, 2024; Critchely, 2023). Social work services are underinvested, staff have high caseloads and staff turnover (Agenda Alliance, 2024). The research points to the need for earlier support (Johnsen and Blenkinsopp, 2024). It is important to emphasise that women in these situations justifiably do not trust 'the system' (Corra Foundation and Village Storytelling Centre, 2025).

Following removal, the focus is on the child or children affected, and whilst this is understandable, it means women are left grieving, shamed, stigmatised and more vulnerable to escalated substance use, abuse and death (Crichley et al. 2023). The impact of their pain is lifelong. Women often lose their homes, too, and are placed in unsafe housing (Agenda Alliance, 2025). The chaos of temporary accommodation, in particular hostels, can make it almost impossible for women to begin or sustain recovery. Women are not always informed of their rights regarding contact. Women often become pregnant again soon after a child has been removed to try to replace that love, and in turn, the retraumatising cycle of surveillance begins

again (Radcliffe et al. 2026). Many women have had more than one child removed (Corra Foundation, 2025).

Women who have experienced the removal of children are 14 times more likely to die prematurely than the general population (Devaney et al. 2024). The stark warning is that care proceedings should be an 'alarm bell' to all services that the risk of death has increased and they need to respond differently (Devaney et al. 2024: 7). There are repeated calls for women to have non-judgemental, compassionate, and multi-disciplinary support earlier (Corra Foundation 2025; Crichley et al. 2023).

To get children back, experts reflected that the expectations placed on women were almost unattainable. Foster care costs around £500 per child per week and is more expensive when provided by external providers (Crichley et al. 2023). Only a third of children are returned to birth parents within around nine months (ibid).

Experts stated that the care for birth parents is not currently covered by any policies. The lack of taking a trauma-informed and responsive approach towards these women is stark.

Examples of Good Practice

Early intervention and prevention

Stirling Council reports a reduction in the number of children accommodated, attributed to a shared understanding across community partners of the importance of children and young people remaining at home, and to a Family Wellbeing Team that is responsive to families in a holistic way, working beyond normal working hours.

Family Drug and Alcohol Court (FDAC) in England supports parents with substance use issues to regain care of their children by getting the support they need alongside fortnightly court appearances and drug tests. From 2021 to 2024, Birmingham and Solihull FDAC reunited 69% of children with one or both parents. 58% stopped misusing substances over a three-year period.

Change is a Must, Perth and Kinross: Range of support for parents so that children remain in their care, such as one-to-one reflective parenting support and help with substance use.

Parents Advocacy and Rights: Parent led peer support group for parents with children in the care system, child protection and other proceedings.

Children First: Supporting families to stay together, providing holistic support.

Support for parents after the removal of children

Corra Foundation (2024; 2025) highlight good practice across a review of 13 services such as Martha's Mammies, SPARROW, and Family Matters Aberlour. This included emotional and therapeutic support such as peer support groups and counselling; help to develop practical and life skills, such as help with housing; support related to adoption, such as memory boxes and letterbox contact; and specific support for dads and extended family members. All the services had waiting lists, showing that the demand for services was being outstripped. Fife Council was the only local authority to have made this provision part of its mainstream funding. It is notable that an academic review of effective support for mothers affected by substances found that providing practical support was especially beneficial (Smith et al. 2025).

Birth Ties Support Project, Inverclyde: Supports parents who have had children removed through adoption. There is no time limit on the range of support given, such as peer support, support to keep in touch with children and access to practical help and welfare rights.

Pause: Intensive support, normally over 18 months, for women who have had children removed. Women have a 'pause' in pregnancy using Long-Acting Reversible Contraception (LARC). Ethical issues have been raised about this, but the service report consistently receives positive evaluations. This service has been mainstreamed and funded by Dundee Council.

TCA Birch Project: Weekly women's group for women who have had children removed to help women get better connected and build positive relationships.

Alternatives Dundee: Provides person-centred support to parents whose children have been removed.

Recommendations

It would be ideal to have a 'one-stop shop' for mothers struggling with complex issues, where they can get the help they need without stigma, all in one place, with childcare available.

Need for secure, long-term funding and ideally mainline funding for organisations supporting birth parents (Corra Foundation, 2025).

Compassionate and trauma-informed support for birth parents who have been repeatedly failed by existing systems to be at every stage of the child protection journey (Corra Foundation, 2025).

For local authorities to undertake an assessment of parents' future support and care needs following the granting of a care order, and the convening of a multiagency discussion to look at what support and services are needed (Devaney et al. 2024).

Training for wider services about drug and alcohol related harm and domestic abuse, so they understand the pressures women in particular face in asking for help.

There needs to be a clear policy commitment to these women and their families. 'The Promise' states that children should be kept safe and together wherever possible, and that parents get the support they need.

The need for more women-only spaces, support groups, peer-to-peer support, and residential rehabilitation – all of these need to be accessible to women and be gender responsive as well as trauma-informed.

For women who are pregnant and in recovery, to have specific support.

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Theme 2

Scottish Recovery Consortium

Women in Recovery

Women's Health, Menopause and Drug and Alcohol Harm

June 2026

SRC SCOTTISH RECOVERY CONSORTIUM

Overview

This report examines the health needs of women, with a particular focus on menopause and its intersections with substance use. It draws on insights from experts and stakeholders working in this field who met in January 2026, alongside a rapid review of relevant research. The report highlights key gaps in provision, examples of emerging good practice, and makes recommendations for policy and service improvement. Its purpose is to advocate for systemic change so that women's specific needs are better recognised and addressed, particularly through gender- and trauma-responsive approaches to health, homelessness and substance use services.

Impact and Gaps in Provision

There has been growing awareness in recent years of women's health needs and the impact of menopause. The Women's Health Plan reports that just under three quarters of women aged 45–55, and around half of those aged 56 and over (53%), have experienced symptoms of menopause or perimenopause in the past 12 months (Scottish Government, 2026). In the UK, an estimated 60,000 women are out of work due to menopause symptoms, resulting in a potential annual economic loss of £1.5 billion (ibid).

Despite this increased attention, significant gaps remain in understanding how menopause interacts with substance use, recovery, and broader health conditions. There is limited recognition of how factors such as the menstrual cycle, endometriosis, neurodiversity and reproductive ageing influence women's experiences of substances and recovery journeys.

Research consistently demonstrates that women's physiological responses to substances differ from those of men, with substances remaining in women's systems for longer and being influenced by hormonal fluctuations across the menstrual cycle (Fusco et al., 2024). Women with long-term substance use issues often experience disrupted or absent menstruation, which can lead to a false perception of infertility and increased risk of unplanned pregnancy (Shaw, 2021).

Women's experiences of healthcare responses are mixed. GPs may be dismissive of menopause-related concerns, with some women reporting restricted access to hormone replacement therapy (HRT) or misdiagnosis of perimenopause as depression (Shaw, 2021). For women who use substances, stigma can be compounded, making engagement with health services particularly challenging (Shaw, 2024).

Menopause can be a confusing and distressing period, often associated with reduced confidence and self-esteem. For some women, this represents a trigger for increased substance use or relapse from recovery. One scoping review found that 65% of women reported using alcohol, 45% tobacco, 30% sedatives, 20% prescription painkillers and 10% illicit drugs to manage menopause-related symptoms such as sleep disturbance and mood changes (Okoro, 2025).

The role of trauma is also significant. A systematic review highlights the impact of trauma, reproductive ageing and exposure to domestic abuse, adverse childhood experiences and sexual trauma, all of which are associated with earlier onset and more challenging menopausal experiences (Arnold et al., 2024).

Importantly, conversations about women's health and menopause often remain confined to relatively privileged spaces, dominated by white, middle-class women. This excludes many marginalised groups. A survey of 110 staff working within The Salvation Army, one of Scotland's largest providers of frontline homelessness services, found that over half wanted training in

women's health and menopause. Cultural stigma around "women's health issues" persists, and in some communities such discussions are effectively taboo.

