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Healing Together Evaluation

Trauma informed approach & practice to supporting children & young people affected by domestic abuse

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August 2023

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This paper brings together the work Innovating Minds has carried out since 2016 with supporting children and young people affected by domestic abuse.

In 2017, Innovating Minds offered the Healing Together programme for children in Birmingham using its surplus resources and partnership with the charity WE:ARE. Quite quickly Innovating Minds was not able to meet the demand for its service. In 2020, the Healing Together programme was revised and transformed so Innovating Minds could train front line professionals to deliver the programme. This transformation has led to children being able to access the programme nationally and public services making strategic commissioning decisions to ensure sustainable, scalable and cost effective strategies are adopted.

The authors would like to give a special thank you to the children and families that have attended the Healing Together programme and placed their trust in the programme and the facilitators.

The authors would also like to thank the Healing Together facilitators for supporting children and families affected by domestic abuse and embracing the Healing Together programme and ethos.

And finally, thank the team at Innovating Minds for ensuring facilitators are supported every step of the way and contributing to the vision to ensure ALL children and families are able to access trauma informed interventions that are evidence based.

Permission to share

This paper was first published in August 2023

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Some of the biggest victims of domestic abuse and violence are the smallest.

UNICEF

Introduction

In the UK, children and young people (CYP) are victims of domestic abuse in their own right. It has taken many years for CYP to be recognised as victims and not witnesses of domestic abuse, but now they need access to services designed to meet their needs – accessible trauma informed support, delivered by people they trust and spaces they feel safe in.

This paper aims to:

- ✓ Highlighting the evidence base of the Healing Together programme.
- ✓ Discuss the importance of adopting a trauma informed approach to support CYP affected by domestic abuse.
- ✓ Highlighting the benefits of implementing sustainable models that up-skill the existing workforce and have long term benefits and savings.

The Reality

20% of children in the UK have lived with an adult perpetrating domestic abuse. This equates to one in five children.

(Radford et al, 2021).

The 2020 pandemic exacerbated the number of domestic abuse victims. **The UK's largest domestic abuse charity, Refuge, reported a 700% increase in calls to its helpline in a single day.** NSPCC reported that contacts to their helpline regarding the impact of **domestic abuse on children increased by 32%** (average one call per hour) at the start of the lockdown. **United Nations reported that cases of domestic abuse during the pandemic increased by 20%.**

In 2020/2021 Police in England and Wales made an average of 669 child protection referrals a day to social services (OfNS, 2022). However, support for young people is patchy across the country and this is detrimental to young people's lives. The Domestic Abuse Commissioner report (2023) highlights that support available from specialist domestic abuse services for children needs to significantly increase to meet demand.

It is fair say that domestic abuse is endemic, in the UK and worldwide.

Key Legislation

The Domestic Abuse Bill (2021) now recognises CYP as victims of domestic abuse. The Bill defines a child victim as a person 18 years or younger who sees or hears, or experiences the effects of domestic abuse, and is related to the person being abused.

The Bill is influencing how education, health and social care respond and support CYP affected by domestic abuse, however there is very little guidance and funding available. Across the UK, every Local Authority, Police and Crime Commissioner and Public Health England are designing and implementing services that meets the needs of their community. Shared learning is taking place, and organisations like Innovating Minds are working strategically to ensure CYP can access early trauma informed help that is evidence based and sustainable (economically and social value).

Cost

The social and economic costs of domestic abuse are estimated to be in the region of £78 billion over a three-year average period of abuse

HM Government, 2022/2023

The Impact

Studies have identified that certain Adverse Childhood Experiences (ACEs) such as domestic abuse and parental separation can have long-term negative impact on health, wellbeing, and educational attainment (Felitti et al, 1998).

Child victims of domestic abuse are significantly more likely to experience mental health difficulties, misuse substances (alcohol illicit, substance), engage in antisocial behaviour and experience abuse in their own adult relationships (Lloyd, 2018).

The long-term impact is bleak, especially if the child can not access help.

Researchers and clinicians have consistently demonstrated that these negative consequences can be minimised by the child having access to a safe grounded adult the child trusts and feels safe with.

The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change, and the most powerful therapy is human love. Dr Bruce Perry

Early Intervention

CYP being able to access early intervention provides an opportunity to reduce the long-term consequences of domestic abuse, and it delivers long term savings. However, CYP are not able to access targeted early trauma informed help due to several factors such as funding constraints, long waiting lists, staff not adequately trained or supported to deliver early interventions, and difficulties with accessing the services due to practical reasons (i.e. transport, scheduled session times).

