

Evaluation of the Community Group Programme for Children & Young People: Final Report

A study commissioned by the charity Against
Violence & Abuse and funded by Comic Relief

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Executive summary

- The report presents findings from the evaluation of the Community Group Programme (CGP). The CGP is a 12-week psycho-educational, group work programme for children and young people who have experienced domestic violence. The Programme was developed in Canada and is being rolled out in England for the first time across 32 London boroughs. The programme is unique in working with children and their mothers *concurrently* and in a *child-focused* way.
- The study takes a theory-driven approach to evaluation. We employ a mixed method research strategy to answer questions of *process* (how does the CGP work?), *impact* (does the CGP make a difference and, if so, what sort of difference), *salience* (does the CGP matter to children and mothers and if so, in what ways?) and *cost* (what is the cost of CGP?). The final report presents findings from questionnaires, interviews and focus groups with children, mothers and professionals.
- We found that the social pedagogical aspects of the group (fun, safe space, choice to participate, respecting and listening to the child), therapeutic and confidentiality aspects of the group were most valued by children. Some of these aspects (social pedagogical and confidentiality) also appeared to act as mechanisms for children's therapeutic experiences. Mothers also valued confidentiality.
- The groups appeared to be most successful in a) validating children's experiences and b) developing children's understanding of appropriate and inappropriate expressions of emotions. Importantly, we found that mothers **and** children found the group helpful in enabling them to relate once again to each other. Furthermore, the study shows that children, like their mothers, value the social aspects of the group and being with others with similar experiences helpful.
- Findings from the evaluation suggest that the professional emphasis placed on understanding and reducing self-blame may be out of step with children's

thinking and their experiences. The findings also suggest that the educational aspects of the group (safety planning and understanding abuse) are less salient to children who while understanding what they ought to be doing to keep safe appear ambivalent about applying that understanding to their own practices.

- At the level of implementation findings from the evaluation suggest that professionals find the training provided by AVA useful for running the groups. The absence of a 'referral reflex' at a local level challenges professionals who sometime struggle to get enough children on the groups despite efforts spent on promoting the groups, the absence of any similar provision and mothers' reported need for a healing programme. At times tensions between some professionals' theoretical perspectives and the programme theory lead to an uneasy delivery of the programme.
- The report ends with a set of recommendations for the future sustainability of the Community Group Programme.
 1. In terms of programme **design** it is recommended that clarifying the programme theory would help professionals with programme implementation. As noted the emphasis on reducing self-blame may be out of set with children's experience and as such, this emphasis needs to be reconsidered moving forward. Training experienced group coordinators/facilitators to become programme training would fulfill local training needs, be a move towards ensuring better quality replication of the programme, and ensure future sustainability of the programme.
 2. In terms of programme **delivery** more emphasis needs to be given on supervision and supporting professionals in their reflective practice. A more integrated approach is necessary for addressing the issue with referrals and four strategies for doing so are suggested.
 3. In terms of programme **reception** a more systematic way of monitoring and evaluating the programme is desirable for a more

evidence-informed practice. It is recommended that AVA include a revised knowledge, attitude and practice measure and independent outcome measure in the new manual.

4. Finally, in terms of programme **enactment** it is recommended that further longitudinal research would help to better understand the extent to which learning, growth and development derived from participation on the programme impacts children in other areas of their life.

1. Introduction

The study of the Community Group Programme was commissioned by the charity Against Violence and Abuse (AVA) in 2010 as an evaluation of the pan-London roll out of the programme. AVA is a second-tier organization engaged in supporting frontline agencies and communities, delivering services that aim to reduce and prevent violence against women and girls, and supporting women and girls who have experienced violence. The Community Group Programme is part of AVA's children and young people strategy, which aims to improve the safety and enhance psychosocial outcomes for children and young people who have experienced domestic violence.

1.1 *The Community Group Programme: background*

The Community Group Programme (CGP) is a Canadian-founded psycho-educational group work model for mothers and children who have experienced domestic violence (Sudermann, Marshall & Loosely, 2000). Groups are designed to support children in processing their experiences of witnessing domestic violence in a supportive environment. Children are encouraged to recognize, name and explore the multiplicity of feelings surrounding incidences of domestic abuse they have witnessed; and are given opportunities to respond to these feelings in a safe space facilitated by professionals in creative ways and in the company of peers who have had similar experiences. A parallel series of groups with mothers aids women in supporting their children with coming to terms with their experiences.

The programme was developed in London, Ontario (Canada) in the 1980s. Research carried out by Peter Jaffe and colleagues (1990) found that children who witnessed violence against their mothers were at risk of problems of emotional and behavioural adjustment even if they themselves had not been directly involved in the incidents (Loosley, Drouillard, Ritchie & Abercromby, 2006:13). Based on this research, and their clinical experience, Jaffe and colleagues began running Groups to support children who had experienced domestic violence. The first manual for the Groups was written in 1986 and initial groups were also run that year.

The original programme continued to be developed throughout the 1990s, building on local experiences of running the groups (Mullender, 1994). The Community Group Treatment Programme is the result of an *integrated* municipal response to violence against women. The programme takes a feminist approach in understanding domestic violence as the result of gender inequality and the interpersonal expression of patriarchy in intimate relationships. In taking such an approach the Community Group Treatment Programme challenges the popular, and much contested, 'cycle of violence' hypothesis that suggests that violence is transmitted inter-generationally (Mullender, 1994:242). Instead the Community Group Treatment Programme recognizes that 'what happens to women on the political and societal level impacts them in their personal relationships' (Loosely *et al.*, 2006:16), and, as an imperative for programme delivery requires that facilitators and other professionals espouse 'a gendered analysis of women abuse' (Loosely *et al.*, 2006:26).

In the UK awareness of North American integrated group interventions for family members who have experience domestic violence dates back to the early 1990s (Mullender, 1994). In 2004 under the leadership of Linda Finn, the Community Group Programme was piloted in the London Borough of Sutton. The programme has successfully run in Sutton for the last eight years. Following the success of the programme in Sutton, CGP was identified for wider implementation in the Mayor of London's second domestic violence strategy.

In 2009 AVA secured funding for three years from Comic Relief to roll-out the programme across 32 London boroughs. Since 2009 the organization has been training professionals in coordinating and facilitating groups, as well as providing continued post-training support to professionals in the form of networking events, email and telephone support and consultation. At the time of writing 11 boroughs are running groups of which 5 have a track record of doing so for more than 18 months. Five are preparing or planning to run groups, and 3 boroughs currently provide alternative services for children but are in consultation with AVA about introducing the programme. In addition, Scottish Women's Aid have also been running the same programme in Scotland since 2011, and national interest in the programme is developing with AVA now offering training outside of London.

1.2 The Community Group Programme: outline of the model

The Community Group Programme employs a 'concurrent' group work model, whereby children and mothers participate in the different support groups, which are run at the same time. In its first incarnations the Community Group Programme did not run any mothers' group: children participated in their own independent groups, and mothers were only contacted individually when necessary. The parallel model was developed in response to mothers' queries about the nature of the group programme. Some mothers initiated contact with the coordinators to find out more about the programme, or to enquire about how their child was benefitting from the groups. The decision was taken to run the mother and child groups concurrently as it was felt that mothers benefitted from having a clear understanding of the aims and objectives of the programme and its delivery. This meant that mothers were better able to understand their children's experiences and support them outside of groups. It was seen as more practical to run groups for mothers, rather than try to follow-up with mothers on an individual basis. While running two groups has obvious cost and administration implications, ultimately the idea of 'providing support in a group format continued to be recognized as effective, therapeutic, empowering to mothers, and practical' (Paddon, 2006:13).

The manual describes the CGP as an 'esteem-building program' that supports children in recognizing the dimensions and dynamics of domestic violence, and focuses on encouraging children to recognize that adults' violent behaviour is not their fault. Children and mother groups are designed around four core themes. These are (Loosely *et al.*, 2006):

- 1) Validation of the children's experiences
- 2) Safety planning
- 3) Understanding abuse and reducing self-blame
- 4) Appropriate versus inappropriate expressions of emotions

These four core themes are subsequently articulated in a set of principles to guide group coordinators and facilitators in delivering the children and mother groups. Accordingly, the children's groups seek to (Loosely *et al.*, 2006):

- 1) Provide opportunities for children to tell their stories and be heard, believed, and validated.
- 2) Ensure that the children know how to protect themselves emotionally and physically by developing and practicing safety plans.

- 3) Convey the message that children are not responsible for what happened between their parents.
- 4) Explore the expression of anger and other feelings and provide healthy strategies to manage feelings.
- 5) Explore and practice effective problem solving skills.
- 6) Provide a positive environment where activities are esteem-building, child-centred and fun.

Also building on these guiding principles; for the mothers' groups aim to (Loosely et al, 2006):

- 1) Promote a child-centred model in which a mother participating in her own group enhances the therapeutic experience of the group for her child.
- 2) Support women in recognizing their rights to live without violence, and in making positive choices to strive to eliminate violence from their lives and their children's lives.
- 3) Provide opportunities for women who have experienced abuse to feel less isolated as mothers who are parenting children who have been exposed to abuse.
- 4) Provide information about personal safety planning to help women keep themselves and their children safer.
- 5) Provide opportunities for women to make significant personal connections and begin the development of a support network.
- 6) Validate the importance of self-care, self-esteem enhancement, and personal support for mothers as directly connected to her child/ren's own emotional healing process.

The Community Group Programme is designed around 12-week sessions as follows:

- 1) Getting to know you
- 2) Breaking the secret about abuse that happens in family
- 3) Understanding our many feelings
- 4) Children's experiences of violence in their families
- 5) Staying safe when abuse happens: my personal safety plan
- 6) "It's not our fault": beginning to understand responsibility
- 7) Anger is important: understanding and expressing it
- 8) Learning about problems: how to get help to solve problems in healthy ways

- 9) Dealing with family changes when abuse has happened
- 10) Sexual abuse prevention
- 11) Self-esteem
- 12) Saying goodbye

Elsewhere the programme has been described as 'primarily an educational group' focusing on giving children information and knowledge about woman abuse and changing children's attitudes on the topic (Mullender, 1994:245). In fact, as a psycho-educational model the Community Group Programme gives equal emphasis to the *therapeutic* and *educational* components of the group which are encapsulated in the programme by aiming to provide 'children [...] the opportunity to move beyond what happened in their family in a safe and therapeutic way' and 'to help children develop plans for their safety in the event of further exposure to abuse' (Loosely *et al.*, 2006:15). Furthermore, while the programme designers are quite clear about the intellectual and political orientations of their analysis of the problem of woman abuse; they also suggest that from a child's perspective how adults define the issue is secondary to being supported in dealing with their more immediate concerns of feeling angry, sad or confused about what has happened. As such, according to the latest version of the manual 'the most important goal of the program is to help children begin to heal from the impact of being exposed to abuse' (Loosely *et al.*, 2006:14). In practice, defining an issue and supporting people to deal with the issue are intimately related activities, and this is one of the tensions in the programme theory which professionals are faced with navigating.

1.1 Why is there a need for the Community Group Programme?

Violence against women and girls is increasingly being recognized as a human right violation as well as a public health problem across the globe (Garica-Moreno, Jansen, Ellsberg, *et al.*, 2006). Violence against women and girls can take the form of physical, psychological and emotional abuse, and sexual abuse and rape in intimate relationships. Femicide (murder of women by their batterers), 'honour killings', the sexual abuse of children and young people, forced prostitution, sex-selective abortions, female infanticide, differential access to food and medical care, as well as cultural practices affecting the health of and lives of girls and women are also further examples of what is meant by the term violence against women and girls (UNICEF, 2000).

In the UK domestic violence statistics indicate that women are overwhelmingly the victims of violence in the home. Statistics from the British Crime Survey (Home Office, 2009) show that 73% of the victims of domestic violence are female and Kimmel (2008) argues that men are 4 times more likely to perpetrate violence than are women. Recent Home Office figures suggest that women are nearly 5 times more likely to be killed by their partner, ex-partner, or lover compared to men (Smith, Coleman, Eder, *et al.*, 2010).

Violence against them impacts on women's and girls' physical, mental, sexual and reproductive health. The impact on women in particular has been well documented by feminist and public health researchers from the 1960s onwards (Counts, Brown and Campbell 1992; Dobash and Dobash 1979; Levendosky & Graham-Bermann, 2001; Holt, Buckley & Wheelan, 2008; Osofsky, 1999; Pagelow 1984; Radford & Hester, 2006). As well as the personal physical and psychological impact posed by violence and abuse, for those women who are also mothers, intimate partner violence within a family context spoils their identity as a woman *and* as a mother. Domestic violence impacts on their confidence to be a 'good enough' mother and their ability to relate to their children.

More recently in her study on the long-term outcomes of domestic violence, Abrahams (2010:138-140) describes how experiences of domestic violence impact on self-esteem making women feel even more sensitive of any comments directed at their ability to parent their children and highly anxious about any external statutory interventions involving their children. Women struggle with the guilt of feeling like they have failed their children, as well as worrying about uprooting children from their everyday lives once the decision is taken to leave the abusive relationship. As such, any professional interactions with women-mothers who have experienced domestic violence need above all to be delivered carefully and sensitively without judgment and without patronizing women (Abrahams, 2010:139).

Research on the impact of domestic violence on children however is a more recent phenomenon (Adams, 2006; Anderson & Cramer-Benjamin, 1999; Graham-Bermann and Hughes, 1998; Jaffe, Wolfe & Wilson, 1986; Mullender & Morley, 1994). Research in this area makes the distinction between direct and indirect effects of children experiencing domestic violence (Anderson & Cramer-Benjamin, 1999). Children can experience a range of internalizing (e.g. sadness, crying, fear, anxiety) and externalizing problems (e.g. aggression, defiance), as well as problems with

social skills and low academic achievement (Anderson and Cramer-Benjamin, 1999:5). Research also suggests that where children witness highly violent episodes of conflict between their parents they can experience post-traumatic stress (PTSD) and the symptoms of PTSD (Adams, 2006).

The indirect effects of domestic violence on children are experienced through the quality of the parent-child relationship (Anderson and Cramer-Benjamin, 1999). Their mothers and fathers will tend to be less emotionally and physically available for them and less effective as a carer; they may also else enact similar patterns of violent behaviour towards their children. Lack of attunement to their children's needs can have an impact on children's health (Adams, 2006). Witnessing the abuse of their mother (or father) can also leave children confused and unable to deal with their feelings about what is happening (Anderson & Cramer-Benjamin, 1999:6). As such, violence in the family impacts on children's relationship with both the abuser and their victim (Holt, Buckley & Wheelan, 2008).

Many children who have witnessed violence only start to process the emotional distress after they have left the abusive situation. Pathways out of domestic violence for children vary considerably and, not all women who leave their abuser transition out of domestic violence via refuge. Nonetheless children, and their mothers, need continued help and support for their recovery once they have left the relatively safe space of the refuge, or the family home, and are back in the community (Abrahams, 2010; McAlister Groves, 1999). Research in Canada and the US shows that many children who have lived with domestic violence would find it beneficial to talk to children with similar experiences (Jaffe et al, 1990; Marshall et al, 1995; McAlister Groves, 1999). However, for most children outside of the refuge system this is not an option due to the severe lack of community-based programmes for children who have witnessed domestic violence.

Children's own views and experiences of growing up in a family where their mother has been abused corroborate the findings of earlier research, and importantly add nuance and depth to our understanding of children's *lived experiences* of domestic violence. Until recently, recognition of the needs of children living with domestic violence in the UK was mainly confined to refuge services (Mullender, Hague, Imam, Kelly, Malos & Regan, 2002) and little was known about the impact of domestic violence on children living in the community. Mullender and colleagues' (2002) mixed methods study is the largest study of its kind, engaging an impressive 1395 children

in a survey, and 54 children in interviews and focus groups. The aims of the study were to document children's general understandings and perceptions of domestic violence, and to learn from children who had lived with domestic violence about their experiences, coping strategies and systems of support (Mullender *et al.*, 2002). Importantly, and in a departure from earlier research, the study draws theoretical inspiration from childhood studies (Prout, 2005) and children's rights (UNCRC, 1989). Accordingly children are conceptualized as agents in their own right, occupying positions of knowing and being in social worlds that are both similar and different in their concerns and meanings to the worlds of adults. By understanding children as 'social actors' we stand a better chance from learning from their experiences in ways not possible through more expert-driven forms of inquiry, as well as in ways that create partnerships between children and adults/professionals. We maintain this theoretical orientation in this evaluation.

Psycho-education & group interventions for children

Earlier research on children's experiences of domestic violence found that children felt that sharing their experiences early on with others would have helped them to feel less isolated, sad and overwhelmed (Abrahams, 1994, cited in Mullender, Hague, Imam, *et al.*, 2002:19). The CGP's psycho-educational orientation enables the sharing of such knowledge and experiences, and the development of skills. Psycho-education 'focuses on returning a sense of self-value and worthiness' (Lefley, 2009:372) to its participants and is designed through a combination of art and play activities, group exercises and discussions (Sudermann, Marshall & Loosely, 2000:129).

Groups are a popular therapeutic modality for working with children exposed to domestic violence (Peled & Davis, 1995). Combined with psycho-education they provide children a space in which to share their stories amongst others with similar experiences and to address the consequences of what are often painful or confusing experiences. The aim of such psycho-educational groups is to provide their participants with the knowledge and skills necessary in order to develop new, and/or improve existing, coping strategies in order to move forward in their lives (Lefley, 2009).

Programme evaluations of the Community Group Treatment Programme and other similar programmes present a mixed picture of intervention effectiveness. The

evaluations of the CGTP and the evaluation of the Sutton groups found positive changes in children's attitudes with regards to responsibility for violence, their self-esteem, and their skills for keeping themselves safe in woman abuse situations, and their awareness that they are not alone in dealing with the problem of domestic violence (Jaffe, Wilson & Wolfe, 1986; Peled & Edelson, 1992; Sudermann, Marshall & Loosely, 2000; Debonnaire, 2007).

The findings from an evaluation of the programme in Sutton were also promising (Debonnaire, 2007). In the first year of piloting the programme Sutton ran six groups for children. All children were assessed pre- and post-group to monitor any attitudinal shifts, and at the end of a group both mothers and children completed satisfaction ratings. The Sutton groups revealed that the majority of children who started the group completed it, and also felt enjoyment and satisfaction with the programme. In addition, children improved in their ability to identify abusive actions after the group. Far fewer indicated they would try to intervene in abuse episodes; condone any kind of violence in relationships; or feel they are the cause of abuse or violence. Children also developed problem-solving skills to help them resolve conflicts.

Equally Sullivan, Egan and Gooch's (2004) evaluation of a similar intervention programme addressing the needs of parents and children, their coping abilities, parenting skills, safety planning skills, and violence related stress levels, found that their groups were effective in reducing blame and trauma symptoms.

However, some caution is advised in interpreting these findings as sample sizes tend to be small and there is little consensus over quantitative measurement tools and little in the way of qualitative research that explores children's views and experiences. With regards to the original evaluation of the Community Group Treatment Programme we have been unable to find evidence of the statistical validity or reliability of the measures used. The article by Sudermann, Marshall and Loosely (2000) in the *Journal of Aggression, Maltreatment and Trauma* only reports on descriptive statistics without giving any idea about the validity and reliability of the instrument itself or whether the differences in pre- and post-measurement being reported were *statistically* significant.

At the same time the review of the literature on concurrent mother-child group interventions presented by Sullivan and colleagues (2004) suggests that we still have some way to go before we can draw any more stable conclusions about the

outcomes of such interventions. While the programmes included in the review were all concurrent, their aims and objectives varied as did the quantitative measurements tools used to assess impact. Evaluations on one 10-week programme find no differences in children's pre- and post- interventions scores (Hughes & Barard, 1983; Sullivan & Davidson, 1998) and changes only to mothers' depression and self-esteem scores (Sullivan & Davidson, 1998). In an experimental study of the same 10-week programme were children were randomly allocated into three groups (alone, in concurrent groups with their mothers, and on waiting list), a significant reduction of externalizing behaviours was found for the children on the concurrent groups. Significant reductions in children's self-blame and an increase in their safety planning, copying and ways of solving differences without violence, was found for the children on the only-children groups and the concurrent groups (Graham-Bermann, 1992; Graham-Bermann & Levendosky, 1994). Other concurrent group programme evaluations have found improvement in children's anxiety and depression scores but no effect of mothers' concurrent involvement on children's behaviour (Pepler *et al.*, 2000)¹.

Development of therapeutic approaches for children who witness woman abuse is still at a relatively early stage, and further evaluation efforts are needed. In the next section we outline our approach to the evaluation of the pan-London roll out of the Community Group Programme.

¹ All references in this paragraph are cited in Sullivan, Egan & Gooch (2004).

2. Methodology

We take a theory-driven approach to evaluation which means that we view social programmes like the Community Group Programme as artifacts of social interaction, and human creativity and imagination which embody a series of assumptions about the nature of the issues they attempt to address, their proposed solutions and anticipated outcomes (cf. Pawson & Tilley, 1997). Following Pawson and Tilley (1997) and others in the field of theory-driven evaluation (Coryn, Noakes, Westine & Schroter, 2011), we posit that programmes embody worldviews; they are embedded in particular personal, social, cultural, institutional and historical circumstances, and as open systems are subject to internal and external influence, and, ultimately, change. In the previous chapter we outlined some of the key elements of the Community Group Programme theory, namely a feminist approach to understanding domestic violence and a child-centred approach to validating children's experiences of domestic violence.

Our own understanding of social programmes as social constructs and open systems requires a pragmatic and pluralistic (Frost, Nolas, Brooks-Gordon, *et al.*, 2010; Cornish and Gillespie, 2009) methodological approach. As such, our choice of research methods is guided by the method's suitability for answering questions of interest. In this respect the evaluation of the CGP is concerned with questions of process, impact, salience and cost (Hansen & Repier, 2005).

Interest	Question	Research strategy
Process	How does the Community Group Programme work?	Qualitative: site visits, interviews, & focus groups.
Impact	Does the Community Group Programme make a difference to professionals, children and mothers? If so, what difference?	Qualitative & quantitative: site visits, interviews, focus groups, outcome measurement.
Salience	Does the Community Group Programme matter to professionals, children and mothers? If so, in what ways?	Qualitative & quantitative: site visits, interviews, focus groups, outcome measurement.
Cost	What is the cost of the Community Group Programme?	Full economic costing.

Table 1: Knowledge interests and research questions

The above questions call for a mixed method research strategy. Qualitative and quantitative approaches have been brought together in this evaluation in a qualitatively driven way (Mason, 2006) that draws on the strengths of each method, without subsuming one to the other, and holds the findings of each approach in a creative tension.

The evaluation was designed around three phases lasting 18 months. The three phases are outlined in table 2 below.

Phase	Activities		
(1) Initial phase: set up	Consultation with AVA	Literature review	Initial snap-shot of the CGP roll out/ interviews with coordinators
(2) Main phase: mixed method process & outcome study	Questionnaires for pre- and post-measurement	Interviews & focus groups with children, mothers and staff	Comparative research looking at other modes of post-DV support in UK
(3) Final phase: analysis and reporting	Qualitative and quantitative analysis of data	Report writing	Conference presentation

Table 2: Evaluation phases and corresponding activities

2.1 Evaluation participants

Over the 18 months we spoke to 24 children, 18 mothers and 34 professionals involved in programme delivery. Participants were all London based. We also surveyed a total of 36 children and 33 mothers.

Children in our qualitative sample were between the ages of 6 to 14, with a mean age of 10. Of the 24 children 12 were boys and 12 were girls participated. The group was ethnically diverse with children from White or White British (n=12), Black or Black British (n=6), Asian or British Asian (n=4) and mixed heritage (n=2) background.

All the women we interviewed were aged from mid-twenties to mid-forties. The group was predominantly White or White British (n=14) with 4 mothers of Black and/or Minority Ethnic background.

The age range of the professionals who participated in the study was late-twenties to early fifties. The majority were women and represented a diversity of ethnic and national backgrounds. The group also represented a range of professional backgrounds spanning social work, social care, education, psychology and psychotherapy.

We endeavored to collect demographic information on our surveyed children and mothers. Unfortunately, the completion of demographic information by local groups was incomplete and as such, we are unable to report on the overall demographic composition of the quantitative sample.

2.2 Data collection methods and procedure

Quantitative

We used three questionnaires as part of our quantitative evaluation strategy. There are described in turn.

- The CGP is a psycho-educational group work intervention designed to impact on children and young people's knowledge about domestic violence and their attitudes towards it, as well to help children and young people develop appropriate safety skills should they need to protect themselves. We adapted the original Community Group Programme questionnaire (Sundermann, Marshall, and Loosely, 2000) for use in an English context. The modified Community Group Programme questionnaire focuses on a) knowledge and attitudes about abuse, b) safety skills, c) behaviour: alternatives to violence and anger control. In doing this we drew in part upon the long-established tradition of KAP (knowledge, attitudes and practices) models from within the fields of social and health psychology (cf. Valente, Paredes & Poppe, 2006). A KAP survey is a representative study of a specific population to collect information on what is known, believed and done in relation to a particular topic – in this case, domestic violence. While the model has primarily been utilized within the fields of international development and communications research, we felt organizing the questionnaire in this way would bring added depth and insight to the original questionnaire as designed by Sundermann,

Marshall & Loosely (2000). The questionnaire has been produced in two versions, one for primary school aged children and one for young people of secondary school age. As noted in the previous chapter, the original and modified questionnaire is best treated as a monitoring tool. The questionnaire is filled out by children only.

- To address the limitations of the Modified Community Group Programme questionnaire we adopted an independent, validated quality of life measure called Kidscreen as a way of measuring the psycho-educational component of the Community Group Programme. This component aims to improve participants' quality of life by changing maladaptive knowledge about, and attitudes towards, domestic violence (for instance, responsibility for domestic violence and anger), and to help children and young people to and develop coping skills and strategies that enable them to lead a safer, and physically and psychologically healthier, life. The Kidscreen Questionnaire (Ravens-Sieberer, Gosch, Rajmil, *et al.*, 2005) has been identified as a robust and reliable cross-national measure for generic health-related quality of life measurement in children and young people (Deighton and Wolpert, undated). It is a self-report measure that can be used with healthy children and young people aged 8-18. We used the 10- item version of the measure. The 10 items cover dimensions of physical well-being, psychological well-being, moods and emotions, self-perception, autonomy, parent relations and home life, social support and peers, school environment, social acceptance, and financial resources. The questionnaire is filled out by children (child version) and their mothers (parent version).
- The final questionnaire was an experience of service questionnaire. We selected a questionnaire that is already widely used in the child and adolescent mental health services. The CHI-ESQ is a short 12-item questionnaire with statements relating to how listened to, helped, and comfortable children and young people feel about the service they are receiving. The questionnaire is filled out by children (child version) and their mothers (parent version).

Qualitative

We used a combination of interviews and focus groups, as well as visual methods for engaging children, mothers and professionals in the study, which followed both structured and semi-structured formats.

Interviews and focus groups with professionals

A structured interview was used with coordinators (n=19) in order to elicit as much detail as possible in relation to the local running of the Community Groups. The Canadian manual and relevant evaluative research for the Canadian programme (e.g. Sudermann, Marshall and Loosely, 2000) was used to inform the development of the topic guide. In addition, the research team ran a half-day workshop with Community Group facilitators and coordinators where topics areas for the interview were discussed, and the group were encouraged to give feedback on the proposed topic guide. A further draft of the topic guide was then sent out to four coordinators for further comments and feedback.

The final topic guide consisted of a total of 40 questions asking about a) the vision, guiding principles, and mission of the groups and getting groups up and running, b) collaboration and management of the groups, c) experiences of the groups, and d) funding. Given the detailed level of knowledge required for participation in the interviews the topic guide was sent to coordinators in advance of the interviews to give them the opportunity to think about their responses and, where relevant, to collect the necessary information that they needed for answering certain questions (such as information relating to costs).

Interviews and focus groups with facilitators (n=15) followed a semi-structured format. We asked facilitators about their a) background and involvement in the groups, b) their experiences of facilitating groups, c) their experiences of group impact, and d) their key learning and development.

Contact with professionals was made over email and telephone in the first instance with contact details supplied by AVA. Of the 31 London boroughs that we approached to take part in the evaluation in November 2010, 18 areas participated in the initial interviews. Coordinators subsequently assisted us in making contact with group facilitators and interviews were carried out between September and December 2010.