Although menopause is referenced in the most recent Women's Health Plan, there is little meaningful consideration of women who use substances or who experience homelessness, resulting in a significant policy and practice gap.

Examples of Good Practice

Awareness raising and staff training

Training for staff is critical to improving support for women, both within workplaces and in frontline service delivery. The Salvation Army has begun pioneering menopause awareness sessions for women experiencing homelessness, representing an important step in addressing unmet need.

Women-only spaces

Women-only spaces have emerged as a key source of support. Recovery cafés across Scotland are providing safe environments where women can support one another organically. One recovery café in Glasgow hosts an NHS worker on site, enabling women to access health advice and referrals in a familiar and non-stigmatising setting.

Menopause peer support groups

In East Kilbride, a menopause support group run by Agape Wellbeing offers peer support and activities, providing a model for community-based, women-led provision.

Workplace menopause policies

Employers are increasingly encouraged to develop menopause-specific policies, ensuring staff receive appropriate training and support. Some organisations have introduced menopause or wellbeing champions to act as points of contact, and established peer support groups within the workplace.

Evidence-informed interventions

Wider research indicates that cognitive behavioural therapy, mindfulness-based therapies and meditation programmes can positively impact menopause-related symptoms, while cautioning against the over-reliance on antidepressants (Okoro, 2025). Low-cost, community-based and public health approaches show promise but remain underdeveloped and under-resourced.

Recommendations

It is recommended that:

The Women's Health Plan explicitly addresses the intersections between women's health and substance use, including the impact of the menstrual cycle on substance effects, women's heightened vulnerability to long-term health conditions, and menopause as a period of increased risk for substance use and relapse.

GPs and primary care services improve awareness of menopause and perimenopause, with consistent and equitable access to HRT.

Services supporting women who use substances receive training in women's health and menopause, enabling staff to ask appropriate questions and make informed referrals.

Conversations about women's health are embedded within local communities. Recovery cafés provide one effective model, but access should extend across the wider community. This work should be women-led and supported through sustainable government funding.

Women-only spaces are protected and expanded within recovery services, recognising their critical role in sustaining recovery during particularly challenging life stages.

Targeted outreach ("reaching in") is undertaken with marginalised groups, and menopause training such as that developed by The Salvation Army is replicated across homelessness and substance use services.

Support is culturally sensitive and co-designed with the communities it seeks to serve.

Peer-led research is undertaken to explore the specific needs of women involved in sexual exploitation, with solutions developed with and for women.

Peer-led research is also conducted in rural communities to understand barriers to access and identify effective, locally appropriate support models.

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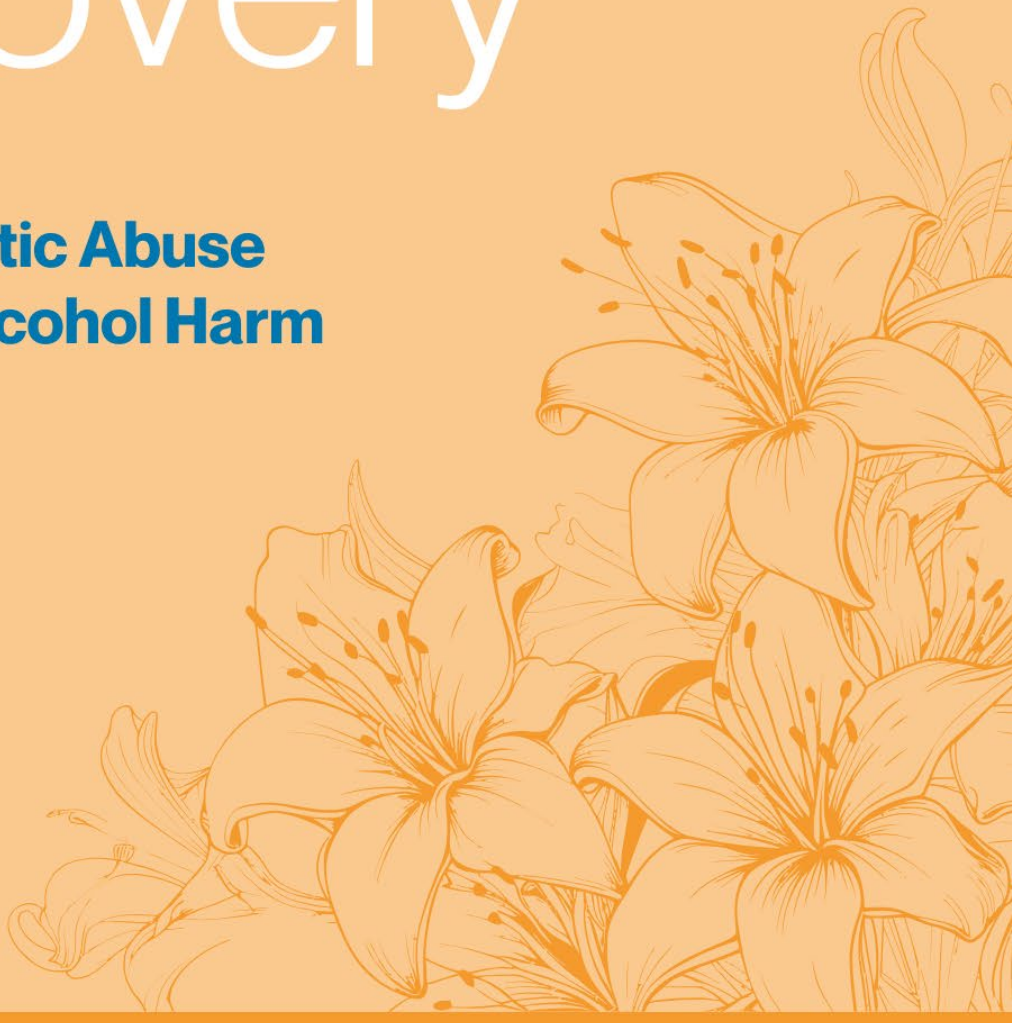
Theme 3

Scottish Recovery Consortium

Women in Recovery

Women, Domestic Abuse and Drug and Alcohol Harm

June 2026



SRC SCOTTISH RECOVERY CONSORTIUM

Overview

This report examines the impact of domestic abuse on women and its strong links to substance use. It draws on insights from experts and stakeholders working in this field who met in January 2026, alongside findings from a rapid review of relevant research. The report identifies key gaps in current provision, highlights examples of emerging good practice, and sets out recommendations for policy and service improvement. Its overall purpose is to advocate for systemic change so that women's specific needs are better recognised and addressed. In particular, it calls for more gender and trauma-responsive approaches and improved training for services, enabling professionals to better identify domestic abuse, recognise its connection to substance use, and support women to access help earlier.

Impact and Gaps in Provision

Domestic abuse remains widespread. The police recorded 63,867 incidents of domestic abuse in 2023-24, with most incidents (84%) not having been previously reported to the police (Scottish Government, 2024). This highlights the scale of hidden abuse and the barriers many women face in seeking help.

Women who are trapped in relationships experiencing domestic abuse have often been victims of abuse in their childhood and across the life course (Patton, 2024, Jones et al. 2024). Perpetrators of abuse often have similar histories of childhood trauma, mental ill health, and substance use. These shared experiences can shape patterns of intimacy and dependency that keep abusive relationships in place (Gadd et al., 2019).

The relationship between trauma, mental health, and substance use is particularly stark. Women with a history of abuse who are diagnosed with post-traumatic stress disorder (PTSD) are almost 15 times more likely to engage in daily problematic alcohol or illicit drug use than women without PTSD (Sullivan et al., 2016, cited in Goodrum et al., 2022). Women in abusive relationships are also three times more likely to have attempted suicide in the past year (Agenda Alliance, 2024).