Preventative educational programmes for CYP are typically focused on healthy relationships, behavioural and attitudinal changes in relation to domestic abuse. These education-based programmes are typically delivered in schools in Personal, Social, and health Education (PSHE) and Sex and Relationships Education (SRE) however these are not appropriate interventions/support for children that have been affected by domestic abuse. As Dr Bassel van de Kolk highlights, the single most important issue for traumatised people is to find a sense of safety in their own bodies, these educational based programmes are not designed to offer this sense of safety.

The Early Intervention foundation report (Guy et al, 2014) highlighted Healing Together that the workforce have the opportunity to deliver early interventions but they have a lack of confidence when dealing with cases where domestic abuse is present.

It is recognised that the front-line practitioners are not clinicians nor counsellors, however with quality trauma informed training, access to evidence-based programmes to deliver with CYP, and wrap around support - these front line practitioners are best placed to offer CYP affected by domestic abuse early help. This model enables CYP access to early trauma informed help by people that they trust, and in accessible space they feel safe in. This model is sustainable, scalable and cost effective in the long term. The Healing Together programme uses this model and Innovating Minds have demonstrated that positive impact it has on the workforce, children, families and services (including schools).

The existing workforce are up-skilled and therefore external services are not commissioned each year, and the workforce can apply their learning to all aspects of their work with children and families. In theory there would also be a reduction in referrals sent to specialist domestic abuse organisations. Most importantly, CYP experience a positive help seeking experience which will impact how they engage and seek help in the future.

Trauma Informed Practice & Approach

The trauma-informed approach is becoming the preferred approach within the public sector and is gradually creating cultural and systemic changes. There is no set definition to being trauma informed however there are principles that underpin the practice. Office for Health Improvement and Disparities

The implementation of these principles is critical for supporting CYP affected by domestic abuse accessing and engaging with services and interventions. The implementation of these principles requires the current system to be modified and most importantly it requires the front-line practitioners that are working with the CYP to adapt their approach and practice.

For example, the system can minimise re-traumatisation from occurring by changing the assessment process, so CYP are not asked to talk about their experiences of abuse and relive their trauma to access a service.

Front line practitioners listen to the child, work in collaboration, provide safety and be a trusting safe adult for the young person. In practice it looks like - the practitioner can see beyond the presenting 'challenging' behaviour, and they work with the child by consistently providing a safe therapeutic space whereby the child is invited to engage if they feel comfortable to do so. The front-line practitioner is self-aware and understands the importance of being a safe grounded adult, and they are driven by relational based approaches as opposed to behavioural approaches such as rewards and consequences.

The Evidence-Base

The Early Intervention Foundation (Waddell & Molley 2021) concluded that there is very little robust impact evaluation of programmes or practices in the UK, practices supporting CYP affected by domestic abuse. The Foundation found that those studies that had been evaluated had methodological weaknesses, for example poor study design and small sample sizes. There was also an over-reliance on qualitative evidence which minimises the confidence that the programmes or practices had desired impact.

Innovating Minds has evaluated the Healing Together programme that supports CYP affected by domestic abuse nationally. The evaluation has a strong study design, large sample size and robust statistical analysis. **The purpose of the evaluation is to demonstrate the impact the Healing Together programme had on supporting CYP affected by domestic abuse, and to contribute to the development of trauma informed practices in the UK and worldwide.**

Healing Together Model

The Healing Together model was developed by Dr Asha Patel (Clinical Psychologist & Founder) on behalf of Innovating Minds so that practitioners are best placed to provide a trauma sensitive practitioner led approach to support children and young people affected by domestic abuse. **Each element of the model is described in detail below.**

1. **The core training** is focused on understanding and implementing a trauma sensitive practitioner led approach.

2. **The specialist training** is delivered via online learning modules. This helps practitioners to understanding the initial and ongoing impact of domestic abuse on CYP.

3. Following the training, practitioners get access to the **Healing Together programme resources.** These are trauma informed and trauma sensitive resources that support the Healing Together practitioner to offer targeted support for CYP affected by domestic abuse.

4. **Coaching and support sessions** are designed for practitioners to access coaching and support from experts and peers. The aim is to enable practitioners to deliver the Healing Together programme with CYP whilst also staying true to the trauma sensitive practitioner led approach.

5. **Access to on demand CPD** is readily available to support with ongoing skill and knowledge development.

6. Innovating Minds are keen to develop **evidence-based practitioners** therefore it is encouraged that practitioners submit core outcome measures and case studies to measure the impact of the Healing Together programme on children and young people affected by domestic abuse. Impact reports are shared with practitioners, so their practice is informed by impact and evidence base.

