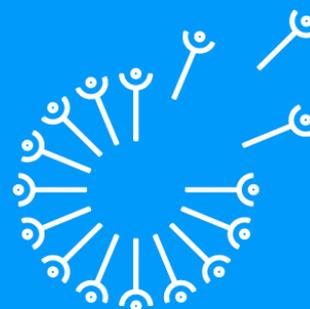


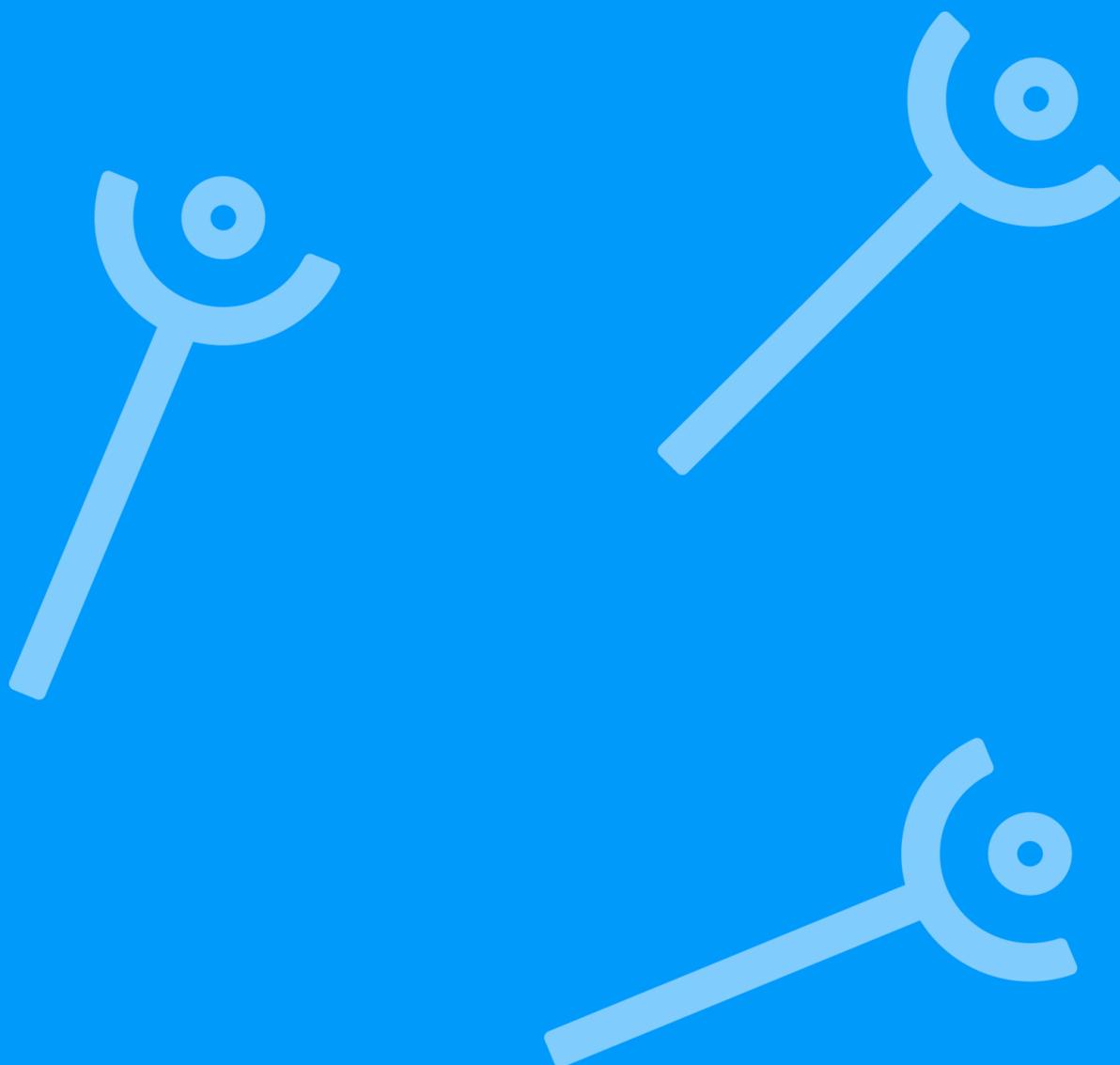
Co-produced recommendations to improve women's access to drug and alcohol services