Women across classes are affected. Economic abuse is a common feature of domestic abuse. Women often have their finances controlled or restricted, limiting their independence and ability to seek help (Fusco et al., 2024). Women who are unable to access £100 at short notice are three and a half times more likely to experience domestic abuse (Agenda Alliance, 2024), highlighting the strong links between poverty, abuse, and vulnerability. The main cause of homelessness in Scotland to women is domestic abuse (Scottish Government, 2024b). A third of women who have gone on to become homeless had reached out to domestic abuse services within the previous six months and this is an important 'window of opportunity' for women and their families to get the help they need (Mullaney, 2024).

Some groups of women face heightened vulnerability. Women of colour and women with disabilities are especially vulnerable to abuse (Mirza et al. 2025). Women living in rural areas stay in abusive relationships longer and are half as likely to report the abuse at all (National Rural Crime Network in 2019; Nugent, 2021). Women with children are often concerned about children being removed and struggle to ask for help (Agenda Alliance, 2024).

Women frequently internalise blame for their situation, experiencing low self-esteem and a lack of self-worth. Feelings of shame are often turned inward, with substances used as a coping mechanism to manage trauma and distress (Lamb and Kougiali, 2024). Some women do not even realise they are being abused.

Coercive control remains poorly understood and difficult to evidence. Despite changes in legislation, it is still often misunderstood by the public and within services, including law

enforcement (Lombard and Proctor, 2023; Myhill et al. 2023). Survivors report feeling disempowered within the criminal justice process, citing poor communication and a lack of information about their cases (Lombard and Proctor, 2023). There is also insufficient recognition of the impact of domestic abuse on children who live in these households (Gadd et al., 2019). Supervised contact is assumed to be safe and may not always take account of the needs of children (Burman et al. 2023; Gadd et al. 2019).

There are concerns that there is a rise in misogyny among young men because of harmful influential messaging being consumed through social media (Over et al. 2025; Milne et al. 2024). Addressing these wider cultural factors is essential to preventing future abuse. An independent strategic review of funding and commissioning of violence against women and girls, recommended that funding should be on a statutory footing and the need for specific attention to be given to training on advocacy for sheriffs (Scottish Government, 2023).

Examples of Good Practice

Awareness raising and staff training:

Fife Violence Against Women Partnership have trained housing staff to spot signs of domestic abuse and take a discreet and proactive approach to supporting those affected to get the help they need. In Clackmannanshire training has been extended to boiler service engineers recognising their unique access to homes and potential role in early identification of abuse.

Women only spaces

The Woman's Hub in Dundee brings women together to support one another and has support services in attendance so women can get the support they need onsite. North Ayrshire Women's Aid have developed a Women's Hub, with the women supporting each other and engaging in a programme of activities, as well as advocating for change. Jericho House in Greenock is one of the only women only residential rehabilitation centres in Scotland and as yet there have been no referrals made as diversions from prison.

Embedding Lived Experience

The organisation Authentic Voice has been working with Dundee Council to ensure that lived experience is engaged with meaningfully and for example that women with experience of domestic abuse use their experience to help shape pathways to support.

Rapid Rehousing

North Ayrshire Women's Aid were able to convert some housing into homes for women and their families leaving abusive relationships so they were able to bypass having to be in temporary accommodation at all.

Support for children

Fife Women's Aid have a 'Join the dot's' service, supporting young people and their families who have been affected by abuse to speak openly about their experiences individually and as a family, and to learn about healthy relationships. CEDAR is a twelve-week programme that families can do to break the silence about abuse.

Tackling misogyny

The 'Imagine a Man' training has been developed by YouthLink Scotland focusing on building positive masculinity with young men. This free resource is accessible online. The Educational Institute for Scotland (EIS) has also been focusing on tackling online misogyny through a

programme 'Many Good Men: Changing the Story About Online Misogyny.' This is also free to access with free training also provided.

Safer Together Model

Many local authorities in Scotland have adopted this internationally acclaimed model, which takes a rights-based approach to safeguarding children, with the core belief that children affected by abuse do best when they are able to stay with their protective parent, and that the abuse is not of their making.

Whole family support

The charity Circle provides long-term, strengths-based support to families affected by substance use. Their whole-family approach addresses individual needs while offering emotional and practical support to keep families safely together.

Recommendations

It is recommended that:

- Domestic abuse, substance use and recovery services work more closely together in a coordinated way, ensuring that women and families receive support that reflects their needs and choices. Pathways of care for survivors of abuse should be ensured (Burman et al. 2025).
- There is training on domestic abuse across services to widen the 'window of opportunity' of support, and so services understand abuse better so that women are not 'blamed' for staying in relationships, and there is more account taken of post-separation abuse.
- Services adopt a whole-family and gender responsive approach wherever possible, recognising that domestic abuse affects children as well as adults.
- Service providers recognise the intersections between domestic abuse, culture, disability, migration status, and wider structural inequalities, and adapt responses accordingly (Mirza et al. 2025).
- Civil and criminal court processes take domestic abuse into account, with cases clearly flagged on court databases. Sheriffs, judges, and legal practitioners should receive training on domestic abuse and its impact on the whole family. Any decisions about child contact must prioritise children's rights and actively seek their views (Burman et al. 2023).
- Women should be given a named police officer for their cases, and civil actions should not be promoted as a matter of course as an alternative to criminal charges, as this undermines the justice system and ignores the financial burden on women to pursue this (Lombard and Proctor, 2023).
- The proposed change in law is being taken forward so that perpetrators can be removed from the family home.
- Education about healthy relationships is embedded within the primary school curriculum as part of early prevention.
- Support services for people affected by domestic abuse are placed on a statutory funding footing to ensure long-term sustainability and consistency of provision.

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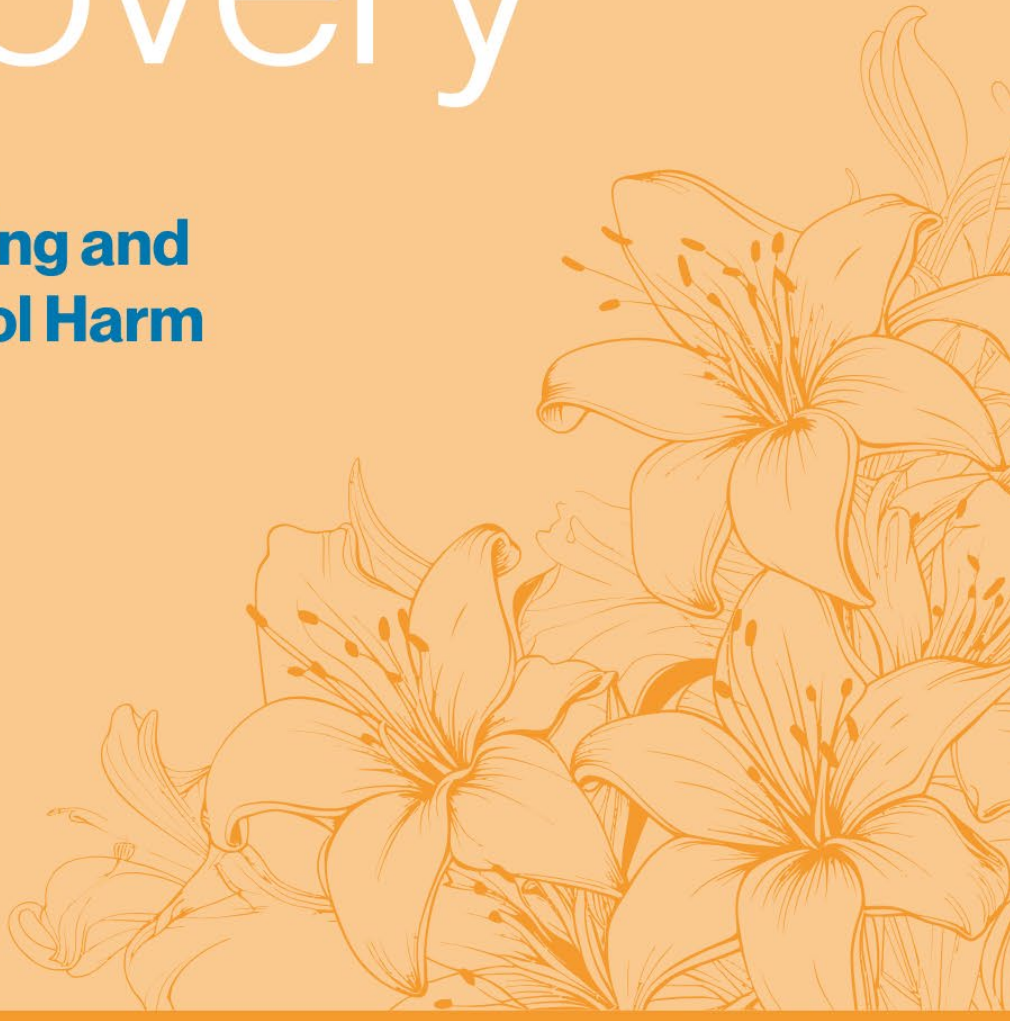
Theme 4

