Scottish Recovery Consortium

Women in Recovery

A Policy Synthesis of Gaps and Opportunities in Scotland

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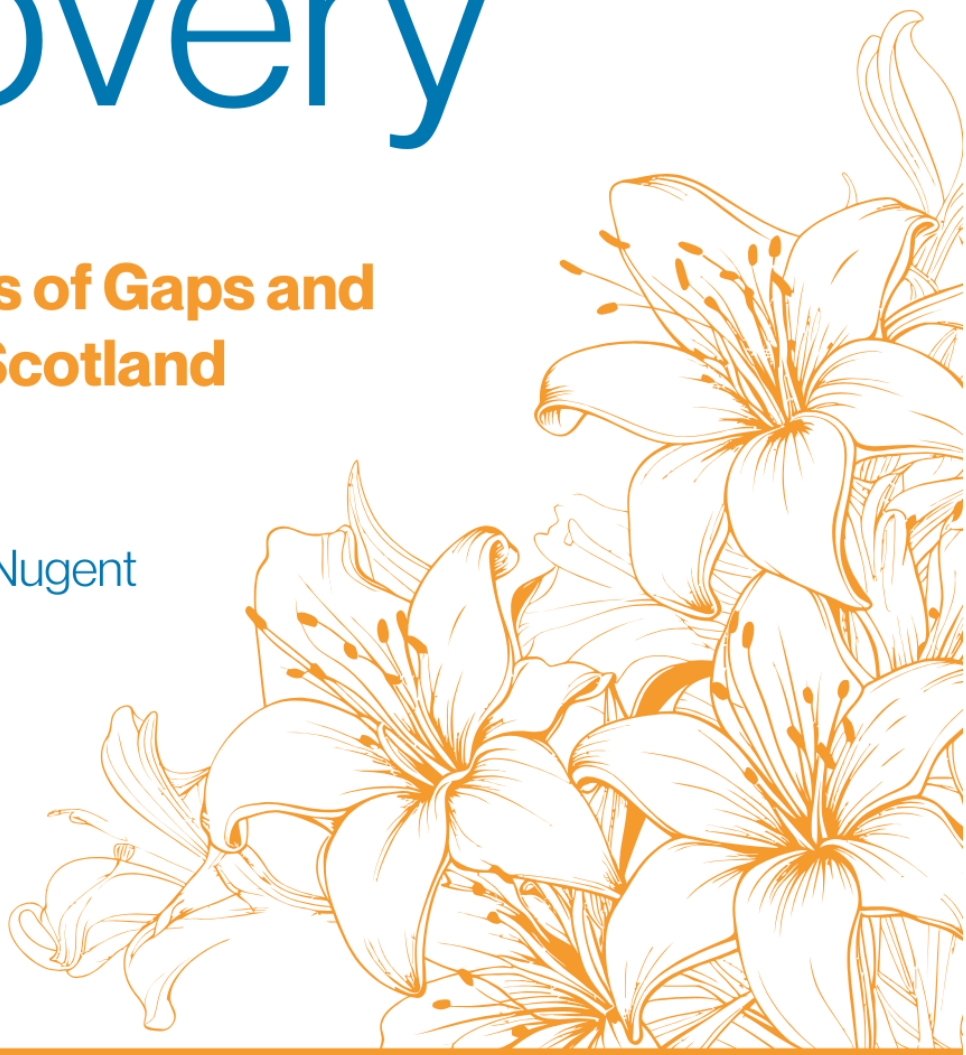

SRC SCOTTISH RECOVERY CONSORTIUM

Contents

1. Introduction 2
2. Executive Summary 3
3. Research and Policy Exploration 5
4. Policy Area – Housing 8
5. Policy Area – Health, Education, and Work 13
6. Policy Area – Mental Health 18
7. Policy Area – Mental Health and Substance Use 22
8. Policy Area – Substance Use 25
9. Policy Area - Justice 38
10. Policy Area – Domestic Abuse and Exploitation 49
11. National Policy Context 52
12. Summary 60
13. Conclusion 62
14. References 64

1. Introduction

This scoping review has been undertaken to explore the policy landscape in Scotland as it relates to women in recovery, with a particular focus on justice, substance use, domestic abuse, housing, and mental health. The impetus for this work stems from the growing recognition—evidenced in the Scottish Recovery Consortium's *Women in Recovery – Rapid Evidence Review* (2025)—that women's experiences of substance use and recovery are distinct, deeply gendered, and often overlooked in both research and policy.

The evidence is unequivocal: women's pathways into substance use are shaped by trauma, poverty, and abuse across the life course. Their recovery journeys are often motivated not by their own needs but by concern for their children and are sustained through positive relationships, safe housing, and gender-responsive support. However, despite this, services remain fragmented, and gender-specific provision is limited. The review found that a third of Alcohol and Drug Partnerships (ADPs) in Scotland had no dedicated services for women, and that women-only recovery spaces are scarce. This is compounded by systemic barriers such as stigma, fear of child removal, and lack of childcare, which prevent women from accessing the support they need.

What emerges from both the evidence and policy analysis is a clear and urgent need to join the dots—to create synergy and constructive collaboration between research, policy, and practice. While some strategies, such as the Mental Health and Wellbeing Strategy and the Women's Justice Leadership Panel report, acknowledge the gendered nature of disadvantage, others—particularly in health and substance use—fail to embed a gender lens. The recovery community, and the Scottish Recovery Consortium in particular, play a vital role in amplifying lived experience and supporting holistic recovery. However, their influence is not consistently recognised across policy domains.

This review aims to bridge these gaps by mapping the current policy landscape, identifying where women's needs are acknowledged and where they are overlooked, and making the case for a more integrated, gender-responsive approach. Recovery is not just about abstinence; it is about discovery, agency, and belonging. For women, this means having access to safe spaces, compassionate services, and the opportunity to rebuild their lives on their terms. It is time for policy to reflect this reality.

2. Executive Summary

This scoping review examines the intersection of policy, practice, and lived experience for women in recovery across Scotland, with a focus on justice, substance use, domestic abuse, housing, and mental health. Drawing on a wide range of national strategies, frameworks, and evidence—including the *Women in Recovery – Rapid Evidence Review* (Scottish Recovery Consortium, 2025), *Hard Edges Scotland* (Bramley et al., 2019), and *Hard Edges: The Reality for Women Affected by Severe and Multiple Disadvantages* (Johnsen & Blenkinsopp, 2024)—the review reveals a deeply gendered landscape of disadvantage and a fragmented policy response.

Key Findings:

- **Housing:** Housing policy recognises the impact of domestic abuse and the need for gendered analysis, but women-only spaces and integration of recovery communities are limited. Recovery housing for women, especially those with children, remains scarce.

- **Health, Education, and Work:** Health strategies focus on women primarily in relation to pregnancy, neglecting broader recovery needs. The *Fair Work Action Plan* acknowledges labour market inequalities but does not integrate recovery or trauma-informed approaches.

- **Mental Health:** The *Mental Health and Wellbeing Strategy* (2023) is the only policy to explicitly link gender and poverty, calling for trauma-informed care but not mandating gender-specific services. Systemic barriers to access persist, often without a gender lens.

- **Mental Health and Substance Use:**
  Services for women with co-occurring mental health and substance use issues are fragmented and often inaccessible. Stigma, fear of child removal, and lack of gender-responsive, trauma-informed support deter women from seeking help. Critical life transitions—such as pregnancy, leaving care, or exiting prison—are missed opportunities for intervention.

- **Substance Use:** Despite a public health framing, there is a striking absence of gender-specific service planning. Women's needs are often only considered in relation to pregnancy, and broader structural barriers—such as stigma, childcare, and trauma—are under-addressed. There is a shortage of women-only spaces, peer support, and integrated care, with broader issues like poverty and domestic abuse rarely addressed in policy or service design.

- **Justice:** While some justice strategies acknowledge the gendered nature of trauma, abuse, and offending, only the *Scottish Prison Service Strategy for Women in Custody* (2021–2025) explicitly commits to gender-specific, trauma-informed support. The broader justice system lacks a consistent focus on recovery or the role of recovery communities.

- **Domestic Abuse:** The *Equally Safe* strategy recognises the intersection of violence, trauma, and substance use, but lacks operational detail on how services will meet the recovery needs of women affected by abuse.

The Role of Recovery and Lived Experience: Recovery is not merely about abstinence—it is about discovery, agency, and a sense of belonging. For women, recovery often begins with the desire to protect or reunite with their children and is sustained through safe housing, supportive relationships, and gender-responsive services. The Scottish Recovery Consortium (SRC) plays a vital role in amplifying lived experience and supporting recovery communities, yet its influence is not consistently recognised across policy domains.

Conclusion and Call to Action: The evidence is unequivocal: women's experiences of Severe Multiple Disadvantage (SMD) are shaped by trauma, poverty, and abuse, yet policy responses remain fragmented and insufficiently gendered. There is a pressing need to "join the dots" between research, policy, practice, and lived experience. Gender-specific services must be embedded across all policy areas—not just in justice or mental health—and the recovery community must be recognised as a cross-cutting asset, not confined to the realm of substance use.

To meet the needs of women in recovery, Scotland must invest in:

- Safe, women-only spaces and housing
- Gender-specific, trauma-informed services
- Integrated, cross-sectoral policy frameworks
- Recognition of recovery as a holistic, rights-based process
- Amplification of women's voices and lived experience in service design

Only by embedding these principles across the policy landscape can Scotland ensure that women in recovery are not only seen, but supported, empowered, and included.

3. Research and Policy Exploration

This review of Scottish policies and evidence related to justice, substance use, domestic violence, housing, and mental health has been undertaken to understand the policy position or context related to women in recovery. The structure of this report will be to first present the key points from both Hard Edges reports published in Scotland, namely the original research conducted by Bramley et al. (2019) and the more recent study conducted by Johnsen Blenkinsopp (2024), with a specific focus on women. Each policy area will be examined in turn, with key points provided. A summary of the policy analysis will be included at the beginning, focusing on the awareness of women's needs and the provision of gender-specific and trauma-informed support. The report concludes with a summary that synthesises all the analysis.

Hard Edges Scotland: New conversations about severe & multiple disadvantages[i]

The *Hard Edges Report* offers a powerful and deeply unsettling portrait of the lives of women experiencing Severe and Multiple Disadvantage (SMD), where overlapping issues such as mental ill-health, domestic violence, abuse, and substance use converge. Homelessness emerged as the most common experience among participants, while offending—though less frequent—was often accompanied by the most complex and overlapping challenges. The report highlights how poverty and childhood trauma form the backdrop to these experiences, with many women recounting adverse childhood events and a life course marked by pervasive violence.

Glasgow was identified as having the highest levels of SMD, and the report highlights how early warning signs—such as truancy—were often overlooked, particularly for those who were 'looked after' by social services. These individuals frequently described painful interactions with social workers, frequent relocations, and inconsistent support. Mental health services were notably absent, described as a "gaping hole" in the system, leaving many without the care they desperately needed.

Almost all the women interviewed had experienced domestic violence, and the introduction of Universal Credit was described as a nightmare, particularly for the most vulnerable, who were disproportionately affected by benefit sanctions. Services were seen as reactive and deficit-driven, failing to provide preventative or holistic support. In some cases, the criminal justice system became a last-resort safety net, with individuals committing offences to access the support they were otherwise denied.

Hard Edges: The reality for women affected by severe and multiple disadvantages[ii]

The 2024 *Hard Edges* report by Johnsen and Blenkinsopp presents a harrowing and deeply gendered account of the realities faced by women experiencing Severe and Multiple Disadvantage (SMD) across the UK. Drawing on interviews with 60 women—19 of whom were from Glasgow—the research reveals how violence, trauma, and exploitation are not isolated incidents but persistent features throughout these women's lives. This work builds on the earlier landmark *Hard Edges Scotland* research (Bramley et al., 2019). From early childhood through adulthood, women are subjected to abuse, often at the hands of predatory men, and their experiences of homelessness, substance use, and mental ill-health are tightly interwoven.

Women affected by SMD frequently go to great lengths to hide their circumstances, fearing judgment and stigma. Many only come into contact with services during moments of crisis, by which time their needs are complex and urgent.

Hidden homelessness is widespread, with sofa surfing and exchanging sex for shelter being common survival strategies. Those who sleep rough often seek out derelict buildings to avoid male violence.

Women affected by SMD frequently experience hidden homelessness, a form of housing insecurity that is largely invisible in official statistics. Many avoid rough sleeping by staying in unsafe environments or derelict buildings, often in extreme isolation, to escape predatory men. Some are sexually exploited as a result of their vulnerability and lack of safe alternatives (Johnsen & Blenkinsopp, 2024). Women often resort to substance use to ensure these conditions. The scarcity of women-only refuges exacerbates this issue, and in some cases, prison is perceived as a temporary place of respite from chaotic and abusive lifestyles.

Substance use typically begins in early adolescence, often introduced by male partners, and is closely linked to offending behaviour. Women are frequently reliant on men to inject drugs, a dynamic that raises serious concerns among support staff.

The report also highlights the limited capacity of traditional women's refuges and the lack of trauma-informed, gender-responsive services. Many services are siloed, addressing only one aspect of SMD, which results in women being passed between systems without receiving holistic care—particularly where dual diagnoses are involved. Mental health support is often inadequate, and concerns were raised about the increasing diagnosis of Personality Disorder, which risks individualising trauma rather than recognising its structural causes.

Trauma is a recurring theme, with many women having experienced the loss of children, miscarriages, and painful transitions—such as leaving care, moving from child to adult mental health services, or being released from prison. These moments represent missed opportunities for intervention and support. Prison, for some women, is described as a temporary respite from chaotic and abusive environments, though short sentences often mean returning to the same harmful circumstances.

The research also explored what enables women to engage with services. Key ingredients include maximising choice in accommodation and treatment, lowering access thresholds, offering persistent and flexible support, using outreach and navigators, and prioritising relational approaches. Long-term support that extends beyond crisis periods is essential.

A particularly poignant finding is the reframing of recovery for women as "discovery," a process of understanding and reclaiming their lives. For many, recovery is not simply about abstaining from substances or stabilising mental health—it is about reclaiming identity, autonomy, and safety in lives that have long been shaped by control and abuse. These women have rarely had the opportunity to live freely or make choices about their futures. Despite this, public sympathy for their circumstances remains limited, and service design often fails to reflect the depth of their experiences (Johnsen & Blenkinsopp, 2024).

Summary: The Evidence Base – Women and Severe Multiple Disadvantage (SMD)

For women, the pathways into disadvantage are profoundly gendered, yet the availability of trauma-informed and gender-responsive support remains inconsistent and often inadequate (Johnsen & Blenkinsopp, 2024).

The research also highlights the urgent need for more preventative support, particularly for women who lose children and for young people transitioning out of care. These life events are critical junctures where timely and compassionate intervention could make a significant difference, yet existing systems often overlook them.

The reports call for systemic change, including trauma-informed, gender-responsive services, and better preventative support—particularly for women who lose children or transition out of care. Relational, persistent, and flexible support is crucial in helping women engage with services and rebuild their lives. Frontline staff must be adequately trained and remunerated to manage the emotional intensity of this work and the risk of vicarious trauma. Above all, the needs of these women must not be deprioritised simply because their stories challenge conventional narratives of victimhood.

Key Points: Women and Severe Multiple Disadvantage (SMD)

- **Gendered Pathways into Disadvantage**: Women's experiences of SMD are shaped by trauma, poverty, domestic abuse, and exploitation, often beginning in childhood and continuing throughout life.
- **Hidden Homelessness**: Women are more likely to experience hidden forms of homelessness, such as sofa surfing or exchanging sex for shelter, to avoid male violence.
- **Domestic Abuse and Violence**: Nearly all women interviewed had experienced domestic abuse. Violence is a persistent feature across their lives, not isolated incidents.
- **Substance Use and Coercion**: Substance use often begins in adolescence, frequently introduced by male partners. Women are usually dependent on men for drug administration, increasing vulnerability.
- **Service Fragmentation**: Support systems are siloed and reactive, failing to address the complexity of women's needs. Dual diagnosis (mental health and substance use) is poorly supported.
- **Limited Gender-Responsive Services**: There is a lack of trauma-informed, gender-specific services. Traditional refuges and recovery housing are insufficient and often unsafe for women.
- **Missed Opportunities for Support**: Critical life transitions—such as leaving care, losing children, or exiting prison—are often missed opportunities for intervention.
- **Stigma and Fear of Child Removal**: These are significant barriers preventing women from accessing support, especially in substance use and recovery contexts.
- **Prison as Respite**: For some women, prison is seen as a temporary escape from chaotic or abusive environments.

- **Recovery as Discovery**: Recovery is framed not just as abstinence but as "discovery"—a process of reclaiming identity, agency, and safety in lives previously dominated by control and trauma.
- **Need for Relational and Long-Term Support**: Women benefit from persistent, flexible, and relational approaches, including outreach, choice in services, and peer support.
- **Systemic change**: Significant system change is required to embed trauma-informed, gender-responsive care across services.

4. Policy Area – Housing

Ending Homelessness Together (2020)[iii]

The *Ending Homelessness Together* action plan (COSLA & Scottish Government, 2020) marks a significant step toward recognising and addressing the gendered dimensions of homelessness in Scotland. It acknowledges that women's experiences of homelessness are shaped by distinct social, economic, and structural factors—most notably domestic abuse, caregiving responsibilities, and income inequality. The policy explicitly commits to applying a gendered analysis to homelessness interventions, ensuring that the system is responsive to the diverse needs of women.

Central to the plan is the promotion of a person-centred approach, which values relationships, purpose, and dignity. David Duke's advocacy for flexible support and choice reinforces the importance of tailoring services to individual needs, rather than imposing rigid criteria for engagement. The plan also aligns with the broader ambition of building a well-being economy, where housing is not just about shelter but about enabling health, opportunity, and stability.

A key strength of the policy is its emphasis on prevention. It outlines legislative and practical measures to protect women at risk of homelessness due to domestic abuse, including tenancy transfer provisions, human rights-based accommodation pathways for women and children with no recourse to public funds, and targeted support to improve outcomes for mothers and children. The example of Fife Council working with Women's Aid to expand refuge accommodation and secure permanent housing illustrates how local partnerships can deliver gender-sensitive solutions.

The plan also seeks to amplify the voices of those with lived experience through initiatives like the *Change Team*, which serves as a bridge between frontline realities and policy decisions. This participatory approach is vital for ensuring that reforms are grounded in the actual experiences of those affected.

However, despite these commitments, several gaps remain. The policy acknowledges that domestic abuse is the most significant differentiator between men's and women's experiences of homelessness, yet services often lack the capacity or integration needed to respond effectively. Women involved in prostitution, those facing intersectional disadvantages related to age and ethnicity, and those with complex trauma histories continue to encounter fragmented support systems. There is also limited recognition of the economic barriers women face—lower earnings and unpaid caregiving roles—which make it harder to sustain housing and employment.

The extension of the Unsuitable Accommodation Order, which restricts the use of temporary accommodation, such as bed and breakfasts (B&Bs), for pregnant women and families, is a positive development. However, more needs to be done to ensure women can remain safely in their homes, particularly when facing risks such as domestic abuse. Housing First policies, while promising, must be adapted to reflect the gender-specific needs and vulnerabilities of individuals.