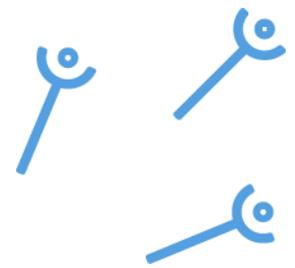
Fulfilling Lives Lambeth Southwark and
Lewisham

March 2022



**FULLFILLING
LIVES**
LAMBETH
SOUTHWARK
LEWISHAM





This document is a co-produced design proposal for a gender informed women's only access to treatment space. The design has been co-created by women with lived experience of using drug and alcohol services and service practitioners and was facilitated and collated by Fulfilling Lives Lambeth Southwark and Lewisham (Fulfilling Lives LSL).

All the quotes we have used in this document come from participants in the workshops, excluding the initial three which came from women experiencing multiple disadvantage living in local hostels during consultations undertaken by the Fulfilling Lives LSL Community Team. We chose quotes which we felt captured the voice of the group and some have been edited to protect anonymity.

About Fulfilling Lives Lambeth, Southwark and Lewisham

Fulfilling Lives Lambeth, Southwark, and Lewisham (LSL) is funded by The National Lottery Community Fund and is part of the National Fulfilling Lives Programme. This is a £112 million investment over 8 years supporting people who are experiencing multiple disadvantage; the people we work with have a combination and interconnected needs and experiences of mental ill-health, are homeless/or at risk of homelessness, substance use and/or contact with the criminal justice system.

We acknowledge that the system doesn't work for everyone – particularly people who experience greater levels of disadvantage. 57% of the people we work with are women who experience high levels of domestic abuse, sexual exploitation and violence.

Certitude is the lead agency of the programme, delivering the programme in partnership with Thames Reach and strategic partners: South London and Maudsley NHS Trust and the three boroughs of Lambeth, Southwark and Lewisham.

Our three core aims are:

- Co-production: Giving equal value to the voices of both the decision makers and the people we support, so that all opinions are heard and respected equally.
- Service delivery: Working alongside people and services learning and testing different interventions to change the lives of people experiencing multiple disadvantages for the better – now and in the future.
- System change: Making an impact on the way people are supported - by influencing policy and practice, locally and nationally.

If you would like to get in touch you can do so at:



[@FL_LSL](https://twitter.com/FL_LSL)



www.fulfillingliveslsi.london



[Fulfilling Lives LSL](https://www.linkedin.com/company/fulfilling-lives-lsl)



information@fulfillingliveslsi.london

Introduction

This report was initially designed to share with local commissioners and service leads in one of our boroughs; however, we have amended the content as we felt this learning would be useful to others. We have chosen to keep the original borough anonymous in this report to protect those who took part.

In our Programme review in 2018, women being supported by Fulfilling Lives LSL reported barriers to accessing drug and alcohol treatment. They found that the structure of assessments, waiting periods and the male dominated environment were key factors in these barriers and resulted in women dropping out of treatment, elevated levels of script re-starts and continued levels of substantial risk.

"I don't necessarily want to stop using drugs between 8:30 and 9:30am. Sometimes there's too much going on in my life to commit to such a small window, and if you do get there you might not even be seen".

Woman with Lived Experience

"Sometimes you just need to get away from men, this is especially true if you sex work or are with a man who beats you up"

Woman with Lived Experience

We fed this information back to local commissioners who asked us to gather feedback from a wider number of women to explore whether they had similar experiences.

We set up a shared learning forum to bring together practitioners working with the same group of women. We discovered that our findings were in line with experiences gathered from other services supporting women experiencing multiple disadvantage. The women we spoke to have a clear understanding of the barriers they experienced and were keen to have their opinions heard. One woman said:

"A collective voice is better than a lonely voice"

Woman with Lived Experience

However, we did find that it could be challenging for the women to imagine how things could improve as they had multiple negative experiences, and little belief that anything would change.