Scottish Recovery Consortium

Women in Recovery

Women, Gambling and Drug and Alcohol Harm

June 2026



SRC SCOTTISH RECOVERY CONSORTIUM

Overview

This short report focuses on the impact of women's gambling and links to substance use. This draws on the accounts of experts/interested parties working in this area who met in January 2026, a rapid review of research, and sets out identified good practice and key recommendations for positive change. Its purpose is to advocate for the specific needs of women to be better recognised, to raise awareness of gambling-related harm, and to call for gender- and trauma-responsive services.

Impact and Gaps in Provision

Based on the Scottish Health Survey 2021, in which gambling was last measured, the amount of gambling in Scotland overall has decreased since 2012 (Scottish Government, 2024). Men report higher levels of gambling than women (61% compared to 56%), and online gambling doubled from 7% to 14% over this time (ibid). Those who report gambling also report having lower levels of well-being in comparison to those who do not (ibid).

Gambling among women remains poorly understood and is often not taken as seriously as substance use (Trebilcock, 2023). Gambling is often intertwined with domestic abuse, neurodiversity, as well as substance use (Sweet, 2026; Riley, 2021). Women who gamble at harmful levels report higher prevalence of depression and childhood trauma or abuse (thrivin' together, 2024; Trebilcock 2023; Robert et al. 2017 cited in Riley, 2021: 42). Women who have a partner who is gambling will often experience coercive control (Banks and Waters, 2022).

Gambling advertising portrays gambling as normal, attractive and positive (Critchlow et al. 2019). Some forms of gambling, such as online bingo, are heavily marketed towards women (Public Health Scotland, 2025). Research suggests that women often gamble to experience a 'buzz' or as a way to escape difficult emotions linked to depression, trauma, or poverty (thrivin' together, 2024; GambleAware, 2023). Triggers for relapse are similar to those recognised in substance use, including bereavement and major life changes (Treblicock, 2023). There is also evidence that women's gambling behaviour may fluctuate across the menstrual cycle (Joyce et al. 2019).

Intersectionality is crucial. Factors such as ethnicity, religion, age, sexual orientation, geography, disability, motherhood, and childcare responsibilities shape women's experiences of gambling harm and their access to support (GambleAware, 2023). Women feel especially stigmatised, not just about gambling but also past trauma, and therefore find it difficult to ask for help (thrivin' together, 2024; Riley, 2021). Gambling behaviour can remain hidden for long periods, particularly as online gambling allows women to gamble privately at home. The COVID-19 pandemic was a significant trigger for increased home-based gambling (GambleAware, 2023).

Current service provision often fails to meet women's needs. Services are frequently inflexible, focus on crisis rather than prevention, and do not reflect women's experiences in awareness campaigns (Riley, 2021). Signposting for gambling support from primary care is inconsistent and often poor (thrivin' together, 2024; Riley, 2021). Peer support, particularly women only spaces, has been shown to be highly effective in enabling women to speak openly and reduce stigma (ibid; thrivin' together, 2024). Cognitive Behavioural Therapy (CBT) is shown to help people to develop strategies to deal with stress and target impulsivity (Sweet, 2026). Relapse is more common for women suggesting the need for stronger aftercare and support (Riley, 2021).

As 'thriving together' (2024: 1) state:

"We are not women of a particular age bracket or demographic, we don't fit into trends, we are not 'little men'. We are different, varied, we are resourceful, and we deserve better."

The impact of parental gambling on children is not well understood or recognised. The most recent statistics show that three in ten young people aged between 11-17 years old reported family members gambling and for 7% this had led to tension in the family, but 9% said it had helped to pay for things at home such as holidays (Gambling Commission, 2025). Three in ten young people reported gambling themselves and had seen gambling related content on social media (Gambling Commission, 2025).

The long-term consequences of gambling-related debt can affect individuals and families for life (thrivin' together, 2024). Suicide risk is significantly elevated among those experiencing gambling harm, increasing nine-fold for young men and five-fold for young women (Public Health Scotland, 2025). Risks are particularly high for those attempting to stop or reduce gambling, people experiencing housing insecurity, those facing stigma following relapse, LGBT+ individuals, and people with disabilities (David et al., 2025).

Examples of Good Practice

- **Thriving Together** is UK wide and supports people impacted by their own gambling addiction currently or in the past and those affected. They have lived experience at the core with an advisory board and lived experience staff that do all the calls to those they support. The organisation have responded to the reality that this is often one of many issues people are experiencing and for example hold workshops on menopause, healthy relationships and finance.
- **Gordon Moody Association:** A female treatment centre so that women can get support for gambling related harm.
- **Chances Gambling Support Team, Cyrenians:** Offers one-to-one and groupwork support for people affected by gambling, including assistance for people involved in legal processes. They also run a Scotland-wide LGBT+ online peer support group.
- **Simon Community Alia:** Support, resources and information for women experiencing or affected by gambling in Scotland.
- **GamLEARN** https://gamlearn.org.uk/: Supporting people facing the criminal justice system due to gambling and providing support for those impacted around them.
- **RCA Trust:** Main support provider for gambling-related harms in Scotland, offering a range of support, from one-to-one, group, online support, advice, information and counselling. They also offer a free 1.5 hour training session called Bet You Can Help Now - Bet You Can Help Training | RCA Trust https://www.rcatrust.org.uk/about-6
- **GamCare, Fast Forward Ygam:** Focus on prevention, education, and early intervention for children and young people.
- **John Hartson Foundation** offers training on gambling addiction for staff.
- **ScotCen** is currently mapping gambling services to identify gaps in provision.
- **Alliance Scotland:** champions lived experience through its Lived Experience Forum to influence policy and practice.

Free Resources

One Last Spin: A free film developed in Scotland that can be used at community events, for professional training or individual viewing.

No Dice Podcast: An audio podcast series discussing female gambling addiction and stories of recovery across Scotland.