In essence, this model provides **wrap around support** and enables front line practitioners to implement their training, modify their practice and be in a position to offer targeted support for CYP affected by domestic abuse.

Evaluation of The Healing Together Programme

The Healing Together programme that supports CYP affected by domestic abuse was developed by Dr Asha Patel (Clinical Psychologist) and childhood trauma expert, Jane Evans on behalf of Innovating Minds CIC.

The programme is trauma informed and grounded in evidence base. The evidence-base includes Polyvagel Theory (Porges, 2001); Hand Brain Model (Siegal, 2012); Neuro-Sequential Model (Perry & Dobson, 2013); and Safe Relational Experiences (Perry, 2013).

The Healing Together programme supports children and young people aged 5-16 years to learn about their body and brain, and how they respond when they are feeling safe/unsafe. The children also learn discreet strategies they can use to help their body and brain feel safe and calm. The programme consists of 6 sessions, each session lasting 45-60 minutes. The programme can be delivered on a 1:1 basis or in a group setting, in person or online. Each sessions includes worksheets and trauma informed video animations that have been carefully crafted to ensure they are inclusive (i.e. ethnicity, disability, body size) and do not re-traumatise the CYP. The video animations include sign language and the programme meets the needs of CYP with special educational needs. The worksheets that are shared with parents/carers are also translated in Polish.

The Healing Together programme is delivered nationwide by front line practitioners (known as Healing Together facilitators) working within education, community settings, health, and social care. The facilitators are not necessarily clinical professions, but they have experience of working with children and young people. Healing Together facilitators are trained and supported by Innovating Minds.

Evaluation Methodology

The Healing Together programme has been evaluated using a mixed methods design.

Methodology: Quantitative Data

Participants and Sampling

The children receiving the Healing Together programme were identified by the schools/ organisations that had trained Healing Together facilitators. A calculation (power analysis) was conducted to assess the minimum sample size required to reach adequate statistical power. The results of this was 42. **The final analysed sample for this paper is 654.** The children that completed the programme were between the age of 5-16 years. Data was collected between 2021 and 2023.

Mean age

The mean age for the entire sample was 9.5 years. Sample size of 600 as 54 samples were removed as the age was not specified.

67% of the sample represented CYP **aged 5-10 years old**., and **33%** of the sample represented children **aged 11-16 years old**.

The mean age for the 5-10 year olds was 8.1 years. Sample size of 401. The mean age for the 11-16 year olds was 12.2 years. Sample size 199.

Gender

50% of the sample identified as female, 49.8% identified as male and 0.2% identified as Non- binary. Sample size of 608 as 46 samples were removed as information was not avalaible.

Ethnicity

The CYP that had completed the Healing Together programme had identified themselves within 15 different ethnic groups. **This includes Arabic, African, Asian, Polish and white British (86.5%).**

Disability

The below table highlights the disability demographic data for the sample of 654.

Disability	Frequency	%
No	313	47.9
Yes	14	2.1
Not Stated	327	50.0

Methodology: Quantitative Data (continued)

Materials and procedure

The Healing Together programme aims to support children learn about how their body and brain works together when they are feeling safe and unsafe. This includes developing their emotional awareness and help seeking abilities. Therefore, the Emotional Awareness Questionnaire (Rieffe et al, 2008, updated version) was selected.

Four of the original six constructs from the questionnaire were used: differentiating emotions, verbal sharing of emotions, not hiding emotions and bodily awareness of emotions.

The constructs are defined as:

- ✓ **Differentiating emotions:** Ability to differentiate between emotions and locate their antecedents.
- ✓ **Verbal sharing of emotions:** verbal communication of emotions.
- ✓ **Not hiding emotions:** Tendency not to keep ones emotional experiences hidden from others.
- ✓ **Bodily awareness:** emotions are accompanied by bodily symptoms.

The questionnaire is a valid and reliable tool, the Cronbach alpha score ranges from a=.68-.77 (Rieffe et al, 2008). This questionnaire was chosen due to its suitability to be used with primary and secondary school aged children. The questionnaire was completed pre and post programme and facilitators submitted anonymous data to Innovating Minds for analysis.

Quantitative Data Analysis

654 sample size → 401 Aged 5-10 | 199 Aged 11-16 | 54 excluded

The data was analysed using paired t-tests to focus on the mean difference in each construct between time periods (pre-post programme). Paired t-test were conducted for all children (sample size of 654), and then separate paired t-tests were conducted for children within the two specified ages groups; children aged between 5-10 (sample size of 401) and children aged between 11-16 (sample size of 199). 54 datasets were excluded from the age-grouped analysis because data relating to age was not available.