Alongside talking to women about the support they received we also facilitated several shared learning forums with key stakeholders including commissioners and practitioners. These forums looked at how we could work collectively to co-produce improved access routes into treatment that would promote positive outcomes for women experiencing multiple disadvantage.

Methodology and Development of the workshops

Following the learning forums, we wanted to find a way to bring women with lived experience, practitioners and commissioners together to increase the

depth of understanding for all parties so that the barriers to access experienced by women facing multiple disadvantage could be overcome.

We heard that various initiatives that had been tried in the past without this approach had not been perceived as successful. We believed that co-creating with different stakeholders could lead to positive outcomes for women.

“I’ve seen so many services for women decommissioned over the years, it becomes increasingly upsetting and frustrating”

Practitioner

Fulfilling Lives Lambeth Southwark Lewisham facilitated a series of six workshops using an Appreciative Inquiry (AI) approach, with the aim of co-creating a gender-informed pilot to address the barriers identified around access to treatment for women.

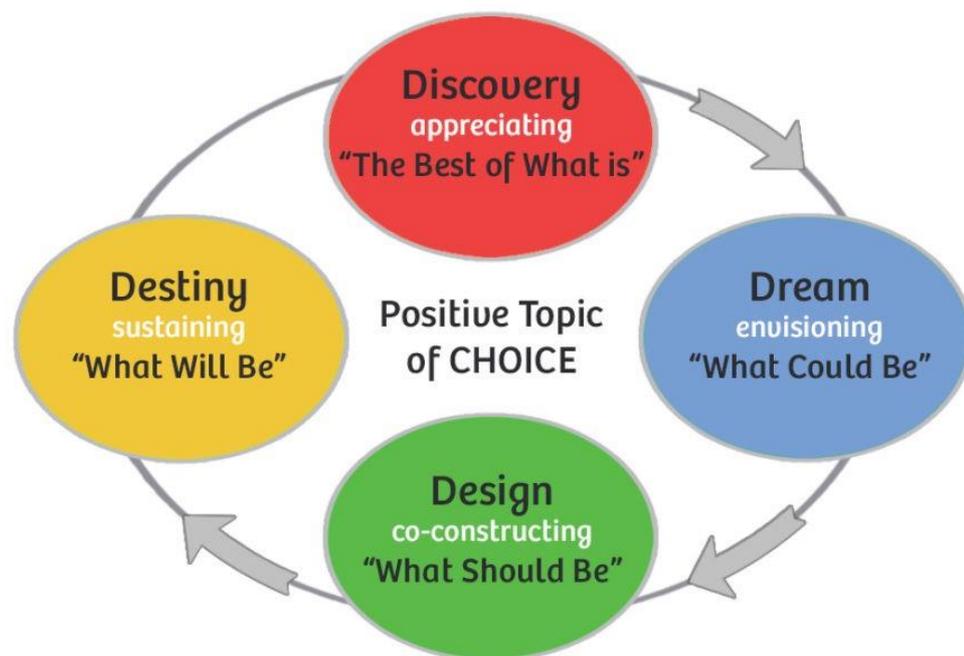
Appreciative Inquiry (AI) is a collaborative, strengths-based approach designed to create changes in services or systems. Below is a definition from PositivePsychology.com: ¹

Appreciative Inquiry is a way to engage groups of people in self-determined change. It focuses on what is working rather than what is not working and leads to people co-designing their futures.

AI was chosen for the workshop design as it allowed the facilitators to work with the group to identify and develop innovative ideas rather than focus on barriers and problems. We felt we had gathered enough feedback on these issues through our earlier consultations. The workshops were not designed to ignore the negative experiences of participants, and time was given in the second workshop to express these first-hand.

¹ To read more about the appreciative inquiry model and our findings around using it as a tool for co-production, please go to our website: <https://fulfillingliveslsl.london/co-production-whats-working/>

We designed the workshop around the Appreciative Inquiry 4-D cycle:



The workshops were attended by seven women; four of whom had lived experience of using services and three current practitioners. They were co-facilitated by two members of the FLLSL Community Team.