Recommendations

It is recommended that:

- Gambling is recognised as a public health issue (Trebilock, 2023).
- Statutory substance use services routinely assess for gambling harm and provide appropriate signposting.
- Women affected by gambling harm are recognised as a distinct group requiring gender - and trauma-responsive services that integrate neurodiverse informed approaches.
- Peer support women only groups are promoted and expanded (Riley, 2021).
- Gambling awareness campaigns meaningfully include women and reflect diversity and lived experience (Riley, 2021).
- Staff across health, social care, housing, and justice services receive training to identify gambling harm early.
- Lived experience is embedded in service design, policy development, and planning (Trebilock, 2023).
- More female-only residential provision is developed in Scotland, including childcare support.
- Stronger regulation and accountability of the gambling industry are explored to prevent gambling beyond people's means.
- More research, early intervention, and support is provided for children affected by gambling.
- Child impact statements are considered in criminal justice cases linked to gambling-related offences.

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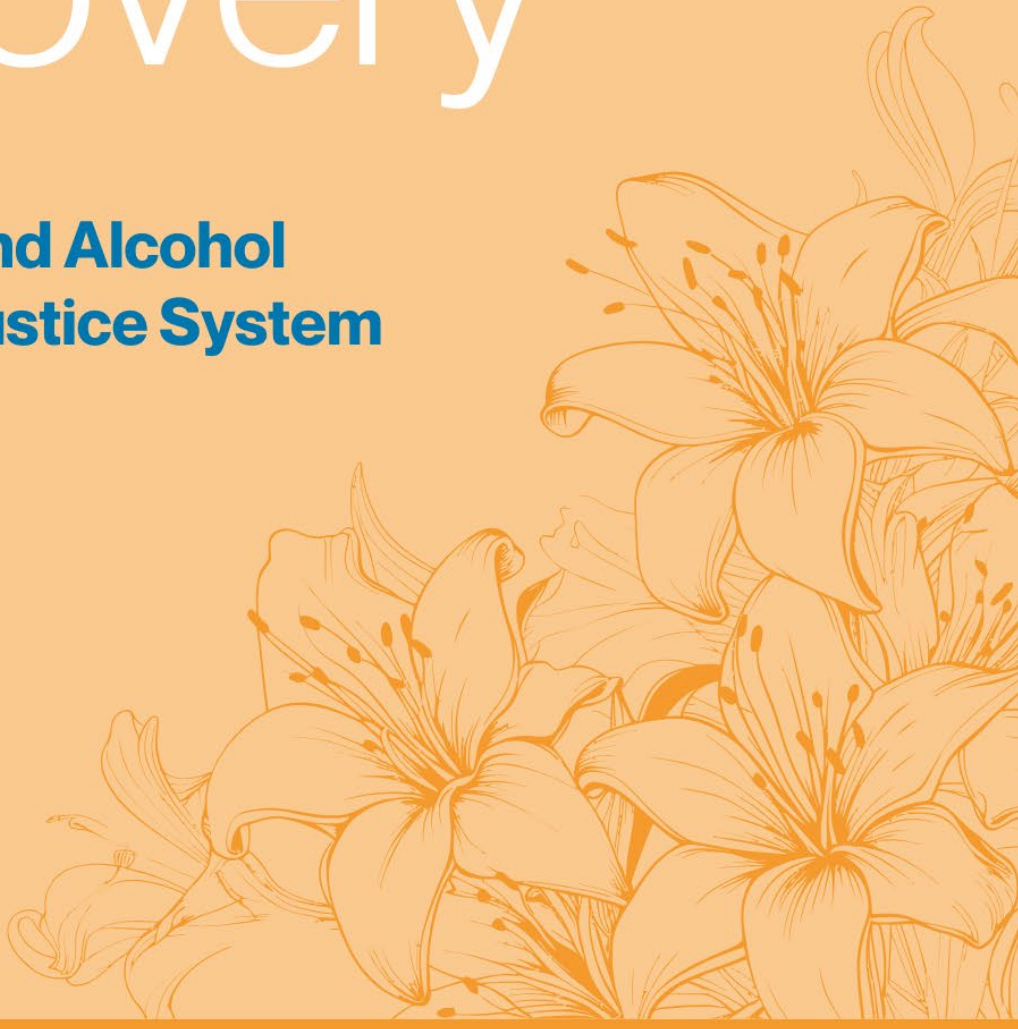
Theme 5

Scottish Recovery Consortium

Women in Recovery

Women, Drug and Alcohol Harm and the Justice System

June 2026



SRC SCOTTISH RECOVERY CONSORTIUM

Overview

This report examines women in the justice system and substance use. It draws on insights from experts and stakeholders in this field who met in January 2026, as well as findings from a rapid review of relevant research. The report identifies key gaps in current provision, highlights examples of emerging good practice, and sets out recommendations for policy and service improvement. Its overall purpose is to advocate for systemic change so that women's specific needs are better recognised and addressed. In particular, it calls for more gender and trauma-responsive approaches.

Impact and Gaps in Provision

Women in and at risk of coming into the justice system have a high prevalence of mental health issues, substance use, domestic and child abuse, stigma, dual diagnosis, and require gender-specific and trauma-informed services with holistic healthcare approaches (Williams, 2025). The average daily population of women in prison has increased by 8% in 2024-2025 to 345 (Scottish Sentencing and Penal Policy Commission (SSPPC), 2026). It is worth noting that the 2002 report A Better Way was calling back then to have the number of women in prison reduced from 170 to 100, and despite further reports, the numbers have persistently increased.

Women arriving at prison are more likely to come from the most deprived 20% of areas in Scotland than men (55% of women compared with 48% of men) (Scottish Government, 2022). Substance use is highly prevalent among women in custody. Around half of women in the most recent Scottish Prison Survey said they used drugs prior to coming to prison, and a third had used illicit drugs in prison, a third said they were drunk at the time of their offence (Scottish Prison Service, 2025).

The impact of imprisonment on families is severe. Only 17% of children whose mothers are in prison live with their fathers in the community, highlighting the significant disruption caused to family life (Scottish Government, 2024). Women do not receive the same support as their male counterparts and are essentially left to get on with their sentences (Diffley Partnership and KSO Research, 2025). Concerns have also been raised about prison practices that disproportionately affect women. The HM Chief Inspector of Prisons has called for the end of routine body searching of women and for alternative screening methods to be adopted.

Women may be being up tariffed because prison is seen as a way for women particularly with mental health issues to get the help they need due to a lack of provision in the community, not taking account of the negative impact of the severity of this punishment and lasting impact on lives (Nugent, 2024). Despite the presumption against short sentences, of the 798 women who received a custodial sentence in 2023-2024, 88% received a custodial sentence of a year or less (SSPPC, 2026). The SSPPC has now called for the presumption against short sentences of a year to be extended to two years. The concern however is that women could be sent to prison for longer.

The Community Custodial Units offer women greater autonomy and a more positive experience, but they are still essentially mini prisons. This option is only available to a few, and it doesn't stop the unjustified overreliance on prison (Burman et al. 2025; SSPPC, 2026). High-quality community sentences remain underused (SSPPC, 2026) and do not take into account the needs of women, for example, childcare provision. There is increasing recognition of women in the justice system having support needs, including neurodiversity, but this is frequently lacking, even at the point of court appearance (Watchmam, 2025). The financial burden of supporting loved ones in prison also falls disproportionately on women and families living in poverty, further entrenching disadvantage (Nugent, 2024).

Costs and Value

Imprisonment costs approximately £47,140 per person per year, compared with around £5,000 for a community sentence (Scottish Government, 2025). Although comprehensive data on the cost of caring for children affected by maternal imprisonment is limited, the average cost of residential care for a child was £150,000 per year in 2010, and is likely to be significantly higher today (Audit Scotland, 2010). In contrast, investment in treatment and prevention delivers strong returns. Alcohol treatment generates an estimated return of £3 for every £1 invested, rising to £26 over ten years. Drug treatment delivers a return of £4 for every £1 invested, increasing to £21 over ten years (Public Health England, 2018).

Examples of Good Practice

Highbury Community Advice Service: Provides free advice and support to people attending court, including signposting to services for chronic conditions. Although not women-specific, women with complex needs report high levels of satisfaction (Watchman et al., 2025).