In summary, the *Ending Homelessness Together* plan demonstrates a growing awareness of the gendered nature of homelessness and sets out necessary actions to address it. However, the success of these measures will depend on sustained investment, cross-sector collaboration, and a commitment to embedding gender-informed practice across all levels of the housing and homelessness system.

Scottish Government (2021) Housing to 2040[iv]

The Housing to 2040 strategy (Scottish Government, 2021) presents a long-term vision for housing in Scotland that goes beyond the physical structure of homes, recognising their central role in shaping health, wellbeing, life chances, and economic opportunity. The strategy acknowledges that housing is a foundation for equality and inclusion, and it makes significant strides toward recognising the gendered dimensions of housing insecurity and homelessness.

A key strength of the strategy is its commitment to embedding homelessness prevention pathways that specifically aim to improve outcomes for women and children affected by domestic abuse. This reflects a growing understanding that women's experiences of housing instability are often rooted in gender-based violence and economic inequality. The strategy also emphasises the importance of collaborating closely with social landlords to identify and address gaps in housing provision, with a particular focus on the needs of women and children.

The policy recognises that women in rural areas face compounded disadvantages, including the lowest average incomes in Scotland. This economic vulnerability is further exacerbated by the gender pay gap and the disproportionate burden of unpaid caregiving, which limits women's access to stable employment and housing. To address these structural inequalities, the strategy includes measures such as applying Fair Work First principles to tackle the gender pay gap and making construction careers more attractive to women, thereby diversifying the workforce and improving economic opportunities.

Despite these positive commitments, several gaps remain. While the strategy acknowledges gender disparities, it does not fully articulate how intersectional factors—such as age, ethnicity, disability, and immigration status—compound housing insecurity for women. There is also limited detail on how trauma-informed and gender-responsive support will be operationalised within housing services, particularly for women with complex needs or those involved in prostitution.

Moreover, while the strategy promotes prevention, it lacks a robust framework for long-term support that extends beyond crisis intervention. Without sustained investment in wraparound services and integrated care, many women may continue to fall through the cracks of a system that is not yet fully equipped to meet their needs.

In summary, Housing to 2040 represents a meaningful shift toward a more inclusive and equitable housing system in Scotland. Its recognition of gendered housing challenges is a vital step forward, but further work is needed to ensure that policies are not only inclusive in principle but also effective in practice.

Improving housing for women and children experiencing domestic abuse (2020)[v]

The Scottish Government's 2020 report *Improving Housing for Women and Children Experiencing Domestic Abuse* offers a critical lens on the intersection of housing and gender-based violence, framing access to adequate housing as a fundamental human right. It emphasises that housing must be understood not merely as shelter, but as a space of security, peace, and dignity—particularly for women and children escaping abuse. To achieve this, the report recommends that a gendered analysis be embedded within housing policy and practice, ensuring that women's rights are central to decision-making and service design.

The report acknowledges that domestic abuse is the leading cause of homelessness among women, and that the housing system must respond more effectively to this reality. It advocates for the development of a Housing First pathway tailored to women, in collaboration with specialist services such as Women's Aid. This approach recognises the need for trauma-informed, stable housing solutions that prioritise safety and recovery. The role of social landlords is also highlighted as pivotal in responding to domestic abuse, with the Social Housing Charter positioned as a mechanism to strengthen accountability and improve outcomes.

Importantly, the report draws on international human rights frameworks, including the UN Special Rapporteur's assertion that gender fundamentally shapes the experience of housing. For women to enjoy housing equality, their specific needs must be made visible and addressed within the broader framework of the right to adequate housing. This includes recognising additional vulnerabilities faced by LGBT+, Black and minority ethnic (BME), disabled, and older women—groups who often encounter compounded barriers to safe and secure housing.

Despite these progressive commitments, the report identifies several gaps in current practice. One primary concern is the prevalence of hidden homelessness among women, many of whom do not disclose domestic abuse when seeking housing support. This invisibility is compounded by the failure of social security systems, which often do not meet the needs of women fleeing violence. The report also highlights the lack of women-only spaces, with many women reporting that hostels are unsafe—particularly for those dealing with substance use or medical issues.

In summary, the report lays a strong foundation for gender-informed housing reform, grounded in human rights and the lived experiences of individuals. However, it also underscores the urgent need for systemic change: better integration of services, more secure and appropriate housing options, and a deeper understanding of the gendered nature of homelessness. Without these shifts, women and children affected by domestic abuse will continue to face exclusion and instability within the housing system.

The Scottish Social Housing Charter (2022)[vi]

The *Scottish Social Housing Charter* (2022), developed under Section 31 of the Housing (Scotland) Act 2010, sets out the standards and outcomes that all social landlords are expected to achieve in delivering housing services. It reflects the Scottish Government's commitment to ensuring that tenants have access to safe, secure, and well-maintained homes, and that their rights and expectations are upheld through transparent regulation and performance monitoring.

A key strength of the Charter is its recognition of adequate housing as a human right, as well as its emphasis on equality and inclusion. It explicitly acknowledges the importance of considering characteristics such as sex, gender reassignment, religion, sexual orientation, and experiences of domestic abuse in the delivery of housing services. This signals an awareness of the diverse needs of tenants and the necessity of tailoring support to ensure that housing is not only physically secure but also emotionally and socially safe.

The Charter also highlights the role of local councils in preventing homelessness, positioning them as key actors in early intervention and support. This aligns with broader policy efforts to shift from crisis response to prevention, particularly for groups at heightened risk, such as women experiencing domestic abuse.

However, while the Charter makes essential references to equality, it stops short of fully embedding a gendered approach throughout its framework. There is limited detail on how social landlords should operationalise gender-sensitive practices, particularly in relation to women with complex needs, such as those with children, those affected by trauma, or those involved in substance use or prostitution. The Charter does not explicitly address the intersectional vulnerabilities faced by women from minority ethnic backgrounds, disabled women, or older women—groups who often encounter compounded barriers to safe and secure housing.

Moreover, the Charter lacks a precise mechanism for ensuring that women-only spaces are available where needed, especially for those escaping domestic abuse or requiring trauma-informed environments. Without this, women may continue to be placed in accommodations that do not meet their safety or recovery needs.

In summary, the *Scottish Social Housing Charter* provides a strong foundation for rights-based housing provision, acknowledging the importance of equality and social justice. However, to fully meet the needs of women—particularly those facing multiple disadvantages—it requires a more explicit and actionable gendered framework. Strengthening this aspect would ensure that housing services are not only inclusive in principle but also effective in practice.

Recovery Housing in Scotland: Mapping and Capacity Survey of Providers (2023)[vii]

The *Recovery Housing in Scotland: Mapping and Capacity Survey of Providers 2022/2023* report, published by Health and Social Care in 2023, explores the emerging role of recovery housing as part of Scotland's continuum of care for individuals in recovery from substance use. Recovery housing is broadly understood as a shared, substance-free living environment that centres on peer support to promote sustained recovery and independent living. While the concept is gaining traction, the report notes that a formal definition has yet to be agreed upon, and further work is needed to understand how recovery housing can be effectively applied within the Scottish context.

The survey, which received 19 responses with 14 analysed, reveals significant gaps in gender-responsive provision. Of the 235 accommodation places identified, only a small number reported being able to support women who are pregnant or who have dependent children. This points to a critical shortfall in recovery housing that meets the specific needs of women, particularly those navigating recovery while also managing caregiving responsibilities.

The findings suggest that while recovery housing holds promise as a supportive and stabilising environment, it currently lacks the infrastructure and inclusivity required to serve all individuals equitably. The absence of gender-specific pathways and the limited capacity to accommodate women with children reflect broader systemic issues in housing and recovery services, where women's needs are often overlooked or under-prioritised.

Moreover, the report does not explicitly address the intersectional vulnerabilities faced by women in recovery, such as those related to domestic abuse, poverty, or involvement in the criminal justice system. Without a gendered lens, recovery housing risks replicating the same exclusions found in mainstream housing and support services.

In summary, while the concept of recovery housing is a valuable addition to Scotland's recovery landscape, the current provision is not yet equipped to meet the needs of women, particularly those with children or complex vulnerabilities. A more inclusive, gender-informed approach is needed to ensure recovery housing can truly support all individuals on their journey to stability and independence.

Summary: Housing

Housing policy in Scotland increasingly acknowledges the specific challenges faced by women, particularly those affected by domestic abuse, poverty, and housing insecurity. The joint publication by COSLA and the Scottish Government (2020) explicitly calls for a gendered analysis of housing actions, recognising that women's experiences of homelessness and housing need are distinct and often shaped by trauma and violence. This recognition is echoed across multiple Scottish Government reports from 2020 through to 2024, which consistently highlight domestic abuse as a leading cause of homelessness among women and children.

Despite this policy awareness, the provision of gender-responsive housing remains limited. The need to address the specific circumstances of women with children is acknowledged (COSLA and Scottish Government, 2020). However, there is a notable gap in recovery housing options tailored for women, and especially for parents—whether mothers or fathers—who require support while caring for children (Health and Social Care, 2023). The principle that having a home is a human right is central to Scotland's housing strategy. However, the practical implementation of this right for women facing Severe and Multiple Disadvantage (SMD) is uneven.

Child poverty and women's poverty are inextricably linked, and the Scottish Government's 2024 policy agenda places a strong emphasis on eradicating child poverty. However, the intersectional needs of women—particularly those who are LGBT+, women of colour, disabled, or caring for children—require more targeted responses. While the importance of women-only spaces is acknowledged, this is only explicitly addressed in one policy document focused on improving outcomes for women and children affected by domestic abuse (Scottish Government, 2020). This suggests that the call for gender-specific housing responses could be stronger and more consistent across the policy landscape.

Moreover, the potential role of the recovery community in supporting women through housing transitions and personal rehabilitation is underdeveloped in current policy. Given the evidence from research such as *Hard Edges Scotland* (Bramley et al., 2019) and recent work by Johnsen and Blenkinsopp (2024), there is a clear need for trauma-informed, relational, and persistent support systems that reflect the lived realities of women experiencing SMD. These systems must extend beyond emergency accommodation to provide pathways to stability, safety, and self-determination.

Key Points: Housing

- **Gendered Analysis in Housing Policy**
  Scottish housing policy increasingly recognises the gendered nature of homelessness and housing insecurity. The *Ending Homelessness Together* action plan (COSLA and Scottish Government, 2020) calls for a gendered analysis of housing interventions, acknowledging that domestic abuse, caregiving responsibilities, and economic inequality shape women's experiences.
- **Domestic Abuse as a Driver of Homelessness**
  Across multiple Scottish Government reports (2020–2024), domestic abuse is consistently identified as a leading cause of homelessness among women and children. Policies aim to improve outcomes by enhancing tenancy protections, expanding refuge services, and implementing trauma-informed pathways.
- **Women with Children and Intersectional Needs**
  There is policy recognition of the specific needs of women with children, as well as those facing intersectional disadvantages—such as women who are LGBT+, disabled, older, or from minority ethnic backgrounds. However, responses remain inconsistent and underdeveloped.
- **Recovery Housing Gaps**
  The *Recovery Housing in Scotland* report (Health and Social Care, 2023) highlights a lack of gender-responsive recovery housing, especially for women with children. Current provision is limited and does not adequately address the complex needs of women in recovery.
- **Women-Only Spaces**
  The need for women-only housing spaces is acknowledged in only one key policy document (*Improving Housing for Women and Children Experiencing Domestic Abuse*, Scottish Government, 2020). This indicates a gap in consistent gender-specific provision across the housing system.
- **Human Rights and Housing**
  Housing is framed as a human right in several policies, including the *Scottish Social Housing Charter* (2022), which emphasises equality and inclusion. However, operationalising gender-sensitive practices remains a challenge.
- **Economic Inequality and Child Poverty**
  The *Housing to 2040* strategy (Scottish Government, 2021) links housing insecurity to broader structural inequalities, including the gender pay gap and unpaid caregiving. Eradicating child poverty is a central goal, recognising its link to women's poverty.
- **Need for Systemic Change**
  Despite growing awareness, policies often fall short in embedding trauma-informed, gender-responsive care. There is a need for more integrated, long-term support systems that reflect the lived realities of women facing Severe and Multiple Disadvantage (SMD).

5. Policy Area – Health, Education, and Work

Women's Health Plan: A Plan for 2021-2024 (2021)[viii]

The *Women's Health Plan: A Plan for 2021–2024* by the Scottish Government represents a landmark effort to address longstanding gender disparities in health outcomes and access to

care. It states that women, in fact, make up 51.5% of the population. However, their health needs have historically been underrepresented in policy and service design. This plan seeks to correct that imbalance by placing women's voices, experiences, and rights at the centre of health policy.

A key priority within the plan is the mental health of women and girls, as outlined in the *Mental Health Transition and Recovery Plan*. The Scottish Government's 2021 manifesto commitments—such as establishing a dignified miscarriage service, paid leave for miscarriage, reviewing midwifery services, and creating a Scottish Institute for Mental Health—signal a shift toward more compassionate and inclusive care. These proposals reflect an understanding of the emotional and physical toll of reproductive health experiences and the need for respectful, trauma-informed services.

The plan also acknowledges the social determinants of health, particularly the link between poverty and poor health outcomes. Women—especially disabled women, minority ethnic women, lone parents, and unpaid carers—are disproportionately affected by poverty. This is especially concerning given the stark health inequalities across Scotland; women in the most affluent areas experience over 25 more years of good health compared to those in the most deprived areas. These disparities are described as unjust and preventable, underscoring the need for targeted action.

However, despite its strengths, the plan reveals notable gaps in addressing the full spectrum of women's health needs. While it recognises the impact of deprivation and caring responsibilities, it fails to adequately address substance use and addiction, which are closely linked to poverty and trauma. None of the subgroups developed under the plan focuses on addiction, and alcohol is only mentioned in the context of pregnancy, missing the broader implications of substance use for women's mental and physical health, housing stability, and social inclusion.

The plan also highlights the barriers to accessing healthcare, with survey data showing that many women would benefit from more flexible appointment times and longer consultations. These findings underscore the need for service redesign that accommodates the realities of women's lives, particularly those who balance paid work, childcare, and caregiving responsibilities.

COVID-19 is acknowledged as having exacerbated existing inequalities, with women bearing the brunt of increased caregiving demands, economic insecurity, and mental health strain. However, the plan does not fully explore how these pandemic-related pressures intersect with housing, substance use, or domestic abuse—areas where women's vulnerabilities are often most acute.

"Women have been even more adversely impacted by the COVID-19 pandemic. Inequalities have been exposed and exacerbated. The challenges of balancing childcare, paid work, and caring responsibilities with the stresses and uncertainties of the pandemic have been truly daunting for many women and have undoubtedly affected their health."

In summary, the *Women's Health Plan* is a vital step toward gender equity in health policy, with firm commitments to mental health, reproductive care, and inclusive service design. However, to be genuinely comprehensive, future iterations must address the intersections between health, poverty, substance use, and housing, and ensure that women with complex and multiple disadvantages are not left behind.

Fair Work Action Plan: Becoming a Leading Fair Work Nation by 2025 (2022)[ix]

The *Fair Work Action Plan: Becoming a Leading Fair Work Nation by 2025* sets out Scotland's commitment to embedding fairness, equality, and dignity in the workplace. Grounded in the principles of the United Nations' Universal Declaration of Human Rights, the plan recognises the right to work, free choice of employment, and just and favourable working conditions. It places a strong emphasis on addressing labour market inequalities, particularly for women, disabled people, and racialised minorities.

The plan acknowledges that women are disproportionately disadvantaged in the labour market. Despite making up 50.9% of the workforce, women account for 61.2% of employees earning below the real Living Wage. This disparity is driven by occupational segregation, with women concentrated in low-paid sectors—often referred to as the "five Cs": catering, cleaning, cashiering, clerical, and caring. These roles are undervalued and frequently chosen because they accommodate unpaid caregiving responsibilities, which fall overwhelmingly on women.

The strategy emphasises the need for improved access to flexible working arrangements, particularly for women who balance care or health responsibilities. It also commits to reducing the gender pay gap by March 2026, recognising that discriminatory practices—such as pregnancy and maternity discrimination, lack of access to high-quality childcare, and unsafe or unaffordable transport—compound women's vulnerability to economic hardship. Women of colour are noted as being particularly disadvantaged, facing intersecting barriers to fair work.

While the plan includes several positive actions, such as the Workplace Equality Fund, support for women in STEM and tech through initiatives like the Digital Skills Pipeline, and commitments to pay the real Living Wage in Early Learning and Childcare (a sector where 96% of the workforce is female), it also reveals gaps. For example, although the plan references the *Women's Health Plan* and the *National Carers Strategy*, it does not fully integrate health, housing, or social care considerations into its vision for fair work, despite the fact that 59% of unpaid carers are women and caring responsibilities are a significant barrier to employment.

The plan also notes that women make up 64.5% of the public sector workforce. However, there is limited discussion on how public sector reform will address gendered inequalities in pay, progression, and working conditions. Similarly, while the plan acknowledges the need to learn from other countries about how to revalue women's work, it does not outline a clear strategy for achieving this goal.

In summary, the *Fair Work Action Plan* presents a compelling case for addressing gender inequality in the workplace and outlines several targeted initiatives to promote women's economic participation. However, to fully realise its ambitions, the plan must go further in addressing the structural and intersectional barriers that limit women's access to fair work—particularly those related to caregiving, health, transport, and undervaluation of female-dominated sectors.

Summary: Health, Education, and Work

Scotland's policy landscape is increasingly recognising the need for gender-responsive approaches across health, housing, and employment. The Women's Health Plan: A Plan for 2021–2024 (Scottish Government, 2021) marks a significant shift in health policy by placing women's voices and experiences at the centre of service design. It begins with a powerful assertion: women are not a minority—yet their health needs have long been marginalised. The

plan prioritises mental health, reproductive care, and inclusive service delivery, including commitments to dignified miscarriage services, paid leave, and the establishment of a Scottish Institute for Mental Health.

The plan also addresses the social determinants of health, acknowledging that poverty disproportionately affects women—particularly disabled women, minority ethnic women, lone parents, and unpaid carers. These groups face stark health inequalities, with women in affluent areas experiencing over 25 more years of good health than those in deprived communities. However, despite its strengths, the plan falls short in addressing substance use and addiction, which are closely linked to trauma and poverty. Addiction is notably absent from the plan's subgroups, and alcohol is only mentioned in the context of pregnancy, missing broader implications for women's health, housing, and social inclusion.

In parallel, the Fair Work Action Plan: Becoming a Leading Fair Work Nation by 2025 (Scottish Government, 2022) outlines Scotland's commitment to embedding fairness, equality, and dignity in the workplace. It highlights that caregiving responsibilities fall overwhelmingly on women. It promotes flexible working and aims to reduce the gender pay gap by 2026. It acknowledges barriers such as maternity discrimination, lack of access to childcare, and unsafe transport, which compound women's economic vulnerability. Initiatives like the Workplace Equality Fund and support for women in STEM through the Digital Skills Pipeline are positive steps. However, the plan does not fully integrate health, housing, or social care considerations, even though 59% of unpaid carers are women. Nor does it provide a clear strategy for addressing gendered inequalities within the public sector, where women make up 64.5% of the workforce.