Interviews with professionals were carried out over the telephone (n=26), and face-to-face (n=8) of which 2 were group interviews (n=5) and the rest individual interviews (n=3). Interviews lasted between 12 and 70 minutes. Interviews with coordinators in areas with established Community Groups (n=4) lasted an average of 62 minutes, while interviews with coordinators in areas either piloting the programme or not yet running groups (n=15) lasted an average of 28 and 27 minutes respectively. Interviews with facilitators (n=15) lasted an average of 50 minutes. All interviews were digitally recorded with the interviewee's permission and were transcribed verbatim.

The difficulties faced by the evaluation team in securing interviews with the remainder of the London coordinators (n=15) that are not represented in this report may reflect the general institutional landscape in which such services operate. This landscape tends to be characterised by high staff turnover, high volume workloads and an increased uncertainty about the future (particularly future funding). These conditions may well mean that a number of boroughs may not currently be in a position to roll-out the Community Group Programme, or have time to participate in the evaluation.

Interviews and focus groups with women

Interviews with women followed a semi-structured format. We asked women about a) their experiences of the groups, b) any changes they and/or their children had experienced following participation in the groups, and c) what the groups meant to them/their children. All interviews with women were carried out face-to-face.

Mothers and children were recruited from four areas of London with the assistance of coordinators in these areas who had participated in the earlier practitioner interviews. We focused on the four areas with established groups in order to be able to access women and children who had already participated in the groups and who could talk about their experiences of the programme. We conducted 4 group discussions and 4 face-to-face interviews which took place at the premises where groups were run. Interviews lasted between 28 and 58 minutes with an average of 39 minutes. All interviews were digitally recorded with the interviewee's permission and were transcribed verbatim.

Interviews, focus groups and drawings with children

Children engaged in the qualitative research using a combination of group discussions, interviews and drawing. Our discussions with children were organized around six topic areas. These were:

- 1) What can you tell us about the groups?
- 2) **What happens** in group?
- 3) What did you **learn** in the groups?
- 4) What was the **most important thing** about the groups?
- 5) How did the groups **help** you?
- 6) **Message** to adults setting up groups?

The majority of our sample (n=17) were children who had either recently completed groups or had completed groups in the last year. We initially met these children in a larger group (n= 2, n=3, n=5, n=7) and discussions with children were carried out in between games, snacks and 'free time'. Group meetings started off with a game in order for the researcher and the children to get to know each other a bit better. Children were then given colouring pencils and paper and asked to draw a picture of themselves and the things that were important to them. Children then presented these drawing and discussed them with the researcher. The researcher also participated in the drawing activity and introduced herself through her drawing to the children. This part of the group discussion was intended to get to know what was important to children outside of groups and to locate children in their own social worlds. The use of drawing was also inline with some of the creative activities children would be familiar with from their activities within the CGP. A co-facilitator sat in on the large group and engaged the children in arts and crafts activities while the researcher spoke to each child individually.

The rest of the sample were children (n=7) who were on the last day of their Community Group. These children were interviewed individually outside of the group. Instead of drawing the researcher spent some time at the beginning of the interview getting to know the child and their interests and encouraging the child to ask questions about the researcher's interests before asking children more directly about their experiences of the group. All individual discussion lasted between 10-20 minutes. The sole group discussion that was successful in running as a focus group

(n=3) ran for 45 minutes. Interviews took place at the premises where groups were run, they were recorded and transcribed verbatim.

2.3 Analysis

Quantitative

Data for all three surveys (the CPG survey, the Kidscreen, and the CHI-ESQ) were collected by group facilitators and then stored securely on site, before being returned to the research team. Demographic data was stored separately, in order to protect the confidentiality and anonymity of participants. However, partly due to the time constraints involved with collating and storing this kind of data, this often meant that facilitators were unable to provide the research team with accurately matched demographic and questionnaire data. For this reason, the questionnaire data was analysed in isolation.

Data was entered into SPSS (SPSS for Windows, Rel. 18, 2011. Chicago: SPSS Inc.) and trends were examined using a variety of descriptive statistics. Where possible, chi-square analyses (Fisher's Exact Test) were used to determine whether there had been any statistically significant shifts in children's knowledge, attitudes and practices following the CGP intervention. However, due to the small sample size ($n=31$) this was often not possible.

For the Kidscreen questionnaire data, data were entered according to the international Kidscreen protocol and statistically analysed using an SPSS database developed by the international Kidscreen Group. However, again the small sample size ($n=36$), and the large amount of missing data, meant that it was not possible to run more sophisticated statistical analyses (such as t-tests) to determine significant change in childrens' responses to survey items. Again, trends in the data are reported.

Qualitative

We used a grounded theory approach (Clarke, 2005; McLeod, 2011; Nolas, 2011c) for our qualitative analysis. Grounded theory provides an appropriate ontological and epistemological framework for exploring programme implementation, participation and experience as it draws our attention to practices as meaningful units of analysis in their own right. In doing so it orients us towards answering the question of 'what is

happening?’ (Glaser, 1978, cited in Bryant & Charmaz, 2007:21) and enables us to make invisible work visible (Star, 2007:79). In programme evaluation it adds a critical, reflective dimension to our methodological practices (Nolas, 2011b) by acting as a counter-weight to the programme theory. In remembering to ask what *e/se* is happening and to look beyond and to critically engage with the programme theory, a grounded theory approach enables us to evaluate the programme both in top-down (programme theory) and bottom-up (grounded theory) manners.

The grounded theory approach involves a thematically driven analysis (Braun and Clarke, 2005; Attride-Stirling, 2000) of textual data, in this case interview transcripts, for both explicit and implicit meaning. Participants’ views and experiences are coding in terms of issues (minimal units of meaning) and codes/themes (clusters of similar issues). The analysis was carried out manual and written up in Word. The transcripts were read and annotated. Annotations (capturing issues, codes/themes, and memos) were written up individually for each interview. The individual analyses were then collated along two axis: the first axis related to programme theory and the second axis related to emergent themes. Our analysis of the qualitative data was compared and contrasted with the programme theory to identify convergence and divergence between programme aspirations and lived experience. The outcome of these comparisons is what we refer to as our findings.

2.4 Ethics

Guidelines on research ethics as set out by the British Psychological Society and the UK Social Policy Association were followed in setting up this research. The proposed research was reviewed and approved the Department of Social Sciences Ethics Committee at Middlesex University. Accordingly informed consent was obtained from coordinators who participated in this research. Consent to participating in the research was granted on the grounds that coordinators’ contributions remained anonymous and the information given to the evaluators in the interviews was treated confidentially. As such, no individual or area names appear in this report.

2.5 Challenges and limitations

This is the first time the Canadian model of parallel group work has been rolled out on such a large scale in England. The roll out of programmes in new environments,

even ones with a fully developed model like the CGP, takes time. The availability of staff to attend training, and the rate at which individual boroughs were able to build capacity in order to deliver the programme, has meant that each of the 32 London areas where it is hoped the CGP will run are at very different stages of programme delivery.

This is not an unusual experience when it comes to rolling-out a service with a restricted budget across a large geographical area and across different organisations. However, from an evaluation perspective, it does mean that we are not presented with a 'uniform' sample of community groups.

The nuances in the local delivery of the Community Groups, and the different stages and speed at which the groups are being delivered in each borough, impacts on the evaluation design. As such, we have been pragmatic, and at time opportunistic, with decisions relating to evaluation design and sampling strategies. This has meant that it has not been possible to spend more time with children and mothers, or indeed to interview more children and mothers, especially those mothers for instance who decided to stop attending the mothers' groups.

From a quantitative perspective our sample has been very small ($n=36$). In very few cases were we able to achieve complete datasets (i.e. both pre and post questionnaires; both pre and post completed Kidscreen surveys), which made a thorough evaluation of the effectiveness of the intervention (CPG) very difficult. With such small samples, it is not possible to assume that conventional methods of assuming values for missing data are valid. As such, it has been very difficult to draw and firm conclusions about the effectiveness of the CPG from the quantitative data. The researchers aim to continue to collect this data going forward, and reanalyze it at a time when the sample size is larger, and can be subjected to more robust statistical procedures.

The issue also highlighted the difficulty some boroughs faced in collecting and storing data in a systematic fashion and echoes the experience of other evaluations in the sector (Munro & Hubbard, 2011). Ideally coordinators could be trained to enter data directly into existing computer-based spreadsheets. This would avoid confusion over pre- and post-group measures, as well as ensuring that demographic data could be stored alongside questionnaire data without comprising participant confidentiality.

3. Analysis of children's outcomes measures

The small sample sizes (discussed above) meant that it was difficult to draw any firm conclusions from the data. However, several interesting trends emerged, and are described below.

It should be noted that for questionnaire items 9a – h, responses were re-coded into three categories (not a lot/never, sometimes, and all the times/lots of times) for ease of analysis given the small sample size.

3.1 *Knowledge, attitudes and practice*

Trends in the data indicate a generally positive impact of the CGP across knowledge, attitudes and practice among children who participated in the groups.

On a variety of questionnaire items, children remained relatively stable in their responses; and it is clear from a view of the descriptive statistics that at both pre- and post- stages children were aware: of a variety of appropriate response strategies to domestic violence occurring in their household (such as staying in their room, ensuring the safety of younger siblings, and going to the house of a neighbour/relative to seek shelter) that violence is not “OK” (97% pre; 97% post); that they themselves are not to blame for violence occurring within families (83% pre; 89% post); and that mothers do not “deserve” to be hit (70% pre; 89% post). The high awareness around these issues before the CGP intervention goes some way to providing a reason for the lack of significant change in knowledge, attitudes and practices within this area.

However, one statistically significant finding that did emerge is that child participants were less likely to say that children should try and stop parents fighting ($\chi^2= 9.7$; $df=4$; $p>.05$). However, this was only the case in the abstract (“children should try to stop parents from fighting and hurting”), not when specifically applied to them (“would you try and stop the fighting?”). Whilst there was a strong tendency for children to shift from answering ‘yes’ to this question between pre- and post- CGP intervention (63% vs. 22%), the majority of those who previously answered ‘yes’ instead answered ‘not sure’ at the post-group stage. This suggests that while children are

able to say confidently that children should not intervene in parents' fighting in the abstract, they are less certain about whether they themselves would be able to stay out of the fighting, even when they know that intervention is not safe or appropriate.

When asked about the hypothetical response of two children, Anna and John, to a domestic violence situation, there was a similar trend for children to emphasise that Anna and John should **not** try and break up their parents' fighting in the post-group questionnaire (40% originally saw this as something Anna and John should do; with only 5% agreeing in the post-group questionnaire). While this finding was not significant at a statistical level, it is likely that it is largely due to the small sample size. Similarly, children were statistically more likely to answer that Anna and John should ring '999' ($\chi^2= 7.6$; $df=2$; $p>.01$); and there was a trend for them to further endorse strategies such as going to a neighbour's (52% to 70%) and staying in a safe place away from the fight (80% to 89%).

At both pre- and post-group stages, children showed awareness that antisocial responses such as hitting and breaking things are inappropriate when angry with someone (75% pre, 76% post; 83% pre, 81% post). The high level of awareness among students of the inappropriateness of acts of physical aggression pre-group explains the lack of any shift in responses with this area.

There were generally positive moves towards adopting more prosocial approaches when in such situations, such as telling people when angry (30% vs. 38%) and getting help to settle the problem (35% vs. 65%). However, there also existed a lot of ambivalence around these issues, with a large percentage of children not being sure if they would employ these strategies, or saying they would use them only rarely. Whilst an interesting finding (in terms of the complicated and nuanced responses children have to frustrating situations in their own lives), it is also very possible that this shift would achieve statistical significance if a larger sample were employed.

Neither was there a trend among children towards trying to think of how the other person feels during an argument; with the percentage of children indicating they do try and do this when they are angry with someone actually falling in the post-intervention sample (18% vs. 33%). Again, this shows that children's feelings around their own behaviours when angry are not always straightforward, either at a pre- or post-group stage.

3.2 Assessing children's quality of life pre and post group

Again, the small sample size ($n=36$), coupled with the very small amount of children ($n=8$) and mothers ($n=5$) who had completed both pre- and post-Kidscreen surveys, meant that sophisticated statistical analyses of the data were not possible. Emergent findings and trends are discussed below.

Twenty-two children were female (61%), and fourteen (39%) were male. In all cases the adult Kidscreen was completed by the child's mother. Ages of children ranged from 5 – 10, with a mean age of 8.

Child perspective

Generally, children exhibited a trend towards feeling more positive about themselves and their lives following their participation in the CGP. The number of children answering that they seldom or never felt sad moved from 34% at a pre-group stage to 92% at a post-group stage. Similarly, children were much more likely to report they 'never' felt lonely following participation in the CGP (27% vs. 58%). While much more data is needed before firm conclusions can be drawn, these preliminary findings indicate that children feel happier following their involvement in the CGP, and, indeed, feel less lonely – instead, part of a community.

There was no discernable trend in children's responses to how fairly they felt their parents treated them, or their performance at school; but again, a larger sample size is needed before firm conclusions can be reached.

Mother perspective

Mothers tended to corroborate children's responses, indicating that their children were less sad (only 55% answering that their child was 'seldom' or 'never' sad at the pre-group stage; as opposed to 100% at the post-group stage) and less lonely (with 83% answering that their child was 'seldom' or 'never' lonely at the pre-group stage; as opposed to 100% at the post-group stage).

Again, findings on other questionnaire items were much less straightforward, with mothers expressing a very mixed response to questions concerning the fairness with which they felt they treated their children and their children's performance at school. Again, a larger sample size would help to further elucidate these issues, as well as allowing for sophisticated cross-groups comparisons.

3.3 *Experience of service*

Only 8 children and 6 mothers completed the experience of service questionnaires. However, this small sample exhibited very positive results, with both mothers and children feeling listened to and helped following their participation in the programme. All mothers who responded (n=6) would recommend the CPG to friends who needed similar help; and all but one of the children would too (n=8). All mothers and children surveyed felt the overall help they'd been given was good.

4. Analysis of interviews and focus groups with children

This chapter presents the findings of interviews and focus groups with 24 children who participated in the Community Group Programme in four areas of London. We begin by discussing the findings that relate to group participation. The next section looks at the findings in relation to the programme's guiding principles for children's groups. Finally, section three explores the evaluations emergent themes and discusses how these relate to programme aims and objectives.

4.1 *Group composition and dynamics*

One of our questions to the children we interviewed was an invitation to tell us what happened in groups. Many of these descriptions were insightful, as they highlighted not just what the children did on group but also what children remembered and enjoyed most about group. Responses to such questions often elicited concrete, factual descriptions of group routine and provides us with an understanding of children's experiences of necessary group conditions as advised by the programme originators. Group conditions include: group composition, choice to participate, ground rules, siblings and group timings. This is not an exhaustive list of group conditions advised by the manual, but these are the ones that resonated and which the children commented on. In this section we look at these descriptions for what they tell us about children's experiences of group conditions.

a. Group composition: age, gender and siblings

One of the characteristics of the programme is its developmental approach to working with children. The term 'developmental' is used to refer to children's ages and stages of development. Programme designers advise that children of similar ages and stages of development are put together in groups. The age aspect of group composition appeared to be adhered to in the areas that participated in the research, and children did not comment on this aspect of group composition.

The second aspect of group composition identified in the programme manual relates to gender. Here programme designers advise that group coordinators advocate for co-educational groups for adolescents, highlighting the value of such groups in dealing with gender issues. Otherwise programme designers suggest that gender is

less important for the younger children and advise that group coordinators strive for a gender balance in the groups.

A minority (n=2) of the children who participated in the evaluation remarked on the gender composition of the groups they had attended. For example, 11-year old MJ remarked how she liked the fact that there were more girls than boys in her group, and how she would prefer that boys and girls are in separate rooms for the groups:

SMN: What should these adults do and what should they not do when they run the groups? In other words, what was good for you about the groups?

MJ: Like, it was more girls than boys.

SMN: And you liked that?

MJ: Yeah.

SMN: Okay. So they should take care to have girls together and boys together?

MJ: Yeah, in a separate room. (lines 770-778)

Meanwhile, 9 and a half year old Frank's one criticism of the groups was that he was the only boy in a group of girls, something he did not enjoy:

"But I was the only boy. Yeah, I was only one boy and there was girls and me.... No good because I was like the only boy... it wasn't fair... Because it's like there's one tiger and then there's like groups of girl tigers... or, or, or it's like this: one lion and a lot of kangaroos." (Frank, 9 ½, lines 841-908)

The majority (n=22) of the children who participated in the evaluation were primary school aged and the comments above come from children in the middle childhood age range (6-11 years). While these comments were perhaps not representative of the entire sample, they indicate that for some gender is more important than originally thought by programme designers. Indeed MJ and Frank's experiences resonate with the research literature on gender, play and friendship groupings in middle childhood when girls and boys prefer to play with their children of the same gender (Lightfoot, Cole & Cole, 2009).

Interestingly mothers' views of the developmental approach echoed that of the programme manual in terms of both age and gender. Mothers in one focus group discussed the merits of mixed gender groups as a way of demonstrating that "not everyone's horrible, you know, all males are [not] horrible." (Focus Group 2, line 789). Similar comments were made about male facilitators for the children's groups who can act as positive male role models to the children: "...more males needed...good ones... yeah... good ones" (Focus Group 2, line 871). What these views suggest is that at least with the second aspect of group composition (gender), children and adults hold different perspectives about what is important, although for the most part in this sample views concur.

Another aspect of group composition outlined in the manual is the issue around siblings participating in the same group. It is argued that children, even from the same family, experience domestic violence differently. Furthermore, typical sibling rivalry and age dynamics (such as younger siblings seeking the approval of older siblings to disclose their experiences) are all reasons why it is important that siblings are not placed in the same group. As the analysis of the mothers' groups demonstrates this was not always the case. Yet according to one child it was important that she and her sister were placed in different groups: it's important *not* to be with your siblings on the groups:

“...my sister was not in the group... we used to be more happier because when my sister is around she's like arrrghghghgh. She annoys me.” (MJ, 11, lines 736-743)

The final aspect of group composition mentioned by one of the children related to group attrition. The attrition was more an issue for the mums and, as such, we discuss attrition in the section focused on mum's experiences of group.

b. Choice to participate

One of the tenets of the Community Group Programme is that childrens' views and choices are respected, including ultimately their decision to participate in the group. As we will see in section 3a children spoke about feeling empowered to decide when to participate in group discussion and to disclose their experiences strongly suggesting that children's decisions were respected. More explicitly John, one of the teenagers from our sample, also explained that his mum had not forced him to participate in the group.

c. Group rules

Group rules are an important aspect of achieving the right conditions in order for the groups to succeed, and the programme designers emphasize how rules that are developed by the group are more like to be adhered to.

In describing what happened on the programme, children spoke about sitting together and talking about stuff. Rules featured as part of these descriptions. For example, MJ (11) and Cherry (12) talk about “inventing rules” as part of what happened on group.

MJ: we used to sit around the table, eat grapes and, like, drink orange juice and then we used to sit down in a circle and talk about some stuff and then we invented some rules...
Cherry: ... and then we could do whatever we want...
MJ: ... and then we came back into the circle.
Cherry: Basically she's just said everything.
(MJ & Cherry, lines 281-288)

These rules were also remembered by some children as ways of learning to listen and to discuss with others, as well as turn taking in conversation:

Ah, okay and, like, listening... like when somebody's talking it's important to have eye contact... because if somebody's talking and you're not looking at them that's rude... [and] putting your hand up and sitting down properly. (Tornado, 8, lines 492-505).

Finally, another aspect of ground rules that relates to ground rule of confidentiality is the "treasure chest". This is a box that is opened at the beginning of each group and closed at the end of the group. The box is used to metaphorically contain all the children's stories and signifies confidentiality in the groups. Children are advised that their stories go no further than the group (with the exception of child protection concerns). If and when they discuss what happened on groups with their mum or anyone else they must only refer to their own group participation.

"...at the end we'd hide from the parents but first we'd do the box..." (MJ, line 716)

In the later parts of this section we will return to the importance that children placed on confidentiality.

d. Group timing

Groups in the four areas varied in terms of timing. One took place just after school, whilst the other three took place either first thing in the morning or just after lunchtime meaning that children missed part of the school day. Children's responses to missing part of the school day varied. For instance, 10-year-old Ed did not like missing school as he liked numeracy. Marcia, also 10, spoke about not liking missing school and how attending group had meant missing out on the chance to perform a solo at her school play:

SMN: And d'you mind not being in school in the morning or is that...[trails off]
Ed: Sometimes because I like numeracy... sometimes [I miss] only a little bit. Maybe all numeracy, and maybe a little bit of literacy. Or something we're in the middle of [in] numeracy.
(Ed, lines 73-80)

I found the groups fun [said in louder voice] but sometimes I didn't like them because I was then to sing for [name of musical] and I going to be in the solo but I didn't get to because I had to come here. But I liked it now. But I still like it. But I just didn't like when I did have to go to here when I was going to do my performance." (Marcia, lines 3-6)

For some missing out on school was part of the fun of attending group. In one of the groups mums reported their children telling them of other children for whom group was an opportunity to skip school. We heard of one older child who would leave school to attend group but then would also fail to show up to group. While the latter issue raises questions about the coordination of a particular group, the former two responses are not unsurprising responses to education. In the case of the first two comments we might also hypothesize children who are doing well in school and whose family experiences are not impacting on their education at the point of the interviews.

4.2 *The difficulties children faced: mothers' perspectives*

Children told us about the difficulties they were experiencing before attending groups, especially those related to anger. We will look at children's specific comments in the next section. In order to contextualize children's comments in this section we provide a snapshot of their difficulties from their mum's perspective(s). The difficulties mums described spanned externalizing (anger and aggression) and internalizing (anxiety, confusion) behaviours in their children. We look at each in turn.

Like their children, mums often spoke about the anger that their children experienced. Below are two representative remarks made by mums about their children's anger:

"It was how angry he was all the time...he needed somewhere to, you know, offload, 'coz he didn't want to keep speaking to me, didn't want to be bringing things up, to keep reminding me but obviously I knew he had all this inside him and it had to come out somewhere." (Janet, lines 47-49)

"She's, like, at the moment, it's, like, temper tantrums, the attitude, you know, it's just, like, just seeing him standing there giving it all the gob." (Beth, line 277)

Mums also spoke about arrogant behavior and behavior that had started resembling that of their former partner (the perpetrator of violence in the family):

"...it was like my son was like getting very, like really arrogant behaviour, he was, like, turning out just like his dad so I think, in a way, the groups really helped him, it's calmed him down a bit but not as much as, you know, you'd expect" (Beth, lines 248-251).

"They've started mimicking the, the partners' behaviours and, you know, you're just not wanting that, you don't want the future to be a repeat of the past..." (Doris, line 260).

Externalising behaviours are linked to anxieties about a repetition of the past as well as alluding to the challenges of living with such behaviour and the dynamics of

silence around domestic violence in families that block discussion about what has been experienced.

Mums also spoke about a range of internalizing behaviours their children displayed. Mums described sons and daughters who would not talk or communicate with them (Claudia), who withheld affection, and who cried a lot (Primrose). Younger children were described as 'clingy', 'worried' and 'confused' (Melanie). Other children communicated their worries through somatic disturbances:

"My daughter is much more, you know, something's bothering, 'I've got belly ache, I don't feel well, I don't want to be away from you or...' and she can't... I think she just, I think she-, I'm hoping that if she did the course she might be able to understand herself why she's feeling some of the things." (Doris, lines 487-491).

The confusion that some children had experienced as a result of what had happened in their family often continued beyond the lifetime of the groups especially in cases where there were contact with their fathers was proving problematic and/or fathers were refusing to see their children.

4.3 *Achieving the guiding principles for the groups*

When children spoke to us about the groups they were enthusiastic in their evaluation of the groups and how the groups had helped them. Many of our discussions ended with us asking children if they would recommend the groups to other children. They were unreservedly positive in their endorsement of the groups (offering support for the quantitative findings), even if their experience not been perfect on every level, and often expressed sadness and disappointment that the groups were now over. Yet they were clear that any attempt they made to promote the groups to others would have to involve selective information so as not to spoil the fun that children could expect to have on the groups:

"I would say yes, you should go because you get some experience ... she'll think it's quite a good idea. I won't tell her the end of the group because it won't be fair because then she'll know what we're doing; at the end of the group, having this, that, the other; beginning of the group we're having, we're making these; and in the middle of the group we're making [the] volcano. It wouldn't be a fair thing to her." (Elena, age 8, line 122-126)

"...I would say, well you might be lucky because maybe you might be like not the only boy and you might not be lucky if you are the only boy there... and I would say that it's good in the group because they tell you where to go and call 999 and children's, wait, wait, wait [trying to remember the name of something], Children's Line or something..." (Frank, 9½, lines 883-886).

Mums also spoke about their children's excitement and anticipation of attending groups every week:

"I noticed the difference in him straight away; he absolutely loved it. He really, really enjoyed it. And every week, it was, like, the highlight of his week. Oh today, I've got [group]." (FG 2, lines 111-113).

"Mine would start from Friday right up until Sunday, don't forget, Mum. And then Monday morning: 'don't forget, Mum, you're picking me up at...' Okay, Jane." (FG 2, line 588-589)

In this section we delve into the children's experiences of the different dimensions of the groups. The section is organized around the seven guiding principles of the children's groups and explores how each of these principles were experienced from the child's perspective. We have ranked the principles in order of importance for the children, which is different to the order in which they appear in the manual.

Manual	Children's experiences
Is the group providing opportunities for children to tell their stories and be heard, believed, and validated?	Does the group explore the expression of anger and other feelings and provide healthy strategies to manage feelings?
Does the group ensure that the children know how to protect themselves emotionally and physically by developing and practicing safety plans?	Does the group provide a positive environment where activities are esteem-building, child-centred and fun?
Does the group convey the message that all types of abuse are unacceptable?	Is the group providing opportunities for children to tell their stories and be heard, believed, and validated?
Does the group convey the message that children are not responsible for what happened between their parents?	Does the group ensure that the children know how to protect themselves emotionally and physically by developing and practicing safety plans?
Does the group explore the expression of anger and other feelings and provide healthy strategies to manage feelings?	Does the group convey the message that children are not responsible for what happened between their parents?
Does the group explore and practice effective problem solving skills?	Does the group explore and practice effective problem solving skills?
Does the group provide a positive environment where activities are esteem-building, child-centred and fun?	Does the group convey the message that all types of abuse are unacceptable?

a. Exploring anger and developing healthy strategies to manage feelings

Does the group explore the expression of anger and other feelings and provide healthy strategies to manage feelings?

Anger

One of the strongest themes to emerge from focus groups and interviews with children related to the methods of learning about anger, in particular 'the volcano'. When asked about the activities they did on group or what they liked most about the groups, the majority of children mentioned the volcano with much enthusiasm.

The volcano activity which takes place midway through the 12 week programme on Session 7 is about anger – it fascinated the children and captured their imaginations.

When spoken about in the context of their experiences of the groups, descriptions of the volcano revolved around the mechanics of making a volcano, with many of the children accurately remembering the process and the different ingredients involved in making the volcano “explode”.

Rayman: We poured vinegar...
Nel: ... and baking powder...
Rayman: ... and then we poured it into...
Sonic: ... the mini volcano thing.
Rayman: ... and then...
Sonic: ... but first we had to make the mould...[...]
Rayman: And we, erm, mixed it up together, and then we poured it into the volcano really quick, and then we put the stick above the top of it to see how far, how high the explosion went.
SMN: And what happened next? Did it explode?
All: Yeah!
(Focus Group 3, lines 291-314)

Further discussions with the children about why they were making a volcano in the first place elicited children’s learning. The volcano, as one articulate 8-year old informed us, “represents our feelings” (Elena, line 42). Descriptions of what they were learning through building a volcano strongly suggests that the key messages of the session had been understood and internalized by the children we interviewed. Many of the children repeated key messages from the session including the normalization of anger, how it’s okay to feel angry but not okay to be violent, as well as thinking of ways to deal with their own anger:

“I mean we made a volcano because, to say anger, because volcano gets angry and it evokes [explodes] with lava...” (Batman, age 9, lines 136).

“Anger is explosive!” (Jenny, age 10, line 545)

“Well, d’you know, like anger inside, I think that’s what it means. And we done it for a reason, because at least I know like what anger means. D’you know what I mean? So that’s it really.” (Batman, age 9, line 179)

“You’re only allowed to be angry but you’re not allowed to throw things and shouldn’t punch people” (Tornado, age 8, lines 444).

“If you are angry with someone or something you think of it and say it and add an ingredient and see if it explodes... it’s about how you release anger.” (Mal, age 10, lines 753-758).