Tomorrow's Women Wirral: Independent charity supporting women to make permanent, positive lifestyle changes through targeted interventions, ongoing support and specialist advice within a women-only safe environment, inclusive of women within the criminal justice system and those on the periphery of offending.

Willow Project: Women can attend this wide range of gender specific and trauma-informed support as part of their Community Payback Order, working one-to-one and in groups, provided by social work, nursing, psychology and connecting to holistic support.

Glen Isla and Glen Cova Project, Angus: A gender specific and trauma-informed service for women aged 16 and over who have been affected by trauma, including those who are at risk or are in the justice system, offering a wide range of holistic support.

Tomorrow's Women Glasgow (TWG): An innovative and unique justice centre in the Gorbals area of Glasgow designed for women with complex needs involved in the justice system. It works to reduce reoffending by focusing on trauma-informed care, providing support for mental health, addiction, and housing in a non-prison environment.

Jericho House, Residential Rehabilitation: A women-only recovery space providing intensive and holistic, gender responsive and trauma-informed support that is not time-limited.
Child Impact Assessments: Advocated for by organisations such as Families Outside, these assessments encourage courts and services to consider and mitigate the impact of imprisonment on children.

Women's Problem-Solving Court: Operating in Glasgow and Aberdeen, these courts adopt a relational and restorative approach, with sentence deferral reviewed by the same sheriff and coordinated social work support.

Women's Risk Needs Assessment (WRNA): The Women's Risk Needs Assessment (WRNA) is a gender-responsive, trauma-informed assessment tool designed specifically for use with criminal justice-involved women.

The Effective Women's Centres Partnership: Promoting a 'one stop shop' approach for women to get person-centred, trauma-informed and gender responsive support.

Hope Street in Southampton: A residential community where women live with their children. Hope Street offers a community alternative for women on community orders, remand, or post-release. Several evaluations and research studies have documented the positive outcomes for women who engage with women's centres, including decreasing reoffending.

Recommendations

It is recommended that:

- The presumption against short sentences is effectively implemented with community sentences, also taking account of the specific needs of women and being person-centred. It is important that these sentences adopt a flexible and creative approach so that women get the support they need and want. There also needs to be systematic ways for Sheriffs to learn about what is available, so that the full range of options is utilised. The time for further review is now over; we need action. Judicial independence is important, but in light of these women's needs, justice is not being served in the current sentencing process.
- There is a need to recognise the inter-connected needs women present, so instead of viewing substance use in isolation, recognising the links to other health needs and circumstances, such as domestic abuse, and having a more integrated approach to health care (Williams, 2025). There should be mandatory training for police and social workers to understand these needs fully and inform their approaches.
- Sentencing should include child impact assessments to take account of the impact of imprisonment on the wider family and in line with the principles set out in 'The Promise.'
- Women's Centres are an effective way to help women get support earlier. Scotland needs to move away from investing in different forms of prison and instead invest in community support. Women often value the support they receive from criminal justice social workers, but report that, had they received similar support earlier, they would not have entered the justice system, and we need to take this view seriously (Nugent, 2024).

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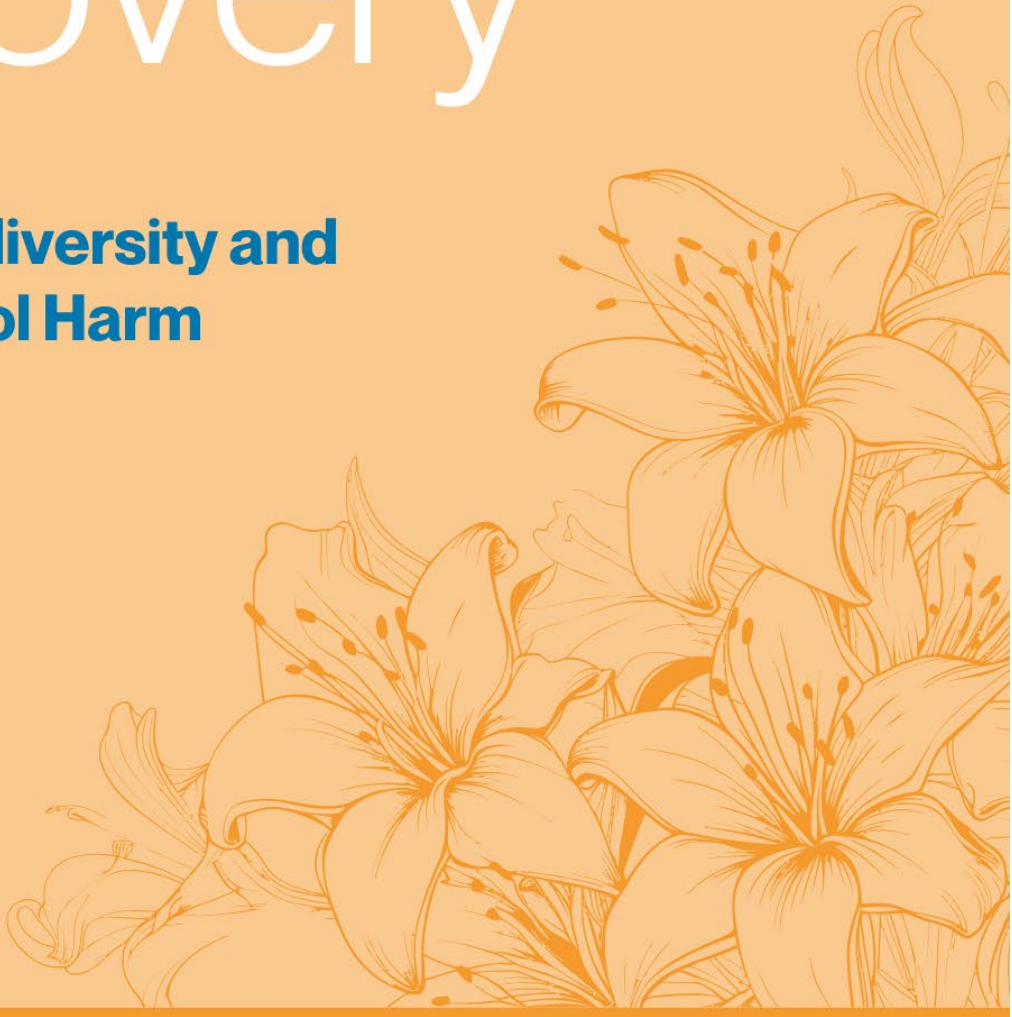
Theme 6

Scottish Recovery Consortium

Women in Recovery

Women, Neurodiversity and Drug and Alcohol Harm

June 2026



SRC SCOTTISH RECOVERY CONSORTIUM

Overview

This short report focuses on the links between neurodiversity and substance use for women. This draws on the accounts of experts/interested parties working in this area who met in January 2026, and on a rapid review of research, setting out identified good practice and key recommendations for positive change. The purpose is to advocate for change so that the specific needs of women are better recognised, calling for gender and trauma-responsive services.

Impact and Gaps in Provision

Around 1 in 7 individuals, or 15% of the population, are estimated to be neurodivergent.[6] Despite this, there is a lack of research on neurodivergent women (McLennan et al. 2025). Historically, Attention Deficit Hyperactivity Disorder (ADHD) and autism were thought to only affect male children (Craddock, 2024). Women are more likely to be misdiagnosed or experience late diagnosis because girls present ADHD differently from boys and mask their symptoms better (Agnew-Blais, 2024; Craddock, 2024). Women are around five years later than men to get diagnosed, that is at 20 years old as opposed to 15 years old for men, but this gap is beginning to narrow (Maciver et al. 2025). When women finally get a diagnosis, this can be affirming and bring understanding and compassion, but it can also mean grieving for how different life may have been had they had the diagnosis sooner (Holden and Kobayashi-Wood, 2025). Intersectionality further shapes experiences. For example, there is research which shows the impact of gender identity and how challenges related to it can compound already difficult circumstances (Grove et al. 2019).