Both plans recognise the impact of COVID-19, which exacerbated existing inequalities. Women bore the brunt of increased caregiving demands, economic insecurity, and mental health strain. However, neither plan fully explores how pandemic-related pressures intersect with housing instability, substance use, or domestic abuse—areas where women's vulnerabilities are most acute.

Together, these policy documents reflect a growing awareness of gendered disadvantage in Scotland. The Women's Health Plan makes firm commitments to mental health and reproductive care, while the Fair Work Action Plan addresses economic inequality and workplace fairness. However, both require further integration of intersecting issues—particularly substance use, housing, and caregiving—to ensure that women with complex and multiple disadvantages are not left behind.

Key Points: Health, Education, and Work

1. Recognising Women's Needs Across Sectors
The Women's Health Plan (Scottish Government, 2021) begins with a foundational recognition: women make up 51.5% of Scotland's population, yet their health needs have historically been underrepresented in policy and service design. Similarly, the Fair Work Action Plan (Scottish Government, 2022) acknowledges that women are disproportionately disadvantaged in the labour market, particularly in low-paid sectors and roles shaped by caregiving responsibilities.

2. Health Inequalities and Social Determinants
The Women's Health Plan highlights stark health inequalities, noting that women in the most affluent areas of Scotland experience over 21.5 more years of good health than those in the most deprived areas. These disparities are described as unjust and preventable, with poverty,

race, disability, and unpaid care work identified as key contributing factors (Scottish Government, 2021).

The Fair Work Action Plan complements this by identifying economic inequality as a significant barrier to wellbeing. Women of colour in particular face compounded disadvantages in accessing fair work and economic security (Scottish Government, 2022).

3. Mental Health and Reproductive Care
A core focus of the Women's Health Plan is improving mental health services for women and girls. It includes commitments to dignified miscarriage services, paid leave for miscarriage, midwifery service reviews, and the creation of a Scottish Institute for Mental Health (Scottish Government, 2021). These initiatives reflect a shift toward more compassionate, trauma-informed care.

4. Gaps in Substance Use and Integration
Despite its strengths, the Women's Health Plan does not adequately address substance use and addiction. Alcohol is only mentioned in relation to pregnancy, overlooking the broader implications of substance use for women's mental health, housing stability, and social inclusion (Scottish Government, 2021).

Similarly, the Fair Work Action Plan references health and care strategies. However, it does not fully integrate them into its vision for workplace equality, despite the fact that 59% of unpaid carers are women. This lack of integration limits the effectiveness of both plans in addressing the interconnected challenges women face (Scottish Government, 2022).

5. Labour Market Inequality and Pay Equity
The Fair Work Action Plan identifies occupational segregation as a key driver of inequality. Women are concentrated in the "five Cs" sectors—catering, cleaning, cashiering, clerical, and caring—which are undervalued and often chosen to accommodate unpaid caregiving roles. Despite comprising 50.9% of the workforce, 61.2% of those earning below the real Living Wage are women (Scottish Government, 2022).

The plan promotes flexible working and aims to reduce the gender pay gap by 2026, addressing barriers such as maternity discrimination, access to childcare, and transportation. However, it lacks detailed strategies for reforming public sector employment, where women make up 64.5% of the workforce.

6. COVID-19 and Exacerbated Inequalities
Both plans acknowledge the impact of COVID-19, which intensified existing inequalities. Women faced increased caregiving demands, economic insecurity, and mental health strain. However, neither plan fully explores how pandemic-related pressures intersect with housing, substance use, or domestic abuse—areas where women's vulnerabilities are often most acute (Scottish Government, 2021; 2022).

6. Policy Area – Mental Health

Mental Health and Wellbeing Strategy (2023)[x]

The *Mental Health and Wellbeing Strategy* (Scottish Government, 2023) sets out a comprehensive vision for promoting positive mental health, preventing mental illness, and delivering accessible, person-centred care. It recognises the importance of addressing inequalities as a core component of improving mental health outcomes and calls for a stronger focus on prevention, early intervention, and community-based support. The strategy is trauma-informed and responsive, shaped by the voices of people with lived experience. It adopts a life-stage approach aligned with *The Promise*, aiming to keep families together where safe and appropriate.

Notably, the strategy acknowledges that women and girls are disproportionately impacted by poverty, and that their mental health is further affected by greater caring responsibilities and the everyday threat of violence. These factors contribute to poor mental health outcomes for women. They are cited as reasons for increasing long-term funding for the third sector and for developing a skilled, diverse workforce in mental health. The strategy also highlights the impact of social media on young women, noting its role in shaping mental health challenges.

However, while the strategy makes some important gendered observations, its focus on women's mental health is limited in scope. The only specific mention of gender-responsive support relates to pregnant women and mothers who use drugs, leaving a significant gap in addressing the broader mental health needs of women across the life course. There is no detailed exploration of how trauma, substance use, housing insecurity, or domestic abuse—issues that disproportionately affect women—intersect with mental health.

The strategy highlights the importance of support for carers, noting that women comprise the majority of unpaid carers in Scotland. However, it does not fully explore how this unpaid labour contributes to chronic stress, burnout, and long-term mental health issues for women. Similarly, while the strategy is grounded in a rights-based and trauma-informed approach, it does not include a comprehensive gender analysis or a clear plan for how services will be adapted to meet the specific needs of women, particularly those facing multiple disadvantages.

Legislative frameworks such as the *Adults with Incapacity (Scotland) Act 2000* and the *Adult Support and Protection (Scotland) Act 2007* are referenced in relation to safeguarding. However, these are not examined through a gendered lens. The strategy also lacks any mention of the recovery community, despite the well-established links between mental health, substance use, and recovery support—particularly for women with complex trauma histories.

In summary, the *Mental Health and Wellbeing Strategy* offers a strong foundation for improving mental health in Scotland, with a clear emphasis on prevention, lived experience, and trauma-informed care. However, it falls short in fully addressing the gendered dimensions of mental health, particularly for women outside of pregnancy and motherhood. To ensure equitable outcomes, future iterations of the strategy must embed a more robust gender analysis and develop targeted actions that reflect the diverse experiences and needs of women across Scotland.

Mental Health and Wellbeing Delivery Plan 2023-2025 (2023b)[xi]

The *Mental Health and Wellbeing Delivery Plan 2023–2025* builds on Scotland's broader mental health strategy with a clear vision: to create a country free from stigma and inequality, where everyone can achieve their best possible mental health. It adopts an equality and human rights-based approach, informed by lived experience through the Diverse Experiences Advisory Panel, and incorporates recommendations from Audit Scotland's 2023 report.

The plan includes several gender-specific commitments, most notably the development of a service delivery plan for women requiring highly secure care and treatment, both in the short and long term. This responds to Recommendation Three of the Independent Review and marks a significant step toward recognising the distinct needs of women within mental health services. Additionally, there is a commitment to invest in and embed perinatal mental health services, acknowledging the importance of tailored support during pregnancy and early motherhood.

The Inequality Action Table in the appendix provides further insight into the social determinants of mental health, highlighting that women and girls—particularly lone parents—face heightened risks due to poverty, discrimination, trauma, and isolation. It also identifies older women as more likely to experience loneliness and diagnostic overshadowing, where their mental health concerns are dismissed or untreated due to other health conditions or disabilities. Women and girls also expressed the need for gender-specific responses and greater choice and agency in the support they receive.

Despite these acknowledgements, the plan still presents gaps in its gendered approach. While it recognises the unique challenges faced by women, the focus remains mainly on perinatal and secure care, leaving out broader issues such as the mental health impacts of domestic abuse, substance use, housing insecurity, and economic hardship—all of which disproportionately affect women. There is also no mention of the recovery community, despite its relevance to women with lived experience of addiction and trauma.

Furthermore, while the plan commits to community-based and trauma-informed care, it does not fully explore how services will be adapted to meet the needs of women with intersectional vulnerabilities, such as those from minority ethnic backgrounds, disabled women, or those with caring responsibilities. The lack of detailed implementation strategies for gender-responsive care risks limiting the effectiveness of these commitments.

In summary, the *Mental Health and Wellbeing Delivery Plan* makes essential strides in recognising gendered mental health needs, particularly in relation to secure care and perinatal support. However, to fully realise its vision of equity and inclusion, it must expand its scope to address the wider social and structural factors that shape women's mental health across the life course.

Adult Mental Health (2023)[xii]

The *Audit Scotland (2023) Adult Mental Health* report provides a critical assessment of Scotland's mental health system, highlighting both the scale of investment and the persistent challenges in delivering effective, equitable care. With poor mental health estimated to cost the Scottish economy £8.8 billion annually—and NHS spending on adult mental health services reaching £2.2 billion—the report underscores the urgency of reform. Despite increased funding, a lack of robust data persists, hindering the accurate assessment of service impact, and many

individuals continue to face lengthy wait times, limited face-to-face support, and fragmented care pathways.

The report identifies deep-rooted inequalities in access to mental health services. People living in poverty, from ethnic minority backgrounds, and in rural areas face the most significant barriers. Those in the most deprived areas are three times more likely to be hospitalised for mental health issues. However, while the report acknowledges these disparities, it does not provide a gendered analysis of how women are uniquely affected, despite existing evidence that women, particularly lone parents and carers, are disproportionately impacted by poverty, trauma, and mental health challenges.

Although the *Mental Health Transition and Recovery Plan* is referenced, including its focus on tackling inequalities and supporting women and girls' mental health, the delivery of these aims appears inconsistent. The *Community Mental Health and Wellbeing Fund* is noted for prioritising at-risk groups, including women. However, the report does not evaluate how effectively this funding has translated into gender-responsive services.

A significant concern raised is the lack of dual diagnosis treatment, with the Mental Welfare Commission reporting that individuals with co-occurring mental health and substance use issues are often denied psychiatric care. This is particularly troubling for women, who are more likely to experience trauma-related substance use and may be further marginalised by systems that fail to provide integrated, person-centred care.

The report also highlights systemic issues, such as poor workforce planning, high vacancy and turnover rates, and short-term funding models, which undermine the stability of third-sector services. These challenges are especially acute in rural areas, where recruitment to psychiatry posts is difficult and access to services is limited by geography and infrastructure. While the positive role of link workers is acknowledged, their connection to the recovery community and gender-specific support is not explored.

The Trieste model—a 24/7, community-based, person-centred approach from Italy—is cited as an example of good practice. However, the report does not consider how such a model could be adapted to meet the specific needs of women in Scotland, particularly those with complex trauma or caregiving responsibilities.

In summary, while the *Audit Scotland* report provides a valuable overview of the structural and operational challenges facing adult mental health services, it lacks a **comprehensive gender lens**. The absence of gender-specific analysis and action is a significant gap, particularly given the well-documented mental health inequalities experienced by women. To ensure equitable and effective care, future reforms must embed gender-responsive approaches and address the intersection of mental health with poverty, trauma, and social exclusion.

Summary: Mental Health

Scotland's evolving mental health policy landscape reflects a growing commitment to prevention, trauma-informed care, and the lived experience of individuals. The Mental Health and Wellbeing Strategy (Scottish Government, 2023) sets out a comprehensive vision for promoting positive mental health and delivering accessible, person-centred support. It is shaped by the principles of equity and inclusion, and adopts a life-stage approach aligned with *The Promise*, aiming to keep families together where safe and appropriate.

A key strength of the strategy is its recognition of the social determinants of mental health. It acknowledges that women and girls are disproportionately affected by poverty, caregiving responsibilities, and the everyday threat of violence—all of which contribute to poor mental health outcomes. These insights inform commitments to long-term funding for the third sector and the development of a skilled, diverse mental health workforce. The strategy also highlights the impact of social media on young women, identifying it as a growing concern for their mental health.

However, the strategy's gendered lens is limited. While it references pregnant women and mothers who use drugs, it does not adequately address the broader mental health needs of women across the life course. There is no detailed exploration of how trauma, substance use, housing insecurity, or domestic abuse—issues that disproportionately affect women—intersect with mental health. Similarly, while the strategy acknowledges the burden of unpaid care (with women making up the majority of carers), it does not fully explore how this contributes to chronic stress and long-term mental health challenges.

Building on this foundation, the Mental Health and Wellbeing Delivery Plan 2023–2025 (Scottish Government, 2023b) outlines more specific actions. It adopts a human rights-based approach and is informed by lived experience through the Diverse Experiences Advisory Panel. The plan includes a gender-specific commitment to develop a service delivery model for women requiring highly secure care and treatment, responding to Recommendation Three of the Independent Review. It also commits to investing in perinatal mental health services, recognising the importance of tailored support during pregnancy and early motherhood.

The Inequality Action Table within the delivery plan provides further insight into the social determinants of mental health. It identifies lone mothers, older women, and women with disabilities as particularly vulnerable to poor mental health due to poverty, isolation, and diagnostic overshadowing. Women and girls also expressed the need for greater choice and agency in the support they receive, reinforcing the importance of gender-responsive care.

Despite these advances, the delivery plan shares some of the limitations of the broader strategy. Its gendered focus remains concentrated on perinatal and secure care, leaving out broader issues such as domestic abuse, substance use, housing insecurity, and economic hardship. These are critical areas where women's mental health is most affected, yet they are not fully addressed. The absence of reference to the recovery community—despite its relevance to women with lived experience of addiction and trauma—is another notable gap.

Furthermore, while both documents commit to trauma-informed and community-based care, they lack detailed implementation strategies for adapting services to meet the needs of women with intersectional vulnerabilities, including those from minority ethnic backgrounds, disabled women, and carers.

Key Points: Mental Health

- **Recognition of Inequality and Poverty**
  The *Mental Health and Wellbeing Strategy* makes a notable contribution by explicitly stating that women and girls are disproportionately affected by poverty—a recognition not commonly found in other policy documents. This is echoed in the *Delivery Plan*, which links poverty, trauma, and isolation to poor mental health outcomes, particularly for lone parents and older women.

- **Commitment to Trauma-Informed, Person-Centred Care**
  Both documents promote trauma-informed and rights-based approaches, shaped by lived experience and aligned with *The Promise*. They emphasise community-based support, prevention, and early intervention—principles that align with broader efforts to reduce stigma and improve access.
- **Gender-Specific Actions in Secure and Perinatal Care**
  The *Delivery Plan* includes concrete gender-specific commitments, such as developing a service delivery model for women requiring highly secure care and investing in perinatal mental health services. These actions reflect a growing awareness of the distinct needs of women in mental health care.
- **Audit Scotland's Reinforcement of Inequality Focus**
  The *Audit Scotland (2023)* report supports these themes by highlighting the impact of poverty on mental health, challenges in accessing face-to-face support, and the need for greater accountability and data transparency. It references the *Mental Health Transition and Recovery Plan* and the *Community Mental Health and Wellbeing Fund*, which include commitments to address inequalities affecting women and girls.
- **Limited Scope of Gender-Specific Support**
  Despite acknowledging gendered inequalities, the *Mental Health and Wellbeing Strategy* only references pregnant women and mothers who use drugs, leaving out broader mental health needs across the life course. The *Delivery Plan* similarly focuses on perinatal and secure care, without addressing the full spectrum of challenges women face.
- **Lack of Integration with Structural Issues**
  Key drivers of poor mental health—domestic abuse, substance use, housing insecurity, and economic hardship—are not fully explored in either document, despite disproportionately affecting women. This limits the effectiveness of trauma-informed care and undermines the goal of equity.
- **No Mention of the Recovery Community**
  Neither the strategy nor the delivery plan references the recovery community, despite its relevance to women with lived experience of addiction and trauma. This omission overlooks a vital support network for women navigating complex recovery journeys.
- **Insufficient Focus on Intersectionality**
  While both documents acknowledge inequality, they lack detailed strategies for supporting minority ethnic women, disabled women, and unpaid carers—groups that face compounded barriers to mental health care. The absence of a comprehensive gender and intersectional analysis weakens the potential impact of these policies.

7. Policy Area – Mental Health and Substance Use

Excluding the exclusion: Care, treatment and support for people with mental ill health and problem substance use in Scotland (2022)[xiii]

The *Mental Welfare Commission for Scotland's 2022 report*, *Excluding the Exclusion*, offers a sobering analysis of the systemic failures in care, treatment, and support for people with co-occurring mental ill health and substance use issues. Drawing on the experiences of 426 individuals, the report reveals widespread barriers to accessing integrated services, particularly during times of crisis. A striking 90% of GPs reported difficulties in referring patients to mental

health and addiction services, underscoring the fragmentation and lack of coordination across Scotland's health and social care systems.

Despite national guidance encouraging services to work together, this is not being implemented in practice, leaving individuals to navigate disconnected systems, often having to retell their stories multiple times. The impact of COVID-19 has further exacerbated these issues, with staff shortages and long waiting lists compounding delays and distress. Many individuals felt stigmatised, labelled, or blamed for their conditions, reinforcing a sense of exclusion and hopelessness.

The report highlights gender-specific concerns, particularly around the treatment of women. Women reported being asked pejorative and judgmental questions about whether they had engaged in sex to fund their addiction, reflecting deeply ingrained stigma and a lack of trauma-informed care. Women were also more likely to lose custody of their children, and the rigid 9–5 service model was noted as incompatible with the realities of their lives, especially for those with caregiving responsibilities or chaotic circumstances.

To address these failures, the report makes clear recommendations for health and social care partnerships, including the development of written policies that reflect national standards, the creation of holistic service delivery models, and the implementation of care plans and coordinators for every person with co-occurring conditions. It also calls for protocols to support individuals who disengage from services and for Psychiatric Emergency Plans to be in place for those presenting while intoxicated.

For NES Education for Scotland, the report recommends improvement programmes to embed informed, non-stigmatising approaches among professionals. It urges the Scottish Government to actively monitor the delivery of these recommendations in collaboration with health and social care partnerships.

Despite its comprehensive scope, the report does not fully explore the intersectional vulnerabilities faced by women from minority ethnic backgrounds, disabled women, or those involved in prostitution. Nor does it address the broader structural issues—such as poverty, housing insecurity, and trauma—that underpin many women's experiences of dual diagnosis. The absence of a gendered framework in the recommendations is a missed opportunity to ensure that services are not only integrated but also equitable and responsive to the specific needs of women.

In summary, *Excluding the Exclusion* provides a critical roadmap for reforming Scotland's approach to dual diagnosis care. However, to truly end exclusion, future efforts must embed a gender-informed lens, ensuring that women's experiences are recognised, respected, and reflected in service design and delivery.

Supporting Women Reducing Harm: Review of Services for Substance-Using Women and their Infants in Pregnancy and the Postnatal Period (2023)[xiv]

The *Perinatal Mental Health Network Scotland (2023) Supporting Women Reducing Harm* report focuses on improving outcomes for substance-using women and their infants during pregnancy and the postnatal period. It recognises pregnancy as a potential turning point in a woman's life, offering a unique opportunity to engage with services and reduce harm to both mother and

baby. The report emphasises the importance of integrated specialist services that can provide coordinated care across health, social work, and addiction support systems.