“It helped me, like, with anger. Because before I would usually punch my brother in the face and tease him but now I don’t. I would probably, like, think before punching but I wouldn’t, I would just get angry and call him an idiot or something.” (Geno, age 13, lines 618-620).

Sonic: Mmm, about anger problems.
Nel: What might happen to you if you get too angry.
Sonic: Talk to someone safe so you don’t keep it all bottled up.
(lines 402-410)

The groups, according to the children, provided them with different ways to conceptualise and think about their anger with the volcano emerging as the most salient of the different activities used. At the same time other metaphors used to

convey anger were also discussed by the children. The thermometer is introduced in order to help children recognize and assess their own feelings and emotional state in relation to anger. The “meter stick”, as it was referred to by one of the children (Sonic, aged 10, lines 283), could then act as an indicator for when they needed to “calm down”.

“Like, to calm down, like, my temper... Like, when my friends would normally come up to me and, like, try and start a fight with me, I'll just walk away.” (Ed, age 10, line 106-111)

“It will help you to, like, understand and you'll, it will help, I'd, I'd (swallows), it will help you to learn about new things, about angers and what you should do if you are ever in a fight, and, like, calm down.” (Marcia, age 10, lines 99-101)

A further technique used was drawing an “angry person”, an activity which provoked much hilarity for one of the groups and was remembered with fondness many months after the group had ended:

Nel: We, we, before we made the volcano we did, like, a poster, like, “caution: angry person”. Stuff like that yeah, and we had fun making all these posters about, mmm, angry people.

[laughing]

SMN: Why are you laughing?

Rayman: Because about: “caution: angry people” [laughing even more, sounding giggled by the idea].

SMN [also giggling]: And what did the angry person look like on the poster?

Nel: Some of them had angry faces and, all red, and, like, fire over their head. (lines 356-363)

These recollections suggest that the range of techniques used on group were able to address an otherwise serious topic in a fun and creative way which appealed to children. For some children their explorations of anger were particularly powerful and transformative. Lena, a 12-year old girl, spoke eloquently about the complex ways in which anger had impacted on her life. She responded to the violence she experienced at home by being violent towards herself and her own body. At school she experienced teasing and bullying because of responses to her anger which in turn made her violent towards her bullies:

“Mmm, I used to get, like, angry when my mum used to get hurt by my stepdad and my mum used to hurt me, I got upset about that. And, like, when people, like, like, I like, erm, used to self-harm to, like, make, to like get away the pain...And then when someone found out that I self-harmed, mmm, one of, one of the people found out and erm, it went around some of the school and, erm, people used to go in the classes and go, erm, “oh look I'm Lena, I self-harm” with pencils and stuff [show action of poking pencil into self]. It was like wow, what...! I got angry about that a lot. And I didn't know how to cope with it so I used to like fight.” (Lena, age 12, lines 136-146).

These internalizing and externalizing acts of violence left Lena alienated from those around her and very alone. Through participation in the groups she began to realize that her anger made others scared of her and pushed people away from her. The groups helped Lena to think about her feelings and to realize that violence and aggression were not an option for dealing with anger. Instead, through groups, Lena

learnt about other ways to respond to anger namely talking about her angry feelings. She also reported feeling like she had changed as a person because of these discussions on group, and was no longer someone who angered quickly or lashed out at others:

“I used to think, like, fighting was an option, that it was a good option, but it wasn’t. And, like, I learnt that fighting wasn’t good, and that I should go to someone about it instead of fighting. And, like, the whole group made me think about what I do and it’s changed me as a person. And it’s a good change.” (Lena, age 12, lines 164-167)

Fear and other feelings

Fear was another feeling that emerged in the course of interviews and focus groups with children. While not as salient an emotion as anger in the children’s narratives, fear was a feeling that sometimes accompanied anger for some of the children.

Rayman: ‘Cause it helps you control it and if for example, if you are struggling in what to say, you can go there and then figure out what to say.
SMN: Okay. So you said it helps you control it. What’s “it”?
Rayman: Mmm...
Sonic: Your anger and fear.
(lines 499-506)

Another salient aspect of talking about feelings related to “hurting”. Children were articulate in their explanations of hurting and the different types of hurt that someone might experience, thus echoing programme messages:

“...we had to write down what hurts inside and what hurts outside. Like a pinch, outside. Not being friends with somebody, inside. So we had to write down lots of things. So then, what else did we do? We did... [trail off].” (Batman, age 9, lines 136-139).

“If you get angry [pause], and if you hit someone, it can hurt outside or inside of your body” (Tinkerbell, age 6, line 972)

Children also spoke about getting to know themselves and their responses to their various feelings better. Ten-year old Sonic for instance recalled one session in which the group spoke about what happens when someone feels uncomfortable, and reflected on his own experiences of discomfort:

“No, I remember the fifth one, it was, erm, where you feel comfortable. And so, erm, we were talking about what happens when you feel uncomfortable. Mine is my stomach starts to churn.” (Sonic, lines 262-264)

In summary, children spoke about the groups as helping people express their feelings about the things that were happening to them:

“It’s all about helping people in their lives expressing their feelings, and it’s talking to them about their family and their friends and other people, like, I don’t know but they could help you in your life.” (Elena, 8, line 164)

From the mum's perspective

The mothers we interviewed spoke about how the groups had helped some of their children control their emotions better. Mums also spoke about using some of the techniques at home from the groups to reinforce messages around anger and non-violence.

"I think it gives them better control over their emotions" (Doris, line 483)

"We do it at home now, when she says that she's feeling angry and all the rest of it, she asks if we can make a volcano, and she's like, that's how I feel. So she's getting ways of describing it, and she's, like, she tells me, I feel it bubbling mummy." (Focus Group 3, line 219-221)

"This is since, yeah, this was after, you know. Um, because, obviously, you know, further down the line, it kind of... they may forget and they go into their old patterns but, you know, um, that's only sort of for a split second and then you sort of remind them and then... but now it's, I mean, it's obviously, it's less and less now. I hardly ever mention it now because they've just got used to being, um, you know, with life very differently; very calm and non-violent [laughs]. So you know, the normal, as they'd say, the normal life. Um, so yes, you know, it did... obviously, throughout the period of time, it just sort of retrained them, if you like. Just retraining them." (Melanie, lines 161-167)

The extent to which groups helped children manage their own emotions however was varied, indicating that for some children further support was necessary:

"...My son comes before, he's really angry about everything, the group didn't really help... nope, still the same." (Claudia, lines 306-310).

Over longer periods mothers reported noticing that the siblings who previously argued a lot were instead playing together:

"...they were actually sitting down and starting to actually play instead of fighting 24/7..." (FG 9-12, line 198)

Some mothers also reported receiving positive feedback from school in terms of their children's behaviour and school performance, which teachers described as having improved.

b. Being child-centred and building self-esteem

Does the group provide a positive environment where activities are esteem-building, child-centred and fun?

The second most salient theme, and the one uttered almost in the same breath as 'the volcano', was the fun aspect of the groups. The children we spoke to repeatedly spoke about how much fun they had had on the groups becoming animated when talking about the various aspects of the group they had enjoyed. Fun was experienced in many different ways sometimes constituting a single activity, and

sometimes spanning a range of activities indicating that facilitators made sure that group activities were interspersed with more playful time. Some of the fun described by the children was adult-led. For instance the children mentioned the party that was thrown at the end of each group to celebrate their achievements in group and mark the end of the groups. Other descriptions of fun were games that children themselves made up. For instance in one group at the end of each week children would play hide and seek from their mothers:

“The piata [sic]. Hey, d’you know what I done? I go like this: bam! [demonstrates hitting the piñata hard]. And look sweeties fall out! And d’you know? D’you know what he done? He kicked the piata [sic] and it’s falling down, and he keep on do that and it keep on falling down.” (Batman-Superman, age 6, lines 324-327).

“It’s fun and you learn, and you’ll be interested and you’ll be happy because you’ll be taking a box home and get a certificate and you get to have fun and hide from the parents and all that” (Cherry, age 12, line 493).

“Just like fun, you make lots of different things and at the end of group you can have food and watch films.” (Marcia, age 10, line 107)

The descriptions of fun were accompanied with mentions of food. Food, especially fun food, was also very important to the children:

“We played pass the parcel, we did piñata and we had pizza!” (Mal, age 10, line 723)

When asking children what they would advise adults running these groups they noted that fun was a key component of the group that should be maintained:

“...keep it fun and don’t let the kids get bored.” (Sonic, age 10, lines 611)

In the final section of the report we hypothesize on the importance of fun as a change mechanisms of the groups.

Confidence: children and mothers’ perspectives

Together with being fun and child-centred, the groups also aimed to build self-esteem. With regards to this some children reported that the groups helped them to feel better about themselves and made them feel more confident.

“It makes you confident.” (Geno, age 13, line 469).

In gaining in confidence children learnt that they were able to talk about their feelings to others:

“Well they helped me doooo, [pause how did they help me, [inaudible] my shield, and the volcano, they helped me express my feelings, and helped me realize that you can speak out to people, all my friends and my family.” (Elena, age 8, line 143-145)

The mothers we spoke to were also able to offer a view on how children had gained in confidence since participating in the groups. Mothers spoke about children being more open and more communicative and expressive in ways they hadn't been prior to joining the groups:

Janet: I think he's now got the confidence to be able to speak to, you know, others...
Doris: I think my son would find it very daunting, to do one to one, with an adult, whereas having this and all this talk and things, 'coz he had said more to me since and seems more comfortable with it and he sort of makes things and he's even turned round to me once and said 'you haven't told me what we are doing this week, Mum!' and I'm like, 'ok, sorry! [laughter]... so I think he is going to miss it...' (Focus Group 1, lines 84-91)

"Mary is a completely different child now. Completely. She's more open; she'll actually come and talk to me. Whereas before, she'd hide everything." (Focus Group 2, lines 217-225)

The developmental importance of play

Above we looked at what children told us about the 'child-centred, fun' aspects of the group noting how 'fun' had featured as the second strongest theme in the children's accounts. In this sub-section we revisit the idea of fun and think about its meaning in relation to the children's experiences and as a possible change mechanism.

The programme designers note that the groups need "to be as positive and as fun-filled as possible" (Loosley *et al.*, 2006:16) because the groups can be difficult for children. Looking at the ways in which children spoke about the enjoyment they took out of the groups made us think that 'fun' also had an added significance for children. In the context of what happened at home it is likely that fun had been a marginalized experience for the children. Children's accounts of having fun on group suggest that play, which is such a central aspect of children's development, has been notably absent in these children's lives.

"I think it's like with the kids as well, getting to know new people or making new friends, you know, it's just a change, a change of atmosphere for them, whereas before with my lot, they didn't have that, they were always kept in, they weren't allowed out to play, whereas now, they can go out to play, run amuck and you know..." (Beth, line 358-362)

As such, while it is important that groups are fun for the reasons outlined in the manual, play also represents a return to more typical childhood activities and opens up possibilities for children to experiment with roles and safely explore the world around them.

For one group in particular the game of hide and seek that was played with the mums at the end of each week was particularly significant as it enabled children to re-cast an activity of survival as an activity of play. In the context of domestic

violence hiding is an activity of necessity. Through the groups the children were able to reclaim this activity returning it to its playful character and using it to reconnect with their mums.

Jenny: We hide from the parents.

MJ: Yeah, that was the best thing about it.

Cherry: We was hiii[sic], at the end yeah, when the parents came to get us we used to make all these hiding places and always hid in them.

Bugatti: We played hide and seek.

MJ: We should do that again! We should all hide from the parents! (lines 381-398)

In turn, the ability to reposition themselves as typical children enjoying playtime enabled children to enjoy and learn from the time in the groups:

“Well, take a chance and go for it, because it’s [a] really fun thing and actually it’s a very, it’s very easy to express yourse [sic], your feelings when you’re having fun.” (Sonic, age 10, line 530)

Momentos from the group

Related to providing a positive environment with child-centred and fun activities was the ability to take home a souvenir from the groups. Children valued having their own boxes/folders in which to collect the artwork and any other activity sheets they completed during group time. These boxes/folders also contained useful information about who to call (with numbers) in case of an emergency and other contact numbers and information the children might find helpful, such as the number of ChildLine. Children spoke about these boxes/folders in the same manner that one might refer to to holiday souvenir or a keepsake from a special person or occasion. Being able to take these momentos from time spent on the group home with them acted as a continued source of support for “just in case” situations.

“It was fun, and we learnt loads of different things, we made a box, and at the end of the group we got to take it home” (Cherry, age 12, line 482).

Rayman: on the first day everyone had the folder and we got pens, erm, pencils..

Nel... Glitter...

Rayman: ...And stuff to stick on it and badges.
(lines 252-256)

“[What I valued the most was] ... decorating the folder, the “caustion: angry person” thing, and the volcano. And the games. And eating.” (Rayman, age 10, lines 446)

“And erm, what I really like about the groups is that we get to take stuff home and it’s like our profiles and we get [inaudible] stuff that we did... I’m taking my shield that I just made. And I’m taking home, I’ve got like this wallet like thing and it has this yellow card saying what I am [inaudible] I get to take home the sweets because it’s the last day...” (Elena, age 8, line 45-46)

We heard from one of the mums (6) how her child occasionally revisited the contents of his box/folder in the months after group.

c. Listening to children

Is the group providing opportunities for children to tell their stories and be heard, believed and validated?

As noted in part A of this section, the groups enabled children to explore their feeling particularly around anger. In our discussions with children a number of issues emerged that speak to the guiding principle of providing opportunities for children to tell their stories and to be heard, believed, and validated. Of particular importance to children was the fact that it remained their choice when and how much they wanted to contribute their stories in group. This principle of choice is one that is enshrined in the manual from the outset (i.e. that it has to be the child's choice to attend group, p.32), and was strongly echoed in facilitators' narratives which we explore in chapter 6:

SMN: So what would you say helped you the most in the groups?

Rayman: Mmm, the...

Sonic: Interactivity...

Nel: Mmm, the group.

SMN: But what about the group?

Rayman: All the kind people and that you didn't have to say what you wanted to say.

Nel: Mmm. [pause]. Think what helped us was each other.

(lines 571-596)

Choosing when to contribute their experiences to the group enabled children to feel comfortable in the groups. Children described how they did not always feel like opening up and often needed time in order to do so. The principle of choice was valued by children and featured as one of the recommendations to adults who want to run groups:

"Yeah, like, after a while – at first you didn't want to say anything, and then after a while, you're like, when other people are talking about it, you're like oh well maybe I should say something, so then like, and after the first thing you, like, feel comfortable, like, just talking about it." (Jill, age 12, line 189)

"Don't force them to say stuff that they don't want to say." (Rayman, age 10, line 616)

Creating a safe psychological and physical environment in the groups is the responsibility of the facilitators, and facilitators' efforts did not go unnoticed by the children. The description of facilitators as "kind" was a recurring theme in the children's stories about the groups. As well as kind, children described facilitators as being polite and 'letting' them do 'fun stuff', talking to them about their 'parents and stuff', and as being helpful. In some groups facilitators gave children telephone contact numbers in case they needed to talk to them outside of the group time.

Children did not report using these contact numbers but seemed to value that there was someone they could talk to should the need arise. The openness and approachability of the facilitators was also valued by the children. Finally, children also stressed the reciprocal nature of kindness and described how they, in turn, were kind to the facilitators:

“I still remember Liz and Nadia they gave me their numbers and then they, she wrote it down on a card, and I’ve still got them at home.” (Sonic, 10, lines 513).

“They were really kind and helpful. And they help you [inaudible] it helps you can talk to them...” (Elena, age 8, lines 150).

“She’s the best! She’s kind and she’s funny.” (Marcia, 10, line 80)

“They are kind to me, and like, I don’t, I’m like good and they be good back to me.” (Ed 19, 10, line 137).

In our discussions with children we tried to tease out the qualities of the facilitators that they valued by comparing them to other adults in children’s lives, most commonly teachers. What came across strongly in these discussions was just how much children valued being listened to and treated with respect by adults who worked with them, particularly given the gravity of the children’s experiences. The advice that children would give to other adults running groups reinforces how important it was for them that facilitators were kind, polite, open and approachable:

“Just listen to the children. Because, like, [pause], not to be horrible, but it’s, like, it’s, like, unless you’ve gone through it yourself, you really don’t understand how they feel, so you can’t put yourself in their shoes. Because as much as you’ll try, it’s just the most brutal [thing you] can ever go through and it does ruin lives, and unless you know how that feels you can’t just tell them what to do. Like if, if they tell you what’s happened, how they feel about it, you can give them advice that would help but if you haven’t then you don’t know. Like, not to be horrible.” (Lena, age 12, lines 217-222)

“They could not shout at the child, they could still have snack time, they could show how to be safe, don’t get angry with them because they are childs [sic], and [pause] just be calm, and when you, that’s all I can think of.... And have lots of fun!” (Batman, 9, line 330)

d. Keeping safe physically and emotionally

Does the group ensure that the children know how to protect themselves emotionally and physically by developing and practising safety plans?

Emotional and physical self-protection and safety planning featured in many of the children’s stories. Learning on these issues ranged from more general comments such as ‘finding someone we can talk to’ (Focus Group 3) to quite specific individual safety plans. The younger children remembered enjoying using playdough to model safe places in the home where they could hide if their parents were arguing

(Focus Group 3). While the older children spoke about using role play and doing exercises to help them think through their safety plans:

“When we was playing with the playdough... we was making a safe place. I made a table, of a flower table... it was in the kitchen... [when do you go to the safe space?] when my mummy and daddy are fighting.” (Tinkerbell, age 6, lines 952-964).

“Mmm, I can only remember the, mmm, party, mmm, and the, er, mmm, the day when we, mmm, make the tables out of playdough... we make them because they are the only places we can hide from our parents shouting.” (Batman-Superman, age 6, lines 622-632).

“I liked it when we do with the puppet show about how you would call the police.” (Bugatti, age 10, line 660)

“Oh yeah, and I remember we had this sheet that we had to fill in, it was ‘who do you think is the safest person to talk to’, who is, ‘where is the most safe place’, no, ‘which place is the place you feel [pause safe], ‘what’s the police’s phone number’, and, erm, I forgot the rest.” (Sonic, age 10, lines 373-375)

Children recalled their safe places in the home and described how the ways in which they had attempt to conceal these hiding places for added safety:

“I said my bedroom under my bed, I think because my bed is not like a down bed it’s not a tall bed, it’s just like that [shows with hand]. It’s got lots of space under. And so then I ... You know those tinsel things for Christmas? I actually stuck them at the bottom so no one can see, so I can just go under.” (Sonic, age 10, lines 393-395).

When we asked children directly about what they learnt in group protection and safety often came up as a topic. Children spoke about their learning in terms of both positive (what to do) and negative (what not to do) actions that would lead to their safety and protection. For instance children spoke about learning that they should not attempt to stop fighting amongst their parents, but should instead focus on keeping themselves safe.

“Don’t stop the fight just let it, hide somewhere upstairs in your room, under the bed like that.” (Tornado, 8, line 510).

In terms of physical safety children also spoke about calling emergency services if their parents were fighting. The ways in which children referred to this safety learning suggests that in some case this learning was strongly internalized. In the quotation below for instance, Sonic is definitive in his recommendation of the groups to other children, saying that the group will help you *know* who to contact. In terms of emotional protection, one of the children remembered that he had learnt that he could call ChildLine and speak to counsellors there about his feelings:

“I would say definitely [recommend the groups] because it’s going to change your life, if it happens again then you know who to contact” (Sonic, age 10, lines 513).

“Yeah, [we learnt] about hurting and fighting. If you see your mum, like, parents fighting, downstairs in the house, yeah, and you don’t have, and you can’t do anything about it to stop, you should call 999 or just go, you can just go, you can just go to, if you have like someone to talk to you can go to them and like speak to them, and all that...it’s good in the group because they tell you where to go and call 999 and children’s, wait, wait, wait [trying to remember the name of something], Children’s Line or something... I think it’s called Children’s Line... [ChildLine?]. Yeah!” (Frank, age 9 ½ , lines 864-894).

What appears less definitive is learning around whether or not to intervene in parental fighting. Frank’s comments suggest that he has embodied the message about calling 999 yet the way he talks about his parents fighting is a little more ambiguous. In the phrase “and you can’t do anything about it to stop” it is unclear whether Frank is saying that he’d attempt to stop the fight and only if he was unable to would he call 999. The ambiguity in the statement most likely reflects ambivalent feelings towards intervening in parental fighting and the sense of powerlessness children experience in relation to it. On the one hand Frank would want to be able to make the fighting stop. On the other hand he has learnt that he should not intervene and instead focus on protecting himself.

From a mum’s perspective

In our second focus group, some of the mums made reference to children’s safety learning. One mum spoke about the safety and conflict resolution skills that the group had taught her child, which in this case were being implemented by the child to deal with sibling fighting. This particular child, rather than reacting to their older sibling’s taunting by hitting them would, since the groups, remove herself from the situation and find her mother to help her resolve the conflict.

e. Understanding responsibility

Does the group convey the message that children are not responsible for what happened between their parents?

Only three out of the 22 children we spoke to repeated the message about children not being responsible for what happened between their parents. These three children spoke about the groups helping them to come to terms with what was happening between their parents and to realize that it was not their fault. One child also spoke about the anger he was experiencing as not being his fault, but the result of parental fighting.

The theme of responsibility was more prominent in the mothers' narratives, some of whom spoke about the impact that the group had had on their child, transforming their sons and/or daughters into more open and affectionate children. It helped them realize that what had happened was not their fault as well as helping them deal with blame attributions, especially towards their mum:

"He's an absolutely changed boy...he's basically turned into a very loving, affectionate, kind boy who's not aggressive now at all." (Abigail, lines 77-78)

"My second daughter... she's a dad's girl... Oh, oh, mummy, she was supposed to do more so that he will come back'. But they go into group... [they] changed a lot to the better." (Primrose, lines 92-94)

f. Developing problem solving skills

Does the group explore and practice effective problem solving skills?

Exploring and practicing effective problem solving skills in the group relates to helping children understand that everyone experiences problems and that hurtful words are unhelpful for solving problems. Only one child made direct reference to the session in which problems solving skills and helpful language was addressed:

"We did a puppet roll play... it was about some problems, we had to think of problems that was [sic] real or not real, and then you get these puppets and you have to act it...they were doing people fighting and they had to tell the teacher." (Mal, age 10, lines 762-774)

In terms of implementation of effective problem solving skills outside the groups one mum in the second focus group mentioned how prior to groups her son who was being bullied at school would not do anything about it. According to this mum he is now able to tell his teachers and mum about the bullying instead of keeping these experiences to himself.

g. Understanding the unacceptability of abuse

Does the group convey the message that all types of abuse are unacceptable?

There are a number of sessions that cover the different forms of abuse. In session 2, for instance, children are taught about breaking the secret about the abuse that happens in families. Here children explore the ideas about inside and outside hurting. Session 4 covers experiences of violence in the family and session 5 looks at staying safe when abuse happens. Session 9 deals with the changes in the family when abuse has taken place and session 10 directly deals with sexual abuse prevention. As such, the message about abuse being unacceptable spans the entire 12 weeks.

The final guiding principle speaks strongly to the issue of abuse and puts forward a strong and definitive message that all types of abuse are unacceptable. None of the children we interviewed made reference to this message in a way that mirrored the strong and definitive message encapsulated in this guiding principle.

References were made to inside and outside hurting, and children spoke about learning about domestic violence and how the groups helped them make sense of what happened. Probably the strongest, although still indirect, statement in this area comes from 10-year old Lena when she talks about how abuse from a parent is “just the most brutal [thing you] can ever go through and it does ruin lives, and unless you know how that feels you can’t just tell them what to do.”

We can hypothesize that the absence of this message is due to the sensitivity or complexity of the topic; that is perhaps too difficult for children to express clearly. Equally it could be argued that the diffused nature of the message, appearing as it does across a number of sessions, makes it harder to remember. It could also be argued that the verbal absence of this message in children’s narrative does not necessarily mean that the message was not taken on board, but rather indicates the limits of our methodology. Finally, it could be argued that the other messages of the group were more immediately salient to the children we interviewed.

4.4 Beyond the guiding principles: emergent themes

The previous sections explored the ways in which children’s stories echo programme guiding principles. In this section we look at those aspects of the children’s stories that do not fit neatly into the programme guiding principles. The themes explored in this section complement and extend the guiding principles, and in doing so provide us with a more in-depth understanding of those aspects of the programme that were salient to children. Interestingly, what these themes demonstrate is that children, like adults, also value the social dimensions of the programme which helps them to end their isolation, to socialize with one another, and to re-build their relationships with their mothers.

a. Anonymity and confidentiality

Session 1 of the groups is dedicated to creating ground rules that ensure that children begin to feel safe in the group space, but which also reassure children that what is discussed in group remains confidential to the group (unless a child discloses abuse). Confidentiality was a theme that was discussed by a number of the children we interviewed. Feeling safe and knowing that what they disclosed remained confidential helped children to open up and share their stories.

“I think it's because I felt safe where I was and, like and if I said something it wasn't going to go anywhere because it's confidential.” (Lena, age 12, line 46)

Confidentiality was symbolized with the treasure box that was opened at the start of group and closed at the end. This was one of the surprising findings in the evaluation because while it is clearly outlined in the manual, from the children's perspective its importance could not be stressed more:

“The treasure box is a good idea... everything it keeps inside you can only tell your family and the people you trust.” (Geno, age 13, line 648-653)

“And then, we, like, at the end we'd hide from the parents but first we'd do the box.... We did the box because it has our secrets, that it would keep it in there forever and ever and then it would never come out.” (MJ, age 11, line 713-716).

“One thing... I'm not allowed to tell anybody because you know, like, Peter who used to come here... he's telling all of us what happened at home, and we should tell nobody else because it's his own personal business. And he's not allowed to tell on us because it's our own personal business” (Batman, 9, line 249-263).

In one focus group the absence of the box for the focus group caused a bit of a stir. Following a verbal explanation of confidentiality in relation to the focus group, and in making the association with confidentiality on group, one of the children demanded that the box be found and opened before the focus group could continue:

“We didn't get to open it today! [wanders off looking for the box]... A special box, why don't we open it! ... Yeah, we need to open the box NOW!” (Batman-Superman, age 6, lines 220-229)

A related aspect to confidentiality was anonymity with a few of the children reporting that they valued being on group with people they didn't know. We could hypothesize that this also played a role in preserving confidentiality:

“If she said 'why?' I'll say 'because, because you can have better feelings with people that you don't know sometimes, and they could help you if your life'.” (Elena, 8, line 134)

b. Ending isolation, being with others with similar experiences and socializing together

Featuring in a number of the stories that children told us about the groups was the idea that the groups helped them to end their isolation and to meet other children who had had similar experiences. Expressions such as “I’m not the only one” (Geno, age 13, line 643) or that it “wasn’t just me” (Joy, age 11, line 75) were common in the interviews. Children spoke about valuing the support they received from other children in the group and the ability to share and hear about other children’s experiences:

“That it wasn’t [...] that there wasn’t only just me, there were other people the same as me, that it didn’t feel like I was alone, there were other people who knew what I was talking about.” (Joy, 11, line 75)

“Like talking in a circle about our experiences” (Geno, age 13, line 635)

“Cause, when, we didn’t all experience the same thing and even if we didn’t see it we all understood each other.” (Nel, age 11, line 600).

The mothers we interviewed also echoed this theme describing how their children had felt alone because of their experiences, and were unable to understand why they were the only ones at school with a “bad dad” (focus group, 3):

“Yeah, yeah, and just to know that he wasn’t on his own. There are other kids out there going through the same as you or even worse than you...” (Janet, line 56)

A further related aspect of being with other children in the group is the ability to socialize together in a safe space. Socialising with others speaks to the fun aspect of the groups, but also goes beyond it in that it demonstrates that children are themselves social actors who engage in, and take a lot out of, being with others. To this extent many of the children expressed disappointment and sadness that the groups had ended.

“It was good, I enjoyed it. I made new friends.” (Bob, age 11, line 563)

“Yeah! I’m really sad because today they ended.” (Tornado Blast, age 8, lines 549)

“[I liked] that I get to meet different friends.” (Frank, age 9 1/2, lines 841)

Joy: Mmm, I liked it ‘cause me and Lena knew each other before but we weren’t really friends but ‘cause we had something in, like...

Lena: ...in common...

