



**LEEDS
BECKETT
UNIVERSITY**

Breathing Space Final Evaluation Report

Dr Louise Warwick-Booth, Susan Coan
Centre for Health Promotion Research

April 2020

Executive Summary

Background

Breathing Space was a women-centred project, funded by the Tampon Tax Fund through the Department of Digital Culture Media and Sport. It aimed to reduce distress and the harmful impact of domestic abuse on women and their children. The focus of this project was support for women who have suffered complex trauma and are experiencing difficulties in their lives as a result. WHM provided safe space for women to “stabilize”, helping women to access internal and external resources and develop stress management skills and so address the critical first stage of trauma recovery. Breathing Space ran from August 2017 until March 2020. This report documents the findings from an independent evaluation of Breathing Space, drawing upon qualitative and quantitative data collected throughout the delivery period of the project.

Findings

Qualitative data collection:

- Despite initial concerns at the time of referral from some women about the Breathing Space group, the women we interviewed reported positive experiences of attending.
- Women felt safe attending, had been able to build trust with the workers and valued the supportive peer environment.
- Women reported many learning outcomes from participating in the groups, in relation to knowledge of healthy relationships, self-management techniques such as breathing exercises and strategies to cope with their emotions.
- Women reported a range of positive outcomes from being involved with Breathing Space such as increased confidence, improved mental health and being better able to cope.
- Women interviewed also noted the level of support that they were being given by the Breathing Space workers, comparing this favourably to previous experiences. They were also referred into other services where appropriate and viewed this positively. The provision of on-going support was noted as being valuable.
- Peer support was reported as important by the women interviewed, in that it enables women to share their experiences, and support each other by providing and receiving advice. This helped decision making for the women in relation to themselves, and their children.

- Stakeholders described the need for Breathing Space, noting gaps in wider service provision and a lack of flexibility to meet the needs of women experiencing domestic violence, especially using the trauma-informed approach to stabilisation which was described as the unique aspect of this provision.
- Stakeholders reported that many women have negative experiences with other service providers and feel judged therefore trust needs to be built as a foundation for engagement.
- Stakeholders also recognised the value of Breathing Space’s holistic approach to supporting women, that focuses on all of their needs.
- Stakeholders noted the importance of peer support for service users, enabling them to both share experiences and to learn from each other.
- Stakeholders noted positive outcomes for women, some of which are not quantifiable for example, being able to eat with others in the group.

Internal survey

A total of 41 women completed a survey created by the Womens Health Matters about their circumstances and experience of the programme, and the data showed that:

- The most commonly experienced health problems were related to mental health (76%) with over half (55%) of the women having taken medication
- Support from Breathing Space had enabled 97% to improve their mental wellbeing, 95% to feel safer and 92% felt that they could not have received the same help elsewhere
- 86% were receiving support from social care services yet 45% reported feeling that statutory services did not listen to them (e.g. social workers, school, health workers)
- Just over three quarters (76%) of the respondents were aged 26-49
- 90% of the respondents already had children with a quarter having had 4 or more, and 7% were pregnant at the time they took the survey
- Women had engaged with support for varying lengths of time: 37% had been in receipt of support for 1-6 months, and 22% for 7-12 months
- The women reported a range of challenging personal experiences in the survey with high proportions having experienced abuse and violence (a referral criterion for the programme is that the women have been victims of relationship abuse in some form). Around half of the respondents had children removed from their care
- Around half of the respondents had experiences of problems with benefits and

housing, and nearly two thirds (64%) had found themselves unable to afford basic necessities

- 15 of the respondents had been arrested, of which 6 were charged and 4 had been to prison.
- A large majority (90%) of those who completed the survey were receiving benefits, only 2% were in employment and 7% in education/training
- 63% needed the taxi funding and childcare support to enable them to attend

Evaluation survey

- Women gained more confidence, improved coping strategies and built friendships through their participation in Breathing Space.
- Women reported feeling less isolated through meeting other women in similar situations and they appreciated having support from workers and peers who they felt did not judge them.
- Women reported learning from their involvement in Breathing Space, for example in relation to both abusive relationships and health.

Internal monitoring data

- 162 women were referred to Breathing Space, of which 134 attended group during the delivery period
- Workers delivered 185 separate sessions; 96 closed group and 89 open group meetings
- Over half of the women (55%) were aged 27-40 and a third (33%) were aged 19 to 26
- Over three quarters of the women were heterosexual (77%) and 13% were bisexual
- The majority of the women were White British (71%) and 11% were Asian/British Asian
- Almost half of the women did not identify with a religion (46%), a quarter were Christian and 9% were Muslim
- 47% of the women reported mental health problems, and 30% had a long-term health condition
- 86% of the women were mothers, 21% had been in care and 32% had their own children removed.

Worker reflections

- Worker reflections illustrate the importance of listening to women, working with them on their own terms and understanding that small changes are a key component of the evidence of stabilisation.

Co-produced event and film

- The co-produced event and film were well received by professionals from a range of agencies across Leeds, including professionals from CSWS and the Leeds City Council Safeguarding and Domestic Violence Team. The event and film offered women the opportunity to gain confidence and enabled workers to reflect upon their own views and judgements because these can exacerbate shame for service users, and limit

disclosure. Working in partnership, was recognised as important but so too was internal support, learning and challenge. Trauma-informed support is important as much for workers, as it is for service users.

Case study data

- Women accessing Breathing Space had a range of different support needs and life experiences. They often reported being worried about accessing the project at the start, but then feel able to 'open up' and discuss issues as time passes, indicating that time is needed for women to feel comfortable in sharing their experiences with others. The importance of trusting workers and not feeling judged are part of this process.
- Even when a woman leaves a relationship that involves domestic violence, she may enter another similar relationship or be drawn into returning to her ex-partner. Breathing Space, in educating women about healthy relationships, enables them to recognise warning signs and supports women to prioritise staying safe by not returning to previous relationships and to exit newer unsafe relationships.
- Whilst some women were already receiving a range of support from other services, Breathing Space was able to add value to this provision by providing education on a range of topics, supporting confidence building and tailoring the support available to women's specific needs, through a combination of group work, one to one support and onward referrals where necessary.
- Outcomes reported by women included staying safe, increased confidence, positive orientation to the future, happiness, and being in control of their lives.

Recommendations

Service users made several suggestions for the ways in which Breathing Space could be improved:

- Several women said they would like the group to meet more than once a week but acknowledged that not everyone would be able to attend more frequently.
- Some requested increased capacity to work with more women; more groups would also mean that women could change group if they knew someone and wanted anonymity and to avoid potential conflict. This had been experienced and was managed by two women attending alternate sessions so they are not present at the same time.
- The women made suggestions for promoting the group through leaflets, social media and by promoting referrals from the police, through GP surgeries and other women's organisations. Women's toilets were mentioned as a safe space to advertise the service. Participants realised the limitations associated with promoting the group too widely, in terms of demand and the ability to keep the meeting location confidential.
- For women who felt anxious about attending, the use of a 'buddy' system to help

- them to settle in was suggested.
- Some participants that felt they were in a much more positive place from attending requested the opportunity to be trained to facilitate other groups.
- Another suggestion was that the group had a more direct relationship with counsellors and/or a GP so they could refer directly from group.
- There were several more general suggestions around developing services to provide emergency support and more funding being dedicated to domestic violence provision.
- Transport – whilst taxis were essential to enable many women to attend, they were also raised as an issue, they were often late, unreliable, and sometimes women felt uncomfortable with the driver asking too many questions, some quite personal.
- A later start time was suggested by some (referring to the morning group), so that where possible women would be able to use public transport after rush hour and after schools had started –women with school-aged children could drop them off and those who no longer had their children in their care were then not going to get upset by seeing a lot of children travelling to school, which was identified as distressing by one participant.

External stakeholder suggestions included:

- Increased capacity so that the project could accommodate more women.
- Allowing staff more time to fully develop the work further, for example, training women to become volunteers on the project.
- One stakeholder suggested the need for a debrief space, to allow women to take some time out after difficult topics come up in the group session
- One stakeholder also suggested that men would benefit from support in terms of education about healthy relationships, and that they too needed a service as victims of abuse suffering trauma
- There were several more general suggestions around developing services to provide emergency support and more funding being dedicated to domestic violence provision.

Internal stakeholder suggestions included:

- Additional resources to work with more specialist workers e.g. employing a children’s worker to act as one of our crèche workers throughout the project, giving a trusted source of advice and support for women who are parents with children in their care, and having a team of therapists as part of the project so that some of the women had immediate access to therapy without the need for them to join a waiting list.
- Additional sessions where women could process trauma through physical activity or via creative means such as self-defence; yoga and creative art.
- Reconsidering project outcomes that related to external agency support – the political/financial situation at the time of delivery was recognised as having an impact on how far other services had capacity to engage with Breathing Space.

Attention needs to be paid to the ways in which funders measure the success of interventions such as Breathing Space in a number of ways:

- Small scale qualitative outcomes are important for women but are not quantifiable as measures of success.
- Although the project made significant impact on women's wellbeing from a qualitative viewpoint, the evaluation evidence is unable to determine if someone's need for counselling has been reduced by a specific percentage. Outcome such as this need to be reconsidered in future when devising project frameworks.

How we did the evaluation

Using a theory of change, the evaluation team supported internal monitoring data collection and conducted interviews with stakeholders, as well as both interviews and focus group discussions with service users. Service users also completed questionnaires at baseline (start of their engagement with the project) and follow-up (at the point that they exit) to assess if their self-reported well-being had changed and to measure any improvements in their relationships. Qualitative and quantitative methods were used to strengthen findings and allow some triangulation between different data sources.

Contact/further information

For further information about this research, please contact Dr Louise Warwick-Booth, or Susan Coan from the School of Health and Community Studies, Leeds Beckett University.

L.Warwick-Booth@leedsbeckett.ac.uk

S.Coan@leedsbeckett.ac.uk

Table of Contents

Contents

Executive Summary	3
1: Introduction	6
1.1 The Breathing Space Offer	6
2: Evaluation Methodology	8
2.1: Evaluation Aims and Objectives	8
2.2 Service user data collection	9
2.3 Stakeholder Interviews	9
2.4 Service user questionnaires	9
2.6 Analysis	10
2.7 Ethics	10
3. Findings:	12
3.1 Service User and Stakeholder voice	12
3.2 Service User Survey Data	39
Evaluation surveys	45
3.3 Internal Monitoring Data	49
Demographics	49
7. Discussion	57
8. Conclusion	59
9. Recommendations	60
10. Appendix A	63
11. Appendix B	64
12. Appendix C	65
13. References	67

1: Introduction

This evaluation report documents our findings from the independent evaluation of Breathing Space, drawing upon the following strands of data collection:

- qualitative interviews with service users
- focus groups with service users
- interviews with stakeholders in 2018, 2019 and 2020
- service user questionnaires
- internal monitoring data

1.1 The Breathing Space Offer

Breathing Space is a two-year, eight month funded project embedded within Women's Health Matters. Breathing Space is a women-centred project, funded for three years by the Tampon Tax Fund through the Department of Digital Culture Media and Sport. It aims to reduce distress and the harmful impact of domestic abuse on women and their children viewing domestic abuse as a cause of complex trauma. Breathing Space provides a safe space for women to "stabilise". Stabilisation is the first stage of trauma recovery. The overall aims of Breathing Space were to:

1. Meet the unique needs of individual women (bringing domestic abuse support and mental health support together in one project)
2. Provide a holding space for those who can't access counselling
3. Improve service-users' chances of being 'ready' for psychological treatment (according to service providers' views/criteria)
4. To improve women's wellbeing
5. To impact upon CSWS involvement in women's lives
6. To improve women's resilience and enable them to work towards a positive future
7. To engage women (e.g. via group attendance, co-production of resources, choice and control within groups)
8. To deliver appropriate mental health support (with associated reductions in counselling for those accessing groups)

Breathing Space is focused on women who have suffered complex trauma and are experiencing difficulties in their lives as a result. Breathing Space aims to provide a safe space for women to "stabilise", helping them to access internal and external resources, to develop stress management skills and to address the critical first stage of trauma recovery. In addition, Breathing Space aims to facilitate a peer led programme of sessions including work on longer-term strategies for women to regain a sense of control and choice in their lives. These aims are supported through the provision of a short-term closed group, followed by longer-term open group provision. The groups are peer led and safely held by facilitators with lived experience. The project ran from August 2017 until March 2020, with group work for service users commencing in November 2017.

Referrals to Breathing Space were made by a range of local agencies such as Children's Social

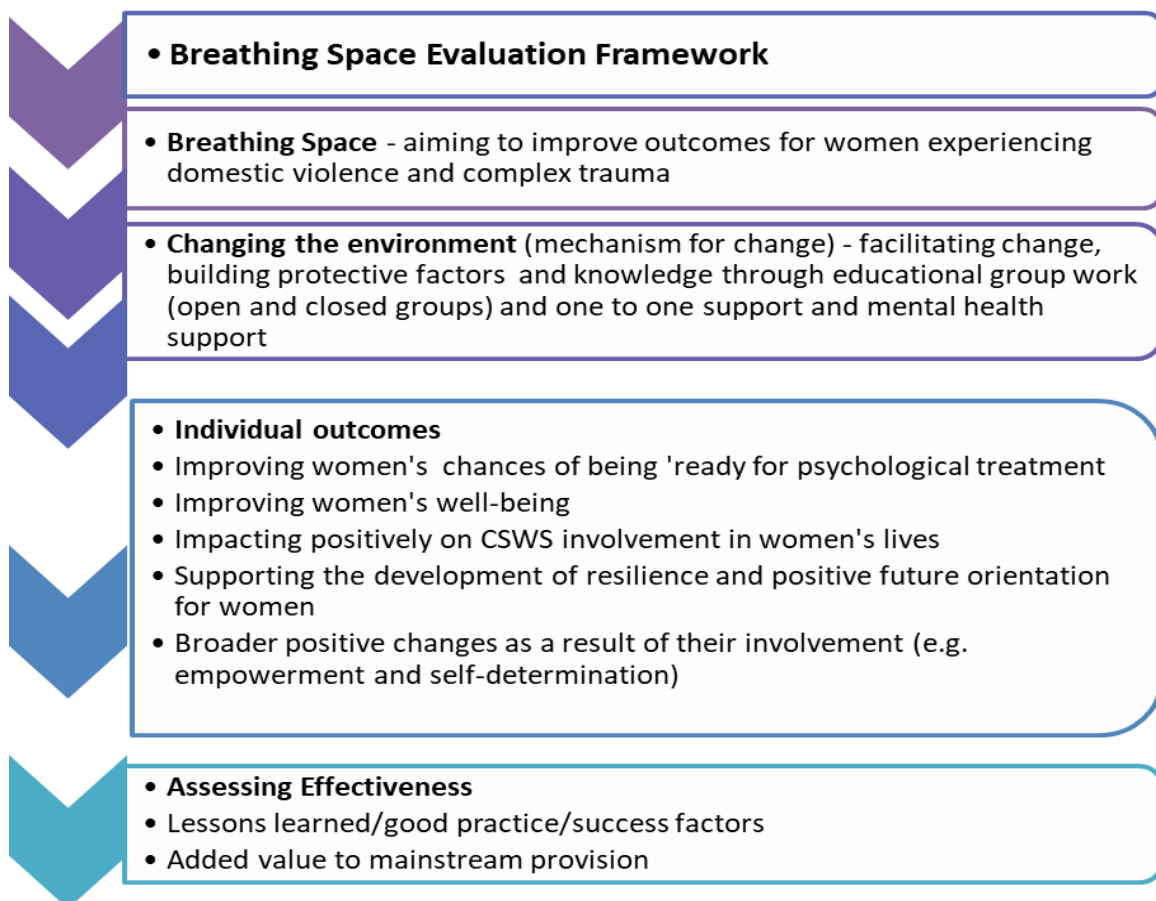
Work Services , Family Drug and Alcohol Team, Voluntary Sector projects such as Basis, the Together Women Project, Leeds Domestic Violence Service, Touchstone, Beacon housing, Forward Leeds, Community Mental Health Service, peer referral and self-referral. Support workers delivering Breathing Space have also invited visitors to the group sessions including workers from the centre for sexual health, Mind peer support programme, Touchstone, some art therapy and regular yoga teaching.