We chose to keep the group numbers small to create an intimate space where all the participants felt at ease, and that their views, experiences, and contributions were heard and held with equal value. We recognised that it might be the first time that they had worked in this way and that this could potentially create challenges or conflict.

The participants recognised that not all voices were represented in the group and that there was a need for wider consultation to make sure that the design was sensitive to the needs of all, including women from different faiths, languages, cultures, trans women and non-binary people.

We used group discussion and Miro Boards (an online tool) to capture their feedback and ideas.

The participants were supported to co-create a group agreement in the first workshop to identify what was needed to keep the space safe. It was important for the cohesion of the group to acknowledge and surface any unspoken power dynamics and recognise the difference in experience, knowledge, and perspective before moving forward with the work.

However, from the beginning of the workshops, it was clear that the participants had an ardent desire to work together and influence change.

"I've been there done that, and I feel lucky to have an opportunity to get involved in making things better for other women"

Woman with Lived Experience

"I have had clients who have talked to me about the barriers they face, this felt like an opportunity to create something to meet their needs"

Practitioner

Pilot Design

The workshops focused on key areas important to creating a holistic and gender-informed service. These included building design, who would work there and what services they would provide. We discussed why this service would be different to what currently exists, who would benefit and why.

Current Strengths	
Relationships	<p>One of the areas that was consistently described positively was the women's relationships with those supporting them. The women with lived experience recognised the impact that the positive relationships they formed had on their recovery.</p> <p><i>"I felt like I was able to be transparent, if my children weren't at risk, she wouldn't break my confidentiality. I could be honest with her. Sometimes things were not needed to be said, it was like we had an unspoken language. She was very warm and affectionate."</i></p> <p style="text-align: center;">Woman with Lived Experience</p> <p>They could all describe working with practitioners who were kind, proactive, committed, honest and reliable, and recognised that some workers were prepared to go above and beyond for those they supported.</p>

Current Barriers and Challenges	
Location	<p>The location where services are based was discussed. Having a service based in an area where there are prominent levels of street activity was seen as a barrier for the women who were wanting to access support.</p>
Building Design	<p>It was felt that building designs don't always consider the safety needs of women, especially those at risk of harm including those in coercive, controlling, violent or abusive relationships. The need for a women's only space was especially highlighted for women who were in abusive relationships with men:</p> <p><i>"I'd like a safe space, somewhere for only women to attend."</i></p> <p style="text-align: center;">Woman with Lived Experience</p> <p><i>"Women have men coming with them to the service, these can be controlling men who don't want them to engage or get support."</i></p> <p style="text-align: center;">Practitioner</p> <p>Waiting areas were identified as difficult for the women both accessing support and working there:</p>

	<p><i>"The waiting room can be an intimidating place, even for workers"</i> Practitioner</p> <p>It was also felt that there was a lack of privacy/confidentiality in waiting areas. This could be problematic if you are presenting alongside a controlling partner.</p>
Open days and times	<p>The lack of flexibility in the current system was highlighted as an issue, including the lack of flexibility in times when you can present.</p> <p><i>"The opening time didn't work for me, one of the only times I made it was when I had been out [sex-working], I was able to come straight from the beat."</i> Woman with Lived Experience</p> <p><i>"To queue up in the morning, you wake up and you're sick, that's not going to work. Even to sit down in front of a worker when you are ill – it's not going to happen, that early morning thing is not going to work. It needs to be at a reasonable time, to be able to engage."</i> Woman with Lived Experience</p> <p>All the lived experience participants in the workshops had had negative experiences of current systems.</p>

Ideas and Solutions	
Location	<p>The women wanted somewhere that was easy to find, in a public place and easily accessible by public transport. Location was also felt to be important from a safety perspective:</p> <p><i>"We need somewhere safe, somewhere on a main road where you can see what's going on outside."</i> Woman with lived experience</p> <p><i>"Somewhere with no alleyways or dark corners nearby."</i> Woman with Lived Experience</p> <p>Different options were considered including existing women only spaces within the borough, GP (General Practitioner) surgeries and medical centres. The possibility of opening somewhere new that was specifically designed for this purpose was also proposed.</p> <p><i>"Somewhere fresh, somewhere new."</i> Practitioner</p>
Building design	<p>All participants wanted somewhere that feels calm. They wanted it to be comfortable, inclusionary, and inspiring, with space to talk confidentially.</p> <p>Ideas suggested to support this were quotes and imagery on the walls in waiting areas, a radio playing gentle music, bright and</p>

