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Graphic by Vinnie

In Love & Anger

Towards a transferable model of emancipatory praxis with birthmothers severed from their children by addiction.

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Founder of Tina's Haven

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Forewords to *In Love & Anger*.

Angela Frazer-Wicks MBE, Chair of Trustees Family Rights Group, parent, birthmother, and internationally renowned advocate for the rights of families involved in the child welfare and family justice system.

As a birthmother myself, I was humbled to be invited to write a foreword to this amazing piece of work. In the early 2000s I was a young vulnerable mum, based in the North East, who had suffered a lifetime of trauma and abuse. I was in desperate need of help and support. I suffered from addiction, mental health issues and domestic abuse. Sadly, when I turned to the system for help it instead showed me blame, judgment and inevitably removed my children - simply compounding the trauma. I was then discarded and left to suffer alone. There is an absolute need for this kind of restorative and strengths-based work all over the country but especially the North East of England where women like me often face multiple-disadvantage. I wholeheartedly welcome the holistic approach to this work, allowing women to find creative ways of dealing with their trauma. Being helped to understand the failures within the system and discover the strengths within themselves is truly transformative, as are the relationships that ultimately form between them.

Caitlyn Placek, PhD, Biocultural Anthropologist, and author of “Drug Use, Recovery, and Maternal Instinct Bias: A Biocultural and Social-Ecological Approach.”

"*In Love & Anger*" integrates program evaluation and feminist theory to explore the collective stories of birthmothers in recovery, specifically those who have been displaced from their children or are at risk of separation. Undergoing such an investigation is critical because, in North East England, where the study took place, women face an increased risk of substance use disorders, deaths by suicide, and child services involvement. Conversely, research indicates that pregnant women and mothers of young children experience heightened motivation to seek addiction treatment because of their status as mothers. Medical, public health, and social service systems are therefore presented with an enormous opportunity to learn from the perspectives of the women represented in this report, who like others, must continually navigate complicated systemic barriers while seeking recovery. This report highlights the potential of grassroots interventions and instills hope for women and mothers persistently subjected to ongoing public and political scrutiny due to a behavioural health condition they did not choose yet continue to endure punitive consequences for because of community-based stigma and structural violence.

Cris McCurley, Solicitor Advocate and Head of the International Family Law team at Ben Hoare Bell LLP.

This is a groundbreaking and highly innovative model for work with women struggling with addiction, the effects of VAWG, early trauma and the stigma and trauma of being separated from their children and from society; and the often-punitive intervention of the state. Setting this research in the North East is such a gift given the appallingly high number of women and children impacted by far above the national average. The fact that its basis is to foster solidarity and support between the women in the programme, friendships between each other, and good relationships with practitioners should ideally change the state narrative and approach to this marginalised group; as well as driving societal change. The use of art and nature-based practice is really refreshing as is the therapeutic provision of services.

The focus on supported and peer-supported recovery and self-agency in such a supportive and enabling project is very exciting. The old model is not working. It's time for a change and this is it. The description of safe and forgiving women-only spaces is heartwarming.

Carolyn Harris MP

“In Love & Anger”, outlines the specific circumstances facing birthmothers separated from their children due to addiction, and the services that can help them to recognise, acknowledge and understand their own journeys. Journeys that will often stem from childhood trauma or abuse, building foundations that lead to a lifetime of struggles. Through the personal stories of women in recovery, this report explores experiences of losing custody of children, and of the barriers faced by vulnerable women navigating a system of interventions. In setting up ‘Tina’s Haven’ Dr Sue Robson has taken her own family’s tragedy and used it to create a pioneering approach to support others facing a similar situation. The report clearly sets out the challenges, aims and outcomes of the project and offers hope, that by providing this holistic pathway, mothers in recovery can retain custody of their children.

Ranjana Bell MBE, Director, rba Equality and Diversity

During my time as Chair of the Board of The Road to Recovery Trust, I witnessed first-hand the pain and trauma that those in recovery have to deal with on their journey. Sometimes too much to bear and leading to a loss of life. We live in a world where addiction is seen as a choice and needs to be punished. Yet, addiction is an illness and people need kindness, understanding and holistic services. Sadly, this is not the current status quo.

Tina was a beautiful, loving mother, sister, daughter, and friend. She and all the other women in her position do not need to be punished by their children being removed from them. It is a cruel and unforgiving response, does not help recovery; nor is it necessarily the best way to care for the children of mothers in addiction in the long-term. We have a long way to go to create a world where the stigma and cruel responses are removed, and services show the care and love that is needed to keep mothers in recovery with their children. This research therefore is vital, and my thanks to Dr Sue Robson for the work she has done whilst dealing with her own pain and loss of her beautiful daughter.

Dr. Rosie Lewis: Ending VAWG Practitioner & Co-Director of Project Resist

Tina’s Haven is so much more than an emancipatory model of praxis, it signifies and symbolises a visionary radical feminist approach to addressing the systemic injustice that women in addiction, and in recovery from addiction, experience when they are severed from their children. Tina’s Haven brings women together to be held and to hold power collectively, in solidarity and movement, so that they may holistically recover at their own elected pace from the trauma to which they have been subject.

The project’s respectful adoption of Patricia Hill Collins’ Black feminist framework speaks to the ethos of Tina’s Haven; this is a project that centres the needs, rights, and care of women through a feminist, rights based, anti-oppressive lens – and as a result the framework is inherently intersectional and collectivist in its approach. Both Radical and Black feminism speak to material ways of holistically addressing structural oppression and critical to Tina’s Haven’s formation and success is the project’s brave hybridisation of modalities that include feminist consciousness raising, arts/nature based somatic and narrative based practice to synthesise women’s recovery in an integrated way. The women of Tina’s Haven have narratives and stories to tell us about the inter-personal, and structural abuse and discrimination they have experienced and, more importantly, survived.

Tina’s Haven reminds us that we have a personal, moral, social, and political duty to listen and in Audre Lorde’s words: *“to transform silence into language and action.”*

Vivienne Hayes MBE, Chief Executive of the national charity, Women's Resource Centre

I am honoured to have been invited to write this foreword.

The work of all the women involved in this truly groundbreaking pilot led by the vision, human love and commitment of Dr Sue Robson is a revelation. Tina's Haven is a celebration of what can - and indeed must - be achieved for and with women who, as a result of extensive male violence and what I must name as state violence, are vilified and punished in the cruelest of ways, by the enforced removal of their children.

In a time when too much provision for women has become industrialised and driven by state- determined frameworks often unfit for purpose, this pilot project provides hope and a re-positioning of how to actually meet the needs of the women involved.

The interweaving of a critical theoretical approach for social transformation based upon the Black Feminist work of Professor Patricia Hill Collins, and a clear and deliberate feminist practice delivers the change we desperately need to see in how women are supported and empowered. This is how our wider women's sector should be operating.

The success of Tina's Haven is a result of it being located in a clear analysis of structural inequality and the simultaneous actions necessary to begin to address this, which requires a women-only multi layered, holistic design.

I hope this wonderful, joyous, and liberating model of work will give food for thought to all those who wish to see women's rights achieved. Tina's Haven should be used as a blueprint by service providers; because, in the words of Audre Lorde:

"The master's tools will never dismantle the master's house."

Executive Summary.

Introduction.

This is a report of an action research-based study of the pioneering Tina's Haven pilot project, delivered in East Durham from November 2022 to December 2023.

Twenty-one women in addiction recovery participated in the Tina's Haven pilot project, and an additional seven in an eight-week follow-on nature-based volunteering project.^{1 2} The majority of these twenty-eight women (circa 70%) were birthmothers severed from their children by addiction.

The study shines a light on the plight of birthmothers severed from their children by addiction as a result of violence against women and girls (VAWG), early trauma, exclusion from their families and communities, being marginalised and stigmatised by state services; and further harmed from involvement with legal institutions that are known to blame and punish women for the abuse they have been subjected to (Learmonth et. al. 2022, Morriss and Broadhurst 2022, UK Parliament 2022, Dalgarno et. al. 2024). This study, and the Tina's Haven pilot project emerges within the context of the following:

- ❖ Marginalised and vulnerable females in the region being found 1.7 times as likely to die early than in England and Wales as a whole; and the average age at death falling by ten years, from 47 to 37 (Agenda Alliance and Changing Lives 2023)
- ❖ Mortality rates from drug poisoning decreasing for males and increasing for females in 2022; and drug related deaths in the North East being consistently the highest of any English region for ten consecutive years.³
- ❖ In 2024, "the North East continues to record the highest overall care rates" (Health Equity North 2024:9). The North East, having 113 per 10K children in the care system in March 2023, 1.6 times the national average of 71; with six out of twelve North East local authorities in the highest 10%.⁴

The intention of the Tina's Haven project is to develop a transferable model of holistic and emancipatory praxis, that will bring about self-empowerment and solidarity among birthmothers severed from their children by trauma-based addiction. This involves removing known barriers to their social and political freedom and rights by influencing changes in social attitudes, institutional practices and policy, and the law (including its interpretation).⁵

This report draws upon practice-based learning from the rich and dense evaluative findings of the pioneering and seminal Tina's Haven pilot project. It makes a significant contribution towards creating a transferable model of praxis; and is testimony of the journey so far.

The key question inherent to the study.

The four practice disciplines applied to the Tina's Haven pilot project were:

1. 'The 12-Steps' to addiction recovery, supported by ANE Health and Housing (ANE).⁶
2. The Arts and nature-based practice, delivered by The Barn at Easington.⁷
3. 'Own My Life' (OML) - a 12-week course to help women who have been subjected to abuse to regain ownership of their lives, from The Women's Liberation Collective.⁸
4. Trauma-responsive practice, supported by a freelance trauma therapy practitioner & trainer with a background in children's social care.

A central question examined throughout the study is: Is the nucleus of Tina’s Haven located within the intersection of the four different practice disciplines applied to the pilot project?

In pursuance of the above question, the aims of the study were threefold:

- a) To embed a process of cyclic and reflexive learning into both the Tina’s Haven project and the emerging transferable model of practice.
- b) To evaluate the efficacy of the Tina’s Haven pilot project in removing barriers to the social and political freedom and rights of birthmothers severed from their children by trauma-based addiction.
- c) To identify and analyse any inherent nuances, tensions, and contests between the different practice disciplines applied to the project.

Methodology and Tina’s Haven theory of change.

Female oppression and VAWG are conceived in this study and the Tina’s Haven project as structural; in accordance with national and international definitions, including the World Health Organisation (WHO).^{9 10} It follows that birthmothers severed from their children by addiction need systematic and structural remedies to remove barriers to their social and political freedom and rights. In order to measure the changes necessary; this study blends a logical process of project evaluation (Kellogg Foundation 2004), with Black feminist theory; which goes beyond a practice of changing individual and collective consciousness to a level of transforming “unjust social institutions” (Collins 2000:277-28). The domains of power and empowerment, as they are conceived by Black feminist scholar Patricia Hill Collins, form the Tina’s Haven theory of change as illustrated in Table 1.¹¹

Table 1: Tina’s Haven theory of change, based upon “Black Feminist Thought,” Collins (2000)

| Domains of power | Measures of empowerment |
|---|---|
| <p>1) Interpersonal Domain – Influences everyday lived experiences and individual consciousness by replacing individual ways of knowing with dominant groups thoughts.</p> | <p>Changes in skills, knowledge, personal growth, and individual consciousness of birthmothers severed from their children by addiction, so that they can understand and analyse their everyday lived experiences.</p> <p>Improved interpersonal relationships, particularly among females.</p> |
| <p>2) Hegemonic Domain – Provides the link between institutions in the structural domain and organisational practices by justifying ‘common sense’ ideas behind social policy, manufacturing ideologies, and recycling old ideas in new forms.</p> | <p>The development of bilateral female solidarity; particularly between birthmothers/ women in addiction and practitioners.</p> <p>Developing a bigger movement that struggles collectively for societal change.</p> <p>Creating spaces and platforms for birthmothers severed from their children by addiction to have voice and agency, and to be heard.</p> <p>Changes in values, attitudes, and collective consciousness; including shifts in ways of thinking and being in the world.</p> <p>Challenging the hegemonic narratives that seek to stigmatise, and victim blame birthmothers</p> |

| Domains of power | Measures of empowerment |
|--|---|
| | severed from their children by addiction, by developing a counter-narrative that is authentic, positive, and hopeful. |
| <p>3) Disciplinary Domain – How organisational/ institutional practices and processes reproduce certain unequal power relations through the bureaucratic hierarchies of organisations, and by disciplining and controlling employees and ‘clients.’</p> | <p>Transforming the practices, processes, cultures, policies and strategies of organisations and institutions towards more egalitarian ways of working to bring about equality and social justice.</p> <p>Permeating the dichotomy between ‘professionals’ and ‘service users’ that serve to maintain hierarchies and unhelpful barriers.</p> |
| <p>4) Structural Domain – Organises oppression through a network of interconnected social institutions that regulate citizen’s rights.</p> | <p>Changes in the policies and practices of statutory agencies and institutions; including changes in the law and/ or interpretation of the law to bring about an end to oppression and discrimination against birthmothers.</p> |

Findings of the study.

The collective biography of birthmothers involved in this study tells of childhood and teenage trauma and abuse, often leading their journeys into addiction; state intervention into their adult lives upon becoming pregnant and having children; and then state collusion with VAWG that the women have been subjected to throughout their lives. These findings reflect a predictably familiar pattern with other North East based research (Van Zyl, et. al. 2022b).

The Tina’s Haven pilot project modelled a holistic and emancipatory praxis centred upon birthmothers in trauma-based addiction, seeking to remove interpersonal, cultural, systematic, and structural barriers to their social and political freedom and rights by bringing about: agency, self-empowerment, critical consciousness, female solidarity, and collective action.

This study establishes that complementing addiction services in a mixed-sex setting with arts and nature-based community practice; trauma-responsive support; rights based feminist community development; and learning for women subjected to abuse to regain ownership of their lives, enhances, and strengthens women’s recovery from addiction and VAWG (also see Sanders 2003, 2006).

The Tina’s Haven pilot project is shown to have begun replacing a dominant narrative of stigma surrounding birthmothers in addiction, with stories of bravery, hope, connection, unity, and love.

A wide range of quantitative and qualitative methods were applied to the study to identify the outcomes of the Tina’s Haven pilot project across the four domains of power and empowerment (Collins 2000). These are briefly summarised in Table 2.

Table 2: Brief summary of the outcomes of the Tina's Haven pilot project across four domains of power.

| 1. Interpersonal level. | 2. Hegemonic level. |
|---|--|
| <p>Improved well-being, healing, and spiritual connection from being immersed in nature.</p> <p>Personal development, learning and growth.</p> <p>Improving relationships and developing connections between women in addiction.</p> <p>Positive experiences of female-only spaces.</p> <p>Self-empowerment of women in addiction, including birthmothers.</p> <p>The emergence of critical consciousness in birthmothers/ women in addiction.</p> | <p>Solidarity building among birthmothers/women participants and practitioners/artists.</p> <p>Shifts in world views (paradigm changing) among birthmothers/women participants, practitioners-artists; and partner organisations and external agencies.</p> <p>Towards building a counter hegemony, evidenced in changed values, beliefs, and attitudes among birthmothers/women participants, practitioners-artists, partners and external agencies, and members of the public.</p> <p>A more authentic, positive, and hopeful narrative about birthmothers in public media.</p> |
| 3. Disciplinary level. | 4. Structural level. |
| <p>Heightened shared understanding and insights into different practice models applied to the pilot project. Including insights into inherent tensions between different disciplines.</p> <p>Changes in organisational practices within partner organisations and collaborators to become more female focussed.</p> <p>Organisational culture change, and changes in strategy within partner organisations, including becoming more female focussed, and arts and culture becoming more accessible to marginalised birthmothers/ women in addiction.</p> <p>The creation and development of safe and forgiving female-only spaces across partner organisations.</p> | <p>The changes at a structural level were incremental. and included:</p> <ul style="list-style-type: none"> a) Wider recognition of the potential of feminist empowerment programmes to improve understanding of VAWG in children's social care and criminal justice systems. b) Recognition of the potential social-economic value and efficacy of the Tina's Haven model by a commissioner of public funding. c) Investment of £100k public funding from the National Lottery Community Fund to sustain and develop a holistic and emancipatory model of practice with women in addiction in East Durham. ¹² |

Conclusion: A holistic model of emancipatory praxis with birthmothers.

This study presents biographical and practice-based evidence, combined with a review of the literature to question the effectiveness of gender-neutral 'whole family' and 'trauma informed' approaches towards interrupting the cycle of birthmother and child severance and removal (e.g. Mason et al. 2020, Grant et. al. 2023). Instead, this study of the Tina's Haven pilot project advocates for a fusion of trauma responsive, reflexive, feminist emancipatory practices, that are situated within a critical analysis that recognises the pervasive, gendered, and structural nature of VAWG (also see Teris 2019).

The following emerge as key components of a transferable model of emancipatory praxis with birthmothers severed from their children by addiction:

- a) At the heart of the transferable model of emancipatory praxis are safe and forgiving female-only spaces, that are protected by the Single Sex Equality Duty (SSE, Equality Act 2010), on the basis that a mixed-sex approach would not be an effective way of addressing the subjective experiences of birthmothers severed from their children by trauma-based addiction.¹³
- b) Within the heart-centre of the model, is connecting with the struggle for social justice and rights for birthmothers by surrounding them with love and connection supported by feminist consciousness-raising and solidarity building.
- c) Also, at the heart-centre of the model is the subjective-self of the artists and practitioners. It is imperative towards building trust and female solidarity that those involved in steering and delivering an emancipatory model are able to overcome dominant conceptions of detached professionalism.
- d) There is no place in an emancipatory model for divisions and hierarchies; we are all part of the same struggle for social justice and rights for birthmothers severed from their children, because these are fundamental to women’s rights. Within this struggle, patriarchy, white supremacy, and capitalism are recognised as interlocking systems of oppression.

The three interconnecting and synergising practice disciplines emerging from the findings of this study are illustrated in Figure 1.

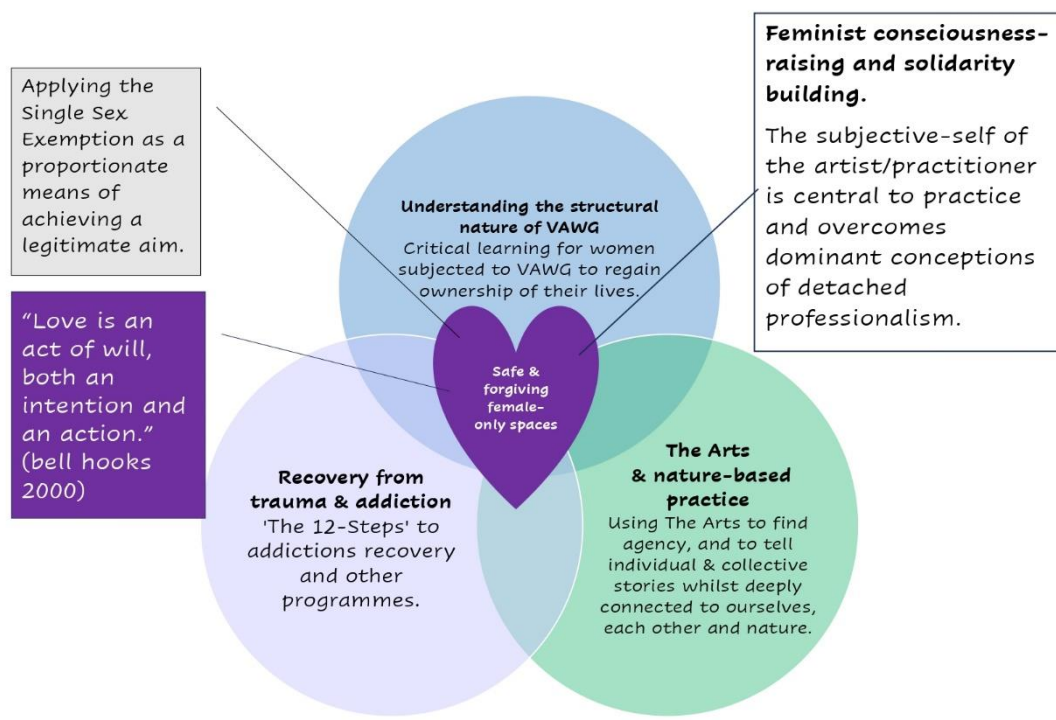


Figure 1: Three interconnecting and synergising practice disciplines emerging from the findings of this study.

Recommendations.

Measures are now in place to sustain the emancipatory model of practice established by the Tina's Haven pilot project in East Durham, including developing Arts and nature-based practice, and the OML course, as integral to the female programme in a mixed-sex recovery setting. A crucial next stage in the development of the Tina's Haven project, could be to carry out detailed strategic work, **led by birthmothers severed from their children by addiction** to bring about their social and political freedom and rights. In relation to the issues and barriers identified in this study, consideration could be given to the following:

- a) Influencing funders and commissioners to invest in holistic, trauma-responsive, and emancipatory practices with birthmothers in trauma-based addiction; for the purpose of bringing about, agency, self-empowerment, and female solidarity. This should include grants to recovery and addiction female-led community groups, including partnerships and collaborative projects that will strengthen solidarity and collective agency.¹⁴
- b) Call upon mixed-sex treatment and recovery organisations to provide safe and forgiving female-only spaces in accordance with the SSE (Equality Act 2010).
- c) Seek resources for a Social Return on Investment (SROI) assessment of the emancipatory model of praxis in relation to its social, environmental, and economic value by reducing inequalities and improving the well-being of birthmothers.¹⁵
- d) A call to action to The UK Women's Sector to understand and respond to the needs of birthmothers severed from their children by trauma-based addiction, including:
 - i) Promoting rights-based emancipatory feminist praxis with birthmothers.
 - ii) Strengthening networks and pathways of holistic support, well-being, healing, and recovery from addiction and VAWG.
 - iii) Policy and campaigning work to support birthmothers using human rights instruments such as the SSE (EA 2010), Human Rights Act 1998, and the Convention for the Elimination of Discrimination Against Women) CEDAW.¹⁶
- e) Call upon Government to re-invest in early intervention, with the intention of shifting the emphasis back towards keeping children within birth-families as a way of reducing the soaring numbers of children entering the care system. And to make statutory provision for therapeutic supports available when children and birthmothers are reunited, on parallel lines and scale to the Adoption Support Fund.¹⁷
- f) Call for statutory support for birthmothers when they are severed from their children as a result of children's social care and family court systems. However, this would need to be shaped by and for birthmothers, on their terms; and not infringe upon or undermine their rights.
- g) Campaigning with others for an urgent systemic shift in children's social care and family court systems to bring to the forefront the rights and needs of both children and birthmothers, and to put measures in place to support the relationship between them. As a signatory of CEDAW, it is incumbent upon the UK government that these systems operate within the structural definitions of discrimination against women and VAWG as they are contained in United Nations conventions and WHO.¹⁸

1. The issues that the Tina's Haven project intends to address.

A growing body of evidence shows the significant challenges faced by marginalised and vulnerable women living in the North East of England. Research published in July 2023 calculates that women in the North East of England are 1.7 times as likely to die early “as a result of suicide, addiction or domestic murder than women living in England and Wales as a whole.”¹⁹ The research, conducted by Agenda Alliance and Changing Lives (2023) evidences increases in women's deaths and attributes these to “neglected social, economic and health needs” combined with multiple service failures. The research report calculates that women who are marginalised and vulnerable are dying at an increased rate and a younger age.

“Between 2018 and 2021 suicide, addiction, or domestic homicide was found to kill women in the North East by an increase of 15% in the region.”

“Changing Lives has said that the average age of women ‘known to have died whilst accessing their services is currently just 37 years old. Prior to 2020, it was 47’. By comparison, the typical life expectancy of a woman in England is 83, according to official statistics.”²⁰

In 2022, the highest rates of deaths related to drug poisoning were registered since records began in 1993, with the death rate 82% higher in 2022 than it was in 2012. The rate increased every year for the previous decade (since 2012) “after remaining relatively stable over the preceding two decades.”²¹ Drug related deaths in the North East have been consistently the highest of any English region for ten consecutive years. These figures are consistently high for females and males, with females making up 29% of all North East deaths during that period.²² ONS report that in 2022, “mortality rates from drug poisoning decreased for males and increased for females.”²³

These tragic and perilous issues are central to what the seminal Tina's Haven pilot project set out to address. The barriers faced by birthmothers in addiction that prevent them from accessing their social and political freedom and rights are discussed in the remainder of this section, under the following sub-headings

- a) Interpersonal barriers faced by birthmothers.
- b) Hegemonic barriers faced by birthmothers in their communities.²⁴
- c) Organisational barriers faced by birthmothers.
- d) Structural barriers faced by birthmothers.

1.1 Interpersonal barriers faced by birthmothers.

As noted by Covington (2007), a woman's likelihood of abusing alcohol and other drugs increases drastically with a history of being sexually, physically, and emotionally abused; with women in addiction having been abused by more perpetrators, more frequently, and for longer periods of time than their non-addicted counterparts. Parallel findings are reflected in a more recent UK based study.

“Women who have experienced domestic abuse are eight times more likely to develop an issue with drugs than those who haven’t.” (Agenda 2019)

Violence, and abuse, are highly gendered, with males more likely to be harmed by enemies or strangers, and women more likely to be harmed by intimate partners (Covington 2012). Indeed, Covington attributes a higher rate of mental health problems in women to the confusion and distress arising from intimate and familial violence from a “person who is supposed to love and care for you” (ibid). A recent UK study highlights the different trajectories of female and male drug use, drawing upon a central relational component of women’s drug use (With You 2021).

“While trauma is a big factor in both male and female substance use, relationships with a partner play a much larger role in women’s drug use. Women were more likely to be introduced to drugs by a partner, while men were more likely to be introduced by a friend. Women’s use often began out of “necessity”, as a coping mechanism, whereas we know men are more likely to first use drugs recreationally.”