2: Evaluation Methodology

2.1: Evaluation Aims and Objectives

The main aim of the evaluation is to determine the extent to which Breathing Space has achieved its aims and objectives as outlined to the funders. We used an approach to the evaluation placing the project staff, partners, stakeholders, and service users at the centre. To ensure that the evaluation was rigorous we developed a Theory of Change (ToC) to provide an overall framework for the evaluation. Our previous research showed how important it is to appreciate the context in which programmes operate, as this can be critical for the success (or not) of such programmes and the evaluation team has extensive experience in using this approach. The evaluation used a mixed method approach (both qualitative and quantitative tools) to strengthen findings and allow triangulation from different data sources.

Figure 2.1 Theory of Change



2.2 Service user data collection

The total number of service users who participated in our qualitative data collection was 34.

8 semi-structured interviews were conducted with service users in May 2018. An interview schedule was developed in line with the objectives for the evaluation and broadly covered experiences of referral and accessing Breathing Space, experiences and outcomes, as well as suggestions for improvements. The support worker delivering this project advised the research team of suitable participants to invite. Service users were given the opportunity to self-select to participate in the evaluation.

A focus group discussion was conducted with different service users in July 2018 (n=10). Women were asked to participate in a creative exercise to encourage them to reflect upon the key ingredients of Breathing Space, whilst being interviewed using a semi-structured schedule (Warwick-Booth & Coan, 2020). Two further focus groups were conducted with service users in November 2019 (n=16), asking women to reflect upon their experiences, again using a semi-structured schedule.

2.3 Stakeholder Interviews

The total number of stakeholder interviews was 10.

6 Stakeholders (project delivery staff, and referrers from other agencies) were interviewed to garner their views in relation to Breathing Space during 2018. Two more stakeholders were interviewed during 2019 (a care coordinator and a specialist substance misuse worker). In addition, the two project workers also provided the evaluation team with final learning in February 2020, answering semi-structured questions via reflective writing. All interviews used an open-ended schedule (see appendix 9.2) which explored referral processes, mechanisms of delivery, learning and outcomes for the service users.

2.4 Service user questionnaires

Service users also completed questionnaires at baseline (start of their engagement with the project) and follow-up (at the point that they exit) to assess if their self-reported well-being had changed, and to measure any improvements in their relationships. A total of 47 baseline and 27 follow-up surveys were completed. The survey was designed and data collected by the project workers.

2.5 Internal Monitoring Data

Learning Logs

The two workers delivering the project kept reflective learning logs to document their views of Breathing Space. N=7 were analysed for inclusion in this report.

Case Studies

The evaluation team provided a template to the delivery staff for them to complete in order to provide a more in-depth perspective of the circumstances of some service users, their experiences of the programme, as well as their outcomes. 6 case studies are summarised in this report.

Co-production reflections

In March 2019, Breathing Space service users, and workers hosted an event with the aim of sharing the way in which the project was working, the interim evaluation findings, and learning. Feedback and worker reflections from this event are summarised in this report. Staff also worked with service users to co-produce a short film in the form of a toolkit for other professionals supporting women experiencing domestic abuse, screen shots from the film are included in this report.

2.6 Analysis

The verbatim transcripts from all of the interviews and focus group were analysed using Framework Analysis. Framework Analysis develops a hierarchical thematic framework to classify and organise data according to key themes, concepts and emergent categories. The framework is the analytic tool that identifies key themes as a matrix where patterns and connections emerge across the data (Ritchie et al., 2003). The matrix was constructed using the aims of the evaluation. Themes were agreed by members of the research team.

Survey findings have been entered into Excel and SPSS software, and presented in the form of tables to report descriptive findings in this evaluation report.

Internal monitoring data is descriptively summarised in this report (worker reflections, event feedback and case studies of women's lives).

2.7 Ethics

The evaluation was given ethical approval through Leeds Beckett University ethics procedures. The following practices were adhered to ensure ethical rigour:

- Informed consent – written or verbal consent was obtained from all participants in the interviews
- Confidentiality and anonymity – no personal identifying information has been used in reporting the data
- Secure information management – security was maintained through password protected university systems

3. Findings:

3.1 Service User and Stakeholder voice

Referral to the group and engagement

Women were referred or signposted to Breathing Space from other organisations (e.g. Leeds Domestic Violence Service) and other internal groups offered through Women's Health Matters. Some had previously attended time-limited courses on healthy relationships and this group was seen as an appropriate next step. Most of the women interviewed came to the group through referrals/signposting from their social worker or social services. For many women, attending the group was specifically identified in their MARAC (Multi Agency Risk Assessment Conference) as having potential to support them to be safer. In some cases, attending the group was described as a compulsory requirement but for others it was a suggestion of support that could help them. Stakeholders commended the project for succeeding in engaging the women where other services have failed:

“There are a number of things that are going really well. [...] they are able to engage with clients who find difficulty to engage with other services. It's, I would say, the main benefit of this project.” [Stakeholder 3, 2018]

A service user described feeling supported before she attended, due to the time afforded to her and the relational approach used by the workers at the first point of contact:

“[Worker] rang me and explained. She was even on the phone while my kids kicked off, I was like two minutes let me just break this up, and she stayed on the phone when most people would be like I'll ring you back another time seeing as you're busy. She waited, she waited on the phone for me and then she got back and she talked me through what would happen if I came to group and explained it all.” [FGD2, July 2018]

One woman noted the importance of resources for Breathing Space which enabled and supported women to attend, such as the free transport and the crèche:

“This one there's quite a lot of women can attend because of the funding and transport and things. The other one [referring to a different group] there's no funding whatsoever, there's no crèche available, there's no transport, you know it speaks volumes the fact that this one's got funding and more people can get here than the other one.” [FGD3, July 2018]

Taxis, despite problems with reliability, were cited as essential by the women who attended the group. They were essential to get participants there after doing the school run as they could not make it on public transport, but they also make the women feel safer and less exposed. Many reported feeling uncomfortable standing at a bus stop where everyone could

see them and potentially follow them. Taking public transport was described as anxiety-inducing for a variety of reasons and some participants lived in areas without regular and reliable public transport. Many women grew in confidence and so after arriving by taxi could eventually return home by bus. Taxis also provided a motivation for some women to attend:

“I find it hard to get out of bed to get here, I don’t know why I do find it hard to get out of bed but a year ago I had four kids you had it half eight on a morning.” [FGD November 2019]

Initial feelings

Many of the women did not want to attend the group initially; some felt that they did not need to be there. Low confidence and fear of judgement were frequently cited as key reasons for women not wanting to attend and it sometimes took women several weeks to feel able to go following the referral:

“It was not a question of did I want to do it, it’s a question of I’ve got to do it if I want to get Social Services out of my life and get on the track, on the right track looking after myself and realising where this violence comes from.” [Service User Interview 6, 2018]

“Well at first, I didn’t want to come...they were making me do [referring to social workers] but it’s actually good coming here because you learn new stuff.” [FGD1, July 2018]

“It’s initially that just taking that first step isn’t it? You think everyone’s going to be like proper judgemental and giving you them daggers across the room and stuff like that when really it’s not even that.” [FGD2, July 2018]

There were a number of barriers and concerns about attending the group. Many women had only ever seen violent relationships growing up and as an adult, so they didn’t recognise how unhealthy their relationships were, thinking them “normal” in a romantic relationship context. Women reported feeling nervous and afraid of what the group involved and fearful of attending due to still being in a relationship with their abusive partner. For those with initial doubts about what they would get from the group, they later realised that it had immense value for them:

“When I went into group I just realised more and more every day of how deep it was and how much help I needed, and education I did actually need it. And the more and more I went, the more and more I enjoyed it and I got confidence to talk and open up about my situations and actually help other people too.” [Service User Interview 5, 2018]

“There were nothing like this when I lost my other three kids. Now if there had been something like this in place, maybe I’d have walked away a long time ago and I’d have still had my three kids now.” [Service User Interview 6, 2018]

Approach

There were morning and afternoon groups with a varying number of participants. Views differed on what the maximum number of attendees should be with participants suggesting between 10 and 16. One woman thought that if the group continued to expand, they would need a larger room. Food, transport and a crèche were provided, so women did not have to worry about childcare or any costs associated with attending the sessions. The groups co-produced an agreement to promote a safe space for the women:

“There’s group rules and you know you’re confident that nobody’s going to break them, so you know that means where nobody can take what’s discussed out of the room and nobody ever does so you know it’s a safe space.” [Service User Interview 8, 2018]

“It’s still quite self-driven isn’t it, you just speak about if you want to.” [FGD3, July 2018]

The friendly welcome from the staff and other participants helped to put new attendees at ease. Some knew the staff from previous groups too or from meeting up one to one before joining the group and appreciated seeing a friendly face. The general approach is described as relaxed, and people contributed as and when they felt able to without any pressure. Each week the workers prepared different topics but the sessions were flexible, allowing any pressing concerns of the participants to be dealt with as they arose:

“It’s just laid back, there’s no expectations or anything.” [Service User Interview 1, 2018]

“There’s different topics every week so for example you can talk about the impact of domestic violence on children, that could be a subject for one week. For another week, you could talk about obviously relaxation and how to feel safe at home and things like that, because I know a lot of women struggle to relax and feel safe because of the relationships because even if they’re not with him it’s a worry that he’ll come.” [Service User Interview 8, 2018]

“It’s just like it’s my free time, it’s a free space, I can talk about all my troubles. I can get off my chest what I need to speak about and it’s, it’s like going to a friend’s house in a way.” [Service User Interview 3, 2018]

Worker reflections 2020 – Effectiveness of support

Breathing Space has been effective for some women where shorter courses were not as useful as we have seen changes in confidence and relationships during the life of the project [Worker 1].

Some women are better able to communicate with social workers [Worker 2].

Where women have been affected by complex trauma I feel that Breathing Space has offered a unique opportunity to fully acknowledge the complexity of the challenges they face. The length of time some women have chosen to spend with the project has indicated that changes can take a long time to embed in women's lives and that empathy and support need to be provided over a longer time frame for these women to feel secure as they take steps to make positive lifestyle choices and take positive risks [Worker 1].

Breathing Space has been flexible enough and well-resourced so that it can meet needs of women who have attended the full course. One thing that has developed from this is a cohort of women who are willing and able to take up opportunities to speak publicly about the issues that have affected them or be part of a group making a film which will provide their "toolkit" for professionals to help them work in a more trauma informed way [Worker 1].

We have also been able to maintain lighter touch support for women who have ongoing issues as a result of long term pressures posed by the presence of their ex-partners in the community or challenges posed by contact arrangements with abusive partners who still have a right to have contact with their children. We are able to support these women and advocate for them as appropriate, beyond their involvement with the groups [Worker 1].

Safety and trust

The location where the groups meet is only disclosed to participants so that they are confident it is a safe space. As well as being safe from physical danger, the women describe feeling safe from pressure or judgement:

"Some people here have still, they're still with the abusers so we have to make sure that this place, that no one knows where they're going, you know what I mean. So like if we ever see anyone from this group we can't say "hiya" to them because it's like we might be putting them at risk you know, because then their partner would be like 'who's that?'" [Service User Interview 7, 2018]

"I think if we didn't feel safe we wouldn't be here." [FGD2, July 2018]

"Just equal isn't it?" [FGD3, July 2018]

The safe environment allowed women to form healthy attachments to the facilitators

and each other, which they may not have experienced before:

“By providing stability, so they provide a safe, stable, safe place where they learn how to, how to engage with responsible adults really, so someone who shows, they provide safe attachments really.” [Stakeholder 3, 2018]

The group was a place where the women felt able to escape the stigma they faced in society and they reported not feeling judged for their circumstances:

“We’re mindful of each other, we respect each other, we don’t laugh at each other, we don’t judge. Because we’re all in, we’ve all said we’re all in the same boat, we’ve all been through very similar things.” [Service User Interview 3, 2018]

“I have learned that from the past few times I’ve come that people don’t judge and I thought they would have judged but they don’t and again there’s no pressure.” [FGD6, July 2018]

Women were relieved not to feel judged and also learned not to judge others about different problems such as drugs and alcohol abuse, gaining understanding about the different ways in which others cope:

“It makes me understand everybody handles situation differently for the fact somebody is doing drugs doesn’t mean you’re better than the person because you’re not doing it, it just means that the person is handling his or her own situation that way and some days a person will be strong enough to come out of it so it has helped me not to judge people and to accept people for what they really are.” [FGD November 2019]

Building trust is essential to create an environment where the women feel comfortable sharing very personal stories. In many cases, the women would not feel able to access services elsewhere:

“They say they’ll listen to you [referring to other services] but they’re the ones who tell you what to do. They don’t listen to you at all, they say what they want you to do and if you want to do it like that you can’t do that, what’s the point in being involved.” [FGD1, July 2018]

“A lot of these women have had like past, negative experiences with police, social services, I don’t know, and as a consequence of that they find it hard to go into any sort of institution, organisation because they don’t really trust them.” [Stakeholder 5, 2018]

One participant compared the feeling of safety amongst trusted people being like removing her hijab:

“I know that this is my place to kind of open up and if something’s upsetting me or bothering me so it’s that kind of thing, how it’s created I’m not sure, but you know when, you know like, I know when I can go home I can take my headscarf off.” [FGD November 2019]

Worker reflections 2020 – Creating safety and building trust

- One woman used to bring alcohol with her in her bag and went to the toilet at break time to drink it. She wasn't violent or aggressive but we immediately discouraged her from drinking in sessions as it might be triggering or difficult for other women to cope with. We continued offering open handed support and after a few weeks were able to support her into safe housing from where she was able to sign up for rehab [Worker 1].
- Another service user disclosed a long history of domestic abuse which she finds too distressing to explore at the moment. We did DASH risk assessment and took her case to MARAC (Multi Agency Risk Assessment Conferences), so safety measures in now in place but she stays in the stabilisation group for now as she is not ready to explore her experiences in any more depth yet [Worker 1].
- One woman was unable to do the breathing technique in group but took it away with her and has since begun to use it effectively sharing how it has become part of her self-care and lessening feelings of anxiousness [Worker 2].