Joy: ... yeah, like in common, we became friends.
(lines 51-56)

While the therapeutic value of being with others who have been through similar experiences, and the potential of the groups to create a network of support beyond the 12 weeks of the programme, is identified as a key principle of the mothers’ group, it does not appear to feature as either a purpose or principle of the children’s group. Children’s group are more concerned with validating children’s experiences, safety

planning, understanding abuse and reducing self-blame, and understanding appropriate versus inappropriate expressions of emotion. Yet children's accounts of their time on the groups allow us a brief glimpse into their worlds, where making friendships and connecting with others is an active pursuit deemed of value. It is also an activity that within the group context enables them to change.

c. Relationship with mum and trusted others

Another theme in children's accounts related to their relationship with their mothers. Some children described the ways in which the group had helped them to talk more openly with their mothers. They spoke about how group facilitators encouraged them to talk to their mothers and gave them tips on how to do that:

"Mmm, like, if you said something in group, like, say you didn't talk to your mum or something, like, Helen [facilitator] would tell you why you should talk to them. And then if you did it would actually go how Helen told you it would. Helen said she would react like this and she would." (Joy, age 11, lines 97-99)

"I never used to talk to my mum and then Helen, Mark and Paul encouraged me to talk to my mum and now I'm talking to my mum a whole lot more and it's getting better." (Lena, age 12, lines 103)

For those children who reported more communication with their mothers, the ability to speak to their mothers was clearly valued. Yet not all the children reported feeling that their relationship with their mum had improved. For example, two of the older children interviewed described how the groups had no impact on their relationship with their mothers. It is difficult to untangle how much of this lack of communication is a result of what has happened at home or an expected part of the teenage years when children begin to separate from their parents in pursuit of their own identities and values.

"I don't really talk to my mum that much. I sit in my bedroom all day on my PC." (Jerry, age 14, line 59)

At the same time, one of the younger children also reported that the group had not improved her relationship with her mum who, according to her, had little time for her and constantly appeared busy or distracted. Unable to communicate directly with her mum Elena reported turning to her friends for support:

"I've learnt that I can express my feelings to other people, to my friends, and erm, some of my friends, my friend Tanya and my friend Linda, both understand because my mum doesn't understand me when I talk. She's like "what?" 'cause she's normally on the phone and stuff, it's a little bit annoying. And I've learnt that I, erm, can talk to people without being scared or worried." (Elena, age 8, line 101-104)

As with the previous theme, relationships with mothers is not a feature of the programme's guiding principles for the children's group. Yet from the children's perspective, despite the mixed accounts of how the groups impact on this relationship, what these accounts demonstrate is that the relationship with their mothers is an important issue that needs further consideration.

d. No change or undesirable change

It is important to note that while many of the children and their mothers spoke about desirable changes having taken place as a result of participating in the groups, two mothers reported no changes in their children, and undesirable changes in their children's behaviour.

For instance, Claudia spoke about how her son continued to really angry about everything. In her view the groups had not really help him. She went on to say that he was being referred to another group to help him with his anger:

“...My son comes before, he's really angry about everything, the group didn't really help... nope, still the same.” (lines 306-310).

Lanie described how her daughter had acquired some violent language and gestures from some of the boys in her group and was now going around threatening to hit people with a baseball bat.

Finally, one of the women in the third focus group stated that she was unable to discern any changes in her daughter's behaviour since the groups: “I haven't really noticed that much of a change in her” (line 163).

5. Analysis of interviews and focus groups with mothers

This chapter presents the findings of interviews and focus groups with 18 women who participated in the Community Group Programme in four areas of London. In the individual interviews these stories were shared with us in fragments, women were tentative in disclosing these experiences and their accounts were punctuated with pauses and figures of speech indicating hesitation and uncertainty about disclosing what happened. In the focus groups women were more forthcoming, drawing courage from their group identity and expressing themselves in more definitive and bold ways, and in doing so conveying a strong sense of camaraderie and hopefulness.

We begin by discussing the findings that relate to engaging mothers in the groups. The next section looks at the interview and focus group findings in relation to the programme's guiding principles for mothers' groups. Finally, section three explores the evaluation's emergent themes and discusses how these relate to programme aims and objectives.

5.1 *Engaging mothers in the groups*

a. Referral routes

The mothers we interviewed spoke of four main referral routes for accessing the group. These routes were: social workers, schools, support workers, and court referrals. Mothers' experiences suggest that, in some areas, there was something of the serendipitous in these referrals. For example, one mother described that it was a newly qualified teacher in her son's school, who had been on training and who was new to the borough, who was able to identify her son's difficulties. We were left with the impression that had it not been for this NQT's interest and enthusiasm this particular child may not have been referred to the groups:

"I got referred by a school, my son had some problems at the beginning of the year, the school year and...and he had a new NQT Teacher and so she obviously had gone through and they obviously flagged up all these various things that might be helpful. Well, the course she went to, um, because she was new to the borough, new to teaching, so therefore, she then said I think this course would be really great for you and, obviously, took until the summer term..." (Doris, lines 28-32)

Similarly Melanie described how she only found out about groups because it so happened that an incident involving her former abusive partner took place at her son's nursery which was housed in the Centre where the groups were run. As well as making public her experiences, this incident also brought Melanie to the group coordinators' attention who, following appropriate assessment, suggested she might benefit from the groups.

"I'm just so glad it worked out that way that Ben actually came to this nursery and things, you know, because otherwise things could have been very different." (Melanie, line 196-198).

Finally, Lanie also mentioned that an incident involving her former abusive partners brought her and her daughter to the attention of social services and they suggested that both she and her daughter might benefit from the group.

In their recommendations for improvement, mothers noted that the support that is available is not always visible (Abigail) and suggested that they would have liked to be more aware of the groups. They suggested raising the group profile so that women are not simply relying on referrals in order to access the groups, as this would mean that more children and women could benefit from these groups.

"But they should advertise, you know, do a bit more, make parents more aware of the, of the meeting of the group. Because I would have never known if [my son hadn't] said what he's said at the school to one of his teachers, I wouldn't have known anything about this group." (Focus Group 2, lines 1393- 1401).

b. Initial uncertainty about participating

The programme manual for the mothers' groups suggest that mothers may feel 'uncertain' about joining the group (p. 17). Programme designers highlight the fact that even in the long term women continue to face practical and emotional challenges and may find being involved in a group 'overwhelming'. In terms of engaging in the groups 'uncertainty' was an issue for many of the mothers we spoke to.

Mothers spoke about their anxiety, fear and apprehension about joining the groups. They had worried about whether the other women in the groups might recognize them from the area. They were afraid of being judged by other women, of not fitting in to the group, and about discussing experiences that they had kept private for a very long time. In cases where attendance in groups was the result of a court

referral mothers expressed initial resistance to group participation and were suspicious of the therapeutic aspects of the group.

“Because at first, I didn’t really like the thought of that, I just... I was thinking, my gosh, who, like, am I going to know any of the mothers there or, you know or am I...?” (Melanie, Lines 365-367).

Some of women felt like there would not be other women in the group who they might be able to identify with or relate to. These concerns were played out through recourse to cultural and age stereotypes with one mother sharing how she thought domestic violence happened only in more traditional communities and at the extremes of the age ranges. Other mothers in the focus group reflected on how judgmental even those with intimate experiences of domestic violence could be:

“It just goes to show like, how judgmental people can be, like we’ve been through it, and even we are like...” (Focus Group 3, line 297)

Other women were concerned that the group would be full of “sad people” and declaring themselves “not really into that” (Joanna). Mothers in Focus Group 2, spoke about being “petrified to come” to groups (Focus Group 2, line 103). The women spoke about feeling very alone at the time and isolated and unable to imagine that anything could be helpful, or that they either needed or might benefit from support. Many of their concerns reflect the dynamics of having experienced domestic violence in which their trust in others has been eroded and where in order to survive they have developed their own coping mechanisms and tactics in very complex and violent situations (Abrahams, 2010). This makes the self-identification of need and acceptance of support a complex processes:

“I feel a bit wary of, I didn't think, because you, I, I think it's because of that trust thing, you know, you're not able to feel that you can trust anybody.” (line 377-378)

“I mean, I think that's the worst part, it's coming into here and thinking that you're going to be judged and singled out and it's not like that at all. So, yeah.” (line 696)

“I think it impacted so much on the first time, that's why I came the second time round. And if I had six kids, I'd come around six different [times] ... [everyone laughs] for every child” (line 701-702)

At the same time the majority of women spoke about overcoming their anxiety about the groups often after the first session. However, this was not the case for all the mothers – some continued to be ambivalent about their involvement in groups. In their recommendations for improvement they suggested that it would have been useful to know more about what was involved in the groups prior to starting. They suggested that the group practice (in some groups) of writing future group participants a letter about the group did not really convey their group experience.

They suggested that better communication about the group experience would be helpful:

“It is just a nice atmosphere, really, to get stuff off your chest, it helps to let go of things” (Focus Group 3, line 513).

A couple of the mothers spoke about being unaware that the group required their own involvement, thinking that groups were only for their children. The programme manual stresses that where women are uncertain and overwhelmed about group participation, it is critical for coordinators to explain that the groups are for the benefit of the children. As such, we might hypothesize that this message was indeed conveyed appropriately to the mothers we interviewed. Indeed many of the women spoke about wanting to help their children as being the main reason for attending group.

At the same time however, the mothers we spoke to, as well as talking about the benefits to their children, spoke at great length about the benefits they derived from the group. On this basis they experienced the group as an educational and therapeutic intervention for themselves. On this basis too some of the mothers suggested that with hindsight, had they known that they would also be engaged and involved, they would probably not have attended the mothers' group:

Janet: ... I didn't realize it was a parents group as well like, a mum's groups as well, I just literally thought it was going to be for my youngest...

Doris: ... hmmm, yes, I would just agree with that yeah [laughter], I thought it was all about my son and I was just like, I didn't realize I was going to be getting so...

Janet: ... I must admit, at first, I was really nervous and really anxious 'coz I just weren't expecting it and I was like, 'oh, my god!', you know and then, after the first session, I was really pleased I came.

(lines 3-16)

“Probably not, honestly, probably not, no... 'coz I'm not that kind of person, I am very-, I'm a closed book, I don't, you know, yeah people will say, '[P1's name], what's wrong?' and I think don't worry, I'll deal with it myself, you know, and that is just me, even with family...but coming here I've been 'blah, blah' [laughter]” (Janet, line 591-595)

The dynamics of help-seeking practices

Exploring women's initial anxiety about attending groups in more depth reveals some interesting dynamics in the help-seeking practices of women who have experienced domestic violence. One of the women's coping strategies for dealing with their experiences of domestic violence was one of becoming self-reliant in the extreme. One consequence of such a strategy was isolation. As a result what we found in the

women's accounts was a difficulty in recognizing their own needs and an ambivalence towards seeking out or accepting external support.

For example, Claudia told us that she had been offered counseling but had turned it down saying she didn't need help with anything and could fend for herself. In talking about rejecting this act of support she reveals an ambivalence towards being helped. Her meaning of "fending for herself" reveals that her practices of self-care refer to basic needs and are quite functional:

"Well, I've been offered counselling and I've turned it down because of, as P1's said. I think I can cope with things myself, I don't need help with anything. I can go out, I can do things for myself, I don't need all this." (Claudia, lines 631-633)

At the same time Primrose came across as a little defensive about what she was gaining through her own participation in the groups preferring instead to focus on how the groups helped the children because "as an adult, I think I can cope". She was more comfortable talking about her experiences in the group as one of comparison, comparing herself and her experiences to those of other women:

"[I'm] not going to say that, ah, I took too much from the group because it was also things I [was] doing anyway [...] but there was, ah, like for us to understand because sometimes we think, oh, we're not doing the right thing. We need, we need our partner to change and try all this, but in the group, other women I was in the group with talk about this, and I realised there's nothing I can do to change [a] person. But [it] was more for me to understand what the kids' [were] doing and, um, did." (Primrose, line 358-363)

Where women have been able to overcome the challenge of accepting help, they acknowledged that, while not expecting the groups to help them, they had been pleasantly surprised at how helpful groups had been.

Knowing something about the dynamics of women's help-seeking practices adds to our understanding of women's initial uncertainty about participating in the groups. As such, coordinators need to be aware of these complex help-seeking dynamics and strike a difficult balance between engaging mothers in order to support their children and not alienating those mothers who, for whatever reason, are not ready and feel uncomfortable about prematurely embarking on a healing journey. Getting this balance right may be the difference between retaining all mums on the group for the entire 12 weeks, and women dropping out throughout the 12 weeks – a phenomenon that was experienced in all the groups the mothers had participated in.

c. Group timing, composition, and retention of mums in groups

The timing of the sessions was generally found to suit the mothers we spoke to. Timing varied across the four areas, with groups running at different times of the day. There were only two difficulties with group timings reported to us. One was in relation to school pick ups when children's groups ran too close to the end of the school day and mums had to pick up siblings from school. The second difficulty was for working mothers. One mum reported having to take off quite a considerable amount of time from work in order to attend her group because the group ran during the day. Given that domestic violence is a phenomenon cutting across socio-economic demographics, mechanisms of support also need to take into account and accommodate different socio-economic living and working patterns.

Also important from the mothers' perspective was the gender mix on groups and the occasional male facilitator for the children's groups. They felt that mixed gender groups were important for demonstrating to children that "not everyone's horrible, you know, all males are [not] horrible" (Focus Group 2, lines 789). At the same time, mothers echoed their children's comments of gender imbalance in the groups which was experienced negatively by some of the children. In general, the women we spoke to wanted to see more positive male role models: "...more males needed...good ones... yeah... good ones." (Focus Group 2, lines 871)

The women we spoke to felt that a group of six mums would be an ideal number for the groups. At the same time, almost all the women reported that this had not been their experience. They reported that their groups experienced attrition with the group size often being reduced by half by the end of the 12 weeks. Women spoke about the uncertainty that such attrition created by not knowing which mums would be present each week. Such uncertainty perhaps echoed the uncertainties of being in a violent relationships (Abrahams, 2010). At least one of the women we spoke to felt strongly about attrition in her group, explaining how unfair she found it when she and others were making the effort to show up. Furthermore, in one of the groups mums reported feeling that other participants in the group were still involved with their violent partners despite the programme recommendation against recruiting women still in violent relationships:

"...a couple of people, they just, well, you could just tell that they were still in the relationship. You know what I mean? You're not helping yourself, why are you even bothering to sit here?" (line 466-468).

As well as creating uncertainties in the group, attrition and the recruitment of women still in violent relationships, violates the social contract of the groups consisting of the

shared experiences that women bring to the group and the shared healing journey they are embarking on together. While these might have been isolated experiences, they indicate the need for continued informal assessment and checking in with mothers to make sure that they are still eligible to participate in the groups.

d. Siblings

The programme manual stresses the importance of siblings attending different groups. In the evaluation we came across one case where this advice was not followed. The potential challenges of both children being on the same group (e.g. the younger child looking to the older sibling for permission to disclose their experiences) had been made explicit to the mother in question by the group's coordinator. Nonetheless, the mother insisted on both her children attending the same group and reported feeling that their participation on the same group had been beneficial giving them a shared experience:

“The thing they do there in the group, they will make fun of it. They will make fun of it that maybe somebody took two biscuits instead of one or somebody [saying]... [a] funny thing. I don't remember them... I don't know; maybe they could say sad things as well because it was more for them to giggle... So they will be in a room, giggl[ing] about the thing that happened in the group... but the sad thing I don't remember them talk[ing] because I think maybe they don't want to talk about sad things.” (Primrose, line 482-488)

The two children in question were part of our sample and appeared to have embedded the programme messages in similar ways to other children. As such, it is difficult to assess the impact of such a decision on the children. Research on programme fidelity suggests that lack of adherence to the manual is detrimental to programme outcomes (Little, 2010). At the same time the degree to which a manualised programme can be flexibly implemented, without negatively impacting on outcomes, is currently being debated (McArthur, Riosa & Preyde, in press; Mitchell, 2011). Until there is more conclusive evidence that (some) flexibility does not impact on programme outcomes, professionals need to be mindful that any changes to programme delivery may compromise intended impact.

5.2 *Achieving the programme principles*

Women's accounts of participation in the Community Group Programme inevitably made reference to the dynamics of the experiences that brought children and mothers to groups. Mothers alluded to and spoke directly about, the silence that surrounded their experiences; domestic violence, according to a couple of mothers,

was seen as a taboo subject. They shared with us stories of violence and how these had impacted on their children and themselves. They spoke about their fear and how for years, in some cases, they tried to ignore what was happening to them. Extreme experiences of vulnerability, isolation, loss, regret, anger, blame, and damage formed the background story to women's participation in the groups.

In their accounts of the groups they emphasized the psychological space that the group provided, enabling them to explore their feelings. They emphasized the educational nature of the group in helping them learn more about violence and abuse, as well as how to protect themselves for it. Finally, they spoke about the groups using two metaphors. The first was the groups as a "scaffold", the structure of the group enabling them to begin the process of rebuilding their lives. The second was of the groups as a "compass", helping them orient themselves on their onward journeys:

"I had the chance to explore my feelings; they're going to have the same chance as well, and, ah, by doing that, we didn't need to come home and talk about it because we actually did all our work outside of the house and the inside the house was just for us, like, I will say cuddling." (Primrose, line 381-384)

"...And I think a combination of everything together really did help to get us to where we are now, you know, so yeah. I think, had that not been there then, you know, it wouldn't have been a stable structure to get you, to get you to where you are whereas it was... it was, um, it was almost like, um, part of the scaffold, if you like [laughs]." (Melanie, lines 379-382)

"You don't need, like you need to have people around you, who are a support network, sometimes like if you come from another country, you don't have anyone else, it would be nice to know there was a place you could go to meet up with people who could help you, or even have like the facilitators here to like, obviously put you in the right direction with services, and obviously to meet other people who've been in that situation...." (Focus Group 3, lines 584-588)

In this section we focus on women's experiences of the mothers' groups in detail. The section is organized around the six programme principles for the mothers' groups, and we explore how each of the programme principles were experienced from the women's perspective. Unlike the children's experiences, women's experiences appear to speak equally to each of the six principles in equal measure, with two exceptions. Firstly, connecting with their children (part of Principle 5 on making significant personal connections) was most valued by the mothers. Secondly, personal safety planning (Principle 4) did not feature as a salient point of discussion in the interviews or focus groups.

a. Being child-centred and supporting women to support their children

To promote a child-centred model in which a mother in which a mother participating in her own group enhances the therapeutic experience of the group of her child

In the interviews and focus groups mothers echoed a range of programme messages relating to the programme's child-centred aims.

Mothers repeatedly spoke about giving their children space and allowing them to choose when they wanted to talk to them about either what had happened at home or what had happened in group. Mothers spoke about the groups helping them to understand the experiences of domestic violence from their children's perspective, and understanding that children are not always able to put these experiences into words. They also spoke about understanding that domestic violence affects everyone in different ways. They spoke about the importance of the perpetrator no longer living with the family in order for children and mothers to be in a position to begin their recovery journey.

"I was giving the kid the space to learn them to come on their own time, when they [are] okay to come to talk to me, like, I did with Matilda. Because before, I was actually thinking I need to go and talk to her to make sure she's fine, but actually by going [to] talk to her [I] would be... [I was making it] worse for her, she'll be more upset, so I learned to stand back, let her do her own thing when she's ready to come to me." (Primrose, line 644-648)

"Because, obviously, he's having all these feelings but he can't put them into words, you know. So it just sort of, it helped him a great deal." (lines 231-232)

Women were supportive of the programme's developmental focus. They thought that having children from within the same age range in a group was helpful, and enabled children to share experiences that they would otherwise be bottling up:

"I think to have people of their own...age to bond with... because as you said, sometimes they don't want to necessarily bring things up in front of us... they feel that they are gonna upset us... and they don't want to add to our burden... so they kind of... whereas it's sometimes a hard thing to talk to peers about because they've got no knowledge or understanding... whereas they all come from a common ground" (Doris, line 62).

Mothers spoke about the groups having helped their children to deal with their anger, and reported that their children were talking more about their feelings. In turn mothers were also making efforts to communicate how they felt about things and praising their children when they did well. For example, Melanie spoke about using phrases such as "you've hurt my feelings" or "that makes me sad, you know" for communicating hurting to her son. Equally she also spoke about acknowledging his accomplishments and communicating feelings of joy: "you've done something good, that makes me so happy."

Women spoke about the groups helping them to support their children by following the children's curriculum on a weekly basis. Importantly, because children and mums were working on the same topics each week, the programme gave them a shared language with which to talk about their experiences:

"It helped them make sense of it. And also it's, it's something that they may be afraid of not being able to approach, you know, me, with my situation. He started asking me a bit more and was more comfortable in asking me about it, about what happens [unclear]... and, you know, so it was good. It, sort of, made sense to them as well [unclear]..." (Focus Group 2, line 186-189)

Being on the same page as their children was especially important when difficult topics were being discussed in the children's groups. For instance, in one focus group women mentioned that a couple of the children had found the session on sexual abuse prevention particularly upsetting. Nonetheless, and despite the challenge posed by some of this material, mothers agreed that it was important to cover.

Mums spoke about the groups "listening to children". Mothers also recognised the groups as being important in supporting children in ways that they couldn't as mothers. Especially because both mothers and children would avoid talking about what happened at home – mothers doing so under the false hope that children hadn't heard/seen anything and children, who had heard and seen incidents of violence and abuse in their homes, did not want to broach the subject with their mothers for fear of upsetting them even more.

"I could've gone through any amount of counseling or any amount of... of parenting, it would have never changed my son's perspective, because he would've never felt like he was being heard or listened to." (Abigail, lines 655-657).

"We can't, you know, as a Mum, I couldn't do, even though no matter how much I tried, and I think I was going through my own thing to make sense of it myself... and I couldn't help him." (Focus Group 3, lines 1050-1055)

"If someone else is doing it, it's that circular reason of... it's solidifying the lesson learned and, you know, your mum's not talking rubbish to you [laughter] or anything, you know?" (Abigail, lines 118-120)

The focus on children, and on making sure that they were able to support their children, was important for building mothers' confidence in their parenting capacity. In supporting their children to deal with their anger mothers were able to disentangle violence and extreme authoritarian parenting from authoritative parenting, and to have the confidence to reinstate a mother-child relationship that was not plagued by guilt:

"It's a... more a self-reflection, of saying, oh, why did I get angry over that, and oh, what happened, what annoyed me about... and... and sometimes it is just being a mother and you sticking to your principles. And with the kids you've got to do what you've got to do, and you know, and being able to be that, and being confident...you've got the right to be firm" (Abigail, lines 591)

b. Recognizing the right to live without violence

To support women in recognizing their right to live without violence, and in making positive choices to strive to eliminate violence from their lives and their children's lives

Women's account of their experiences of domestic violence demonstrated a number of the coping mechanisms that women had developed in order to protect themselves. Many women spoke about thinking about their experiences as happening to someone else. For example, Melanie described the experience of domestic violence as something she suddenly found herself in without quite knowing how she got there.

"I can't believe that I'm going through this, you know, sort of thing." (Melanie, line 453).

Separating themselves from their experiences –an act of splitting almost- served as a survival mechanism to get women through a seemingly never-ending sequence of unpredictable days. As well as a loss of self, the long-term effect of such splitting for these women was the loss of perspective. Women spoke about the programme giving them a renewed sense of perspective. A fresh perspective allowed mothers to deal with their own anger and emotions and to find constructive ways of relating to their children. For example, Janet describes how the groups have helped her to "stop and think" (line 166), where as previously her frustration would overwhelm her and she would respond to people and situations with anger. She also described how she now talks to her son differently since the groups. Before she describes an enmeshment (Kog, Vandereycken & Vertommen, 1985) of emotions between her and her son whereby they would mirror each others' anger and spiral into screaming matches. The group enabled her to break this cycle of reciprocal negative emotions. In learning to think from a child's perspective and in having space to address her own feelings, this mother was able to develop strategies to keep her son's "mind in mind" (ref) and in doing so help de-escalate violence and aggression in their interactions. Similar experiences were reported by women in Focus Group 2:

"... it's definitely made me look at things differently, yeah...just at simple things, just at what you don't even really think about, the way you deal with things, you know, it's just like, you stop and think, 'oh, hold on a minute', as whereas before I wouldn't, I'd just blow my lid but now I'm like, no, you know, I've come to this for a reason, I've got to take something out of it, it just helps you see things in a different way...definitely...um, speaking wise, I think, yeah, yeah,

speaking wise, yeah...how I deal with him...how I deal with him, more so...um, just like, he can switch just like that, he can be fine one minute and totally flip out the next minute and whereas before I'd be shouting and screaming at him, he'd be shouting and screaming at me, now I think, no, I'm not, I'm not even going to give you what you want because that's what I know you know, that's what you're wanting for me to do...so I'm like, 'no, I'll speak to you when you've calmed down' and I can just, you know, and that's what I've sort of, even though you know that's what you should be doing, it's not until you sit here and you all discuss it and yeah, do you know what, I've got to start putting this into place, yeah" (Janet, line163-183)

"Oh, just give me five minutes. Because I go upstairs and they come up, Mum, what's the matter? Just give me five minutes. I just want five minutes to myself. What's wrong? Please, give me five minutes. They know and they do understand." (Focus Group 2, line 1686-1688)

Having a sense of perspective also enabled women to think of ways out of often "very dark places" and take control of their own and their family's lives. Melanie described how, prior to the groups, she had been in "a very dark place" unable to see a way out. The groups put things into perspective for her children as well as helping her gain perspective. The groups brought things to the surface for her, giving her a language with which to talk about the experiences and aftermath of domestic violence. In Melanie's words, perspective for her was about rediscovering "common sense", good sense and sound judgment in practical matters having been lost in the chaotic experience of living with violence and abuse:

"Yes, it brought things to the surface, but it also put things in perspective and um, you know, in a way that they can understand, you know, right from wrong." (Melanie, line 55-56).

"Well, just common sense things, really ... I can't put my finger on anything pacific [sic] right now [laughs] ... I just remember sitting in the group and thinking, yes, that was just so obvious, really but when you're in that, in that situation, you've still got very blurry, you know... [perspective]" (Melanie, line 61-72)

Finally, women spoke about the group helping them to understand abuse and violence. Particularly poignant was the ways in which the group enabled mothers to understand that abuse and violent behaviour go beyond the physical. This is an especially important realization given that what is known about the lasting emotional effects of domestic violence that remain long after physical scars have healed (Abrahams, 2010):

"I think for me it helped me, um, an awful lot. An awful, awful lot because it made me open up my eyes to, um, the bigger... well, yeah, the much bigger picture in that sense." (Abigail, lines 152-157).