Men make up three-quarters of the drug treatment population, many of them long-term opiate users (With You 2021). Within a male dominated treatment context, the capacity and flexibility to “develop expertise and services” to meet the diverse and holistic needs of women “who have already faced traumatic experiences and setbacks throughout their lives” is limited (With You 2021:4). Historically, the development of addiction recovery and treatment services has been largely driven by concerns about crime and public safety, and subsequently shaped around the needs of men.²⁵ Dame Carol Black’s recent independent “review of drugs”, highlights a “very tragic human story” behind a market analysis; including soaring death rates and increasing levels of children taken into care (Black 2020:3, 2021:9). In response, the HM government’s ten-year drugs plan, “hope not harm” commits to treating “addiction as a chronic health condition, breaking down stigma, saving lives...” However, the leading narrative remains firmly focused upon crime and public safety:

“It’s that much harder to level up a community while criminals are dragging it down. After all, to thrive and succeed in life we need to feel safe on our streets and secure in our homes. And if we’re going to make that the daily reality for most people in this country then we’re going to have to do more to tackle illegal drugs.” Rt Hon Boris Johnson, MP Prime Minister (April 2021)

Drug treatment centres can be a daunting and intimidating environment for women, particularly those who have been subjected to violence against women & girls (VAWG); and it is not uncommon for women to be in group settings with a former abuser (ibid). These men continue to pose a threat to the women through “post-separation abuse”, (e.g. Spearman et al 2023).²⁶ Female drug users are at risk of exploitation in mixed-sex settings; research conducted in treatment centres in the West Midlands found that women were being targeted by abusers in “chaotic, intimidating or unsafe” services (Whitehead et. al. 2023, also see Page et. al 2024).

“Some women reported feeling vulnerable to “predatory males” in mixed groups where they were often outnumbered two-to-one by men, but said they were not given an option to access women-only treatment programmes. One treatment worker compared these groups to “a hunting ground” for men...” ²⁷

According to research published by the Centre for Justice Innovation (Whitehead et. al. 2023), the all-too-common trajectories of women in addiction renders them highly vulnerable in mixed treatment settings.

*“Close links between substance misuse and traumatic experiences, such as childhood sexual abuse or domestic abuse, were identified as making women particularly vulnerable if they were treated alongside men.”*²⁸

Yet, the founder of Tina’s Haven, with extensive women’s sector experience, knew of no women’s organisation in locally that could have readily hosted the first Tina’s Haven pilot project; with issues of birthmother and child severance seemingly absent from feminist agendas.²⁹ Instead, she approached a mixed-sex abstinence recovery organisation known to her, because she knew them to be pioneering a women’s project. The reality of the gender and power dynamics in mixed-sex recovery services is acknowledged and captured in the following narrative.

“In addiction services we are conditioned to think about men; yet generally women come in having been harmed and men come in having done harm.” OML Evaluation, (2023)³⁰

1.2 Hegemonic barriers faced by birthmothers in their communities.

Stigmatisation surrounding addiction, coupled with dominant class-based notions of mothering, further compounds the problem for birthmothers (e.g. Weber et. al. 2021, Placek 2024). Page et. al. 2024 noted a pattern of “widening and deepening” stigmatisation which has a cumulative effect on women as it increases in “intensity and internalisation.” This makes it difficult for birthmothers to access treatment and recovery, because they know they will be subjected to intense surveillance, and have their parental rights removed (ibid).

In two recent studies involving birthmothers, it is evident that they did not know where to turn for help (Van Zyl, et. al. 2022a, Grant et. al. 2023). Fearing reprisals, judgements, and repercussions, birthmothers frequently hid problems and remained in dangerous or risky situations rather than seeking support (Van Zyl, et. al. 2022a).

As evidenced by Featherstone et. al. (2018), in their ethics and human rights enquiry into the role of social workers in adoption, fear of an “unsympathetic and punitive response” prevents birthmothers reaching out for help, because the emphasis upon risk and scrutiny is understood to override the need for support. These findings are corroborated by Smiles et. al. (2022:107).

“Many women who use drugs during pregnancy report experiencing negative stereotyping and judgement from health and social care professionals. This, coupled with the stigma of using substances during pregnancy, is the biggest barrier to care.”

We know that for most birthmothers losing custody of children experience immense pain combined with a loss of self-worth and confidence and leaving women “grief-stricken and feeling failure” (Wall-Wieler et. al. 2018, Page et. al 2024). The experience of losing custody of children is shown to be comparable with a ‘living death’ (Zeman 2004). Research evidence estimates that women who experience child removal are up to five times more likely to die by suicide (Wall-Wieler et. al. 2018).

“Feelings of guilt, responsibility, shame, stigmatization, and loss of self-worth often associated with custody loss may also contribute to the increased rates of suicide attempts and completions.” (Wall-Wieler et. al. et al. 2018)

Research also indicates children who are severed from their birthmothers will also be “at higher risk for suicide and suicide attempts” (ibid).

1.3 Organisational barriers faced by birthmothers.

Although birthmothers are a particularly marginalised and vulnerable group, among whom it is known that VAWG is far more prevalent (up to 24 times higher than that against women in the general population), substance misuse and mental ill-health are the most notable barriers to accessing refuge protection (Covington 2007, Van Zyl, et. al. 2022a, WHRIN 2022, Women’s Aid 2022).³¹

There are also inherent barriers for birthmothers accessing VAWG services; partly because the fear of what will happen if they tell the truth, which is compounded for those in addiction; and at another level because they are deemed by ‘professionals’ working with them as unworthy of support (Van Zyl et al. 2022b).

“I said ‘can’t you just take me to a women’s refuge?’, and she laughed at me and said, ‘you don’t need a women’s refuge, you’re doing this to yourself.’” from Van Zyl et al. (2022b:20)

In their study focussing on birthmothers, Mason et al. (2020) argues that perceiving the child and parent in a binary way where the focus is entirely upon the child’s welfare is unhelpful, precisely because it increases the likelihood of “parental disengagement.” The irony and contradiction lie in child protection social work being “specifically aimed at reducing the risk of adversity happening to children,” whilst missing the work to “address the impact of childhood adversity” along with the subsequent presentation of “complex trauma” in parents (Mason et al. 2020). A paradox also acknowledged by Health Equity North on behalf of the Child of the North All-Party Parliamentary Group (APPG).

“Usually, the social worker is there to assess them and help the child: a process which is rarely supportive of the rehabilitation and change of the mother, and so subsequently fails to protect the child from the pain and trauma of child removal. We question the potential harm and abuse children might experience if left with parents, but we never question the trauma experienced by children as a result of removing them from families.” Case study from a mother's perspective, REFORM (Health Equity North, 2004:22)³²

Mental health is an endemic issue for mothers who have their babies removed at birth (Morriss and Broadhurst 2022). Once a child is taken into care, women “often stop being viewed as mothers by services,” and there is currently no statutory requirement in England to support birthmothers (Grant et. al. 2023). Birthmothers are left facing the same issues and challenges which led to child protection involvement, but compounded by the impact of child removal, and “without appropriate support in a time of acute mental health need” (Broadhurst and Mason 2013). Deemed “ineligible for specialist mental health support;” despite birthmothers severed from their children facing “severe mental health challenges” and “multiple adversities,” they fall between the gaps of services (Grant et. al. 2023).

“Motherhood can provide a sense of hope and purpose, yet following child removal there are few opportunities to navigate loss and renegotiate maternal identity.” (Grant et. al. 2023)

1.4 Structural barriers faced by birthmothers.

Removing children from their biological parents’ care “is one of the most extreme forms of state intervention into family life”, yet “child removal cases in England have soared in the last decade”, and in the North East of England, these rises have been even higher (Van Zyl et al. 2022b).³³ In March 2023, the England average of looked after children in care among 156 reporting local authorities was 71 per 10,000. In the North East, the figure was 113 per 10K, 1.6 times the national average. In 2024, “the North East continues to record the highest overall care rates” (Health Equity North 2024:9). Six out twelve North East local authorities were in the highest 10% of all.³⁴

Table 3: Looked after children per 10,000 in NE local authorities in top 10% in England (March 2023), North East local authority, rank and number of children looked after per 10k

| | |
|---|--|
| Hartlepool (ranked 4 th) -160 per 10K | Darlington (9 th) – 144 |
| Middlesbrough (7 th) - 150 | Gateshead (11 th) - 134 |
| Redcar & Cleveland (8 th) 147 | Stockton-on-Tees (12 th) - 131 |

It is argued that the drive towards favouring adoption over keeping children in birth-families intensified in 2016, when the Secretary of State for Education redirected a budget of £150 million from the Early Intervention Fund (Stevens et. al. 2020).³⁵ This shift is deemed to have further disadvantaged birth-families in child care proceedings.

“The very worst aspects of adoption were held up as positive, including quicker removals of children, shortened timescales for adoption placement and contact with birth families made less important and more difficult. Boorman, in Stephens et. al. (2020)

Within this, the implication of Boorman’s perceptions is that the Adoption Support Fund³⁶ has created opportunities for private agencies to profit from the loss, grief, and trauma arising from child and birthmother severance (Boorman, in Stephens et. al. 2020).³⁷ Since 2016, when children are placed with adoptive parents, or from state care into ‘special guardianship’ arrangements, they are eligible for therapeutic support from the UK government’s Adoption Support Fund at a rate of £5,000 a year per child.³⁸ Yet no such support is available in the event of children being returned to their birthmothers.

As highlighted on behalf of the Child of the North APPG, “between 2011 and 2019, total spending on preventative services for children and families fell by about 25% in real terms.” (Health Equity North, 2024:11). Promisingly, in response to an Independent review of children’s social care (MacAlister 2022), the Government is investing £45M into a pathway to “design and test radical reforms” in child protection, family support and safeguarding, with 17% to fund six local “family network” pilots, including three in the North East.³⁹

In England, more than 13,000 women are involved in care proceedings every year, with many permanently losing their children from their care (Morriss and Broadhurst 2022). “At least one in every four” of these birthmothers, “rising to one in three for the youngest” birthmothers” will experience successive sets of care proceedings, losing multiple children from their care (Broadhurst et al., 2017). In many cases, child removal by the family court, will be swiftly followed by women becoming pregnant again, and in 60% of cases, these babies will be removed from their mothers at birth (Morriss and Broadhurst 2022). As noted by Page et. al. (2024) in their recent study surrounding women, addiction, and mental health; it is not uncommon for children to remain in the custody of a domestic abusing father when it is their behaviour that has been a trigger for the mother’s “substance usage.” The patriarchal bias inherent in the family court system that deeply disadvantages women as mothers is well documented (Learmonth et. al. 2022, Morriss and Broadhurst 2022, UK Parliament 2022, Dalgarno et. al. 2024).⁴⁰

“Once pathologised and labelled an unfit parent, some mothers never regain custody of their children in spite of their allegations of abuse (the main ‘symptom’ of their ‘pathology’) being validated.” Learmonth et. al. (2022).

As evidenced in an ethics and human rights enquiry into “The role of the social worker in adoption”, in the ultimate punishment, the enduring fate of birthmothers reporting high and enduring levels of VAWG is sealed within the false narrative of “risk of future emotional harm” resulting in permanent separation and a blanket denial of the right to mother (Featherstone et. al. 2018).

2. The birth and development of Tina's Haven.

This journey started at an initial meeting in East Durham on 19th September 2022 involving female practitioners from: Barn at Easington; ANE Health and Housing (then Addictions North East); and The Women's Liberation Collective; a freelance trauma therapy practitioner & trainer with a background in children's social care; and a mother & baby foster carer; with the founder of Tina's Haven. The founder and evaluator of Tina's Haven, Dr Sue Robson, has personal experience of mother and child severance, trauma, and addiction. With almost 40 years youth work and community development experience with marginalised women and girls; Sue's practice is rooted in feminist and critical informal education traditions and approaches.

The idea was that Tina's Haven would provide support to birthmothers and children who are severed by addiction and those who are 'at risk' of being so. At that initial meeting, the founder didn't have a set plan for Tina's Haven, just an inexplicit concept that she was hoping would spring to life through informal female-centred conversation.⁴¹ Sue had simply facilitated a gathering of women known to her, personally and professionally, with varied interests relating to issues of trauma, addiction, and birthmother and child-severance. Within weeks of that initial meeting, Tina's Haven was born as a pioneering project that sought to address prevailing issues affecting birthmothers severed from their children.

In this study and the Tina's Haven project, women's oppression and VAWG are conceived as structural according to The World Health Organisation (WHO), and the definition contained in Article 1 of the UN Convention for the Elimination of Discrimination Against Women (CEDAW).^{42 43} VAWG is thus defined:

*"Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."*⁴⁴

The Tina's Haven pilot project aimed to ensure women were offered the right support, at the right time, in the right place. This involved; supporting women to understand the harms they have been subjected to; creating spaces to tell their stories whilst being deeply connected to nature; to be offered the OML course to help to regain ownership of their lives; to be supported by trauma-responsive practitioners; and to enable women to have agency and make meaning of their lives in safe, forgiving spaces.

The project sought to fill a gap in provision and services for birthmothers who are primarily survivors of complex trauma and substance use issues. One that deliberately falls outside of a traditional 'fix the problem' or 'preventative' model of support; instead, focussing upon providing holistic supports and contributing to women's recovery through their discovery and connection with the land, each other and with themselves.

2.1 The founding principles of Tina's Haven.

The intention of Tina's Haven is to develop a transferable model of holistic and emancipatory praxis, which will bring about self-empowerment and solidarity among birthmothers severed from their children. This involves removing known barriers to their social and political freedom and rights by influencing changes in social attitudes, institutional practices and policy, and the law (including its interpretation).⁴⁵

From the very outset, processes of feminist consciousness-raising and solidarity building in female-only spaces are deemed as essential towards achieving Tina's Haven's emancipatory intentions.



Figure 2: A Burst of bright light, Tina's Haven Photography Exhibition, The Art Café, June - July 2023

2.1.1 *Feminist consciousness-raising and solidarity building.*

Tina's Haven, as conceived by its founder, is rooted in non-hierarchical, egalitarian feminist ways of working, intending to secure women's control over their lives and apply consciousness-raising and solidarity building to the process of transforming unequal and gendered relationships across all spheres (Dominelli 1990, Dominelli 2006, Ledwith and Springett 2010). Within this is it recognised that contemporary feminism has fallen short of these purposes and ends by failing to acknowledge how race and class determine the social construction of gender (Amos and Parmer 1984, Bryan et. al 1992, Mirza 1997, hooks 2015).

“Focussing on the personal in a framework that did not compel acknowledgement of the complexity of structures of domination could easily lead to mis-naming, to the creation of yet another sophisticated level of non or distorted awareness. This often happens when race and/or class are not seen as factors of determining the social construction of one’s gendered reality and most importantly, the extent to which one will suffer exploitation and domination.” (hooks 2015:32)

Feminist consciousness-raising involves women breaking silences and naming their everyday experiences of sex-based oppression, and how this intersects with other systems of oppression. This in turn is intended to move women from a state of ‘Naïve’ or ‘false consciousness’ to a state of ‘critical consciousness.

- ❖ The concept of “naïve” or “false consciousness” is associated with self-blame and conceived as a passive and unquestioning acceptance of discrimination, or limited insight into individual problems that does not make connections to systems in society (Gramsci 1971:14, Freire 1973).
- ❖ The concept of “Critical consciousness” is associated with self-awareness and empowerment and develops as women begin to understand their everyday experiences with reference to external systems and structures of inequality and oppression (Dominelli 1990, 2006, Ledwith 2009, Ledwith and Springett 2010).

“Consciousness-raising increases critical understanding of the subjective impact of social constructs such as gender, race, and class. Locating common experiences of oppression builds relationships and trust between those who share identities in these terms, leading to increased confidence, strength, and solidarity.” (Robson and Spence 2011:5)

It is conceived that moving from a state of ‘critical consciousness’ to ‘naïve consciousness’ does not happen spontaneously, it requires a ‘critical incident’ to disrupt it (Ledwith 2009:689). Central to the concept of a ‘critical incident’ is the requirement to overcome dominant class-based conceptions of detached professionalism, by revealing the subjective self of the practitioner (Banks 2004, Ledwith 2009, hooks 2015). This is the basis of forming the intersubjective relationships necessary for achieving mutual identification and understanding; and critically, establishing trust and solidarity among participants and practitioners. ‘Intersubjectivity’ can be simply defined as how we experience ourselves through others.⁴⁶ This is highly significant for women in addiction who are living daily with the detrimental effects of marginalisation stigma and shame. In the words of theorist, educator, and social critic bell hooks (2003), “to enter the struggle we have to ourselves become subjects.”

2.1.2 Female-only space and the Single Sex Equality Duty.

Exploratory conversation and small group work for heightening subjective awareness are important components of consciousness-raising in community development and informal education processes (Smith, 1993). Female-only space is central to feminist consciousness-raising because it enables women to overcome an unequal gender dynamic in which women are defined as 'other' in relation to men (Hooks, 2003). From this, flows self-empowerment, solidarity building; identifying political priorities; and pursuing them through collective community action (hooks 2003, Lowndes 2004, Spence and Stephenson 2007, Bedford et.al. 2008, Corry and Robson 2010, Robson and Spence 2011).

We know that birthmothers severed from their children are discriminated against and affected in relation to the characteristic of "sex", and indeed "pregnancy and maternity".⁴⁷ The emerging Tina's Haven model thus relies upon these marginalised and traumatised women being able to share their subjective experiences of VAWG and feelings of powerlessness. This would be unsafe in a mixed-sex environment, and potentially harmful.

Female-only spaces are elemental to the Tina's Haven project and it is a given that the Single Sex Exemption (SSE, paragraph 27 of Schedule 3 of the Equality Act) applies to the model on the basis that "the limited provision is a proportionate means of achieving a legitimate aim".⁴⁸ A mixed approach would not be an effective way of addressing the lived and subjective experiences of birthmothers severed from their children by trauma-based addiction.

2.2 The practice disciplines applied to the Tina's Haven pilot project.

Tina's Haven pilot project emerged as a distinct and unique in its approach; both in terms of the emancipatory model and the combination of practitioner's skills, which includes arts and nature-based community practice, somatic (bodily) recovery, trauma-responsive support, rights based feminist community development, VAWG specialism, combined with addiction recovery support.

Tina's Haven pilot project was developed and delivered by a collaborative team of female artists and practitioners from the following organisations:

- ❖ ANE Health and Housing (ANE), sometimes referred to as "the mixed-sex recovery organisation" bringing 'The 12-Steps' to addiction recovery.⁴⁹
- ❖ The Barn at Easington, sometimes referred to as "a nature-based arts organisation" bringing The Arts and nature-based activities.⁵⁰
- ❖ The Women's Liberation Collective (TWLC), bringing 'Own My Life' (OML), a 12-week course to help women who have been subjected to abuse to regain ownership of their lives.⁵¹
- ❖ A freelance trauma therapy practitioner & trainer with a background in children's social care.

2.2.1 The twelve-steps to addictions recovery.

All the women who participated in the Tina's Haven pilot project were in supported accommodation with ANE and involved in structured therapeutic programme there.⁵² Abstinence from active addiction is a firm condition of ANE support, and there is an expectation that those supported by them engage in 'The 12-Steps' to addiction recovery programme by attending Alcoholics Anonymous and/or Narcotics Anonymous 'fellowship' meetings.

Table 4: Alcoholics Anonymous and The Twelve Steps Programme

The Twelve Steps Programme⁵³

The Big Book of Alcoholics Anonymous, written by founding members of Alcoholics Anonymous, was first published in America in 1939. The authors used the Twelve Steps to find freedom from their own addictions. Since its inception hundreds of fellowships have been formed, and millions of people have been helped to overcome many addictions.

The Twelve Steps:

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood him.
4. Made a searching fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our short comings.
8. Made a list of all persons we have harmed and became willing to make amends to them all.
9. Made direct amends to such people whenever possible, except when to do so would injure them or others.
10. Continue to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

2.2.2 The Arts and nature-based activities.

The nature-based creative sessions were all delivered in the natural outdoor environment at The Barn at Easington. The four initial "Field of Hope" taster sessions delivered in Autumn/ Winter were designed to introduce the women to; Forest Bathing, land art, photography, writing and sound sessions all based in the outdoor environment.⁵⁴ These activities were expanded in a further seven sessions during Spring/ Summer 2023.

The intention of the nature-based creative sessions was to give agency to the women and enable them to be involved in creative ways to tell their individual stories from being more deeply connected to the natural world through ‘immersive nature-experiences.’⁵⁵ Evidence suggests that spending time in natural settings supports the regulating of emotions and allows communications and connections to be made more easily (Franco et. al. 2017, Chowdhury 2019).

The trajectory of women’s participation in each of the nature-based creative sessions (immersive nature experiences) is conceived by the Tina’s Haven artists and practitioners as cyclical and organic, moving through the following stages. This illustrated in Figure 3⁵⁶ and the narrative points following:

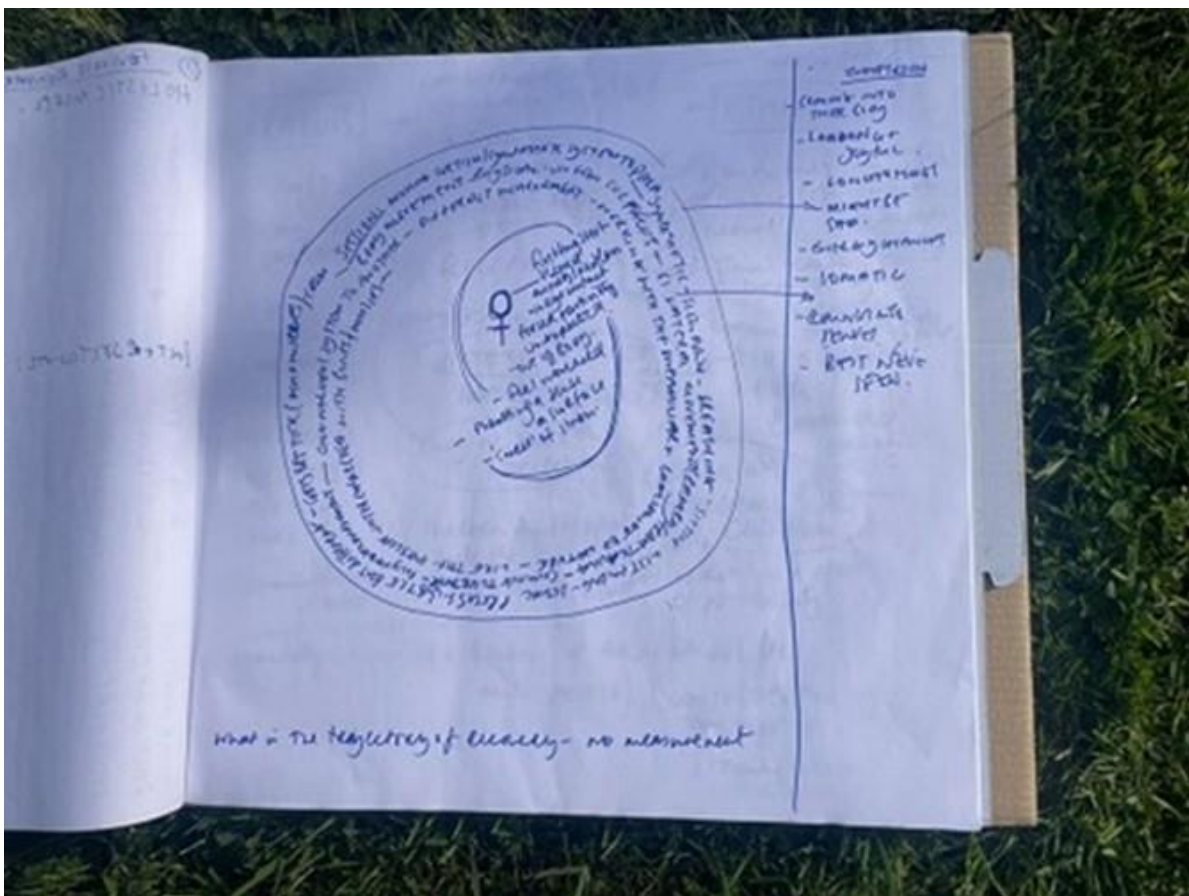


Figure 3: Conceiving women’s journeys through a nature-based session (Dr Rosie Lewis 3.5.2023).

- 1) When the first hug [and greetings when women arrive at the Barn] takes place women are anxious, restless, there isn’t as much eye contact. There is no forced positivity expected, women appear to be out of their body, worried, presenting a sense of a ‘surface’, they seem stressed.
- 2) During the session the women move cortisol from their sympathetic system to their para sympathetic system, they slow down, they breathe, they sit listening, it’s a social process, but different and they are calmer, concentration improves.
- 3) Then with movement of their bodies, physical movement over uneven surfaces that is bilateral, like recovery from trauma.

- 4) The group starts to come together and there is polyvagal movement, from one nervous system to another. The women are in a different environment, working with the unfamiliar and the challenge of nature. Like the fascia they are interconnected [with nature] like bones and muscle.
- 5) By the end of the session the women are coming into their bodies, they are laughing and joyful. They might have some sadness, their energy has changes, this is a somatic process a coming into senses and they give longer hugs when the session ends.

2.2.3 The Own My Life (OML) Course.

OML is a 12-week course to help women who have been subjected to abuse to regain ownership of their lives, which took place from January to April 2023. This was the first time that the course had been delivered with women in a mixed-sex recovery organisation.