Participation

The group sessions were structured around weekly themes and activities but participants felt they could guide the sessions and they reported experiencing flexibility if something arose that needed to be prioritised:

“They'll even give us like different choices of things and then wait for us all to give a response, until we all come to an agreement together.” [Service User 5 Interview 2018]

“I mean [worker] the facilitator, will start off a topic but then sometimes it is led by the women so if they feel they need to talk about something if it's particularly, like, some women are going through court proceedings or you know removal of children or that, it's obviously needs led as well.” [Service User Interview 8, 2018]

“Another service user tells us she enjoys being around people and it's friendly. She started not being able to sit through a whole group session, she used to leave after 40 minutes or so, or fall asleep or become so distressed that she had to be supported outside the main group. In the last two weeks (February 2020) she has been able to sit in group for the whole two hours and engage in the discussions taking place there. She doesn't know why things are different for her now but she can appreciate that she is behaving differently.” [Worker reflection 2020]

Support

Those who attended the group received the professional support of two workers and could access additional one to one sessions when necessary. Women who participated in the evaluation reported feeling supported by the workers:

“I just find them really understanding and really helpful and if there’s anything that they feel they can’t give you information on, they’ll go above and beyond to get that information from wherever they can for you. And the groups I’ve been in have almost felt like a little family, like really, really, really nice.” [Service User Interview 5, 2018]

“And the good thing is, if you need anything off them so like do you know if you need a report to say that you’ve come this many times, like most professionals take three weeks to do it. They’re on the ball, they’re there. [...] So, they always answer the phone, leave them a message sometimes and they’ll get back to you that day.” [Service User Interview 3, 2018]

The way the project was funded and organised allowed the facilitators to take a different approach to the majority of work in this area, building trust and focusing upon need in a holistic manner:

“I think it’s just about resource really, it’s just about making it, making it really accessible to people, and because we can work more slowly through the issues.” [Stakeholder 1, 2018]

“I believe that either there’s a focus on just domestic violence or you’ve got just a focus on mental health but pulling the two together and focussing on the needs of that woman, not only with the domestic violence but the impact it has on her mental health which then therefore impacts the way she might look after the children.” [Stakeholder 2, 2018]

Group support is not time limited like other services, so the women accessed it until they were ready to move on:

“For the women that we’re working with what they would like is a small closed infinitely long group that they can pick and choose when they leave. And they don’t have to come every week. But just cos they’re not coming every week doesn’t mean that they wouldn’t have a place any time they did want to come. I think people want a bit of security, they’d like somewhere where they feel safe to be open and available all the time.” [Stakeholder 1, 2018]

One stakeholder described the environment as nurturing which helped the women to open up more. The impact of small welcoming and caring actions cannot be underestimated and gestures such as buying a participant’s preferred brand of coffee contributed to the increased sense of worth women felt being part of Breathing Space:

“I just get a sense of there is that warmth and nurturing that puts my service user in a position where she’s more willing to engage, more willing to be, to share.” [Stakeholder 4, 2018]

“I think these ladies who often haven’t been looked after in any way, shape or form get to come to [road name] in a beautiful room and sit there and [they] give you a

nice croissant and a nice cup of tea and a bit of fruit and, like, listen to you and your concerns.” [Stakeholder 5, 2018]

“For instance, when I first started this group what would I like? Douwe Egberts coffee, and they got me it. And that makes you as a woman feel respected and actually I am worth.” [Service User Interview 6, 2018]

Peer support

Participants valued the peer support in the groups, feeling less isolated knowing that they were not alone in their experiences and able to share advice and encouragement:

“It was just really good to be around people that had had the same, similar experiences and getting an idea of what they had been through and be able to relate to a lot of things that people said. I’m sorry, it’s done loads for me.” [Service User Interview 5, 2018]

There was added value from group work that women do not get from one to one support. Several women spoke about learning from other participants’ mistakes; seeing the consequences of other’s actions made them more determined to make the right decisions for themselves and their children. Referrers also understood that the women responded more positively to advice from peers rather than professionals without lived experience:

“If you’re in a one-to-one, it’s only yourself that you’re thinking that it’s happening to, but when you’re in a group you’re hearing all the other women’s stories and you think well yeah, I’m not on my own. And it makes you feel, not relieved because it’s not something you want anyone else to go through but it makes you feel like you’re not alone, do you know like you’ve got someone there that understands how you’re feeling.” [Service User Interview 5, 2018]

“It’s alright me as a professional saying ‘ooh you should be doing this and you should be doing that, it’s all about healthy relationships, all about protecting yourself and being safe.’ But your service user’s going to turn around and say, ‘well what do you know, you’re not living my life, you don’t know what I’m experiencing and what my fears are, what my worries are.’ Whereas the peers are like ‘we’ve been there, we are there, we’re living that.’ And that emotional understanding, that worry, that concern is a shared thing.” [Stakeholder 4, 2018]

“And in some situations as well, some people are actually in the exact same situation as you. It does help because you’re not only learning about the different ways that domestic violence can happen but you’re also learning that some people suffer exactly the same as what you do.” [FGD1, July 2018]

However, one women noted that whilst group dynamics were supportive, they could also trigger emotional responses:

“I think if it weren’t for this group on a Tuesday, me personally I’d just, I’d be a bit more isolated, I wouldn’t come out. Although sometimes it is a bit hard cos

sometimes conversations you've got no control over what someone else is going to speak about, can trigger things, but it is positive as well to be able to come out and speak to other people." [FGD3, July 2018]

Despite this, learning to give as well as receive support is an important part of trauma recovery:

"And of course they learn how to ask help from each other which is very often impossible for trauma survivors, so they learn how to accept and how to maybe give support to others which is new for them and get support as well in a way, in a kind of healthy way." [Stakeholder 3, 2018]

Mechanisms of success



Women in the November 2019 focus group listed a range of factors that made the programme work, they liked the group structure with defined topics but valued the flexibility in sessions to discuss their feelings on the day and change the plan. Women also valued the one to ones, saying they added to the offer, giving them time to explore issues more in depth:

"Sometimes there's something set we're supposed to be working on but if [worker] feels that's more important what's actually going on within the people in that room then that's what we'll do, the healing process isn't a set thing." [FGD November 2019]

The staff were cited as the main mechanism of success, particularly their empathy and willingness to deal with any issues the women reported:

"I think it's the staff, it's the staff. I think if the staff's really sympathetic and helpful and caring it runs a lot better, if that makes sense, rather than somebody who not understand." [FGD November 2019]

Ground rules also helped to establish a safe space built on trust and confidentiality.

Outcomes

What to measure

In the November 2019 focus groups, we asked participants what they thought were the important outcomes that needed to be measured in evaluations of programmes like Breathing Space. They suggested several areas for us to consider in our future work:

Sleep – recording how well people sleep could be an indication of how well they are able to implement relaxation techniques and advice, as well as their overall wellbeing.



Positivity – how positive someone is feeling to show how well they are managing their current situation and that they have hope for the future.

Reactions to stressful situations – when the participants are able to control strong emotions and difficult situations, their reactions can change from raised voices and use of alcohol/drugs to employing breathing techniques and improved communication.



Recognising negative relationships – this includes understanding the different types of abuse, it is not just physical; negative relationships can also be with family or friends as well as romantic partners.

Staying safe – feeling safe and knowledge about how to stay safe.



Talking to strangers/in front of others/to professionals – talking to people they don't know becomes easier the longer they have been in group, and for many they find they are able (and have the opportunities) to stand up and speak to bigger groups and to speak to professionals.

Thinking clearly – as the women go through the programme and stabilise, they feel they can think more clearly and are less overwhelmed.

Working/training/volunteering – one outcome linked to women feeling more confident and stable is that they start to work in paid employment or voluntary roles or begin training/educational courses.



Children staying with/being returned to participants

Breathing Space had contributed to positive outcomes for women in terms of improved mental health and increased confidence and knowledge:

“Just if I didn't have it I'd be in a very dark place and I wouldn't be as educated as I am now, and I'd really be struggling with my mental health massively if it wasn't for

these groups and I also wouldn't have improved. [...] I'm now in a position where they're willing to let me take care of my child and this is a big part of that." [Service User Interview 5, 2018]

"I'm not prepared to lose another child, definitely not, and I know if I lost her I wouldn't be here myself, so coming to this group helps me stay strong, confident, emotionally intact." [Service User Interview 6, 2018]

Several women explained the importance the group has from the perspective of social services. The women want to attend to do the best for themselves and their children, and social services clearly have confidence in what the group can achieve with the women who engage:

"Social services are very keen that I keep coming to this group because obviously part of the reason why my baby's in my care is to not be with her father and obviously this group helps that to keep the support and it keeps that ongoing. So it's kind of a safeguarding thing for social services too. But obviously it is for myself because hopefully my children will come back to me and until that happens the support I get from that group is, you know I need it really." [Service User Interview 8, 2018]

Safety

Women were helped to keep themselves and their children safe through the support they accessed at Breathing Space:

"It's made me to make myself safer [...] Just like if I'm out and someone wants to take advantage then now I know, I can see what is wrong so ignore it and do what I want." [Service User Interview 2, 2018]

"One service user appreciated the help she got even though she was in an abusive relationship, because she got the support at that stage she was able to leave the relationship." [Worker 1 reflection, 2020]

"There have been some cases of reduced CSWS involvement; breakthroughs in receiving counselling where women were unable to access it due to the level of their mental state but needed counselling to address deep-rooted post-traumatic stress. One woman managed to keep both her children after losing other children previously." [Worker 2 reflection, 2020]

Mental health improvements

In general, the women reported improved mental health due to attending the group. The sessions were something to look forward to which boosted mood and having people to support them helped to reduce their depression and anxiety. For some, the group contributes to forming a routine and motivates participants to leave the house to attend:

"I think this also helps because I know that I have to get up, I have to be dressed

because I've got to get out because I'll be doing the group. Like, it gives me that motivation to actually, kind of, sort myself out." [FGD November 2019]

"If I'm feeling low for instance, on a morning but I know I'm coming here, it perks me up to know that I'm coming here and I'm going to see all my girls and you know your dinner's prepared." [Service User Interview 6, 2018]

The participants also learned relaxation techniques and discussed the importance of this for their mental health:

"I don't walk round like that no more, like, with my shoulders up to my ears, I'm more like laid back, relaxed. [Worker] does some relaxation therapy with us where she's like right, talk us through it and like it's not forced, you don't have to do it, it's optional." [Service User Interview 3, 2018]

Women disclosed how bad their mental health was before coming to the group due to their experiences of abuse and isolation, with a number saying they felt suicidal:

"Now I used to have this suicide before I came and for a long time, I can't remember when last I have that thought cos I felt isolated before. I used to be in bed and cry and miss everyone, my mum, everybody, but coming to the group I know every Tuesday I want to prepare, oh every Tuesday I have somewhere to go and I have people." [FGD5, November 2019]

Some women had been discharged from mental health support and had no follow up support. Breathing Space proved to be therapeutic in its own right as well as by signposting and referring women to other services that could provide additional specialist help.

Physical health improvements

Visitors to sessions provided the group with information on different health topics and in some cases they could offer health checks on the day. A sexual health nurse offered screening for STIs as part of her session and talked about contraception options. The session gave one woman the confidence to take the next step by making an appointment at the clinic:

"One of the women decided that she wanted to come and see me and get some contraception from the clinic and I offered her, you know, an appointment to come and see me so that was quite good." [Stakeholder 5, 2018]

Members of the group made a number of small changes to their diet or lifestyle, which are likely to improve their health:

"Again it sounds so small to somebody else, but when you're watching these women and what they've had to go through somebody actually saying, 'I've gone off the pop today, the last few days, and I've actually been drinking as much water as possible.' That in itself because, you know, the water intake as opposed to your Red Bull or

something else, it makes a massive difference in your mental health and wellbeing and the way you carry yourself or your behaviour, you know, if you're full of caffeine and sugar." [Stakeholder 2, 2018]

"One woman began to express the foods she did like and began to eat in group."
[Worker 2 2020]

The yoga instructor, who provided sessions on breathing and relaxation, received feedback from a number of women saying that they felt calmer after her sessions. She was also told of significant improvements in health such as resolving sleep issues:

"I've had amazing results where we've just done a little bit of breathing and somebody's [...] reported back that they can sleep now, you know, they used that technique and they're no longer having trouble every night sleeping." [Stakeholder 6, 2018]

The women were forthcoming with questions and can receive advice about specific physical issues they have, which may not be addressed otherwise:

"We also end up doing about pelvic floors which is very useful for women, so they've learnt pelvic floor exercises which they wouldn't have learnt anywhere else."
[Stakeholder 6, 2018]

Learning and increased understanding

All of the women felt their knowledge had increased from attending Breathing Space. They discussed recognising negative behaviours, early warning signs and diverse types of abuse:

"I didn't realise that domestic violence covered a lot of issues so, like, it don't have to be physical, it could be verbally and it's how they talk to you and that's how it all starts as well through drink and drugs. So just recognising really what in a relationship, where it starts, the abuse and how it starts." [Service User Interview 6, 2018]

Women learnt how to recognise unhealthy relationships and feel more confident about being able to form healthy relationships in the future. For several women, they had only ever known abusive relationships, so Breathing Space was the first time that they received education in this area:

"I wouldn't have my kids if it wasn't for this group [...] I don't know what would have happened to me or my children if I hadn't come to this group do you know, so, and I'd never stand for any kind of abuse off him again that's what I've learned from this group. I've had three relationships in my whole life and they've all been abusive so I just wouldn't stand for it now. So yeah it does save women do groups like these."
[FGD4, November 2019]

"I probably won't make the same mistakes again if that makes sense. Like I were

more scared that I'll get into another relationship and it'll turn rubbish again but like coming here and stuff's helped me like learn the warning signs and stuff so I'm in a better place." [FGD November 2019]

The women also described the different topics they discussed in group, for example, how domestic abuse affects children, the long-term impact of domestic violence on people who have experienced it, relaxation techniques, strategies to stay safe, healthy eating, and mental health. Learning also came from listening to other women's experiences, as well as from the team delivering the sessions:

"I'm more focussed on stuff and I know when things are going to, like we've talked about how situations start so it makes you more aware. And listening to other people's views makes you aware of situations." [Service User Interview 3, 2018]

Several women talked about how much they had learnt about healthy romantic relationships and some felt that they had put that learning into practice in their current relationship. Women reflected upon how the group was helping them to learn about healthy relationships in general, recognise controlling behaviours from partners (past, present and future) and to develop coping strategies. One stakeholder explained why mainstream services struggle to support people at this stage in trauma recovery:

"One of the main outcomes of this group is people learn healthy boundaries and it's difficult, it's really difficult and this is why mainstream agencies are sometimes unable to cope with unboundaried people because NHS requires boundaries really, it's a very boundaried agency so but you expect to have boundaries from your client. But some clients, extreme clients like they work with, they are unable to hold it, you need to offer them something new really, a new experience and group intervention is a new experience." [Stakeholder 3, 2018]

The group sessions also taught participants about healthy interactions and relationships in more formal settings, which further prepared them to work with other services. The group served as a useful tool for some women in enabling them to demonstrate evidence of participation to other services which required paperwork:

"With this group if, for example, you know I've got social worker involved, with me personally I like to give them information of how the group's supporting not just myself, so they know the circumstances of what you've been, obviously I've got to have paperwork." [FGD5, July 2018]

One of the stakeholders (7, 2019) confirmed that the two women who she had referred had experienced learning in terms of being able to recognise abuse, were more stable and had increased levels of confidence.

Increased confidence and strength

In general, the women felt more confident and able to express themselves, knowing that

they would be respected and listened to. This was linked to feeling more positive about themselves:

“It helped me to feel more positive about myself, stronger in myself, it gave me a lot of confidence because I started to realise, you know, I didn’t deserve the things that happened to me and it was them that was in the wrong. So, it helped me with my confidence.” [Service User Interview 5, 2018]

“I suffered from like post-natal depression, I’ve had it since my son were three month old and it’s just seemed to not go away over the past years and obviously when kids were taken [referring to removal] it went downhill from there and now, even though I take the tablets it’s like do I even need them now because coming here it’s given me more confidence to go out to do stuff, whereas before I’d just lay on sofa or lay on chair and just watch telly all day.” [FGD1, July 2018]

“I’ve gained in confidence. Everyone around has noticed there’s a difference in me, your confidence, everything, the way you’re carrying yourself, attitude, everything, it’s just totally changed. My kids have noticed a difference, it’s not like just the people outside, your kids notice.” [FGD2, July 2018]

The importance of increased confidence

Several women gave concrete examples of changes they made because Breathing Space had given them the confidence:

- **Leave abusive partners**

“I was able to overcome my fears, as in stand up for myself and confront my worst fears, as in telling my abuser I was going to leave yeah cos each time I wanted to leave before he would tell me “oh you’ll suffer, you will end up in the streets you wouldn’t be able to do your own” and I will be scared that I will end up on the street and all that, I want to stay back. But gradually I got that confidence to tell him “yeah I want to go even if I will suffer.” [November 2019 FGD]

- **To make decisions in their best interests**

“I’ve got to a point in life where I feel like I can say no and no’s no whereas, before I’d say maybe no but I didn’t really mean no so I think in that aspect it’s helped me in that way but it’s helped me to be a stronger person this group.” [November 2019 FGD]

- **To get an education**

“They even helped me get into university because it were Lucy who wrote my reference for me to get into university so you know they do go beyond to help if they can.” [November 2019 FGD]

- **To leave the house and interact with people**

“I don’t have that thing anymore if somebody maybe laugh behind me, I feel oh they’re laughing at me look at she’s not dressed well, she’s not good enough so I don’t have that feelings anymore. Now I can go anywhere and talk anywhere.” [FGD5, November 2019]

“That give me like some confidence of myself and help me to sort out my situation. So I share with them my problems my situation. Now I feel a little bit strong than before cos of that group.” [FGD6, November 2019]

- **To volunteer, work or study**

“Some women have expressed how their confidence and self-esteem has increased therefore feeling able to volunteer for other organisations (two names); go back into studying (two different names); and two women are helping to train trainee social workers.” [Worker 2 2020]

Development of social support - friendships

Many women had felt isolated through the domestic abuse they had experienced and thought that no one else was going through anything similar. They felt that they were not alone following attendance, and developed social networks from being involved in Breathing Space:

“You’re isolated because of what you’ve been through [...] And now I’ve found some good friends.” [Service User Interview 2, 2018]

“And also, I’ve took friends away from this so I like, I’ve got a really good friend in that group that I phone that we keep in touch and I go to her house and she comes to mine. And yeah, I’ve made a really good friend, a close, close friend who I can talk to and she can talk to me about anything. So yeah, I feel like I’m, I’ve become part of a network that I never thought could be possible.” [Service User Interview 6, 2018]

Participants felt the workers really understood what they had been through and this made a difference to how they could open up and reduce their isolation.