600 sample size → TIME: Pre Group & Post Group | AGE & DELIVERY Group\1-2-1 session

Data (sample size 600) was also analysed using a within-between repeated measures analysis of variance (ANOVA) to measure both within (time: pre-post programme measures) and between (age group and delivery method- group/one-to-one). 54 datasets were excluded from the analysis because data relating to age and/or delivery method was not available.

This statistical analysis was used to minimise statistical errors caused by repeated testing. The bodily awareness construct was excluded from this analysis because the clinical and statical reasons are not aligned.

Results: Paired t-test

Results for children aged 5-16 years (654 sample size)

The results from the t-tests demonstrated that there is a statistically significant (p<0.001) increase:

- in children being able to differentiate between emotions **after** completing the programme. (t(653)=-9.174,p<0.001).
- in children not hiding their emotions **after** completing the programme. (t(653)=-8.727,p<0.001).
- in verbal sharing of emotions **after** completing the programme. (t(653)=-6.389,p<0.001).

There was a statistically significant decrease (p<0.001) in bodily awareness between pre and post programme questionnaires. (t(653)=3.611,p<0.001). Clinically we believe the result was significant in the opposite direction because children overestimate their awareness pre-programme and develop their insight during the programme.

Table outlines the mean differences

Emotional Awareness Construct	Highest Possible Total	Pre-Mean	Post-Mean	Mean Difference
Differentiating Emotions	21	13.37	14.68	+1.31
Not Hiding Emotions	15	9.11	10.13	+1.02
Verbal Sharing of Emotions	9	5.50	6.00	+0.52
Bodily Awareness of Emotions	15	9.37	8.99	-0.38

Results: Paired t-test

Results for children aged 5-10 years (401 sample size)

The results from the paired t-tests demonstrated that there is a statistically significant (p<0.001) increase:

- in children being able to differentiate between emotions **after** completing the programme. (t(400)=-7.803,p<0.001).
- in children not hiding their emotions **after** completing the programme. (t(400)=-7.954,p<0.001).
- in verbal sharing of emotions **after** completing the programme. (t(400)=-5.792,p<0.001).

There was a statistically significant decrease (p<0.05) in bodily awareness between pre and post programme questionnaires. (t(400)=2.740,p=0.006). Clinically we believe the result was significant in the opposite direction because children overestimate their awareness pre- programme and develop their insight during the programme.

Table outlines the mean differences

Emotional Awareness Construct	Highest Possible Total	Pre-Mean	Post-Mean	Mean Difference
Differentiating Emotions	21	13.36	14.80	+1.44
Not Hiding Emotions	15	9.20	10.39	+1.19
Verbal Sharing of Emotions	9	5.50	6.09	+0.59
Bodily Awareness of Emotions	15	9.45	9.07	-0.38

Results: Paired t-test

Results for children aged 11-16 years (199 sample size)

The results from the paired t-tests demonstrated that there is a statistically significant increase:

- in children being able to differentiate between emotions **after** completing the programme ($p<0.001$)
- in children not hiding their emotions **after** completing the programme ($p<0.001$)
- in verbal sharing of emotions **after** completing the programme ($p=0.005$)

There was not a statistically significant decrease ($p>0.05$) in bodily awareness between pre and post programme questionnaires. Clinically we believe the result, although insignificant, travels in the opposite direction is because children overestimate their awareness pre- programme and develop insight during the intervention.

Table outlines the mean differences

Emotional Awareness Construct	Highest Possible Total	Pre-Mean	Post-Mean	Mean Difference
Differentiating Emotions	21	13.44	14.39	+0.95
Not Hiding Emotions	15	8.76	9.44	+0.68
Verbal Sharing of Emotions	9	5.41	5.76	+0.35
Bodily Awareness of Emotions	15	9.18	8.83	-0.35

Results: ANOVA

Results for all children aged 5-16 years (600 sample size)

The results from the ANOVA demonstrates that after completing the programme all children's (regardless of delivery method or age) scores within the constructs of differentiating emotions ($F(1,596)=62.189, p<0.001$), not hiding emotions ($F(1,596)=59.278, p<0.001$) and verbal sharing of emotions ($F(1,596)=35.976, p<0.001$) significantly increased ($p<0.001$). Therefore the programme is equally effective for all age groups and both delivery methods (1:1 or group).

Results Summary

Overall the results demonstrated that the Healing Together programme is effective in increasing a child's ability to differentiate between emotions, share and verbally express emotions. The programme is effective for all children aged 5 to 16 years, regardless how the programme is delivered (1:1 or group).