“The space created for women allows them to understand more about abuse whilst recognising the societal impact of living in a society where women are oppressed. As shown in the Theory of Change for the Own My Life course, this feminist consciousness-raising helps women to develop understanding of their own lives, solidarity with other women and see the patterns of women’s lives under patriarchy.” Development Lead TWLC (Aug 2023: p19)⁵⁷

It is a requirement that the facilitators have completed an OML ‘train-the-trainers’ course through TWLC⁵⁸. In this case, the manager of the women’s project at ANE trained as a facilitator and was supported by a co-facilitator with five years’ experience of delivering OML, who also evaluated the course delivery and outcomes given this was a pilot. A second female member of staff was also trained as part of the Tina’s Haven pilot project so that the OML course can become embedded in ANE.

The OML course helps women to regain ownership of their lives after abuse, whenever that abuse took place. It uses multi-media to explain complex concepts in easy-to-understand terms and all participants are given an ‘Own My Story’ journal, which contains all the video scripts, exercises, activities and space for reflection and notes as they progress through the course.

The eight Core Principles of the Own My Life course are:

- | | |
|-----------------------------|--|
| ❖ Woman-centred | ❖ Space for action |
| ❖ Intersectionality | ❖ Consciousness-raising |
| ❖ Ownership and Entitlement | ❖ Regaining Ownership / Building Self-Efficacy |
| ❖ Controlling Behaviour | ❖ Safety |

In the OML programme, this understanding is the cornerstone of the transformation of women’s understanding of what’s been done to them; building connections and a community of other women gives women courage and hope, along with the knowledge that they deserve to have ownership of their lives.

This development of connectivity shows that ‘Sisterhood is powerful’ and supports women to acknowledge the reality of theirs, and other women’s, lives (Love 2006).⁵⁹ This underpins the understanding that, regardless of what they may have believed or been told, they are never to blame for abuse perpetrated against them.

2.2.4 Trauma-responsive practice.

All of the practitioners involved in the nature-based sessions participated in trauma-responsive training in advance of the start of the Tina’s Haven pilot project (October 2022). The trauma training was also delivered to a staff group in the mixed-sex recovery organisation (March 2023).

The trauma therapy practitioner also provided direct support to participants and practitioners during the n=7 out of 10 of the initial nature-based sessions. Within this was the acknowledgement of the need for space for practitioners to explore vicarious (or secondary) trauma, in relation to what might have ‘shown-up’ in the free-flowing conversations between participants, practitioners, and artists in the nature-based creative sessions.⁶⁰

The OML course is grounded in trauma-based research, and in its delivery, responds to trauma holistically and collectively by taking a “step back” to look at the reality of women’s lives and the abuse they have been subjected too; and creating a safe community among the participant where they “root for one another.”⁶¹

The word ‘trauma’ originates from the Greek word meaning a deep wound. For the purposes the Tina’s Haven pilot project, “trauma” came to be conceived within the following definitions.

“Any event that overwhelms a person’s capacity for positive coping.” (Covington 2016).⁶²

“A psychological, physical threat or assault to an individual, involving their physical integrity, sense of self, safety and survival.” WRC-Ascent (undated)

The first broad definition is significant to a reflexive model of practice, because it exemplifies the subjective nature of trauma; so that “an event that is traumatic for one person may not be for another” (Covington 2016).

2.3 How the Tina's Haven pilot project was funded & resourced.

2.3.1 Funding the Tina's Haven pilot project.

The total cost of the initial Tina's Haven pilot project was £40,399 (for a breakdown of the budget, see [appendix 1](#)).

As a unit cost this represents a cost of £2,693 for each of the n=15 (out of n=21) women who sustained participation in the project for an intervention that lasted ten months (i.e., £269 per month per participant).

n=11 (73%) of the original cohort of women were known to remain in recovery at the end of the project (24.9.2023).

The budget was as follows:

- ❖ Total activity costs - £20,475
- ❖ Total development costs of developing a potentially transferable model - £15,773
- ❖ Total co-ordination, management, and administration costs - £4,151

These proportions under each budget heading are illustrated in Figure 4.

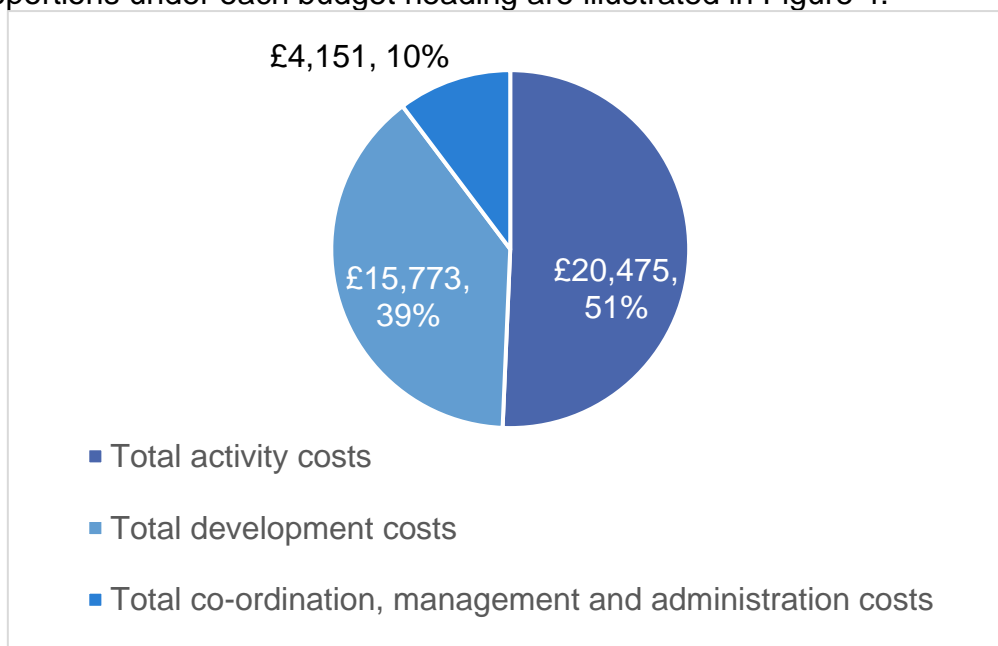


Figure 4: Proportion of budget allocated across each of the main headings.

An additional £5,000 from East Durham Trust funded n=8 follow-up Women in Recovery & Empowerment (WiRE) project nature-based/ volunteering sessions from October to December 2023.¹

¹ In January 2024, a further £4,000 was secured in equal amounts from No More Nowt and The Barbour Foundation to provide a further five nature-based sessions to keep continuity of contact with the women in addiction recovery until a more sustainable funding position was achieved in March 2024.

2.3.2 People, skills, experience, and specialisms.

a) Project roles

The following (sometimes shared) roles were involved in the delivery of the pilot project:

- ❖ Shared project management, co-ordination, and administration.
- ❖ Forest bathing practitioner and nature-based creative sessions lead.
- ❖ OML Course lead and evaluator of the pilot in a mixed-sex recovery organisation
- ❖ Own My Life Trainers (x 2).
- ❖ Trauma therapy practitioner, supporting nature-based creative sessions.
- ❖ Artists for nature-based creative sessions, including land-art, photography, sound-listening work, and filmmaking.
- ❖ External facilitator for workshop towards devising a values and ethics statement for Tina's Haven.
- ❖ Pilot project evaluator (Tina's Haven founder)
- ❖ Steering group members (x 6).
- ❖ Trainers in trauma-responsive practice, in 12 steps to addiction recovery programme, and the OML course outline.

b) Skills, experience, knowledge, and specialisms

The skills, experience, knowledge, and specialisms brought by the female practitioners and artists involved in the steering and delivering the Tina's Haven pilot project centred around:

- ❖ Lived female experience of addiction and recovery and 'The 12-steps' programme.
- ❖ Children's Social Care.
- ❖ Early years education and outdoor education.
- ❖ Feminist community development and critical informal education with women & girls.
- ❖ Independent trauma-responsive practice and life story work with children and families.
- ❖ Knowledge and understanding of violence against women & girls (VAWG).
- ❖ Nature, rewilding, and ecology.
- ❖ Project evaluation and participatory action research.
- ❖ The Arts and immersive nature-based practice with marginalised groups.
- ❖ Creation and facilitation of trauma-responsive training to help women who have been subjected to abuse to regain ownership of their lives.

3. The study: Aims, methods and approaches.

3.1 Aims and objectives of the study.

Towards developing a transferable model of holistic and emancipatory praxis, to bring about self-empowerment and solidarity among birthmothers severed from their children; and remove identified barriers to their social and political freedom and rights; a central question examined throughout this study was:

Is the nucleus of Tina's Haven located within the intersection of the four different practice disciplines applied to the pilot project?

Namely:

1. 'The 12-Steps' to addiction recovery.
2. The Arts and nature-based activities.
3. 'Own My Life' - a 12-week course to help women who have been subjected to abuse to regain ownership of their lives.
4. Trauma-responsive practice.

In addressing this question, the study pursued the following three aims:

- a) To embed a systematic process of cyclic and reflexive learning within the Tina's Haven pilot project.
- b) To evaluate the efficacy of the Tina's Haven pilot project in removing barriers to the social and political freedom and rights of birthmothers severed from their children by trauma-based addiction, including:
 - i. Interpersonal barriers.
 - ii. Hegemonic barriers faced by birthmothers in their communities.
 - iii. Institutional barriers
 - iv. Structural barriers.
- c) To analyse and identify any inherent nuances, tensions, and contests between different practice disciplines.

The objectives of the study are documented against the associated aims in Table 5.

Table 5: Aims & Objectives of the Tina's Haven pilot project study

| Aims of the study | Objectives of the study |
|---|---|
| <p>a) To embed a systematic process of cyclic and reflexive learning within the Tina's Haven pilot project.</p> | <ul style="list-style-type: none"> i. To put systems and processes in place to support and encourage reflection upon practices by practitioners and participants after every activity. ii. To gather critical reflections from practitioners and steering group members using online systems after training events and workshops, including mapping of practice disciplines and values. iii. To routinely document, collate and report on reflective feedback, through steering group meetings and workshops and encourage critical discussion and dialogue. |
| <p>b) To evaluate the efficacy of the Tina's Haven pilot project in removing barriers to the social and political freedom and rights of birthmothers severed from their children by trauma-based addiction.</p> | <ul style="list-style-type: none"> i. To develop and implement a range of qualitative and quantitative methods and tools to gather evaluative data about the project activities. ii. To routinely collate, analysis and report on data collected, through steering group meetings and workshops and participant focus groups. iii. To produce draft reports of evaluation findings for consideration, discussion, negotiation, and agreement by the steering group. iv. To produce a final draft report for informal external peer-review by an academic. v. To publish a final report to disseminate the learning from the pilot project. |
| <p>c) To analyse and identify any inherent nuances, tensions, and contests between different practice disciplines.</p> | <ul style="list-style-type: none"> i. To collaboratively provide training for steering group members and practitioners in all four practice disciplines involved in the pilot project. ii. To facilitate and make space for reflective collective discussion in steering group meetings, training and two workshops: one to map practice disciplines and values; and an end of project reflection and learning. iii. To triangulate the findings from evaluative and reflective qualitative data sources in relation to emerging tensions with available literature. |

3.2 Methodological framework, methods, and sample sizes.

3.2.1 Methodological framework: Tina's Haven theory of change.

The methodological framework for this study blends logical programme evaluation with emancipatory feminist theory. The first is the logic model of evaluation, which analyses project inputs, outputs, processes, outcomes, and impacts (Kellogg Foundation 2004). The second is drawn from Black Feminist Thought, claiming that a shifting worldview is needed to redefine 'power' and 'empowerment', and to move beyond a practice of changing individual and collective consciousness to a level of transforming 'unjust social institutions' (Collins, 2000).

Black feminist thought provides an alternative framework for analysing the organisation of power structures and identifies situations and opportunities for harnessing feminist knowledge to transcend and transform discriminatory laws, policies, practices, and processes. In Black feminist thought power operates at four levels within a matrix of power and domination, as follows (from Collins 2000: p277-28):

1. Interpersonal Domain – influences everyday lived experiences and individual consciousness by replacing individual ways of knowing with dominant groups thoughts.
2. Hegemonic domain – provides the link between institutions in the structural domain and organisational practices by justifying 'common sense' ideas behind social policy, manufacturing ideologies, and recycling old ideas in new forms.
3. Disciplinary domain – manages power relationships through the bureaucratic hierarchies of organisations by disciplining and controlling employees.
4. Structural domain – organises oppression through a network of interconnected social institutions that regulate citizen's rights.

Although these four domains of power shape discrimination and oppression, they are also spheres where women's empowerment can be located and exercised through individual and collective agency and resistance, to bring about change (Collins 2000). Key to the disruption and ultimate transformation of the 'matrix of domination' is the empowerment of individuals through a process of consciousness-raising that situates individual biographies within a historical and political context and leads to collective action (ibid pp277-28).

How these two models integrate to form the methodological framework for this study is illustrated in Table 6.

Table 6: Evaluation matrix for pilot project and Tina's Haven theory of change.

| Stages of logic model | <i>Measurements of empowerment and emancipation.</i> |
|---------------------------|---|
| Inputs/ resources | What went into the project - staff and volunteer time, design, skills, knowledge and experience, funding, and tangible resources. |
| Processes/ activities | How the principles and values were turned into activities, and the interventions used to bring about the intended changes and results. |
| Outputs (quantitative) | The direct products of project activities; that is, the countable targets delivered by the project. |
| Outcomes/ impacts | Intended or unintended changes occurring in individuals' organisations, communities, or systems because of the project activities, drawing upon a Black feminist matrix of domination and empowerment. ⁶³ |
| Interpersonal Domain | <p>Changes in skills, knowledge, personal growth, and individual consciousness of birthmothers severed from their children by addiction, so that they can understand and analyse their everyday lived experiences.</p> <p>Improved interpersonal relationships, particularly among females.</p> |
| Hegemonic Domain | <p>The development of bilateral female solidarity; particularly between birthmothers/ women in addiction and practitioners.</p> <p>Developing a bigger movement that struggles collectively for societal change.</p> <p>Creating spaces and platforms for birthmothers severed from their children by addiction to have voice and agency, and to be heard.</p> <p>Challenging the hegemonic narratives that seek to stigmatise, and victim blame birthmothers severed from their children by addiction, by developing a counter-narrative that is authentic, positive, and hopeful.</p> <p>Changes in values, attitudes, and collective consciousness; including shifts in ways of thinking and being in the world.</p> |
| Disciplinary Domain | <p>Transforming the practices, processes, cultures, policies and strategies of organisations and institutions towards more egalitarian ways of working to bring about equality and social justice.</p> <p>Permeating the dichotomy between 'professionals' and 'services users' that serve to maintain hierarchies and unhelpful barriers.</p> |
| Structural Domain | Changes in the policies and practices of statutory agencies and institutions; including changes in the law and/ or interpretation of the law to bring about an end to oppression and discrimination against birthmothers. |

Given the negative stereotyping, judgements and a stigmatisation birthmothers severed from their children by addiction (Van Zyl, et. al. 2022a, Smiles et. al. 2022, Page et. al. 2024), the concept of ‘hegemony’ is central to this study; and conceived as ways in which “an entire system of values, attitudes, beliefs and morality” permeates throughout society with the effect of maintaining the “status quo in power relations” (Burke 1999, 2005:4, Butcher 2007). As noted by Page et. al. 2024, in relation to birthmothers, the dominant “philosophy, culture and morality” becomes internalised into the consciousness of the population to such an extent that it becomes “common sense” and is believed to be the “natural order of things” (Boggs 1976:39 in Burke 1999). Thus, hegemony does not operate through coercion, but by consent and requires the “collective will of the people” for dominant attitudes to be formalised and accepted (Gramsci in Ledwith 2005:121).

For Collins, in hegemonic systems, dominant ideologies are manufactured through sites such as “school curriculums, religious teachings, community cultures, family histories and the media” (2000:284). According to Gramsci creating a ‘counter hegemony’ plays an essential role in the process of change (in Ledwith 2005:122). Gramsci also conceives that counter hegemonic movements can challenge social conventions, not by erasing existing social conventions perpetuated by the dominant group but by rearticulating and reinterpreting them (Ben-Zion 2009).

The implication is that counter hegemony emerges from marginalised positions in the social order, and the struggle for organising human life, indeed redeeming humanity, needs to be waged at every opportunity for social interaction (Ben-Zion 2009, Kuhn 1962 in McCarl Neilsen 1990:12-13). This could be through everyday encounters, starting a conversation, listening attentively, encouraging people to share their stories and share them again, this is the basis of self-empowerment, and building a counter hegemony, “as we learn to question given truths” (Ledwith and Springett 2010:104). These concepts, ideas and practices are entirely congruent with the methods applied to this study and the Tina’s Haven pilot project itself. Again, in the words of bell hooks:

“Every liberatory struggle involves a revolutionary process whereby oppressed people assert themselves as subjects: defining their reality, shaping their new identity, naming their history, telling their story.” hooks (2015).

3.2.2 Profile of participants in the Tina’s Haven pilot project study

n=21 women in addiction recovery participated the Tina’s Haven pilot project (November 2022 to September 2023).

n=10 women participated in an eight-week follow-on volunteering project called “Women in Recovery Empowerment” (WiRE) that took place during October-November 2023.⁶⁴ This included n=3 from the original cohort, so additional n=7, bringing the total pilot project participants to n=28.

It was not a condition of participation in the Tina’s Haven pilot project that women had to be birthmothers severed from their children by addiction because that would have broken up the natural groupings of women involved with the ANE supported housing and recovery programme.

Although most women were birthmothers severed from their children; some had adult children that they had been severed from in younger life, and some were not mothers at all. Of the n=15 (out of n=21) women in recovery who participated in the Tina's Haven pilot project over a significant period (during November '22 to September '23):

- ❖ n=9 (60%) were birthmothers severed from their children by addiction.
- ❖ n=3 (20%) were mothers of adult children who they had been severed from in the past.
- ❖ n=3 (20%) of the women did not have children.

Of the n=9 birth currently severed from their children by addiction:

- ❖ n=2, were severed from their children by adoption.
- ❖ n=2, had children returned to them from care, one during the Tina's Haven pilot project.
- ❖ For n=3, of the women it was evident that child(ren) had been placed with the male perpetrators by statutory agencies (two currently and one in the past).

3.2.3 *Methods and samples sizes.*

In this evaluative study, these two frameworks are brought together in a matrix to assess the overall outcomes and impact of the Tina's Haven pilot project at different levels of women's domination and empowerment discussed in [Section 3.2.1](#).

Quantitative and qualitative evaluation measures are then matched with corresponding methods applied to gather data. This system is illustrated in [Appendix 2a](#).

A chronology of the evaluation methods, date of collection, sample sizes and outputs are in [Appendix 2b](#).

The methods and sample sizes are documented throughout the "Findings of the Study" ([Section 4](#)), under each of the sub-headings.

3.3 *Approach to the study.*

Corresponding with the aim of embedding a systematic process of cyclic and reflexive learning within the Tina's Haven pilot project, this study was action research-based. Action research has an explicit emancipatory agenda and an emphasis upon participation, "democratising the research process" and contributing to building local knowledge in the pursuit of "practical solutions to issues of pressing concern to people" (Denscombe 1998 Herman 2012:127 Reason and Bradbury, 2001:1). Reflecting the dual positionality of the founder and evaluator of Tina's Haven, action research rejects the oppositions of "researcher" and "researched" involved in traditional research and evaluation; instead, there is a merging of these two roles (Fox 2003:90).

Butcher uses the metaphor of 'permanent white-water' to describe the 'rapid, discontinuous and far-reaching patterns of change' surrounding community practitioners; where we are running all with time, with no time to reflect (from Vaill, 1996 in 2007:59, 2013:77-78). In negotiating these circumstances, practitioners need to undertake continual experiential and reflexive learning that occurs "in and through the engagement with lived day-to-day problems and issues" (Butcher 2013:79, Kolb 2007 in Butcher 2013:80). This thinking was integral to embedding a cyclic process of reflexive learning into the Tina's Haven project.

In Kolb's model, the learning process begins with 'concrete' lived experience: then 'consciously reflecting what occurred;,' thirdly making sense of the experience by relating new information and creating new meaning ('abstract conceptualisation'); and then finally 'active experimentation,' to take action to test out the newly constructed meaning (Kolb 1984). Significantly for this study, in Gibbs (1988) extended six stage cyclic learning model "feelings and thoughts about the experience" are integral. Cyclic and reflexive learning was integrated into this study through the evaluation process; including a series of practitioner-steering group meetings and workshops, written reflections (online and in journals), and two participant focus groups (see [Appendix 2b](#)).

The thesis of reflexivity as it applies to this study, makes modest claims in relation to truth and is based upon a process of dialogue concerned with possible interpretations arising from various personal experiences, rather than expressing certainty (Winter 2003:14). In contrast with the general meaning of 'self-reflection,' which constitutes the 'self' as 'other', the root meaning of 'reflexive' is understood to mean "the relation of something to itself, specifically a relationship of identity or sameness" (Kondrat 1999:747).⁶⁵ Thus, the deliberate act of making public the subjective self of the researcher, and revealing their bias and prejudices, brings dimensions of objectivity, independence, and rationality (Hall 2003). In the words of photographer, and filmmaker Ruby (1977):

"Only if a producer decides to make her awareness of self a public matter and conveys that knowledge to her audience is it possible to regard the product as reflexive."

For the evaluator, revealing her subjective experiences and identity in a reflexive way, meant showing herself as elemental to both the evaluation process, and to the liberatory intentions of the Tina's Haven project; confident in the knowledge that this was a purposeful act (Ruby 1980).

In this study, the founder and evaluator's practice being rooted in community development and informal liberatory education traditions; modelled feminist consciousness-raising (e.g. Oakley 1981, Capra 1984). In terms of the intention of Tina's Haven to transform the everyday lived experiences of birthmothers in addiction, the process of validating knowledge necessitated 'connectedness' with the women involved (Brayton 1997, Collins 2000). The evaluator developed relationships with the women through participating in project activities.⁶⁶ Building connections, identifications, and trust with the women, involved revealing her fragile human self, and entailed sharing her own feelings of powerlessness around her own tragic story of severance and loss.

These public revelations of her 'self' invariably took place in informal group-work settings; often stimulating mutual emotional and physical responses.² This deep sense of connection resonates with what the philosopher Gramsci conceives as 'feeling-passion'; whereby the only error is to believe that you can know without "feeling and being impassioned" (1971: p418). In relation to feminist consciousness-raising, Ahmed (2004) contends that moving emotional pain into a public domain, is political and transformational in moving women towards activism.

² The women participants several times reported physical bodily sensations at the same time as the evaluator during subjective conversations/ exchanges (evaluators reflective notes 15.6.2023, 27.6.2023, 8.11.2023, 22.11.2023). On one of these occasions this was referred to by the woman "a higher-power moment" (22.11.2023).

3.4 Ethical considerations.

In the spirit of action research and accordance with feminist and critical community development approaches, the intention of the evaluator and founder was to model reflexive professional ethics whereby relationships are based upon mutual identifications arising from the interchange of subjective experiences, thoughts, and feelings (Robson 2015). The rejection of the impartial or disconnected researcher has led to the creation of dynamic spaces and possibilities for writing the researcher into the world they are investigating as is the case with this study (Blackman 2007). The founder and evaluator of Tina's Haven was forever conscious that her role was a central dynamic within the pilot project.

What is of upmost significance to the ethical considerations of this study, and indeed the Tina's Haven project, is the acknowledgement of the subjective self of the practitioner overcoming the objectifications of dominant class-based conceptions of professionalism; whereby the space for trust to develop between practitioners and 'service users' is known to be narrow (Banks 2004). In a reflexive model, mutual identification is how trust is established; requiring the practitioner (or in this case the evaluator) to make public their self; along with their identity, prejudices, and biases (Robson 2015).

The motivations for this study are entirely emancipatory and informed by participatory feminist practices of storytelling where submerged voices and personal stories become a collective biography with broader political and historical meaning, and transformational potential (Ledwith and Springett 2010, Collins 2000, Robson 2015).

Thus, the reflexive methods used in this study involved bilateral risks in making mutual connections and identifications with the women to disrupt naïve consciousness; within this, the ethical considerations for project participants were paramount. Within this the following were considered:

- ❖ Ensuring networks of support are available for study participants.
- ❖ Attentive listening to women's stories as the first step towards self-empowerment and emancipation.
- ❖ Protecting the anonymity of study participants (participants and practitioners)

These ethical considerations are now detailed in turn.

3.4.1 *Ensuring the support and after-care of study participants.*

In terms of mitigating risks in the Tina's Haven pilot project, a precondition of initial participation was that the women's basic needs for shelter, food and addiction recovery support were met by the mixed-sex recovery organisation. It was also a pre-condition of the interviews that the evaluator had built a connection with the women to establish trust.

The interviews and biographical case studies with the women were always pre-arranged and conducted at the mixed-sex recovery organisation premises, with the knowledge of the manager of the women's service. If the evaluator was concerned about participants being upset by recalling traumatic experiences in interview, she informed the manager and/or the support worker of the risk, sometimes checking in again a couple of days afterwards. In these cases, the evaluator was always re-assured that the mixed-sex recovery organisation community were offering closer support. As part of '12-steps', every woman also had interpersonal support from a female 'sponsor' (see McGovern et. al. 2021).⁶⁷

3.4.2 Attentive listening to women's stories as the first step towards self-empowerment and emancipation.

Ledwith (1997) emphasises the “power of listening in the process of transformation,” towards restoring dignity, promoting trust, creating positive energy, encouraging mutual listening, and fostering dialogue. Listening attentively, encouraging women to share their stories and to share them again, is the basis of self-empowerment and building a counter hegemony to challenge stigmatisation and shame arising from dominant false narratives.⁶⁸

The simple act of listening to people's stories, respectfully, giving one's full attention is the beginning of the process of personal empowerment. The stories we tell and how we make sense of the world around us can be told and retold as we learn to question given truths. (Ledwith and Springett 2010: p104)

The women were never put under any pressure to be interviewed, or to share their stories. Indeed, the biographical work came about because two of the women approached the evaluator to ask if they could tell their stories for the study. Both were birthmothers severed from their children by addiction.