	<p>colourful walls and accessories, gentle lighting, candles, plants, a humidifier with calming smells and quiet 121 spaces.</p> <p><i>"When everything in your life is very hectic, you need somewhere where you can de-stress."</i> <i>Woman with lived experience</i></p> <p>They also wanted a building where they could not only feel safe inside but get out safely if they needed to. This was felt to be especially important for women in abusive relationships including domestic abuse and women in violent relationships linked to their sex work.</p> <p><i>"We need somewhere with two exits."</i> <i>Woman with Lived Experience</i></p>
Opening Times	<p>It was agreed that having the option to attend in the morning, afternoon and into the evening suited the needs of a range of women including sex working women and those with children. It was felt that having options around days and times would encourage attendance.</p> <p><i>"The beginning of the week is better; Fridays, Saturdays, they're the days when you can make the most money, you're not thinking about anything else, Sundays you're recovering, Mondays and Tuesdays, that's when you've had enough, that's when you want the help"</i> <i>Woman with Lived Experience</i></p> <p>Both drop-in and fixed appointments should be offered, depending on the need of the individual.</p>

Access to the following is seen as essential:

Support	
<p>Doctor/Specialist GP Nurse Volunteers/Peer Support Recovery Workers Psychologist or counsellor Dual diagnosis Worker</p>	<p>The participants wanted a blended team of both lived and learned experience, that came from diverse backgrounds and cultures. Representation was recognised as being important.</p> <p>It was agreed that it was important that all peers and professionals who work alongside the women understand and are empathetic to their day to day lives.</p> <p>The participants recognised there was a need to access a female worker if needed, as it was felt that female workers could better understand them beyond the labels they were given.</p> <p><i>"I see women who have had traumatic experiences wanting female psychologists and workers, it's much harder to work with a male if you have been through difficulty with males in the past"</i></p>

	<p>Practitioner</p> <p>Women wanted workers who were kind, empathetic, compassionate, patient, non-judgemental and culturally aware.</p>
Clinical services	
<p>Needle exchange Initial assessments Opiate prescribing Referrals and signposting Mental Health/Dual Diagnosis support Physical and Sexual Health Checks</p>	<p>As previously mentioned, the participants discussed the importance of positive relationships between those being supported and those offering support services.</p> <p><i>"One worker really sticks out for me, my experience with her was great because she knew me so well."</i> Woman with Lived Experience</p> <p>Additional services were also discussed including easily accessible dual diagnosis support, rapid access to emergency beds and refuge spaces. ²</p>
Flexible initial meetings	
<p>Both drop- in and appointments available Assessments to be completed on the first meeting or over a series of meetings Screening tool to help identify personal barriers to accessing support</p>	<p>The need for flexibility in how the initial assessment process was conducted was highlighted.</p> <p><i>"We could do assessments over a series of appointments to help women build a relationship with us."</i> Practitioner</p> <p>And the need to be guaranteed assessment at the point of presentation was seen as essential.</p> <p><i>"I found it very difficult my first time...I was told to go half an hour before it opened which I did but I was number 5 in the queue, and they only see the first 3, so I had to go home."</i> Woman with Lived Experience</p>
Holistic Services	
<p>Hot food and/or drinks Food parcels Clothes/shoes bank Complimentary therapies Condoms/sexual health kits Basic personal hygiene kits Pampering Safe space to sit quietly Showers and washing machines/dryers</p>	<p>Participants identified the need to have holistic services that met women's needs alongside traditional clinical services.</p> <p><i>"Sometimes a shower and a change of clothes can make a massive difference."</i> Woman with Lived Experience</p> <p>Women having an opportunity for pampering and taking care of their appearance was seen as important for self-esteem and supporting well-being.</p>