“There’s a couple of times when I could have ended up dead but I think this group has actually saved me and then I was like isolated and stuff like that and this group feels like family and if I miss a week I feel lost so I think this group is a credit for what it was.” [FGD6, November 2019]

Knowing other women had similar experiences helped the participants to feel less alone mentally and the regular group meetings meant women had a reason to leave their house and were not “trapped” at home. Domestic abuse invariably results in the social isolation of victims, Breathing Space provided the environment for women to start to build a social

support network where they did not feel judged or at risk.

Expressing themselves and improved communication

The group was described as a place where the women could express themselves freely and for some this was the only place they could be so honest. For some women, the learning and support of the group helped them to express themselves better, particularly when communicating with social workers or other professionals. The language they used and the emphasis they placed on positives or negatives had a direct effect on how they felt about themselves:

“Speaking to professionals positively, not always saying the negative things. So, before I used to just say to my social worker “this is crap, this is crap, this is crap” but now I can say look for instance that “look the kids are always being on time for school so that’s a positive thing. Yeah their behaviour isn’t one hundred percent.” So yeah like being more positive in myself.” [Service User Interview 3, 2018]

“I’d say I’ve learned while I’ve been here how to speak to professionals and they’ve given me the ability to be able to say to professionals what I want and what I need.” [FGD November 2019]

The group also helped women to communicate with their children in a healthier way:

“And improved my skills as a parent to be a better parent and not scream as much.” [FGD November 2019]

Giving back – being in a more positive place

As part of their recovery, many women wanted to make a contribution to those around them through sharing their experiences of domestic violence to help others in similar situations:

“I am relieved that I can help these women recognise what I’ve been through in my past and that actually you’re not alone and you don’t have to put up with that, and you are worth more than that because years ago this is what I wish people were saying to me.” [Service User Interview 6, 2018]

They also felt more positive in terms of their futures, setting goals and participating in daily activities:

“I’ve set more goals where like this time last year had no goals with what I’m doing. Like the last year in the summer holidays I didn’t have nothing sorted I was like I’m going to take it day by day. Now I’ve got things set out and I’m going to do this and I’m going to do that.” [FGD2, July 2018]

Development of coping strategies and self-care

The women listed a wide range of ways the group supported them to take care of

themselves: advice on healthy eating, sleeping better, recognising and managing emotions, safe sex. In addition to advice and education, the women learned tools to help them cope and improve their wellbeing: breathing techniques, yoga, pelvic floor exercises. The women also talked of strategies they had learnt during the sessions to deal with stress (including post-traumatic stress), depression and anxiety:

“There’s like some groups we talk about sleeping and how, what we can do to help sleeping, and I struggle with my sleep at the moment, so I’ve took on board some of the techniques that’s been said.” [Service User Interview 1, 2018]

“One girl she finds it hard to talk to her social worker she [...] But I’ve had bad experiences so I relate to that, I’m like ‘listen I’ve been there and not talked to them, it don’t work well. If you do this maybe about have something your pocket, just rub it.’ We sometimes bring little gifts for each other so one of the girls brought us like a little stone just to have in our pocket to rub if we feel like we’re getting mad just to rub it.” [Service User Interview 3, 2018]

“She (referring to worker) bought some herbal teas in for us and that’s you know sleep ones to settle to sleep at night cos a lot of us don’t sleep properly at night-time and they were great they’re brilliant so.” [FGD 4, November 2019]

Women learned ways to cope with their emotions and understand the long-term impacts of domestic abuse:

“The impact it has on yourself after you’ve got out of that abusive relationship, which you still have flashbacks, you still have nightmares, you still feel anxious, you still feel like they’re going to come and get you again, you know, so it’s just coping with that you know.” [Service User Interview 7, 2018]

“I kind of have flashbacks and I kind of don’t go to sleep and things so by talking to other people and talking to the staff as well kind of try to reflect and try to build strategies and coping strategies or things that can make it better or we can think about something positive. Just things like that that we can do just to wind our body down and our minds and focus.” [FGD November 2019]

"They are gaining in confidence and self-awareness, and able to, you know, have greater sort of control on how they are and in situations." [Stakeholder 6, 2018]

Worker reflections 2020 – Examples of small scale important changes in women’s lives

- **Body Language**

One of the key things we begin to notice is the body language and increased engagement. Women often come in with minimal eye contact, slumped, closed body language. By the end of a few sessions of attending these women have a more open posture, are able to maintain eye contact and have an increase of volume when talking. Some of the women are able to come out of their shells not only by removing their coats into a few sessions but are also able to laugh and joke without feeling judged [Worker 2].

- **Concentration**

Behaviours also change, so phones stop being the sole focus of their attention or they are able to sit still for longer and pay more attention to what other women and workers are saying. They start to contribute to discussions themselves. Some women go from a position of needing looking after for example, being asked if they want a drink to asking others if they’d like a hot drink and being responsible for teas and coffees for other women. They develop as care givers by offering empathic responses in group when others are distressed [Worker 1].

- **Experts by experience**

These behaviour changes can contribute to a more positive sense of identity and self-esteem developing. We have encouraged this by letting project participants know that we see them as experts in their situations and that the learning they complete with the project may well be of use to them in the future when they are approached by friends or family who experience domestic abuse [Worker 1].

- **Language**

Women have been mindful of swearing understanding how triggering it can be for others and also increasing their own self-esteem and positive words towards themselves [Worker 2].

Alternative provision

Stakeholders could not identify another programme that offered the same type of support. Other organisations may claim to offer a comparable service but stakeholders do not believe they have the expertise or flexibility to deal with cases of such complexity:

“From my experience working twelve years in Leeds, [...] I’m aware about Leeds mental health pathways really well because I was working with commissioners myself. [...] Some of them [organisations] who will say ‘yes we’re happy to offer...’,

in reality they are unable to offer because again to offer consistent support you need to bend or be flexible enough to the complexity they bring really, but they struggle.” [Stakeholder 3, 2018]

“To be honest I would really be struggling because there’s nothing out there [...] it’s really, really difficult to find anywhere else where parents can get support.” [Stakeholder 4, 2018]

Stakeholders felt there was a gap in support for the women who met the criteria for Breathing Space. Women who had had their children removed were described as being “left to their own devices” after that point as the support in place previously had been centred on the children. Using a trauma-informed approach involving multi-agency working, the facilitators work towards referring the women to mainstream services and building their independence:

“Mental health services in Leeds are specifically focussed only on second and third phase of trauma recovery. There is a lot of empty space and it’s not just in Leeds the whole country. This is why we try to educate commissioners to source small projects to focus on the beginning which is usually called preparation stage.” [Stakeholder 3, 2018]

“In the stabilisation group we look at, we have six weeks looking at the main drivers I suppose that we’ve found that helps people maintain wellbeing when they are affected by trauma through domestic abuse. So we look at what they’re eating, how they’re sleeping, whether they get panic attacks and how they deal with them. [...] What we find is with some women they can’t really shut their eyes or engage within their own body, they’re too distant from their own body due to trauma.” [Stakeholder 1, 2018]

Worker reflections 2020

What makes the Breathing Space offer different from other provision:

- Transport
- Crèche
- Capacity to coproduce leaflets and events
- Refreshments
- Interpreters
- Support with mental health issues and domestic abuse in one programme
- Stabilisation techniques
- Longer term support
- Coproduction of a training resource for professionals
- Participants contributing to the training of Social Workers

Both of the stakeholders interviewed in 2019, said that there were no alternative services that

operate in the same way as Breathing Space, particularly city-wide support. Stakeholder 7 also noted that the positives associated with Breathing Space were ongoing support and its trauma-informed basis:

“The FDAC (Family Drug and Alcohol) Team find the Breathing Space group an essential part to the recovery of a proportion of the mums in which we support who have been subjected to abusive relationships; family, friends and partners. We feel that this group provides the women with a space to initially focus on stabilisation and self-care and this is key for individuals who have been through traumatic experiences. We have found that the women who we have referred have felt valued, a part of something, able to meet new people, learn how to love themselves and start to understand the impact of past and present relationships..” [Stakeholder 8, 2018]

Worker Reflections 2020

The use of trauma-informed principles (see Appendix A for full reflections)

- Acceptance of women and their circumstances, state of mind, lifestyle choices
- Group agreement to ensure women feel safe in group and confidentiality is protected
- Women do not have to fit a list of criteria before they are allowed access to support e.g. being sober or out of the abusive relationship
- Give participants choice and control over what happens in the sessions
- Give the participants a voice in city-wide consultations affecting women
- Use breathing exercises and grounding activities regularly with participants to expand their toolkit for stabilisation
- Consistency of workers, venue, days and times over the programme can help anxious women engage more fully
- Psycho-education help the participants to understand their trauma and their reactions to it.
- Stability, consistency and transparency are essential components of the work

Exiting

In the final focus group conducted with service users (November 2019), the participants described being “gutted” at the thought of leaving the weekly structured group. They were very conscious that there was limited capacity so were aware that some had to move on to “make space” for new women who needed the support. Service users were also aware that Breathing Space funding was time-limited. They appreciated the effort the workers made to find them something to move onto. The women felt confident the new groups were safe places with ongoing support.

“But within that they’ve helped us, haven’t they, like two of us in the group we’ve moved up to another project called Phoenix Women.” [FGD1, November 2019]

Areas for Improvement

Participants found it difficult to identify improvements they would like to see in the group organisation and content, and feedback was often about more practical issues associated with transport (taxis) on the way to the group, or the crèche. Taxis were raised as an issue, they were often late, unreliable, and sometimes women felt uncomfortable with the driver asking too many questions, some quite personal. The workers had fed back to the company. A later start time was suggested by some, so that some attending (where possible) would be able to get there on public transport after rush hour and after schools had started; women with school-aged children could drop them off and those who no longer had their children in their care were not upset by seeing a lot of children travelling to school, which was identified as distressing by one participant.

Several women said they would like the group to meet more than once a week but acknowledged that not everyone would be able to attend more frequently. Some requested increased capacity to work with more women; more groups would also mean that women could change group if they knew someone in one group and wanted anonymity and/or to avoid potential conflict. This had happened and was managed by two women attending alternate sessions so they are not present at the same time.

The women made suggestions for promoting the group through leaflets, social media and by promoting referrals from the police, through GP surgeries and other women's organisations. Women's toilets were mentioned as a safe space to advertise the service. Participants realised the limitations associated with promoting the group too widely, in terms of demand and the ability to keep the meeting location confidential.

For women who felt anxious about attending, the use of a 'buddy' system to help them to settle in was suggested:

"Maybe have a worker with them at first so like a support worker to come or else somebody from like Women's Health Matters who supports new women." [Service User Interview 8, 2018]

"...having a little buddy system for new people, like new people that don't know what to think when coming to a group, like someone that's been here for a long time meet up with them like twenty minutes before they're coming down so they feel comfortable." [Service User Interview 1, 2018]

Some participants that felt they were in a much more positive place from attending requested the opportunity to be trained to facilitate other groups.

Another suggestion was that the group had a more direct relationship with counsellors and/or a GP so they could refer directly from group.

There were several more general suggestions around developing services to provide emergency support and more funding being dedicated to domestic violence provision.

Stakeholders requested increased capacity so that the project could accommodate more

women. Related to more capacity, it was felt that giving staff more time to fully develop the work would be beneficial. One strand that the team are keen to develop is training women to become volunteers on the project. One stakeholder suggested the need for a debrief space, to allow women to take some time out after difficult topics come up in the group session:

“Sometimes sort of the topics that come up are very difficult topics and if it’s sort of recent trauma that someone’s been through, it can sometimes bring things up and bring back memories so when you’ve had the group sometimes going away from that you can sort of be left with difficult thoughts or memories to deal with and she (referring to a service user) just felt she needed, like a one-to-one with her keyworker afterwards just to talk about how it had been and things.” [Stakeholder 7, 2019]

In addition, this stakeholder also suggested that men would benefit from support in terms of education about healthy relationships, and that they too needed a service as victims of abuse suffering trauma:

“A similar service for men. That would be really valuable. I had a young lad that I wanted to go to something very similar. I wanted him to go to the group but I know they don’t accept men so I had to try and find an alternative but I don’t think there’s that many alternatives for men out there really.” [Stakeholder 7, 2019]

Worker reflections 2020 – Doing things differently

In future projects with sufficient resources, the following would add value to the work:

- A children’s worker to act as one of the crèche workers, giving a trusted source of advice and support for women with children in their care
- A team of therapists as part of the project so that women have immediate access to therapy without the need for a waiting list

Additional short courses available to feed into from sessions within group that focussed on breathing / yoga ,creative art , self -defence

Outcomes

- Select appropriate outcomes to measure for funders e.g. it was not possible to evidence a reduced need for counselling, quantified in terms of a percentage.
- Only outcomes related to project delivery should be measured, not those involving other agencies/services

Worker reflections 2020 – key lessons from delivering Breathing Space

- Do not make assumptions about women, individuals and their situations are unique
- Domestic abuse and mental health need to be tackled as interrelated concerns
- Childcare is vital to reduce barriers and reach as many women as possible, most services do not offer it denying many women access to counselling and other mental health or domestic abuse support
- Some women need more time and nurturing than others
- Keep the referral process open - it may take some time from referral to attendance and this needs to be handled with patience, care and soft persistence

Breathing Space as a metaphor

During the focus group held in July 2018, women were asked to think about Breathing Space as a cake recipe, to help them to illustrate the essential ingredients, as well as those that were added extras. The results of this co-created metaphorical recipe are illustrated in the photograph below.

Essential ingredients:

- The bowl was used as a metaphor for holding the key ingredients together, and the women noted that transport to get women to the group (taxis), and the non-judgemental approach of the group were located inside the bowl.
- Other essential ingredients that a cake cannot be made without were:
 - Group rules (important in relation to both trust and safety)
 - Childcare provision (crèche available at the location where the group is held)
 - Trust – creating the confidence to attend, and participate
 - Women in the same position were viewed as the eggs, in the sense that “they hold it together”
 - Safety was discussed as being important, and was metaphorically seen as “mixing the group together”
 - Perceiving the other group members as friendly and the workers as non-judgemental was also an essential, with one woman noting that “I wouldn’t come otherwise”
 - Advice and help was also noted as being an essential ingredient, for example, being able to speak to a worker outside of the group was discussed as an enabler of attendance and engagement
 - Learning from being involved was also noted as being important, as well as being challenged.
 - The baking tin was described as quiet space, whilst the oven was seen as the

support and the need for friendliness was also placed onto the oven to describe the mechanisms for how the cake was being baked.