When the evaluator interviewed women, she asked them to share a little about themselves at the start if they wanted to; making it clear that they were under no pressure to share anything they weren't comfortable with. There was often an exchange of text messages after the interview and the tone appreciative of being able to share and being listened to.

“Thank you for today and for listening. I don't think I have ever told anyone what I told you, it felt sad, but good to share.” (Interview A)

3.4.3 Consent and protecting the anonymity of study participants.

All the women were given a draft anonymised transcription of their interview/ biography to check over and were assured that their testimonies would be anonymised in the report. The women were given a choice of whether to be handed this as a 'hard copy' or by email. In this report the women's interviews are lettered A to L, with nothing else to identify them. The lettering is to make it clear to the reader that the evaluator is not relying upon a narrow set of narratives as evidence.

All process for giving consent and withdrawing if they changed their mind was explained to all Tina's Haven pilot project study participants, both verbally and in writing.

Whilst the anonymity of the women participant's identity is paramount within this study; consideration has also been given to protecting the anonymity of the practitioners and artists involved. The names of practitioners are not mentioned. Practitioner's narratives, all of whom were also steering group members are coded A to E.

3.4 Analysis methods

The first step was to collate and interpret the quantitative data sources to determine the project outputs. Next was to organise the qualitative data into three categories:

- a) Reactions to the project, or how participants experienced and felt about project activities.
- b) Outcomes – where there was clear evidence of changes against the four domains of domination and empowerment (see Table 6 in [Section 3.3.1](#)).
- c) Challenges, for the steering group and delivery team, and project participants.

Then the data in each categories a) and b), the four domains and sub-headings was separated into:

- i. Data specific to the nature-based sessions.
- ii. Data specific to the OML course.
- iii. Data specific to embedding a systematic process of cyclic and reflexive learning.
- iv. Data that cuts across the holistic Tina's Haven project.

Then, using a textual analysis, the qualitative data was organised into themes as subheadings under each of the categories with reference to the four domains of domination and empowerment (Collins 2000).

These themes were then plotted onto Venn diagram to begin to identify if the nucleus of Tina's Haven is located within the intersection of the four different practice disciplines applied to the Tina's Haven pilot project.

To determine the overall impact of the project, the findings were then summarised under the four domains of domination and empowerment: Interpersonal level; Community (hegemonic) level; Organisational (disciplinary) level; Structural (statutory) level.

As noted by Issitt and Spence, bridging the borderlands between academic research and practice promotes “shared and integrated perspectives” (2005:21). Contextualising, analysing, interpreting, and making sense of the evaluation data has also involved reviewing academic literature and secondary research sources from the following sources:

- a) Statistical data and literature relating to the social, political, and economic conditions of birthmothers severed from their children by addiction.
- b) Feminist critiques of trauma-informed practice, attachment theory, and “The 12-steps” to addiction recovery programme.
- c) Feminist community development literature and liberatory educational theory about consciousness raising and solidarity building and ending VAWG.
- d) Critical social work literature and academic literature relating to social work practice.
- e) A review of systematic reviews about the impact of immersive nature experiences upon well-being and mental health.

Academic literature and secondary research sources are referenced throughout the report and are listed in [the Bibliography](#) and [Notes Section](#) at the end of this report.

To validate the outcomes and challenges for the steering group, the findings of their online reflections were presented and discussed at a workshop on 25th July 2023, then revised and reviewed in the light of the emerging findings from other data sources.

Three drafts of the evaluation report were sent to steering group members for comment and consideration.

A focus group with Tina's Haven pilot project participants from ANE was held on 13th September 2023, to present and validate the findings of participants data and to shape practical recommendations. In the spirit of action research, these recommendations were implemented and subject to further evaluation during October to December 2023 (see [Appendix 4](#)). A further participant's focus group also took place at the end of the n=8 WiRE volunteering sessions on 22nd November 2023.

In advance of finalising the report for publication, to add academic vigour, and a level of independence to this study, an informal peer review was conducted by Dr Haley Alderson, Senior Research Fellow, Newcastle University.

3.5 Limitations of the study and what was done to mitigate them.

To limitations to the study are apparent:

- ❖ Women who left the Tina's Haven project participating in the study.
- ❖ Risk of eliciting social desirability bias due to closeness of the evaluator and founder to the subject.

These limitations are now discussed in turn, along with the measures put in place to mitigate them.

3.5.1 Women who left the project participating in the study.

As stated, all of the women who participated in the Tina's Haven pilot project were in supported accommodation with the mixed sex recovery organisation and involved in structured therapeutic programme there. The women's support there relies upon their abstinence, so the women must relapse and/or test positive for substances, their support from the mixed sex recovery organisation ceases along with their accommodation. Therefore, Tina's Haven pilot project, we could no longer work with the women once they left the mixed-sex recovery organisation, partly due to the limits of our project resources, but also to safeguard the abstinence of the women who remained in recovery. However, the positionality and approach of the evaluator allowed her to remain in contact with those women who left the mixed-sex recovery organisation; and link them with other support agencies and women's organisations known to her.

With an introduction from the mixed-sex recovery organisation staff, the evaluator also connected with the female support worker for the Free Women's Group; a significant wider network of support for the women, including those who relapsed back into active addiction.⁶⁹

An in-depth semi-structured interview was carried out with n=1 women who left the mixed-sex recovery organisation due to a relapse, because she still wanted to tell her story. So beforehand, the evaluator made sure that there was support for her from a trusted local women's organisation if she needed it. As evidenced in [section 4.3.1c](#), this participant also remained socially connected to women involved in the pilot project and continued to benefit from these relationships.

3.5.2 Risk of eliciting social desirability bias due to closeness of the evaluator and founder to the subject.

The evaluator acknowledges that her subjectivity, positionality, and connectedness within the study and being the founder of the Tina's Haven project may have elicited socially desirable responding from the evaluation participants.⁷⁰ However, this is not entirely born out in feminist research literature. For example, Miner-Rubino and Jayaratne (2007;307), contend that while in general, the presence of an interviewer may result in respondents "answering questions in a way they believe the interviewer prefers;" in feminist research, respectful and ethical face-to-face interviews, can yield highly reliable and valid data.

In a much earlier and highly relevant study, Follingstad et. al. 1977 suggest participation in consciousness-raising groups and resultant increases in self-esteem may decrease the need for social approval, and thus decrease the possibility of social desirability bias. Whilst Follingstad et. al. acknowledges this claim requires further assessment; it may be a mitigating factor towards social desirability bias, that the qualitative interviews took place seven to nine months into the project. The narratives from interviews B, E, I, and J in [Section 4.4.3b\(ii\)](#) are testimony to interview participant's confidence in being critical about some of the practices involved in the pilot project.

Another mitigating factor for reducing social desirability bias and establishing validity, is the triangulation of the research data, including the use of multiple qualitative and quantitative methods from large samples, and the convergence of a wide range of different data sources used in the analysis and findings.

4. Findings of the study.

4.1 Participation in the Tina's Haven pilot project.

According to the desk top monitoring of women's participation in the Tina's Haven pilot project, n=21 women connected with Tina's Haven pilot project activities, of these:⁷¹

- ❖ n=15 (71%) actively participated in the project over a period of time.
- ❖ At the end of the Tina's Haven pilot project (at 27.9.23):
 - n=11 (52%) remained in addictions recovery with the mixed-sex recovery organisation services and have been out of active addiction for between one hundred days, and one year and three months.
 - n=1 left the mixed-sex recovery organisation of her own accord, and n=1, left and remained in contact with the mixed-sex recovery organisation.
 - n=1 left the mixed-sex recovery organisation twice due to two relapses. However, although she has not been able to engage in any Tina's Haven activities, this participant has remained informally engaged with the project.
 - n=8 (38%) left the mixed-sex recovery organisation due to relapse. n=6 of these women had participated in only one or two nature-based sessions at The Barn. n=2 left two months after the pilot project ended.

These outputs are illustrated in Figure 5.

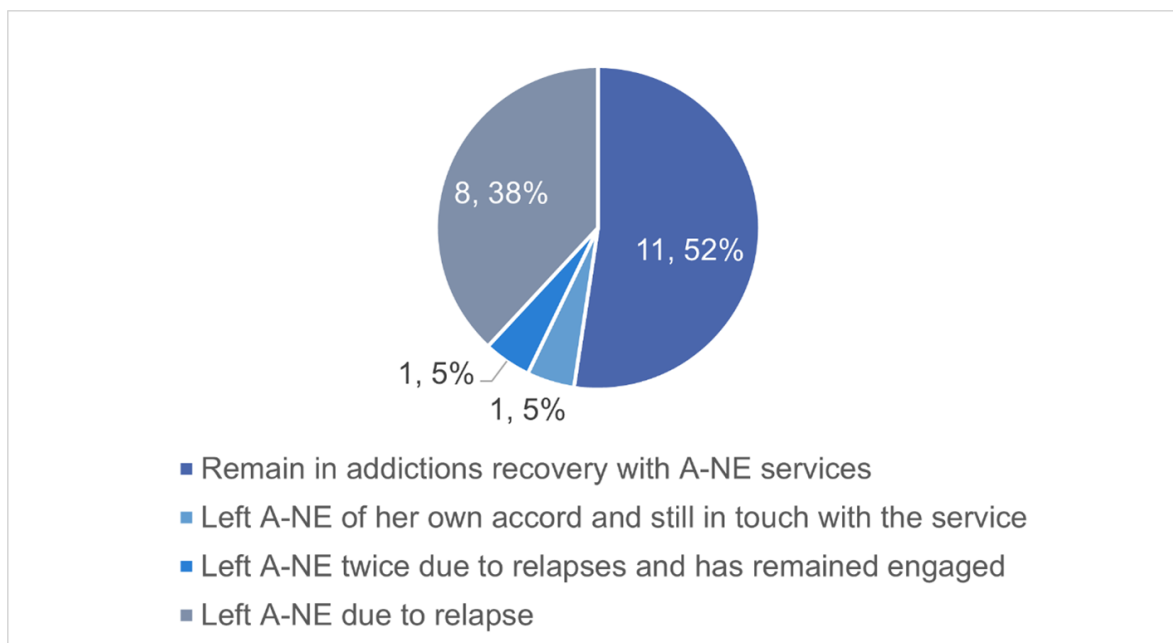


Figure 5: Number of women participating in Tina's Haven pilot project who remained in recovery at 27.9.23

An additional n=7 women, plus n=3 of the original cohort of women participated in an eight-week follow-on nature-based volunteering project (WiRE).⁷² At the end of March 2024:

- n=7 of the original Tina's Haven pilot project participants remain in addiction recovery supported by ANE. This represents 33% of the total of n=21 participants and 47% of those who actively participated.
- Of the n=28 women who participated in the Tina's Haven pilot and follow up WiRE project, n=12 (42%) remained out of active addiction. However, this actually represents 54% of the n=22 who actively participated across the Tina's Haven and WiRE projects.

4.2 The collective biography of birthmothers severed from their children by addiction.

The majority of project n=28 participants of Tina's Haven and WiRE (circa 70%, n=20) were birthmothers severed from their children by addiction.

n=7 (circa 33%) of birthmothers participating in the project talked to the evaluator in depth about their life-stories and the traumatic events that led to them being severed from their children. For n=6 of the women the severance was current; for n=1 her children are now adults.

The women's narratives included multiple adverse experiences, all n=7 women had been subjected to prolonged and systematic domestic and sexual violence from a family member and/ or an intimate partner, for four of the women this had been endemic in their lives since childhood. One of the women was an adopted child herself. n=3 women were struggling with grief over the loss of one or more family members.

"My addictions started when I was fifteen, after I was raped by a friend of a family member. I started with cannabis and alcohol and things just spiralled from there. I started to miss school so that I could get drunk. I was labelled as 'naughty' and had lots of issues. I went for counselling, and I did some painting there and I can just remember painting everything in dark colours because that was how I felt." (Interview A)

Without exception, all n=7 women's journeys into addiction involved experiencing violence and abuse from an intimate partner; often this was combined with struggling with early trauma, including childhood rape; and suffering bereavement of close family members.

"Alongside the trauma from my own childhood adoption and then the removal of my own child; I also struggle with traumas emanating from: a rape when I was fourteen years old; living through a domestic violence relationship with my child's father; sexual abuse from a male relative; the death of my father who had only recently come into my life and the very recent death of my older sister." (Interview C)

Inevitably, children's social care intervened into the lives of the women, sometimes by a voluntary arrangement or in response to a call for help from the woman herself. According to the women's narratives, violence and abuse from a male partner seemed to be a primary presenting reason for children being removed from their mothers. State support to treat birthmother's enduring trauma and/or support for them to access addiction recovery does not form part of any of the women's narrative biographies.

"It was at this point that the concealed pregnancy and continuing violence from my husband came to the attention of Social Services, and they began court proceedings to remove the children. I said goodbye to three of my children before they were 'opened up' for adoption, in a gloomy social service's contact centre." (Interview L)

According to the bibliographical narratives, interventions into the lives of women and children resulted in state collusion with male violence and abuse. In n=3 out of n=7 biographies, children's social care and/or the courts had placed children with perpetrating fathers.

"My four eldest children were placed in state care, and my youngest with the father. Even though he was abusive and himself in addiction, the father gained custody of the youngest child. Later, the father was imprisoned for six months for physical abuse to one of his children, then regained custody of his children, he knew how to play the system." (Interview F)

"My three younger children are on the Child Protection register. They are living with their father. Children's Services are in the process of arranging contact between me and the children, away from my husband's controlling influence." (Interview B)

The context to the following narrative is that the family courts initially ordered for the children to remain with their mother in the aftermath of prolific domestic violence. However, a year later when her addictions spiralled and she made a plea for help, it was not forthcoming. Instead, her children were immediately removed, and she was placed alone, and unsupported in an unsafe mixed-sex refuge house where she was subjected to exploitation. Later, this women's safety was compromised again when during court proceeding her whereabouts were disclosed to her violent ex-partner. Her narrative exemplifies how she, and indeed her children, are living with the consequences of the wider injustices and patriarchal bias that are shown to be inherent in child-care proceedings ([see Section 1.4](#)).

"My daughter witnessed the violence. She blames me and my addictions for being separated from her brothers, but she told the school she blames social services, 'how can my brothers be living with their dad, when he beat my mum up?'

Both me and my parents promised my daughter that she would not remain separated from her brothers, but we had to break that promise because of the actions of social services and the courts." (Interview A)

In the narrative biographies of participants in the Tina's Haven pilot project: the impacts upon women from VAWG, combined with the actions and decisions of children's social care and the family courts, leave women with severely limited and appalling life choices, as exemplified in the following birthmother's narrative.

"I had had an abortion when I had been raped by my ex, so I pleaded for a sterilisation when I was in my late twenties. I could not go through another pregnancy or another abortion that was a result of rape. The sterilisation went wrong, so I had to have my womb removed.

At the time it was what I wanted and needed to do. I made the right choice at the right time; but I regret it now. I cannot be a mum to all my children, and I cannot have any more children. Yet my ex, the male perpetrator has my children and can go on to have more children.” (Interview A)

In summary, the birthmothers’ narratives combine into a collective biography, telling of childhood and teenage trauma and abuse often leading their journeys into addiction; state intervention into their adult lives upon becoming pregnant and having children; and then state collusion with VAWG that the women have been subjected to throughout their lives.



Figure 6: "My story isn't over" - Tina's Haven Photography Exhibition, June/ July 2023

4.3 Findings from specific elements of the pilot project

4.3.1 Findings specific to the Arts & nature-based practice.

This section of the report documents findings specific to the Arts & nature-based sessions. The findings in this section are drawn from:

- Simple reflective/ qualitative participant evaluation form completed by the end of every nature-based session. 71 responses from a possible n=97 (73%)
- Qualitative interviews with project participants (30 to 90 minutes). n=11 women, a sample of 52% of the n=21 project participants, and 80% of the n=15 participants who actively participated in the project.
- Review of photos from the Tina's Haven Photography Exhibition, The Art Café (June - July 2023), including a conversation with one of the artist/practitioners (13.2.2024).
- Desk top review of press coverage of the Tina's Haven celebration and launch 28.1.2023, and photography exhibition, June 2023.
- Evaluation of Women in Recovery & Empowerment (WIRE) pilot project). n=10 ten women from ANE. n=7 new women and n=3 from the original project, (representing 43% of the n=7 women remaining in addiction recovery at ANE).

a) Participants in the Arts & nature-based sessions.

Table 7 documents all of the all of the nature-based activities that took place as part of the Tina's Haven pilot project.

Table 7: Documenting participants in all of the nature-based activities.

| Activities delivered | Dates/ venue | Participants |
|---|--|--|
| Four Initial 2.5 hour "Field of Hope" nature-based sessions involving sound work and photography. | October to December 2022, The Barn at Easington. | n=7 women participated in each session. |
| Celebration of the "Field of Hope" project and launch of Tina's Haven. | Saturday 28th January 2023, 11 am to 1 pm: "No More Nowt" Art Café (Peterlee). | n=4 women supported by n=7 practitioners show-cased their film and sound work and shared their experiences of the project with the public audience. There was n=47 participants at the event in total. |
| Production of a film of the Celebration of the "Field of Hope" project and launch of Tina's Haven (produced by Ellie Hare). ⁷³ | February/ March 2023. | Featuring n=4 women supported by n=7 practitioners. |
| Four x 2-hour women's volunteer sessions at The Barn at Easington, including re-wilding. | 20 th February to 20 th March 2023, The Barn at Easington. | A total of n=8 it participated in the four sessions. With n=4-5 women in each session. |
| Creative arts & craft session. | 6 th March 2023, The Barn at Easington. | n=5 women participated. |

| Activities delivered | Dates/ venue | Participants |
|---|--|---|
| Showing of a 20-minute film of the celebration & launch event on 28 th Jan 2023, produced by Ellie Hare. | 25th April, 10 am to 12 noon at The Barn at Easington. | n=6 women participated in the film viewing session. |
| Seven Nature based creative & therapeutic sessions | 29th March to 28th June 2023 at The Barn at Easington | <ul style="list-style-type: none"> - n=7 women – 29.3.23 - n=6 women – 12.4.23 - n=6 women – 3.5.23 - n=5 women – 17.5.23 - n=5 women – 10.5.23 - n=3 women – 6. 5.23 - n=6 women – 6.5.23 |
| Nature based overnight retreat, nature, relaxation, food, arts & crafts, music, & fire. | Over 2 days, 8 th & 9 th July at The Barn at Easington. | n=9 women participated. |
| Two x photography sessions for women from ANE only. | Tuesday 27th June 1 to 3 pm, “No More Nowt” Art Café (Peterlee). | n=4 women participated in each session. |
| Exhibition of photography from Tina’s Haven, including showing of film of launch event in January. | Thursday 29th June, 4pm to 6 pm, “No More Nowt” Art Café (Peterlee). The photography exhibition ran for three weeks | There was n=22 participants in the event. n=1 woman from “Tina’s Haven” talked publicly about her experiences as part of the Tina’s Haven project. |
| Arts and crafts session and filming of exhibition/ interviews with women by Tyne Tees TV. | Tuesday 11 th July, 10am to 1 pm, “No More Nowt” Art Café (Peterlee). | n=5 women participated. |
| End of project celebration event. | 27 th September 2023, 10 am to 1 pm at The Barn at Easington. | n=6 Tina’s Haven pilot project participants and 5 women new to ANE. |
| An eight-week follow-on “Women in Recovery & Empowerment” (WiRE) volunteering pilot project. ⁷⁴ | 4 th October to 22 nd November 2023, 10 am to 1 pm at The Barn at Easington. | n=10 women participated in the project. n=3 of these were existing women and n=7, new to the project. |
| Ending with a Christingle event. | 18 th December 2023. | Plus, n=2 female guests from NERAF (Sunderland). |
| A further n=5 nature-based sessions to keep continuity of contact with the women in addiction recovery. | February/ March 2024, 10am to 1.30pm at The Barn at Easington | n=18 women participated in these sessions, n=6 from the original cohort of n=28, and n=12 new women. |
| Ending with a “full-moon women’s circle” in collaboration with REFORM birthmother’s project. | 24 th March 2024, 11 am to 4 pm | 24 women in addiction/ practitioners/artists from WiRE, Tina’s Haven, REFORM, Free Women’s Group, ANE and the Recovering Justice Women’s Group. |

b) *Arts & nature-based sessions specific findings.*

Nine themes emerge from the evaluation of the Tina’s Haven pilot project relating to potential healing and recovery outcomes, as follows:

- i) Positive experiences of being in nature.
- ii) Improved well-being from being in nature.
- iii) Spiritual connection, therapeutic, and healing effects of being in nature.
- iv) Personal development outcomes.
- v) Positive experiences of female-only space.
- vi) Women’s self-empowerment outcomes.
- vii) Towards building a counter hegemony.
- viii) Organisational culture change.
- ix) Changes in organisational strategy and policy.

i) *Positive experiences of being in nature.*

There is a general theme running through the evaluation data that the women thoroughly enjoyed the nature-based sessions, and the activities involved such as forest-bathing, filming and natural art and crafts.

Figure 7 illustrates the word clouds from sessional evaluation forms from the nature-based creative sessions that took place from March to June 2023. These illustrate that the women enjoyed and loved the sessions; they found peace, calm, relaxation, and positivity in nature; and apart from their dreams of learning more about nature and staying clean, there was nothing that they wanted to leave behind other than negativity and addiction.

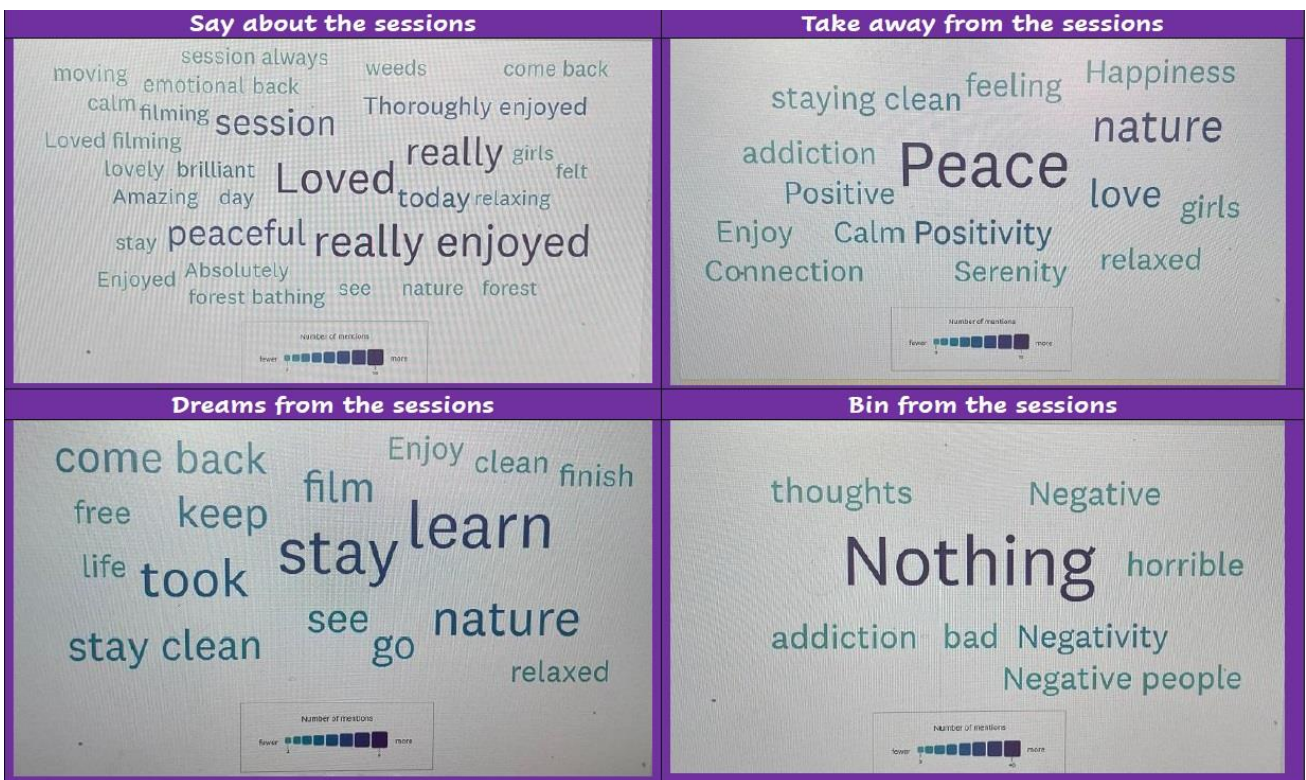


Figure 7: Word clouds from n=71 evaluation responses to nature-based creative sessions delivered from November 2022 to July 2023.

In qualitative interview, n=1 participant narrated that the nature-based sessions at The Barn were one of the best experiences that she has ever had.

“I have enjoyed coming out of my comfort zone at The Barn. Things like picking flowers, the photography is amazing., I loved making the clay pots, the filming. I have never done anything like that before. If you’d said to me, I would do this, I wouldn’t have believed it, but this is one of the best experiences I have ever had. I love getting my waterproofs on and getting out in nature. I loved the overnight stay at The Barn.” (Interview C)

The evaluation data from the women who participated in the n=8 pilot WIRE volunteering sessions (Nov – Oct 2023) again evidence consistently had high levels of enjoyment, with women used words such as “amazing” and “fantastic to describe the sessions, and there was also a significant emotional (but positive) element for them.