The report recommends that services be trauma-informed and culturally sensitive, and that they uphold non-discriminatory practices across gender, sexuality, race, faith, and class. However, despite these inclusive principles, there is a notable absence of gender-specific or gender-informed service design. The report does not explore how women's experiences of substance use—often shaped by trauma, caregiving responsibilities, and stigma—require tailored approaches that go beyond general inclusivity.

Additionally, the report does not mention the role of the recovery community or peer support, which are widely recognised as vital components of sustained recovery. Peer-led and community-based support can be particularly effective for women, offering safe spaces to share experiences and build trust—especially for those who may be reluctant to engage with formal services due to fear of judgment or child removal.

In summary, while the report makes essential strides in recognising the need for integrated and compassionate care for pregnant women using substances, it lacks a comprehensive gender lens. It does not fully address the structural and social barriers that prevent women from accessing and benefiting from support. Future work must prioritise gender-responsive service design, including women-only spaces, peer support, and pathways that accommodate caregiving roles and trauma histories.

Summary: Mental Health and Substance Use

Both reports acknowledge the complex and often traumatic experiences of women with co-occurring mental health and substance use issues. The *Excluding the Exclusion* report (Mental Welfare Commission for Scotland, 2022) provides a stark account of systemic failures, revealing that women face unique barriers in accessing care. These include stigmatising attitudes—such as being asked if they had exchanged sex for drugs—and a higher likelihood of losing custody of children, which compounds trauma and discourages engagement with services.

Similarly, the *Supporting Women Reducing Harm* report (Perinatal Mental Health Network Scotland, 2023) identifies pregnancy and the postnatal period as critical windows for intervention. It recognises that this time can be a turning point for women, offering opportunities to reduce harm and engage with services. However, while the report promotes trauma-informed and culturally sensitive care, it does not explicitly address the gendered nature of substance use, nor does it propose tailored service models for women.

Together, these reports underscore the urgent need for gender-responsive, trauma-informed, and integrated care for women with co-occurring mental health and substance use issues. While they offer valuable insights and recommendations, they fall short in addressing the structural and intersectional barriers that shape women's experiences. Future policy must prioritise:

- Women-only spaces and peer support.
- Flexible, holistic service models.
- Intersectional analysis and tailored interventions.

Only by embedding these principles can Scotland move toward a truly inclusive and effective mental health and substance use system.

Key Points: Mental Health and Substance Use

- **Systemic Failures & Fragmentation**
  Services are often poorly coordinated, particularly during crises, with GPs struggling to refer patients effectively.
- **Access Barriers**
  Long wait times and repetitive storytelling hinder engagement; rigid service hours exclude women with caregiving responsibilities.
- **Stigma & Gendered Harm**
  Women face stigma and judgmental treatment, including inappropriate questioning and disproportionate child custody loss.
- **Lack of Gender-Responsive Design**
  Both reports advocate trauma-informed care but fail to incorporate gender-specific or intersectional frameworks.
- **Structural Gaps**
  Neither report adequately addresses poverty, housing instability, or trauma—factors that disproportionately affect women.
- **Missed Opportunities for Support**
  Pregnancy and postnatal periods are key intervention points, yet peer support and recovery communities are overlooked.

8. Policy Area – Substance Use

Rights, Respect and Recovery (2018)[xv]

The Rights, Respect and Recovery strategy (Scottish Government, 2018) represents a significant policy shift in Scotland's approach to alcohol and drug treatment, embedding a human rights-based, public health framework. It acknowledges the complexity of substance use and the need for integrated, person-centred care, with a strong emphasis on recovery, stigma reduction, and the inclusion of lived experience.

Notably, the strategy recognises the rising number of drug-related deaths among women and calls for gender mainstreaming in substance use policy and practice. It highlights that women often face distinct challenges in male-dominated treatment environments and that their motivations for substance use, as well as their care needs, especially in relation to parenting, differ significantly from those of men.

Despite this recognition, the strategy falls short in operationalising gender-responsive approaches. Women are mentioned only nine times in the 65-page document, and when they are, it is often in the context of being pregnant, mothers, or deceased. This framing risks reinforcing stigma and overlooks the broader diversity of women's experiences with substance use.

The Best Start initiative (2017) is referenced as a complementary policy, offering guidance on working with vulnerable pregnant women affected by substance use. However, there is limited integration of its recommendations into the broader strategy, and no clear pathway for developing or funding gender-specific services.

Evidence from PRAXXIS Women and other advocacy groups underscores the lack of women-focused service provision and the need for trauma-informed, relational, and low-threshold environments. Barriers such as stigma, fear of child removal, and lack of continuity in care disproportionately affect women's engagement with services. Moreover, older women face unique risks, including higher rates of drug-related deaths and unmet health needs.

The strategy's emphasis on recovery is commendable, but its focus on abstinence-based models may not align with the complex realities of many women's lives. There is a call for more inclusive harm reduction approaches and for women to have greater control over their treatment and recovery journeys.

In summary, while Rights, Respect, and Recovery sets a progressive tone, it does not fully deliver on its promise of gender equity. The strategy acknowledges the need for gender mainstreaming but lacks the depth and clarity needed to implement it effectively. Future policy development must prioritise gender-informed, trauma-responsive services and ensure that recovery pathways are flexible, inclusive, and shaped by the voices of women with lived experience.

A Caring, Compassionate and Human Rights Informed Drug Policy for Scotland (2023)[xvi]

The *Caring, Compassionate and Human Rights Informed Drug Policy for Scotland* (Scottish Government, 2023) sets out a bold and progressive vision for reforming Scotland's approach to drug use. It calls for a fundamental shift away from criminalisation and punishment toward a public health model, rooted in compassion, dignity, and human rights. The strategy recognises that current drug laws are outdated and ineffective, and it advocates for radical change, including the decriminalisation of personal drug use.

Drawing on international evidence, where over 30 countries have already reformed their laws, the policy argues that decriminalisation leads to better outcomes: more people accessing treatment, reduced criminal justice costs, and fewer long-term harms associated with criminal convictions. This approach is framed as essential to reducing stigma and promoting recovery, with a clear emphasis on person-centred care and the need to engage people with lived and living experience in shaping services.

However, while the strategy is progressive in its framing, it lacks a gendered analysis of drug use and recovery. There is no mention of how women experience substance use differently, nor of the specific barriers they face—such as trauma, domestic abuse, caregiving responsibilities, and stigma. The absence of any reference to women's recovery needs, including access to gender-responsive services, safe housing, and support for mothers, represents a significant gap in a policy that otherwise centres human rights and equity.

Moreover, the strategy does not address the intersectional vulnerabilities of women from minority ethnic backgrounds, disabled women, or those involved in prostitution—groups who are often disproportionately affected by punitive drug policies and who face additional barriers to accessing support. Without targeted actions to address these disparities, the policy risks replicating the exclusions of the current system.

In summary, the *Drug Policy for Scotland* presents a transformative vision for drug reform, grounded in public health and human rights. However, to be truly inclusive and effective, it

must incorporate a gender lens and ensure that women's experiences, needs, and rights are fully reflected in the design and delivery of drug-related services.

Drug misuse and dependence: UK Guidelines on clinical management (2017)[xvii]

The *Orange Guidelines*—formally titled *Drug Misuse and Dependence: UK Guidelines on Clinical Management* (Department of Health, 2017)—serve as a foundational clinical framework for the treatment of substance use across the UK. Healthcare professionals widely use these guidelines to inform safe, evidence-based practice in managing drug dependence. However, despite their comprehensive scope, the guidelines offer minimal consideration of gender-specific needs.

The only substantive discussion of women in the document relates to pregnancy, specifically the risks of blood-borne viruses (BBVs) being transmitted to the baby and the potential for pregnancy to serve as a turning point in a woman's recovery journey. While this is an important area of concern, it reflects a narrow and medicalised view of women's experiences, focusing solely on reproductive health rather than the broader social, psychological, and structural factors that shape women's substance use and recovery.

There is no mention of gender-specific services, nor any guidance on how to tailor treatment approaches to address the unique challenges faced by women—such as trauma, domestic abuse, caregiving responsibilities, stigma, or fear of child removal. This omission is particularly concerning given the growing body of evidence that women require trauma-informed, gender-responsive care to engage meaningfully with treatment and sustain recovery.

In summary, while the *Orange Guidelines* provide essential clinical direction, they lack a gender-informed framework, which limits their relevance and effectiveness for women with substance use issues. Future revisions must incorporate a more holistic understanding of gendered experiences to ensure that clinical practice is inclusive, equitable, and responsive to the needs of all individuals.

Medication Assisted Treatment (MAT) Standards for Scotland (2021)[xviii]

The Scottish Government's 2021 Medication-Assisted Treatment (MAT) Standards for Scotland: Access, Choice, Support outline a person-centred approach to substance use treatment, aiming to ensure individuals receive timely, informed, and supportive care. The standards recognise that substance use is often a coping mechanism, and they emphasise the importance of community-based recovery opportunities, family involvement, and the development of social networks to support long-term recovery. The framework promotes mutual aid, realistic recovery planning, and the building of social capital through connections to pro-recovery networks.

However, while the standards are progressive in their overall approach, they fall short in addressing the gendered dimensions of substance use and recovery. The only reference to gender appears on page 20, where services are advised to "have a process in place to be considerate of gender-sensitive injecting assessments or general discussions with clients." This limited mention does not reflect the broader and well-documented challenges faced by women in accessing substance use treatment—such as stigma, trauma, caregiving responsibilities, and fear of child removal.

The absence of a comprehensive gender lens means that the standards do not adequately account for the specific needs of women, particularly those with complex vulnerabilities. There is no discussion of women-only services, trauma-informed care, or the barriers that prevent women from engaging with mainstream treatment pathways. This is especially concerning given the evidence that women are underrepresented in residential rehabilitation placements and often face additional scrutiny and stigma in treatment settings.

In summary, while the MAT Standards provide a strong foundation for improving access and support in substance use treatment, they require significant enhancement to ensure gender equity. A more robust gender-informed framework would help ensure that women's experiences are recognised and addressed, leading to more inclusive and effective recovery pathways.

National Mission on Drug Deaths: Plan 2022-2026 (2022)[xix]

The *National Mission on Drug Deaths: Plan 2022–2026* outlines a significant shift in Scotland's approach to drug policy, reframing substance use as a public health issue rather than a criminal justice matter. This paradigm shift is reflected in key initiatives, including the implementation of Medication-Assisted Treatment (MAT) Standards, increased investment in residential rehabilitation, support for grassroots organisations, and the groundwork laid for Safe Drug Consumption Facilities. These measures aim to reduce drug-related deaths and improve access to compassionate, evidence-based care.

The plan acknowledges that women are disproportionately affected by drug-related deaths, a critical recognition given the unique vulnerabilities women face in relation to substance use—such as trauma, domestic abuse, caregiving responsibilities, and stigma. However, while the strategy calls for trauma-informed provision, it stops short of committing to gender-specific services. This is a significant gap, as trauma-informed care alone does not address the full spectrum of gendered experiences and barriers that prevent women from accessing and benefiting from treatment.

The plan also emphasises the importance of lived experience in shaping policy, aiming to place the voices of those directly affected at the heart of decision-making. However, without a gendered lens, there is a risk that women's experiences—particularly those involving child removal fears, lack of women-only spaces, and the need for flexible, family-friendly services—will remain underrepresented in service design and delivery.

In summary, the *National Mission on Drug Deaths* represents a progressive and compassionate shift in Scotland's drug policy. However, to fully realise its goals, it must go beyond trauma-informed care and embed gender-responsive approaches that reflect the realities of women's lives. Without this, the mission risks perpetuating the very exclusions it seeks to overcome.

National Mission on Drugs Annual Report 2021-2022 (2022)[xx]

The *National Mission on Drugs Annual Report 2021–2022* marks the early phase of Scotland's shift toward a public health approach to drug use, with a strong emphasis on emergency response and foundational infrastructure. Key developments included the rollout of Medication Assisted Treatment (MAT) Standards, progress toward establishing Safer Drug Consumption Facilities, expansion of naloxone distribution, and the launch of the Digital Lifelines project. The report also highlighted the central role of lived and living experience (LLE) in shaping policy, particularly through the National Collaborative.

The strategy reflects a growing commitment to person-centred, trauma-informed care and to embedding recovery and harm reduction principles across services. However, despite these positive steps, the report once again fails to incorporate a gender-specific lens. While it acknowledges the rising number of drug-related deaths among women, the only gender-specific reference is to Aberlour's Mother and Child Recovery House, with no broader discussion of the systemic barriers women face or the need for tailored services.

This omission is particularly concerning given the well-documented challenges women encounter in accessing support, such as trauma, domestic abuse, caregiving responsibilities, stigma, and fear of child removal. Without targeted action, these barriers continue to exclude women from engaging with services and sustaining recovery.

In summary, while the *2021–2022 Annual Report* laid the groundwork for a more compassionate and integrated drug policy, it lacked a gender-informed framework. To ensure equity and effectiveness, future strategies must go beyond trauma-informed care and explicitly address the gendered dimensions of substance use, ensuring that women's needs are recognised, prioritised, and embedded in service design and delivery.

National Mission on Drugs Annual Report 2022-2023 (2023)[xxi]

The *National Mission on Drugs Annual Report 2022–2023* reflects a shift in focus from emergency response to the sustainable implementation and delivery of key programmes aimed at reducing drug-related harm in Scotland. It outlines progress in embedding a whole-government approach, integrating mental health, homelessness, justice, and family support into the national strategy. The report reinforces the commitment to treating drug use as a public health issue, with lived and living experience (LLE) central to policy and service development.

Key developments include the publication of the Stigma Action Plan, the expansion of residential rehabilitation, and the rollout of psychologically informed services for individuals with co-occurring mental health and substance use conditions. The Scottish Recovery Consortium (SRC) is highlighted as a key third sector partner, administering the Recovery Seed Fund and supporting the development of recovery communities. The report also details the Prison Recovery Team's work across 14 prisons, with examples of individuals progressing into peer roles and employment, demonstrating the value of mutual aid and peer-led recovery.

Efforts to support families are also noted, including increased funding for family support and the Whole Family Approach Framework, which promotes holistic, family-inclusive practice. The Digital Lifelines project, recruitment of school nurses, and education programmes are cited as part of a broader preventative strategy, alongside a rapid review and improvement plan for care related to dual diagnosis.

Despite these positive developments, the report contains no reference to gender-specific or gender-informed services. The only mention of women is in relation to pregnancy, with the focus primarily on the unborn child rather than the woman's broader recovery needs. This reflects a persistent gap in Scotland's drug policy: the lack of attention to the unique experiences and barriers faced by women who use drugs, including trauma, caregiving responsibilities, stigma, and fear of child removal.

Without a gender-responsive framework, the national mission risks excluding women from fully benefiting from recovery services. The absence of women-specific pathways, trauma-informed women-only spaces, and flexible support models undermines the goal of equitable access and person-centred care.

In summary, while the *National Mission Annual Report 2022–2023* demonstrates progress in embedding a compassionate and integrated approach to drug policy, it must go further to recognise and respond to the gendered dimensions of substance use and recovery. Future strategies should prioritise gender equity to ensure that women's voices, needs, and rights are fully reflected in Scotland's national mission.

National Mission on Drugs Annual Report 2023-2024 (2024)[xxii]

The *National Mission on Drugs Annual Report 2023–2024* outlines the progress made in Scotland's public health response to drug-related harm. It highlights key developments, including the expansion of emergency naloxone distribution, improved implementation of Medication-Assisted Treatment (MAT) standards, and support for 938 statutorily funded placements into residential rehabilitation. These efforts reflect a continued shift away from criminalisation toward a public health approach, with lived and living experience (LLE) placed at the heart of policy and strategy development.

The report recognises the rise in drug-related deaths, including the growing prevalence of nitrazepam. It underscores the importance of a cross-governmental approach to tackling stigma, improving service integration, and addressing the social determinants of drug harm. The Scottish Recovery Consortium (SRC) is recognised as a key third-sector partner, supporting the visibility of recovery communities and amplifying the voices of those with lived experience. Initiatives such as the National Collaborative's Charter of Rights, the National Trauma Training Programme, and the Whole Family Approach Framework further reinforce the mission's commitment to holistic, inclusive care.

Promising developments include the Healthcare Improvement Scotland Pathfinder project supporting people with co-occurring substance use and mental health conditions, and the Prison Recovery Project, which promotes mutual aid across all 17 Scottish prisons. The report also highlights good practice examples such as Harper House – Phoenix, which supports families and children, and Aberlour's Mother and Child House, where demand has exceeded capacity, prompting the opening of a second facility.

However, despite these advances, the report contains no mention of gender-specific practice. The needs of women are only briefly referenced in relation to pregnancy, with the focus primarily on the unborn child rather than the woman herself. This reflects a persistent gap in Scotland's drug policy: the absence of a gender-informed framework that recognises the unique experiences and barriers faced by women who use drugs. These include trauma, domestic abuse, caregiving responsibilities, stigma, and fear of child removal—all of which can significantly impact women's ability to access and benefit from treatment.

In summary, while the *National Mission Annual Report* demonstrates progress in embedding a compassionate, rights-based approach to drug policy, it lacks a comprehensive gender lens. To ensure equity and effectiveness, future iterations must prioritise gender-responsive service design, expand access to women-specific recovery pathways, and ensure that women's voices and experiences are fully integrated into national strategy.

Summary: Substance Use (National Mission)

The Scottish Government's *National Mission on Drug Deaths: Plan 2022–2026* sets out a transformative agenda to address drug-related harm through a public health approach rooted in compassion, rights, and lived experience. The three annual reports, spanning 2021 to 2024,

chart the evolution of this mission, revealing both significant progress and enduring challenges—particularly in relation to gender equity.

The **2021–2022** report marks the foundational phase of the mission, with a strong emphasis on emergency response and infrastructure development. Key initiatives included the rollout of Medication Assisted Treatment (MAT) Standards, the expansion of naloxone distribution, and the launch of the Digital Lifelines project. The report also highlighted the central role of lived and living experience (LLE) in shaping policy through the National Collaborative. While these developments signalled a shift toward person-centred and trauma-informed care, the report lacked a gender-specific lens. Despite acknowledging the rising number of drug-related deaths among women, it offered only a single gender-specific reference—Aberlour's Mother and Child Recovery House—and failed to address the broader systemic barriers women face in accessing support.

The **2022–2023** report reflects a transition from emergency response to sustainable delivery. It documents progress in embedding a whole-government approach, integrating mental health, homelessness, justice, and family support into the national strategy. The publication of the Stigma Action Plan, expansion of residential rehabilitation, and rollout of psychologically informed services for individuals with co-occurring conditions demonstrate a deepening commitment to treating drug use as a public health issue. The Scottish Recovery Consortium's work in supporting recovery communities, along with the Prison Recovery Team's peer-led initiatives, further illustrates the mission's inclusive ethos. However, the report continues to overlook gender-specific services. Women are mentioned only in relation to pregnancy, with little attention to their broader recovery needs, reinforcing a persistent gap in Scotland's drug policy.