Neurodivergent women often face heightened challenges managing their menstrual cycle, and key life stages such as pregnancy, the perimenopause and menopause. These can be critical junctures where mental health intensifies and vulnerability increases (Sang et al. 2024). Neurodivergent women experience higher rates of complications during pregnancy, including pain, bleeding, nausea, anxiety, depression, prolonged labour and have lower rates of breastfeeding initiation (Avdeeva et al. 2025). A shift is required towards neurodiversity, trauma-conscious care for women (Avdeeva et al. 2025). There is currently no guidance about the level of medication allowed during pregnancy for neurodivergent women (Bang Madsen, 2025). This gap is particularly acute for women who also experience substance use issues, and is a significant gap in provision and support.

Girls with ADHD are more at risk of substance use than boys and less frequently treated due to underdiagnosis, as they present as often inattentive rather than being disruptive (Castellano-García et al. 2022). Early identification of neurodivergence and treatment is essential (ibid). A Swedish study found that 19-30% of people with autism had substance issues, with the largest increase in those with both ADHD and autism (Butwicka et al. 2017). An earlier study also found the higher prevalence of substance use among neurodivergent people, with ADHD present in a quarter of people with substance use issues (van Emmerik-van Oortmerssen et al. 2012). The main reasons are that substances are often used as a coping strategy or self-medication for symptoms related to neurodivergence, such as, for example, to deal with anxiety or sensory overload (Butwicka et al. 2017; Magon and Müller, 2012).

Despite the evidence, primary care and wider services do not recognise the links between neurodivergence, substance use, and other co-occurring addictions such as gambling, and how this is linked to trauma (Sweet, 2026; Özgen et al. 2021; Karaca et al. 2017). Across

[6] https://www.rightdecisions.scot.nhs.uk/autism-meeting-the-needs-of-autistic-people-and-people-with-other-types-of-neurodivergence/what-is-neurodiversity/

systems, women are often not asked the "right" questions, leading to missed opportunities for identification, support and early intervention. The Royal College of Psychiatrists (2025) have called for a 'national wake up call' on neurodiversity services in Scotland highlighting the dearth of provision and need for dedicated services. They want to see a public health campaign and digital resources developed so that people can understand their symptoms, even without a diagnosis and manage their lives better, with mental health hubs that people can go to if they need help (ibid). In prison it is reported that the prevalence of neurodivergence is higher than the general population at 25%, and there is a gap in provision in staff knowledge and awareness, the first line of contact for support for people in prison (Wainwright et al. 2024).

There can be a reluctance from the medical profession to prescribe medication to manage neurodivergence for those who have had issues with substance use (Brynte et al. 2024; Miriami and Levin, 2007). This is despite the evidence that shows treatment for neurodivergence positively impacts issues with substance use (Fluyau et al. 2020).

Examples of Good Practice

- In England to help speed up the process of diagnosis, individuals can use the 'Right to Choose' website to download the appropriate paperwork that can be submitted to their GP to make the process quicker by going to any part of England to get a diagnosis.
- Cyrenians have a neurodiversity group for the workforce highlighting the strengths rather than limitations of being neurodivergent.
- Salvesen Mindroom Centre: Charity advocating for a neurodivergent affirmative society and equal access to rights, to empower neurodivergent children so they reach their full potential.
- University of Glasgow has a good analysis of the different ways in which women present neurodivergence as well as links to a range of resources to promote neuro-inclusion.
- SWAN: Autistic-led charity delivering services for and with women and non-binary people who are autistic.

Recommendations

It is recommended that there is:

1. **Presumption of neurodiversity:** Services adopt a presumption of neurodiversity (diagnosed or not) and embed neuro-inclusive, person-centred practice.
2. **Gender- and trauma-responsive approaches:** Greater awareness is needed of how neurodiversity affects women, including the impact of menstruation, pregnancy, post-natal periods, perimenopause and menopause.
3. **National awareness campaign:** A national campaign should highlight neurodiversity and gender differences, empowering women to better understand and support their own needs.
4. **Workforce training:** Training across services should promote neurodiversity-affirmative practice and inclusive workplaces.
5. **Screening in substance use services:** Routine screening for neurodivergence should be introduced, alongside adaptations to support neurodivergent women effectively.
6. **Flexible employment practices:** Employers should support reasonable adjustments, such as clear communication, flexible breaks and sensory accommodations.

7. **Compassionate engagement:** Services should move away from punitive approaches (e.g. removing support after missed appointments) and adopt trauma-informed responses.
8. **Women-only spaces:** Develop women-only support options for neurodivergent women, offered flexibly (in-person, online, email or messaging platforms).
9. **Communication preferences taken account of:** Services should actively ask individuals how they prefer to communicate and adapt accordingly.
10. **Neuro-inclusive Perinatal care:** ADHD screening and neurodiversity-aware support should be embedded in birth planning and perinatal services, with peer support options where possible.
11. **Joined-up policy:** Policy and practice should reflect the co-occurring nature of neurodivergence, substance use and other behaviours, ensuring genuinely integrated, person-centred support.

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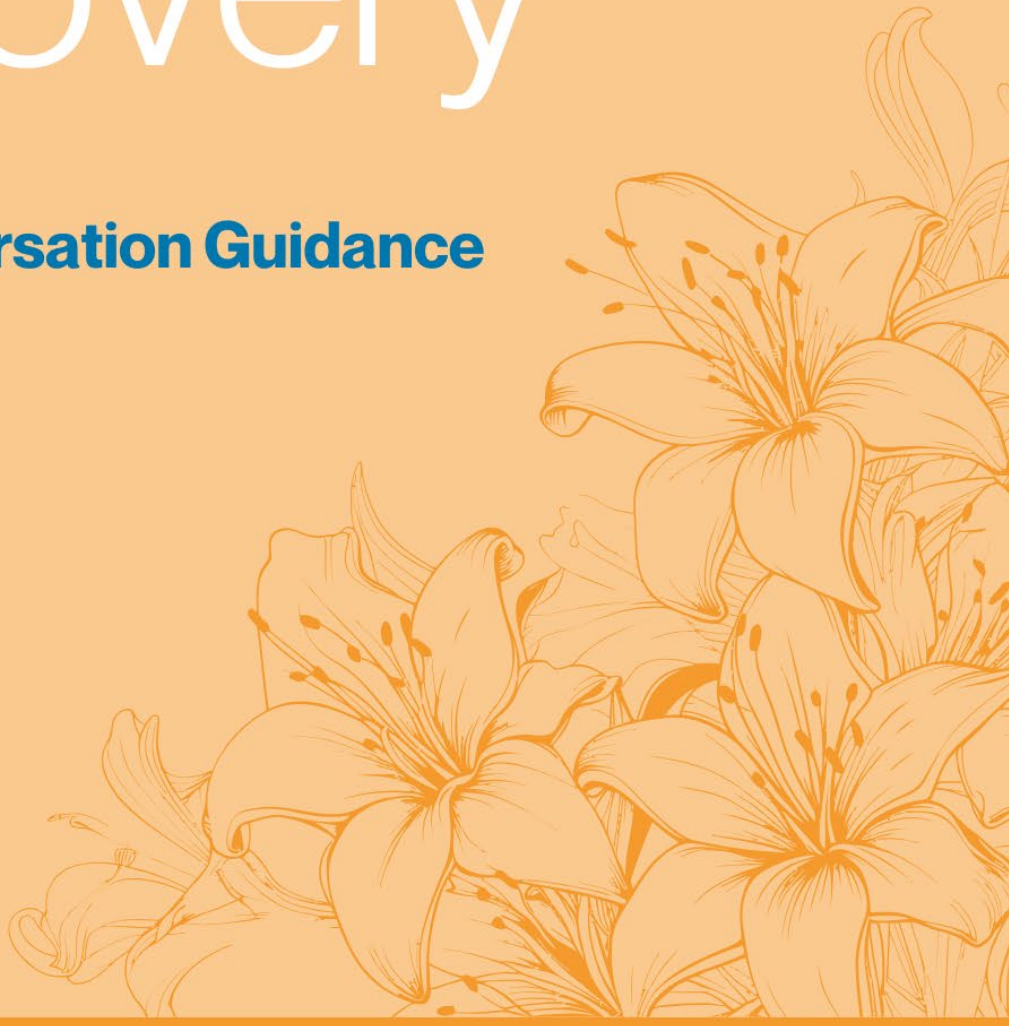
Scottish Recovery Consortium