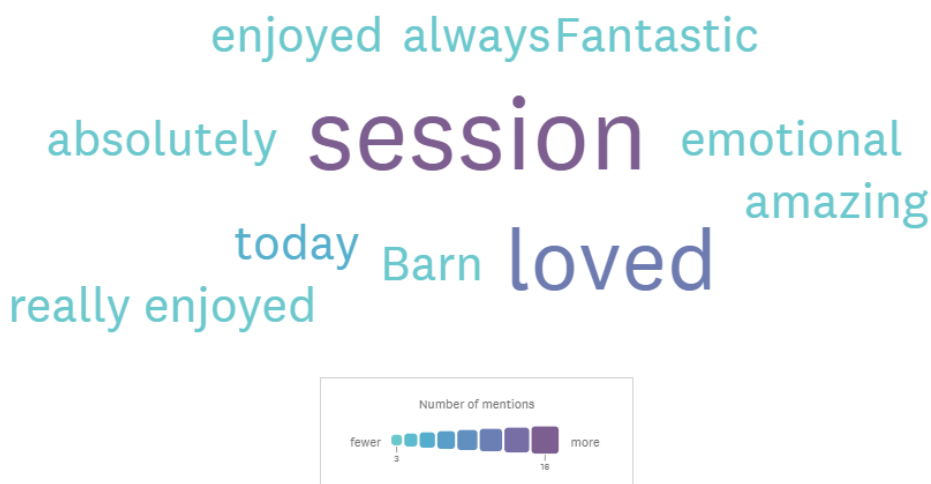


Figure 8: Word cloud illustrating combined narrative responses to "What do you want to say about the session?"

ii) Improved well-being from being in nature.

In the sessional evaluations from the nature-based creative and therapeutic aspects of the project, there is an overriding theme that women derived peace, nature, positivity and feeling relaxed and calm, and serenity.

“The Barn is the only place that I have found peace when my head was screaming at me. I could hear the flies buzzing. I never usually hear anything in the madness. I am usually obsessing about things.

It’s the only place I have felt really settled, there is no mobile phone signal. It gave me sanity. I haven’t found it in the house, I’ve not found it in ANE, in meetings or in myself. It could be that at The Barn, I am me in a natural habitat. I have found inner peace, my bit of serenity.” (Interview H)

Having time for yourself and finding peace with yourself

Figure 9: "Finding peace with yourself," Tina's Haven photography exhibition (June/ July 2023)

The evaluation evidenced that women derived improved well-being from the nature-based sessions; going from a place of being "broken", to "enjoying life more", "going away relaxed" and with a sense of "peace and calm."

"I was broken when I came here. I loved the photography, getting out in nature, appreciating the small things in life. Tina's Haven has made me enjoy life more, I used to think I would not like things being 'normal.'" (Interview C)

Improved well-being was evidenced from those in the harshest of circumstances, for one participant, the recent permanent removal of her four children.

"To see her come back from the session with a smile on her face and to see that is it not the end of her life is amazing." (Practitioner reflection in steering group, Dec 2022)

It is evident from different perspectives within the evaluation data that the women learnt things that could help them to cope better with every-day life, this included combining self-care techniques from 'The 12-Steps' programme, with meditation and relaxation learnt in the nature-based session and applying these to maintain their well-being.

"A sense of peace and calm when coming away from The Barn. If I feel sad or I am missing the bairn when I wake up on a Wednesday morning, I always come away from The Barn feeling positive, It's a different kind of "high", a good kind." (Interview J)

"I don't have time now to go to The Barn, but I still do meditation with candles and incense. I have been doing Aura cleansing. I do loads, it makes me feel good to sit and breathe. I think about Step Ten, what I can do to improve tomorrow, and I say the serenity prayer." (Interview B)

In the evaluation of the WiRE volunteering sessions, it is evident that there is consistency over time in the women deriving improved well-being from being in nature. Through the n=8 sessions that took place during October/November 2023, the weekly narrative reflections reflect elevated levels of peace, alongside a sense of "love" and "connection", "self-care", "self-love" and "peace", with dreams of being "content" and in "harmony."⁷⁵



Figure 10: Word cloud illustrating combined narrative responses to “What will you TAKE AWAY from the session?” (WiRE project evaluation (December 2023))

It is evident from the outset that that nature-based sessions provided rest and respite from being in a traditional recovery setting.

“Tina’s Haven takes you a bit away from the groups and the 12 Steps – it shows you other things in life, forest bathing, and photography.” (Interview J)

“It’s a break from recovery as it can be intense here most of the time. Having two hours feeling that I am not in a treatment centre was important too. [Being in a recovery setting] and the 12-Steps was all new to me. You feel like your life is on hold, the two hours at the barn gives a little bit of freedom.” (Interview C)

However, there is an emerging sense from the findings that once the women leave The Barn at Easington after the nature-based sessions; their sense of having their own space, being immersed in nature and feelings of peace and calm, very swiftly dissipate.

“We just got into our own space, collecting things on the beach, and we all needed that. But then you come back to an environment where its ‘all go.’ The calmness and everything we have had in the group just disappears.” (Interview I).

As a result of this learning, in the follow-on WiRE project, the session was extended over lunch time. How the lessons from the Tina’s Haven pilot project were put into action in the WiRE project, and the schedule and activities involved in eight pilot WIRE volunteering sessions (Nov – Oct 2023) are in [Appendix 3a](#) and [3b](#). In the 2-year nature-based project volunteering project that will commence in Spring/ Summer 2024 funded with £100K from National Lottery Community Fund, the sessions will be extended again to full-days.

I feel held by the ground, the strong arms of the trees, by the smell of the horses, and by each other

Figure 11: 'Held by the ground', Tina's Haven photography exhibition, June/July 2023

iii) *Spiritual connection, therapeutic, and healing effects of being in nature*

As the nature-based sessions developed over time, it is evident that well-being impacts for the women strengthened to feeling spiritually connected to the land and to each other, and experiencing being in nature as healing and therapeutic. The following selection of narrative responses from the WiRE volunteering (October/ November 2023); exemplify that as well as enjoying the wide range of activities in the volunteering sessions, the women found them therapeutic and derived a great deal of emotional support. There is evidence in the narrative comments that shows this was healing for the women and strengthened their recovery.

- ❖ *I absolutely loved this session today, so therapeutic.*
- ❖ *The session today provided me with peace and tranquillity, and those sessions are paramount in enabling my recovery.*
- ❖ *Today was very personal and healing.*
- ❖ *Was absolutely amazing. Really therapeutic and relaxing.*

As exemplified, in the following narrative, it is evident that the women found the longer nature-based sessions strengthening to their recovery.

"The affinity I have with The Barn at Easington is unbelievable, I find I have such a spiritual connection with this place, and it has been instrumental in my recovery journey. This place is so fantastic, and I feel that many people would benefit from what they have to offer. I love you very much." (Evaluation of WiRE volunteering sessions, December 2023) ⁷⁶

After the seventh WIRE volunteering session the women were asked to complete an online survey with three sets of six statements relating to three themes, including "healing and recovery". There was strong agreement across all categories relating to this theme and n=6 all corroborating that the sessions made a significant contribution to the women's healing and recovery. The only exception being a request for the sessions to be full days. The following are examples:

"I've loved every minute of it. It's helped my healing and recovery immensely. I've learned a lot and love the women there. It's compassionate loving and being able to connect with nature is so soothing I found it to be very therapeutic and have had huge amounts of love ♥️"

"The sessions have helped my recovery and mental health massively. It has also helped my confidence."

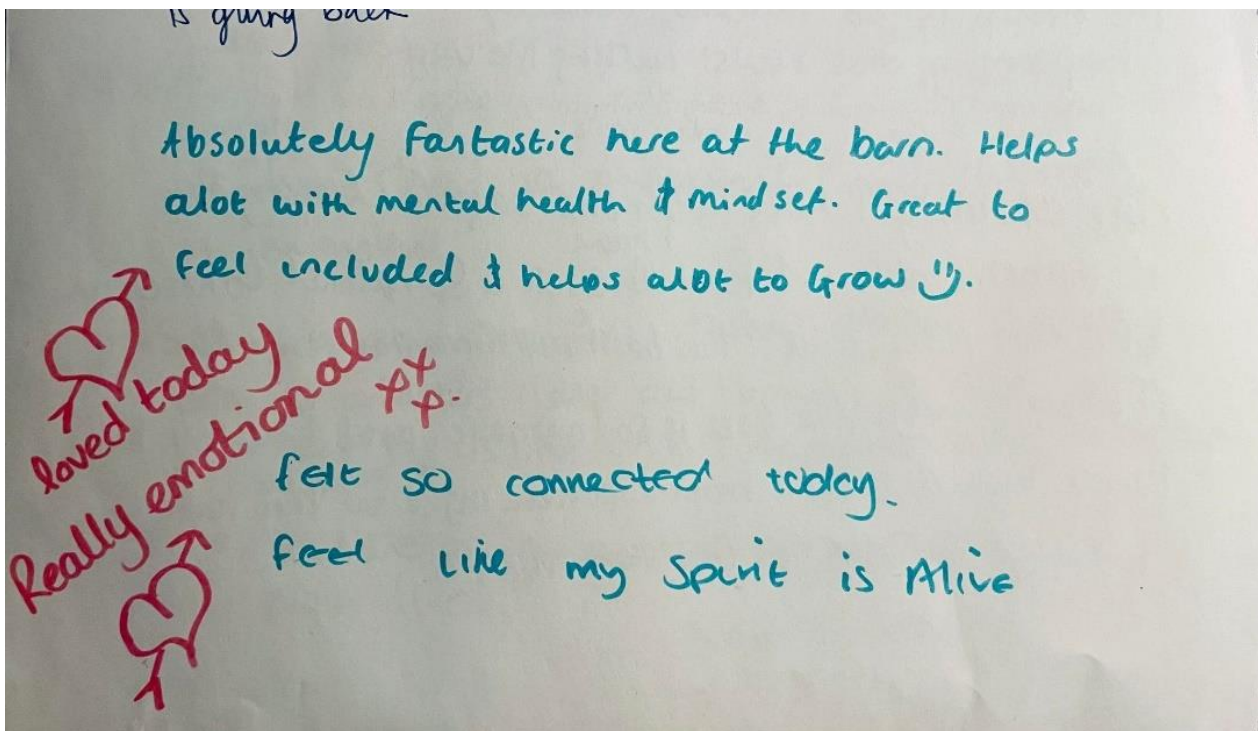


Figure 12: Journal evidence relating to the healing power of the WIRE volunteering sessions.

iv) *Personal development outcomes attributed to the nature-based sessions.*

The experience of trying out new activities such as filming and photography, is shown to have inspired the women's dreams and widened their horizons. From the evaluation of the volunteering sessions, it is evident that the enjoyment, peace, and calm was combined with feelings of accomplishment, achievement, and contentment.

"I loved doing the photography, when I saw my photographs, I thought "WOW, I cannot believe I actually took them." I've learnt about filmmaking. I would not have had the opportunity to do these things if it weren't for Tina's Haven." (Interview J)

"It must have been testing for the practitioners with giving us good equipment. Getting my hands on a good camera! - I really loved it." (Interview I)

The volunteering sessions inspired dreams of enjoying life, achieving freedom, peace, calm and relaxation, and finding space for reflection. The women's aspirations are combined with feelings of positivity and dreams of being free and clean from addiction, doing well and becoming a "better person", along with appreciation of being out in nature, learning about trees and planting, and women recognising the creativity within themselves. It is evident from the evaluation that the women wanted to continue the volunteering at The Barn and learn more about gardening and planting.

"I loved doing tree-planting. I am not used to getting dirty, but I wasn't using the gardening tools, I was using my hands, pulling the weeds out of the soil. It's nice to know we have been part of helping those trees to grow." (Interview J)

It is evident from the evaluation of the WiRE volunteering sessions that followed on from the pilot project that the activities stimulated positive childhood memories for the women. The practical activities, such as 'from garden to table' provided immediate outcomes for women and built their self-esteem.

"At The Barn, the women can see the immediate outcome from doing something, and this builds their self-esteem. The traditional activities trigger memories of childhood/ things they did with their mothers and grandmothers that are good memories to be reminded of." (Evaluation of WiRE volunteering sessions, December 2023)

In the end of the WiRE project online survey (December 2023), there strong agreement in relation to the theme of "self-development & empowerment", with an overall score of 2.9 and 3 = strong agreement. Following is an example of the narrative responses

"I feel empowered, more confident, and stronger. I've been enlightened by learning new things." (December 2023)⁷⁷

v) *Positive experiences of female-only space attributed to the nature-based sessions.*

It is evident that project participants appreciated the freedom and peace that flowed a female-only space; being away from males in the mixed settings; and sharing and building trust between each other. The following narratives are from participants who engaged in the nature-based sessions only.

"I like getting away from the men, having freedom as women." (Interview C)

"All the groups at ANE are mixed. It is nice that Tina's Haven is just the women. We are getting out of the mixed groups and being together as women. Just to lie there, being together with the women, getting together as one. (Interview J)

In the evaluation of the WiRE project there is strong universal agreement that the women value safe female-only spaces where they can “open up and share with each other,” “get vulnerable and honest,” and “feel loved and not judged.”⁷⁸ This is corroborated in the following narratives that accompanied an end of project online survey.

“For the women, it’s been a good place for them to open up and share with each other. We have dealt with some really emotional stuff, without it being in a mixed group.”
(Evaluation of WiRE volunteering sessions, December 2023)

“A safe space to get vulnerable and honest; also feel loved and not judged.” (Focus group participant, 22.11.23).

vi) *Women’s self-empowerment outcomes attributable to the nature-based sessions*

In the safe female-only spaces provided by the nature-based arts organisation, women were able to find unspoken ways to tell their stories.

“The women find unspoken ways of telling their stories. You can see this in the photographs that the women take, their sadness expressed in the subjects they chose; a line of feathers from a bird trapped on a fallen tree; a feather hanging on to a fine branch; the deep scars worn into the trunk of a tree.” (Practitioner F, reflections, December 2023)



Figure 13: Feather holding on, Tina’s Haven Photography Exhibition, The Art Café (June - July 2023).

The women's self-empowerment specific to the Arts & nature-based practice was wider than from the sessions themselves; also deriving from opportunities to speak publicly and about their experiences, such as at the launch and exhibition [28.1.2023], where women used photographs and sound recordings done in nature as props to narrate their individual and collective stories.

"My recovery would have taken a different turn if it had not been for Tina's Haven. The day that we went to the launch event, and I talked about my experiences in my life, I realised that other women are in a worse situation, but we all get the chance to benefit from the love and support." (Interview 1)

The following narrative is from an external agency practitioner who witnessed the women's journeys through participation in two public events that were five months apart, namely the Tina's Haven launch (January 2023) and the photography exhibition (June 2023).

"It's obvious as somebody relatively on the periphery that many of the women have been transformed as a result of having access to this support. This seems to be a combination of depth of understanding, and robustness of structure and time. Also offering them access to a space and a place that they might otherwise have been unable to.

Seeing the journey that the women were on. For one woman in particular who spoke at both the launch and the exhibition opening: seeing the impact of longer-term sustained access to nature and the depths of understanding. To be able to access a space they have not been to before and the impact of all of that on the women involved."
(External agency interview (1), July 2023)

These narratives are testimony to the transformation this external agency practitioner witnessed in the women. Her narrative attributes this to the access to support, and the robust structure that Tina's Haven project provided; along with the new spaces and opportunities it created.

vii) Towards building a counter hegemony (changing values, beliefs, and attitudes in society) from the Arts & nature-based practice.

During the Tina's Haven pilot project there was coverage in local press and regional TV News:

- ❖ Sunderland Echo front page coverage of the celebration and launch of the Tina's Haven project on 28th January 2023. ⁷⁹
- ❖ Tyne Tees TV News and online coverage of the Tina's Haven exhibition that was launched at "No More Nowt", Art Café in Peterlee on 29th June 2023, and ran for 3 weeks (13th June 2023). ⁸⁰

The coverage of Tina's Haven events in local press and regional TV are evidence of a counter narrative to a dominant stigmatising and shaming discourse relating to birthmothers severed from their children by addiction. The narrative reflections from both the January Celebration and Launch, and the Photography Exhibition in June, are evidence that safe public spaces can be created for birthmothers severed from their children by addiction to share their powerful and moving stories.

Evident the following public media coverage is counter narrative to the dominant popular discourse that stigmatised, and shames birthmothers severed from their children by trauma-based addiction (this is illustrated in Figures 14 to 16).



Figure 14: Women presenters at the Launch Event with the founder of Tina's Haven

“The development of addiction support services has been largely driven by concerns about crime and public safety, and subsequently shaped around the needs of men,” said Sue.

‘Women like Tina are highly vulnerable to risk and danger’

"Addiction services designed to respond to the broad and multifaceted needs of women are rare. As a result, women's unmet needs become entrenched and 'complex'.

“Women like Tina are highly vulnerable to risk and danger and their intensifying trauma is frequently misunderstood and untreated.”

“Many children are permanently severed from their birthmothers and families through closed adoption because of untreated trauma-based addiction, resulting in lifelong trauma and attachment difficulties,” said Sue.

“It is these circumstances that Tina’s Haven is seeking to transform.”

Figure 15: Coverage of the celebration and launch of the Tina’s Haven project (Sunderland Echo, 28.1.2023).

“Today I have got my kids back full-time and my life is amazing compared to what it was. And watching these women come in, some off the streets, some out of hostels, they’ve had nothing and been broken, it’s beautiful to watch them be able to grow in confidence, self esteem, worth, their own worth.”

Through the photography, arts and crafts, the women are able to improve their mental health, get structure in their lives, but it also allows them to face some of the traumas of the past.

Figure 16: Coverage of the Tina’s Haven exhibition at The Art Café, Peterlee (Tyne Tees TV, 13.6.2023).

The following are examples of narrative reflections upon the Celebration of the ‘Field of Hope’ project and launch of Tina’s Haven which took place on Saturday 28th January 2023. The narratives reflect that the event provided a haven for birthmothers severed from their children by addiction to share their powerful and moving stories in a mixed public space that felt safe for the women and was untypically devoid of judgement, blame and shame.

“I want to thank you for the invite to the event. I’d forgotten what being in a space with women felt like. It is ‘food’ for my heart and soul. A feeling like no other.

I feel grateful and privileged to have been part of the event. Listening to the women’s stories whilst they were held by the audience.... magical.

For the women to be present in that space, being open and share their pain, after the judgements, blame and shame; so empowering. “(Domestic Violence Practitioner, by email, 30.1.2023)

“Thank you so much for inviting me to the event. I too was blown away by the bravery of these women. I was deeply moved by their stories and just happy that the project has helped with their journey’s. Keep on fighting for this important work.” (Artist, by email 30.1.2023)

Similar reflections are captured in the narrative comments from the photography exhibition which also debuted a film that was made of the launch event (see Figures 17 and 18).⁸¹ These narratives also evidence the powerful and positively energetic potential of the women’s emotive stories and photographs upon a diverse audience.

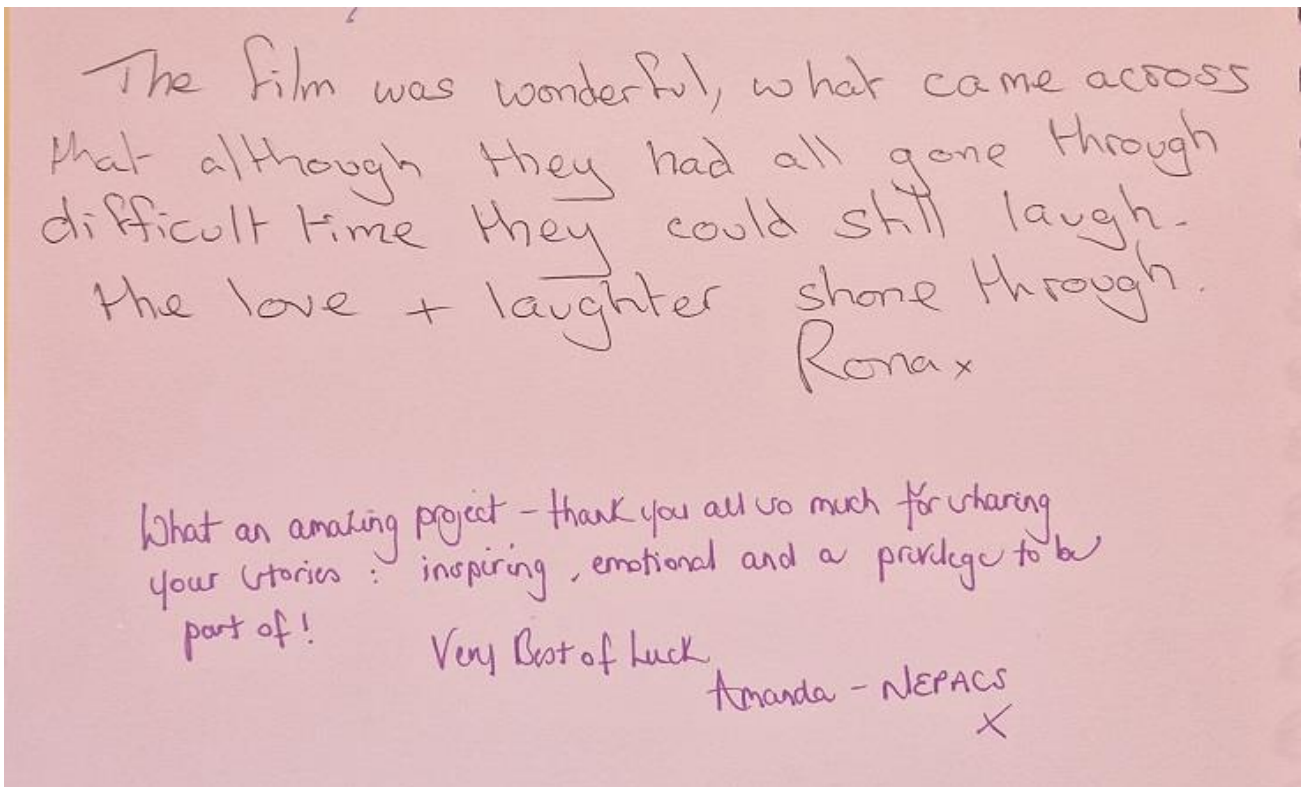


Figure 17: Narratives from visitor book: Tina's Haven Photography Exhibition Launch (29th June 2023:1)

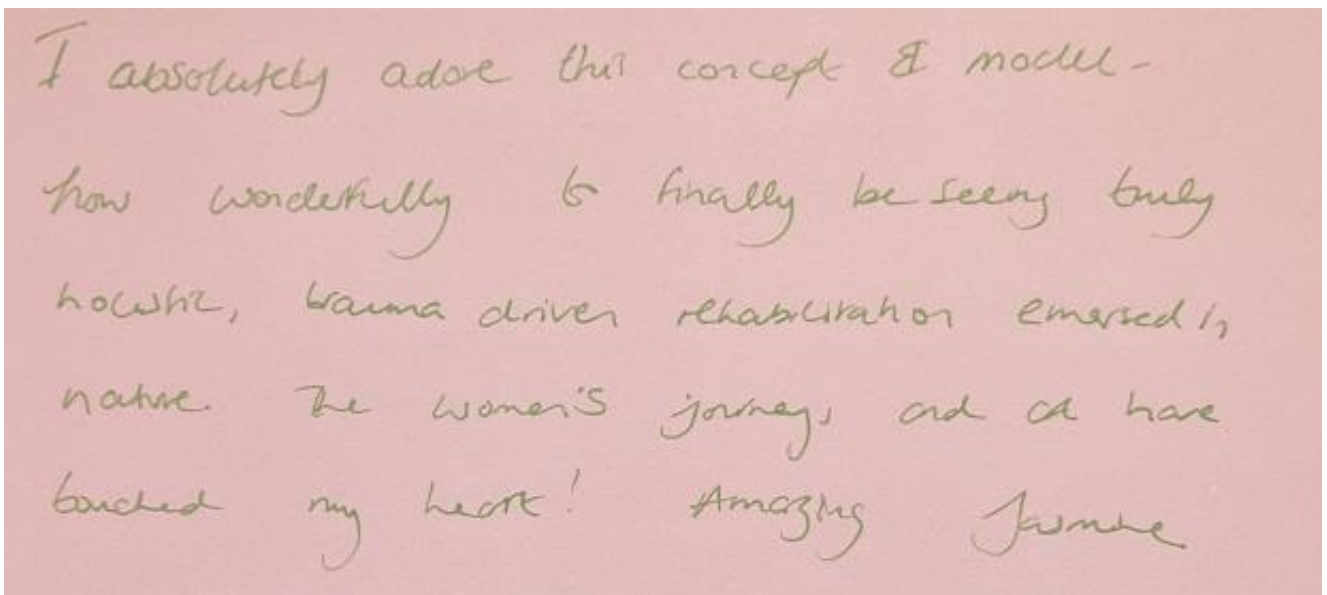


Figure 18: Narratives from visitor book: Tina's Haven Photography Exhibition Launch (29th June 2023:2)

The following narrative, about the profound impression that the photography exhibition had on Arts Council England, and their subsequent interest in funding an arts project to amplify the voice and influence of this otherwise marginalised group, is evidence of the future potential of the Tina's Haven model to contribute towards building a counter hegemony.

“The Arts Council England visited the exhibition and were really impressed. They commented how well this showed the cultural wellbeing side of things. And also engaging with individuals who might not ever engage with arts and culture in other contexts, to create powerful work that reflects both the regenerative power of nature and seasons, but also the fragility of the environment.” (External agency interview (1), July 2023)



Figure 19: Lanterns made by the WiRE in the follow-up to Tina’s Haven, supported by artist Jane Gower

viii) Organisational culture change emerging from the Arts & nature-based practice.

Within an arts and culture setting it is evident that the Tina’s Haven pilot project was the first time that effective collaboration between different organisations and sectors had been witnessed. This was considered incredibly important towards establishing safe spaces for arts and cultural practice with marginalised groups in East Durham.