The **2023–2024** report builds on previous efforts, highlighting the expansion of emergency naloxone distribution, the improved implementation of MAT standards, and support for nearly 1,000 residential rehabilitation placements. It highlights the importance of a cross-governmental approach to addressing stigma and enhancing service integration. Initiatives such as the National Trauma Training Programme, the Charter of Rights, and the Whole Family Approach Framework reflect a growing commitment to holistic care. Promising developments include the Pathfinder project for dual diagnosis and the Prison Recovery Project's mutual aid model. However, the report once again fails to incorporate a gender-informed framework. References to women are limited and primarily focus on pregnancy, neglecting the complex realities of trauma, domestic abuse, caregiving responsibilities, and fear of child removal that shape women's experiences of substance use and recovery.

Across all three reports, the absence of gender-responsive service design remains a critical shortcoming. While the mission has made strides in embedding compassionate, rights-based care and amplifying lived experience, it has yet to fully recognise and respond to the gendered dimensions of drug-related harm. To achieve the goals outlined in the *National Mission on Drug Deaths: Plan 2022–2026*, future strategies must prioritise gender equity, expand access to women-specific recovery pathways, and ensure that women's voices and needs are embedded in every aspect of policy and service delivery.

Key Points: Substance Use (National Mission)

- **Foundational Progress and Public Health Shift**
  Scotland's drug policy has moved decisively toward a public health approach, with early efforts focused on emergency response, infrastructure development, and the rollout of MAT standards, naloxone distribution, and digital support tools.

- **Integration and Whole-Government Collaboration**
  The reports show increasing integration across sectors—mental health, housing, justice, and family support—reflecting a whole-government commitment to reducing drug-related harm and embedding trauma-informed, person-centred care.
- **Lived and Living Experience (LLE) at the Centre**
  LLE has been consistently prioritised, with the National Collaborative, Scottish Recovery Consortium, and peer-led prison recovery initiatives shaping policy and service delivery.
- **Expansion of Recovery Services**
  Residential rehabilitation has grown, with hundreds of placements supported annually. Recovery communities and mutual aid models have been strengthened, particularly in prison settings.
- **Persistent Gender Gaps**
  Despite rising drug-related deaths among women, all three reports lack a gender-informed framework. References to women are limited and often focus solely on pregnancy, neglecting broader recovery needs and systemic barriers.
- **Unaddressed Structural Barriers for Women**
  Issues such as trauma, domestic abuse, caregiving responsibilities, stigma, and fear of child removal remain largely unaddressed, excluding many women from accessing and sustaining recovery.
- **Need for Gender-Responsive Design**
  Without women-specific pathways, trauma-informed women-only spaces, and flexible support models, the mission risks failing to deliver equitable care. Future strategies must embed gender equity to fully realise the goals of the National Mission Plan.

Residential Rehabilitation: A Review of the Existing Literature and Identification of Research Gaps within the Scottish Context (2022)[xxiii]

The *Residential Rehabilitation: A Review of the Existing Literature and Identification of Research Gaps within the Scottish Context* (Health and Social Care Research, 2022) provides a valuable overview of the evidence base supporting residential rehabilitation as an effective intervention for substance use. The review highlights positive outcomes across multiple domains, including reduced substance use, improved mental health, decreased offending, enhanced social engagement, and increased employment. It also stresses the importance of aftercare in sustaining recovery, reinforcing the need for continuity of support beyond the residential phase.

Encouragingly, the review notes that women are less likely to drop out of treatment than men. Access to mental health support within residential rehabilitation has helped some women exit exploitative situations, including sexual exploitation. These findings underscore the potential of residential rehabilitation to support women's recovery and broader wellbeing.

However, the review also identifies significant gaps in the evidence base, particularly around gendered experiences within therapeutic communities (TCs). It notes the lack of research into the power dynamics that structure social relationships in these settings and how these dynamics may influence outcomes for women. This is a critical omission, given that women often face unique challenges in mixed-gender environments, including safety concerns, stigma, and the need for trauma-informed care.

Moreover, the review does not account for the specific barriers women face in accessing residential rehabilitation, such as childcare responsibilities, fear of losing custody, and the lack of women-only services. These factors can significantly limit women's ability to engage with treatment, even when they are motivated to recover. Without addressing these structural and social barriers, residential rehabilitation risks remaining inaccessible to many women who could benefit from it.

In summary, while the review affirms the effectiveness of residential rehabilitation, it also highlights the urgent need for gender-responsive research and service design. Understanding and addressing the specific needs of women—particularly those with caregiving responsibilities or histories of trauma—is essential to making residential rehabilitation truly inclusive and effective.

Interim monitoring report on statutory-funded residential rehabilitation placements (2024)[xxiv]

The *Public Health Scotland (2024) Interim Monitoring Report on Statutory-Funded Residential Rehabilitation Placements* reveals essential insights into the uptake and gender distribution of residential rehabilitation services in Scotland. Between April 2021 and March 2024, a total of 2,290 statutory-funded placements were approved, including those funded through Alcohol and Drug Partnerships (ADPs), the National Mission, and Ward 5 data. However, a closer look at the ADP-approved placements reveals a significant gender disparity: 73% of placements were for men (n = 269), while only 27% were for women (n = 101).

This imbalance is further underscored by the extremely low use of gender-specific services. In 2023/2024, only nine individuals accessed the Aberlour Mother and Child Recovery House—a facility designed to support mothers in recovery while allowing them to remain with their children. This low uptake raises concerns about the accessibility, visibility, and suitability of services for women, particularly those with caregiving responsibilities or who require trauma-informed, women-only environments.

The data suggest that current residential rehabilitation pathways are not adequately meeting the needs of women, despite growing recognition of the gendered nature of substance use and recovery. Women often face additional barriers to accessing treatment, including stigma, fear of child removal, lack of childcare, and services that are not designed with their specific needs in mind. The underrepresentation of women in residential placements may reflect these systemic issues, rather than a lack of need.

In summary, while the expansion of statutory-funded rehabilitation placements is a positive development, the gender gap in access and utilisation highlights the urgent need for more inclusive, responsive, and gender-specific recovery services. Without targeted action to address these disparities, women will continue to be underserved by Scotland's recovery infrastructure.

Alcohol and Drug Services (2024)[xxv]

The Audit Scotland (2024) Alcohol and Drug Services report provides a comprehensive and critical assessment of Scotland's efforts to address substance-related harm. Despite a significant increase in funding—more than doubling over the past decade—the number of deaths due to alcohol and drugs remains alarmingly high.

The report identifies several systemic challenges, including limited investment in preventative measures, fragmented service delivery, and unclear accountability structures among Alcohol and Drug Partnerships (ADPs) and other statutory bodies. While there has been progress in expanding residential rehabilitation and implementing treatment standards, the overall delivery of person-centred services is described as mixed, with persistent barriers such as stigma, long waiting times, and lack of access in rural areas. Crucially, the report makes a specific call for gender-sensitive approaches to service planning. It highlights a shortage of gender-specific services, including women-only support and recovery options. A third of ADPs reported having no dedicated services for women, underscoring a significant gap in provision.

The importance of such services is illustrated through a case study of a woman supported by an Overdose Response Team, who was connected with Women's Aid and placed in a women-only hostel. She now attends a women-only recovery group—demonstrating the transformative impact of gender-responsive support.

The report also references Aberlour's mother and child recovery houses in Falkirk and Dundee as examples of good practice. These facilities offer trauma-informed, relational environments tailored to the needs of women and children, addressing both substance use and parenting challenges.

Despite these examples, the overall picture reveals a lack of strategic integration of gender-specific services across Scotland. The report calls for better joined-up working, improved data sharing, and a clearer understanding of demand and unmet need to inform service planning. It also stresses the need for a transition plan to sustain services beyond the National Mission's end in 2026.

In summary, while Scotland has made strides in funding and policy development, the Audit Scotland 2024 report exposes critical gaps in gender-responsive service provision and preventative approaches. Addressing these gaps is essential to ensure that women affected by substance use receive the support they need in environments that are safe, inclusive, and empowering.

People's Panel on reducing drug harm and deaths in Scotland (2024)[xxvi]

The Scottish Parliament People's Panel on Reducing Drug Harm and Deaths (2025) represents a bold experiment in deliberative democracy, bringing together 23 individuals from diverse backgrounds to explore what Scotland needs to do differently to reduce drug-related harm. The panel's recommendations reflect a strong consensus on the need for systemic change, including better data sharing, more naloxone distribution, decriminalisation of minor drug offences, and embedding lived experience in decision-making and service delivery.

The panel called for the Human Rights Bill to be passed, incorporating the Charter of Rights for People Affected by Substance Use, and recommended that people with lived experience be part of the statutory workforce, receive fair pay, and be involved in all levels of service design and delivery. Other key recommendations included anti-stigma training for public sector staff, five-year funding cycles, drug education in schools, and a single point of access for specialised support.

However, a significant gap in the panel's work is the lack of consideration of gender. Despite the panel's demographic diversity, including 10 women among the 23 participants, there is no mention of gender-specific needs, barriers, or services in the final recommendations. This

omission is particularly striking given the well-documented disparities in how women experience substance use, stigma, and access to care.

The absence of a gender lens means that issues such as trauma-informed care, parenting responsibilities, fear of child removal, and the need for women-only spaces were not addressed. This contrasts with other recent reports, such as Audit Scotland (2024), which explicitly call for gender-sensitive service planning and highlight the shortage of women-only recovery services.

In summary, while the People's Panel offers a valuable citizen-led perspective on drug policy reform, it misses a critical opportunity to address the gendered dimensions of substance use. Future participatory processes must ensure that gender is not only represented demographically but also integrated analytically into the framing of questions, evidence gathering, and recommendations.

People's Panel for Wellbeing 2022 and Beyond: Evaluation Report (2023)[xxvii]

The People's Panel for Wellbeing 2022 and Beyond evaluation (O'Connor, 2023) offers valuable insights into the process and impact of this participatory initiative. The panel, comprising 29 members from diverse backgrounds, was designed to inform Scottish Government policy through deliberative engagement on issues such as COVID-19 recovery, the cost of living, and community wellbeing.

The evaluation found that participation had a positive personal impact on panel members. Several reported increased awareness of societal issues, with two describing a sense of empowerment and one noting greater community involvement. The use of accessible language and pre-event questionnaires to assess support needs contributed to a respectful and inclusive environment.

However, the report also highlighted uncertainty among panel members about the influence of their contributions on actual policy decisions. While some examples of impact were shared—such as the improved accessibility of government guidance —there was a general desire for more transparent communication about outcomes and more structured feedback loops.

Recommendations included:

- Establishing clear outcomes and an evaluation framework for future panels.
- Providing ongoing feedback and recognition to panel members.
- Offering mentorship and training to support future participatory processes.
- Embedding the panel model more deeply into core policymaking structures

Notably, the report does not address gender as a factor in participation, experience, or policy impact. There is no analysis of whether the panel process or its outcomes were inclusive of gendered perspectives, nor any mention of how gender may have shaped the issues discussed or the lived experiences shared. This absence is a missed opportunity, especially given the growing recognition across other Scottish policy documents of the need for gender-sensitive approaches in public health and social policy.

In summary, while the People's Panel for Wellbeing was a promising step toward participatory governance, the lack of gender analysis limits its inclusivity and the depth of its insights. Future panels would benefit from integrating gender and intersectionality into their design, facilitation, and evaluation to ensure that diverse voices are not only heard but meaningfully reflected in policy outcomes.

Charter of Rights for People affected by Substance Use (2024)[xxviii]

The **National Collaborative Charter of Rights for People Affected by Substance Use** (2024) marks a transformative shift in Scotland's approach to substance use, placing human dignity and rights at the centre of policy and practice. Recognised by the UN Office of the High Commissioner for Human Rights as the first of its kind globally, the Charter was co-developed by people with lived experience and service providers, reflecting a deep commitment to participatory and inclusive reform.

The Charter outlines a comprehensive set of rights drawn from national and international law, including the right to life, the highest attainable standard of physical and mental health, an adequate standard of living, private and family life, and freedom from arbitrary detention and inhumane treatment.

It aims to shift the culture from one rooted in criminalisation and stigma to one grounded in public health and human rights.

A key strength of the Charter is its accompanying Toolkit, which offers practical guidance for implementing a human rights-based approach. It supports Alcohol and Drug Partnerships (ADPs) and Lived and Living Experience (LLE) organisations in improving engagement, service delivery, and accountability. The FAIR model is promoted as a framework for embedding rights in everyday practice.

However, while the Charter is ambitious and inclusive in its scope, it does not explicitly foreground gender-specific support for women affected by substance use. Although women are mentioned in the broader context of families and communities, there is a noticeable gap in targeted strategies or rights-based provisions that address the unique experiences and needs of women, such as trauma-informed care, gender-sensitive recovery pathways, or support for mothers navigating substance use and parenting.

Similarly, while recovery is implicitly supported through rights to health, housing, and psychosocial services, the Charter does not define recovery or outline a clear recovery-oriented framework. This leaves room for further development in articulating recovery as a right and ensuring that services are designed to support long-term wellbeing and reintegration.
In summary, the Charter is a landmark initiative that reorients Scotland's response to substance use through a human rights lens. However, to fully realise its transformative potential, future iterations or complementary policies should more explicitly address the gendered dimensions of substance use and embed recovery as a central, actionable right.

Summary: Substance Use

Scotland's evolving approach to substance use has increasingly embraced a public health and human rights-based framework, as seen in key strategies such as *Rights, Respect and Recovery* (2018), the *National Mission on Drug Deaths: Plan 2022–2026*, and the *Caring, Compassionate and Human Rights Informed Drug Policy for Scotland* (2023). These policies reflect a commendable shift toward compassionate, trauma-informed, and person-centred care, with a strong emphasis on lived and living experience (LLE). However, across this

progressive policy landscape, there remains a persistent and systemic failure to adequately address the gendered dimensions of substance use, particularly the unique needs and barriers faced by women.

Women are often mentioned only in relation to pregnancy or motherhood, reinforcing stigma and overlooking broader recovery needs. Key documents, such as the MAT Standards (2021) and the Orange Guidelines (2017), lack meaningful gender-responsive guidance. Residential rehabilitation remains male-dominated, with limited access to gender-specific services such as Aberlour's Mother and Child Recovery House.

Trauma-informed care is not consistently tailored to women's experiences, and mixed-gender environments can compromise safety. Structural barriers—stigma, domestic abuse, fear of child removal—are rarely addressed, despite their impact on women's engagement with services. A third of ADPs report having no dedicated services for women, and participatory processes, such as the People's Panel and the Charter of Rights (2024), fail to include gender-specific recommendations.

Despite Scotland's commitment to lived and living experience (LLE), gendered perspectives remain underrepresented in participatory initiatives. The *People's Panel on Reducing Drug Harm and Deaths (2025)* and the *People's Panel for Wellbeing (2023)* lacked gender-specific analysis or recommendations, overlooking the distinct challenges women face. Without gender-sensitive design and evaluation, these processes risk marginalising women's voices and failing to inform inclusive, effective policy.

To close these gaps, future policy must embed gender equity, expand women-only trauma-informed services, support flexible recovery pathways, and ensure women's voices shape service design and delivery.

Summary of Key Points: Substance Use

1. Gender Gaps in Policy and Practice
Despite rising drug-related deaths among women, Scotland's key substance use policies—including *Rights, Respect and Recovery* and the *National Mission Annual Reports (2021–2024)*—consistently frame women's experiences narrowly, focusing primarily on pregnancy and motherhood. This limited perspective reinforces stigma and fails to address the broader realities of women's substance use, such as trauma, domestic abuse, caregiving responsibilities, and fear of child removal. Critical documents like the *MAT Standards (2021)* and *Orange Guidelines (2017)* offer only superficial references to gender, lacking comprehensive guidance for gender-responsive care.

2. Underrepresentation in Residential Rehabilitation and Access Disparities
The *Interim Monitoring Report on Statutory-Funded Residential Rehabilitation Placements* (2024) reveals minimal uptake of gender-specific services, such as Aberlour's Mother and Child Recovery House. This underrepresentation is not due to a lack of need but reflects systemic barriers such as childcare responsibilities, fear of child removal, and the absence of women-only spaces.

3. Trauma and Safety Needs Overlooked
Women face heightened stigma, particularly around parenting and substance use. Policies fail to address how poverty, inequality, and the fear of child removal deter women from seeking help. These structural barriers remain largely unaddressed, despite their impact on engagement and recovery outcomes. While trauma-informed care is a recurring theme—particularly in the *National Mission Plan* and *Annual Reports*—it is rarely tailored to women's

specific experiences. Mixed-gender therapeutic environments can pose safety and relational challenges, yet the *Residential Rehabilitation Literature Review* (2022) notes a lack of research into gender dynamics within these settings.

4. Stigma and Structural Barriers
Women face heightened stigma, especially around parenting and substance use. Policies such as the *National Mission Annual Reports* and the *People's Panel Report* (2025) fail to address how fear of losing custody, domestic abuse, and lack of continuity in care deter women from seeking help. These structural barriers remain largely unaddressed. There is a need to understand more about and take account of the links between poverty, inequality and the barriers that are created for women.

5. Limited Integration of Gender-Specific Services
Audit Scotland's *Alcohol and Drug Services Report* (2024) highlights that a third of Alcohol and Drug Partnerships (ADPs) have no dedicated services for women. The *MAT Standards* mention gender-sensitive injecting assessments only once, with no broader guidance on service design or delivery.

6. Missed Opportunities in Participatory Processes
Despite the emphasis on lived experience, women's voices are underrepresented in participatory processes. The *People's Panel* and the *Charter of Rights for People Affected by Substance Use* (2024) fail to incorporate gender-specific recommendations, missing a critical opportunity to embed gender equity in rights-based reform.

Summary of Key Points: Substance Use Policy

1. **Gender Gaps in Policy and Practice**: Most policies mention women only in relation to pregnancy, ignoring broader recovery needs.
2. **Underrepresentation in Rehab and Access Disparities**: Uptake of gender-specific services is low.
3. **Trauma and Safety Needs Overlooked**: Mixed-gender environments pose challenges; trauma-informed care is not tailored to women.
4. **Stigma and Structural Barriers**: Women face stigma, fear of child removal, and lack of continuity in care—barriers that deter engagement.
5. **Limited Gender-Specific Services**: Many ADPs lack dedicated services for women; MAT Standards offer minimal gender guidance.
6. **Missed Opportunities in Participation**: Lived experience is central, but women's voices and gendered perspectives are underrepresented.

9. Policy Area - Justice

National Strategy for Community Justice (2022)[xxix]

The **Scottish Government's National Strategy for Community Justice (2022)** sets out a vision for a more inclusive, trauma-informed, and person-centred justice system in Scotland. It acknowledges the need to address gender inequality and improve women's experiences within the justice system, recognising that women face distinct challenges that require tailored responses.

The strategy emphasises the importance of building a trauma-informed and trauma-responsive workforce, capable of understanding and responding to the complex needs of individuals—particularly women—who come into contact with the justice system. It promotes diversion from prosecution, robust and high-quality community interventions, and ensures that services are accessible and available to meet the needs of those accused or convicted of offences. While it references healthcare, employability, benefits, and housing, it does not directly address substance use, which is a notable gap given the intersection between addiction and justice involvement.

The strategy aligns with broader Scottish Government initiatives, such as Ending Homelessness Together, which includes the Housing First policy for people with complex needs, including those with addiction. It also recognises that individuals may need support with issues such as addiction before they can engage with employment or other rehabilitative opportunities. This reinforces the need for holistic, wraparound support from the point of arrest onwards.