Added extras:

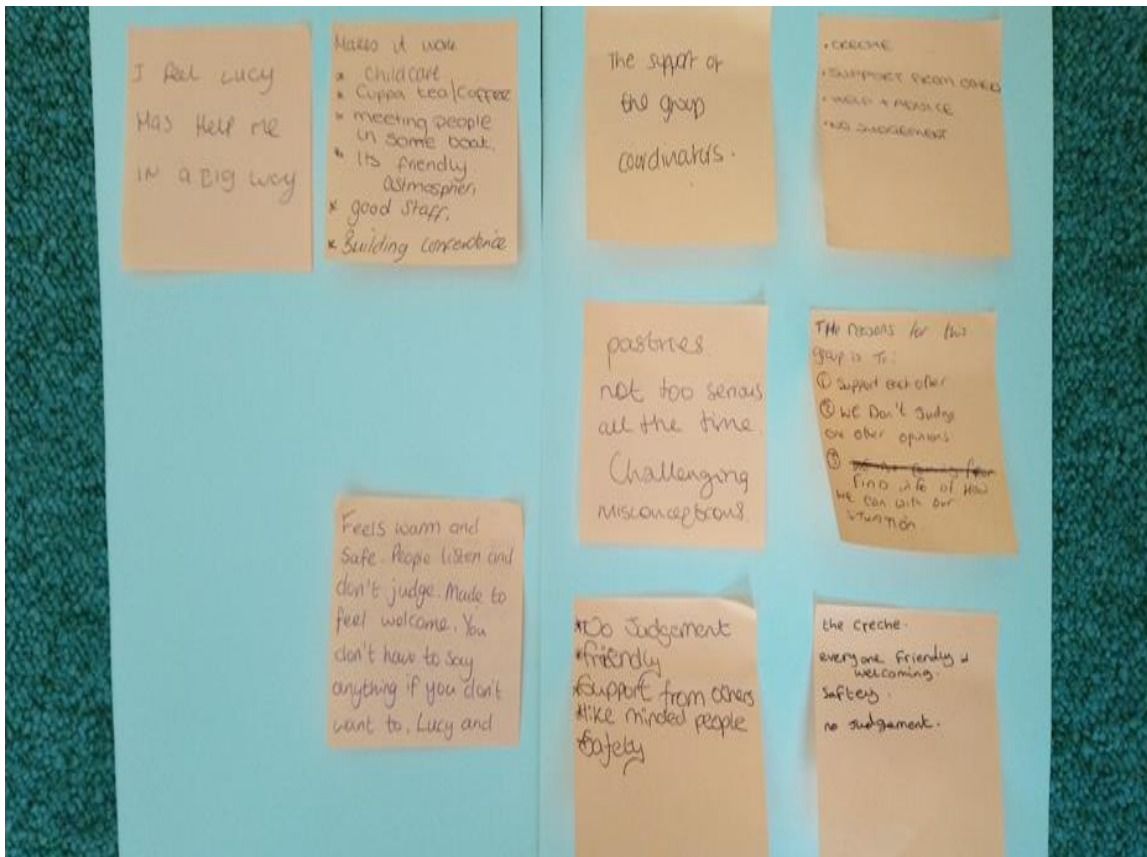
- The activities that the women participated in during group sessions were seen as added extras, as well as the refreshments that were provided.

Photo 1 – Breathing Space as a cake recipe



Women also wrote down positive aspects of their involvement with Breathing Space onto post-it notes. These are shown in the photograph below and emphasise the importance of trust, safety and an environment in which they did not feel judged.

Photo 2 – Service user comments about Breathing Space



Summary of findings from qualitative data collection

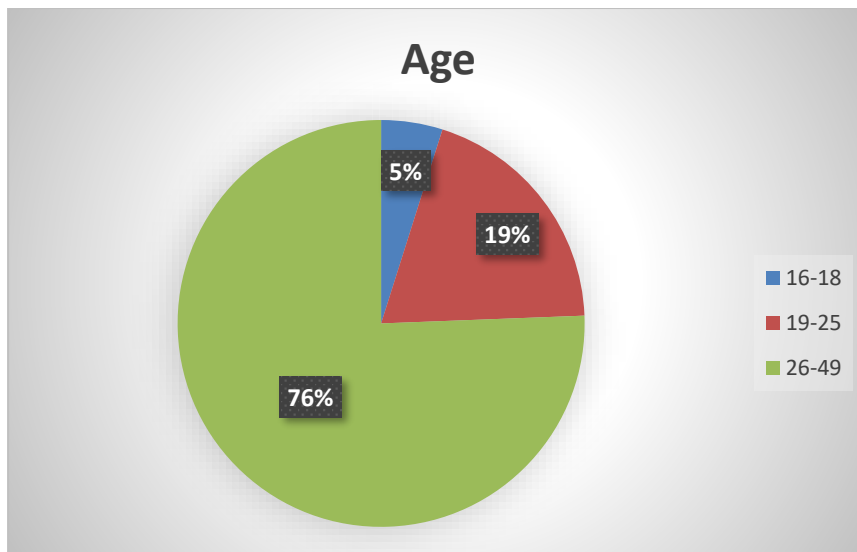
- Despite initial concerns at the time of referral from some women about the Breathing Space group, the women we interviewed reported positive experiences of attending.
- Women felt safe attending, had been able to build trust with the workers and valued the supportive peer environment.
- Women reported many learning outcomes from participating in the groups, in relation to knowledge of healthy relationships, self-management techniques such as breathing exercises and strategies to cope with their emotions.
- Women reported a range of positive outcomes from being involved with Breathing Space such as increased confidence, improved mental health and being better able to cope.
- Women interviewed also noted the level of support that they were being given by the Breathing Space workers, comparing this favourably to previous experiences. They were also referred into other services where appropriate and viewed this positively. The provision of on-going support was noted as being valuable.
- Peer support was reported as important by the women interviewed, in that it enables women to share their experiences, and support each other by providing and receiving advice. This helped decision making for the women in relation to themselves, and their children.
- Stakeholders described the need for Breathing Space, noting gaps in wider service provision and a lack of flexibility to meet the needs of women experiencing domestic violence, especially using the trauma-informed approach to stabilisation which was described as the unique aspect of this provision.
- Stakeholders reported that many women have negative experiences with other service providers and feel judged therefore trust needs to be built as a foundation for engagement.
- Stakeholders also recognised the value of Breathing Space's holistic approach to supporting women, that focuses on all of their needs.
- Stakeholders noted the importance of peer support for service users, enabling them to both share experiences and to learn from each other.
- Stakeholders noted positive outcomes for women, some of which are not quantifiable for example, being able to eat with others in the group.

3.2 Service User Survey Data

A total of 41 women from Breathing Space completed an annual snapshot survey created by Women’s Health Matters team about their circumstances and experience of the programme. It was not compulsory to answer the questions so many of them had fewer than 41 responses, the percentages are of the total number of responses to that question (number of respondents shown in brackets).

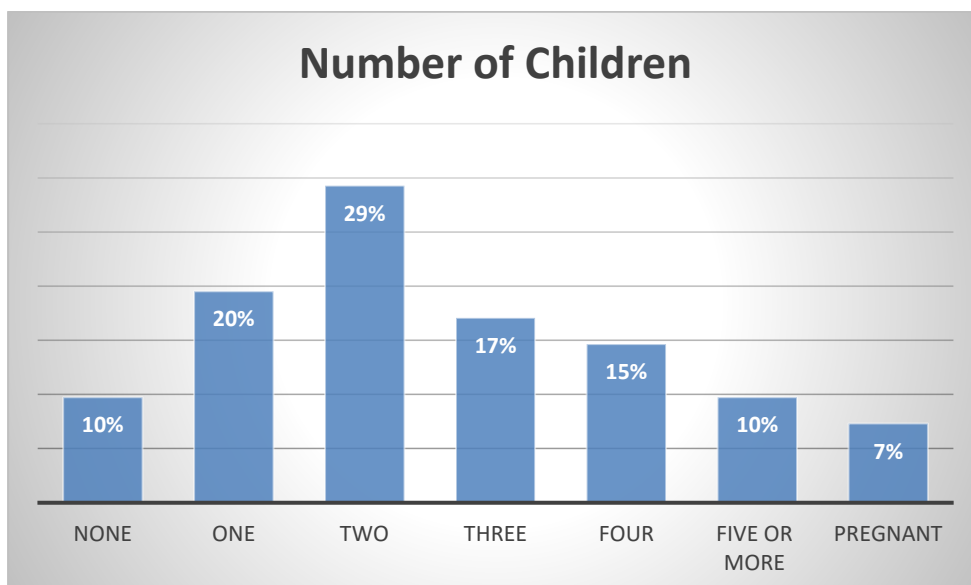
Age (n=41)

Just over three quarters of the respondents were aged 26-49.

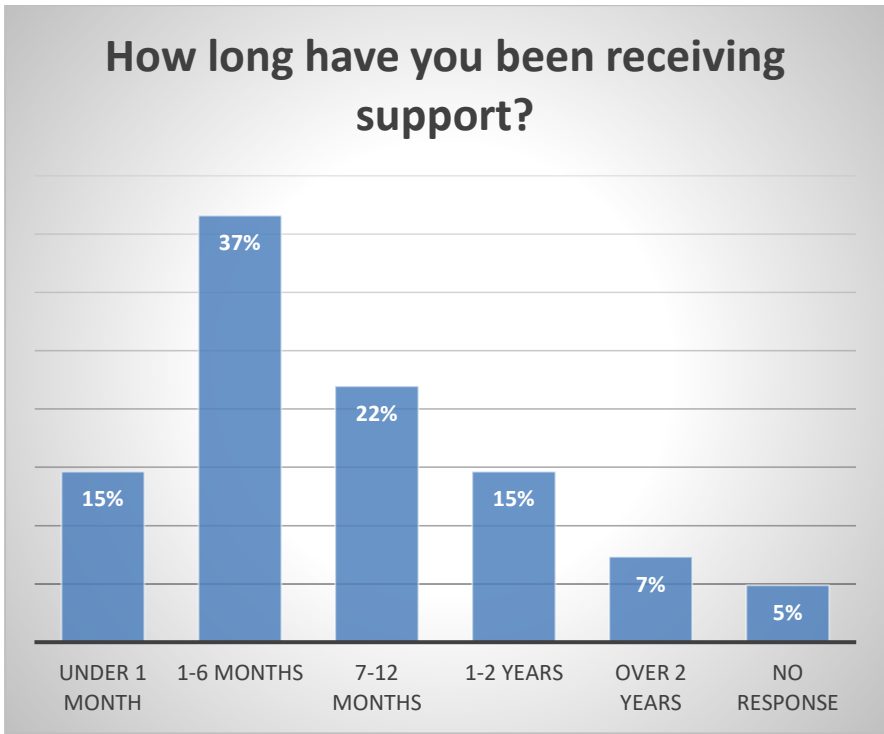


Number of children participants had (n=41)

90% of the respondents already had children with a quarter having had 4 or more, and 7% were pregnant at the time they took the survey.

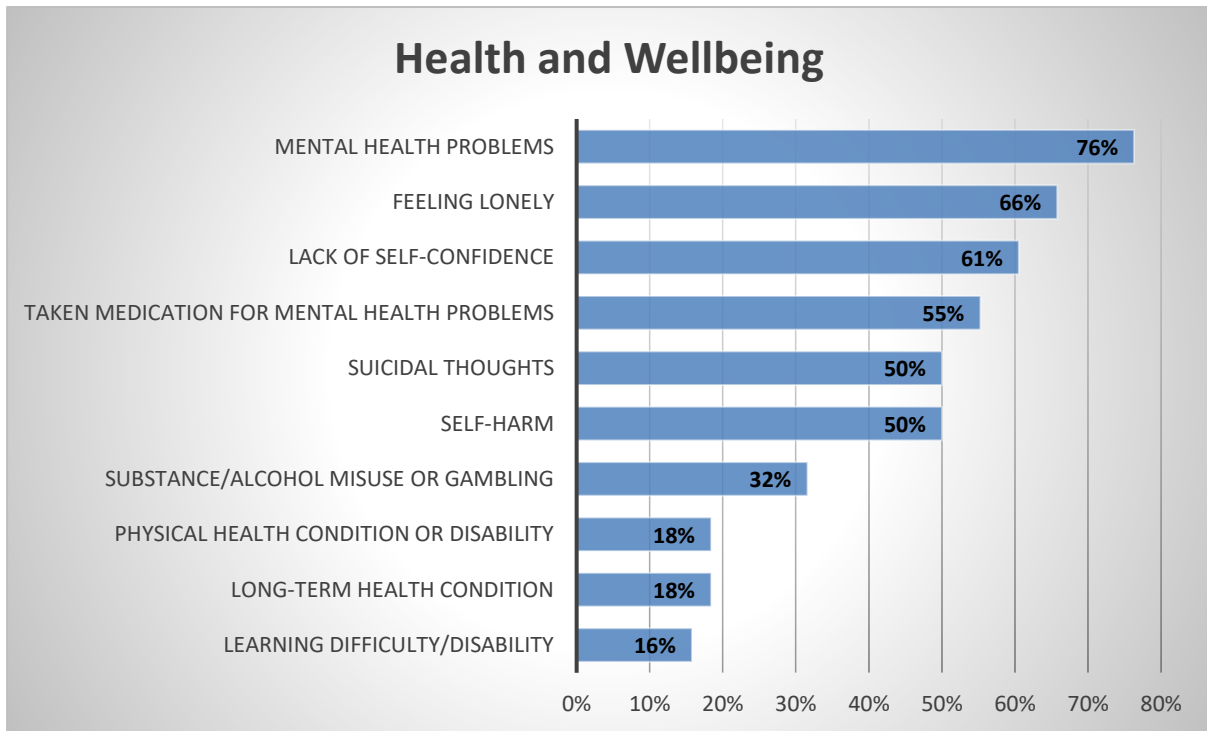


Length of time accessing support from WHM (n=41)



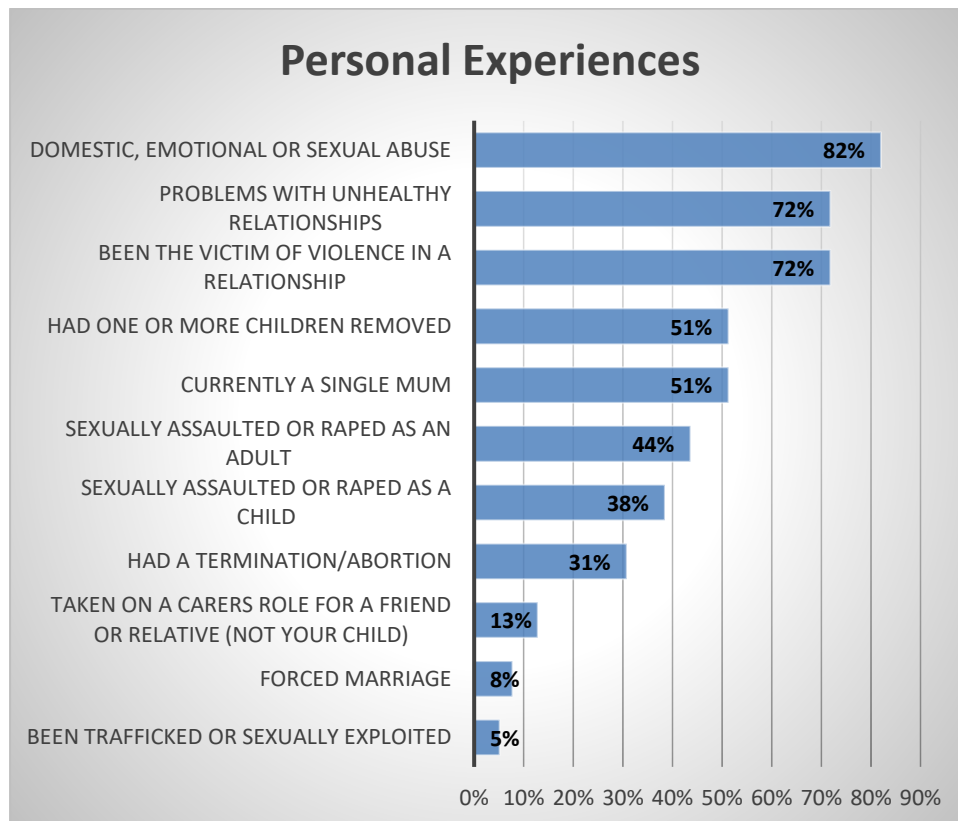
Health (n=38)

The most commonly experienced health problems were related to mental health (76%) with over half (55%) of the women having taken medication for mental health conditions.