Methodology: Qualitative Data

Content Analysis

At the end of the programme, CYP can complete a 'dear buddy letter' whereby they write about their thoughts and experiences about the programme to an unknown young person that might be interested in joining the programme. A content analysis was completed on a sample of **451 'dear buddy letters'** to identify and quantify the presence, meaning and relationships of certain words, themes and concepts. There was a total tally of 1246 following the coding stage.

The following core themes were identified from the content analysis:

- Connection with facilitator/s, home, friends and self
- Emotional awareness and regulation
- Emotional experience of the programme
- Feedback

Results

Core Theme: Connection

The core theme 'connection' was identified during the analysis, this accounted for 20% (tally 250) of the overall analysis.

This core theme relates to the emotional connection CYP had with their facilitator/s and other CYP in the Healing Together group programme. In addition this theme acknowledges how the programme aided the CYPs connections with their family, school and friends.

The connection with facilitator/s was identified as the dear buddy letters frequently (67.6%) spoke about the facilitator being ***"liked", "nice", "helpful", "recommended"*** and the CYP liked talking to the facilitators. CYP reported ***"feeling safe"*** and ***"comfortable"*** within the sessions. They felt ***"relaxed", "not afraid", "calm",*** and ***"understood"***. They also sought comfort in not ***"getting told off".***

CYP frequently (17%) mentioned that a benefit of attending the programme was that they were able to "meet new people" and "make friends". CYP described the group experience as a "family".

Connection with family and friends' accounted for 12%. CYP spoke about how the programme ***"helps with home life"***and shared that they were able to show/share the techniques that they had learnt with ***"others", "parents"*** and ***"friends"***. They spoke about sharing the techniques in a reciprocal manner, where handouts became a useful guide for the CYP to help friends and family, and allow their friends and family to use them to help the CYP. It was also noted how the programme helped them to understand others, such as their siblings. In addition CYP spoke about how the programme ***"helps at school"***.

A small percentage (3.4%) identified that the programme helped with concepts such as self-belief, self- confidence, and self-growth.

Core Theme: Emotional Awareness and Regulation

Emotional Awareness

35% (tally 192) of the core theme related to emotional awareness.

This is CYP being able to recognise their emotions. ***"Anger", "sadness", "worry"*** and ***"stress"*** were emotions that were mentioned more frequently. Tally of 49 identified that they were able to recognise and regulate their anger more easily. And CYP (tally 28) identified that the programme helped with anxiety, worry or stress.

In addition, CYP identified that they were encouraged to discuss and express their feelings in the programme and 'outside', such as ***"with friends"*** and ***"family"***. CYP felt that by doing this they had more confidence to talk about their feelings and understood the importance of doing so (8%).

Emotional Regulation

65% (tally 351) of the core theme related to the CYP positively commenting on how they "liked" and "learnt" the techniques, and that they "worked".

The most common techniques that were described this way was the breathing (tally 132) and shaking (tally 20) exercises. CYP also commented on learning about their brain in the context of ***"flipping the lid"***.

They described the learning as ***"liked it"*** or ***"very good"***, and felt that it ***"worked"*** as they ***"flipped their lid less"*** or ***"haven't flipped their lid since completing the programme"*** (tally 27). Tally of 113 identified that they felt they had learnt how to ***"calm down", "keep calm"*** and ***"relaxed"*** and this was ***"helpful"***.

The Healing Together programme invites CYP to learn discreet strategies that they can use to help their body and brain feel calm and safe.

The programme does not directly intend for CYP to self-regulate. The intention is for CYP to experience co-regulation with an adult they feel safe with and use anything they find helpful on their terms.

The analysis demonstrated that the CYP positively engaged with the techniques and chose to use them outside of the sessions to regulate themselves. This demonstrates that the CYP found strategies they can use to help their body and brain feel calm and safe, and they decided to and felt able to use them in their daily lives.

Core Theme: Emotional Experience of the Programme

The core theme 'emotional experience of the programme' accounted for 34.4% (tally 431) of the overall analysis.

CYP described the programme as the ***"best", "amazing", "helpful"*** and ***"understanding"*** (tally 146). They commented on the programme/group being ***"fun"*** in regard to the activities and techniques that are used (tally 84). The programme was described as child led as CYP commented on not having to take part in discussions and activities if they did not want to. Comments about learning about the body and brain, and particularly enjoying the session on senses was notable (tally 47), and they ***"watched"*** and liked the video animations (tally 23).

A small number mentioned the confidential nature, as "everything stays in the room" and a high number noted that they would "recommend the programme" (tally 60).

The CYP identified that the programme/group made them feel happy (tally 19), they did not feel alone. They wanted the programme to ***"continue"*** and ***"be longer"***, with some CYP saying they would miss it.