“The important role that intersecting across sectors can make really powerful results. The reason the project worked was because everyone bought into it what they wanted to do and to a degree set aside their organisational egos. It felt supportive, rather than people fighting for their organisations to have the limelight.

It’s the first time we’ve seen this work as effectively in the context of a cultural setting. For the Barn and the artists involved that’s been really important in developing them as safe spaces and practitioners who can do this kind of work.” (External agency interview (1), July 2023)

ix) Changes in organisational strategy and policy from the Arts & nature-based practice.

The evaluation findings evidence that for the East Durham based arts & culture organisation, the Tina's Haven model has been pioneering, and has widened their horizons for the possibilities of partnering arts and cultural work with specialisms in nature, well-being and lived experience of recovery, trauma, and marginalisation. Whilst from a funders perspective the implications are costly, it is evident that Tina's Haven has contributed to making the case for such an investment.

"I think it's made us feel more able to support this kind of wellbeing activity. I think that point about the level of funding required is really important. Removing barriers for people in complicated circumstances and making something that is fully rounded, so not just the art or not just the therapy will be costly.

For me the drive to be led by those with lived experience is clear – whether that's Sue championing the experiences of Tina or the women who took part in the workshops."
(External agency interview (1), July 2023)

From an external agency perspective, in terms of changes in organisational practices; it is evident the Tina's Haven pilot project was at a far deeper level of well-being work for the arts & nature-based setting, than anything they had done in the past. Indeed, the pilot project is different and deeper to that any other local arts and culture organisations have done.

"I am not sure if The Barn have acknowledged these changes in their organisation's practices, but I have witnessed this. But this is a second layer in terms of the well-being work that they have done in the past. This is something different for arts and culture organisations and this is at a much deeper level than work than we have done with any other organisations." (External agency interview (1), July 2023)

x) Recognition of the potential social-economic value and efficacy of Tina's Haven model.

When the evaluator asked East Durham based arts & culture organisation, and the initial funder if there were changes that Tina's Haven should influence in relation to services and policies for mothers and children severed by addiction; her narrative response suggests that the project itself is influential just by its passionate, authentic, and honest presence.

"Tina's Haven comes from a place of passion. It is driven by lived experience, founded by a woman who has herself experienced tragic loss, and the women involved are shaping how it looks., it's really authentic and honest. You and the practitioners working on the project really care. That is hard to find, particularly in statutory services that are stretched and don't have time to care.

Just doing it! That is the way to get the message across to statutory services and policy makers.” (External agency interview (1), July 2023)

It has been moving and real

Figure 20: Moving and real, Tina’s Haven photography exhibition June/ July 2023

The following narrative from the same external organisation exemplifies that Tina’s Haven pilot project made a compelling case for the changes that are needed in services for marginalised women, including birthmothers severed from their children by addiction.

“I think the biggest challenge for this kind of work is breaking through the statutory services so that delivery can happen in a different way. The kind of change you want is going to take a long-time, but we know it’s worth fighting for.” (External agency interview (1), July 2023)

This commissioner of public funding considers that part of making a compelling case for the Tina’s Haven model; would be to do future work on social value.

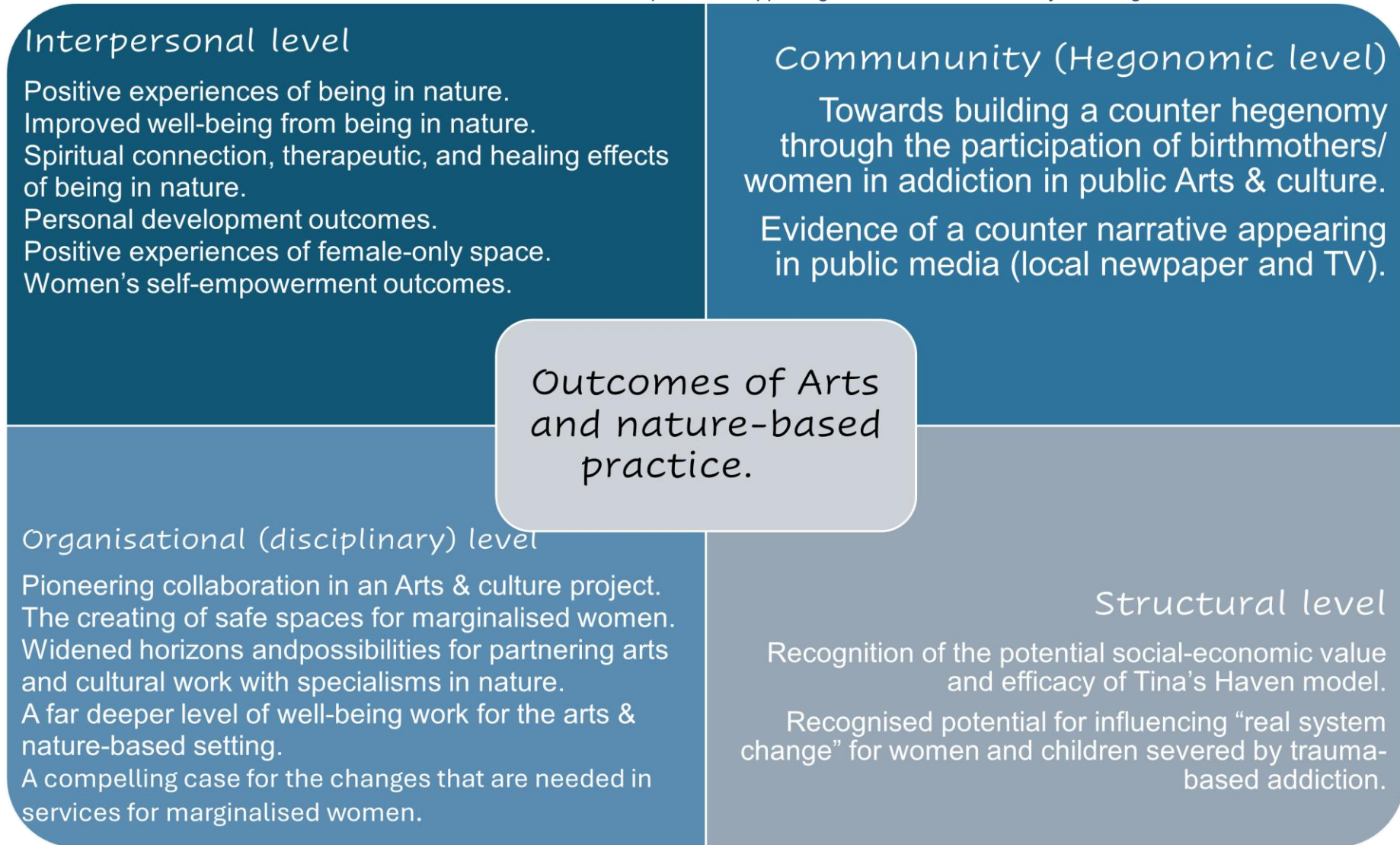
“Tina’s Haven needs to do some work on social value and social return on investment. What is the cost value on someone’s life? The cost of children going into care? Attempt to prove that you can stop that from happening. Suggesting ‘you have been doing it that way and it is not working, you need to make a different investment.’ Building in the social value makes sense.” (External agency interview (1), July 2023)

The following narrative provides something to consider in relation to the learning captured from this study, and who the findings need to be disseminated to in relation to influencing “real system change” for women and children severed by trauma-based addiction.

“I think one of the important things to consider is how you will grow this if you want real system change. The Barn is relatively small. So, where and who are the people and places who could do this in other areas? and what is the real learning that they as artists and practitioners can share?” (External agency interview (1), July 2023)

xi) Summary of outcomes specific to the Arts & nature-based sessions.

Table 8: Outcomes of Arts & nature-based practice mapped against Tina's Haven theory of change.



4.3.2 Findings specific to the OML programme delivered in a mixed-sex recovery setting

This section of the report documents the study findings specific to the OML course delivered in a mixed-sex recovery setting. The findings in this section are drawn from:

- Qualitative interviews with project participants (30 to 90 minutes) with n=5 course participants representing 50% of the n=10 course participants, and 71% of the n=7 who completed.
- In-depth semi structured interviews with n=2 facilitators of the “Own my Life” Course pilot at the mixed-sex recovery organisation. In-depth semi structured interview with the mixed-sex recovery organisation female staff team.
- Desktop review of a distinct evaluation of the 12-week OML course. n=7 women who completed the course, representing 70% of the n=10 who started it.
- Case study of ‘early help’ work in children’s social care in a local authority from TWLC.

a) Participants in the OML programme.

The number of participants involved in the OML programme in collaboration with ANE are documented in Table 9.

Table 9: Documenting participants in all of the OML programme activities delivered.

| Activities delivered | Dates/ venue | Participants |
|--|--|---|
| A 12-week” Own My Life” Course | 11 th January until 28 th April, from 10 to 3 pm, delivered at ANE | n=7 out of n=10 women who started the “the 12 week “Own my Life” course” completed it ³ <ul style="list-style-type: none"> - n=3 women of the women who completed the course were also involved in nature-based activities. - n=2 of the course participants went on to complete the 5-day OML ‘train-the-trainers’ course (included in figures below. |
| Own my Life ‘train-the-trainer’ course - provided by TWLC. | Delivered online over 5 days: <ul style="list-style-type: none"> - October 2022 - June 2023 - November 2023 - January 2024 | n=10 practitioners, including volunteers completed the OML ‘train-the-trainer’ course. <ul style="list-style-type: none"> - n=6 ANE female staff and volunteers - n=1 artist/ practitioner - n=3 external agency practitioners. |

³ n=2 of the n=7 OML course participants are ANE members of staff, and therefore not included in the numbers of women participating in the pilot project as they did not participate in other Tina’s Haven pilot project activities.

- ❖ All n=7 of the women who completed the “Own my Life” course remained in recovery supported by the mixed-sex recovery organisation at the end of the project event on 25.9.2022.
- ❖ n=2 of the women subsequently relapsed into active addiction and left the mixed-sex recovery service (one in late September and the other in early November). n=5 remain in recovery supported by A-NE at the end of March 2024, representing 71% or those who completed the course. This includes the n=2 staff members.

b) *Overview of women’s reactions to the OML course*

At the end of the OML course evaluation, the group were asked to complete the same simple participant feedback form that had been completed at the end of all the nature-based creative sessions, so that the women’s reactions to each Tina’s Haven project activity could be mapped.

The findings of the feedback forms begin to exemplify the transformational nature of the OML course. From the questions, ‘what do you want to SAY’, ‘what will you TAKE AWAY’, ‘what are your DREAMS’, and ‘what do you want to BIN.’ The following themes emerge:

- ❖ Women enjoyed the course.
- ❖ Women felt stronger and had more self-worth.
- ❖ Women felt loved and supported by each other.
- ❖ Women learnt what an abusive relationship was and began to set boundaries.
- ❖ Women want to use their new knowledge to support other women.
- ❖ Women want to let go of guilt and shame, and bad memories and thoughts about abuse.

Participants personal and collective investment in the OML course and their satisfaction with it are exemplified in the following narratives from course participants and a practitioner.

“I loved Own My Life, it was hard, but I had the support of the girls. [The trainer] is lovely, you wouldn’t want a better person to do it. I didn’t want the course to end!” (Interview A)

I loved every single Own My Life session and I felt so comfortable, ‘not like a ninnie.’ (Interview E)

“The women loved it, it has been amazing, more so when so much has been achieved in a matter of months.” (Practitioner B, June 2023)

c) *The OML programme specific findings.*

In the analysis of the specific evaluation data from the OML course, attributable outcomes are identified in the following eleven themes:

- i. Personal development outcomes.
- ii. Improving relationships and development of connections between women.
- iii. Positive experiences of female-only space.
- iv. Women's self-empowerment.
- v. The emergence of critical consciousness.
- vi. Paradigm changing (shifts in world views).
- vii. Changes in values, beliefs, and attitudes.
- viii. Changes in organisational practices.
- ix. Changes in organisational culture.
- x. Changes in organisational strategy and policy.
- xi. The potential of the OML programme to improve understanding of VAWG in statutory systems.

i) *Personal development outcomes attributable to the OML course*

As exemplified in the following narrative, personal development from the OML course initially derives from the women having opened themselves up in a safe group work setting, and there exploring the abuse and harm they have been subjected to in relationships.

"Own My Life was huge/ massive it brought me out of myself, and I went deep into things, deep into my rapes. It was in detail; it was me in every page of the book. It gave me ideas and inspiration to open myself up." (Interview B)

"It has made me grow into myself and put to rest some of the scars from the abuse I was subjected to." (OML Course feedback form)

"Doing the Own My Life course saved me when I was in a bad place, [The trainer] was so understanding. It was amazing, it honestly was." (Interview A)

The narratives evidence that once the women had spoken about what they have been subjected to, and it had been named as abuse, they then learnt about the pervasive and coercive nature of VAWG and situated what they had been subjected to within a wider societal framework, using the learning from the course and the OML journal.⁸²

"I wouldn't have been as open to look inside myself as much as I did without Own My Life. I haven't experienced domestic violence as physical violence, but I have experienced coercive control. Own My Life has given me education and personal growth, I got to know way more about my own behaviour in relationships. I look at the Own My Life Journal." (Interview E)

The following narrative is evidence, that once the women situated their own experiences of VAWG; they became more enquiring about what they had been subjected to, started to make sense of it, and valued the learning and wanted to know more.

"I came to understand 'traumatic attachments.' I asked [the trainer], 'why do I care what happens to him, why do I hope that he is okay, when he tried to strangle me?'. [The trainer] explained about traumatic attachments, she spoke to me about so much stuff that made loads of sense. I'd do the Own My Life course again, I loved it." (Interview A)

Having situated and naming their individual experiences within a wider societal framework of VAWG, the narratives evidence that then women began to change their own responses to abusive behaviour; to gain confidence, self-esteem, and control over their lives; and learn to put boundaries in their relationships to prevent further abuse towards themselves.

"I have stopped doing things that are not helpful to me. I feel proud of me owning my own life." (Interview E)

"I can be myself; it's brought me out of myself, out of my shell. I have boundaries which is what I need." (Interview G)

Table 10, on the following pages, illustrates the women's perceptions about different aspects of their lives, providing a baseline at the start of the course, and evidencing their progress and movement by the end of the course. Each question has been evaluated individually under the representative data chart to give context and representative cohort numbers. The end results are from n=7 women who completed the course.

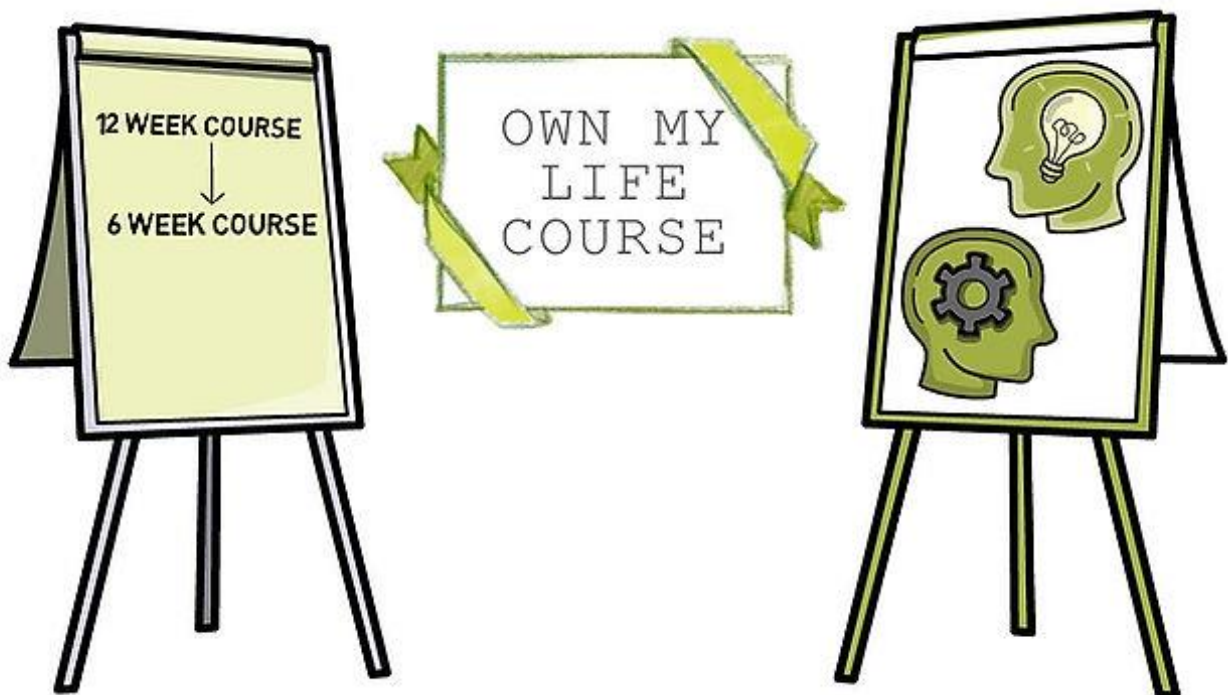


Figure 21: Own My Life Course graphic.

Table 10: Quantitative assessment of qualitative statements by n=7 participants who completed the OML course about regaining control over their own lives.

| Statement | Result at start of the course | Result at end of course | Narrative analysis |
|--|---|--|--|
| i) " I have family and/or friends that love and support me". | n=1 stated never n=4 stated sometimes n=2 stated mostly | n=2 stated sometimes n=4 stated mostly n=1 stated definitely | This statement reflects the challenges of managing family relationships and friendships during addiction, and how perceptions of difficult relationships can change when we better understand our lives The responses show a positive movement of n=1 of participants from 'never' to 'sometimes', and n=4 of participants answered 'definitely' at the end of the course, compared to only 29% at the start. |
| ii) "I feel like I am in control of my life and my future." | n=5 stated sometimes n=2 stated mostly | n=1 stated sometimes n=3 stated mostly n=3 stated definitely | Highly significant transformation is evidenced in women's perceptions of being in control of their lives at the end of the course. No women answered 'Definitely' at the start of the programme, with n=6 answering 'Mostly' or 'Definitely' at the end of the course. |
| iii) "I can make sense of my life." | n=4 stated sometimes n=3 stated mostly | n=1 states sometimes n=4 stated mostly n=2 stated definitely | Again, in relation to women being able to make sense of their lives; n=6 of women answered 'mostly' or 'definitely' at the end of the course, a significant positive movement. |
| iv) "Overall, I feel good about my life." | n=1 stated never | n=4 stated mostly | This question "I feel good about my life", also shows a significant positive trajectory; n=2 of women answered 'Definitely' to this question at the end of the course, with none selecting this answer at the start. |

| Statement | Result at start of the course | Result at end of course | Narrative analysis |
|---|--|--|---|
| | n=3 stated mostly n=3 stated sometimes | n=1 states sometimes n=2 stated definitely | In this question, there was positive movement from every woman; those who answered 'never' at the start of the programme all moved to 'Sometimes' in the end of course evaluation. |
| v) "I like and feel safe in my neighbourhood and/or community." | n=1 stated sometimes n=6 stated mostly | n=2 stated sometimes n=2 stated mostly n=3 stated definitely | In terms of perceptions about liking and feeling "safe in my neighbourhood and/or community", a significant number of women moved from 'Mostly' (n=6) to 'Definitely' (n=3) during the period of the course. |
| vi) "I am as healthy as I can be." | n=1 stated never n=3 stated sometimes n=2 stated mostly | 1 stated sometimes 3 stated mostly 3 stated definitely | At the start, over two-thirds of course participants, n=5, answered 'Never' or 'Sometimes' to the question "I am as healthy as I can be"; by the end of the course this had shifted to the same proportion answering 'Mostly' or 'Definitely'. |
| vii) "I know what domestic abuse is." | n=4 stated sometimes n=1 stated mostly n=2 stated definitely | n=1 stated mostly n=6 stated definitely | Some of the women spoke about participating in other programmes about domestic abuse; indicating that they had a good understanding of abuse at the start of the course, with n=3 women stating that they 'definitely' or 'mostly' knew what domestic abuse was. By the end of only n=1 woman answering 'mostly' and the others (n=6) 'definitely.' |

| Statement | Result at start of the course | Result at end of course | Narrative analysis |
|---|--|--|---|
| viii) "If I am a parent and am in contact with my children, I feel able to meet their needs." | n=2 stated definitely n=3 stated mostly n=2 stated never | n=6 stated definitely n=1 stated mostly | N=2 of the women perceived themselves as 'never' being able to meet their children's needs at the start of the course. The progress in women's perceptions of their ability to meet the needs of their children is remarkable; n=6 of the women responded 'Definitely' and a further n=1 is 'mostly' able to. |
| ix) "If I am a parent, I am confident that my children know that I love them." | n=6 stated definitely n=1 stated never | n=7 stated definitely | At the start of the course, n=1 woman perceived that her children 'never' knew that I loved them. By the end of the course, every single woman (n=7) was confident in their perception that their children 'definitely' knew that they loved them. |

ii) *Improving relationships and development of connections between women attributable to the OML course*

The following narratives are taken from the end of project evaluation with course participants and qualitative interviews.⁸³ Together, the comments exemplify the bonds of love and peer support that were developing among project participants.

- ❖ I found the course difficult at the start of each session, but the love and support from each person made me feel at ease.
- ❖ I have had an amazing time with the lasses.
- ❖ I have thoroughly enjoyed being part of this course with a lovely group of strong, wonderful women.
- ❖ Strength, love, and support from peers.

“Spending time with the group in the Own My Life Course made us closer.” (Interview B)



Figure 22: Participants reactions to "what words most accurately describe the Own My Life Group?"

iii) *Positive experiences of female-only space attributable to the OML course*

Within the safe spaces created by the OML course, it is evident that the women were able to open-up and unburden themselves about intimate abuse that they have been subjected to.

“I talked about a lot that I have never talked about, sexual abuse from a male relative. It was such a safe space, the more you talk about it, the more it doesn’t weigh you down.” (Interview E)

The narratives of practitioners involved in piloting the OML course in a mixed-sex recovery organisation are testimony toward creating “forgiving spaces” where women are not judged by professionals in the way to which they were accustomed.

“The women needed to get into a forgiving space, away from the judgement of external agencies.” (Practitioner D, June 2023)

The women on the OML course could see that the practitioners believed in them and did not see them as victims, but as warriors with dreams and goals.

“There was a huge level of safety for the women. It gave the women space to be able to be brave.” (Practitioner D, June 2023)

“It was me in the book [the Own My Life journal], sitting with the girls, with the women. I’d never done it before, ‘sisterhood’ I needed it!” (Interview E)

iv) *Women's self-empowerment outcomes attributable to the OML course*

OML course participants narratives evidence that the women began to look at themselves as women; they gained independence and strength; and learnt that they are important, and to love themselves.

“With the Own My Life course we looked at ourselves as women, not just a statistic.” (Interview E)

“Own My Life was empowering, it built independence for myself, and it built the women’s self-esteem. It made me stronger as a woman.” (Interview K)

The following narrative is from a practitioner in the OML evaluation, it evidences that through thinking about their relationship with men, and the meaning of empowerment; the women started to have more self-respect, including respect for their own bodies.

“Through OML the women began to think about sex, relationships with men, and women’s empowerment differently. They started to have more respect for their own bodies.” (Practitioner B, June 2023)

v) *The emergence of critical consciousness attributable to the OML course*

Evidence of ‘critical incidents’ occurring in these liminal spaces to disrupt states of naïve consciousness are exemplified as “shocks”, “triggering”, “pivotal”, “upsetting but good;” and as “lightbulb moments”. These are evident in the narratives of both participants and practitioners in relation to the OML course.

“I was signposted to Own My Life and it put a lot of stuff to peace and to rest for me and although it was triggering, it made me realise that the way I had been treated was not right.” (Interview I)

"It shocks you into thought. Own My Life, is learning about me, about my relationships, the past, 'learning how to be a woman.' (Interview B)

"Its powerful, the material is very "close to the bone", the course involves self-searching, and there are lots of "lightbulb" moments. It is upsetting, but good." (Practitioner B, June 2023)

What emerges as critical in the women's narratives is that breaking naïve consciousness is not just about self-development and empowerment; for those who have "normalised" even the severest of violence, it is potentially a question of life and death.

"The content and accepting what has happened to them. One of the women had experienced repeated strangulation. It the most common cause of DV femicide, yet she had minimised this. Realising this was painful, but positive for her." (Practitioner B, June 2023)

"It made me realise that I have normalised violence. The point that was pivotal for me was that from being strangled – the next point is murder." (Interview I)

It is evident from triangulating the evaluation findings, that through the OML course women could "open-heartedly" share their experiences in a 'forgiving space', without judgement. We know from the women's biographies and narratives, and from the literature that this is not what they were accustomed to in their dealings with children's social care and in care proceedings. As evidenced from this practitioner's narrative from the OML evaluation, women's resistance to VAWG, can be misconstrued by agencies as them being a perpetrator.⁸⁴

"We are often hesitant to discuss resistance to abuse, and practitioners from statutory agencies might use the term 'situational couple violence' to describe what is happening, but this is to distinctly misunderstand the realities of women's lives when they have an abusive partner." (Practitioner D, June 2023)

The evaluation narratives evidence that women on the OML course were released from blame, able to stop punishing themselves and instead forgive themselves.

"The women are openhearted with the content. They are used to social workers holding them to account for things that have happened. The women are able to look at themselves without punishing themselves." (Practitioner B, June 2023)

"The women realised that they are not to blame. This was a huge thing for them, through all the abuse and addiction, it was a release for them acknowledging that they are not to blame." (Practitioner B, reflections, July 2023)

Also evident from the evaluation is that on the OML course women who had believed themselves to be perpetrators; had instead been acting in resistance to the abuse they were subjected to.