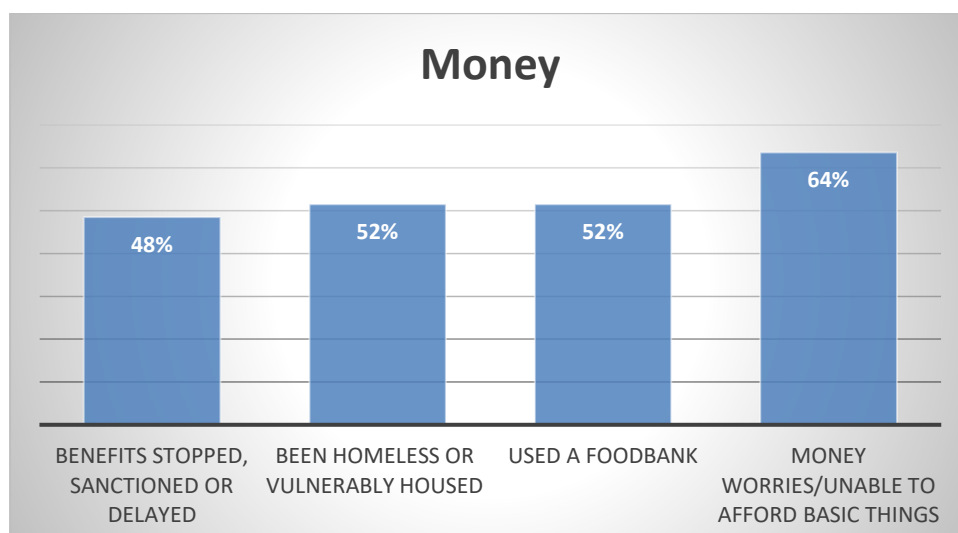
Personal experiences (n=39)

The women reported a range of challenging personal experiences in the survey with high proportions having experienced abuse and violence (a referral criterion for the programme is that the women have been victims of relationship abuse in some form). Around half of the respondents have had children removed from their care.



Money (n=33)

Around half of the respondents had experiences of problems with benefits and housing, and nearly two thirds (64%) had found themselves unable to afford basic necessities.

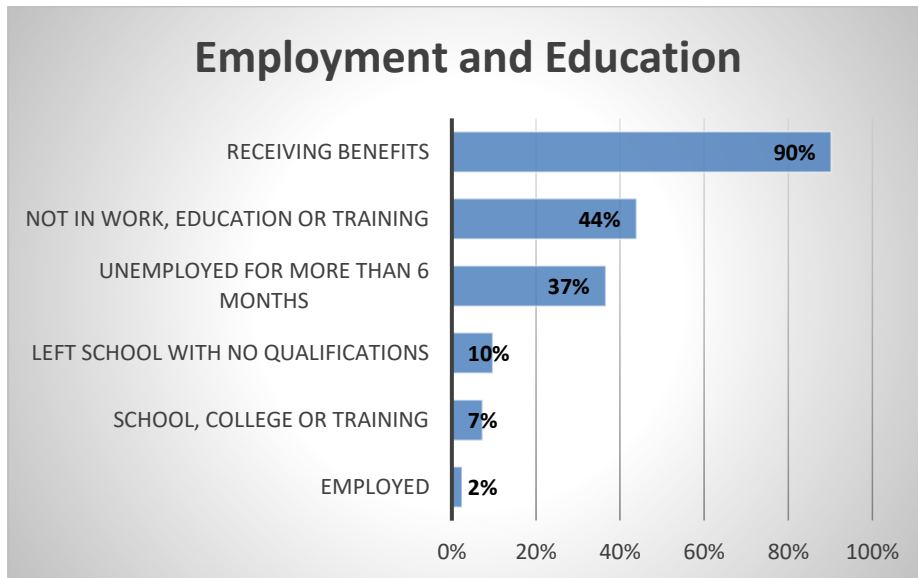


Police contact (n=15)

15 of the respondents had been arrested, of which 6 were charged and 4 had been to prison.

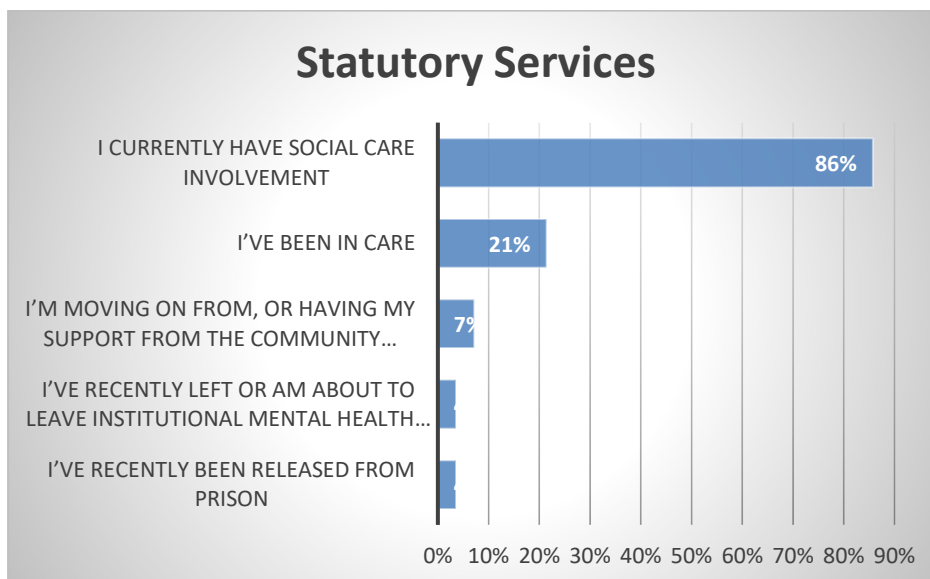
Employment and education (n=41)

A large majority (90%) of those who completed the survey are receiving benefits (90%), only 2% are in employment and 7% in education/training.



Statutory services (n=28)

The majority of the respondents currently have social care involvement (86%) and a fifth (21%) had been in care.



Status: there were 2 refugees and 2 women seeking asylum among the respondents, one of whom was in the UK on a spousal visa.

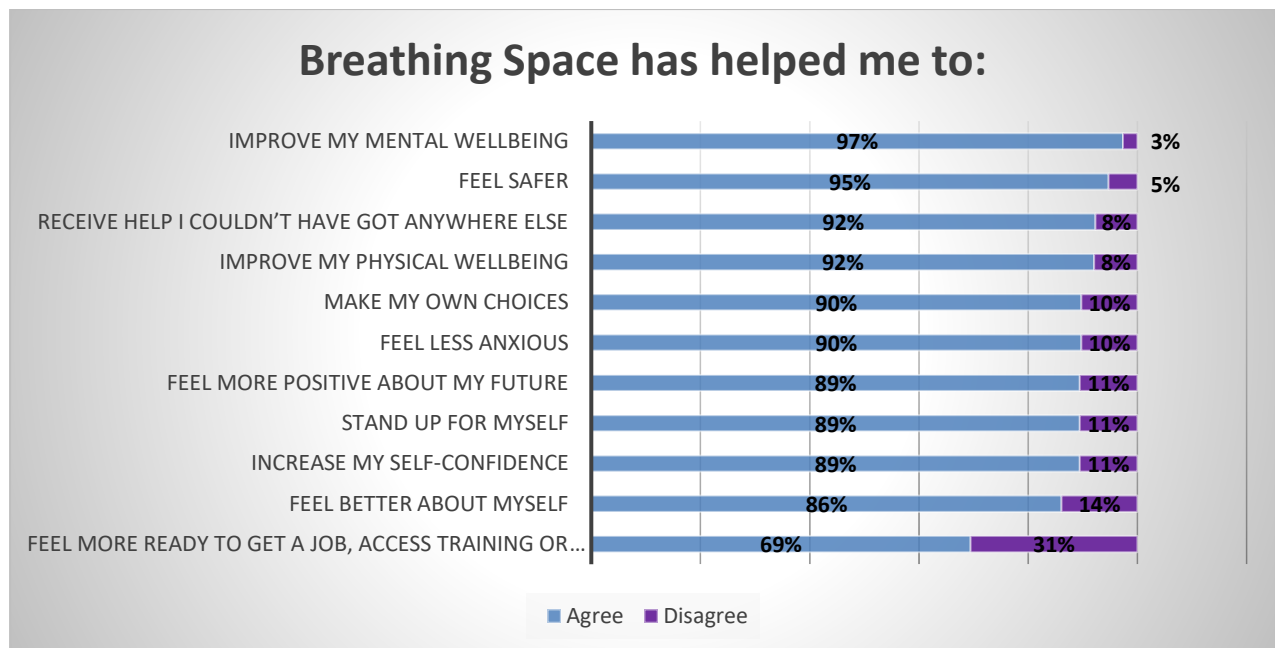
Views of Breathing Space support

29 women responded to how they felt about the following:

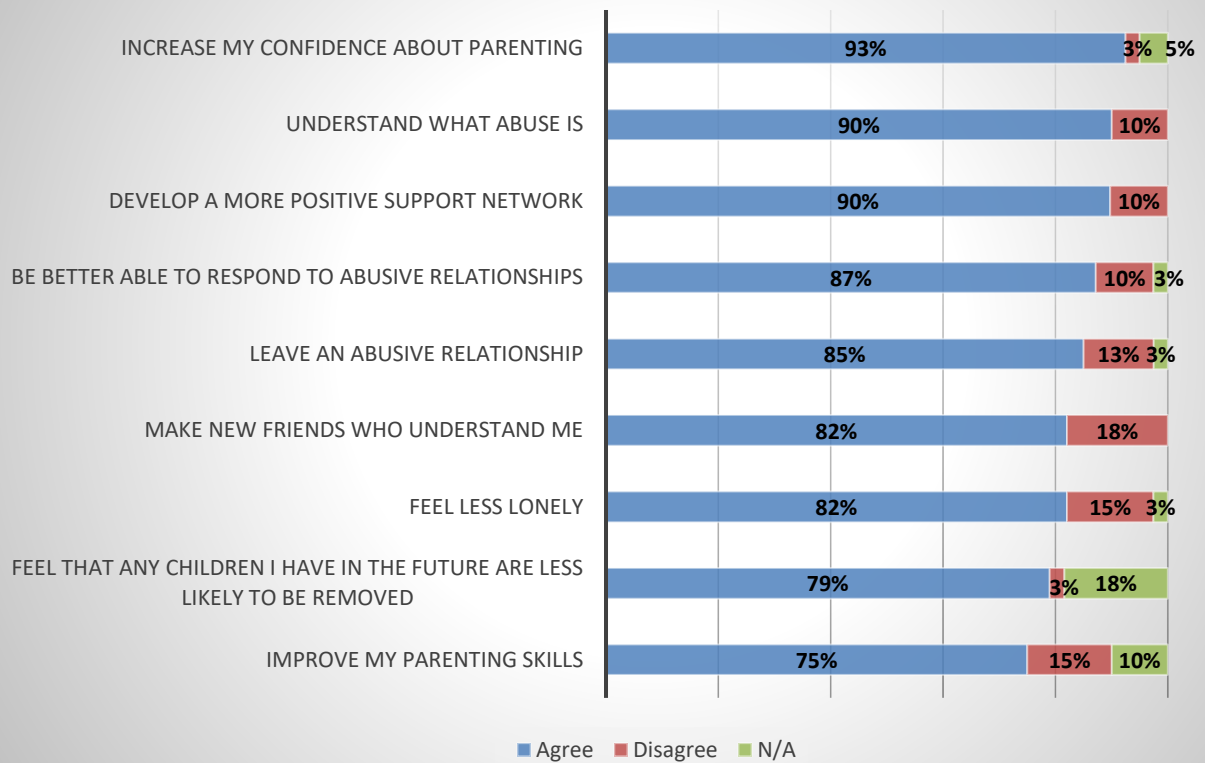
- I feel unable to get the support I need – 24%
- I feel that statutory services don't listen to me (e.g. social workers, school, health workers) - 45%
- I worry what people will think if they know about the challenges I've faced – 69%

What has the support from Breathing Space helped you to do? (n= 36-40 for the range of statements below)

The responses around how Breathing Space had helped participants to improve their health, wellbeing and to develop healthy relationships were overwhelmingly positive:



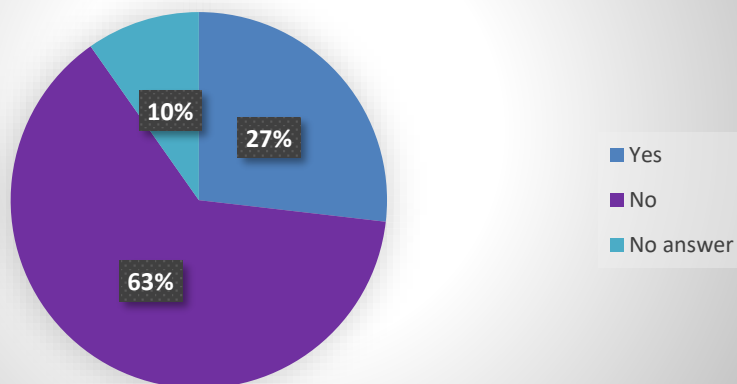
The support I've received has helped me to:



Project funding

Funding for transport and/or childcare was an essential part of the provision with almost two thirds (63%) of the women answering that they would not be able to attend without it.

Could you attend without travel and/or childcare being included?



Support from anywhere else, for example another charity

Yes	16	39%
No	19	46%
No Answer	6	15%
Total	41	100%

For 39% of the respondents, other support came from statutory and third sector groups e.g. adult social care, CAMHS, charities such as Leeds Women's Aid, LASSN.

Evaluation surveys

Wellbeing statements (I've been...)	Baseline Mean (n=47)	Follow-up Mean (n=27)	Difference
Feeling lonely	3.60	2.98	-0.61
Able to make up mind	3.21	3.72	0.51
Able to cope with strong emotions	2.63	3.20	0.57
Optimistic about the future	2.85	3.42	0.57
Thinking clearly	2.57	3.19	0.61
Feeling Useful	2.85	3.52	0.67
Dealing with problems well	2.72	3.44	0.72
Feeling relaxed	2.27	3.04	0.77
Feeling close to other people	2.51	3.33	0.82
Relationships			
I feel safe	3.45	3.71	0.27
I am happy with my relationships	2.89	3.34	0.45
I know how to stay safe	3.45	4.06	0.61
I know about abusive relationships	3.63	4.26	0.63
I can acknowledge and recognise abusive behaviour	3.90	4.63	0.73
I am feeling emotionally well	2.42	3.15	0.73
I am happy with my life	2.46	3.22	0.76
I know about healthy relationships	2.99	3.78	0.79
I am feeling confident	2.55	3.43	0.87
I have more choice and control	3.05	4.00	0.95

NB Many of the surveys did not contain the statements: 'I've been able to cope with strong emotions' and 'I can acknowledge and recognise abusive behaviour.' The statement about having more choice and control was only on a quarter of the completed surveys. The women attended the programme for different lengths of time so the results are not standardised.

The mean responses show an increase in all areas of wellbeing and relationships apart from loneliness, which has decreased. The largest changes were that the women felt closer to other people (+0.82) and more confident (+0.87) when they completed the final questionnaire. The biggest change (+0.95) was in feeling they had more choice and control but only a quarter of the respondents were asked that question. The smallest change was around feeling safe (0.27), but the mean response had still increased following the intervention.

Baseline Survey (Total respondents = 47)

What would you like to get out of coming to Breathing Space group?

The main responses involved support with mental health problems and coping skills; understanding abuse, healthy relationships and their own emotions; increasing confidence; and building social connections with others:

“A sense of belonging, learn of other perspectives on life and tools to help be emotionally resilient.”

Is there anything about your experience of Breathing Space so far that you would like to share with us?

Even at an early stage of attendance, women reported having “learnt how to deal with professionals” and learning about managing mental health. Some were nervous about attending and did not know what to expect e.g. one respondent was expecting a circle like in an AA meeting, but once they started they felt welcome and more relaxed.

In ‘other comments’, respondents expressed gratitude for the taxi service and felt that text/call reminders were useful. Listening to other women talk about their experiences was found to be helpful and the group was described as a “lovely calm place to be.”

Suggestions for improvements included: a larger crèche with changing facilities; weekly bus tickets rather than taxis to save money; and longer sessions.

Follow-Up Survey (Total respondents = 27)

What did you get out of coming to Breathing Space group?