Improving the visibility of community justice is another key aim, alongside strengthening leadership and partnership working. The strategy highlights the importance of collaboration across Community Planning Partnerships, Community Safety Partnerships, Alcohol and Drug Partnerships (ADPs), and Violence Against Women (VAW) Partnerships. This cross-sectoral approach is essential for addressing the multifaceted needs of women in the justice system, particularly those affected by trauma, poverty, and substance use.

Mental health is also identified as a critical factor in justice involvement, and the strategy underscores the importance of the **Medication-Assisted Treatment (MAT) Standards** and the role of nurses and healthcare professionals in police custody settings. These standards are vital for ensuring continuity of care and reducing harm for individuals with substance use needs.

In summary, the National Strategy for Community Justice offers a progressive framework for reform, with a clear commitment to gender equality and trauma-informed practice. However, the lack of explicit reference to substance use in relation to women's justice experiences suggests a need for more integrated policy development. The strategy's emphasis on partnership working and early intervention provides a strong foundation for addressing these gaps and ensuring that women receive the support they need across justice, health, and social care systems.

Women Justice Leadership Panel (2023)[xxx]

The **Women's Justice Leadership Panel (2023)** report, *The Case for Gendered and Intersectional Approaches to Justice*, presents a compelling and evidence-based argument for reforming Scotland's justice system through a gendered and intersectional lens. It opens with a powerful statement from Siobhian Brown MSP, warning that when policy is not designed with a gendered lens, women suffer. This sets the tone for a report that is both urgent and deeply informed by research and lived experience.

> *"For some, the report will not be revolutionary. However, it brings to the surface a range of strong evidence that clearly illustrates the different experiences of women and men. As a result, policy must be formulated in a gendered way which recognises the inherent nature and gender inequality that exists in our society. Within justice as a microcosm..." I urge those who have a role within the justice system to take note and to*

heed the warnings of what can happen when policy is not designed with a gendered lens – ultimately, women suffer".
P.2 (Siobhian Brown)

The report draws on extensive evidence to show that women's experiences of crime and justice are fundamentally different from men's. Women are disproportionately affected by gender-based violence, including rape, stalking, revenge porn, and spiking. However, the justice system often fails to understand or respond appropriately to these harms. Domestic abuse is particularly misunderstood, with research by Dr Fiona Morrison, Dr Friskey, and Professor Malloch revealing a gap between policy aspirations and everyday practice. Women are retraumatised by court processes, expected to wait in the same room as their abuser, and face the weaponisation of children in legal proceedings. Legal protections like Non-Harassment Orders are poorly explained, and victim-blaming remains pervasive.

"The Vision for Justice in Scotland prioritises better outcomes for women and girls, confirms our commitment to improve access to justice for victims, and places women and children at the heart of service delivery. The National Strategy for Community Justice emphasises the identification of needs and opportunities for support with trauma-informed responses across the justice system, aiming to shift the dial between custody and community in a way that promotes rehabilitation and reduces revictimisation. Equally Safe, Scotland's Strategy for preventing and eradicating Violence Against Women and Girls (VAWG), acknowledges that women and girls are at an increased risk of violence and abuse precisely because they are female." P.6

The report highlights the gendered impact of imprisonment, drawing on statistics from Families Outside. 83% of people supported by the organisation are women, and 61% of women in prison are mothers. Their incarceration often results in children being placed in care. While the Family Strategy acknowledges the role of families, it fails to address the specific challenges faced by women in particular.

Criminalisation of women is often linked to trauma. The Centre for Women's Justice reports that 77% of women in the justice system have experienced abuse, likely an underestimate. A study by McMillan et al. (2021) found that 78% of women in Scottish prisons had a head injury, with 40% having an associated disability. Women who sell or exchange sex are criminalised, despite often doing so for survival. Mental health issues are a significant factor in the criminalisation of women, and prison environments—such as harsh lighting and lack of privacy—can be triggering for those with a history of trauma.

Intersectionality is a central concept in the report's analysis. The Equality and Human Rights Commission defines it as a tool to understand how overlapping identities—such as gender, race, and disability—shape experiences of harm and discrimination. Women of colour are less likely to report abuse, and some have no recourse to public funds, compounding their vulnerability.

Structural inequality within the justice professions is also addressed. Only a third of senior roles in law are held by women, who earn just 77% of what men earn. A third of police officers are women. While discrimination policies have been developed around pregnancy and menopause, broader structural change is needed.

International models offer inspiration. Argentina's Women's Police Stations provide trauma-informed, holistic support—including access to social workers, lawyers, psychologists, and childcare—without holding cells. These stations challenge the masculine culture of policing and offer women greater agency.

The report also critiques the high attrition rate in sexual offence cases, which leads to a loss of trust in the justice system. Misogynistic attitudes, rape myths, and poor communication from officials continue to undermine women's experiences. Research by Brooks-Hay et al. (2019) found that positive counter experiences—where women felt heard and respected—can significantly improve outcomes and perceptions of justice.

In conclusion, the report makes a clear and urgent case for embedding gender and intersectionality as core principles in justice policy. It shows that women's experiences are not adequately reflected in current systems, and that failure to address this leads to further harm, retraumatisation, and inequality. The findings from Families Outside, alongside academic research and lived experience, reinforce the need for trauma-informed, person-centred, and gender-competent services across the justice system.

How Women's Police Stations Empower Women, Widen Access to Justice and Prevent Gender Violence (2020)[xxxi]

The article by Carrington et al. (2020), "How Women's Police Stations Empower Women, Widen Access to Justice, and Prevent Gender Violence," published in the International Journal of Crime, Justice, and Social Democracy, offers a critical examination of how justice systems can better serve women through gender-responsive and trauma-informed approaches.

The authors argue that traditional justice systems often marginalise women, particularly in civil proceedings such as child contact cases, where their voices and experiences are frequently overlooked. Women returning from prison face significant stigma, which can hinder reintegration and recovery. The report suggests that community-based sentences would be more appropriate and effective for many women, especially those whose offences are linked to welfare needs rather than criminal intent.

A key concern raised is the criminalisation of women in secure settings, where they may be placed for protection or welfare but end up being treated as offenders. This is particularly harmful for women of colour, who face compounded stigma and discrimination within the justice system.

The article also highlights the retraumatisation women experience when engaging with the justice system. Giving evidence, enduring delays, and navigating lengthy court processes can be deeply distressing, especially for those with histories of abuse or trauma. These procedural shortcomings not only undermine justice but also deter women from seeking help or reporting crimes.

Carrington et al. advocate for alternative models, such as Argentina's Women's Police Stations, which are designed to provide holistic, non-carceral support. These stations offer access to social workers, lawyers, psychologists, and childcare, and are free from the masculine culture that dominates traditional policing. By centering women's needs and experiences, these stations empower women, improve access to justice, and help prevent gender-based violence.

This research reinforces the broader findings of the Women's Justice Leadership Panel and other Scottish reports, which call for justice systems to be restructured around gender competence, intersectionality, and trauma-informed care. It adds international evidence to the case for reform, showing that when justice systems are designed with women in mind, outcomes improve, and harm is reduced.

Family and Parenting Strategy: 2024-2029 (2024)[xxxii]

The Scottish Prison Service (SPS) Family and Parenting Strategy 2024–2029 outlines a comprehensive and progressive framework for enhancing family contact and strengthening relationships between individuals in custody and their families. It recognises the profound impact that imprisonment has on families—emotionally, financially, and socially—and positions family connection as a key factor in reducing reoffending and supporting rehabilitation.

The strategy is grounded in a trauma-informed, person-centred, and rights-based approach, aligning with wider Scottish Government priorities and international frameworks such as the UN Convention on the Rights of the Child (UNCRC). It acknowledges the dynamic and diverse nature of family relationships and is committed to supporting meaningful connections, including those with extended family and care-experienced individuals. The strategy also aligns with The Promise, Scotland's commitment to care-experienced children and young people.

Key principles include treating families with dignity and respect, ensuring children's rights and best interests are central to policy and practice, and recognising the uniqueness of every family. The strategy outlines five core strands: communication and engagement, a culture of reflection and improvement, implementation and sharing of best practice, workforce development, and partnership working. These are designed to ensure that families are included in planning, that visits are family-friendly, and that staff are trained to understand the impact of imprisonment on families and children.

Notably, the strategy promotes active listening and consultation with families, including children and young people, to inform the design and delivery of services. It also supports the use of digital tools—such as in-cell telephony and virtual visits—to complement face-to-face contact and improve accessibility, particularly in response to lessons learned during the COVID-19 pandemic.

However, while the strategy is inclusive and child-focused, there is a notable gap in its gender analysis. Although it references the Strategy for Women in Custody, it does not explicitly explore the gendered dimensions of parenting in prison, nor does it address the disproportionate impact of imprisonment on mothers, who are more likely to be primary caregivers. There is also limited discussion of how stigma, trauma, and fear of child removal uniquely affect women in custody, despite these being well-documented barriers to maintaining family relationships.

In summary, the SPS Family and Parenting Strategy 2024–2029 is a strong and thoughtful document that prioritises family connection and children's rights. However, to fully realise its potential, future implementation should more explicitly integrate a gender-sensitive lens, ensuring that the specific needs and experiences of women—particularly mothers—are recognised and addressed in both policy and practice.

Strategy for Women in Custody 2021-2025 (2021)[xxxiii]

The Scottish Prison Service's Strategy for Women in Custody 2021–2025 represents a significant shift in how Scotland approaches the care and rehabilitation of women in prison. It is explicitly grounded in a gender-specific and trauma-informed framework, recognising that women in custody often have complex needs shaped by histories of trauma, poverty, and social disadvantage.

The strategy is aligned with international human rights standards, including the UN Bangkok Rules and the UN Convention on the Rights of the Child (UNCRC). It acknowledges that 85% of women in custody have experienced childhood trauma, and 95% have experienced trauma in adulthood, with many also facing mental health challenges, substance use issues, and social exclusion. The strategy affirms that these experiences must shape how services are designed and delivered.

A key strength of the strategy is its relational approach. It emphasises the importance of "pro-social relationships" between staff and women, with each woman assigned a personal officer to support her journey through custody. A peer support model is also in place, recognising the value of lived experience in fostering trust and resilience. The strategy also emphasises the importance of recovery, recognising that setbacks are an inherent part of the process and that positive, supportive responses can foster long-term resilience.

The strategy introduces practical reforms, such as the cessation of routine body searches at specific sites, made possible through the implementation of new procedures and technology. This change reflects a commitment to reducing re-traumatisation and promoting dignity. It also supports the development of Community Custody Units (CCUs), such as the Bella and Lilias Centres, which offer a more rehabilitative, community-integrated model of custody for women with lower risk profiles.

However, while the strategy is robust in its gendered and trauma-informed framing, it could go further in explicitly addressing the intersection of gender and substance use. Although it recognises that many women in custody use substances and require health support, there is limited detail on how services will be tailored to address the gendered dimensions of addiction, including the links between substance use, trauma, and caregiving responsibilities. Similarly, while the strategy acknowledges the impact of imprisonment on children and families, it does not fully explore the unique challenges faced by mothers, such as fear of child removal, stigma, and the emotional toll of separation.

In summary, the Strategy for Women in Custody 2021–2025 is a progressive and rights-based document that affirms the need for a gender-specific, trauma-informed, and relational approach to justice. It marks a clear departure from punitive models and centres the wellbeing, dignity, and rehabilitation of women. However, to fully realise its ambitions, future implementation should deepen its focus on substance use, motherhood, and intersectional inequalities, ensuring that all women in custody receive the support they need to recover, rebuild, and reintegrate.

Alcohol and Drug Recovery Strategy (2025)[xxxiv]

The **Scottish Prison Service Alcohol and Drug Recovery Strategy (2025)** presents a comprehensive, trauma-informed, and rights-based framework for addressing substance use in custody. It is grounded in principles of dignity, recovery, and public health, and aims to reduce harm, improve health outcomes, and support reintegration. However, while the strategy

is inclusive in tone and language, it does not explicitly adopt a gendered approach or provide a detailed analysis of the specific needs of women in custody.

The strategy acknowledges that local implementation should be sensitive to the health and well-being needs of different populations, including those based on gender and age. However, this is the only direct reference to gender throughout the document. There is no dedicated section or analysis of how substance use, trauma, recovery, or access to services differ for women compared to men. This is a significant omission, especially given the well-established evidence that women in custody often face distinct challenges, including higher rates of trauma and abuse, fear of child removal, stigma related to motherhood, and gendered pathways into substance use usually linked to domestic abuse and coercion.

Despite its strengths in promoting trauma-informed care and whole-person recovery, the strategy does not address the gendered dimensions of substance use and recovery. It does not mention women-only recovery spaces, the intersection of substance use and caregiving responsibilities, or the specific impact of imprisonment on mothers and their children. There is also no gender-disaggregated data or outcomes, nor any discussion of how gender influences stigma, service access, or recovery capital.

This lack of gender analysis is particularly concerning given the strategy's emphasis on co-production, lived experience, and reducing health inequalities. Without a gender lens, the strategy risks overlooking the unique experiences and needs of women, especially those who have experienced gender-based violence, poverty, and discrimination.

In summary, while the 2025 Alcohol and Drug Recovery Strategy is a robust and progressive document that promotes trauma-informed, rights-based, and person-centred care, it does not adequately acknowledge or respond to the gendered realities of substance use and recovery for women in custody. To fully realise its goals, future iterations of the strategy must integrate a gender-sensitive framework, drawing on existing evidence and aligning with other SPS strategies that recognise the distinct needs of women.

Mental Health and Well Well-being Strategy (2025)[xxxv]

The Scottish Prison Service (SPS) Mental Health Strategy 2024–2034 outlines a comprehensive, trauma-informed, and rights-based framework for enhancing mental health outcomes for individuals in custody. It is grounded in principles of dignity, equity, and recovery, and aims to create environments free from stigma and discrimination. While the strategy is inclusive and acknowledges the diversity of the prison population, it only partially addresses the specific mental health needs of women. It does not fully embed a gendered approach throughout its design or implementation framework.

The strategy does acknowledge that women in custody disproportionately experience both physical and psychological problems, often exacerbated by substance use and compounded by trauma and adversity in both childhood and adulthood. It references a study in which 98 of 107 women in four Scottish prisons reported mental health difficulties, with 78% having a history of significant head injury, and 40% of those experiencing associated disability. This evidence supports the development of a new approach for women in custody; however, the strategy does not elaborate on what this approach entails or how it will be operationalised within the broader mental health framework.

Although the strategy references the SPS Strategy for Women in Custody (2021–2025) and commits to tailoring interventions to population-specific needs, including gender,

the implementation plan lacks detail on how gender-specific mental health services will be delivered. There is no dedicated section on women's mental health, nor are there gender-disaggregated outcomes or indicators. The strategy also does not explore how gendered experiences—such as motherhood, fear of child removal, or gender-based violence—intersect with mental health and recovery in custody.

The strategy, however, highlights the importance of culturally sensitive, person-centred care and acknowledges that individuals with protected characteristics, including gender, may require distinct approaches. It also recognises the role of families, carers, and peer support in promoting recovery, and commits to embedding trauma-informed practice across the prison estate. These commitments provide a foundation for gender-responsive practice, but without explicit guidance or accountability mechanisms, there is a risk that women's specific needs will remain under-addressed.

In summary, the SPS Mental Health Strategy 2024–2034 is a progressive and inclusive document that promotes a whole-prison, whole-person approach to mental health. However, it falls short of fully integrating a gendered lens and does not provide sufficient detail on how the distinct mental health needs of women in custody will be met. To ensure equity and effectiveness, future implementation must include clear gender-specific actions, outcomes, and monitoring mechanisms, aligned with existing strategies and the lived experiences of women in prison.

Prisoner survey (2024)[xxxvi]

The Scottish Prison Service Prison Survey 2024 offers a detailed snapshot of the lived experiences of people in custody across Scotland's prison estate. The Scottish Prison Service Prison Survey 2024 gathered responses from 2,463 individuals in custody, representing a 30% participation rate across the prison estate. Among these, 132 respondents identified as female, accounting for 5.4% of the total, which aligns with their proportion in the overall prison population.

While the survey provides valuable insights into mental health, substance use, family contact, and service access, it does not fully integrate a **gendered analysis**, nor does it consistently disaggregate findings by gender to highlight the distinct experiences of **women in custody**.

The survey includes responses from 132 women, representing 5.4% of the total respondents, which aligns with their proportion in the prison population. However, despite this representation, the survey does not provide a dedicated section or thematic analysis focused on women's experiences. This is a missed opportunity, particularly given the well-documented evidence of women's disproportionate experiences of trauma, mental health issues, and caregiving responsibilities.

Some gender-specific findings do emerge. For example, when asked about food provision, only 14% of women said they "always get enough to eat," compared to 31% of men. This suggests a gendered disparity in basic provision that warrants further investigation. Additionally, while 59% of all respondents indicated they had children, only one-third of those respondents reported receiving visits from them. The survey does not explore how this impacts women specifically, despite the known emotional and psychological toll of maternal separation in custody.

Mental health data reveal that 46% of respondents had been diagnosed with depression before custody, and 35% with anxiety or panic disorder. While these figures are not broken down by gender, previous studies cited in other SPS strategies show that women in custody report

significantly higher rates of mental health difficulties. The absence of gender-disaggregated data in this survey limits the ability to assess whether services are meeting women's specific mental health needs.

Substance use is another area where gendered analysis is lacking. The survey reports that 35% of respondents have used illegal drugs in prison, and 17% have done so in the last month. However, it does not explore how substance use patterns differ between men and women, nor does it examine the links between trauma, addiction, and gender.

Family support is another area where gaps are evident. Only 15% of respondents reported receiving support for family issues, and access to family contact officers was rated poorly. Given that women are more likely to be primary caregivers, the lack of targeted support for family relationships and parenting in custody disproportionately affects them.

In summary, while the Prison Survey 2024 provides a rich dataset and highlights key issues such as mental health, substance use, and family contact, it fails to apply a gendered lens to its analysis. The absence of gender-disaggregated data and thematic focus on women's experiences represents a significant gap. To ensure equity and effectiveness in service delivery, future surveys must integrate gender-sensitive methodologies, enabling a clearer understanding of how women in custody experience prison life and what support they need to recover and reintegrate.

Summary: Justice

Scotland's justice policy landscape is undergoing a significant transformation, with increasing emphasis on trauma-informed, person-centred, and rights-based approaches. However, across multiple strategies and reports, there remains a persistent gap in addressing the gendered dimensions of justice—particularly the experiences of women affected by trauma, poverty, substance use, and caregiving responsibilities.

The National Strategy for Community Justice (2022) promotes diversion and community-based support but fails to integrate substance use as a core issue for women. The Women's Justice Leadership Panel (2023) highlights systemic failures in responding to gender-based violence and the criminalisation of trauma-affected women, drawing on research by Morrison, Friskey, and Malloch.

International evidence from Carrington et al. (2020) supports gender-responsive justice models, showcasing Argentina's Women's Police Stations as holistic, trauma-informed alternatives to traditional policing.