Women in Recovery

Creating Conversation Guidance

June 2026



SRC SCOTTISH RECOVERY CONSORTIUM

Introduction

The Women in Recovery (WiR) Sessions 1–6 capture the depth of insight into the realities faced by women affected by alcohol- and drug-related harm across Scotland. Developed through lived experience conversations, practitioner engagement, academic input, and national dialogue, these findings highlight the profound gendered inequalities that shape women's experiences of trauma, substance use, health, justice, and recovery.

This guidance is designed to help local partners—HSCPs, ADPs, services, recovery organisations, women's organisations, community groups, and wider public services—use the WiR findings to spark meaningful local conversations and drive systemic change. Each session provides not only evidence and analysis, but also practical examples, key questions, and recommendations that local areas can use to explore how well their systems recognise and respond to women's needs.

The aim of this guidance is simple:

To support communities, services, and decision-makers to work together in creating environments where women are heard, understood, included, and supported in recovery in ways that are safe, gender-responsive, and trauma-informed.

The following pages set out practical ways to use the WiR content to shape discussions, inform local planning, strengthen partnerships, and create better outcomes for women. This guidance can be used as a standalone tool or integrated into existing strategic work such as ADP delivery plans, VAWG strategies, women's health initiatives, or wider recovery system development.

How to Use the WiR Sessions 1–6 Information Guide to Create Local Discussions and Drive Change

The WiR (Women in Recovery) Sessions 1–6 provide a rich evidence base, lived-experience insight, and practical examples covering six critical themes:

1. Women who have had their children removed
2. Menopause and women's health
3. Domestic abuse and substance use
4. Gambling
5. Substance use and the Justice system
6. Neurodiversity and substance use

To turn this learning into local conversations that lead to meaningful system change, the guide can be used in the following ways:

1. Create Local Learning Sessions

Use each session as a standalone conversation starter. You can structure local discussions around:

What we heard?

Summarise the key issues from each session and ask:

- Does this reflect what we see locally?
- Who is most affected in our community?
- Where are the gaps in our local system?

Examples of good practice

Showcase the examples in the guide to inspire local innovation:

- What models could we adopt, adapt or scale locally?
- Which women's services, recovery groups or LEROs could lead this work?

"Recommendations"

Use the recommendations as prompts for local improvement plans:

- Which recommendations can we act on now?
- Which ones require collaboration with ADPs, NHS or local authorities?

2. Facilitate Cross-Sector Conversations

Each session highlights intersections between substance use, trauma, poverty and inequality. The guide can be used to bring together:

- Social work
- ADPs and treatment providers
- Violence against women services
- Justice partners
- Housing and homelessness services
- Neurodiversity and women's health specialists
- LEROs and peer-led organisations

Approach:
Host a "cross-sector roundtable" using one session at a time. Begin with a 10-minute summary of the issue, then use guided questions:

- What does this mean for our service?
- Where are we unintentionally creating barriers for women?
- How can we align our work more effectively?

3. Embed Women's Lived Experience

Each session provides insight into what women say they need.

Use this content to:

- Shape local lived experience panels or advisory groups.
- Support women to co-design training, policies, and local pathways.
- Develop shared language and trauma-responsive practice.

This moves the content from "information" to co-produced action.

4. Strengthen Local Workforce Training

Sessions can underpin local training modules on:

- Trauma-informed practice
- Neurodiversity and substance use

- Menopause and health inequalities
- Domestic abuse and coercive control
- Gambling harms
- Supporting women in the justice system

5. Build Local Pathways and Referral Maps

Each session highlights:

- What women need
- Where gaps persist
- What effective support looks like

Use this to:

- Develop local "Women's Recovery Pathways"
- Improve clarity on referral options
- Identify where multi-agency handovers fail
- Map "red flags" and "windows of opportunity" (e.g. pregnancy, homelessness, child protection processes, domestic abuse episodes)

6. Use Good Practice Examples as Templates

The guide includes dozens of examples of effective models (e.g. FDAC, women-only hubs, neurodiversity frameworks, menopause support, domestic abuse approaches).

Local areas can use these:

- As models to replicate
- As evidence when making funding cases
- To demonstrate what gender-responsive, trauma-informed provision looks like
- To show ADPs and local authorities what is *possible*, not just what exists
- To create networks and relationships with others areas across Scotland to continue to share learning

7. Inform Local Strategy and Policy Development

Use the sessions to influence:

- ADP delivery plans
- Women's health strategies
- VAWG strategies
- Housing and homelessness pathways
- Justice system reforms
- Local neurodiversity and mental health frameworks

Key question:
How well does our local strategy recognise women's distinct experiences?

8. Create Community Conversations

The content is ideally suited to community-based engagement:

- Hold community events in recovery cafés
- Host themed women-only discussion circles
- Use stories and quotes to spark conversation
- Bring partners together for “learning breakfasts” or short lunchtime sessions

This builds shared understanding and reduces stigma.

9. Develop Local Action Plans

After each session, invite partners to identify:

- One immediate action
- One partnership action
- One long-term change

Tracking this over all six sessions helps create a coherent local women’s recovery improvement plan.

10. Support Funding Bids and Advocacy

The evidence in the guide strengthens local cases for:

- Gender-specific provision
- Women-only spaces

How SRC Can Support Local Areas to Facilitate these Discussions

The Scottish Recovery Consortium (SRC) can play a central role in helping partners turn the WiR findings into meaningful, practical action. SRC offers support in the following ways:

1. Facilitated Local Workshops

SRC can design and deliver:

- Introductory workshops to present the WiR findings
- Themed discussion sessions based on any of the six WiR topics
- Cross-sector roundtables to bring services together
- Women-only listening or learning sessions to support safe reflection

These sessions can be hosted in-person or online, tailored to local needs.

2. Support to Embed Lived Experience

SRC can:

- Help establish or strengthen local women's lived experience panels
- Facilitate safe spaces for women to contribute to policy, planning and service redesign
- Provide guidance on trauma-informed and gender-responsive engagement
- Support partners to shift from consultation *to co-production*

3. Support for Strategy, Policy and Planning

SRC can:

- Help partners embed WiR findings into local strategies
- Provide tailored advice for ADP delivery plans
- Support alignment between local priorities and national direction (e.g. Women's Health Plan, VAWG strategies, justice reforms)
- Review and advise on policy drafts from a gendered lens

4. Creating a Community of Practice

SRC can bring local areas together to:

- Share learning
- Spotlight local innovation
- Link and area into the national network focused on improving outcomes for women
- Ensure local progress informs national policy and research

This strengthens Scotland's collective ability to support women into recovery.

In Summary

The WiR Sessions 1–6 offer a powerful platform for local reflection, collaboration and change. SRC is committed to supporting areas across Scotland to use this guidance in ways that lead to tangible improvements for women—better access, better experiences, better outcomes, and greater recognition of the challenges and strengths women bring to their own recovery