Core Theme: Feedback

The core theme 'feedback' accounted for 1.6% (tally 20) of the overall analysis.

A tally of 10 related to the video animations. The CYP described the videos as ***"boring", childish", "annoying"*** and ***"cringy".*** CYP also reported that they did not like being in a group of strangers (tally 2) and they preferred ***"bigger groups"***. Tally of 3 identified that more creative work was required. Other feedback related to not being watched whilst doing the activities (tally 1) and their symptoms continued (tally 1).

Content Analysis Results Summary

In summary the content analysis demonstrates that the programme supports CYP with fostering connections with family, friends, themselves, and the school environment.

The programme also develops their emotional awareness, and they used the discreet regulating strategies in their daily life to cope with feelings such as anxiety, stress, anger and sadness. The CYP also had a positive emotional experience towards the programme and therefore experienced a positive help-seeking experience. The feedback the CYP gave regarding the video animations and group sizes will be explored further.

Case Studies Analysis

Introduction

Healing Together facilitator's submit case studies to demonstrate the impact the Healing Together programme has had.

The following thematic analysis was submitted as part of a research master's thesis to the University of Birmingham by Katie Cunneen. This data is owned and copyrighted by Katie Cunneen.

Method

Eleven case studies were analysed using a thematic analysis to understand facilitators perceptions and experiences of the effectiveness of the Healing Together (Healing Together) programme for children and young people.

Results

The following themes and sub themes were identified:

Theme	Definition	Sub-theme(s)	Definition
Positive Atmosphere	Ways in which the Healing Together programme/facilitator its/themselves created a positive environment for children to flourish/ feel comfortable	Enjoyability	Areas where it was noted that children engaged or enjoyed about the Healing Together programme
		Safety	Ways the facilitators/programme encourages safety for children to be comfortable and open-up
Wider Impact	Areas, aspects, or effects of the Healing Together programme beyond the individual child	Family & Friends	How the Healing Together programme hasimpacted beyond the child, in the family /home life and with children's friends
		School	How the Healing Together programme has impacted beyond the child, within a school setting, either through classrooms or support processes
Improved Skills	Techniques or skills children have learnt from the Healing Together programme which have helped them since completing the programme		
Symptom Reduction	Areas where children's initial struggles or symptoms have been reduced since completing the Healing Together programme and have been specifically attributed to the programme		
Developments	Key areas where the programme can develop offered by children/facilitators		

Positive Atmosphere

Many of the case-studies discussed how the programme or facilitators created a positive atmosphere. This positive atmosphere created through an amalgamation of enjoyability, and safety allows for children to feel and be comfortable, honest, open and have fun.

Enjoyability

The sub-theme 'enjoyability' relates to how the programme (or ways in which facilitators engaged) was enjoyable for children. The analysis demonstrated that enjoyable tasks tended to be interactive, physical, and creative. This enjoyability had an impact on children's engagement and effort-levels, for example tasks which children enjoyed, they would find ***"relaxing"*** and ***"beneficial"***. This enjoyment meant children ***"requested to come back", "had no issues coming into"*** and ***"looked forward to attending"***. In additional, individuals/systems involved noted this enjoyability; facilitators; parents; schools; and the children themselves, potentially demonstrating this enjoyment being a universal aspect of the Healing Together programme.

"All the children enjoyed attending the group. Their parents noted they really looked forward to each session. Most were able to articulate positives from the sessions. They liked the activities."

Safety

The second sub-theme is safety. The analysis demonstrated how facilitators created a space for children to feel comfortable and safe. Creating a sense of safety, physically and emotionally, are key concepts within trauma informed care (SAMSHA, 2014). The Healing Together programme is designed with this in mind, and the Healing Together training aims to embed this knowledge into facilitators clinical practice. Creating this sense of safety within the programme has allowed for children to feel safe enough to make disclosures, discuss their feelings and feel valued.

"At the start of the sessions, [they] chose to sit at the back of the room with [their] back tight against the wall. By the third session [they] was in the middle of the room and during the last session at one point [they] was laying down!"

Wider Impact

Many case-studies discussed the impact outside of the Healing Together sessions. This impact was seen within schools and classrooms and with their friends and family. Having a wider impact within both schools and families allows for wrap-around support in the two places children engage with the most (Gillani, 2022).

Friends and Family

Family impact ranged from parents/carers having the relevant information through ***"show and share sheets ... to support [the child] at home"*** to children actively ***"sharing what they have learnt"*** with family members and friends, which led to ***"markedly improved"*** behaviour for some. This demonstrated that the Healing Together programme enables support to extend into the family home, and it creates an environment for learning to be transferred into the child's home environment. This increases the potential for longitudinal impact.