The Family and Parenting Strategy (2024–2029) prioritises child rights but lacks a gender lens, overlooking the unique challenges faced by mothers in custody. Similarly, the Strategy for Women in Custody (2021–2025) promotes relational care but does not fully address the intersection of gender and substance use.

The Alcohol and Drug Recovery Strategy (2025) and Mental Health Strategy (2024–2034) advance trauma-informed care but omit gender-specific implementation plans, despite evidence of women's disproportionate mental health and addiction challenges.

Finally, the Prisoner Survey (2024) provides valuable data but lacks gender-disaggregated analysis, limiting its ability to inform equitable service design.

Across these documents, the need for gender-sensitive analysis, data, and service design is clear. Without it, women's experiences remain marginalised, and justice reform risks being incomplete.

Key Points: Justice

- **Gendered Justice Reform is Essential**
  Policies such as the National Strategy for Community Justice and the Women's Justice Leadership Panel emphasise the importance of trauma-informed, gender-responsive approaches. However, they lack consistent integration of substance use, caregiving realities, and the broader context of women's justice involvement.

- **Women's Experiences are Distinct and Underrepresented**
  Women face unique justice challenges—gender-based violence, trauma, stigma, and motherhood—that are often overlooked in policy and practice. There is clear recognition that women are not treated equally in Scotland's justice system, whether as victims, perpetrators, or professionals (Women's Justice Leadership Panel, 2023).

- **Intersectionality Must Be Central**
  Justice responses must account for overlapping identities such as race, disability, and gender. The *Women's Justice Leadership Panel* and Carrington et al. (2020) emphasise the importance of intersectional analysis to prevent the compounding of disadvantage.

- **International Models Offer Effective Alternatives**
  Argentina's Women's Police Stations provide holistic, trauma-informed support that empowers women and prevents gender violence—offering a model for Scotland to consider.

- **Family Strategies Lack Gender Focus**
  The *Family and Parenting Strategy* promotes child-centred care but fails to address the specific needs of mothers in custody, including trauma, stigma, and fear of child removal.

- **Substance Use and Mental Health Strategies Miss Gendered Realities**
  The *Alcohol and Drug Recovery Strategy* and *Mental Health Strategy* do not adequately address how addiction and mental health intersect with gender, trauma, and caregiving. Only the *Scottish Prison Service* explicitly acknowledges relapse support and the challenges faced by women serving short sentences or on remand.

- **Data Collection Needs Gender Disaggregation**
  The *Prisoner Survey (2024)* includes women's responses but lacks a gendered analysis, which limits its effectiveness in shaping equitable services and policies.

- **Structural Inequalities Persist in Justice Professions**
  Women remain underrepresented in leadership roles and face systemic barriers in legal and policing institutions. The *Equality Act 2010* and *Human Rights Act* provide a legislative foundation, but implementation gaps persist.

- **Recovery Community Undervalued Recognised**
  The importance of the recovery community and the voice of lived experience is underappreciated, undervalued, and underutilised. Organisations like the Scottish Recovery Consortium provide the opportunity to share and expand their work into broader policy areas, including Justice.

- **Missed Integration Opportunities**
  The *Community Justice Strategy* references links between Violence Against Women and Alcohol and Drug Partnerships (ADPs), but focuses more on medical treatment than on holistic, gender-responsive support.

- **Gendered Justice Reform is Essential**
  Policies like the *National Strategy for Community Justice* and *Women's Justice Leadership Panel* highlight the need for trauma-informed, gender-responsive approaches, but lack consistent integration of substance use, justice and caregiving realities.

- **Women's Experiences are Distinct and Underrepresented**
  Women face unique justice challenges—gender-based violence, trauma, stigma, and motherhood—that are often overlooked in policy and practice. Recognition that women are not treated equally in the justice system in Scotland.

- **Intersectionality Must Be Central**
  The *Women's Justice Leadership Panel* and *Carrington et al.* stress the importance of recognising overlapping identities (e.g., race, disability, gender) in justice responses.

- **International Models Offer Effective Alternatives**
  Argentina's Women's Police Stations provide holistic, non-punitive support that empowers women and prevents gender violence.

- **Family Strategies Lack Gender Focus**
  The *Family and Parenting Strategy* promotes child-centred care but fails to address the specific needs of mothers in custody.

- **Substance Use and Mental Health Strategies Miss Gendered Realities**
  The *Alcohol and Drug Recovery Strategy* and *Mental Health Strategy* do not adequately address how addiction and mental health intersect with gender, trauma, and caregiving.

- **Data Collection Needs Gender Disaggregation**
  The *Prisoner Survey (2024)* includes women's responses but lacks a gendered analysis, which limits its effectiveness in shaping equitable services.

- **Structural Inequalities Persist in Justice Professions**
  Women remain underrepresented in leadership roles and face systemic barriers within the workforce.

10. Policy Area – Domestic Abuse and Exploitation

Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls (2023)[xxxvii]

The Equally Safe Strategy (2023), jointly developed by the Scottish Government and COSLA, reaffirms Scotland's commitment to preventing and eradicating violence against women and girls (VAWG). It positions this issue as a societal concern, not one confined to specialist services, and calls for collective responsibility across public, private, and third sectors.

The strategy presents compelling data: 14,602 sexual crimes were recorded by Police Scotland in 2022/23, yet only 22% of victims reported rape; 64,807 incidents of domestic abuse were recorded in 2021/22, with 81% involving a male perpetrator. It also highlights that one in six women in Scotland has experienced online violence, and a quarter of women who experience financial abuse are over 60. These figures underscore the scale and persistence of gender-based violence and its disproportionate impact on women.

Equally Safe recognises the intersectional barriers faced by women from marginalised communities. Black and Minority Ethnic (BME) women report suffering abuse 1.5 times longer before accessing help, and one in four requires an interpreter. Additional barriers are faced by LGBT+ individuals, Gypsy/Traveller women, women with disabilities, refugees, migrants, and those living in rural areas. The strategy also notes that the trans community is particularly at risk of sexual exploitation, reinforcing the need for inclusive and responsive services.

The strategy acknowledges the impact of unpaid care work on women's ability to access support and economic opportunities. Women continue to perform the majority of domestic labour and caregiving, which limits their participation in the labour market and access to employability services. Women over 50 often face multiple consecutive caring responsibilities, compounding their vulnerability and isolation.

Importantly, the strategy draws a clear link between violence, abuse, and substance use, recognising that drugs and alcohol are often used as coping mechanisms for trauma. It also notes that domestic abuse can begin or escalate during pregnancy, and that women are more likely than men to live in poverty. These factors intersect to create complex support needs that require trauma-informed, gender-sensitive responses.

Domestic abuse is identified as the most common concern raised in child protection proceedings, highlighting its pervasive impact on families and children. Despite this, the strategy does not fully articulate how services will be adapted to meet the specific recovery needs of women, particularly those affected by substance use, poverty, and caregiving responsibilities.

While Equally Safe is strong in its recognition of systemic gender inequality and its commitment to prevention, there remains a gap in operationalising gender and intersectionality across service delivery. The strategy outlines the problem but offers limited detail on how trauma-informed, gender-responsive, and culturally competent services will be embedded across Scotland.

In summary, Equally Safe (2023) provides a robust framework for tackling violence against women and girls, grounded in human rights and intersectional awareness. However, to fully

realise its ambitions, future implementation must move beyond recognition to actionable, gender-sensitive policy and practice, ensuring that all women—regardless of background—can access the support they need to live free from violence and harm.

Trafficking and Exploitation Strategy: Review (2023)[xxxviii]

The Scottish Government's Trafficking and Exploitation Strategy Review (2023) provides a detailed overview of Scotland's evolving response to human trafficking and exploitation. It reaffirms the central role of the Human Trafficking and Exploitation (Scotland) Act 2015. It aligns its approach with international human rights instruments, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the UN Convention on the Rights of the Child (UNCRC). These frameworks underscore the importance of recognising trafficking as a human rights violation and addressing the structural conditions that enable it.

The review acknowledges that poverty is a key driver of trafficking, and calls for improved identification of victims and perpetrators, as well as the conditions that foster exploitation. It highlights the need for partnership working across sectors, including law enforcement, health, education, and social care, to ensure a coordinated and effective response.

Data from 2016 is cited, showing that 150 potential victims were identified in Scotland—75 males and 75 females. Among the female victims, 57% were trafficked for sexual exploitation, while others were exploited for labour, including drug cultivation. The review also clarifies that trafficking is not limited to cross-border cases; some trafficked children were born and raised in Scotland, challenging assumptions that trafficking only affects migrants.

A notable development is the introduction of a statutory Independent Child Trafficking Guardian, designed to provide tailored support and advocacy for trafficked children. This reflects a growing recognition of the need for specialised, trauma-informed services.

However, despite referencing CEDAW and acknowledging the gendered nature of sexual exploitation, the strategy does not fully integrate a gendered approach into its analysis or recommendations. There is no substantive exploration of how gender intersects with poverty, migration status, or systemic inequality to shape vulnerability to trafficking. Nor is there a clear commitment to gender-sensitive service provision, such as women-only recovery spaces, trauma-informed mental health support, or protection from re-traumatisation.

This gap is particularly concerning given the evidence that women and girls are disproportionately affected by trafficking for sexual exploitation. Without a gendered lens, the strategy risks overlooking the specific needs of female victims and failing to address the structural inequalities that make them more vulnerable to exploitation.

In summary, while the review makes essential strides in recognising trafficking as a complex and multifaceted issue, it falls short in embedding gender as a core analytical and operational principle. Future iterations of the strategy must go beyond acknowledging gendered harm and commit to gender-responsive policy and practice, ensuring that women and girls receive the protection, support, and justice they deserve.

Summary: Domestic Violence and Exploitation

Scotland's strategic response to domestic abuse and exploitation is framed by two key documents: Equally Safe (2023) and the Trafficking and Exploitation Strategy Review (2023). Both reflect a commitment to human rights and intersectional awareness, yet they fall short in fully operationalising gender-sensitive practice across service delivery.

Equally Safe (2023), developed by the Scottish Government and COSLA, positions violence against women and girls (VAWG) as a societal issue requiring collective responsibility. It presents compelling data on the prevalence of sexual crimes, domestic abuse, online violence, and financial abuse—highlighting the disproportionate impact on women. The strategy recognises intersectional barriers faced by marginalised groups, including BME women, LGBT+ individuals, disabled women, and those in rural or migrant communities. It also links violence and abuse to substance use, poverty, and unpaid care work, noting that these factors compound vulnerability and limit access to support.

Despite its strengths in framing and data, Equally Safe lacks clarity on how trauma-informed, gender-responsive, and culturally competent services will be embedded. It identifies systemic issues but offers limited detail on implementation, particularly for women affected by substance use and caregiving responsibilities.

The Trafficking and Exploitation Strategy Review (2023) reaffirms Scotland's commitment to addressing trafficking as a human rights violation, aligning with international frameworks such as CEDAW and UNCRC. It highlights poverty as a key driver and calls for improved victim identification and cross-sector collaboration. The introduction of an Independent Child Trafficking Guardian is a notable advancement in child protection.

However, the review does not fully integrate a gendered lens into its analysis or recommendations. While it acknowledges that women and girls are disproportionately trafficked for sexual exploitation, it fails to explore how gender intersects with poverty, migration, and systemic inequality. There is no commitment to gender-sensitive service provision, such as women-only recovery spaces or trauma-informed mental health support.

Together, these strategies demonstrate Scotland's progress in recognising gender-based harm but reveal a gap between policy intent and practice. To fully realise their ambitions, future iterations must embed gender-responsive frameworks that address the complex realities of women's lives and ensure equitable access to protection, support, and justice.

Key Points: Violence and Exploitation

- **Recognising Violence Against Women and Girls as a Societal Issue**
  Equally Safe (2023) frames VAWG as a widespread societal concern, supported by strong data on its prevalence and impact.
- **Intersectional Barriers Acknowledged but Not Fully Addressed**
  While the strategy identifies barriers faced by marginalised groups, it lacks detailed plans for inclusive service delivery.
- **Complex Links Between Violence, Substance Use, Poverty, and Caregiving**
  The strategies recognise these intersections but fall short in designing services that respond to them holistically.
- **Human Rights Alignment Without Gendered Analysis**
  The Trafficking and Exploitation Strategy Review (2023) aligns with global human rights frameworks but does not embed a gender lens.

- **Disproportionate Impact of Trafficking on Women and Girls**
  Women and girls are most affected by sexual exploitation, yet gender-specific support remains absent.
- **Introduction of Independent Child Trafficking Guardian**
  A positive step in child protection, offering tailored support for trafficked children.
- **Lack of Operational Gender-Sensitive, Trauma-Informed Services**
  Both strategies recognise gendered harm but fail to translate this into practical, trauma-informed service models.
- **Need for Action-Oriented Gender Equity in Policy Delivery**
  Future policy must move beyond recognition to embed gender equity in all aspects of justice service design and implementation.

11. National Policy Context

Programme for Scotland 2024-2025 (2024)[xxxix]

The *Programme for Government 2024–2025* outlines Scotland's strategic priorities for the year ahead, with a strong emphasis on social justice, equality, and wellbeing. While the document makes several commitments that indirectly support women, particularly in relation to poverty, violence, and economic empowerment, it falls short of fully embedding a gendered approach across all policy areas.

A central priority is the eradication of child poverty, which is acknowledged to be inextricably linked to the poverty experienced by women, especially lone parents and those from minority ethnic backgrounds. However, despite this recognition, the programme does not commit to increasing the Scottish Child Payment, a key lever in tackling child poverty. This omission highlights a gap between stated ambitions and the scale of action needed to address gendered economic disadvantage.

The programme does acknowledge the impact of gender on labour market participation, particularly due to unpaid caring responsibilities. It commits to tackling inequalities faced by women and increasing the number of women starting and scaling businesses, which is a positive step toward economic inclusion. However, broader structural issues—such as the gender pay gap and occupational segregation—are not addressed in sufficient detail, and there is limited discussion on how these economic barriers intersect with housing insecurity and homelessness.

In terms of violence against women and girls, the programme includes several necessary measures. It commits to implementing the *Equally Safe Delivery Plan*, responding specifically to the needs of minority ethnic women and girls, and creating new offences related to misogynistic conduct. These actions signal a growing recognition of the need to hold perpetrators accountable and to ensure that responses to violence are culturally competent and inclusive.

The programme also introduces the Bairns' Hoose pilot, which will provide trauma-informed, multi-agency support for child victims and witnesses of abuse. This initiative reflects a commitment to early intervention and recovery, though its full rollout is not expected until 2027, leaving a gap in immediate support for children affected by domestic abuse.

Another notable inclusion is the commitment to deliver the first Annual Statement on Gender Policy Coherence, following recommendations from the First Minister's National Advisory Council on Women and Girls (NACWG). This represents a significant step toward integrating gender equality into government policy, but its effectiveness will depend on how rigorously it is implemented and monitored.

Despite these positive developments, the programme lacks a comprehensive gender mainstreaming strategy. There is limited integration of gender analysis across various areas, including housing, social security, and public budgeting. The importance of pooling budgets is mentioned, but without a clear framework in place to ensure that spending decisions reflect the needs of women and girls, particularly those facing multiple disadvantages.

In summary, the *Programme for Government 2024–2025* makes several vital commitments to advancing gender equality, particularly in relation to violence, poverty, and economic empowerment. However, the absence of a fully integrated gendered approach across all policy domains—and the lack of immediate action on key issues like child payment and housing—suggests that further work is needed to ensure that women's needs are not only acknowledged but prioritised in Scotland's policy landscape.

Scotland's Public Service Reform Strategy —Delivering for Scotland (2025)[xl]

Scotland's Public Service Reform Strategy – Delivering for Scotland (2025) sets out a vision for transforming public services to create a fairer, more efficient, and more responsive system. It acknowledges the critical role public services play in tackling significant societal challenges such as child poverty and inequality, while also recognising that the ambitions of the Christie Commission—particularly around efficiency and prevention—have not yet been fully realised.

The strategy is built around three core pillars: prevention, joined-up services, and efficiency, underpinned by leadership, cultural change, accountability, and community empowerment. It aims to address declining public satisfaction, duplication of systems, and the complexity of navigating services, despite increased investment in these areas. With 22% of Scotland's workforce employed in the public sector and projections suggesting that public spending could rise to 55% of GDP by 2074, the strategy also grapples with the financial sustainability of service delivery.

While the strategy includes promising elements—such as a commitment to trauma-informed practice within the justice system—it falls short in several key areas, particularly in its lack of gender analysis. There is no mention of the specific challenges faced by women, despite well-documented evidence that women are disproportionately affected by poverty, deprivation, and caregiving responsibilities. The absence of any reference to gendered needs or inequalities is a significant oversight, especially given the strategy's stated goal of creating inclusive and equitable public services.

Furthermore, the strategy does not address substance use beyond a brief mention of alcohol in relation to Minimum Unit Pricing. This omission is particularly concerning given the known links between substance use, trauma, and housing insecurity—issues that disproportionately affect women, especially those with complex needs. The lack of integration between health, housing, and social care services for women affected by these issues represents a missed opportunity to deliver truly joined-up and preventative support.

In summary, while the Public Service Reform Strategy sets out a bold and necessary vision for improving Scotland's public services, it lacks a gendered lens. It fails to engage with the lived realities of women who rely on these services the most. Without explicit recognition of gendered inequalities and targeted actions to address them, the strategy risks perpetuating the very exclusions it seeks to overcome.

Scotland's Population Health Framework 2025-2035 (2025)[xli]

Scotland's Population Health Framework 2025–2035 sets out an ambitious vision to improve life expectancy across Scotland while narrowing the gap between the most and least deprived communities. It acknowledges that up to 80% of factors affecting health occur outside the health and care system, reinforcing the need to move beyond a purely medical model and invest in the social, economic, and environmental determinants of health. This cultural shift—from treating illness to preventing it—is central to the framework's approach.

The strategy is built around five key drivers: a prevention-focused system, social and economic factors, places and communities, enabling healthy living, and equitable access to health and care. Poverty is rightly identified as the most significant determinant of health, and the framework commits to addressing its impact through cross-sectoral action. However, it fails to acknowledge that poverty disproportionately affects women, particularly lone parents, disabled women, and women from minority ethnic backgrounds. This lack of gender analysis is a significant gap in a strategy that aims to reduce health inequalities.

While the framework includes a commitment to publish an *Alcohol and Drugs Plan*, building on the National Mission on Drugs, its gender-specific focus is limited. The only targeted support mentioned is for pregnant women and mothers who use drugs, leaving out the broader population of women affected by substance use, trauma, and housing insecurity. There is no reference to the recovery community, nor to the complex needs of women who may be navigating addiction alongside domestic abuse, mental health challenges, or homelessness.

Gender is mentioned only in relation to data collection, with a commitment to gather information on gender, deprivation, and other factors to better understand healthcare inequalities. However, without a clear strategy for how gendered data will inform service design and delivery, this risks being a token gesture rather than a meaningful tool for change.

The framework does highlight preconception and pregnancy as key moments for intervention, including education around alcohol and drugs. However, this narrow focus reinforces a view of women primarily through the lens of motherhood, rather than recognising their broader health needs across the life course. The absence of a gendered lens in areas such as mental health, chronic illness, and access to care further limits the framework's ability to deliver truly equitable outcomes.