"the amount of things that it is, you know, covers DV. It just covers everything, which is quite shocking, you know." (Joanna, line 26)

Both the women quoted above went on to describe how they had used this newfound knowledge to make positive choices in their lives. This extended understanding of violence and abuse enabled at least one of the women to end a new relationship, which she felt had the potential to become abusive. The other woman used her knowledge to disrupt the power that her former partner continued to exercise over

her. The simple act of turning off her mobile phone and making herself unavailable to her former partner who was continuing to pursue her enabled her to test the power-control theory in her own life.

c. Ending isolation and re-building confidence in being a mother

To provide opportunities for women who have experienced abuse to feel less isolated as mothers who are parenting children who have been exposed to abuse

First and foremost the groups helped women to feel less isolated as individuals, as well as helping them to feel less isolated as mothers and to gain confidence in their parenting skills. Women's accounts of life outside the groups strongly suggested that being a mother who had experienced domestic violence was a lonely experience both as a woman and as a mother. The secrecy around their experiences often meant that they had no one to talk to about what they were going through emotionally. At the same time, displays of emotion at home, such as crying, were met with unsympathetic responses from children who, given what we know about their experiences, were in all likelihood unable to deal with their own feelings about what had happened, let alone be able to bear their mothers emotional outbursts:

Beth: I would say that, when it were, with me, when I do break up in tears, it's just like, me kids are like, 'mum, get a life'...thanks! [laughter]
Janet: I'm crying, 'oh, god, why you crying again?' [laughter]
Beth: yeah, yeah [more laughter] yeah, it's my eldest one, 'what's wrong with you this time?'
Nothing! It's just like, how do you explain it to them? It's like, "coz even if you try explaining stuff to 'em, it's like, it's either they don't understand or they're just not interested
Int: why do you think that is?
Beth: I don't know, I think with my eldest one, she just tries to block everything out...she's just...she just wants to get on with it, doesn't want, like, the burden on her. "coz I think with me like, if I do sit there and I talk to them, it's like, 'mum, we didn't want to know that' so alright fine (lines 457-467)

Groups helped the women end such isolation by giving them a space in which to talk about their feelings with others who shared similar experiences. For example, Janet from the discussion quoted above, described herself as a self-reliant and private person. She explained that she was someone who preferred to deal with things on her own and did not tend to ask for help. Like the splitting strategy discussed in the previous section (not happening to me), this extreme independence and self-reliance appears as another coping mechanism developed to deal with a situation that is hidden and therefore by default can not be communicated to others. Janet is also the woman who admitted that had she known about the potential therapeutic impact of the groups for women would probably not have attended. Yet, she later described

how the groups enabled her to open up to the possibility being with others can be a supportive, safe and nurturing experience. As a result of the group she found herself sharing much more of her experiences:

“Probably not, honestly, probably not, no...’coz I’m not that kind of person, I am very-, I’m a closed book, I don’t, you know, yeah people will say, ‘[P1’s name], what’s wrong?’ and I think don’t worry, I’ll deal with it myself, you know, and that is just me, even with family...but coming here I’ve been ‘blah, blah’ [laughter]” (Janet, line 591-595)

In more abstract terms we might hypothesize that the group enabled women to move from extreme independence and isolation to a position of inter-dependence with others. These experiences are echoed by other women we interviewed, who spoke about becoming more open and more relaxed through participation in the groups:

“If it wasn’t for the group I wouldn’t know that I needed to do that because I would be stressed, not talking to anybody. If, if I don’t talk to any[body] I feel [a] really great amount of things inside of me and I will be no, have no patience for them, but, ah, coming into the group I will be, I was more relaxed and then used to let the thing work smoothly, and it did, it did.” (Primrose, lines 650-653)

Becoming more open enabled women to feel more comfortable about their ability to be mothers to their children. Abigail, for instance, spoke about the doubts and self-questioning that the experience of domestic violence had on her as a mother. She continuously asked herself whether she was doing the right thing for everyone, especially her children:

“Are you doing the best for everyone or are you trying to be selfish and get revenge upon the other person, or are you, you know, is it...?So you’re constantly with the battle of how do you help them?” (line 329-338)

Women reported that the groups gave them confidence in their ability to relate to their child as a parent once again. Women often told us that the discussions about being a mother and the advice they received about relating to their children, was not new. Yet their experiences had sapped them of the confidence to act on this knowledge. They described how they struggled to engage children who were resistant and reticent in everyday routines such as homework and bedtime. Participation in the groups, for some families, enabled them to address the hurt and anger that was previously being played out through everyday interactions. Although experiences here varied with some women reporting that they continued to struggle with everyday routines:

“But if they’ve really come in in a bad mood, they’ll go up to their room, they’ll sit there for about five or ten minutes, I’ll just leave them to let them calm down, then I’ll go and speak to them. And they’re fine then. They just come down and they get one with whatever there is they’re doing. So, whereas before, I used to have a job getting them to bed, doing their homework, even eating at times. And now we all sit down at the table, we have our dinner, they’ll do their homework before dinner, they have their bath when they’re supposed to, they go to bed when

they're supposed to, that's brilliant. Before, it was, literally, just fighting with them all the time to get them to do things and I don't have to do that any more. And that's [overtalking]...

Oh, I still have to fight with them." (Focus Group 2, lines 1079-1094).

d. Safety planning for women and children

To provide information about personal safety planning to help women keep themselves and their children safe

Our interviews and focus group questions were designed to enable women and children to discuss those aspects of the group that were salient to them. In this respect the issue of personal safety planning was explicitly mentioned once in one of the focus groups when one of the women described how the group helped her with procuring a new front door. It is unclear how the group helped, but it is likely that this was achieved through making appropriate links with local authority housing department. The discussion makes clear how important a secure physical environment is to the women and, indeed, a few women mentioned feeling much safer in their own homes after new doors or security gates had been installed. Such modifications to their homes had taken place before joining the groups. The theme of emotional safety as related to self-care runs throughout the interviews. We have analysed this under the final principle of 'self-care'.

e. Making personal connections and building a support network

To provide opportunities for women to make significant personal connections and begin the development of a support network

Where the programme had the most impact on women was in providing opportunities to make significant personal connections, especially with their children. In this subsection we look at the three aspects of developing personal connections and support networks, including women connecting with each other, their children and the wider community.

i. By connecting with each other

Being with others who have been through similar experiences enable women to relate with each other. This was the first time for many of the women had the opportunity to meet with others with similar experiences. Being with others helped women to feel less isolated and alone, and ultimately motivated some of the women to continue attending group. For instance, women explained that despite initial

nervousness about attending a mum's group, they were able to eventually overcome the nervousness by being with others who had been in similar situations:

Doris: because at the beginning, you were just like do I really want to share all this with other people, you know, what if you say something that will be alien to everybody else in the room [laughter] but I think if you had that sort of, you felt more at ease with each other, it wouldn't feel quite so-

Janet: yeah, see, with me, I think we all spoke, but I could speak so much more now because I feel comfortable with everybody but now you can't because it's come to an end
(lines 727-732)

Yet as the excerpt above suggests overcoming the fear of alienation, and further loneliness as a result of not fitting in takes time. In this respect women suggested that the groups could benefit from a couple of pre-meetings in order for women to get to know each other a bit before sessions begun. Furthermore, what these comments also suggest is that while the women we spoke to were able to eventually feel comfortable and to open up, it may well be the case that for the women who dropped out of the programme the group did not provide such a positive experience. This suggests that facilitators need to be mindful of group dynamics and regularly check in with women *individually* to assess their experience.

When women were able to relate with one another they reported having positive experiences of the group. The women we spoke to hypothesized that talking, listening, and sharing stories with one another contributed to the changes they delivered from the groups.

"Maybe by taking and another people listen for, to our story, it will change people's lives"
(Primrose, line 136)

Finding people to relate to was important in breaking personal cycles of violence such as the experience of emotionally "beating oneself up" about what had happened. Women described talking to friends or relatives² who, unable to relate, would respond in ways that women found disabling and unhelpful (e.g. by offering so-called bandage statement, 'it will be okay') for breaking out of a cycle of self-inflicted violence. On the other hand, it was suggested that the interactions in the group were more exploratory, where women were encourage to acknowledge and discuss the multiplicity of emotions they were experiencing. In doing so they supported each other in breaking a cycle of self-inflicted violence:

Doris: I think just finding people that you can relate to and talk to...when you talk to your usual friends, they're only looking at it from an angle where they haven't-, where they don't

² Secrecy around domestic violence often came to an end after a women had managed to leave the relationship at which point she might try to talk to friends and family about what happened.

really...thinking they could understand, etc, whereas we all know how upsetting and frightening and how angry, you know and all the problems that relate to it
 Janet: there's only so many times that you can hear, 'well, he don't deserve you anyway, you'll be fine'
 Doris: yeah
 Janet: that's not enough [laughing] it's not enough!
 Doris: well, you know, how you feel about yourself and about how you beat yourself up
 Janet: definitely
 Doris: well, you know, we're all, you know, you're not going to say that
 Janet: we understand each other, you know, so
 Doris: yeah, yeah, we're not going to say that to each other because we know exactly how it is to stand in those shoes
 Janet: yeah
 Doris: and how lost and it's much easier now, 'I wish I did this, I should have done this...'
 Janet: yeah
 Doris: but times gone and you can't change that
 (lines 137-156)

The word "relate" reoccurs in the transcripts, adding support to the idea that domestic violence ruptures trust in relational being (Gergen, 2009), isolating women and eroding their trust in both self and others. Recovering relational experiences and rediscovering pleasure in those experiences was important to the women we spoke with, and something that the group facilitated. Similar comments were made when reflecting on their children's experiences:

"Everyone knew what I'd felt and it just felt good." (Focus Group 2, line 425).

"Yeah, yeah, and just to know that he wasn't on his own. There are other kids out there going through the same as you or even worse than you..." (Janet, line 56)

We would note here that women connecting with one another is something that took place in groups time over the 12 weeks. The extent that these connections survived outside of group time is dealt with as a separate issue, and discussed in the subsection below on making connections in the wider community.

ii. By connecting with their children

This relational theme continues when women talk about relating to their children once again. According to the women the groups helped them to see what happened from their children's point of view, which in turn enabled them to understand their children better. For example, Janet talked about one of the outcomes of group participation as being a renewed ability to relate to her children at a most basic level, such as finding out how each other's days were or finding some time before the groups to share a drink:

"... and it's nice to be able to relate to the kids, you know, not as where, he goes on his own and I don't have a clue what he's doing, it's nice to be able to chat, like, 'oh what did you do today, mum?', you know, that's it..." (Janet, lines 114)

“Um, and as well, just having that half an hour before he went to group, I’ll take him to the coffee shop and we’ll sit down and have some us time, um, which I still need to keep on doing but, um, they were little things which just really changed things.” (Abigail, 545-547)

Relating to their children involves the opening of lines of communication between mother and child as well as children becoming more affectionate with their mothers. Almost all of the women spoke about communication taking the place of arguments in their interactions with their children.

“Definitely, it’s opened up communication and also we’ve talked about things we might not have talked about prior to the course or you know, our thoughts and feelings and it’s sort of given us some, um, more time between myself and my son.” (Doris, line 117)

Finally, some of the mothers reported that their children had become more affectionate since joining the groups, where previously affection had been withheld from them:

“yeah, I think that I can talk to my son a bit more and we make a little bit of time to do things and I’d say definitely, it brought us closer, um, he’s more affectionate to me which is nice, um, ‘coz maybe he understands my part in it a little bit better, um, and I think it is helping him with his, his thoughts and feelings for his dad so, um, it’s just slow and that’s one of the things we’ve got to realise, this is a really long journey, there is no quick fixing” (Doris, lines 185-189).

In some cases the ability not to relate to their children was experienced in quite extreme ways. For instance one woman (Focus Group 2) told us how she found it really difficult to relate to one of her sons who bore a strong facial resemblance to his father. The group helped her to see her son as a person in his own right, they were now able to sit down together and talk and ‘have a cuddle’ (lines 463-464).

iii. By making connections in the wider community

The final aspect of making connections relates to the wider support network. Making connections in the wider community relates to accessing relevant services and support where necessary. As such the term ‘community’, as used by the programme developers, relates to an area’s ‘service economy’ including health and social services, schools and the police. Women spoke about having been signposted by the group to different services and found that helpful. For instance, one mother in the third focus group spoke about only having contact with her social worker prior to attending group. The group helped her to extend her network not only by putting her in touch with other mothers, but also by putting her in touch with other services and professionals that would be able to fulfil her different needs.

At the same time women also spoke about community in geographical terms. For instances, some of the mothers reported liking the fact that the programme was local and that other women from the local area were involved.

"I think I like, um, as I said before, that to get to know people in similar situations... [and] it's nice to be with people from round here as well." (Claudia, line 332 and line 338).

One of the programme aspirations is that through the connections that women make with each other on group "the beginning of a personal support network for each woman in the group" might emerge. The geographical proximity of the women could facilitate such a network creating a community of "survivors" as two of the groups referred to themselves, once the programme had ended. We explored this aspiration with the women. The responses were mixed. Many of the women expressed the desire to keep in touch with one another, but only a few reported achieving contact with each other outside of group. In one focus group some of the women described exchanging phone number and keeping in touch through Facebook, and similarly in another Focus Group 2 or 3 of the women had actually met up since the groups had ended.

One of the women's explanation for why a personal support network failed to emerge through the groups is interesting. For Melanie taking part in the groups had offered her the opportunity to unburden herself in the safety of the group. Once that had happened she wanted to move on both from the experiences that brought her to the group in the first place, as well as from the experience that helped her and her children deal with the past and move on:

"Mothers, no, we didn't, we didn't in the end, unfortunately. We've often wondered how they, how they got on since but, um, no, um, I haven't. I think it was just more of a case of, um, you know, you just... you want to... you've dealt with so much up to that point, you know, you just kind of want to put it in a little box and send it out to sea and, you know, that's the best way to deal with it, for me anyway." (Melanie, line 121-125)

As such, perhaps the most useful way in which the term 'community' might be understood in the context of the Community Group Programme is symbolically (Cohen, 1985), in which importance is given to the meanings and identity derived from collective belonging. As previously noted, in some of the groups women described how they had given their groups the name "survivors" as a way of representing their journey, and especially how far they had travelled. In this sense 'community' here might refer far more to their shared experiences and the idea that somewhere out there, not too far away (geographical proximity) are others like me (identity) who I can turn to should the need arise. We might hypothesize that the

knowledge of a potential community is just as powerful, in the sense of belonging and portability that it affords, and potentially more freeing, than an actual community that can also serve as a reminder of the experiences that women have moved on from.

f. Self-care, self-esteem enhancement, and personal support for mothers

To validate the importance of self-care, self-esteem enhancement, and personal support for mothers as directly connected to her children's own emotional healing process

In the previous sections we have discussed two coping mechanisms that women used in order to survive their experiences of domestic violence. These were splitting and self-reliance. In thinking about the importance of self-care, self-esteem enhancement and personal support we get a further glimpse into the impact that domestic violence has on women's experience of self. Women spoke about having lost themselves, about no longer recognizing themselves, and about having their "personality chipped away" (Abigail, line 896). In the place of their "self" developed a different self, one completely separated from who they used to be and a self that was extremely vulnerable yet self-reliant to the point of isolation: a "creature", in the words of one of the women, donning a mask of happiness for the outside world. In some cases such experiences lasted for many years:

Janet: yeah, it's not until you're away from it and then you start looking back in and you're like, 'god!'

Doris: was that really me?

Janet: yeah, how on earth did I do 22 years of that...you know?

Doris: mine was 14

Janet: yeah

Doris: it's a long time...

(lines 233-238)

"And it was, it was, like, you just put your face on and you go out and this happy sort of thing that I, sort of, represent to everyone outside. But inside was such a different creature and I could never tell anybody, you know, I kept things bottled for so long and then, you know, after the group and the counselling and this, it's just helped so much. And it's, like, I don't feel afraid of talking about it. I don't feel that someone's going to judge me anymore." (Focus Group 2, lines 1665-1669).

Women described how the journey out of isolation and the ability to reconnect with themselves once again was long and complex. It included dealing with feelings of anger and feeling like they had failed themselves and their children. Women spoke about trying to reconcile their different selves and to draw learning from their experiences that would help them grow and become whole again. They spoke

about needing to accept that they had changed as a person: their self now neither their old self nor the “creature” they felt they had become but a changed *person*:

“Yeah, as you said, it’s about, finding yourself again, about feeling like you haven’t failed because you’ve got this relationship, you know, about how, you know, the positives from it and dealing with the negatives from it, I think that’s how I’ve felt...but you know, yes, I am a lot stronger than I truly believed and, um, a better person, um, and although it’s not easy by any means, I’d rather be where I am now than where I was in a, you know, and I don’t mean that, I wouldn’t mean, ‘oh, uh, did I, no?” (Doris, lines 224-232).

“It’s about finding yourself again...and the fact that, you know, it has completely changed us as a person.” (Janet, line 220)

The ongoing and challenging nature of such personal development was acknowledged, as was the need to give oneself time and to be “kinder to oneself”:

“You’re learning from your mistakes and still, also identifying certain parts of your personality or certain parts of, um, things that you can change within yourself, and then realise that you’re not stuck or stagnant anymore in that way. So yeah, no it’s been a huge part of my growing process.” (Abigail, lines 159-162).

“I think it’s just more of a backup. You know that you can do it. You know like with a goal, like your goal is your driving lessons, and to treat yourself and things like that, and stop thinking of others before yourself, maybe.” (Lanie, line 413-415)

For a couple of the women ongoing custody issues made their healing journeys more challenging. On the whole however, the women we interviewed to all spoke about how the groups had helped them to boost their confidence and to move on with her life. A couple of the women spoke about how since the group they had become involved in voluntary work, becoming actively involved in their children’s schools and in their local community, while others had gone on to study at college and university. Other women reported being in part-time work.

“But I’ve learned a lot from this group. As I said, I’ve gone through college, got myself a job. I mean, I would never have had the courage or anything else to do that before. But going through this, I’ve done it. And, yeah, I’m proud of myself.” (Focus Group 2, lines 1240-1245).

In two of the focus groups (2 and 3) women proudly asserted that ‘we’re not victims, we’re survivors’ (Focus Group 2, line 1234) indicating both in words but also in manner a new found strength and confidence in themselves and those around them.

5.3 Beyond the guiding principles and understanding what women valued in the groups

In the previous section where we explored our findings against the guiding principles we noted how, unlike the children, women appeared to value the different aspects of the group in equal measure. In this section we look at those aspects of the women’s

stories that do not fit neatly into the programme guiding principles. The themes explored in this section complement and extend the guiding principles, and in doing so provide us with a more in-depth understanding of those aspects of the programme that were most salient to women.

a. Emphasis on enjoyment

Like the children, the women we interviewed spoke of their own and their children's enjoyment of the groups. The voluntary nature of group participation meant that the women who continued attending groups valued the lack of obligation to be there and described attending the group as not being "a chore" (Joanna, line 541). In fact, for many it was quite the opposite of a chore.

The women who had just finished groups used language that conveyed a real enjoyment of the groups ('oh my life...[it was] mad, funny!', Focus Group 2) and told us how both they and their children would miss groups and how they would like to have more time in the groups. The women who had completed groups a while ago spoke about the groups with fondness. In one group one of the mothers told us, with mock seriousness, that the only thing missing from the group was alcohol, indicating that in every other way the group created a relaxed, playful and fun atmosphere for the women.

The role of enjoyment takes on a special meaning for these women who describe how bleak their lives were in violent relationships. With this backdrop in mind, fun and the ability to enjoy oneself can be taken as a measure of distance travelled.

"It's about enjoying life, no-one's an island, you know, because, you know, this... to come from where you're... if you've been in the sort of... mostly you're isolated off. You have no friends, you have no family, or no real contact with... which is a healthy contact with people, which is emotionally sharing, having the [unclear], you know, time, none of that, because they do not want to give you the opportunity to open up." (Abigail, lines 878-882).

In this light, the emphasis that one woman placed on hearing her children "giggling" in the other room is unsurprising:

"But was more giggling...I couldn't understand properly because it was me being in the living room and them be in the room because it's difficult for me to understand what they were saying, but I just could hear them both giggling." (Primrose, line 501-503)

These were the two siblings who had been on group together.

b. The importance of confidentiality

The women we interviewed repeatedly made reference to the culture of silence around domestic violence that existing within families and between families and the communities they live in. One of the women's anxieties about attending the group was around being recognised or recognising other mothers in the group. This was an especially acute anxiety in smaller neighbourhoods where people knew each other. Women felt scared and ashamed about what happened and did not want others to know.

The groups had to strike a balance between breaking the culture of silence and not 'outing' the women involved. As such, confidentiality was very important for the women who attended the groups. According to the women, confidentiality enabled them to feel comfortable enough to 'get things off their chest' and also helped in creating a non-judgemental atmosphere in the groups.

"It's just that, you know, when you go out, you just wouldn't blurt out or just talk to anyone about the, the domestic violence, so it's such a comfortable place and knowing that you can share that experience." (Focus Group 2, line 1637-1639)

"It is just a nice atmosphere, really, to get stuff off your chest, it helps to let go of things... and then it doesn't go any further, confidentiality is a big thing here..." (Focus Group 3, line 513-515).

One woman feared that other women in the group would break confidentiality and tell others about the group or who was in the group and what had happened to them. She was pleasantly surprised when such breaches of confidence failed to materialise. Presumably the mechanism that maintains confidentiality is not just the social contract created by group rules. In this case it is also the added knowledge that breaking confidentiality requires 'outing' oneself and if all women are equally concerned with breaking the culture of silence in private, then maintaining confidentiality is the only way this can be achieved.

c. The groups compared to other services

The value of the groups becomes more apparent when comparing the groups to other services women accessed. Between the 18 women we spoke to, a range of other services were accessed including social workers, support workers, family therapist, counsellors, GPs, and occasionally friends and family. Women had variable experiences with the other sources of support, suggesting that professionals such as social workers either lacked knowledge about domestic violence or the

nature of the one-to-one relationship (professional-service user) meant that these professionals stood little chance of helping women break their isolation in the ways that a group might.

Amongst these services the Community Group Programme was the only source of support for children - most other sources of support were directed towards women only. It was also the only form of support that women had come across that dealt with life *after* an abusive relationship and supported children and their mothers to move on. Women lamented the general lack of a similar relaxed environment and spaces that could be used post the 12 week programme to catch up with each other:

“It would be nice to have something there for when you’re still in that situation and you can’t see no way out” (Melanie, lines 442-443).

“I think they should arrange more like, sort of things, for like, people who’ve been [unclear] so there’s not enough places or environments that have a coffee morning or something, it’s a good, it’s a good facility to have somewhere to get together and talk to, you know...” (lines 563-565)

Women valued the opportunity to explore their feelings and think through their experiences and their children’s experiences.

“It just makes you think about things ...because you had so much going on, it’s really hard to sort of sieve through all the things and try and work out...how can I, you know, deal with this...” (Doris, lines 212-219)

The methods of exploration used in the groups were also greatly valued. Women mentioned the use of therapeutic writing in the form of diaries, creative writing, and poetry. The women in the third focus group reported enjoying using affirmations to help think positively. A number of projective techniques were also used in the groups (e.g. how might someone feel in this situation) that women liked. In one group women reported valuing a session on healthy relationships where they were given the opportunity to explore what love was and what it wasn’t, and what constituted ‘good’ and ‘bad’ sex.

d. The role of the facilitator

The women spoke about the relaxed and non-judgemental atmosphere of the group. In the third focus group mothers spoke about the group feeling more like a family, or a mothers’ meeting. Responsibility for creating such an atmosphere was attributed by mothers to the facilitators.

In response to the question of what they felt had made them feel at ease, women compared the group interactions to other professional interactions they had experienced. In these discussions, the role of the facilitators appears to be key. These women did not perceive the facilitator role as a “professional” or as “formal” compared to, for instance, a social worker. It is important to note that what the women were comparing were indeed *roles* and not *people*, because in many instances facilitators were also social workers by profession. The women went on to explain that they felt comfortable enough with facilitators “to have a laugh” and “a joke”. Ultimately, the facilitators were perceived to be “people like us”:

“Quite laid back as well aren’t they, compared to like, social workers and things like that, that are quite formal, they’re there to do a job, and that’s it basically, you don’t have that sort of relationship where you can have a laugh and a joke with them, whereas here it’s more relaxed, so they make you feel at ease and...” (line 117-120)

“Yes, they’re people like us, they show that they’re people like us, they talk about small things, small experiences for them as well, so we’re all sharing, so they feel like they’re part of the group.” (line 122-124)

Epilogue

While the groups were generally positively evaluated, the women were also realistic about their healing journeys. These journeys were described in deeply transformative language (“Yeah, from strength to strength. The world is my oyster [laughs]”, Melanie, line 508) as well as language that focused on reinstating the routine, even mundane, aspects of everyday life (“They were little things which just really changed things”, Abigail, line 547). Those still in transition emphasized the fragility of the journey and the ongoing need and effort that went in to staying strong (“I need to stay strong” – Joanna). Others spoke about the visceral and embodied nature of their journey (“A sobbing mess on a Wednesday night”, Doris, line 192). Others still reflected on just how far they had travelled already (“That’s another lifetime”, Melanie, Line 240):

“For me, it made me realise how far I’ve come, because like, I know I didn’t have any friends, I was isolated, I think well, you know, everything that you could say violence domestic woman was, I was really low in self-confidence, but I think rapidly sort of, decided I want to change my life here and made friends and got out, and did all sorts of things with my life, well, I’ll do community work and just... I rapidly went right, no [laughter], I’m not wasting another minute of my life, yeah, yeah, being attached to someone.” (Abigail, lines 224-229).

The groups were seen as a good starting point for a much longer onward journey for themselves and their children.

“I’m not going to deny it’s taken time for, you know, three, at least three or four years to get him to this point, and it’s been part of his journey” (Abigail, line 691)

“it’s trying to reinforce foundations back and, you know, if it is like an old building. It’s going to take careful planning and restraints and care, and reinforcing the beam... support beams, you know?” (Abigail, lines 381-383).

6. Analysis of interviews and focus groups with professionals

This section presents the findings from the 34 interviews with Community Group Programme coordinators and facilitators. We begin by looking at the professional background of those who coordinate and facilitate groups. The second section focuses on the issues raised by our interviewees regarding the management of the Community Group Programme. The third section hones in on issues around fidelity to the programme manual. The fourth and final section focuses on coordinators and facilitators views and experiences of identifying and appreciating the changes that the programme supports.

6.1 *Professional background and experiences*

Staff profile

The 34 professionals we interviewed represented a range of social work, social care, educational and clinical backgrounds. The professional backgrounds represented in our sample were family support workers, social workers, psychotherapists, family therapists, early intervention workers, early years and nursery workers, and youth workers. The experience of those in the group ranged from newly qualified to those with over 15 years of experience across one or more of the above professional areas. The 34 professionals were employed across a range of statutory and voluntary sector organisations in children's services, social services, women's organisations and refuges, and psychological services.

Our interviewees also ranged in their experiences of supporting women and children who had experienced domestic violence as well as in their ways of thinking about support. The most notable differences were ecological and systemic thinking about domestic violence and support mainly articulated from those professionals with social work/social care backgrounds; psychodynamic thinking from those professionals with a clinical background; and feminist thinking from those professionals working directly with women in the women's sector. On the whole, and while this diversity of approaches to domestic violence and support were not without tensions, those professionals who spoke to us expressed valuing the plurality of knowledge brought to the programme by the different professional backgrounds and the opportunity for learning that such diversity afforded.

Training participation

The professionals we interviewed spoke highly of both the facilitator and coordinator training they had participated in. In particular they like the level of detail of the training, the examples of children's work, and the stories and anecdotes shared by the trained that served illustrates the points being made, some of which were repeated to the researchers as a way of illustrating the dynamics of domestic violence. The professionals valued being able to ask questions and to discuss the groups with other professionals. The diversity of professionals attending the training was also valued as an opportunity to network with others working in a similar area. For some of the professionals we interviewed this was their first time doing "group work" with their only other experience of groups coming from chairing meetings or running training sessions themselves. The ability to participate in training that was well-organised and well-delivered reduced the anxiety they had of working more therapeutically with groups:

"[it] opened my eyes to new possibilities or a different way of looking at things and... yeah, and giving me the tools to, sort of, deliver the course successfully." (Maria, lines 133-135).

The training was also described as intense and rushed with some of the professionals feeling that too much was being covered in too short a time period (3 days for facilitators and 2 days for coordinators). Finally, in earlier training (carried out a few years ago) one of the facilitators remembered that it had not been entirely clear from the publicity material that those attending training were also committing to running groups. For her this had not been a problem as she wanted to run groups but noted that the her colleagues who attended the training with her had not been interested in running groups.

Identifying the uniqueness of the model

In the interviews we asked professionals how the Community Group Programme compared to other services they were involved in delivering. Through these discussions we were able to identify, what from the professionals' perspective constituted the uniqueness of the Community Group Programme. Professionals found the group to be creative and fun in working with children and young people which they felt made it easier for children and young people to talk about difficult emotions:

"I find it to be really, really creative... they have fun at the same time as they're talking about very, very difficult and emotional things. And I think the, the tools we use in the group also help them talk about things in a much easier way." (Mona, lines 158-160).

Two main comparisons were made with other types of support. Firstly, in comparing the groups to one-to-one forms of support, whether psychotherapeutic or otherwise, professionals noted that the ethos of the group was different to other forms of support. The group format enabled children to occupy talking and listening roles as they saw fit but more importantly the *choice* of when and how to contribute to the group was left to the children to make. Professionals described how this was an important aspect of the group and something that they struggled with in more individually focused work where they sometimes felt that they had to pressurize children to talk about their experiences.

The second point of comparison helped to demonstrate the group's focus on feelings. This focus was often in stark contrast to the more practically orientated work that many of the professionals were involved in, where supporting women (mainly) through experiences of domestic violence involved sorting out legal issues, housing and benefit without necessarily dealing with the emotional aftermath of such an experience.

Other difference identified had to do with what was perceived as a more "structured" way of working (we return to this theme in section 6.3), the confidentiality of the group and its importance for making children and mothers feel safe, the programme's focus on children's resilience and identity, and the opportunity for children to meet others with similar experiences. It was also noted that while group existing for women these are often groups that are peer led focusing on building women's confidence and self-esteem and dealing with practical issues. These groups were not tailored for women who were also mothers, and it was generally noted that the group appeared to be unique in supporting children.