> "Mum and brother has seen a difference- [redacted] tells me [they] use some of the techniques at home to help older brother when [they] sense he's becoming stressed"

School

Not all children accessed the Healing Together programme in their school. But facilitators typically had inter- organisational conversations allowing children to have a wrap-around support-system in place.

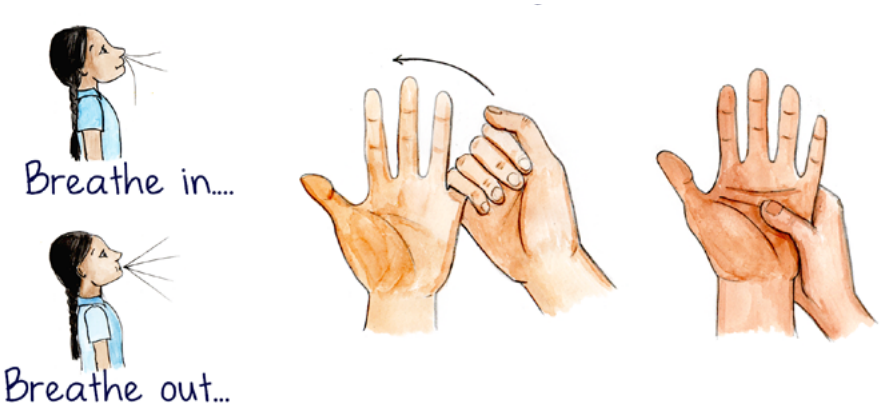
The ways in which schools were impacted varied. Some were in a better position to understand the child(ren), for instance, by being given the ***"show and share sheets"***. Other schools started to implement individualised ***"processes of support"***. Lastly, one child was able to help their classmates by proceeding to ***"show the whole class how to calm yourself down"*** using the calm breathing regulating strategy.

> "[Child] then proceeded to show the whole class how to calm yourself down, and the class joined in with [child]"

Improved Skills

As a result of the Healing Together programme many children had improved their ability to recognise and regulate their emotions using the regulating techniques taught. One child referred to these as their "superpowers".

The analysis demonstrated that many of the skills that children learnt were centred around acknowledging and recognising their emotions and sharing of their emotions with others. Many learnt specific calming techniques, such as ***"Japanese hand-holding"*** or the ***"breathing techniques".*** One school even noted that the Healing Together programme is helping children understand ***"what a healthy relationship is/looks like"***. This can be paramount when ending the cycle-of- trauma. (Abramovaite, Bandyopadhyay & Dixon, 2015).



The 'improved skills' core theme can also be cross referenced to the 'wider impact' theme. Children often used these skills within the school/family setting. For instance, we have seen how children teach their peers/classmates and family members these calming techniques. This wider impact enables those around the child an opportunity to develop important skills in reducing stress whether or not they have been affected by domestic abuse.

"[Child's] teacher described a dramatic improvement in [child] emotional regulation. She also said that [child] was much more open about [their] feelings and seemed to understand them. [Child's] teacher described a wonderful moment when [child] shouted out in class 'I can't do this writing'. [Their] teacher said 'Okay, well what are you going to do about it?', [child] replied 'I am going to breath".

Symptom Reduction

This relates to facilitator's, children, school's or parent's/carer's observing a reduction in 'symptoms'. Usually these 'symptoms' were the reason why the child was referred to the Healing Together programme.

The effectiveness of any intervention is most notably measured in minimised or reduced symptoms (Smith, Morrow & Ross, 2015). This analysis demonstrates how these children's symptoms have been reduced, through the interaction with the Healing Together programme. For example, a reduction in aggressive behaviour, better engagement in lessons, more willingness to share their feelings and an increased ability to control their anxieties.

The obvious core theme link here is between ***'symptom reduction'*** and ***'improved skills'*** as many of the symptoms are reduced through the practical application of the skills they have learnt. This demonstrates the practical benefits of the techniques taught and how they can be applied by children in their life outside of the programme.

"[Child's] family have also noticed a vast improvement in [child] at home, with violent outburst becoming a much less common occurrence"

Developments

Only discussed once, nonetheless a development was offered. This was that ***"six sessions wasn't enough time ... for children to fully understand"*** some key concepts. When developing and trying to improve an intervention it is important to acknowledge developments and critiques offered.

Case Study Thematic Analysis Summary

The Healing Together programme achieved effectiveness through creating a positive atmosphere by combining enjoyability with safety. Any intervention targeted for children should be enjoyable, and this enjoyment can increase engagement, academic ability and wellbeing (Morris et al., 2019; Bremer & Cairney, 2016).