In the survey completed at the end of the programme, women said that it had helped them to learn about abuse, healthy relationships, and coping with stress and difficult situations. In addition to the knowledge they gained, the programme helped them make friends and improve relationships with others; increase confidence and improve mental health. Several women said they had left abusive relationships as a result of support from Breathing Space.

They felt less isolated through meeting other women in similar situations and appreciated having someone to turn to that did not judge them.

Is there anything about your experience of Breathing Space you would like to share with us now that you are finishing?

The women found the group to be “amazing” and the level of support was “extraordinary”, one participant credited it with making her believe in herself again and another said, “It has helped me to get my life back”. They described the group as having ‘lovely surroundings’, and as being happy, welcoming and safe.

Other comments

Recommendations for improvement: one respondent suggested offering one to one counselling or a drop in day for counselling. Several respondents would like to meet more frequently e.g. 2 days a week rather than one. Some respondents felt they would benefit from more mental health information in the sessions.

Summary of survey data

Internal survey

A total of 41 women from Breathing Space team completed a Womens Health Matters survey and the data showed that:

- The most commonly experienced health problems were related to mental health (76%) with over half (55%) of the women having taken medication
- Support from Breathing Space had enabled 97% to improve their mental wellbeing, 95% to feel safer and 92% felt that they could not have received the same help elsewhere
- 86% were receiving support from social care services yet 45% reported feeling that statutory services did not listen to them (e.g. social workers, school, health workers)
- Just over three quarters (76%) of the respondents were aged 26-49
- 90% of the respondents already had children with a quarter having had 4 or more, and 7% were pregnant at the time they took the survey
- Women had engaged with support for varying lengths of time: 37% had been in receipt of support for 1-6 months, and 22% for 7-12 months
- The women reported a range of challenging personal experiences in the survey with high proportions having experienced abuse and violence (a referral criterion for the programme is that the women have been victims of

relationship abuse in some form). Around half of the respondents had children removed from their care

- Around half of the respondents had experiences of problems with benefits and housing, and nearly two thirds (64%) had found themselves unable to afford basic necessities
- 15 of the respondents had been arrested, of which 6 were charged and 4 had been to prison.
- A large majority (90%) of those who completed the survey were receiving benefits, only 2% were in employment and 7% in education/training
- 63% needed the taxi funding and childcare support to enable them to attend

Evaluation survey

- Women gained more confidence, improved coping strategies and built friendships through their participation in Breathing Space.
- Women reported feeling less isolated through meeting other women in similar situations and they appreciated having support from workers and peers who they felt did not judge them.
- Women reported learning from their involvement in Breathing Space, for example in relation to both abusive relationships and health.

3.3 Internal Monitoring Data Demographics



REFERRALS

162 women were referred to Breathing Space

ATTENDANCE

134 women attended the group sessions with an average of 8 women attending each session.



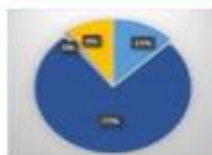
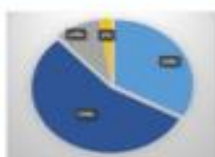
GROUPS DELIVERED

185 separate sessions
96 closed group sessions
89 open group sessions



AGE GROUP

Over half of the women (55%) were aged 27-40 and a third (33%) were aged 19 to 26. 10% were 41-49.



SEXUALITY

Over three quarters of the women were heterosexual (77%) and 13% were bisexual. 9% preferred not to say.

ETHNICITY

The majority of the women were White British (71%) and 11% were Asian/British Asian and overall 22% were from BAME groups.



RELIGION

Almost half of the women did not identify with a religion (46%), a quarter were Christian and 9% were Muslim.

Health and Disability	%
Mental health problems	47%
Long term health condition	30%
Learning difficulties/disabilities	22%
Physical health/sensory/other disability	13%

Family	
Were mothers	86%
Had had children removed	32%
Had been in care	21%

Learning Logs

The two workers delivering Breathing Space kept learning logs about the sessions, and their experiences and views of delivering the project in an on-going reflective process. Their reflections were also used to inform their approach to practice, ensuring that they were supporting women as much as possible:

“The women talked about how they felt uncomfortable in a crowded space, therefore we need to think about keeping the groups small and contained in order for the women to be able to trust and share.” [Worker 1, 2018]

“Session on sleeping and trauma...the group really enjoyed themselves, shared experiences and were trusting...perhaps minimise content otherwise extend the session when discussing emotional and challenging things.” [Worker 1, 2018]

“Need a range of things to do each session so that every woman gets something” [Worker 2, 2018]

Later reflections in 2019 highlighted the smaller outcomes that the workers had seen in the women, often changes that were very subtle but important:

“A really important one is communicating with professionals to get better outcomes, speaking assertively without swearing, also responding to situations bearing in mind the bigger picture rather than reacting in the moment, thinking about the future when making day to day decisions e.g. I won't have a second drink as I know the children will be up early tomorrow. Successful stabilisation is also demonstrated by less emotional triggering – in reacting to stressful situations, we should see a greater use of self-care and reduced self-harming behaviours.” [Worker 1, 2019].

Co-production of an event

In March 2019, a co-produced event was held to disseminate the interim evaluation findings as well as the wider learning gained during the delivery of Breathing Space. Several women who were involved in Breathing Space spent time and energy on organising the event alongside the workers. Feedback from the event was positive, with a selection of the anonymous comments (see Appendix C for more examples) provided detailed below:

Brilliant coproduction, making a real difference to women's lives who are living with domestic abuse, building trust and safety and support networks- well done to who funded it, WHM and the women involved – hope you get more £.

This group fills me with hope and will re energise my practice when working with families who have been affected/are being affected by DV and A! THANKYOU!

The workers involved in delivering Breathing Space also spent time reflecting upon their own learning, with the following quote illustrating the importance of a trauma-informed model of support both for workers, and for service users:

“Grounding is catching/infectious. If we can be grounded and stable our-selves we can, by osmosis, affect others around us and de-escalate tensions or increase calm. This needs factoring in when we are creating the workloads of our face workers because if within their role, they aren’t given time to take a traffic jam, or a late bus into account on their way from one bit of work to another then we may well be sending them to help people in a less than helpful state. In work around domestic abuse there is a growing awareness of the risks posed by vicarious trauma but less awareness of the strains shouldered by workers due to the time saving money saving culture that has flourished due to austerity..” [Worker 1, 2019].

Further discussions noted the level of shame involved with domestic abuse, which prevent women from sharing their experiences with professionals particularly with regards to intimacy and sex relationships:

“Abuse and domestic abuse create shame. If we harbour judgement, even if we don’t express it verbally, we may compound that sense of shame. Through the extra time we have had to work with women at Breathing Space and through the trust built in group we have had some extensive discussions about sex. Some sad, some hilarious and some very practical information has been shared. But some women have also told of times when they have felt publicly humiliated by professionals for having a sex life. I know that I have probably judged women myself over the past 15 years of domestic abuse support group work when they have talked about sexual relationships which really complicate their situation but I don’t have a clear framework for my judgements around women’s sex lives and the Breathing Space group has really helped clarify for me just how many assumptions I could be making. I think women are sometimes put in a position where they feel secrecy and silence is necessary when working with professionals. A trauma informed approach means being aware that it is harder to access our best thinking when we feel threatened or judged. It is imperative that as workers we reflect on our judgements and are sure they are the product of clear thinking in each individual situation.” [Worker 1, 2019].

Finally, the importance of having two workers to deliver the sessions, provide one to one support to women, and to support each other was highlighted, but this is limited in the current funding environment which focuses upon short-term project delivery:

“Value for money comes from having two workers from the same organisation. Working in partnership with others has its own value and partnership working and a multi-agency approach are hugely valuable but co-working from within gives a lot more opportunity for reflective practice and incidental updates at other points in the working week.” [Worker 1, 2019].

Co-production of a film

Help that Helps – The advice below summarises the brief guide to best practice co-produced with the women from Breathing Space project.

- * Understand us if we grew up with this. Don't "OTHER" us.
- * Use eye contact to acknowledge us and build trust.
- * Accept and support us wherever we are on our journey.
- * Help us deal with strong feelings positively.
- * Be clear about your confidentiality policy and help us feel that it is safe to talk.
- * Be aware of triggers and work with us to avoid them.
- * Self care is important for workers too. Look after yourselves.
- * Trust takes time. Be kind, warm and empathetic.

This screenshot from the film symbolises the women's feeling of being without a voice and in need of gentleness at a time of fragility.



Case Studies

Service User Background	Need for Breathing Space	How Breathing Space helped	In her own words...
28-year-old with 3 young children	Moved to Leeds to escape a violent relationship with the father of her children, then started a new relationship. Social services were supporting the family because of the father of the children being violent: <i>"I felt scared, alone, judged, emotional, drained...I was worried I was going to lose my children."</i>	The project helped her to recognise that her new relationship was also abusive and supported her to learn about healthy relationships, budgeting, safe sex, managing stress and depression and safe friendships. She also reported having improved confidence, being able to understand the way that social services worked and being enabled to volunteer.	<i>"Whilst at Breathing Space, I learned that I am strong and don't deserve abuse...I have found myself. No one will judge you, they all support you, the staff are like your best friends, I like that they don't think they are better than you."</i>
24-year-old, who works as a volunteer	Accessed support after she had exited a relationship where she had experienced domestic violence: <i>"When I first started, I had no confidence and low self-esteem so I was really nervous."</i>	She said that the project helped here to build her confidence and to leave a new relationship that also involved domestic violence. The project helped her to make friends and to feel more positive about her future in thinking about starting to work and go on holiday.	<i>"The project gave me my own voice and gave me a chance to speak. I meet people who were in a similar situation. When I was a few weeks into the project, I felt at ease and was able to open up."</i>
25-year-old full time mum	Experienced domestic violence with her ex-partner resulting in the involvement of a range of services aiming to safeguard her and her son (social services, health visitor and family action): <i>"It was daunting at first, but after a little while it was great."</i>	She describes receiving lots of education about how to stay safe in relationships as well as the warning signs associated with violent relationships.	<i>"I learnt how to keep myself safe in a relationship, it helped me to change my situation into a more positive outcome, keeping my son safe and putting him first"</i>

<p>28-year-old mum of 3 children, currently living apart from them.</p>	<p>This woman had experienced physical, mental and verbal abuse within her own family at an early age, and later on in her relationships with men. She listed a range of health issues such as anxiety and depression as well as on-going support from other services:</p> <p><i>“I had left my violent relationship but needed help to stay strong and not go back.”</i></p>	<p>This woman really valued the one to one support that she received. She highlighted the importance of learning about how to deal with situations, how to manage her feelings and how to ask for help.</p>	<p><i>“Everything changes and life is a million times better. It was scary at first but I was welcomed in, not judged and not forced to do anything. Amazing support...I learnt a lot...I have control of my life, I am no longer scared, I am so happy for the first time ever in my life”</i></p>
<p>Young woman referred by another voluntary sector service</p>	<p>She was receiving support in relation to her experiences of childhood sexual abuse. But in addition had experienced subsequent domestic abuse within a 16year abusive relationship. She was no longer in the abusive relationship but was deeply affected by her experiences. She was depressed, withdrawn, fearful and tense:</p> <p><i>“I didn’t want to be here or be in my own head space.”</i></p>	<p>She was enabled week by week to maintain control about food and eating, and she was made aware of other organisations that could support her mental health.</p> <p>She completed the series of sessions focussing on stabilisation, attended open sessions focussing domestic abuse, and went on to support other group members.</p>	<p>She says that now she is able to look towards the future and plan future events:</p> <p><i>“Group has shown me that I can choose something that I want...now I understand that things that happened weren’t my fault.”</i></p>

Summary of findings - internal monitoring data

Internal monitoring data illustrates that:

- 162 women were referred to Breathing Space, of which 134 attended group during the delivery period
- Workers delivered 185 separate sessions; 96 closed group and 89 open group meetings
- Over half of the women (55%) were aged 27-40 and a third (33%) were aged 19 to 26
- Over three quarters of the women were heterosexual (77%) and 13% were bisexual
- The majority of the women were White British (71%) and 11% were Asian/British Asian
- Almost half of the women did not identify with a religion (46%), a quarter were Christian and 9% were Muslim
- 47% of the women reported mental health problems, and 30% had a long-term health condition
- 86% of the women were mothers, 21% had been in care and 32% had their own children removed.

Worker reflections illustrate:

- The importance of listening to women, working with them on their own terms and understanding that small changes are a key component of the evidence of stabilisation.

Co-produced event and film:

- Learning from Breathing Space has enabled workers to reflect upon their own views and judgements because these can exacerbate shame for service users, and limit disclosure.
- Working in partnership, is important but so too is internal support, learning and challenge.
- Trauma-informed support is important as much for workers, as it is for service users.
- The coproduced event and film were used as a tool to create step change in women's perception of themselves and to really underpin work around confidence building. These outputs were achievements of the project and had value in terms of showing professionals and service users just how much the women were capable of. Women believed new things about their own capacity/abilities and were given an opportunity to make multi agency professionals also question their own assumptions and see this cohort differently as a result of their participation in these co-produced outputs. A leaflet was also coproduced and this gave huge satisfaction to some very vulnerable, disenfranchised women to see their ideas and contributions in print.

Case study data illustrates:

- Women accessing Breathing Space have a range of different support needs, and life experiences. They often report being worried about accessing the project at the start, but then feel able to 'open up' and discuss issues as time passes, indicating that time is needed for women to feel comfortable in sharing their experiences with others. The importance of trusting workers, and not feeling judged are part of this process.
- Even when a woman leaves a relationship that involves domestic violence, she may enter another similar relationship or feel emotionally drawn into returning to her ex-partner. Breathing Space, in educating women about healthy relationships enables them to recognise warning signs and supports women to prioritise staying safe by not returning to previous relationships and to exit newer unsafe relationships.
- Whilst some women are already receiving a range of support from other services, Breathing Space is able to add value to this provision by providing education on a range of topics, supporting confidence building and tailoring the support available to women's specific needs, through a combination of group work, one to one support and onward referrals where necessary.
- Outcomes reported by women included staying safe, increased confidence, positive orientation to the future, happiness, and being in control of their lives.

7. Discussion

Breathing Space as a project has operated according to trauma-informed principles. Trauma-informed services operate by taking account of trauma and avoiding triggering reactions. Staff adjust their behaviour to ensure that they are supporting women’s coping capacity, and they allow survivors to manage their trauma symptoms successfully (Petrillo et al 2019). In order to be trauma-informed, services have to adopt six core principles (Bloom & Covington 2008). These are summarised in table 7.1, linked to the evidence gathered in our evaluation.

Table 7.1 – Trauma-informed principles and Breathing Space

6 Core Principles of Trauma-Informed Services (Bloom & Covington 2008).	Evaluation Evidence
Gender – acknowledgement that gender makes a difference and approaches need to be responsive to this.	Breathing Space operates in a gender-specific (women-only) space, in which the women delivering the service have lived experience of domestic abuse.
Safety - ensuring that women seeking services feel physically and emotionally safe and that they remain safe.	Women felt safe (safe location of group sessions), they felt supported and not judged by workers and in addition they felt supported by their peers, who had shared experiences. Women were provided with safe free transportation to the venue enabling them to attend (taxis). Women were able to access a crèche, so they were enabled to attend group and talk in confidence without their children being present. Women were treated with kindness - 1-1 support worker and the provision of food (not just tea and coffee).
Trustworthiness - women know that providers and practitioners will ensure that expectations are clear and consistent and that appropriate boundaries (especially interpersonal ones) are maintained.	Our evaluation data shows that women reported that they had made changes because they developed trust in the workers over time, and they trusted their peers (again in time), who had shared experiences of domestic abuse.
Choice - the preferences of the women seeking services in routine practices and crisis situations should be prioritised.	Women felt that their choices were considered in that the group rules were co-production of group rules and they contributed to session content.
Collaboration - input from women using the service is considered in practices and decision-making, so that a collaborative relationship is encouraged between those seeking support, and their service providers.	Women and workers collaborated in creating a dissemination event, leaflet and film and in working to involve external agencies to provide wider education, and referrals to other agencies where appropriate.