Key learning

We asked professionals to describe what their key learning had been through working on the group. Learning was described in both personal and professional terms. Our interviewees spoke about being amazed by children's resourcefulness and resilience, and the hope that brings. Related to this was a newfound appreciation that professionals often failed to take children's maturity and thoughtfulness into account when working with them:

“how very resourceful children [are]; I think I’m amazed by them, really. And how giving they are, you know?... And I think, just their resilience, really is, is, is mindboggling. And how very supportive of each other they are; how respectful they are of each other.” (Mona, lines 664)

“the key learning for me would be that sometimes young children present with behaviour or difficulties and there can be lots of issues, um, that are deep-rooted within themselves that have not been resolved. And others, professionals or practitioners or carers, we have to kind of be a bit more, um, we have to be a bit more aware of that young children do or are quite mature in their thinking. Um, you know, and they are actually quite practical, they actually can problem-solve, they actually are very aware, more than we imagine, really, more... I would say, more than years ago, if you see what I mean.” (Ella, lines 406-415).

Interviewees who had previously struggled at both personal and professional levels with women’s decisions to remain in a violent relationship told us how they had developed a more nuanced understanding of the dynamics of domestic violence and the complex reasons behind women’s choice to stay. We also heard how the same experienced professionals were scared of dealing with domestic violence cases and how the groups had helped them feel more confident in working with families where domestic violence was an issue:

“well, I thought that, okay, I’m pretty clued up on DV, I’ve been working with a lot of parents, that actually doing the mother’s group gave me a different and a deeper understanding of some of the complex issues around DV, around, um, women staying; why they, why they chose to leave when they did.” (Eleonore, lines 152-155)

“And I was always very scared by domestic violence and so this has been really useful in terms of feeling more confident in this area.” (Jan, lines 493-494)

Some professionals referred to the learning how important it was to adhere to the programme manual when delivering the groups as they had often found out the hard way that not doing so negatively impact on the group dynamics:

“I think key learning is that the... you’ve got to just look into it so much, like the bit prior to them starting... how important that bit is at the beginning because that can completely change the dynamics of a group and it’s kind of key to making sure that everybody gets the most out of it really” (Mary, lines 739-745).

6.2 *Managing the Community Group Programme*

In this section we focus on the views and experiences of coordinators in managing the Community Group Programme in their local area.

Institutional landscape, challenges and opportunities

Understanding the context in which the Community Groups take place is important for creating an understanding of both the possibilities and limitations afforded by that context in the future. The evaluation of the Community Group Programme took place in a changing political and economic climate characterized by austerity and public

sector cuts and the impact of these policies was discussed widely in the interviews. Coordinators and facilitators spoke about both the challenges and opportunities they had experienced in setting up and sustaining the community groups. We look at each of these in turn.

Challenges

Coordinators and facilitators identified a number of challenges faced in setting up the Community Group Programme including lack of funding, fragile institutional memory, and lack of available facilitators, all of which resulted in a longer time lag for running their first pilot groups.

Funding

Interviewees spoke about lack of funding not as an excuse for not running groups but as an explanation for the difficulties in getting the groups off the ground. Access to funds was identified as the primary reason for slow progress in getting groups off the ground. Those not running groups spoke of the project having been “put on the back-burner” and believed that they had “limited” chances of going forward due to lack of funding. Those running groups had managed to top into budgets from other projects enabling them to cover initial staff training and set-up costs. They also reported given their time “for free” because they felt the Programme was relevant and interesting to current work. Nevertheless such strategies were viewed as unsustainable for moving forward and embedding the groups in the local area. In addition, a number of boroughs mentioned that it was difficult even to release staff for the necessary training days because this too has a cost implication.

“It [the CGP] actually asks a lot of people because it's eating in-, not only into their other work but probably into their free time as well... I work part time but [often I'll do organization]... on my day off... it is difficult.” (Area 6, lines 962-968)

For those groups that were already up and running, funding cuts represented a challenge to the way in which groups were currently organized. Only a small minority of coordinators were actually paid in their role as coordinator. More commonly coordinators ran the Community Groups as part of their existing role, with no additional funds for either their own post or the actual running costs of the groups. Coordinators expressed concerns about the coordinator role being cut completely if further funding was not forthcoming. There was a real sense that delivering the programme would be unsustainable in the near future:

“The only reason why we’ve had better results, better delivery, [...] in 2010 is that that’s the only year we’ve had consistent funding for” (Area 2, lines 81-83), later in the interview “...in the future that may become a problem because of the cuts and actually that means that I’m less sort of here doing the day-to-day work of [centre name] and our sort of core offer really” (Area 2, lines 126-128)

“God only knows [when we’ll start running the groups again]. There isn’t any money. Everything’s set up but we have no budget.” (Area 17, 159-163)

Institutional memory

The coordinators we interviewed spoke of sector characteristics that impacted on the community groups. This included a recurrent theme which we have labeled “institutional memory”. Institutional memory refers to the shared history and experience of members of an organization (in this case the services delivering the Community Group Programme), which in turn builds a shared capacity and expertise (in this case, for working in the area of domestic violence). High staff turnover and hierarchical structures have been found to hinder the development of institutional memory as well as challenging efforts to sustain attention on particular policy issues (Jewell and Bero, 2008:189). Staff turn over is often a characteristic of the work context in which these groups operate. It tends to refer to (high) staff turn around, but also perhaps indicates the lack of smooth transition and handover between people taking up similar roles.

Disruption to institutional memory has an impact on knowledge sharing within services and the continuity of practice. During the 18 months of the evaluation we encountered a turn over of coordinators on the one hand. On the other hand we also heard from those coordinators who had recently inherited their roles how the history and background to running the programme in their area lay with predecessors. Disruptions also led coordinators to feel like they were continuously explaining what the Community Group Programme was to different people within the same services and organisations:

“Nobody is quite sure all the time what it is exactly that I do.” (Area 4, line 432-433)

Several areas that had yet to start running groups also mention high staff turn-over and lack of institutional memory as a reason for not having yet implemented the programme. Several interviewees mentioned how the initial idea of the programme had originated with their predecessor(s), and they had simply “inherited” it. In addition, whilst a number of boroughs yet to start groups had management buy-in and a multi-agency steering team in place, a few were held back by a lack of enthusiasm and understanding from senior management. One interviewee described

how she found it difficult to communicate to senior managers what the Community Groups were about, and why senior managers should support the development of the programme altogether:

“However, again, we were unable to take it to the next stage because senior managers just weren’t able to get their heads round how, if they were to offer up a member of staff, how much time they would need. They couldn’t... conceptualise the logistics of what they were signing up to in terms of releasing capacity in existing services.” (Area 11, lines 51-57).

Finding facilitators

At the outset coordinators reported having to balance the demand for the groups with the availability of trained staff to facilitate the groups. One coordinator reported that in her area demand for the Groups was so high that the team decided to go ahead with running them, even in the absence of staff that had been on the AVA training programme. The coordinator had been trained by AVA and so given the circumstances she trained the staff involved. These facilitators would then work alongside an experienced facilitator in their first group, taking on a “shadowing” role while they were still learning the approach. The coordinator reported that this local solution to the training needs had not suited to all facilitators’ learning styles, but it had provided a temporary solution and enabled the borough to run groups for families while facilitators waited for the official AVA training.

“My personal feeling is that, it didn’t actually make any sense to me at all until I got the manual, because until that time I hadn’t seen the manual. To me the training, I kind of, I don’t, I understand what the programme is but I just don’t get how that works. But the manual actually sort of like said it to me, and it made sense. So I think, I don’t think there is any preferred way really, I think it depends on the person really, and how that person learns” (Area 4, line 222-233).

It is worth noting that this informal peer training approach deviates from the more centralized approach to training that is promoted by AVA and raises concerns about fidelity to the programme manual. At the same time it illustrates local training needs that may not always be met through a centralized approach to training. We return to this issue in the next section.

Time

Running the Community Group Programme at a local level requires two sets of activities, background and foreground activities. Foreground activities involve mainly facilitators delivering the groups. Background activities take up the majority of the coordinators’ time and comprised of (1) managing referrals, (2) ongoing evaluative

practices such as risk assessment, and (3) continuous promotion of the Community Groups in the local area.:

“There is always lots of other kind of extras that we do because we’re so committed. And I know all the organisations are committed to delivering the group. But I think the funders themselves don’t always get a picture of that. They just see it as, ‘ok it’s a twelve-week programme’, but actually it encompasses much more than that.” (Area 2, lines 1364-1370)

Coordinators worried that from a funder’s perspective the foreground activities were the most visible. Yet, the background activities were the most time consuming. Throughout the interviews coordinators repeatedly stressed just how much time the role took up. The amount of time spent on their role varied from one and a half days to four full days (though only one of those days was funded).

Facilitators also experienced a number of time pressures in being involved in the group delivery. Many of the facilitators we spoke had taken on the role of facilitator in addition to their regular responsibilities. Only a small minority of facilitators described feeling entirely supported by their agencies in carrying out this role due mainly to the unique nature of some of the agencies they worked for. Most facilitators described juggling the role alongside their day job.

Time lag in setting up groups

Given the uncertainties created by the aforementioned institutional landscape it is perhaps unsurprising that less than half of the coordinators we interviewed were able to report running their first groups within 6 months following their training, as per the agreement local areas entered with AVA. The majority of coordinators had taken more than six months after the training to set up their groups.

Opportunities

As well as identifying challenges in setting up the Community Groups, coordinators and facilitators spoke about the ways in which they had managed to overcome some of these difficulties.

Commitment

Our interviews with coordinators and facilitators, and the support we as evaluators received from some of the areas for carrying out research, left us little doubt as to the level of commitment to the programme from some coordinators and facilitators. In the data the commitment and perseverance of coordinators especially, whose role it was

to manage the smooth running of the programme, was demonstrated through examples of them filling out lengthy referral forms for referring agencies who would otherwise not bother to refer children to the groups.

In one local area where they had decided to use the CAF the coordinator spoke about how she had created an aide memoire to help referring organisations fill in the CAF form. She had found that organisations were often put off by the lengthy referral forms and had been told by a few that they would not make referrals because they did not have time to fill in the form. As well as the aide memoire she reported on occasions filling out the CAF form on the referring organisation's behalf, so as not to lose a referral.

"I have had feedback with people that have said, they're quite honest and said 'we're not going to make a referral because we just haven't got the time to do the CAF'. And that really, really disturbs me greatly. You know because you just can't have that." (Area 4, line 337-342)

Finding funding

Instead of waiting for a single source of funding coordinators spoke about seeking out a number of funding sources in order to get the groups off the ground in the first instance. For example, when talking about multi-agency working, one of the coordinators described it as providing an opportunity to ask partners for "contributions" to funding. These were contributions in monetary terms, as well as contributions in kind in terms of staff time.

Multi-agency and multi-professional working

The theme of multi-agency working was strong across both coordinator and facilitator interviews. Coordinators told us they had found it challenging to set up the Community Groups as a single service and as such, had turned to other agencies for a more collaborative approach to setting-up and subsequent running of the groups.

"We approach staff from multi-agencies teams, and always seek support from their managers so the facilitating is integrated into their work rather than being an addition for the workloads. It's not overloading them. Because it's very important that they can commit and aren't going to get pulled off from the programme to do other work."

Coordinators spoke about approaching staff from multi-agency teams to train as facilitators, creating multi-agency steering groups or having a multi-agency Domestic Violence Forum in their areas. MARAC, the Multi-Agency Risk Assessment Conference, was repeatedly referred to by coordinators as a regular meeting space

in which high-risk cases of domestic violence could be discussed and information about families involved could be exchanged. Even those areas not yet running groups referred to multi-agency arrangements in place, and existing collaborations with other domestic violence specialist groups, which they proposed to draw on when setting up their groups.

Many also suggested that while they had some links with other organisations the scope of their work meant that developing relationships with other groups was not always easy. Some of the coordinators mentioned organisations that they had previously had working relationships but no longer did - sometimes these relationships changed as staff changed over, or sometimes the institutional priorities of other agencies shifted causing a breakdown between the partners.

Sometimes funding issues collided with their ability to partner effectively. One coordinator whose funding was tied to working with women in refuges found it difficult to work with community groups, because the remit of her role and the funding that went along with it prohibited this:

“...If I had funding for running [a] group in [the] community I wouldn't... I mean, I wouldn't see any problem why I cannot co-ordinate a group or why I can't run the group in a community setting, if you like... Funding would make this better I think.” (Area 1, lines 208-211)

While not without its challenges, coordinators evaluated multi-agency working in relation to the Community Groups as a positive experience that enabled their work with mothers and children. Such positive evaluations were given especially in relation to the recruitment of possible facilitators for the Community Groups: *“that has been great in that sense, it's actually [helped us] to get... facilitators to be available to do the groups”* (Area 2, lines 105-107; but see also Area 16).

For facilitators, multi-agency working enabled them to better support the children and mothers they worked with. For instance, we heard about facilitators liaising with schools about individual children and supporting schools with managing individual children, as well as referring individual children in need of further 1:1 support to appropriate psychological services. In actual group facilitation multi-agency working enabled facilitators to draw on their different knowledge bases and to work more holistically with children and mothers, something which they reported valuing:

“and sometimes it can be a bit of a challenge because if you are just constantly trying to, you know, only see things from your own professional background, that's... and luckily that didn't happen and we were able to, kind of, negotiate or, sort of, see in a different way.” (Maria, line 700-702)

Interviewees spoke about the initial challenge of engaging some community partners, schools for instance. They also felt that stronger relationships with other agencies, such as CAMHS, would be beneficial.

Finding facilitators

For instance, one area had initially trained staff as facilitators who were subsequently not able to offer their time because the remit of their role (in their own service) did not extend to children over the age of six and therefore their managers were unable to release their time. In order to avoid this problem in the future the team decided to broaden the range of professionals that they targeted with facilitator training. They also created a “pool of facilitators” to spread the burden of facilitation and ensure that the same staff were not always being called on to facilitate the groups. Some areas also reported promoting the facilitator training as Continued Professional Development in order to attract potential facilitators from other services and organizations. These methods for recruiting and retaining facilitators are promoted at the coordinator training run by AVA and as such, can be taken as examples of practising such advice at a local level. Other methods for recruiting facilitators we heard about included coordinators giving talks and presentations at other agencies, advertising, approaching managers in other agencies, and word of mouth.

Strategic orientation and clarity in communication with senior management

The ability to *communicate to senior managers* the value of the groups. Communicating the value of the Community Groups would enable senior manager to support the programme and release staff to participate in the delivery of the Community Groups.

“for it to be successful is actually being able to tell those managers exactly what the programme is about and how valuable it is” (Area 2, 170-172)

The ability to make sense of and clearly communicate *how the programme would be delivered locally*, and provide examples of how that might be done. One area in particular reported challenge in getting senior management on board because senior manager were unable to get their head around the logistics of how the programme would be delivered.

“However, again, we were unable to take it to the next stage because senior managers just weren’t able to get their heads round how, if they were to offer up a member of staff, how much

time they would need. They couldn't kind of conceptualise the logistics of what they were signing up to in terms of releasing capacity in existing services" (Area 11, lines 51-57).

Finally, *determining where the Community Groups would "sit" was also important.* Domestic violence has far-reaching consequences for those involved include effects on their physical and psychological health, their work and housing situation. As such, a number of services might be involved in dealing with the fall out of domestic violence including health, housing and social services, the police, and the voluntary sector. A programme looking to support mothers and children in moving forward with their lives after domestic violence, could therefore sit in a number of services. While this is an opportunity in terms of the network of support for the Community Groups that a coordinator could create, it can also be a threat to setting up the Community Groups which risk being characterized as ill-defined and not fitting neatly in any service, and therefore no one's responsibility.

"We have kind of been mucking about, with, where the programme sits, we've kind of agreed that it should sit within Family Support Services, so there's the people who are staff in the Children's Centres, the family support workers, parents support and we've got agreements with the group managers that they would mainstream that post, but that was – that was way back in the early part of the summer..." (Area 11, lines 89-96).

Variations in local delivery

There were a number of variations in local delivery. Variation related to the time of day different areas choose to run groups. In at least half of the areas represented in our sample groups ran in the morning while in the rest groups ran either at lunchtime or afterschool. The majority of the areas running groups reported using all female facilitators for running their children's groups. A few of the areas used both male and female facilitators to run their children's groups, especially when working with adolescents. None reported having all male facilitators for their children's groups. The areas that did use male facilitators for the children's groups reported difficulties in recruiting male facilitators. Both coordinators and facilitators stressed the importance of male facilitators in providing positive male role models to children and young people:

"It's a bit more difficult to recruit male facilitators... but for the children's group we see it as quite important [in terms of] having positive male role models... For them to build up trust in safe relationships with adult males." (Area 3)

Finally, interpretation and/or translation services were used in most areas already running groups while other areas anticipated needing such services. Only a very

small number of the coordinators we spoke to did not anticipate needing the services of an interpreter or a translator.

Awareness and promotion of groups

As part of their 'background' activities coordinators spoke at length about the promotion of the groups. Nearly all interviewees regarded part of their role as making other services and organizations aware of the groups. This often involved intensive networking and dissemination activities, such as giving presentations at team meetings, and designing posters and leaflets. One coordinator spoke about having several agendas at such meetings, involving both the promotion of the groups, but also the potential recruitment of staff that might facilitate groups.

All the coordinators spoke about the continuous promotion involved when organizing Groups. Some stated that even though they felt like they were continuously promoting CPG there were still services and organizations that appeared never to have heard of the Programme when they ought to have. The rate of turnover in the sector and the lack of institutional memory could potentially explain the need for continuous promotion with seemingly no rise in levels of awareness.

"So the only thing we haven't done actually is getting an advert on the telly". (Area 4, lines 521-522)

"A part of my role was to raise awareness about the programme ... I discovered I had to be quite a good saleswoman to begin with!" (Area 3, lines 43-45)

Facilitators echoed the feeling of lack of awareness of the groups and, perhaps unaware of the amount of work being dedicated to this activity already by coordinators, called for better advertising and more promotion of the groups.

Managing referrals

A further aspect of the 'background' activities coordinators were involved in was the management of referrals. Managing referrals is important for two reasons. The first is to enable coordinators to achieve appropriate group composition. Appropriate group composition in turn impacts on group dynamics and group facilitation. Before looking at each of these areas in turn, we focus first on coordinators' and facilitators' experiences of the referral process.

Experience of referrals

The referral process was a recruiting theme across the 36 interviews with coordinators and facilitators. According to coordinators referrals came from a range of sources most commonly the voluntary sectors. Other referral sources included children and family services, health services (including CAMHS), schools, housing and social services. Coordinators spoke about adapting the forms provided in the Community Groups manual in order to reflect the UK referral system. Other local groups created their own referral forms or used the Common Assessment Framework (CAF).

The management of referrals was a time consuming process according to coordinators. Referrals were screened for appropriateness. This frequently involved initial telephone consultation with the referring organisation to make sure that the family satisfied group requirements (e.g. the perpetrator is no longer living at home). Fielding information to different organisations was closely related to ensuring appropriate referrals were made and coordinators were responsible for such information dispersal. Finally, sector pressures on referring professionals (the example given was of social workers needing to close cases), also had an impact on the management of appropriate referrals. Coordinators reported needing to make sure that a referral was genuine and appropriate, and not merely the result of a bureaucratic process:

“The staff turnover in Social Services is just massive... so you do get - particularly social workers - I find with them, they have a different agenda. Like for them, it can be that they're doing a piece of work with that family and they have to be seen to be putting things in place.”
(Area 4, line 430-440)

Facilitators' reflections on the referral process echoed coordinators experiences of the complexity of this process. Facilitators felt that the referral process in their areas was not as robust as it could be. There were two particularly noteworthy paradoxes that characterised the referral process from the facilitators' perspective. In the first instance facilitators reported experiencing an initial high rate of referrals when the groups were first set up. Such referral rates enabled them to run groups with six or seven children which they reported as an ideal group number. However, this referral volume quickly tapered off becoming patchy and unreliable and facilitators reported struggling to get enough children for the groups.

Related to this was the knowledge gained from their work that domestic violence was a widespread problem. Yet the small and unreliable number of referrals to the groups failed to reflect either the magnitude of the problem or the immense efforts that coordinators reported making in promoting the groups. Those who were able to refer and receive referrals from within their own agencies as was sometimes the case, reported such referrals being much easier to deal with compared to cross-agency referrals. Nonetheless, they felt that their local area was still a long way from demonstrating a “referral reflex” (Mona), whereby relevant agencies automatically referred children who had experienced domestic violence to the groups. Such a reflex according to another facilitator, would only emerge if other professionals developed a way of thinking that went beyond the “case file” to consider of people’s needs from their perspective and not as these are defined by legal requirements:

“I can imagine the social worker is in the last sessions of a child protection case and about to close the case, but still feels that there’s no issues regarding safety or maybe neglect by mum because of the emotional issues for her DV, um, maybe they at that point or maybe put this file aside and consider when the next Community Group comes up then to refer them, you know.” (Elsbeth, line 280-284).

Ironically whilst many services struggled with problems of engagement post referral, for the Community Groups the problem was the inverse: a programme that children and mothers enjoyed and readily engaged with but only if they were lucky enough to get referred.

Group composition

Central to the coordinators’ discussion around assessment was the need for the family to be “right” for the groups and vice versa. While the manual does not give a definitive list of factors that determine the “appropriateness” of the groups for certain families, there are a number of guiding principles that will help the facilitator decide when the groups are appropriate for a particular family.

As previously mentioned, these groups are intended for children and women only. Male caregivers are never allowed to attend groups. As well, foster parents or temporary carers are discouraged from participating in groups as previous experience suggests the biological mother is best placed to help support children through the process. As well, mothers need to have left the abusive relationship and be based in a safe place in the community (Loosely *et al.*, 2006: 26-30).

Some key indicators do emerge from the manuals about particular issues that might be contra-indicators for group participation, including:

- a) the woman and child are not in stable housing, or are living in poverty
- b) the family is still in crisis or if the child is in care
- c) the family is involved in custodial hearings

There are some specific contra-indicators specifically for children, including:

- a) the child is dealing with grief from the death of a parent
- b) the child is suffering from a number of psychological issues, such as mental illness, self injurious behavior, suicidal thoughts, depression, severe anxiety, severe aggression, or severe post-traumatic stress disorder
- c) the child has directly experienced physical, sexual, or emotional abuse
- d) the child has no memory of the abuse, or suggests they have no memory of the abuse
- e) the child is abusing substances

The manual stresses that each individual case must be considered on its own merits, and the list of contra-indicators is meant to be a guideline to help coordinators in their assessment of appropriateness for each family.

Correctly assessing the suitability of families for groups and groups for families is an important part of the success of the Community Group Programme. We heard from coordinators that assessing suitability was carried out through both a formal and informal process. Formal practices often involved forms and procedures, informal practices referred more to the ways in which coordinators thought about and deliberated on the suitability of a family for the groups. One coordinator reported visiting the families to discuss the Community Group Programme with them as part of their activities for assessing the suitability of the family for the group. It is worth noting that this latter activity is not expected of coordinators, does not form part of their role and adds a considerable time burden to that role.

Examples of situations that threatened the balance of the groups included: a father moving back into the family home towards the end of the 12-week Programme; whether to accept a sibling with a developmental disorder into the groups; what to do about twins in relation to groups; and how to work with communities where existing

cultural practice meant certain core pre-requisites for participation in the Programme could not be met (such as the perpetrator no longer living at home). The specificity of these situations may be unique, but the deliberations that coordinators experienced as a result were not.

In some situations these dilemmas resolved themselves. For instance, the returning father left the family home a week later and, as such, no action was required by the coordinator. However, she spoke about being challenged by the dilemma and described her thinking around it, noting that the Programme is clear about the perpetrator no longer living in the family home. This raised the possibility of having to ask the mother and child to leave the groups as they would no longer be “right” for the CPG. At the same time, however, the coordinator spoke about the bonds of attachment that the child had made with other children in the group. Ending the child’s participation in the groups, she argued, would risk damaging the supportive relationships that had been carefully nurtured.

“[The situation had to be handled] very delicately. We had one child where dad moved back home.... We have to weigh up the situation. You’ve got a child where the perpetrator has moved back home, but you’ve got a child that is at week nine now, there is only three more to go, and now is very much attached to the rest of the group... I think that’s a very difficult one.” (Area 4, lines 1003-1026).

Group dynamics

Earlier in this section we reported on key learning for facilitators. One key learning related to getting all the pre-conditions for the group right. The reason given for this was that group composition was closely related to group dynamics. Facilitators reported sometimes finding the group dynamics in both children and mothers groups tricky to manage, but saw the management of such dynamics as their key role. A number of things were reported to impact on group dynamics all of which can be related to the group’s composition.

For instance we heard that working with interpreters in a group was challenging as facilitators were not always convinced that the process of translation was faithful to either women’s or professionals’ utterances. We also heard of children who would have probably benefited from additional 1:1 support being admitted onto the group only for facilitators and coordinators to realize “it just didn’t work out” (Eleonore).

Coordinators and facilitators recognized that deviations from the manual introduced risk into the therapeutic process and endeavoured to mitigate these risks by putting in extra work. For instance, when one coordinator was pressurized by one of the mothers into allowing both her children to attend the same group, the coordinator and facilitators “*did a lot of homework with the mum about what had actually happened and the children’s exposure and how it had affected them*” (Area 2, lines 1197-1202).

The problem of attrition in the mothers’ groups

Facilitators, echoing mothers’ experiences, made reference to the problem of attrition in the mothers’ groups. In at least two out of the four areas with an established track record of running groups reported running mothers’ groups with only one or two mothers present. Mothers’ experiences suggest that attrition in the groups impacts on group dynamics and makes mothers feel unsafe. At the same time facilitators report noticing marked differences in the children’s whose mothers also attend the group as they are better equipped to support their children outside of group time.

Decisions to deviate from the recommended group composition illustrate the challenges, uncertainties and novelties of each context of practice and have no easy answers. While coordinators and facilitators stressed the importance of and strived towards creating the “right” conditions, at times decisions are made which were not always in line with programme manual advice. Exploring these deviations in more detail demonstrate how the decisions around the groups were influenced locally by the **values of inclusion**: “*what we didn’t want to do is exclude*” (Area 2, line 1197). It is worth considering how the values that shape contemporary social care practices (such as inclusion) may be assimilated and thought about within the context of the Community Groups Programme. It is perhaps not unreasonable to suggest that a more robust and healthy stream of referrals would enable coordinators and facilitators to more strictly enforce criteria for group participation. Although, as we will see in the next section these lapses in group composition are also governed by professional value systems.

6.3 Fidelity to the manual

In this section we focus on coordinator and facilitators experiences of implementing a manualised programme. In particular we focus on the role of training, on professionals' understanding of programme theory, their experiences of following the manual, and their views and experiences of supervision and other forms of support.

Training

Earlier in this section we discussed professional's experiences of the training. Overall coordinators and facilitators spoke about being pleased with the training they had received in preparation for running the group. Importantly they stressed how the training had reduced their anxieties and increased their confidence in running groups. The lapse between the interviews and training participation was considerable with some of our interviewees having training a good 2-3 years prior to the interview. Yet interviewees reported feeling confident that the training had given them the necessary knowledge and skills to manage and facilitate groups.

Yet when delving a little deeper into the details of the training received we discovered that a number of the facilitators we spoke to had attended training *after* already having facilitated groups. We also discovered that those who had been on training were sometimes informally training and mentoring work colleagues without any formal support.

The programme manual is unclear about how training is delivered and who can deliver training. In the original programme setting in London, Ontario it would appear that "Group Programme Coordinators offer training throughout the year in the model" (Loosely et al 2006, p.26) and facilitators are expected to then get further experiential training through by facilitating groups and under the supervision of more experienced colleagues.

In the manual the sequence of events (training, then facilitation) is clearer although still not as transparent as it could be. More clarity on this issue came from the more experienced facilitators we spoke to, often with a background in clinical work, who were adamant that there should be no facilitation without prior training. Examples of the things that they had experienced going wrong included facial expressions by other co-facilitators in an attempt to communicate their frustration when a child was reluctant to contribute to the discussion, and the crossing of professional boundaries and disclosure of a co-facilitators' own experiences of domestic violence to children.

Such “mistakes” impacted negatively on group dynamics and left the lead facilitator working twice as hard to restore and maintain the ethos of the groups:

“Well, one thing I do think is important is to not facilitate the groups without having done the training.... Because I think the ones who don’t do the training, even though I’m leading the group, they do make mistakes which are pretty serious at the time.” (Mona, lines 401-407)

Understanding of the programme’s theoretical foundations

Our initial interviews with coordinators we picked up on a number of convergences, as well as divergences, in the ways in which the programme theory was understood on the ground. In our interviews with facilitators we went a little further in our questioning in an attempt to tease out some of the overlap and dissonance in the local understanding of programme theory. We report on both sets of data here.