Safety is not only an important trauma-informed value, but it also enabled children to feel comfortable to make disclosures (although not a direct intention of the programme) and increased their willingness to share their feelings (SAMSHA, 2014). These disclosures meant schools could implement better support-processes, enabling more tailored-support.

Additionally, within wider impact, families and friends were involved, as well as schools. This offered a wrap-around support-system in the places children were most engaged with (Gillani, 2022). A basic measure of effectiveness is symptom reduction (Smith et al., 2015) and the analysis demonstrated that improved skills usually resulted in symptom reduction.

Methodological Limitations

The existence of unequal groupings (age, and delivery method) is a methodological limitation for the ANOVA analysis, as this could result in unequal variance between samples (how the data is dispersed within the sample). Nonetheless, Levene's Test (an analysis that shows whether equal variance was found) did not show the variance in age and delivery method to affect the overall results. The ANOVA could have taken into account other groupings, such as gender, and ethnicity, however the unequal samples here were much broader then within age and delivery method and would have impacted the overall variance. Nonetheless, a much larger sample would be required for the smaller groups, such as non-binary, to enable their inclusion into the analysis, without being assigned a gender or removed from the analysis.

Two time points were used to measure the efficacy of the programme (pre and post). However, the gold standard is three times points (usually pre, during and post programme) to enable greater confidence in a cause and effect relationship. Nevertheless, the facilitators are not always in a position to gain an additional time point and CYP may be reluctant to complete the questionnaire more than twice. Additionally, three time points are commonly associated with randomised control trials, of which this research is not, and many find two time points adequate when completing experimental research (such as this).

The content analysis does not allow for a deeper investigation and interpretation of themes which could allow for greater experiential understanding to be gathered. However, this method does avert unknowingly integrating researchers pre-existing beliefs into the analysis.

The limitations of the thematic analysis relate to subjectivity and sample size. This limitation was minimised by the researcher analysing the data using Braun and Clarkes (2019) Reflexive Thematic Analysis (RTA). The analysis followed Braun and Clarke's six-key-stages. There is a relatively small sample size (N=11), however as the data was analysed using a RTA, between 2- 200 case studies could have been analysed (Fugard & Potts, 2015).

Conclusion

In conclusion, the statistical analysis demonstrates that the Healing Together programme is effective in increasing a child's ability to differentiate between emotions, share and verbally express emotions. The programme is effective for all children aged 5 to 16 years, regardless how the programme is delivered (1:1 or group).

The content analysis of the children's 'dear buddy' letters demonstrates that the programme supports CYP with fostering connections with family, friends, themselves, and the school environment. The programme also develops their emotional awareness, and they used the discreet regulating strategies in their daily life to cope with feelings such as anxiety, stress, anger and sadness. The CYP also had a positive emotional experience towards the programme and therefore experienced a positive help-seeking experience.

The case study analysis demonstrated that effectiveness was achieved through creating a positive atmosphere by combining enjoyability with safety. Additionally, families, friends and school observed and benefited from the impact of the Healing Together programme. Children were offered a wrap-around support-system in the places that children were most engaged with, home and school. A basic measure of effectiveness is symptom reduction, and the analysis demonstrated that an improvement in skill use (i.e. using the regulating strategies within the Healing Together programme) usually resulted in symptom reduction.

The Healing Together programme is trauma informed. The data described above demonstrates that this approach has a positive impact on the child's and families experience of engaging in therapeutic interventions. CYP valued their relationship with the facilitator, they experienced a emotional connection towards the programme and appreciated that the programme was child focused. This feedback aligns with the principles of trauma informed practice.

The sustainable model of the Healing Together programme is based upon training front line practitioners (existing workforce) to become facilitators and then nurturing and supporting the facilitators to deliver the programme. This model has enabled CYP nationally to access early trauma informed help, including CYP that are typically described as 'hard to reach'. Children with disabilities, special educational needs and ethnic minorities have accessed the programme. Facilitators are now equipped with the knowledge, confidence, programme resources and the ongoing support to enable them to support children and families affected by domestic abuse. This evidence based model is cost effective, scalable and sustainable.

Recommendations

Innovating Minds to share their learning and approach with strategic stakeholders that are wishing to implement sustainable models that involve up-skilling the existing workforce to ensure long term benefits, savings and scalability is achieved.

Universal and targeted interventions that are supporting children affected by domestic abuse adopt evidence based trauma informed interventions to ensure CYP have a positive help seeking experience and are not re-traumatised.

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