<p>Empowerment - services are developed and delivered to maximise the empowerment of women, recognising their strengths and building skills.</p>	<p>Women were supported to learn about healthy relationships and taught the importance of self-care.</p> <p>Peer support also placed women as experts in their own experience and allowed their individuality to be valued. Women were encouraged to celebrate their own unique attributes. Women hosted the co-production event, used their own scripts in the film and were part of training and focus groups to help develop better service provision.</p>
---	---

The evidence base indicates that people affected by trauma tend to feel unsafe in their bodies and in their relationships with others. Regaining a sense of safety may take months to years with individuals who have experienced ongoing/chronic abuse (Manitoba Trauma Information & Education Centre, 2020). Breathing Space provides an open group, in which women were allowed time to develop trust in the workers, and their peers. In establishing a safe environment, Breathing Space created opportunities for women to stabilise, allowing them to safely remember their trauma, rather than continue to re-live it (Herman 1992). Furthermore, the group context is also important because experiencing trauma is isolating, and groups allow for experiences to be shared, and for women to connect. Facilitation is important in terms of the characteristics of those delivering sessions, as well as the content – such as the inclusion of grounding exercises to enable trauma survivors to disassociate themselves from stress (Covington 2015). Safety in such contexts is broader than the physical environment, it is about psychological, social and moral safety (Bloom & Farragher 2013), therefore using grounding exercises, yoga and self-care strategies in Breathing Space sessions is important in creating healing spaces.

The importance of a women-centred approach also needs note here as the relational approach provided by the workers is part of the mechanisms by which trust and healthier relationships are promoted (Covington 2007, Warwick-Booth & Cross, 2020 in press). Wilton & Williams (2019) report that in providing trauma informed care, workers need to listen, understand, respond and check that they are responding in a meaningful way – all aspects evident in the Breathing Space delivery. In their review, they cite the hallmark of thoughtfulness as a core component of trauma-informed care, and this is evident in the Breathing Space Workers continuous reflections about their practice. Lessons from the field of criminal justice (Gelsthorpe et al 2007) illustrate the importance of being women-only, fostering empowerment through the development of self-esteem, taking a holistic approach to addressing need, linking with mainstream agencies, and providing women with practical help such as transport, and childcare so that they can maintain their involvement with interventions – all of which are evident in the Breathing Space approach. Finally, trauma-informed approaches need to accommodate support for the workers delivering any intervention, a clear element of the Breathing Space model in that workers had access to external clinical supervision, as well as regular internal support from other colleagues.

8. Conclusion

Breathing Space delivered a trauma-informed approach to support women with complex needs who attend the groups, providing a safe space for women to stabilise, access internal and external resources, develop self-management skills and to address the critical first stage of trauma recovery (mechanisms for change, see figure 2.1). Changes documented by the women who participated in the evaluation were often 'small' however, these are the start of a cumulative process, with successful small changes leading to greater changes over a longer time period.

Breathing Space effectively supported women to engage with the service, develop their confidence, improve their well-being and to develop a more positive orientation to the future. Our evaluation data shows that when women were referred to the group, they report low self-confidence therefore, in order to make positive changes they needed to increase their sense of self (self-confidence, self-esteem and self-efficacy) and to trust the workers promoting these changes. Due to previous negative experiences of other services, women often found this difficult, but the importance of allowing women time and a safe non-judgemental space are crucial levers in trust-development, to support change.

In summary, Breathing Space combined a trauma-informed approach with experiential learning from previous Women's Health Matters projects to create an effective intervention for a group of women with complex needs, who reported gaining little from other support services.

9. Recommendations

Service users made several suggestions for the ways in which Breathing Space could be improved:

- Several women said they would like the group to meet more than once a week but acknowledged that not everyone would be able to attend more frequently.
- Some requested increased capacity to work with more women; more groups would also mean that women could change group if they knew someone and wanted anonymity and to avoid potential conflict. This had been experienced and was managed by two women attending alternate sessions so they are not present at the same time.
- The women made suggestions for promoting the group through leaflets, social media and by promoting referrals from the police, through GP surgeries and other women's organisations. Women's toilets were mentioned as a safe space to advertise the service. Participants realised the limitations associated with promoting the group too widely, in terms of demand and the ability to keep the meeting location confidential.
- For women who felt anxious about attending, the use of a 'buddy' system to help them to settle in was suggested.
- Some participants that felt they were in a much more positive place from attending requested the opportunity to be trained to facilitate other groups.
- Another suggestion was that the group had a more direct relationship with counsellors and/or a GP so they could refer directly from group.
- There were several more general suggestions around developing services to provide emergency support and more funding being dedicated to domestic violence provision.
- Transport – whilst taxis were essential to enable many women to attend, they were also raised as an issue, they were often late, unreliable, and sometimes women felt uncomfortable with the driver asking too many questions, some quite personal.
- A later start time was suggested by some (referring to the morning group), so that where possible women would be able to use public transport after rush hour and after schools had started –women with school-aged children could drop them off and those who no longer had their children in their care were then not going to get upset by seeing a lot of children travelling to school, which was identified as distressing by one participant.

External stakeholder suggestions included:

- Increased capacity so that the project could accommodate more women.
- Allowing staff more time to fully develop the work further, for example, training women to become volunteers on the project.
- One stakeholder suggested the need for a debrief space, to allow women to take some time out after difficult topics come up in the group session
- One stakeholder also suggested that men would benefit from support in terms of education about healthy relationships, and that they too needed a service as victims of abuse suffering trauma

- There were several more general suggestions around developing services to provide emergency support and more funding being dedicated to domestic violence provision.

Internal stakeholder suggestions included:

- Additional resources to work with more specialist workers e.g. employing a children's worker to act as one of our crèche workers throughout the project, giving a trusted source of advice and support for women who are parents with children in their care, and having a team of therapists as part of the project so that some of the women had immediate access to therapy without the need for them to join a waiting list.
- Additional sessions where women could process trauma through physical activity or via creative means such as self-defence; yoga and creative art.
- Reconsidering project outcomes that related to external agency support – the political/financial situation at the time of delivery was recognised as having an impact on how far other services had capacity to engage with Breathing Space.

Attention needs to be paid to the ways in which funders measure the success of interventions such as Breathing Space in a number of ways:

- Small scale qualitative outcomes are important for women but are not quantifiable as measures of success.
- Although the project made significant impact on women's wellbeing from a qualitative viewpoint, the evaluation evidence is unable to determine if someone's need for counselling has been reduced by a specific percentage . Outcome such as this need to be reconsidered in future delivery.

Breathing Space in a Nutshell

Practicalities – the project was well funded so could provide childcare and transport, and allowed the workers time to engage with the women in educational, therapeutic and coproduction activities

Environment – safe in a psychological, social and moral sense, in a welcoming space with compassionate, understanding people

Approach – gender specific, non-judgemental, holistic, patient, offering flexibility and, crucially, time for women to go at their own pace

Strategies – ground rules in sessions, grounding and self-care exercises, psycho-education, structured themes

Outcomes – improved mental health, reduced isolation, increased confidence, positive changes in circumstances (leaving abusive relationships, starting to volunteer, keeping children in their care) and improved communication

10. Appendix A

The use of trauma-informed principles

Worker 1 reflections 2020

Initial acceptance of women in whatever circumstances or state of mind/lifestyle choices, made a great difference to some participants. We understand that complex trauma affects mental health and know how coping strategies are not always positive for the individual, so we have tried to make the access to group as easy as possible. From listening to women we have worked with for years, we know that feeling judged really doesn't help them. We have maintained a group agreement to ensure women feel safe in group but have been as open as possible to women at any stage in or out of abusive relationships, with or without substance/alcohol issues. The group agreement focuses on what is acceptable in group rather than women having to fit a list of criteria before they are allowed access to support.

We have worked hard to help women feel more in control for example, by consulting them in relation to aspects of project delivery, adding requested sessions about OCD and self-harm to the stabilisation/psycho education strand of the project when women said they wanted to talk more about these.

We have also tried to involve women in other consultations for example, the Police and Crime Commissioner was consulting organisations in Leeds regarding responses to sexual violence and rape. We involved women from the project in a safely facilitated consultation session, working with SARSVL (Support after Rape and Sexual Violence Service) to ensure support was available for any women who wished to disclose experiences or were triggered by the subject matter.

We have used breathing exercises and grounding activities regularly with participants so their toolkit for stabilisation has been expanded. We have also repeated self-care suggestions at every stage of women's involvement in the project so that these behaviours become habit. We have also used guided meditation and relaxation in group sessions but in a careful way - it is never compulsory for women to join in with these activities if they think they will be too uncomfortable taking part. We are well aware that for some women it feels very unsafe to sit with their eyes closed so no one is ever made to close their eyes.

We have kept the same workers over the 2 and a half years of the project and the same times and venue for group sessions. Consistency can help anxious women engage more fully with the project.

We don't shy away from issues but we are strict about how far women question each other in session to minimise the chance of over exposure and make sure women only share what they are comfortable sharing at their own pace.

Worker 2 reflections 2020

When women join Breathing Space they are welcomed without judgement and investigation into their lives. We establish safety and confidentiality in the group through our group agreement so that the women are aware of what is acceptable in group and what isn't. The women feel accepted and listened to which therefore leads to a feeling of safety within group

and trusting the facilitators and other women in the group. Once trust is established the women have supported each other and spoken from their own experiences and what worked for them or didn't in particular situations such as communicating with a social worker.

Women have had 6-8 weeks of learning self-care such as grounding and breathing techniques; learning how to help themselves to sleep better, foods that help wellbeing and foods that may exacerbate levels of anxiety and insomnia. The women have not only been given the tools but reasons why such techniques help giving the women insights into their own behaviours and experiences. We also understand that not all women will want to participate in a relaxation exercise and are unable to focus or close their eyes and therefore are given choice so that they feel comfortable, safe and in control of their body and feelings.

Psycho-education has been extremely useful to the women as they have realised that the responses during or after the traumatic events are actually normal and therefore help the women to understand that their bodies often decide on what is safe at the time, reducing the guilt a little and also helping with the 'why couldn't I have run or hit him back etc?'

Stability, consistency and transparency have been necessary for working with the women making positive impacts on their choices. This has helped empower women and to be able to facilitate collaborative work such as the dissemination event; production of a training video for professionals to talking and facilitating training to trainee social workers. Having the same workers through-out the project has meant that the women have built good healthy relationships therefore helping them to engage and communicate better and deeper. The women are able to question, query and share many things as long as they are keeping themselves safe and not asking each other intrusive questions.

11. Appendix B

Worker reflections 2020 – Doing things differently

With additional resource we would have employed a children's worker to act as one of our crèche workers throughout the project, giving a trusted source of advice and support for women who are parents with children in their care [Worker 1].

We have an outcome about reducing women's need for counselling (reduce the need for counselling by 50% for women who have accessed both the closed and open group provision), which has proved very challenging to evidence. Although we have had significant impact on women's wellbeing it is hard to say what someone's need for counselling is and how far it has been reduced. This outcome would be worded differently in any future project [Worker 1].

None of the project outcomes would be related to external organisations. The political/financial framework at the time of delivery can have an impact on how far other services have capacity to engage with Breathing Space, so the outcome aiming to build bridges to other services has been challenging to achieve due to influences outside the projects control [Worker 1].

I feel one of the key things I would do differently is to have a team of therapists as part of the project so that some of the women have immediate access to therapy without the need for a waiting list [Worker 2].

I would also add additional sessions whereby women can access and have block sessions such as self-defence; yoga and creative art [Worker 2].

Worker reflections 2020 – key lessons from delivering Breathing Space

The internal worlds of the women we work with are unique and individual so it is important not to make assumptions [Workers 1 and 2].

By acknowledging their uniqueness we encourage women to trust themselves more and this can alleviate the isolation and confusion they have often experienced.

Domestic abuse and mental health need to be tackled as interrelated concerns [Workers 1 and 2].

Other services are largely unable to provide women with childcare so access to counselling and other mental health or domestic abuse support is routinely denied to women with pre-school children regardless of need [Worker 1], Childcare is vital to reduce barriers and reach as many women as possible [Worker 2].

Some women need more time and nurturing than others [Worker 2].

Keeping the referral process open and being mindful that it may take some time from referral to attendance and this needs to be handled with patience, care and soft persistence- engaging with them weekly, asking how they are doing, do they feel ready to attend this week etc. [Worker 2].

12. Appendix C

Anonymous comments – Dissemination Event

It has been a privilege and a joy to be a part of today. You were welcoming, fun and engaging. I loved the community feel, the sense of togetherness from the women involved and project leader. Breathing Space is evidently such a positive group. You are making such a huge impact –keep going!

Working with Children’s Services this was inspiring and affirming- gave me faith that with the right approach to practice we can keep mums and kids together.

Hugely impressed by the bravery and creativity of the women in the group!! Really need to keep / renew funding for this work and I will be thinking about how/ who I can influence or get on side to help keep it going! Well done to everyone involved in today – you got the important messages across in a very powerful way and I’m sure everyone here won’t forget it!

This group fills me with hope and will re energise my practice when working with families who have been affected / are being affected by DV and A ! THANKYOU!

Uplifting, inspiring event –amazing women who have overcome or are working to overcome some big challenges and traumas. True co-production. Loved how the event was run. Well done everyone 😊

Small changes for the service users are big changes for them.

Loved it! Best thing was the way the women’s participation weaved in and out of the event from start to end. Music/food/venue all of it was so well done.

The survivors’ stories was extremely powerful and thought provoking- such inspirational and strong women – I wish them every success!!

Brilliant coproduction, making a real difference to women’s lives who are living with domestic abuse, building trust and safety and support networks- well done to who funded it, WHM and the women involved – hope you get more £.

When I got here, I was panicking because I saw my ex at the bottom of Millennium Square. I couldn’t breathe but workers and all the rest of the women from group made me feel safer and calmer. And it helped because Hannah was sat with me for support which was great.

13. References

Bloom, B.E. & Covington, S. (2008) 'Addressing the mental health needs of women offenders' in R.Gido, & L. Dalley (Eds) *Women's Mental Health Issues across the Criminal Justice System* (pp. 160-176) Columbus, OH: Prentice Hall.

Bloom, S. L. & Farragher, B. (2013) *Restoring Sanctuary: Anew Operating System for Trauma-Informed Systems of Care* Oxford Scholarship Online.

Covington, S. (2007) 'The relational theory of women's psychological development: implications for the criminal justice system' in R. Zaplin (Eds) *Female Offenders: Critical Perspectives and Effective Interventions* 2nd Edition (pp.135-164) Sudbury, MA, Jones and Bartlett Publishers.

Covington (2015) 'Becoming Trauma Informed: A Critical Issue in Women's Services' *Counsellor* 16, 4, pp. 72-75.

Gelsthorpe, L., Sharpe, G. & Roberts, J. (2007) *Provision for Women Offenders in the Community* London, Fawcett Society.

Herman, J.L. (1992). *Trauma and Recovery: The Aftermath of Violence* New York, Basic Books.

Manitoba Trauma Information & Education Centre (2020) <http://trauma-informed.ca/>

Petrillo, M., Thomas, M. & Hanspal, S. (2019) *Healing Trauma. Evaluation Report* University of Portsmouth.

Ritchie, J., Spencer, L. & O'Connor, W. (2003) 'Carrying out qualitative analysis' in Ritchie, J. & Lewis, J. (Eds) (2003) *Qualitative research practice: A Guide for Social Scientist Students and Researchers*. Pp. 219-262. London: Sage.

Warwick-Booth, L. and Coan, S. (2020) 'Using Creative Qualitative Methods in Evaluating Gendered Health Promotion Interventions' *SAGE Research Methods Cases Medicine & Health*.

Warwick-Booth, L. and Cross, R. (2020 in press) 'Changing Lives, Saving Lives: Women Centred Working – an evidence-based model from the UK' *Women's Health & Urban Life: An International and Interdisciplinary Journal* – accepted for publication May 2019.

Wilton, J. & Williams, A. (2019) *Engaging with Complexity. Providing Effective Trauma-Informed Care for Women* London, Centre for Mental Health.