The inclusion of the *Community Wealth Building (Scotland) Bill*[xlii]—aimed at increasing jobs, stimulating growth, and promoting fair work—is a promising development. If implemented with a gender-sensitive approach, it could help address economic inequalities that underpin poor health outcomes for women. However, the framework does not explicitly link this to women's health or wellbeing.

In summary, while the *Population Health Framework* offers a progressive and preventative vision for improving health in Scotland, it lacks a comprehensive gendered approach. Women's health needs—beyond pregnancy—are largely absent, and the strategy does not adequately

address the intersection of gender with poverty, substance use, and trauma. To truly reduce health inequalities, future iterations must centre women's experiences and ensure that gender is not just a data point, but a driver of policy and practice.

Scottish Government (2024) Thematic Gender Review of the National Performance Framework (2024)[xliii]

The Thematic Gender Review of the National Performance Framework (NPF), published by the Scottish Government in 2024, offers a critical lens on how gender equality is—or is not—embedded across Scotland's strategic policy landscape. It builds on the work of the National Advisory Council on Women and Girls (NACWG), which has consistently advocated for bold, systemic change to address gender inequality.

The review identifies several key themes:

- Intersectional data and disaggregation: A lack of gender-sensitive and intersectional data is hindering effective policy design and evaluation.
- Gender-based violence and unpaid care: These are persistent structural issues disproportionately affecting women, with unpaid care work negatively impacting women's health, autonomy, and economic participation
- Legal and policy frameworks: The review reaffirms the importance of anti-discrimination laws such as the Equality Act (2010) and the Human Rights Act (1998), and highlights strategies like *Equally Safe* and *A Fairer Scotland for Women* as foundational to gender equality efforts

The NPF is Scotland's localisation of the UN Sustainable Development Goals (SDGs), including SDG 5: Gender Equality. However, the review finds that gender equality is unevenly reflected across the NPF's outcomes. While objectives like "We are healthy and active" and "We grow up loved, safe, and respected" are relevant to recovery and wellbeing, they lack explicit gender framing. This risks entrenching existing inequalities, particularly in areas such as health, employment, and access to public services.

The review also critiques the lack of a dedicated gender equality outcome within the NPF. Without this, gender inequality risks being deprioritised or treated as a secondary concern. The NACWG's 2020 report, "Creating an Intersectional Gender Architecture," is cited to reinforce the need for structural accountability and coherence in gender policy.

In terms of recovery, the review underscores that women have been disproportionately impacted by recent crises—including COVID-19 and the cost-of-living crisis—due to their overrepresentation in unpaid care, low-paid work, and public service use. It calls for gender budgeting, gender-sensitive design, and co-production with lived experience to ensure that recovery policies are equitable and effective.

In summary, the Thematic Gender Review provides a compelling case for embedding gender equality as a core outcome in Scotland's performance framework. It highlights both progress and persistent gaps, and calls for a more coherent, accountable, and intersectional approach to policymaking.

Summary: National Context

The Scottish Government's recent policy documents reflect a growing commitment to social justice, equality, and wellbeing. However, when viewed through the lens of women affected by addiction and recovery, significant gaps remain in how gendered experiences are addressed across strategic frameworks.

The *Programme for Government 2024–2025* acknowledges gendered poverty and labour market inequalities, with commitments to support women entrepreneurs and tackle violence against women and girls through the *Equally Safe Delivery Plan*. The introduction of the *Bairns' Hoose* pilot and the Annual Statement on Gender Policy Coherence are promising steps toward trauma-informed and gender-aware policymaking. However, addiction is not explicitly addressed, and the intersection of substance use with poverty, trauma, and housing insecurity—especially for women—is overlooked.

In *Scotland's Public Service Reform Strategy (2025)*, the government promotes trauma-informed justice, aiming to improve service efficiency and accessibility. However, the strategy lacks any gender analysis and fails to mention substance use beyond alcohol pricing. This is a critical omission given the known links between addiction, trauma, and housing insecurity—issues disproportionately affecting women in recovery.

The *Population Health Framework 2025–2035* embraces a preventative, cross-sectoral approach to health, but its focus on women is narrowly framed around motherhood, such as support for pregnant women using drugs. It omits broader gendered health needs and fails to mention the recovery community or the complex realities of women navigating addiction alongside domestic abuse, mental health issues, or homelessness.

The *Community Wealth Building (Scotland) Bill (2025)* aims to promote fair work and economic inclusion. If implemented with a gender-sensitive lens, it could address economic inequalities that underpin poor health outcomes for women in recovery. However, its current framing does not explicitly connect to women's health or addiction recovery.

The *Thematic Gender Review of the National Performance Framework (2024)* offers the most direct critique of Scotland's gender policy coherence. It highlights the lack of intersectional data, the invisibility of unpaid care and gender-based violence in performance outcomes, and the absence of a dedicated gender equality outcome in the NPF. The review recommends gender budgeting and co-production with lived experience—key strategies for enhancing recovery outcomes for women.

Key points: National Policy

- **Lack of Gendered Addiction Policy**: None of the reviewed documents—including the *Programme for Government 2024–2025* (Scottish Government, 2024), *Scotland's Public Service Reform Strategy* (Scottish Government, 2025), or *Scotland's Population Health Framework 2025–2035* (Scottish Government, 2025)—offer a comprehensive strategy for addressing addiction through a gendered lens. Women's unique pathways into addiction, often shaped by trauma, abuse, and caregiving roles, are not reflected in service design or policy priorities.
- **Limited Integration of Recovery Needs**: Recovery is not framed as a gendered issue in any of the documents. The *Population Health Framework* (Scottish Government, 2025) mentions support for pregnant women and mothers who use drugs, but fails to address the broader intersection of addiction with housing, mental health, and economic

insecurity for women. Similarly, the *Public Service Reform Strategy* (Scottish Government, 2025) does not consider recovery needs in its vision for joined-up services.

- **Tokenistic Data Commitments**: While the *Thematic Gender Review of the National Performance Framework* (Scottish Government, 2024) and the *Population Health Framework* (Scottish Government, 2025) mention the importance of gender-disaggregated data, there is little evidence of how this data is used to inform service delivery or policy reform. The absence of a precise mechanism for translating data into action limits its impact.
- **Motherhood-Centric Framing**: Support for women who use drugs is primarily limited to pregnancy and parenting, particularly in the *Population Health Framework* (Scottish Government, 2025). This narrow focus ignores the broader spectrum of women's health and recovery needs, including those of women without children or those whose recovery journeys extend beyond maternal roles.
- **Absence of Gender Mainstreaming**: Despite overarching commitments to equality, gender analysis is inconsistently applied across policy domains. The *Public Service Reform Strategy* (Scottish Government, 2025) and the *Community Wealth Building (Scotland) Bill* (Scottish Government, 2025) both lack explicit gender integration. Even the *Programme for Government 2024–2025* (Scottish Government, 2024), while progressive in tone, does not embed gender mainstreaming across all areas, particularly in relation to addiction and recovery.

FAIR Model Alignment

Applying the FAIR Model to Gender-Responsive Policy and Recovery

The **FAIR model—Facts, Analysis, Identify, Review—is a structured framework** designed to support evidence-informed, rights-based policy development. It ensures that decision-making is grounded in reality, critically examined, and oriented toward actionable change. In the context of women's recovery and policy, the FAIR model is particularly valuable for surfacing overlooked experiences, identifying systemic gaps, and guiding inclusive service design.

- **F – Facts**: Establishing a clear evidence base is essential. Women's experiences of Severe and Multiple Disadvantage (SMD)—shaped by trauma, poverty, domestic abuse, and substance use—are well-documented but often underrepresented in mainstream policy. Highlighting these facts ensures that the lived realities of women are not abstracted or ignored.
- **A – Analysis**: Beyond data, analysis interrogates how systems respond—or fail to respond—to women's needs. It reveals fragmentation across policy domains (justice, health, housing, substance use, mental health, and domestic abuse). It challenges recovery assumptions, which for many women is not just about abstinence but about agency, safety, and belonging.
- **I – identify**: This component pinpoints gaps in service provision, missed opportunities in transitional support (e.g., leaving care, losing children), and underutilised assets such as recovery communities. It also highlights the compounded disadvantages faced by women of colour, disabled women, and carers—groups often excluded from mainstream service design.

- **R – Review**: The final step calls for actionable recommendations. It demands the embedding of gender-specific, trauma-informed services across all policy areas, the integration of lived experience into service design, and the application of intersectional analysis to ensure inclusive delivery. Monitoring and evaluation must be strengthened through the use of gender-disaggregated data and outcome tracking.

By applying the FAIR model, this work ensures that facts are not just acknowledged but acted upon, that analysis leads to insight, that gaps are clearly identified, and that review drives meaningful reform. It provides a coherent structure for aligning Scotland's recovery and justice strategies with the lived realities of women, ensuring that policy is both compassionate and effective.

F – Facts

- Women's experiences of Severe and Multiple Disadvantage (SMD) are shaped by trauma, poverty, domestic abuse, and substance use.
- A third of Alcohol and Drug Partnerships (ADPs) report having no dedicated services for women.
- Women-only recovery spaces are scarce, and prison is sometimes viewed as a place of respite.
- Health strategies often reference women only in relation to pregnancy, neglecting broader recovery needs.
- Audit Scotland (2024) highlights a shortage of gender-specific and trauma-informed services.
- The Scottish Recovery Consortium (SRC) plays a vital role in amplifying lived experience but is underappreciated and unrecognised in policy.

A – Analysis

- Policy responses across domains (justice, health, housing, substance use, mental health, domestic abuse) are fragmented and inconsistently gendered.
- Recovery is not just about abstinence—it is about discovery, agency, and belonging, especially for women who have never had the opportunity to live safely or freely.
- Structural barriers such as stigma, fear of child removal, and lack of childcare prevent women from accessing support.
- There is a disconnect between the evidence base and policy implementation, particularly in recognising the role of recovery communities beyond substance use.

I – Identification

- **Gaps in Policy**: Lack of gender-specific service planning in health, substance use, and housing strategies.
- **Missed Opportunities**: Transitions such as leaving care or losing children are not adequately supported.
- **Underutilised Assets**: The recovery community, especially SRC, is not fully integrated into broader policy frameworks.

- **Intersectional Needs**: Women of colour, disabled women, and those with caregiving responsibilities face compounded disadvantages.
- **Service Design Failures**: Limited trauma-informed, relational, and long-term support tailored to women's lived realities.

R – Review

- **Recommendations:**
  - Embed gender-specific and trauma-informed services across all policy areas.
  - Recognise and fund women-only recovery spaces and housing.
  - Integrate the recovery community into justice, housing, and mental health strategies—not just substance use.
  - Use lived experience to co-design services and inform policy.
  - Apply intersectional analysis to ensure inclusive service delivery.
  - Monitor and evaluate gendered outcomes using disaggregated data.

FAIR Component	Scoping Review Alignment
F – Facts	- Women's recovery journeys are shaped by trauma, poverty, and abuse. - One-third of ADPs lack dedicated services for women. - Women-only recovery spaces are rare. - Health policies often focus on women only in relation to pregnancy. - Audit Scotland (2024) highlights a shortage of gender-specific services. - SRC plays a vital role in recovery but is underappreciated and unrecognised in policy.
A – Analysis	- Policy responses are fragmented and inconsistently gendered. - Recovery for women is better understood as "discovery." - Structural barriers (e.g., stigma, fear of child removal) limit access. - Recovery communities are siloed within substance use policy. - Intersectional disadvantages (e.g., race, disability, caregiving) are under-addressed.
I – Identification	- Policy Gaps: Lack of gender-specific planning in health, housing, and substance use. - Missed Transitions: Leaving care, losing children, exiting prison. - Underutilised Assets: SRC and recovery communities. - Service Design Failures: Lack of trauma-informed, relational, long-term support. - Intersectional Needs: Women of colour, disabled women, carers.
R – Review	- Embed gender-specific, trauma-informed services across all domains. - Fund and expand women-only recovery spaces and housing. - Integrate recovery communities into justice, housing, and mental health policy. - Co-design services with women with lived experience. - Apply intersectional analysis and monitor gendered outcomes using disaggregated data.

12. Summary

This summary distils the key conclusions drawn from each section of the scoping review, highlighting the extent to which Scotland's policy landscape addresses—or fails to address—the gendered realities of women affected by or harmed by problematic substance use. The review spans multiple domains, including justice, housing, health, mental health, substance use, and national policy frameworks. It reveals a consistent pattern: while there is growing recognition of trauma, inequality, and the importance of lived experience, most policies fall short in embedding gender-responsive, trauma-informed, and intersectional approaches.

The findings underscore the need for systemic reform that centres women's voices, acknowledges their distinct pathways into Severe and Multiple Disadvantage (SMD), and supports recovery as a holistic, relational, and rights-based process. The following section-by-section summary captures the most critical insights and gaps identified throughout the review, providing a foundation for future policy alignment and action.

1. Research and Policy Exploration

- Women's experiences of SMD are shaped by trauma, poverty, and abuse.
- Recovery is better understood as "discovery"—a reclaiming of identity and agency.
- Services are fragmented and fail to provide holistic, trauma-informed care.
- Critical life transitions (e.g., leaving care, losing children) are missed opportunities for support.

2. Housing

- Policies increasingly acknowledge domestic abuse as a driver of homelessness.
- Women-only spaces and recovery housing for mothers are scarce.
- Intersectional needs (e.g., for disabled women, women of colour) are under-addressed.
- The recovery community is underutilised in housing transitions.

3. Health, Education, and Work

- The Women's Health Plan centres women's voices but neglects addiction and recovery.
- The Fair Work Action Plan addresses economic inequality but lacks integration with health and caregiving.
- Both plans fail to fully explore how poverty, trauma, and unpaid care intersect with recovery.

4. Mental Health

- The Mental Health and Wellbeing Strategy links gender and poverty but lacks a comprehensive gender lens.
- Delivery plans include perinatal and secure care for women but omit broader mental health needs.
- Audit Scotland highlights systemic barriers but does not apply a gendered analysis.

5. Mental Health and Substance Use

- Services for dual diagnosis are fragmented and inaccessible.
- Women face stigma, judgment, and disproportionate child removal.
- Reports call for trauma-informed care but lack gender-specific frameworks.
- Peer support and recovery communities are overlooked.

6. Substance Use

- Policies like Rights, Respect and Recovery and the National Mission lack gender-responsive design.
- Women are underrepresented in residential rehab.
- Structural barriers (e.g., stigma, childcare, trauma) are not addressed.
- Recovery is framed narrowly around abstinence and pregnancy.

7. Justice

- Justice strategies increasingly recognise trauma and gender inequality.
- The Women's Justice Leadership Panel calls for intersectional, trauma-informed reform.
- Family and parenting strategies lack a gender lens.
- Recovery communities are not integrated into justice policy.

8. Domestic Abuse and Exploitation

- Equally Safe recognises systemic gender inequality but lacks operational detail.
- The Trafficking Strategy acknowledges gendered harm but fails to embed gender-responsive services.
- Both strategies fall short in addressing the complex needs of women affected by violence and substance use.

9. National Policy Context

- National strategies acknowledge gender inequality but fail to integrate addiction and recovery.
- Gendered data is collected but not meaningfully applied.
- Recovery is not framed as a gendered or cross-sectoral issue.
- Thematic Gender Review calls for structural accountability and gender budgeting.

10. FAIR Model Alignment

- The FAIR model provides a roadmap for embedding gender equity in policy.
- It identifies gaps, underutilised assets (e.g., SRC), and missed opportunities.
- It calls for systemic reform grounded in lived experience and intersectional analysis.

13. Conclusion

The evidence base—particularly from the Hard Edges reports (Bramley et al., 2019; Johnsen & Blenkinsopp, 2024)—is unequivocal: women's experiences of Severe and Multiple Disadvantage (SMD) are shaped by lifelong trauma, poverty, domestic abuse, and systemic exclusion. These experiences are not incidental but structural, and they demand a policy response that is equally structural, intersectional, and sustained.

This scoping review reveals a deeply fragmented and inconsistently gendered policy landscape in Scotland, one that fails to respond to the complex realities of women in recovery adequately. Across justice, health, housing, mental health, substance use, and domestic abuse policy domains, the review finds that while there is growing rhetorical commitment to trauma-informed and rights-based approaches, these are not consistently translated into gender-responsive practice.

However, despite this clarity, the review finds that:

- **Women are often invisible in mainstream policy**—mentioned primarily in relation to pregnancy or motherhood, rather than as individuals with diverse identities, needs, and aspirations.
- **Gender-specific services are scarce**—with a third of Alcohol and Drug Partnerships (ADPs) reporting no dedicated services for women, and residential rehabilitation placements overwhelmingly accessed by men.
- **Recovery is narrowly defined**—often equated with abstinence, rather than understood as a holistic process of "discovery," agency, and belonging, particularly for women whose lives have been shaped by control, coercion, and violence.
- **The recovery community, particularly the Scottish Recovery Consortium (SRC), is underutilised**—its role in supporting relational, peer-led, and community-based recovery is acknowledged in substance use policy but largely absent from justice, housing, and mental health strategies.

The review also highlights the systemic barriers that prevent women from accessing support: stigma, fear of child removal, lack of childcare, and services that are not designed with women's realities in mind. These barriers are compounded for women from marginalised groups—Black and minority ethnic women, disabled women, LGBT+ women, and those with insecure immigration status—whose intersectional experiences are rarely addressed in policy or service design.

While some strategies—such as the Mental Health and Wellbeing Strategy (2023) and the Women's Justice Leadership Panel report (2023)—make essential strides in recognising gendered disadvantage, they remain the exception rather than the rule. Most policies lack a coherent gender lens, and even where gender is acknowledged, there is often a failure to translate this into operational guidance, funding, or accountability mechanisms.

The FAIR model (Facts, Analysis, Identify, Review) provides a valuable framework for addressing these gaps. It calls for:

- **Facts**: Grounding policy in the lived realities of women affected by SMD.
- **Analysis**: Interrogating how systems reinforce or mitigate gendered harm.
- **Identify**: Pinpointing gaps in service provision and missed opportunities for intervention.
- **Review**: Embedding gender-responsive, trauma-informed, and rights-based approaches across all policy domains.

To move from recognition to transformation, Scotland must:

1. **Embed gender-specific, trauma-informed services across all sectors**, not just in justice or perinatal care.
2. **Expand access to women-only recovery spaces and housing**, particularly for mothers and women with complex needs.
3. **Integrate the recovery community into broader policy frameworks**, recognising its cross-cutting value in justice, housing, and mental health.
4. **Apply intersectional analysis** to ensure that services are inclusive of all women, particularly those facing multiple forms of disadvantage.
5. **Co-design services with women with lived experience**, ensuring that their voices shape not only service delivery but also policy development and evaluation.

In conclusion, this review serves both as a diagnostic tool and a call to action. It exposes the gendered fault lines in Scotland's policy landscape and offers a roadmap for reform. Recovery for women is not a linear path—it is a process of reclaiming safety, identity, and agency in the face of structural adversity. For policy to be effective, it must reflect this reality. Only by embedding gender equity, lived experience, and holistic recovery into the heart of policy can Scotland truly support women in rebuilding their lives on their own terms.

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