² Fulfilling Lives LSL have also published a report on dual diagnosis, which can be found on our website: <https://fulfillingliveslsl.london/dual-diagnosis-and-access-to-support/>

	It was felt that having access to clinical and holistic services in the same place would encourage engagement, create an inviting atmosphere, and meet multiple needs at the same time.
External Services	
Workshops/life-skills/careers and budgeting Legal advice Housing advice Benefits advice Social Services Police and Probation	<p>The women with lived experience talked about the barriers that having to go to multiple services to get their support needs met raised.</p> <p><i>"Going to different places for different things is too much sometimes, having everyone in one place would help."</i></p> <p>Woman with Lived Experience</p> <p>The group felt that having drop-in sessions with key services available would support women to address needs in different areas. This in turn would give them greater ability to focus on their drug and alcohol support needs. This point recognises that support needs do not present in silo.</p>

Staff support, training and inclusion:

Staff Support	<p>It was recognised that support for staff was essential for a happy and productive team. These were identified as essential to a smooth-running service:</p> <ul style="list-style-type: none"> • Well-resourced and staffed • Manageable caseloads • Regular breaks and time for admin • Acceptable behaviours and use of service agreement- co-designed with those attending the service • Policies and procedures to underpin practice with additional policies e.g., a trans policy (see below) • Regular supervision and training
Training	<p>The value of training being delivered by people with lived experience was discussed. The idea to design a 'Day in the life of' training was suggested to support team members to better understand the barriers that women experience when attempting to access support.</p> <p>A need for all team members to have specialist LGBTQ+ training was identified.</p>
Inclusivity	<p>The following points were discussed, and need to be explored further:</p> <ul style="list-style-type: none"> • Age restrictions: access to support for young people identified as a gap in service provision • Opening times: that meet the needs of all women • Safe and welcoming environment for all: Cis/trans/non-binary/all faiths and cultures, including gender neutral toilets/showers and places to pray • Clear Policies: on who can use the service e.g., Trans Policy

- **Professionals/Peers with specialist training:** including in supporting LGBTQ+ folk and people from different cultural backgrounds
- **Lived experience wherever possible:** representation is important in all roles and at all levels within an organisation including leadership



Communication/Marketing

The women identified the need to market the service to a wide number of women while maintaining a level of discretion and suggested the following ideas:

<p>Single Point of Contact Number</p>	<p>There is a need for women to be able to contact the service when the time is right for them. The suggestion was made for a single contact phone number to call for information.</p> <p><i>"Some women are frightened and want to remain anonymous, the phonenumber could support those women to access advice and support."</i> Woman with Lived Experience</p> <p><i>"You could invite women to come and meet with you and look round the service before they committed to anything."</i> Practitioner</p> <p>It was thought that a rota of people available including staff and peers could be available to answer calls and be the first point of access to support and information.</p>
---------------------------------------	--

<p>Posters and Wallet sized cards</p>	<p>Posters that were co-designed alongside women who would use the service to be displayed in key locations e.g., specialist women's services, GP surgery's, probation, social services etc.</p> <p>Wallet sized cards to be printed displaying the central contact number which can be handed out by practitioners/outreach. No address just a simple message and a contact number.</p> <p><i>"You need something discreet that you can carry with you, or that outreach teams can give out easily."</i> Woman with Lived Experience</p>
<p>Word of mouth</p>	<p>It was recognised that workers and services are talked about amongst female peer groups in the borough.</p> <p><i>"Word gets around if there is something good going on"</i> Woman with Lived Experience</p> <p>If you provide a service where women feel supported, welcome, and safe, they will let each other know and encourage their peers to attend.</p>

Feedback on Co-creation/Workshop process

In the final workshop the participants spent time reflecting on how what they had created was different from things that had been tried before, and on their experiences of taking part and working together. Here are some quotes that summarise their overall experience:

"We didn't just talk about problems – we talked about solutions"