*“One of the women had identified as a perpetrator. She said she was jealous, picked arguments, etc. Then through the OML course, she realised that her behaviour was in response to his harm. She was able to reflect upon what had pushed her to that point. She stopped punishing herself, was able to forgive herself, because she had the space to do this.”
(Practitioner D, June 2023)*

As noted in the evaluation of the OML course, “resistance takes many forms and helps women to survive.”⁸⁵ In the quoted narrative (above) about the woman who once falsely believed herself to be a perpetrator, it is noted that “this resistance gave her the element of control”.⁸⁶ As also noted in the evaluation of the OML course:

“Understanding resistance is key to enabling women to remove barriers to their social and political freedom and rights and show how it helped them to survive the abuse they have been subjected to.”⁸⁷

It is further evident that by gaining insights into their shared subjective experiences, the participants in the OML course, came to realise the systematic nature of VAWG, and begin to understand their everyday experiences in relation to structures of inequality and oppression.

“When you hear other women’s stories, you think ‘fucking hell I would never have thought that’... you get yourself through it and start to understand in your head...By asking the woman ‘why didn’t you leave?’ is putting it all on to the woman.” (Interview A)

“It also teaches how the system works against women. Personally, I had three amazing social workers and a good experience in court, but I realise now that experience is not shared by all women. I have seen how some women can get the wrong social worker. I have seen it from another perspective, it’s been an eye opener.” (Interview K)

What is striking, is that from project participants realisations and understandings followed inner strength and tenacity, not just in relation to the abuse they were subjected to in the domestic sphere; but in their ongoing struggles against oppression and discrimination in the public sphere, including in relation to care proceedings in the family court. It is apparent from the women’s narratives that the learning from the OML course will stay with them; providing personal and collective resources for them to survive the abuse they have been subjected to and to regain ownership of their lives.

“Social services need a good ‘kick up the backside’. They have got it so wrong at so many levels. You go on about the trauma that I caused my children, but what about the trauma that you have caused? You threw my children into the fire and let them burn.” (Interview A)

“I stayed on Own My Life because ‘I was being a bitch’. Step four and five of the 12 Steps programme was a growth in itself, I got rid of all my shit, but I still had the courts, so I thought ‘I am going to prove my husband wrong and find my strength within.’ If he starts, I am going to say, ‘bugger you, fuck you I am going to do it.’ I still have it there today the learning from the Own My Life Course.” (Interview B)

What is highly significant in the latter narratives, Interview A, and Interview B in particular; is that through the OML course, the women’s resistance has shifted and expanded from their struggles in the private-domestic sphere to their ongoing struggles in the public sphere. Or as Collins would term it, “the structural domain”, that “organises oppression through a network of interconnected social institutions that regulate citizen’s rights” (2000: p227-228).

vi) *Paradigm changing (shifts in world views) attributable to the OML course*

How ‘paradigm shifts’ are conceived in this study.

For Kuhn (1962) paradigm shifts are most likely to surface from the margins of disciplines, or subaltern (marginalised) position in the social order.⁸⁸⁸⁹ Claiming that the irreducible element in all feminist analysis is its focus upon the distinctive experience of women, feminists in the social sciences argue that the resistance to their work parallels what Kuhn would have perceived as the “tendencies of scientists to ignore anomalies and maintain received theories for as long as possible” (in McCarl Neilsen 1990: p21).

It is evident that piloting the OML course in a mixed-sex recovery organisation shifted understanding of VAWG from a perpetrator to a survivor’s perspective; and awakening a more critically questioning approach. The OML course created a ‘liminal space’ where bilateral solidarity could be nurtured; and for practitioners involved in course, there is the evidence of heightened criticality and reflexivity.

The narrative from a participant on the OML course evidence that it shifted their understanding of VAWG, from attempting to understand it from a male perpetrators’ perspective, as had been the angle with other training undertaken; to questioning the problem from the perspective of the woman, including why VAWG happens.

“I have done the [domestic violence training], but Own my Life was nothing like it because it is more about the woman and how we deal with domestic and sexual violence and what help we can get as a woman in these situations. The Own my Life course ‘flips it over’, –it makes you question; how did this happen to women?

It opened my eyes to perpetrators and to issues of control. Hearing about rape was hard hitting, what can happen to women for real. I struggled at first with that aspect, thinking about it.” (Interview K, July 2023)

Another practitioner who co-delivered the OML course, corroborates that the course resulted in the awakening of a deeper understanding of VAWG and its impact upon both women and children.

“Staff who did the Own My Life course grew from it. It involved them having “light bulb moments”. One of the staff missed part of the course and joined late. They had thought that they knew a lot about domestic violence, but from the doing the course realised about the impact of it, and the impact upon their children.” (Practitioner B, in evaluation, June 2023)

Evident in the narrative of the practitioner who co-delivered the OML course are ‘profound and deep’ connections with the women,’ which has come from their understanding of the divisive impact of patriarchy upon women’s relationships and has led them to value and derive benefit from female-only space.

“Women recognising female-only space is positive. Women usually request a male worker because they feel they can manipulate them. There is an exposure about being with women. Assumptions like ‘women are bitchy’ etc. The women have come to learn that this comes from patriarchy. Women learn that being in a ‘sisterhood space’ is about not being held responsible, they can make profound and deep connections with each other.” (Practitioner B, June 2023)

Although the intention was for steering group members to gain insights into the practice disciplines of each partner involved in the Tina’s Haven pilot; due to difficulties pinning down mutually agreeable dates the OML training was not delivered until the end of the project. The training having been designed for a half-day, had to be condensed into around ninety minutes. Remarkably, evident in the following narrative, is a deeper understanding of patriarchal theories that has resulted the in development of interpersonal strategies to overcome male dominance.

The OML steering group training albeit short, was shown to untangle the complexity of patriarchal theories so that deep understanding could be achieved that resulted in the development of interpersonal strategies to overcome male dominance.

“It was a great session, and I was really impressed by the level of detail and the way complex ideas and theories were simple and clearly defined. It really made me think about how I deal with male dominance. The training enabled me to devise new strategies that put me in the driving seat.” (Practitioner E, July 2023)

v) Changes in values, beliefs, and attitudes attributable to the OML course (counter hegemony).

In terms of the contribution of the Tina's Haven pilot project towards building a counter hegemony (changing values, beliefs, and attitudes in society), the evaluation findings evidence that the OML programme is influencing and reframing the language practitioners use with marginalised women, which in turn potentially increases self-worth by influencing the way their inner voice speaks to their self. There is further evidence from one practitioner that their brief encounters with the OML programme have provided insights into how behaviours are influenced by patriarchal systems. Both practitioners have committed to expanding feminist learning, through completing OML train-the-trainers course.⁹⁰

What is remarkable about the following narrative is that this external agency practitioner knowledge of the OML course was from conversations with her friends and colleagues in the recovery community who had completed the 'train-the-trainers' course. What she has taken from those conversations and a group work session with the OML Development Lead, is that reframing the language that we use with marginalised women, potentially increases self-worth by influencing the way their inner voice speaks to their self.

"The 'Freedom' course is outdated. The language of OML is empowering. It creates a different dialogue. I used to call myself a 'prostitute', but then I worked with an agency that said, you've been involved in "survival sex". Just that little shift in the language made all the difference to me, it quietened my inner critic.

When I heard one of the women say, 'I am an addict', I said to her, say 'I am a mother today'. It is about changing the dialogue in the words we speak to ourselves." (External agency interview (2), July 2023)

The significance of the following narrative is that immediately prior to the OML training, in an online reflections exercise, this steering group member did not record any feminist learning from the pilot project. However, in her final reflections after 25th July 2023, the evidence of insights into how her behaviours are influenced by patriarchal systems were informed entirely from the short OML training.

"I have learnt loads about myself in relation to feminist theory and how the way I operated prior to this project was influence by male hierarchical systems." (Practitioner E, July 2023)

At the time of writing both practitioners' whose narratives are cited in this section of the evaluation have now completed the 'train the trainers' OML course which is evidence of their potential to contribute towards building a counter hegemony.

vii) *Changes in organisational practices attributable to the OML Course*

There is compelling evidence that piloting the OML programme within a mixed-sex recovery organisation brought about changes in organisational practices. The following end of project reflections evidence that women are now a more central focus of the female staff:

"I listen to the women more and tend to be more empathic. I'm spending more time with the women. It made me more determined to focus upon the women in recovery; to give them the space that they need and the training that they deserve. As a manager, I have been sat behind a desk, now I am getting to know the women more. I am getting to know them personally, rather than just "a client." (Practitioner B, reflections, July 2023)

From the evaluation of the OML course there is further evidence of the female staff centring their focus upon the women in recovery, responding to them with more empathy, and being more trauma-responsive.

"In their work role, the women staff doing OML started to have more empathy towards other females. They became more trauma-responsive, assuming something has happened to the women, without being told about it." (Own My Life Evaluation, August 2023)

In the following narrative it is evident from another practitioner that because the mixed-sex recovery organisation provided a safe space for piloting the delivery of the OML course, she experienced a professional transformation by being able to position her own self at the centre of her practice.

"I have been able to be more vulnerable with the women from ANE, both with staff and women using the service, as they provided a place of safety and understanding 'we are all broken women here, come and join us for joy, love, and sadness'. This has been transformational in recognising how to bring my whole self to the work I do." (Practitioner D, reflections, July 2023)

x) *Changes in organisational culture attributable to the OML course.*

It is evident that staff in the mixed-sex recovery organisation are more aware of issues of gender and power, both within the organisation and in wider society. Female staff would now be more likely to put a case forward for a woman to have a recovery space, even if the waiting list for males was longer.

"The women staff have more understanding about this since doing OML and would be more likely to present the case for women having a place, even when there is a longer waiting list of men." (Practitioner B, June 2023)

In the mixed-sex recovery organisation, the ratio of those in supported accommodation accessing recovery services is 70% males: 30% females.⁹¹ The organisation was established in 2009, and until 2020, only provided services for men. Two years ago, there were three females; the intention was to double in two years, now there are thirty-three.⁹²

This culture change has also involved women “standing their ground” in the organisation, “standing up to the men” and ‘asserting their needs.’

“The OML course is proving to be transformational in an organisation that is traditionally male led and was originally for men only. The men are not used to this, at first, I thought the men were being difficult deliberately, but then I realised it wasn’t. The women staff are starting to stand their ground more in the organisation.” (OML evaluation, August 2022)⁹³

“Previously, the men did not take the women’s work seriously, the men are getting used to the women asserting their needs. It’s previously been men at the forefront and women in the background, this is the default position. Men in the organisation are realising the transformational nature of OML. Its uncomfortable for them, at first, but they will get over it!” (Practitioner interview, June 2023)

Whilst these cultural changes are in early days in the mixed-sex recovery organisation; there is confidence that the transformational nature of the OML programme upon the culture in the organisation can be sustained. Particularly now that is now a firm commitment to embed the OML programme for women in the mixed-sex recovery organisation, from early 2024.

xi) Changes in organisational strategy and policy attributable to the OML course

From the evaluation of the OML course there is evidence that a more focussed, empathic, and trauma-responsive approach to women in the mixed-recovery organisation has resulted into a more vigorous process of assessment and an ethical approach that extends to women who don’t meet their admissions criteria.

“Women’s staff have changed in their approach to assessment. They know now that it is important to get women in, and questioning where women can go otherwise if they don’t meet the admission criteria.” (Own My Life Evaluation, August 2023)

The following changes in strategy and policy are also evident in the mixed-sex recovery organisation:

- ❖ Changes in the consent forms for ‘service users’, which includes consent to do a “Claire’s Law” if deemed necessary.
- ❖ n=4 female staff and n=2 volunteers trained as OML trainers.
- ❖ Separate male and female group sessions.
- ❖ Plans to run the OML course with women at a minimum of twice a year.

- ❖ The number of females supported accommodation beds continues to grow.⁹⁴
- ❖ A suite of three female-only rooms in the mixed-sex recovery organisation.

As an outcome of piloting the OML programme in a mixed-sex recovery organisation, the charity that provides governance for the programme is now exploring what it would mean to adapt their procedures in relation to the OML “Expectations of Sisterhood” to mixed sex recovery services.⁹⁵

“This has given the governance charity of the Own My Life course, the opportunity to reflect on the realities of facilitating the course in a mixed-sex service. This will result in some changes to the Expectations of Sisterhood to account for service delivery in a mixed sex organisation.”
(OML Evaluation, August 2023)⁹⁶

At the nature-based arts organisation the lead artist-practitioner has done the OML ‘training the trainers’ course in support of plans to expand their work around women’s growth and development; and has signed up for the OML employability course.

“We are looking at accessing the Own My Life training to embed feminist principles in all that we do.” (Steering group member reflections, July 2023)

xii) The potential of the OML programme to improve understanding of VAWG in statutory systems.

Tina’s Haven pilot project made connections with a Women’s Group ran by a County-wide Police Constabulary, in a partnership with the County Agency Against Crime. Subsequently, upon the recommendation of the mixed sex-recovery organisation, the Women’s Group support worker signed up to the OML “train the trainer” course, which she completed in January 2024.

“I know what staff at [the mixed-sex recovery organisation] have got from doing Tina’s Haven stuff. The staff there loved doing the Own My Life train the trainers course and now they can pass it on to others. They strongly suggested that I should do it.” (External agency interview (2), July 2023)

Significantly, the OML ‘train-the-trainers’ place was funded by the Police and Crime Commissioner. The OML Course began delivery with The Women’s Group in February 2024.

At another level, as an outcome of the OML course being embedded in the mixed-sex recovery organisation, a children’s social care worker noted the women’s personal development.

“Our organisation had a visit from a social worker who had noticed that the women were doing better.” (Practitioner B, June 2023)

From one of the women's perspectives, she believes the OML course was instrumental in regaining custody of her daughter when the odds were against her.

"In terms of getting my daughter back with me, in social services eyes because I was doing a course about DV I was doing the right things, trying to improve myself and to learn 'why do I pick these men'. It earned me a few 'Brownie points' when I had about 15 against me." (Interview A)

As a result of piloting the OML programme in a mixed-sex recovery setting, TWLC (the governance agency for the OML Course), are in the process of approaching local authorities to help them to replicate forward thinking work in 'early help' and children's social care that is being undertaken by a local authority elsewhere in England (see Table 11).

"I'd like OML to be able to train more children's social care workers across the North East, both social workers and early help workers. One of the things we know at The Women's Liberation Collective is that the OML training is transformational for women's practice even if they don't go on to deliver the OML course to groups.

We're in the process of approaching local authorities to help them replicate what one forward thinking authority in another area has undertaken" (Development Lead, TWLC, September 2023)

Table 11: Model of 'early help' work in children's social care in a local authority provided by TWLC

One local authority made a strategic decision to upskill all its Social Workers and Early Help workers by having them attend the Own My Life training. Not all of them go on to facilitate groups with women who have been subjected to abuse. Some of them offer the course to women they're working with, on a one-to-one basis and some of them just use the knowledge they've gained from the training to improve how they respond to women who have been subjected to abuse.

The benefits for this local authority have been significant. It's not only the transformational content of the OML training itself, but the exposure to a mixed multidisciplinary training group from across the UK and Ireland.

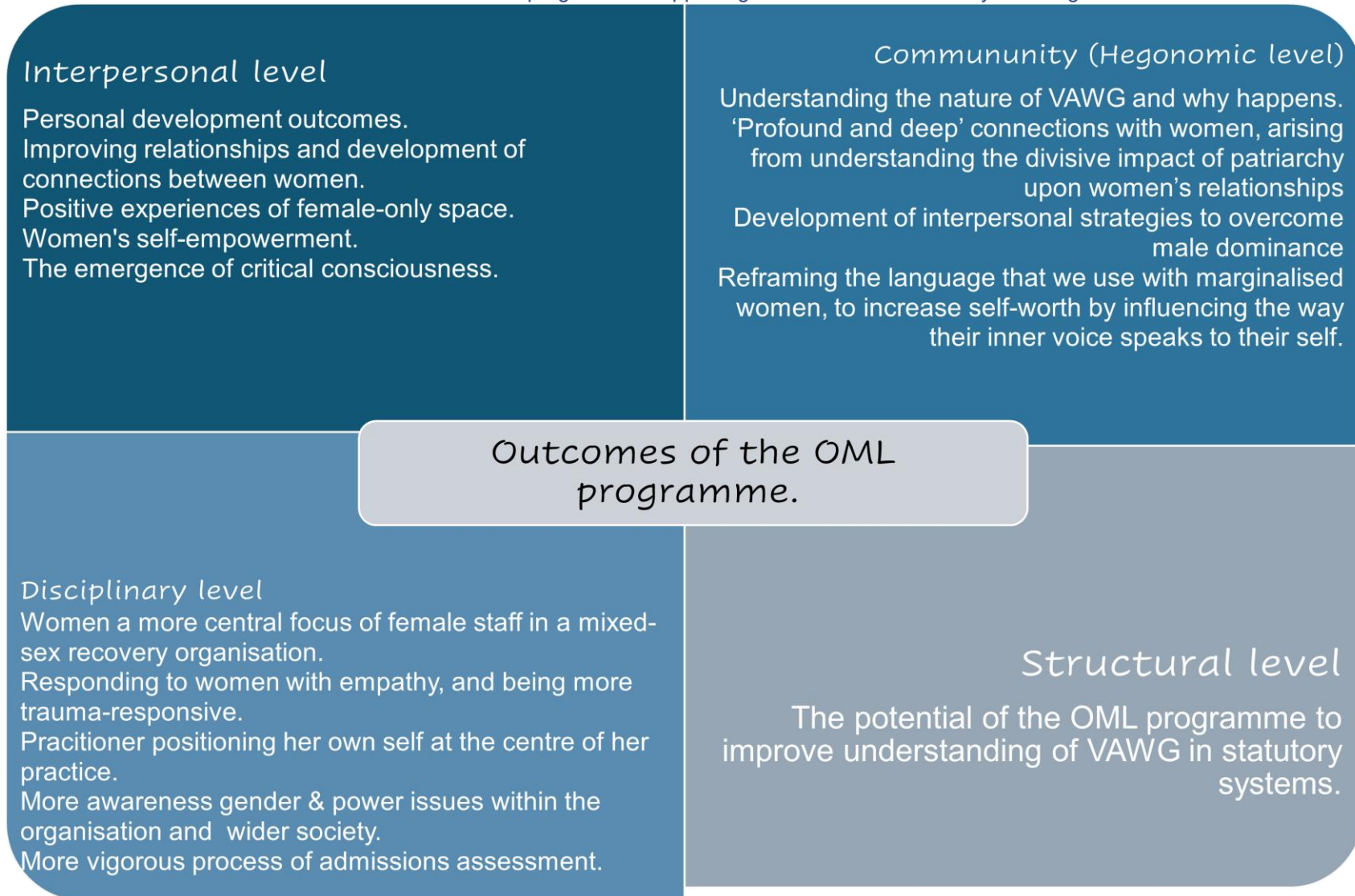
Being immersed in the content, alongside the critical engagement of their and others' locations (children's social care and other statutory organisations, voluntary and third sector organisations, wide geographical and different demographic areas) provides practitioners with the skills and abilities to reflect on how they, and their organisations, respond to women who have been subjected to abuse.

This local authority continues to book staff members onto the training on an annual basis as new staff join their services, ensuring that the OML methodology and theory of change is embedded into all areas of their services on an ongoing basis.

The model of 'early help' work in a local authority in this brief case-study from TWLC could potentially address the issues and challenges involved in engendering trust from birthmothers. Evidence presented in the Tina's Haven study suggests that this requires a fusion of trauma-responsive and emancipatory practices, situated within a critical analysis of the pervasive, gendered, and structural nature of VAWG.

xiii) Summary of outcomes specific to Own my Life programme.

Table 12: Outcomes OML programme mapped against Tina's Haven theory of change.



4.3.3 Findings relating to the combining of practice disciplines in the holistic Tina's Haven project.

This section reports upon findings relating to the combining of practice disciplines in the holistic project, which cannot be attributed to one single element of the project. The findings in this section are drawn from:

- Qualitative interviews with project participants (30 to 90 minutes). n=11 women, a sample of 52% of the n=21 project participants, and 80% of the n=15 participant who actively participated in the project.
- Practitioners and artists reflections on the four initial nature-based creative sessions ("The Field of Hope" project) n=6 (100%) of steering group members.
- Collective, graphic group evaluation at the end of each nature based creative session facilitated by the lead artist - Involving all participants in every nature-based session.
- In-depth semi structured interview with n=2 facilitators of the "Own my Life" Course pilot at the mixed-sex recovery organisation.
- Semi-structured in-depth interviews with n=3 practitioners from external agencies.
- Baseline, interim and end of project participant self-assessment of feelings and supports using a Likert Scale n=11 of n=15 women (73%) who stayed with the project completed the assessment. Of the n=21 who started the project this represents just over half (51%).
- Participants focus group to present findings from the evaluation shape the recommendations. n=3 pilot project participants representing 30% of the n=10 active participants who remained involved with the project. n=5 women new to the mixed-sex recovery organisation.
- Evaluation of "The Big Brunch" learning and dissemination event on 17.2.24, n=39 end of event evaluation forms completed from n=71 participants (55%).

In the analysis of the qualitative data, four distinctive themes emerged in relation to outcomes at an interpersonal level, as follows:

- a) Improving relationships and developing connections between women.
- b) Positive experiences of female-only space.
- c) Women's self-empowerment outcomes.
- d) Creating the conditions for solidarity building between female practitioners and participants.
- e) Creating a counter hegemony by disseminating the learning from the Tina's Haven pilot project.

These form the sub-headings for this sub-section.

a) *Improving relationships and developing connections between women.*

In accordance with the requirements for "Awards for All Funding" outcomes, in April 2023, the women were asked to complete a baseline form to find out about project participant's confidence and how connected and supported they felt, comparing scores as the start, and the end of the project.⁹⁷ The women were asked to consider a set of statements and say how far they agreed or disagreed with the statements on a scale, with 0 being "strongly disagree" and 5 being "strongly agree."

n=11 women completed the exercise, representing 73% of the n=15 women in recovery who participated in the Tina's Haven project over a significant period (51% of the n=21 total). The scores are illustrated in the following table and chart.

Table 13: Reported levels of agreement to quantitative statements from project participants about confidence and feeling connected and supported.

| Statement | Start of Project | Midway | End | Difference from start to interim |
|--|------------------|--------|-----|----------------------------------|
| I am not stressed at all | 1.5 | 4.2 | 5 | 3.5 |
| I feel well supported | 1.9 | 4.7 | 4.8 | 2.9 |
| I am confident about my strengths | 0.7 | 3.9 | 4.3 | 3.6 |
| I feel secure in my relationships with friends | 0.8 | 3.9 | 4.3 | 3.5 |
| I feel secure in my relationships with my family | 1 | 3.8 | 4.3 | 3.3 |
| I feel secure in my relationships with support workers | 1.1 | 4.3 | 4.5 | 3.4 |
| I feel connected to a community of friends for ongoing support | 0.9 | 4.3 | 4.5 | 3.6 |
| I feel connected to a community of support workers | 1 | 4.3 | 4.5 | 3.5 |
| Overall score | 1.1 | 4.2 | 4.5 | 3.4 |

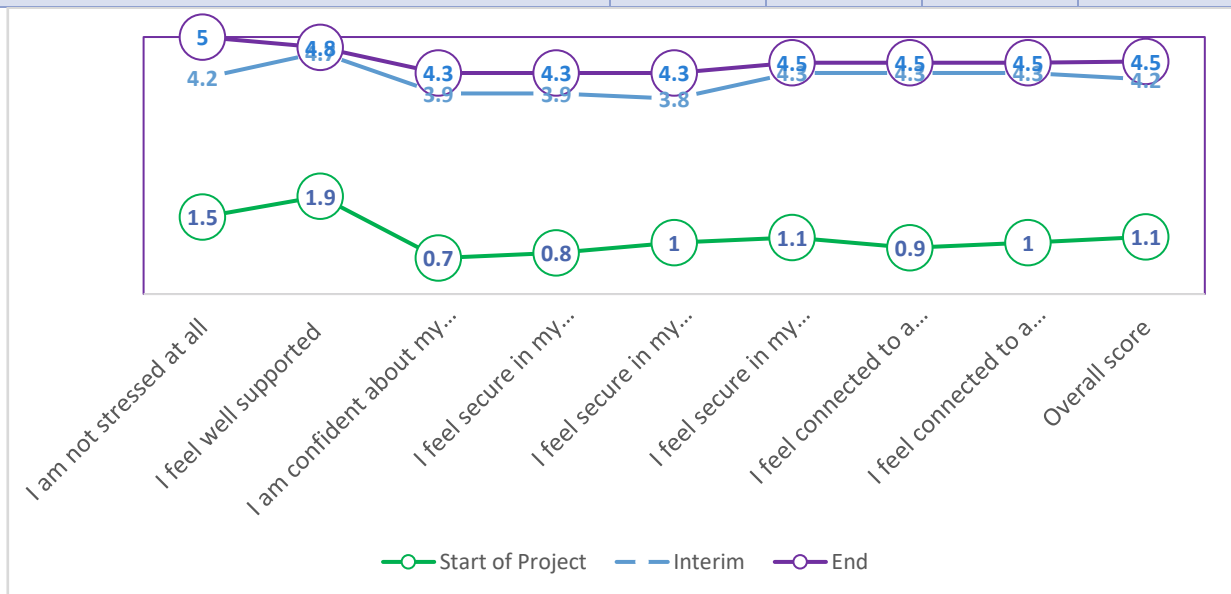


Figure 23: Reported levels of agreement from women about how connected and supported they feel.

Table 13 and Figure 23 (above) illustrate that the women were generally stressed at the start of the project and did not feel well supported or connected to friends, family, or support workers at the start of the Tina's Haven pilot project. This changed significantly by the midway stage (April) and more-so by July when the women reported high levels of agreement that they felt well supported and connected to friends, family, or support workers.