In general coordinators and facilitators appropriately identified the programme as “the start of a [healing] journey” (Area 16, line 1572). In response to questions about the programme theory we were told that the programme aimed to help children and mothers “heal and move on from the abuse” (Mary). The child-centred nature of the programme was also well understood by coordinators and facilitators. In their accounts of the programme a number of the guiding principles, such as respecting and listening to children, were articulated further demonstrating coordinators’ and facilitators’ understanding of the programme.

“Generally the programme I think is written to work for supporting mothers and children. Um, and I think the theory behind it is very good. Allowing children to express themselves, allowing mothers to come to terms with the, the negative experiences so they many then support their children, I think, is very good, beneficial.” (Ella, lines 339-342).

The term “trauma” and “traumatic”, which we found coordinators readily using in discussing experiences of domestic violence, continued to be used by facilitators in a metaphorical, as opposed to a clinical sense often serving to illustrate the impact and severity of some of these experiences.

The characteristic of the programme as neither a parenting programme nor a woman abuse group but rather something in-between (Paddon, 2006:30), did not appear to challenge professional’s understanding of the Community Group Programme. Professionals appeared to be quite clear in describing the model as supporting children and mothers who have experienced domestic violence in moving on and building new relationships.

Earlier finding from interviews with coordinators suggested difficulties in breaking from popular yet contentious theories of domestic violence such as the “cycle of violence” theory. “Cycle of violence” theories are problematic (Morley & Mullender, 1994) and are not espoused by the programme. However, even where coordinators were aware of the problems of such theories they found it hard to deviate from the core metaphors provided by these theories:

“...because I know that violence isn’t automatically inter-generational...I see enough of it to know there’s a greater propensity for children that have lived in violent homes... you knew the parents and now the children are in the same service... some of them you’d know as grandparents...so the cycle has to stop somewhere, doesn’t it?” (Area 16, lines 1678-1689).

This suggests that in delivering the CGP programme trainers, coordinators and facilitators have to contend with historical discourses around domestic violence. Such discourses, particularly if they invoke convenient, easily grasped, as well as evocative images of a problem, such as the image of a cycle that needs to be broken, are hard to shift even when the nuances of experience are understood. Interviews with mothers suggest that mothers and children, especially boys, worry about violence being transmitted inter-generationally and as such, it is important that professionals to understand the issues of this debate in order to communicate the problems with the debate and allay fears.

Finally, our earlier interviews with coordinators had resulted in an unclear and incomplete understanding of the extent to which the feminist origins of the programme were salient in the English context. A strong feminist understanding, such as that put forward in the manual which explicitly states that “a gendered analysis of woman abuse is imperative” in facilitators’ understanding of domestic violence (Loosley *et al.*, 2006, p. 26), was notably absent from our earlier interviews.

When we explicitly asked about the salience of the feminist theoretical underpinning of the programme for practice we received mixed responses from facilitators. For some facilitators, especially those working with children, the feminist programme theory was of little relevance to their practice. For others, notably those working with women, the feminist origins of the programme were very important in giving a clear stir on violence and abuse. The clear definition of abuse is opaque in the quote below yet the language used and the conclusion reached by those who espoused the feminist origins of the programme (“it’s like nobody turns into a perpetrator because they loose their jobs” and “can you not see what the bastard is trying to do?”)

suggest that this clear stir relates to defining domestic violence and abuse as a direct consequence of patriarchy or as the manual puts it: “The fundamental principles of this programme recognizes that what happens to women on the political and societal level impacts them in their personal relationships” (Loosley *et al.*, 2006, p. 26):

“...it's coming from a strong feminist perspective of...like, clear perspective that abuse, you know is defined or, you know, described in a very clear and, sort of, good way. Sometimes it's like there could be so many other reasons, but, you know, it's like nobody turns into a perpetrator because they loose their jobs or, you know, or they lose a loved one, or, I don't know, all sorts of things. So, I think in that sense it was quite... I would probably agree with that and I think it was good that it gave us some clear direction as well, especially those facilitators who are not necessarily coming from that background. I think I remember... you know, the example I mentioned about the banana muffins and the stick men drawings. One of the colleagues who was actually receiving the training with us, um, was completely just advocating the opposite, saying that, hang on, this guy, based on the pictures that he draw, it's like he's got a low self-esteem. She was coming from a therapist background, so she had a completely... I think at that point the class was a bit divided. We were like, hang on, can you not see? I mean, those of us with DV experience or DV background would say, can you not see, you know, what the bastard is trying to do? You know, like, things like that. I mean, we didn't say that. But, um, yeah, then she would try to, sort of, see or look at it from a different perspective. So, I think it was quite... it was probably helpful to have that clear feminist understanding of the programme.” (Maria, lines 673-689)

Other facilitators spoke about the importance of acknowledging the programme's feminist focus while still maintaining a humanized image of fathers especially, as people whom children may potentially have a healthy relationship with. These facilitators were careful to separate the person from their actions (he did a bad thing but that doesn't necessarily make him a bad person) and to separate the direction of the actions (towards mum) from the perpetrator's relationship with the children.

A further response to our questions about the salience of the feminist programme theory to practice came from those with experiences of working with families were both fathers and mothers struggled with various personal and social problems. Here facilitators appeared caught between discourses of blame and empowerment. They reported struggling with the programme emphasis on the mother as an “expert” of her own life when in their experience some of these mothers had themselves been responsible for the abuse of their children. At the same time the challenge that the feminist perspective offered to practices of child protection in particular were welcomed especially as facilitators reported developing a more nuanced understanding of women's experiences and decisions to remain in abusive relationships:

“...Some of that's a useful challenge to the system, and I think I've certainly learnt a lot in terms of just how difficult it is and how unfair the child protection system can [unclear] on mother's about, you know, well all you need to do is leave; actually it's not that easy, it's hugely more complex than that. On, but, equally, there, there are, mothers aren't perfect and it's getting that

balance between you don't want to be blaming them, we don't want to go down the blaming route, but..." (Jan, lines 170-175).

For others still the feminist perspective spoke to a particularly hetero-normative view of domestic violence that failed to take into account and, importantly to serve children whose mothers were the perpetrators of domestic violence or who were children of same sex couples. Such hetero-normative views of violence were also present in the language that coordinators, facilitators and mothers used to describe violence in relation to the children. For example, in reference to the prevention of future violence boys and girls were spoken about in terms of fixed gender roles/identities, in which girls were seen as potential victims and boys as potential perpetrators. Violence in girls was described as an 'attitude problem' while violence in boys was spoke about as anger or aggression.

Given the complexity, and even arguably contentious and unclear nature of the programme's 'feminist perspective' it is perhaps unsurprising that coordinators especially looked for other theoretical resources, such as children's outcomes, in which to anchor their work. More explicit discussions about Programme aims and objectives showed that coordinators tried to align the Community Groups with existing service aims and objectives, most notably the previous government's five Every Child Matters outcomes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Together with the use of existing referral mechanisms (such as the Common Assessment Framework), this suggests that national policy discourses played an important role in the ways in which the programme theory was interpreted at a local level.

Delivery

One of the issues in programme delivery is fidelity to the manual. Our interviews with coordinators and facilitators gave us the opportunity to hear their views and experiences of programme fidelity.

Ongoing attempts to create the “right” conditions for therapeutic interactions in group were described by coordinators as a “tricky” practice, which involved “weighing up situations” and “striking balances” and often required coordinators to “think on their feet”. Coordinators descriptions of managing the groups involved the continuous exercise of judgement with regards to maintaining best possible group composition throughout the 12 weeks. This process of continuously exercising judgement was especially evident when talking about new and unexpected situations that often challenge the criteria for successful groups. These new situations meant that coordinators needed to make decisions about when to stick to the manual and when to deviate from it. For the most part coordinators reported being faithful to the manual:

“So sometimes we change the time of the day [we run the groups at], but in terms of how we run it, we run the program as per the manual.” (Area 16, lines 695-696).

Facilitators for the most part spoke about the programme being creative enough with enough alternative activities to allow for flexibility in delivery. Facilitators reported using the programme structure and messages to manage difficult group dynamics. For instance when children acted out they would name what was happened as encourage the children to discuss what they were feeling. Facilitators also spoke about working with the manual in preparing and delivering their sessions.

“So, obviously, you know it was a year ago [the training] and you’re bound to forget certain things. So I think because we go through the manual, like we read beforehand and also going through the manual step by step, it’s quite... it’s quite a structured way of doing things.” (Maria, line 596-599).

There was a small minority of facilitators who struggled with the programme structure and feeling that it interfered with more child-focus ways of working. The majority of facilitators however, appreciated the structured session seeing the structure as something which helped them work with a diversity of experiences:

“Strangely enough for me it’s the other way around because I think with the women that we were working with, they’ve had different experiences, and without a structure these would have gone a different way, but with a structure in place we were able to always bring the group back together if we sort of, um, went outside what we had to do.” (Joyce, lines 111-116).

Deviations from the manual usually involved making small local adjustments to the delivery of the groups. This included developing appropriate referral forms; allowing the post-group debrief to take place at facilitators' workplaces instead of straight after the group; and changing the time of day groups ran in order to accommodate families' needs. From the facilitators perspective adjustments to group delivery was about achieving "a balance between having your agenda but also being able to deviate from that according to what people bring" (Jan, lines 148-149). For instance we heard about groups at the two extremes of the age span (youngest and oldest) in which facilitators found that children "just weren't understanding" (Mary) or young people really didn't want to be there despite choosing to attend. In this instances, and drawing on their previous experience of early years settings and working with adolescents in order to overcome the barriers. Another facilitator described deviations from the manual in terms of sticking to the aims and objectives of a session but using different methods when those prescribed appear not to be resonating with the children/mothers.

Supervision and other forms of support

Supervision is a key component of developing a reflective practice and as such, we asked coordinators and facilitators about their supervisory arrangements and other support mechanisms.

Formal, external supervision arrangements were patchy across the 36 professionals we spoke to. We had reports of such arrangements existing when groups were first set up but then quickly falling by the wayside. There were only a small number of coordinators and facilitators who reported receiving regular supervision specifically for the Community Groups. Others spoke about taking advantage of general supervisory arrangements at work or having their line managers fulfill this role.

In the absence, and occasionally alongside supervision our interviewees spoke about other forms of support. Coordinators and facilitators reported spending time together preparing before and debriefing after sessions. This time was aimed at sharing information about the families and their progress and "*evaluat[ing] and review[ing] that particular session*" (Area 2, line 930) and was highly valued. Supportive coordinators were particularly valued and many of the facilitators spoke about the coordinators in their areas as open and approachable individuals who encouraged them to discuss any concerns they might have about the groups.

Getting to know other facilitators and having a good working relationship with them helped build rapport in group delivery. The AVA networking events were also found to be useful when facilitators had the time to attend.

Research and user involvement

Notably absent in most coordinators' and facilitators' accounts about the Community Groups were references to the involvement of children, young people, and mothers at a strategic/planning level of the groups. Coordinators mentioned informal ways in which "user" feedback was invited and taken on board, such as at the end of 12-week programmes. More explicit strategies for children's participation, such as children's advisory groups and forums, were not mentioned. There was also uncertainty as to how to handle such feedback in terms of the importance of not deviating from the programme manual.

6.5 Thinking about change

This final section focuses on the process of change. In the interviews we asked coordinators and facilitators for examples and stories of change they had been privy to in the children and mothers lives. Such examples and stories were rather tentative and less well formed than we perhaps expected based on previous evaluation work (Nolas, 2011a). Instead these stories created an initial, tentative "art's sketch" of the sort of impact that the Community Groups might have but more importantly of the difficulties coordinators, facilitators and evaluators face in documenting and representing such change.

Some stories captured "eureka" moments but more often than not the stories of change that were communicated to us referred to changes that were gradual, almost subaltern. For the most part the biggest change we heard about related to the off-loading of the burden of the experiences that had bought children and mums to group and the emergence of more open and communicative children and women:

"It was when we did the responsibilities section... although she'd always been told that by her mum, you can see that the penny dropped... it was like dong... "Oh my gosh, it wasn't my fault"" (Area 4, line 578-597)

"I think the course gradually changed her... when she first started, she was just talking about her own experiences, you know, how she... how it was humiliating, degrading, all very, very difficult emotions. And I suppose... towards the end she was, kind of, talking about this experience... about the impact of DV on children again and again..." (Maria, 537-541).

Discussions around change revolved around the difficulties in identifying engagement and change. We heard from facilitators about children who appeared to be involved at all in the groups and who “didn’t utter a word the 12 weeks” (Mona) but would apparently at home recount the group to their mum in every tiny detail. We heard from coordinators how different parts of the 12-week Programme resonated differently for different children.

Facilitators spoke about the small, symbolic gestures in which children and mothers chose to communicate their experiences and the unexpected moments in which something of significance would be expressed. The example given to us by one coordinator was a mother who had, at the behest of her partner, always worn black, slowly beginning to wear colours. Meanwhile facilitators spoke to the uncanny nature of such communication in children:

“It’s funny because, you know, sometimes you might be talking about something completely different, but they just start talking about a memory they’ve had and it just pops up.” (Mona, line 795-796).

“She was a watcher, she watcher everything that was going on.. but she didn’t express herself, in any way.” (Bill, lines 578-579)

“Maybe she didn’t articulate it in a, sort of, obvious way, but she had the feeling, she gave us that impression that she was able to understand.” (Maria, line 554-546).

In talking about change we also spoke about feedback and the process of hearing about changes from others. Facilitators spoke about finding out how children were doing through colleagues in schools, from mothers and sometimes from colleagues working with children in other capacities. The most striking example of this was one child who appeared in many ways not to be engaging with the groups but who really enjoyed the role play. Mona, the facilitator talks about how she heard through other professionals involved with this child that he had had the opportunity to implement the safety skills practiced on group and had been able to keep his mother and sister safe and to call the police. When asked by the police how he knew how to handle the situation safely his response had been “Mona told me.”

This example, like others we heard throw into question space and time in which these change process might take place, outside of group and long after groups have ended making any quest for the cross-sectional measurement of change even more challenging and illusive.

7. Economic analysis

In order to provide an economic analysis of the **full economic cost** of running a group, we used details provided in the coordinator interviews, and followed-up with coordinators from the boroughs so they could provide figures for any gaps. In the next section we present a **full** economic costing of the programme according to data derived from four London boroughs. All figures are annotated with explanations of the calculations made to derive the costs. In practice many of the costs outlined are covered 'in kind' and to this effect in section 8.3 we also discuss areas of potential cost saving.

8.1 *The cost of running the Community Group Programme*

Calculating costs for each borough was difficult as some figures were not readily available. Several boroughs had not used particular services (e.g. translation/interpreter services) or costs were hidden for services or staff involvement that were given in kind (for example, facilitators from other organizations are often released for ½ a day a week to facilitate groups, although there is no off-money given to their organization for their time).

Furthermore, costs were sometimes given per group, or per year so there was a need to adjust figures to show costs per group. Footnotes have been provided to show where costs have come from and/or how they were calculated. When a borough did not provide a cost for a service, estimates from other boroughs were used, or estimates were derived from other sources (e.g. if a borough bought pizza for a children's group, the cost of a pizza in that area was given). These estimations are also indicated with footnotes.

We have broken down costs into three distinct phases: training costs, essential costs, and additional costs. These costs are described in turn.

- **Training costs:** Many boroughs made an initial investment in training a large number of facilitators and coordinators at the same time. These numbers varied widely, but as many as 30 facilitators from one borough were trained during one round of training sessions offered by AVA. Training costs here are shown as one-off costs, although as staff turnover and new staff arrive,

inevitable there will be additional training costs to keep the pool of available facilitators up to necessary levels.

- **Essential costs:** These are the bare costs of running groups as proscribed by the manual. These costs have been calculated per group.
- **Additional costs:** These are additional costs that have not been set out by the manual but are often essential to run groups successfully. These additional costs varied widely from borough to borough.

Based on the calculations we present below we estimate the costs of running groups as follows. Across the four boroughs the full economic cost per:

- group is £9,123.96
- child is £1,303.25

Breakdown of running costs in four areas of London

Below we present a breakdown of the cost of running the group in four areas of London. The cost per child is calculated on the basis of an average of 7 children participating in each group. The average of 7 is derived from the manual that suggests: "The recommended size is a maximum of 6 children in the 4-7 year age range, and a maximum of 8 children for older age groups." (Loosely *et al.*, 2006: 33-34).

Area 1

The total for essential costs comes to £9,454.64 per group in Area 1. We have allowed for an average of 7 children per group to come up with a cost of £1,350 per child.

Training Costs	One-off costs
Coordinator Training	£438.40 ³
Facilitator Training	£18,000 ⁴

Essential Costs	Per Group
Coordinator	£5,260.80 ⁵

³ This figure has been calculated from the coordinators day rate (£219.20) to attend two days of training. This figure excludes travel and AVA costs.

⁴ Area 1 originally trained 30 coordinators. This figure has been calculated using the facilitator day rate (£200) to attend 3 days of training. It excludes travel and AVA costs.

⁵ This figure has been calculated from the coordinator's day rate (£219.20) for two days over the 12 week group.

Facilitator and co-assessor	£2,400 ⁶
Session materials and snacks	£103.84 ⁷
Snacks and party	£350 ⁸
Room hire costs	£540 ⁹
Supervision	£500 ¹⁰
Printing costs	£300 ¹¹

Additional costs	
Transport costs	£1,600 ¹² per group
Evaluation costs (for AVA evaluation)	£438.40 ¹³
Interpreter	£1,080 ¹⁴ per group
Translations	£500 ¹⁵ per group
Nursery/child care	£1,500 ¹⁶ per group

Area 2

The total for essential costs comes to £11,165.85 per group in Area 3. We have allowed for an average of 7 children per group to come up with a cost of £1,595.12 per child.

Training Costs	One-off costs
Coordinator Training	£213.98 ¹⁷
Facilitator Training	£4,271.40 ¹⁸

Essential Costs	Per Group
Coordinator	£6,419.54 ¹⁹
Facilitator and co-assessor	£2,640.00 ²⁰
Additional facilitators	£203.78 ²¹

⁶ This figure has been provided by the coordinator in Area 1 and reflects costs for facilitator(s) to cover groups for 2.5 days a week plus assessment over 12 weeks.

⁷ The coordinator provided a figure of £450 for materials per year. This breaks down to £103.84 for a twelve week period.

⁸ This figure was provided by the coordinator in Area 1 and reflects costs for weekly snacks and the party, including a gift bag given to the children at the end of the group)

⁹ The coordinator in Area 1 estimated that the day rate for room hire in Area 1 would be £65 a day. The yearly rate would be £2340, and the cost over a 12 week period would be £540.

¹⁰ This figure has been provided by the coordinator in Area 1.

¹¹ This figure has been taken from the calculation provided by the coordinator in Area 2. Printing costs for all the boroughs were provided in-kind and Area 3 was the only borough to provide an estimate of the actual cost of printing for the groups.

¹² This figure was provided by the coordinator in Area 1.

¹³ This figure reflects 2 days of work from the coordinator to evaluate the groups for the AVA evaluation.

¹⁴ This figure was provided by the coordinator in Area 1

¹⁵ This figure was provided by the coordinator in Area 1.

¹⁶ This figure was provided by the coordinator in Area 1.

¹⁷ This figure has been derived from the day rate of a coordinator in Area 1 (£106.99) for two days of training. This does not include transportation costs.

¹⁸ This figure has been derived from the day rate of facilitator for three days of training. 18 facilitators were trained by Area 1 before groups were started.

¹⁹ This figure provided by the coordinator for Area 2. Salary costs to coordinating groups for three days a week, with on-costs factored in come to £27,818.04. This has been broken down to a weekly cost of £534.96. While we are aware that coordinators spend a good deal more than 12 weeks preparing groups, we have assumed the cost of the coordinator to run a group over 12 weeks and used this figure as the cost per group.

²⁰ This figure is for a DV parenting outreach worker working two days per week. We have taken the average wage of an experienced family support worker to be £22,000 (CWD Council) and estimate salary costs per year to be £11,480.04. This has been broken down into a weekly cost of £220.77. While we are aware that facilitators spend a good deal more than 12 weeks preparing groups, we have assumed the cost of the coordinator to run a group over 12 weeks and used this figure as the cost per group.

²¹ Estimating the average cost of a facilitator was difficult as facilitators come from a wide range of services and with a wide range of expertise. As such, we have used the same day rate as an Area 2-based youth worker to provide an estimate. A youth-worker from Area 2 average with 5 years experience earns roughly £19,056 (payscale.com). We have assumed one additional facilitator per group to come up with a yearly cost of £883.08. While we are aware that

Session materials and snacks	£115.38 ²²
Party	£25 ²³
Room hire costs	£1,254.46 ²⁴
Supervision	£507.69 ²⁵
Printing costs	£69.23 ²⁶

Additional costs	
Transport costs	£197.30 per group ²⁷
Evaluation costs (for AVA evaluation)	£213.98 for two days of evaluation
Interpreter	£840 per group ²⁸
Translations	£500 ²⁹
Nursery/child care	£348 per child per group ³⁰

Area 3

The total for essential costs comes to £7,245.80 per group in Area 4. We have allowed for an average of 7 children per group to come up with a cost of £1,035.11 per child.

Training Costs	One-off costs
Coordinator Training	£215.38 ³¹
Facilitator Training	£6,600 ³²

Essential Costs	Per Group
Coordinator	£3,876.84 ³³
Facilitators	£1,600 ³⁴

facilitators spend a good deal more than 12 weeks preparing groups, we have assumed the cost of the coordinator to run a group over 12 weeks and used this figure as the cost per group.

²² A figure of £500 per year was provided by the coordinator in Area 2. A weekly cost of £9.61 was estimated, with a 12 week group costing £115.38.

²³ Figure provided in the coordinator interview

²⁴ This figure was provided by the coordinator in Area 3. While rooms are currently provided in kind, if venue costs were to be charged out, the coordinator estimated that this would cost £5436.00 per year. The weekly cost of this would be £104.53, and for a 12-week programme the costs would be £1254.46

²⁵ The coordinator estimated that supervision cost £2000-£2400 per year. We have estimated a yearly cost of £2200 per annum and calculated a weekly cost of £42.30.

²⁶ Figure provided by the coordinator for Area 3. The yearly cost of printing was estimated to be £300, with a 12-week group costing £69.23.

²⁷ Figure provided by the coordinator for Area 3. Area 3 has occasionally used a transport service called care bank. The coordinator has estimated this costs roughly ££855 a year. The cost for a using this over a 12 week period would cost £197.30.

²⁸ This figure has been provided by the coordinator for Area 3. Whilst Area 3 has not had to use an interpreter service for their groups, the hourly cost of an interpreter would be £30-£40 an hour. We have calculated an average cost of £35 an hour, with their services needed for 2 hours a week over 12 weeks.

²⁹ Area 3, Area 4 and Area 16 had not translated any of the group material. Area 2 was the only group to have done so. As such, we have used their estimated costs for translations for Area 3, Area 4, and Area 16.

³⁰ Area 3 uses a local day nursery for younger children who required childcare. The coordinator has told us using this service costs £29 per child per week. Here we have assumed the cost of having one child in nursery over 12 weeks.

³¹ This figure has been derived from taking the average salary of a managing family support working (£28,000 p/a) obtained from the CWD Council. The day rate works out at £107.69 and the coordinator in Area 4 works 3 days a week coordinating the groups.

³² We have estimated that the day rate for a facilitator in Area 4 would be £100 (based on an average salary of £26,000- figure provided by the coordinator in Area 4). The coordinator was not able to say how many facilitators had been trained in Area 4, so we took the average number of coordinators trained in Areas 2, 3 and 4 to come up with an average of 22 (rounded up from 21.66). This figure includes three days of training for 22 people, excluding travel and AVA costs.

³³ This figure has been derived from taking the average salary of a managing family support working (£28,000 p/a) obtained from the CWD Council. The day rate works out at £107.69 so it would cost £217.38 for the coordinator to attend two days of training, excluding travel and AVA costs.

³⁴ The coordinator for Area 4 has provided a yearly facilitator salary of £26,000. We have estimated that a facilitator spends ½ a day a week plus 2 day per group facilitating. The figure provided here is for 2 facilitators over a 12 week period.

Session materials and snacks	£48 ³⁵
Party	£20 ³⁶
Room hire costs	£897.12 ³⁷
Supervision	£503.84 ³⁸
Printing costs	£300 ³⁹

Additional costs	
Transport costs	£792 ⁴⁰
Evaluation costs (for AVA evaluation)	£215.38
Interpreter	£740 ⁴¹
Translations	£500 ⁴²
Nursery/child care	£384 ⁴³

Area 4

The total for essential costs comes to £8,629.56 per group in Area 4. We have allowed for an average of 7 children per group to come up with a cost of £1232.79 per child.

Training Costs	One-off costs
Coordinator Training	£280 ⁴⁴
Facilitator Training	£2,157.30 ⁴⁵

Essential Costs	Per Group
Coordinator	£5,520 ⁴⁶
Facilitators	£1,353.60 ⁴⁷
Session materials and snacks	£47 ⁴⁸
Party	£8 ⁴⁹

³⁵ The coordinator for Area 4 has said that they provide very basic snacks for the group each week (babybel and squash). She also mentioned that they bought sessional materials at the start of the group and only buy more materials when these are exhausted (books, play doh, etc.). As such, we have estimated that Area 4 would spend £4 a week on snacks and materials.

³⁶ This figure was provided by the coordinator in Area 4.

³⁷ Room hire for Area 4 is provided in-kind and the coordinator was unable to provide an estimate. This figure has been derived from the average yearly costs provided by Area 2 (£2340) and Area 3 (£5436). We have estimated the weekly cost of room hire would be £74.76 for Area 4.

³⁸ The coordinator for Area 4 was unable to provide a cost for supervision per group. We have taken the average supervision cost per group from Area 2 (£500) and Area 3 (£507.69) to come up with an estimated cost of £503.84.

³⁹ This figure has been taken from the calculation provided by the coordinator in Area 3. Printing costs for all the boroughs were provided in-kind and Area 3 was the only borough to provide an estimate of the actual cost of printing for the groups.

⁴⁰ The coordinator for Area 4 has said they occasionally use a bus service to transport children to and from groups. She has said the cost of this is £33. We have estimated the cost here for one child using this service per group, being picked up and dropped off (for a total of £66 per week).

⁴¹ The coordinator for Area 4 was unable to provide an estimate of costs for an interpreter. We have taken the averages of figures provided for an interpreter in Area 2, Area 3 and Area 16 to come up with an average cost of £740.

⁴² Area 3, Area 4 and Area 16 had not translated any of the group material. Area 2 was the only group to have done so. As such, we have used their estimated costs for translations for Area 3, Area 4, and Area 16.

⁴³ Qualified Crèche worker advertised on Merton connected (<http://www.mertonconnected.com/node/38621>) at £8.00 per hour

⁴⁴ This is the hourly rate for the coordinator working in Area 16 (at £20 an hour) for 14 hours of training.

⁴⁵ We have taken the average wage of an experienced family support worker to be £22,000 (CWD Council) and estimate the daily rate of a facilitator to be £42.30. The coordinator for Area 16 has suggested that 7 facilitators are currently trained in the borough, and at least 10 more have been trained in the past. The cost for one coordinator in Sutton to go on the 3-day training course would be £126.90 excluding travel and AVA costs.

⁴⁶ The coordinator for Area 16 is charged out at £20 an hour for her work doing coordinating activities for 23 hours per week. This would mean her weekly rate is £460.

⁴⁷ This figure is for two facilitators per group, costing them at ½ a day per week plus 2 days over the 12 week period for administrative activities. We have taken the average wage of an experienced family support worker to be £22,000 (CWD Council) and estimate the daily rate of a facilitator to be £42.30.

⁴⁸ We have estimated that sessional materials £25 per group while the coordinator in Area 16 has given us an estimate of £22 for snacks per group.

Room hire costs	£897.12 ⁵⁰
Supervision	£503.84 ⁵¹
Printing costs	£300 ⁵²

Additional costs	
Transport costs	£210 ⁵³ per child per group
Evaluation costs (for AVA evaluation)	£280 ⁵⁴
Interpreter	£300 ⁵⁵
Translations	£500 ⁵⁶
Nursery/child care	£960 ⁵⁷

8.2 The costs of not supporting children and women's healing

According to Radford & Hester (2006) the total cost of domestic violence⁵⁸ in London (prorated for population) is £917.9 million, while the human and emotional costs total £1,581.8 million. The cost of DV in England (prorated for population) rises to £5,472.5 million while the human and emotional cost is £9,431.1 million⁵⁹.