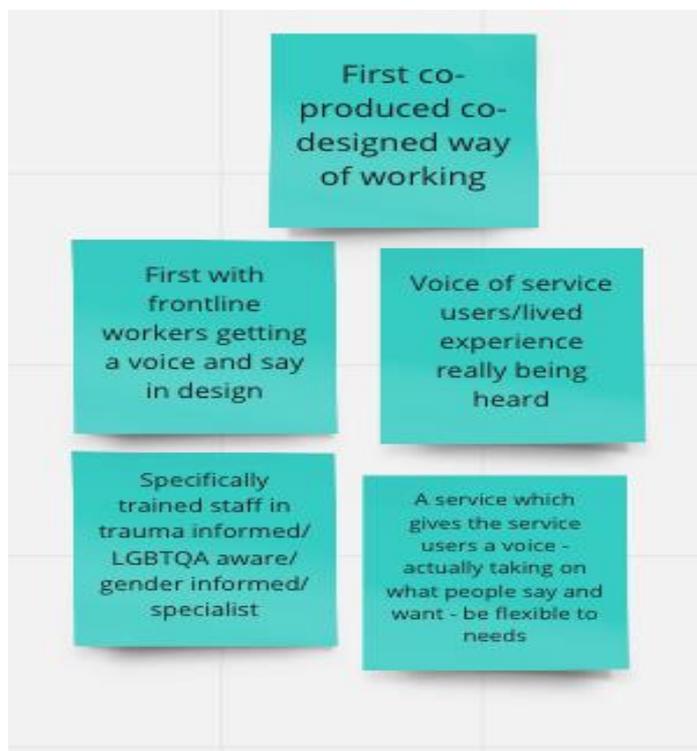
"Co-production is the way forward. The whole thing of being heard and getting the service users voice heard. I'm proud to say I was part of this"

"I really think this kind of thing is the way forward – professionals and service users working together"

"This experience has reinvigorated me to keep pushing forward on these issues"

"I have found it really good; it's been a really positive experience having a forum in which there isn't a hierarchy"

"For me I just think it's been amazing, it's been great to be a part of it, and if it succeeds it means a lot, we were part of this movement"



Co-produced recommendations to improve women’s access to drug and alcohol services

Time and thought were put into creating these recommendations and they are based on the experience of the participants and the discussion generated in the workshops.

Safety	<ol style="list-style-type: none"> 1. Establish a women’s only space. Consider the options for a women’s access point, ensuring that the location is easy to find, in a public place and accessible by public transport. 2. Ensure that the space provided for women prioritises safety, and that a calm and inviting environment is created. This should include providing a safe and quiet space for women to be use, as and when needed.
Flexibility	<ol style="list-style-type: none"> 3. Ensure that opening times are responsive to the realities of women’s lives. 4. Ensure women have a choice between drop-in appointments and fixed appointments. 5. Ensure that women can access female workers and support, as well as peer support. 6. Offer the option to complete assessments over a series of meetings allowing relationships to develop through the process.
Accessibility	<ol style="list-style-type: none"> 7. Ensure clear and accessible routes for contacting the service, for example through a single point of contact number. 8. Consider wider promotion of the service, for example through the co-creation of posters and discreet wallet sized cards.

Informed Approaches	<p>9. Ensure that the service is welcoming and accessible to trans women, non-binary people, and queer women from all cultural and religious backgrounds.</p> <p>10. Ensure that all team members have a good understanding of women's experiences of trauma, and of methods around taking a gender, trauma, and culturally informed approach.</p>
Range of Services	<p>11. Create a space where women have access to a range of clinical and support services. For example, physical health care, sexual health care, mental health support, needle exchanges.</p> <p>12. Create a space where women have access to a range of holistic services. For example, providing emergency food parcels and hygiene kits, access to legal and housing advice.</p>

Conclusion

Fulfilling Lives LSL and a local substance use service were working together to improve women's access to drug and alcohol services. A series of six workshops were facilitated by Fulfilling Lives LSL to co-produce recommendations. Participants worked successfully together to understand barriers and identify solutions to women's access to drug and alcohol treatment.

This paper provides an overview of the discussions held by the co-production group, and the suggestions put forward for future development.

To read more about the Appreciative Inquiry model used, please read our other report: <https://fulfillingliveslsi.london/co-production-whats-working/>