Walby (2009) suggests that from 2001 to 2008 there has been a decrease in the costs of domestic violence overall, from £23 billion in 2001 to £16bn in 2008. This is partly due to a decrease in the amount of domestic violence during this time period, but is also because victims of violence have been more able to access and fully use services available. She argues that investments that have been made in public services to reduce domestic violence have been cost effective for the country as a whole.

A cost effectiveness analysis of similar groups run in Scotland suggests that the cost per beneficiary in the range of £2000 to £2500 (Scottish Women's Aid and Cedar

⁴⁹ This figure has been provided by the coordinator in Area 16.

⁵⁰ Room hire for Area 16 is provided in-kind and the coordinator was unable to provide an estimate. This figure has been derived from the average yearly costs provided by Area 2 (£2340) and Area 3 (£5436). We have estimated the weekly cost of room hire would be £74.76 for Area 16.

⁵¹ The coordinator for Area 16 was unable to provide a cost for supervision per group. We have taken the average supervision cost per group from Area 2 (£500) and Area 3 (£507.69) to come up with an estimated cost of £503.84.

⁵² This figure has been taken from the calculation provided by the coordinator in Area 3. Printing costs for all the boroughs were provided in-kind and Area 3 was the only borough to provide an estimate of the actual cost of printing for the groups.

⁵³ The coordinator for Area 16 estimates that taxis and escorts cost roughly £15-20 per child per week. We have taken the average of this (£17.50) and calculated the cost for 12 weeks of transport.

⁵⁴ This is the hourly rate for the coordinator working in Area 16 (at £20 an hour) for 14 hours of evaluation.

⁵⁵ This figure was provided by the coordinator in Area 16.

⁵⁶ Area 3, Area 4 and Area 16 had not translated any of the group material. Area 2 was the only group to have done so. As such, we have used their estimated costs for translations for Area 3, Area 4, and Area 16.

⁵⁷ Sutton Crèche service charges £20 per hour per crèche worker - the number of crèche workers required varies on both the age of the children and number of children. 2 crèche workers per group have been costed here.

⁵⁸ This includes physical and mental health care costs, criminal justice costs, social services costs, housing and refuges costs, civil legal services costs and lost economic output.

⁵⁹ <http://www.trustforlondon.org.uk/media-centre/press-releases/domestic-violence-costs-55bn-a-year-in-england.html> (last accessed 30 March 2012)

Project, undated). They suggest that: 'early intervention will not necessarily generate identifiable savings for the care system. Any judgment about value for money should take into account the qualitative benefits of the programme described above as well as the costs of delivery of the Cedar programme; the evidence suggest that the justification for the Cedar approach goes beyond any immediate identifiable savings' (Scottish Women's Aid and Cedar Project, undated:10).

Research evidence from several national and London-based evaluations of family intervention projects indicates that they represent good value for money and often achieve significant cost savings for public sector agencies (Flint, 2011; Scottish Women's Aid and Cedar Project, undated). The Action for Children and New Economics Foundation (NEF) report 'Backing the Future' demonstrates the cost effectiveness of three targeted early interventions using SROI case studies in England and Wales. They make a compelling argument for using focused interventions that focus on preventative approaches. These projects not only generated social value, they increase financial returns to the state by generating reductions in costs associated with reduced costs of crime and antisocial behaviour, reduced health costs for children and the reduction of other long term child costs (education, care, etc.). The economic and social returns for such targeted interventions far outweighs the initial investment that is made (NEF, 2009).

The Action for Children and NEF suggest that the UK needs to spend at least a third more than current spending levels to effectively address the consequences of social problems. The cost of the UK's social problems far outstrip those in comparable European countries, and many of these problems could be prevented with targeted early interventions. 'There is clear evidence of the harmful effects that social problems – such as drug use, crime, inequality, family breakdown, and poor mental health – can have on children's well-being (NEF, 2009:16). Failing to make these investments will ultimately lead to far greater costs than those proposed for early interventions (NEF, 2009).

8.3 Areas of potential cost savings

There were a number of areas where more cost savings could have been made.

The cost to run a group in Area 2 was £3,920 higher than the cost to run a group in Area 3. There was a wide variance the additional costs as well that need to be taken

into account. For example, while transporting children may not be essential to running the groups according to the manual, not having reliable transport could effectively exclude children who would be suitable for the group but whose mothers may not be able to drop them off or collect them. These costs cannot be ignored, and the wide discrepancy across boroughs in the money allocated towards these additional costs reflects some of the wider discrepancies reported to the evaluation team in other areas of service delivery across London.

Many of the costs listed above were in-kind; however this does not mean that they can be ignored. For example, not every borough will be able to access rooms for free, nor will every borough have in-kind allowances for printing materials. As well, there are management costs associated with the programmes that have not been taken into account here. Many boroughs have steering groups or management meetings that meet to discuss the running of the groups – these multi-agency meetings can provide important oversight to ensure that groups are run smoothly and effectively, but there is a cost implication for managers' time.

Training facilitators was an area of relatively high cost as it requires releasing a relatively large number of staff for three days of training. The figures listed here do not accurately reflect costs, as each borough uses a variety of facilitators from different agencies with different backgrounds. The cost to release a senior social worker from duty for three days will be nearly three times as expensive as the cost to release a family support worker. These costings do not reflect the variety of staff backgrounds and salary costs that would actually be associated with training, nor do the figures include travel costs or the actual cost of training, as training to London boroughs was provided for free by AVA due to their Comic Relief funding⁶⁰.

Some areas reported experiencing problems in retaining facilitators from other agencies, especially if it was felt that their remit did not map exactly onto the community groups objectives. Coupled with high staff turnover the retention of facilitators sometimes proved a challenge. As well, facilitators that have more experience in running groups were able to deliver groups more efficiently than those starting out. As such, it makes sense to retain as many trained facilitators as possible to ensure that the groups are delivered as efficiently as possible. Ensuring that the appropriate staff are trained and that those who do receive the training are able to

⁶⁰ The cost for areas outside of London to take part on AVA training is £3000, which includes training for 2 coordinators and up to 25 facilitators, plus materials and aftercare from AVA.

deliver training for an extended period of time would provide a good deal of cost saving across the roll out of the groups.

8. Summary and discussion

The final chapter of our report synthesizes and reflects on the findings from the questionnaires, interviews and focus groups with children, mothers and professionals. In particular we return to our initial research questions to reflect on what we have learnt about the process, impact, salience and cost of the Community Group Programme.

8.1 How does the Community Group Programme work?

The term process in this this evaluation has been used to refer to both the process of change and how that's brought about (change mechanisms), as well as to the process of programme delivery. We address each in turn.

Change mechanisms

Our findings suggest that there are three key elements of the Community Group Programme that can be considered mechanisms of change. These are:

- The fun aspect of the groups
- The safe space that the groups create
- The choice to participate

Fun was a key feature of both children's and mother's accounts of their experiences on the group. Children and women valued the creative approaches used to engage them in conversation on challenging topics. The ability to be light-hearted at the same time as sharing very difficult experiences with one another was found to be crucial in opening up and reflecting on those experiences:

"Well, take a chance and go for it, because it's really fun thing and actually it's a very, it's very easy to express yourse, your feelings when you're having fun." (Sonic, age 10, line 530)

Confidentiality was a further aspect of the groups that was highly valued and which enabled children and mothers to feel safe enough to disclose their experiences. In recounting some of their experiences women often referred to feeling that domestic violence was a taboo topic, and as such they had shrouded themselves in silence by shutting themselves and the outside world off from their experiences. Children on the other hand silenced themselves so that their experience would not further upset their

mothers. The confidentiality offered by the group enabled both children and mothers to break these silences, to discover others who with similar experience and to share their stories in the knowledge that these stories would go no further.

The group ethos of putting children at the centre of the programme design was also highly valued by children. Children made reference to their choices to share or not to share their story and advised adults wanting to run groups to preserve this ethos. The ethos of choice extended to the mothers group too and those mothers who chose to participate in groups valued the opportunity of being involved. However, the voluntarism of the mothers' groups also had its challenges. Attrition was a key theme in mothers' and professionals' discussions about these groups with both reporting that drop-out rates impacted on group dynamics.

Service delivery

In terms of the process of programme delivery our findings suggest that gender balance in the children's groups is more important to children than initially thought about by programme designers and children valued attending separate group from their siblings. For a minority of children the timings of the groups had been inconvenient as their participation meant missing out on school curricular and extra-curricular activities they deemed meaningful. A minority of mothers found that attending groups, especially if groups were run during the day, meant taking time off work which was not ideal. Mothers who had other children to pick up from school also found some of the timings of the afternoon groups challenging. Finally, children found the setting of ground rules useful and facilitators reported finding it helpful to have ground rules they could return to when group dynamics became challenging.

Important to consider in terms of service delivery is the issue of referrals. Mothers' accounts of accessing the programme suggest something of the serendipitous about the nature of the referral process. Professionals experiences of referrals suggest local referral routes are patchy at best. Mothers and professionals expressed the need to develop a 'referral reflex' in the local community that made the programme a natural choice for other professionals to refer to. At the same time we also heard from coordinators about the amount of 'backstage' work that went in to raising awareness and promoting the programme only to experience that colleagues from other agencies were still not "quite sure all the time what it is exactly that I do".

Notwithstanding the challenges of the economic and political landscape in which the programme is being delivered, what these experiences suggest is that the programme is operating in an institutional context where there is little understanding of the pathways (in and) out of domestic violence (in some cases there is fear of even engaging with the issues of domestic violence). Consequently the idea of supporting children and their mothers in any structured way, and especially in a way that helps them to collectively come to terms with the multiplicity of feelings and emotions that are the consequence of their experiences, is not part of the institutional repertoire of practices.

8.2 What difference does the Community Group Programme make?

We use the term impact to refer to the differences, or changes, that the programme made in the lives of children, mothers and professionals. Professionals' experiences of attempting to make a difference and to bring about psychosocial changes with the groups, and our own experiences of attempting to capture programme 'impact' using a mixed methods approach, remind us that the changes we are dealing with can be transformative as well as ephemeral, and in both cases a lot more nuanced and incomplete than we might desire them to be. With this in mind we summarise our findings on impact under the four core themes of the programme. The findings are strongest in indicating programme strengths in validating children's experiences and helping them to *understand* the multiplicity of feeling they experience. Less strong are the findings regarding programme aims to encourage the appropriate emotional expressions, safety planning, and understanding of abuse and self-blame.

1) Validation of the children's experiences

Children spoke about feeling listened to and feeling more confident because of the groups – something which was also supported by the initial quantitative findings. We interpret their enthusiasm in talking about the groups and their enjoyment of the groups as strong evidence for the claims that they felt heard, believed and validated. Discovering that other families had similar experiences to their own was also important in this regard. Children's views of the facilitators (adults who were kind to them), is also an important indicator that their experiences were validated and they felt listened to. Of all the programme messages the child-focused ethos of the programme, emphasizing the child's choice to participate and to share, was repeated

throughout individual and group discussions with mothers and professionals as well as across these discussions indicating that the validation of children's experiences was strongly valued within group and outside of group.

2) *Appropriate versus inappropriate expressions of emotions*

The sessions addressing anger and other feelings had a clear impact on the children. Children's accounts of these sessions were vivid and detailed indicating the enjoyment and learning they derived from activities such as the volcano. We also have evidence to suggest that children were *thinking* about what constituted both appropriate and inappropriate expressions of emotion. Programme messages about it being okay to feel angry but not okay to be violent were often repeated ("you're only allowed to be angry but you're not allowed to throw things and shouldn't punch people").

At the same time this evidence is limited, referring only to children's *understanding*. The qualitative statements we collected demonstrated expressions of intent only ("like when my friends would normally come up to me and like try and start a fight with me, I'll just walk away") without making reference to actual examples of having practiced appropriate expressions of emotion. Furthermore, responses to the questionnaires suggested that children were less likely to respond aggressively to difficult situations after the groups, but none of these changes are statistically significant – indeed, questionnaire data suggests that children were well aware that aggressive responses were inappropriate even before participating in groups. Related to this is the evidence collected for the learning of effective problem solving skills. While children told us that they now knew that fighting was not an option for resolving difficult situations, they did not give examples of how else they had approached such situations.

Nevertheless, mothers had observed that since the groups their children had begun to play more instead of fighting. The mother's accounts were also useful in highlight the reinforcement of programme messages that mothers were able to provide children at home ('remember words are not for hurting' or 'keep your hands and feet to yourself').

These observations suggest that more learning is needed about children's expression of emotion beyond their understanding of appropriateness, and beyond

professional categories of 'externalising' and 'internalising' behaviours. A focus on children's lived experience of emotion would help us explore whether safer and less damaging (to self and others) expressions of anger were taking the place of violent reactions to difficult situations.

3) Safety planning

Our findings relating to safety planning are more ambiguous. In terms of safety planning our quantitative findings suggest that there is a greater likelihood that children will stay in a safe place, call a neighbour, not intervene in fighting between parents, and that they were significantly more likely to call '999'. Our qualitative findings suggest that the safety planning sessions were remembered by children, some of whom recounted their safety plans to us in some detail. We also heard of one striking example from one of the facilitators of a child implementing a safety plan with his sister and mother ("Mona told me!", pg. 111).

Our quantitative findings also suggest that children were less likely to say that children should try and stop parents fighting and this was a significant change. However, this was only statistically significant in the abstract ('children should (not) stop parents fighting'). When the statement applied to children's own behaviour we did not find a significant difference post-group, although there was trend towards children indicating they would no longer consider intervention as an appropriate strategy. However, while there was a clear move away from giving a straightforward 'yes' response when asked if they would intervene in such a situation, a number of children remained unsure about what their own response would be.

These findings resonate with our qualitative research findings, in which ambivalence was expressed regarding intervention in parental fighting ("If you see your mum/parents fighting, and you can't do anything about it to stop, you should call 999 or just go"). They also resonate with anecdotal evidence from facilitators who told us that while children learnt about key safety strategies, and the importance of keeping themselves safe, they found it hard not to get involved with *their own* parents' fighting.

Research in the last 10 years on children's perspectives of domestic violence suggests that children's decisions about intervening in parental fighting is more complex than perhaps children are given credit for. Mullender and colleagues (2002:97) have argued that insisting that children should never intervene in parental

fighting ignores the realities of the situations that children find themselves in and the feelings of distress they might experience by not intervening. It is important to acknowledge children's agency in this process and to extend our understanding of terms such as 'intervention'. In reality children intervene into conflict situations in a number of ways in order to help, and not always in ways that are expected or worrisome (Mullender *et al.*, 2002:97). Incorporating more lateral ways of thinking about 'intervention' and making links with problems solving skills would be useful here.

For mothers the issue of safety planning was also less salient with only one mother making reference to the groups helping her with safety planning.

4) Understanding abuse and reducing self-blame

None of the children spoke to us about their understanding of abuse and as such, we know very little about how the children in our sample thought about abuse. We can hypothesize that the absence of this message is due to the sensitivity or complexity of the topic that is perhaps too difficult for children to express especially in a short interview. Equally it could be argued that the diffused nature of the message, appearing as it does across a number of sessions, makes it harder to remember. It could also be argued that the verbal absence of this message in children's narrative does not necessarily mean that the message was not taken on board but rather indicates the limits of our methodology. Finally, it could be argued that the other messages of the group were more immediately salient to the children we interviewed.

We found that only a minority of the children made reference to the theme of self-blame (n=3), and that the majority of children identified that children are not to blame for parents' fighting both before **and** after group (with no significant shift taking place). This was surprising given how much emphasis the programme manual and professionals place on this, and the findings from programme evaluations that suggest that groups reduce self-blame (Sullivan *et al.*, 2004). Instead the theme of blame is more prominent in mothers' accounts who appear to experience their children's anger and withdrawal as their punishment for what has happened. Yet in the questionnaire data (pre-groups) none of the children blamed their mothers for what happened. Neither did children blame themselves for their parents' fighting.

Research in this area suggests that children know who to hold responsible for violence/abuse, this tends not to be themselves and is instead usually the abuser or both the parents (Mullender *et al.*, 2002, p. 149 & p. 167). For those three children in our sample (and perhaps elsewhere) who may harbour feelings of responsibility for what happened, especially at the younger age, such feelings may not be the specific result of experiencing domestic violence but instead a characteristic of children's thinking which we find across other domains of children's experiences (e.g. experiences of illness) and which is usually referred to as 'immanent justice' (the idea that something bad has happened to you because *you* did something bad) (Rushforth, 1999). Such thinking can be modified with further explanation and discussion such as that provided by the groups. Nevertheless, we may want to reconsider the programme focus of reducing self-blame as it appears out of step with more recent research evidence.

The groups were more successful in supporting women to recognise their right to live without violence. Many of the women we spoke to stressed the renewed perspective on their experiences they found by participating in the group.

Social and relational impact: a core theme for children and mothers

Our findings suggest that the social and relational impact of the programme is more important than originally conceived by programme designers, especially for children.

The guiding principles for mothers groups make reference to the aim of supporting mothers to make significant personal connections and to build a support network. The most important personal connection to mothers was the one they felt was re-established with their children.

The guiding principles for the children's groups make no reference to children making significant personal connections or building support networks. Yet we also heard from most children how much they valued re-connecting with their mothers. Of equal importance was meeting other children with similar experiences and having the opportunity to socialize with them.

In the last 20 years academic research on children's social worlds and their lived experience has changed considerably. Discourses on children's rights (UNCRC,

1989) and research on children's lived experience (Prout, 2005) have stressed the importance of understanding children as entities in their own right who inhabit and make sense of the world around them in meaningful ways. From this perspective children's emphasis of the social and relational aspects of group are to be expected and should be taken seriously. Like adults children's needs for contact and for being in community with others are important, though are perhaps needs that are not yet fully and explicitly articulated in the programme design.

8.3 Does the Community Group Programme matter?

We use the term salience to ask about the extent to which the programme meant something to children, mothers and professionals. The term is used to encapsulate the psychosocial value of the programme for those involved, and to explore the significance of the programme, especially its theory, for professionals.

Overall the programme was important and highly valued by children, mothers and professionals albeit for different reasons. Our quantitative and qualitative findings suggest that children and mothers would recommend the programme to others. Children and mothers expressed regret and sadness that the programme had ended, and some mothers suggested that they would attend again if they could. Comparing the manual to children and mothers' accounts gave us some indication of what matters most to them, and demonstrated that children and mums value does not always align (although overlaps) with what professionals think is most important.

The following experiences were most important for the children:

- Exploring their anger and other feelings
- Having fun
- Having the opportunity to tell their stories and be heard
- Confidentiality
- Rebuilding relationship with mum
- Being with other children

Women valued rebuilding their relationship with their child most, and spoke in equal measure of the importance of the other programme aims and objectives (with the exception of safety planning).

Professionals spoke about the uniqueness of the programme. They embraced the 'in-betweenness' of the programme (neither parenting group nor woman abuse group) and recognized both the early intervention and prevention value of the programme. We heard how beyond this programme in their experience there is no provision for supporting children who have experienced domestic violence, and no specialist provision for women who are also mothers. In particular, what mattered the most to professionals is the learning derived from the programme about the emotional impact and dynamics of experiencing domestic violence, and the opportunity to support children and women's emotional trajectories of recovery.

Based on these findings we would suggest that overall the therapeutic aspects of this psycho-educational programme were valued far more than its educational aspects. This may be because, as we heard from professionals, much of the field of domestic violence prevention and support is characterized by its focus on dealing with the practical aftermath of domestic violence. As such, there is little in the way of an institutional language with which to talk about the emotional side of such experiences, and an absence of institutional practices with which to support children and women's healing journeys.

Given the value placed by mothers and children on the therapeutic side of the programme, and professionals mixed responses to the programme theory, we are left with unanswered questions about the extent to which the programme might be successful in changing attitudes to violence against women and girls. In our analysis of the professional interviews we encountered a plurality of perspectives (feminist, psychosocial, sociological) on domestic violence that served to highlight different aspects of encountering domestic violence as a social issue. These perspectives were neither mutually exclusive nor necessarily opposing. Rather seen in combination these different perspectives on domestic violence complemented each other and provided a more nuanced understanding of the issue. The professionals we spoke with, while acknowledging the tensions, were welcoming of a multiple perspective on the issues.

These very mixed responses to the feminist programme theory echo research findings of women's (dis)identification with feminism at the turn of the century (Scharff, 2011) making these reactions part of a much larger socio-cultural chorus and not a characteristic of the programme alone. From the perspective of a programme with the intention of supporting children and women move on from experiences of domestic violence however, it may be useful to articulate more clearly what is meant by a 'feminist perspective' in the context of the Community Group Programme. Feminist theories represent a plural body of knowledge both experiential and theoretical and as such, it would be misguided to assume that even those professionals well versed in this knowledge come from a singular feminist perspective. The perspective espoused by the programme remains underdeveloped in the manual and assumes, or rather relies on professionals' *a priori* knowledge of 'a gendered analysis of woman abuse' (Loosley *et al.*, 2006:26). This imperative rests somewhat at odds, though is by no means incommensurable (Lister, 2003; 2007), with a children's sector that is largely epistemologically interdisciplinary and according to the professionals interviewed, values this plurality of knowledge despite the tensions and challenges it brings.

This means that on first encountering the programme, and especially if at a local level a multi-agency strategy for programme delivery is being pursued, it cannot be assumed that all professionals, irrespective of whether the majority are women, will be coming from the same knowledge base and every effort needs to be made to bring the debates to the professional group in all their nuance, and to articulate as precisely as possible what is meant by the programme approaching the issues of domestic violence from a 'feminist perspective'. A more integrative theoretical approach (Anderson, 1997) stands to enrich critical practice (Orme, 2003) as oppose compromising it.

8.4 How much does the Community Group Programme cost?

We use the term value to assess the monetary value of the programme as a psycho-social and educational intervention. There was a good deal of variation in costs in the four boroughs we examined, and coordinators were often unclear about specific costs, particularly when they were provided in-kind. Assessing exactly much the programmes costs was not straight forward, and trying to determine their value is even more challenging. When taking into the account the importance that mothers

and children placed on the groups, it becomes difficult to reduce the success or failure of the programmes to economics alone. Nonetheless, our economic costing of the programme suggests that groups do offer value for money when taking into account the costs to society of not providing targeted early interventions for young people. Young people who witness domestic violence can face problems in later life, and the Community Group Programme offers an important intervention for children and young people that may ultimately save money by preventing future social problems.

9. Recommendations

In this final section of the report we summarise our recommendations. We noted in the introduction that psycho-educational group programmes for supporting children and young people are still in their infancy, and there is more work to be done in this area. Drawing on research on the effectiveness of interventions for children that suggests that adherence to a programme's specified aims and objectives improves the outcomes for service users (McArthur, Riosa and Preyde, 2012; Little, 2010) we organize our recommendations around the five categories of programme fidelity developed by Borrelli and colleagues (2005):

Design

- Social programmes are live, open systems subject to change. Nevertheless, a clear articulation of programme theory is important. As noted in our discussion, clarification on what is meant by 'a feminist perspective' and how this relates to other ways of analysing domestic violence would be highly desirable. Programme fidelity, and therefore achieving desired outcomes for children and women, is improved when those delivering the programme **buy in to the programme theory**. Not buying in to the programme theory results in a tendency to deviate from it and to adapt the programme in ways that align better with the worldviews and beliefs of the professionals delivering it. Penalisation of local areas by, for example, not sanctioning the programme in that area is unlikely to be productive and will be expensive. More constructively, and less costly (though perhaps harder), is to bring professionals on board with the feminist perspective adopted by the programme. More emphasis can be given to this in the training by introducing professionals to the plurality of feminist perspectives, the rationale for taking a feminist approach in the programme, and what that approach entails; as well as by making links between feminism and other perspectives which form part of the theory, values and ethics of those practising in social work and social care professional roles (e.g. ecological/family systems thinking) which make up a large proportion of those working in the children's sector and delivering the programme.
- A recognition within debates on evidence-based practice is beginning to emerge that some flexibility and adaptation of programmes in their delivery is

acceptable - if not inevitable - and sometimes even desirable, especially when programmes are delivered in a community setting (Cartwright and Munro, 2010; McArthur, Riosa and Preyde, in press; Mitchell, 2011). These discussions suggest that it's helpful to articulate which aspects of the programme are adaptable (peripheral) and which aspects are not (core). Based on the evaluation findings we would tentatively at this stage suggest that the **social pedagogical**⁶¹ **aspects** of the programme (fun, creative, respectful of children, listening to children, being with other children), the **therapeutic aspects** (exploration of feelings, exploration of relationships) and **confidentiality** form some of the core aspects of the programme. As suggested, the issue of 'blame' appears less salient than initially thought and given that it is something that is repeated to children throughout the programme perhaps no longer merits an entire session, thus either shortening the programme (cost effective, short-term) or freeing up a session for additional work on exploration of feelings and relationships (cost effective, long-term).

- The professionals we spoke to were all complementary of the training they had received in preparation for running the programme, suggesting that it served to reduce their anxieties. In light of these comments the recommendation would be to build the existing strengths of the training and add only clarification of the programme theory as suggested above. With regards to training needs we heard that some facilitators were facilitating groups without having been trained (albeit under the supervision of experienced colleagues). We also heard that some coordinators/facilitators "trained" colleagues locally in order to cover local needs for trained facilitators to run groups. Groups should not be run by professionals who have not been through the training as this risks compromising the programme aims and objectives. Yet these experiences suggest that there is a need for a more flexible approach to training, as well as raising questions about the quality of the non-AVA training received. We would recommend that AVA considers

⁶¹ Social pedagogical refers to ethos of the programme that is child-centred and works creatively with children. Social pedagogy is defined as 'education in the broadest sense of the word' (Lorenz, 2008b:633, cited in Boddy & Statham, 2009:6). It is a theory and practice that focuses on children's everyday lives and relational ways of working, as well as individual rights and participation in decision-making (Boddy & Statham, 2009:6). The approach takes an holistic view of children as bio-psycho-social and cultural beings connected to others and inhabiting social worlds different those of adults. The approach is compatible with the view of children as 'social actors' (Prout, 2005).

extending their training provision to those with longstanding experience of facilitating and coordinating groups to become trainers themselves. In addition, this will go some way in ensuring the further sustainability of the programme which currently rests on the knowledge and experience of a single trainer.

Delivery

- Supervision is one element of developing professional reflective practice itself a key component of evidence-informed practice (ref). At present supervisory arrangements at a local level are patchy, and while the networking meetings offered by AVA are valued when professionals are able to attend they do not replace more direct clinical supervision for the groups. In assessing service level readiness to deliver the programme consideration should be given to the supervisory arrangements in place. This is one area that AVA could insist on as a service level prerequisite for programme delivery and write into service level agreements with boroughs.
- The issue of **referrals** is key to local delivery. We noted that within the sector those professionals working with women and children who have experienced domestic violence may be operating with a “crisis” mindset that inhibits longer-term thinking about healing and recovery post-event. As such, referral to a programme such as the Community Group Programme is not a natural reflex. At the same time we know that there are not other services that perform the same function as the programme. As such, we propose a number of strategies for improving the referral process:
 1. The ‘branding’ of the programme as both an early intervention and prevention service may help locate the programme within a broader institutional landscape.
 2. The creation of a pan-London strategic group led by AVA and comprising professionals experienced in running the programme to work on raising awareness about ‘life after domestic violence and after the refuge’ at a strategic level.
 3. A more deliberate, integrated approach locally to recruiting facilitators from services and organisations that are also in a position to refer children and

mothers to the programme: including CAMHS, schools, probation, and voluntary organisations. In this way facilitators might act as representatives of the programme within their own agencies.

4. A more deliberate, integrated approach to scheduling groups annually across neighbouring boroughs and sharing referrals so that the pool of possible women and children who would benefit from groups is broadened. For instance, a group could run each quarter (at least) with boroughs taking it in turns to deliver the group. This would mean that each borough was only running 2 groups a year (e.g. if two boroughs are working together) so costs per borough would be less, and children and women would not be waiting to go on a group.

Receipt

- The programme is valued by children and their mothers and both groups saw the programme as enabling them to relate to each other once again.
- There needs to be a more systematic way of monitoring and evaluating the programme in the long run. Professionals used feedback sheets at the end of each group but there was no standardization of monitoring and evaluation tools. AVA could demonstrate leadership in this area in terms of promoting a single questionnaire (e.g. designed based on the evaluation findings) and an independent outcome measure (Deighton and Wolpert, undated) that groups can use and including this in the new manual.

Enactment

- Enactment refers to the extent that learning, growth and development derived from participation in the group might be used by children and women in other areas of their life. Research using longitudinal methods is necessary to achieve a better understanding of trajectories of healing and the sources of support after the groups end.

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Appendices