Two specific aspects are identified within the outcome of improving relationships and developing connections between women:

- ❖ Transforming the status quo in male and female relationships in a mixed setting.
- ❖ The impact upon women's relationships outside of Tina's Haven project.

The following is a selection of narratives from n=1 women who participated in the OML course and the nature-based sessions, and n=3 women who participated in the nature-based sessions only. They evidence that the outcomes of improving relationships and developing connections between women cuts holistically across the Tina's Haven pilot project.

"We are practically all family, its lovely. Making connections, that is what it is all about." (Interview G, Barn only)

"I benefited from the relationship with the 'girls,' in that connection with them, to have more understanding." (Interview I, Barn and OML)

"Tina's Haven has improved my relationship with the other girls who are in recovery." (Interview J, Barn only)

"A smile on my face and bonded massively with the girls, lovely to chat with my group...Togetherness." (Feedback form volunteering session, 20.3.2023)

The challenges developing connections and relationships, relate to the women overcoming shyness; also rooted in their past experiences of female relationships as being unsupportive.

"Coming 'out of my shell', Connecting with the other girls and the staff, talking and being here. This has been both positive and challenging because I am shy." (Interview D)

"I have never had a woman in my life who hasn't wronged me. The difference here is that the women are working on themselves, their resentment, their sexual conduct, women who have done [the 12 steps], working within the practice principles, strong women, helping other women." (Interview H)

Connecting and not being scared to connect

Figure 24: “Brave Hearts”, Tina’s Haven Photography exhibition, June/ July 2023

The trend of women having previously gravitated towards males was corroborated by a practitioner, who attributed the transformational impact upon the status quo of female and male relationships within a mixed addiction recovery setting to the Tina’s Haven project.

“It’s previously been men at the forefront [on ANE] and women in the background, this is the default position. The ratio is generally 70% males: 30% females with the women wanting to be around the men.

Seeing the women connect with each other. Going from a position of not liking themselves and looking for male attention. Something deeply connected is happening between the women, cheering each other on. Truly connected through their experiences, more than just a connection through addiction.” (Practitioner B, June 2023)

The evaluation narratives evidence that women have moved from a position of having low self-esteem and seeking male attention, towards having meaningful connections with each other, and gaining strength from each other.

In one example, despite being subjected to male violence and control since her teenage years, the woman had not experienced positive female relationships until she became involved in the Tina’s Haven pilot project. Although this participant had to leave the mixed-sex recovery organisation, she remained connected to the project and this outcome extended into her wider relationships with women. She was more able to open-up and get closer to a friend outside of the project.

“It’s helped with my relationships. For example, with the friend I am living with now, I’ve always been like a mum to her, but it has brought us closer. I can interact with her more. I used to be guarded, it has helped me to be able to talk, to open-up.” (Participant who left the July 2023)⁴

⁴ Interview code removed to further anonymise.

Later, in a narrative reflection, she related the strength of her commitment to recovery partly to the support of a small circle of friends. Remarkably this is something she had not experienced in the past. She attributed these outcomes to Tina's Haven project, and to the relationships modelled with practitioners there.

"I haven't once thought about picking up and using. Instead, I spoke to my friends and family, went for a walk, had a good long cry. Done anything but use. I am so proud of myself as I could have quite easily. Once upon a time I wouldn't even have thought about it, I would have just done it.

The difference now is that I don't want to. I have a beautiful life, a beautiful family, and a beautiful small circle of amazing friends. Something I have never had, thanks to [the founder] and [the lead artistic practitioner] and Tina's Haven." (September 2023)

b) *Positive experiences of female-only space.*

The following characteristics emerge as inherent in the female-only spaces created by the Tina's Haven pilot project:

- ❖ Freedom and peace away from men, to build trust between women.
- ❖ Safe spaces where women can unburden themselves about the violence and abuse that they have been subjected to.
- ❖ Engendering shared understanding and a sense of feminist concepts such as "sisterhood" and "women power."
- ❖ Creating "forgiving spaces" where women learn that they are not to blame for the abuse they've be subjected to.
- ❖ Perceiving women as warriors with dreams and goals and providing safe spaces where they can practice being brave.

The practice of generating Positive experiences of female-only space in the Tina's Haven pilot project is shown to have contested women's past experiences of female relationships which were generally unsupportive.

"It's to know that while you are coming off drugs, you have the support of other women. I haven't had anything to do with women previously, just men. For want of a better word, I have always experienced women as 'bitchy'. It's nice to be with other women." (Interview F)

Whilst the OML course is designed to challenge these norms and patterns in women's relationships, as emanating from patriarchy; even in the early participant reflections about the initial nature-based sessions, it is evident that the beginnings of having positive experiences of female-only space were planted.

"Talking to women more and building trust. Having time for yourself and finding peace with yourself." (Participant in collective reflection, December 2022)

Time to be with other women, share what you wouldn't share with men

Figure 25: Sharing what you wouldn't share with men, Tina's Haven Photography Exhibition June/ July 2023

This is validated by an external practitioner as being vital for women in addiction recovery settings.

"Trust in women is a difficulty for women in addiction. Being in a group together. Doing positive affirmation work in a safe space with no males gives women the opportunity for women to talk about their vulnerabilities honestly."
(External agency interview (2), July 2023)

It is evident from the practitioner narratives that shared understandings that flowed from opening-up and sharing experiences, led to a sense of "sisterhood" and "women-power" among the women. The women became motivated to self-organise their own female-only activities outside of the Tina's Haven project.

"Women who come to ANE usually like being with the males. Since they have been doing the OML course and going to The Barn as a women-only group; the women have started meeting each other for a coffee and arranging to do things 'off their own back' 'without the staff having to arrange it.'
(Practitioner B, June 2023)

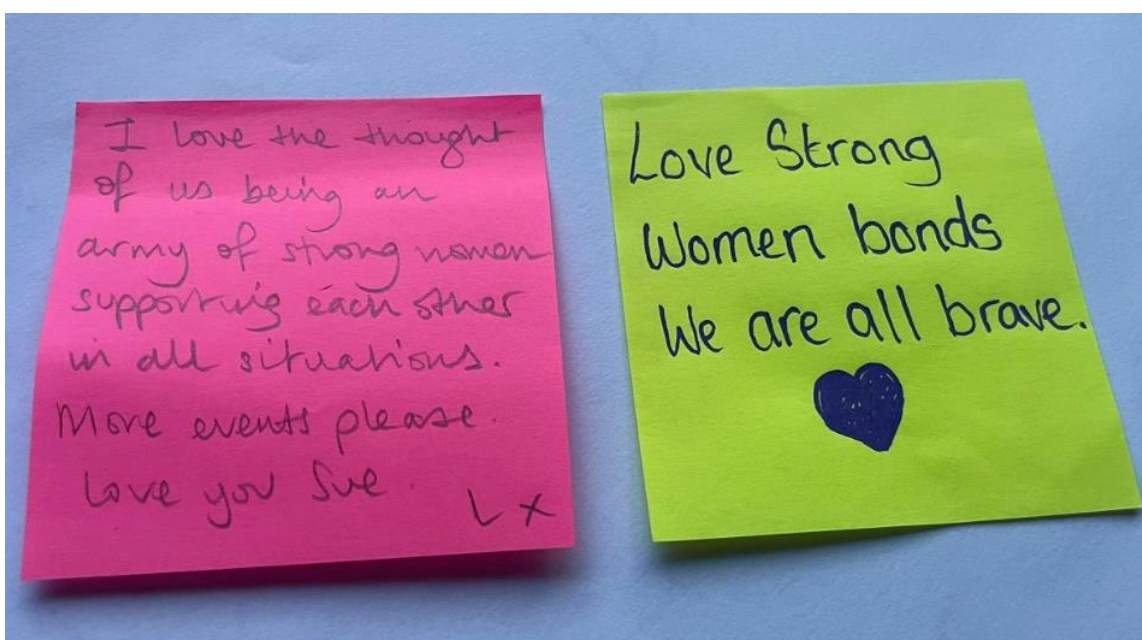


Figure 26: Reflective comments from women participants focus group (13.9.2023).

c) *Women's self-empowerment outcomes.*

From the evaluation narratives, women's self-empowerment outcomes are evident in the following two areas:

- ❖ Women becoming strong and independent, confident, and learning to love and respect themselves.
- ❖ Women having voice; and learning to speak out against injustice, including with long-term partners and with external agencies.

In her end of project reflections, this steering group member, to illustrate how far the Tina's Haven participants have come, draws upon the example of one of the women who has grown in confidence and self-esteem to a point where she is able to take a supportive leadership role within the project.

"You cannot put into words the change; the truth is that a lot of the women come into ANE a mess. Now we have one woman in particular who is taking the lead, confident, she likes herself. If there is a need for support, I don't hesitate to contact her. (Practitioner B, reflections, July 2023)

Whilst acknowledging that the women "have their struggles", the narrative of this practitioner in her end of project reflections is evidence that the Tina's Haven pilot project has brought about changes in the women are perceived as priceless.

"The women have their struggles, but there is change happening, you cannot put a price on that." (Practitioner B, reflections, July 2023)

The evaluation narratives evidence that the OML course and the wider Tina's Haven pilot project gave the women voice to communicate their needs and their rights.

"Realising that we matter. I deserve to be loved. I have a voice. I am important. I wouldn't have known how to communicate this without Tina's Haven." (Interview E)

The findings from project participants are corroborated by the narrative of an external agency practitioner who works closely with some of the participants of the Tina's Haven pilot project. The following narratives, both from the same practitioner, evidence that from participating in the project, women are able to be themselves, to find their voice and begin to speak out about the injustices faced in their lives. In the given example, this participant had not participated in the OML course, just the nature-based sessions.

"I have witnessed one of the women involved in Tina's Haven in particular, to be able to hear her own voice; she has been advocated for, empowered just to be who she is. I have seen the work that has been done over in Easington.

Letting women know that they have voice. I lost my voice in addiction. When you are vulnerable, you accept what you are told by treatment agencies. Tina's Haven is empowering women to say, 'I have a voice, this is not right, it is not fair.' (External agency interview (2), July 2023)

The example of women speaking out in the above narrative is with drug-treatment agencies (commissioned by the statutory sector). In the following example, a women participant is narrating how she was able to communicate and establish boundaries in her relationship with a long-term partner.

"The impact is that I am more able to communicate how I am feeling. To be able to say, 'hang on stop!' I was able to do this with my long-term partner, he got a shock when I said what I did to him, and stated what my boundaries were in the relationship." (Interview E)

It is evident from these testimonies from a steering group member/ practitioner, and from an external practitioner that the women participating in the Tina's Haven project are seen to have come a long way in a short space of time.

d) *Creating the conditions for solidarity building between female practitioners and participants.*

It is evident that the holistic experience of the Tina's Haven pilot project was life changing at both a personal and professional level, particularly in relation to building relationships between women that transcended traditional professional boundaries. Several themes emerge from the evaluation data in relation to creating the conditions for bilateral solidarity to develop, as follows:

- ❖ Women realising that they are genuinely supported and cared for, and not alone.
- ❖ Non-judgemental practitioners, building a sense of trust, self-worth and belonging.
- ❖ Trust and friendships formed with practitioners, nurturing alternative outlooks, and strengthening women's recovery.
- ❖ Closeness and love bonds developing between women participants and practitioners
- ❖ Creating spaces and opportunities for women to make mutual identifications based upon sex.

The women's narratives reflect that through the Tina's Haven pilot project, participants realised that they were not alone; and although all the workers had different and unique approaches to practice, the women's sensed we all cared, and it was "not just a job" to us.

"All the workers have different approaches – everything is different and unique. You all give us different advice. You all want the best for us, you all care, it is not just a job to you all." (Interview C)

The following participant narrative expresses that until the Tina's Have project, she has not experienced close supportive female relationships in her life.

“All the women practitioners involved in Tina’s Haven are beautiful souls. My mum was awful to me and all the women in my family were hard, my grandmas were we ‘just get on with it’ women. I have never had that support before.”
(Interview E)

The following narrative exemplifies the situation that many Tina’s Haven participants were in when they came into addiction recovery; let down in services by “both women and men”, and were feeling “abandoned”, “broken” and with “no confidence” or “self-worth.”

“I was untrusting full stop due to the things I have been through with both women and men in services. I was rock-bottom. I felt abandoned. I had no confidence, no self-worth, I was broken and shy, and not forthcoming.” (Interview I)

However, it is evident from the participants narratives that “without exception”, they perceived the practitioners involved in Tina’s Haven as “non-judgemental” which was a “huge” thing for the women (Interview A). A non-judgemental approach across the project is shown to have built trust from the women, increased their sense of belonging and self-worth.

“The way you make us feel, bringing us together, peacefulness, overcoming anxiety and our emotions coming back three-fold. A sense of belonging, all of you make us feel part of something. Giving up your time for us, making us feel worthy.” (Interview J)

I didn’t know any other women, when I saw there was no judgement, I began to trust

Figure 27: Beginning to trust, Tina’s Haven Photography exhibition, June/ July 2023

There is a sense from the narratives that being perceived through the eyes of non-judgemental practitioners, offering friendship, and showing trust in very practical ways, such as giving women access to good cameras; encouraged the women to look at their own lives from an alternative perspective.

“The friendships with all of you. You are all so lovely, what you do for us. You don’t judge us. You know that we have made mistakes, but you have given us another outlook on how life should be.” (Interview C)

From another angle, the context for the following narrative, was a tendency for women in recovery to gravitate towards male support workers, because they believed that they could manipulate them. This tendency is also evident in the OML evaluation, along with evidence that through the delivery of the course that “women are recognising that female-only space is positive”⁹⁸ Moreover, it is apparent from this practitioner narrative (also a woman in recovery), that the openness and honesty inherent in female relationships is strengthening for women in recovery.

“Women see-through women, and you are not able to manipulate. Stronger women see straight through you. The stronger the women, the stronger I will be.” (Practitioner A, in collective reflection, December 2022)

From both participants and practitioners’ narratives, it is evident that from Tina’s Haven pilot project emerged a closeness among women that was unprecedented in the participant’s lives. The narratives express a sense of oneness among participants and practitioners that was “heartfelt” and “authentic” and led to the women feeling “enveloped in love” and “wanted.”

“We have all come together with Tina’s Haven, it is proper ‘girl-power’. Everyone, all the practitioners are supportive.” (Interview I)

“There is a closeness that we all seem to have. The support from both the workers and the women. I have never felt pushed away, I have felt loved and wanted. We are in one group with the workers, one project. Everything feels heartfelt, done from the heart. It feels authentic and real.” (Interview F)

“We are all one, we are all working together. There is no ‘I’ in team!” (Interview G)

“I feel closer to the women. I am more closely connected with the women” (Practitioner reflections B, July 2023)

**There is power in us
women together,
you can feel it**

Figure 28: Power in women together, Tina's Haven photography exhibition (June/ July 2023)

The facilitator's reflections from the steering "Centring Principles and Mapping Models of Practice, Workshop" are testimony to how for the practitioners involved in the Tina's Haven pilot project, loving the women was an intentional act towards building solidarity with the women and showing them that their struggle is our struggle too.

"Facilitating the discussion and hearing about the incredible work of the collective I was reminded of the late bell hooks enduring work that always connects the struggle for social justice and rights with love- as she says in her book about love: new visions:

'Love is an act of will, both an intention and an action.'
[hooks 2000] Dr Rosie Lewis (May 2023)

This is expressed very simply in the following participant narratives:

"To be enveloped in this love is wonderful." (Interview E)

"I love youse" (Interview J)



Figure 29: Pumpkins carved for Halloween at the WiRE volunteering session, 25.10.2023

The following narrative tells of an identification between a practitioner and a participant in a nature-based session. Reflecting on this, the participant insightfully reflects that we are all connected by our identity based upon sex, and in this there is collective strength to be found.

"We will find identification with each other; we are all connected by our sex, and we have all got emotional baggage. We are all at Tina's Haven for a reason. We are all meant to be here because we can all bond together, to share our strength, our experiences, and our hopes" (Interview H)

In the following narrative, a participant is reflecting upon her experiences at the overnight retreat at The Barn at Easington where the women, both practitioners and workers were simply talking with each other around the table. Her narrative expresses that she experienced these connections as “powerful.”

*“When we sat around the table talking, it was so powerful, just connecting with other women more than anything.”
(Interview C)*

In the following narratives, both from practitioners; it is evident that these connections don't necessarily happen coincidentally. The suggestion is that they are stimulated by practitioners making public aspects of their self and identity; they are examples of what are conceived in this study as “critical incidents”; where the subjective-self overcomes dominant conceptions of detached professionalism (Banks 2004, Ledwith 2009).

*“When I came to the first steering group, I could see that there were lots of strong women, and I felt intimidated initially. Then someone shared their story of addiction and loss and I thought ‘that could have been me.’ I connected.”
(Practitioner A, reflections, December 2022)*

“Boundaries, means keeping and showing respect, telling my experience; not enabling, but being honest and not patronising. I need to do this and to be able to reveal my own self.” (Practitioner D, reflections, July 2023)

From the following narrative it is evident that from a practitioner's perspective, the holistic experience of being part of and delivering the Tina's Haven pilot project has been life changing personally and professionally; particularly in relation to building relationships and connections between women across professional divides.

“It's been so good to have the opportunity to look at how I operate in the world. I have learnt so much about the importance of female relationships and feel so connected to all the other practitioners and women. I could go on and on. The project has been life changing both on a personal and professional level.” (Practitioner E, July 2023)

The significance of creating the optimum conditions for female solidarity building are expressed in the following practitioner narrative as crucial to women's recovery from addiction, abuse, and trauma. The narrative sums up much of what has been expressed in other narratives in this section and extends into Figure 30 on the next page.

*“It has shown women in recovery that the world is big, and they deserve to take up space in it; that they matter and are cared about; that they can do hard things, even when they are really hard; that female solidarity building is the most crucial part of recovery from anything (addiction or trauma) and that they deserve ownership of full and flourishing lives.”
(Practitioner B, reflections, July 2023)*

Sunday morning 9th July 2023.

The Sun is shining and there is
Calm and peace all around me.

Women with Women ♡

You can't put into words what it
feels like. To be comfortable in
your own skin and your surrounding.
To be honest with each other. To not
live in the past. To start to see and
feel what life really means. To
actually see a future for these women.
It just fills the whole in the soul.
To see real smiles. To see the looks
of happiness on their faces. To cry
with laughter..... absolutely priceless.

TINA LIVES ON ♡

Figure 30: Practitioner reflection following the overnight retreat.



Figure 31: Transient art on Hawthorn Beach, representing the collective biography of birthmothers.

e) *Creating a counter hegemony by disseminating the learning from the Tina's Haven pilot project.*

To mark the conclusion of the Tina's Haven pilot project, on 17th February 2024, ANE hosted an event to disseminate the learning to n=71 participants, including practitioners, artists, academics, females and males in addiction, and their families and loved ones.

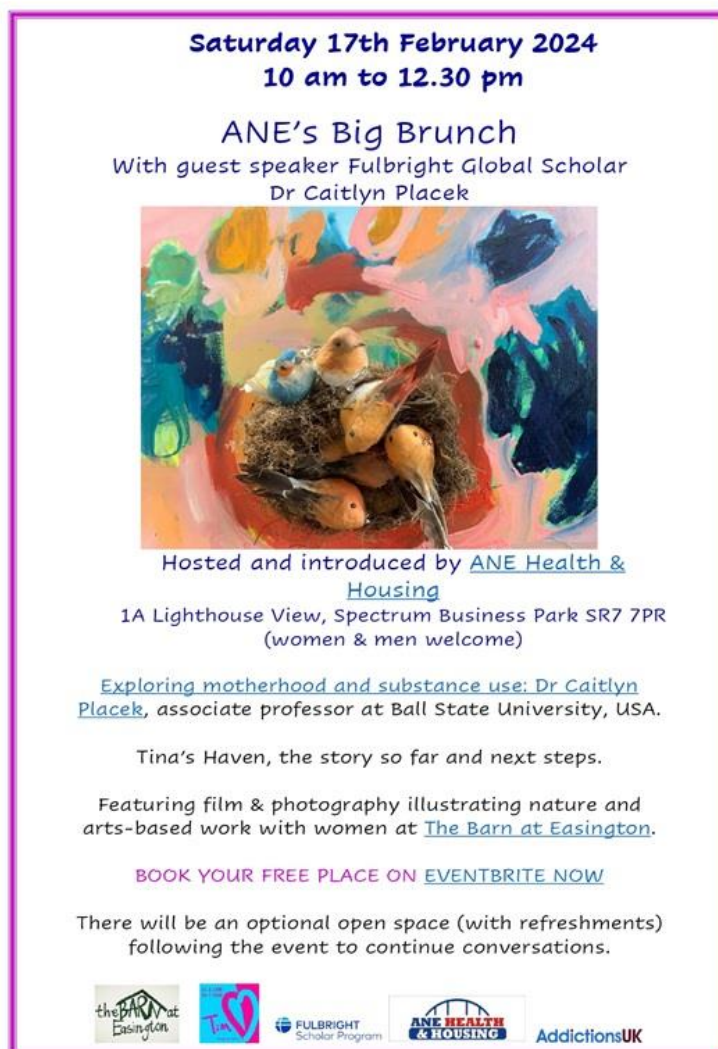


Figure 32: Flyer for “The Big Brunch” featuring Tina’s Haven, The story so far...

The following are examples of the vast and rich narratives from the evaluation of the event. They reflect the power of sharing the learning from the project towards replacing a dominant narrative of stigma surrounding birthmothers in addiction, with stories of bravery, hope, connection, unity, and love.

“It was very interesting to know how addiction affects women and families, and how together, women are empowering each other.”

“Lots of insight into a problem we don't hear about, addiction & motherhood. Inspiring to hear of new approaches and the impact they had.”

“Hearing personal stories is something I think has the power to change things and reduce stigma. Highlighting the brilliant work happening in the North East and connecting those doing it.”

“I hope that this movement grows and thrives and the stigma that prevents women to thrive dissipates.”

“Congratulations on your work with Tina's Haven. What you are doing, and the message of love is vitally important and needed in our world today. It gave me a sense of joy; it was heartwarming to hear about the bravery of the warriors you work with.”

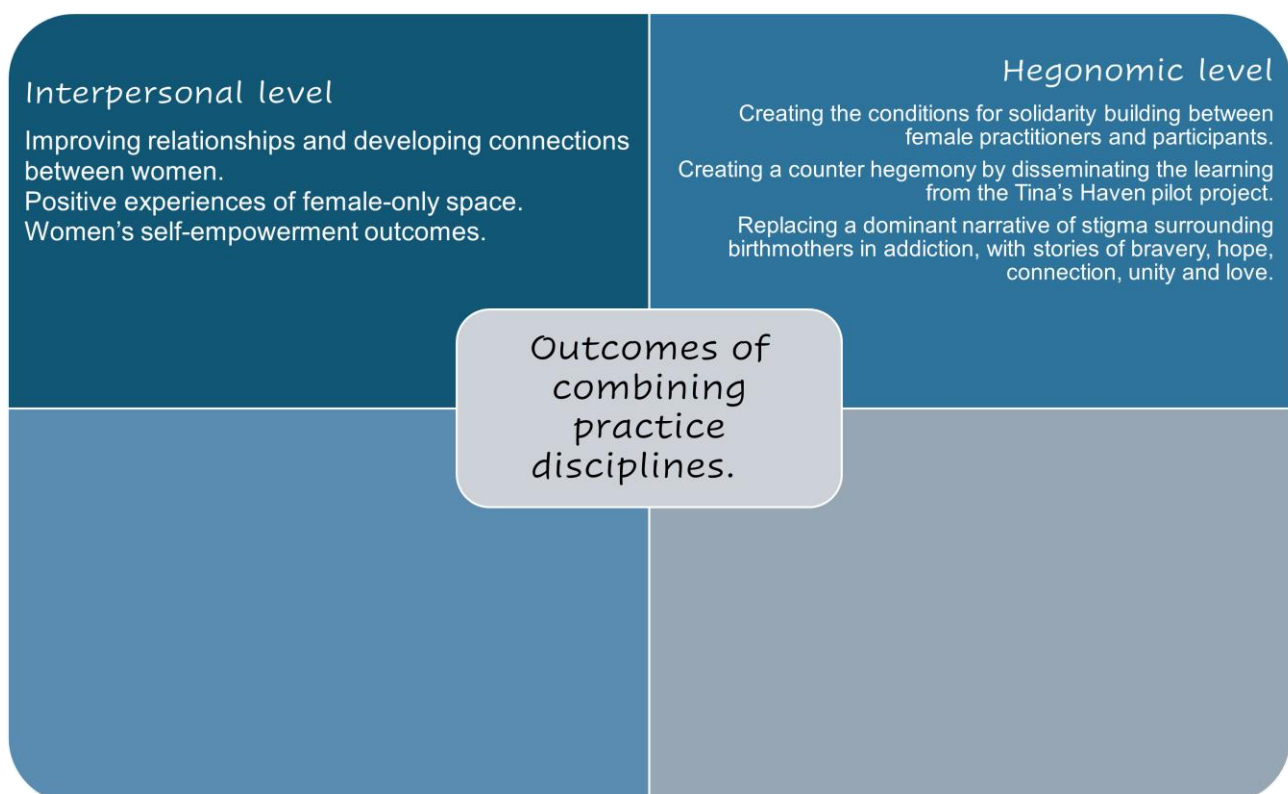
“Warmth, love, hope, unity.”

“No stigma, full of love.”

f) Summary of outcomes emerging from combining of practice disciplines in the holistic Tina’s Haven project.

The outcomes of findings not specific to one discipline mapped against Tina’s Haven theory, suggestion they are as a result of combining practice disciplines; fall within two categories, “Interpersonal” and “Community (hegemonic)” levels. This is shown in Table 14.

Table 14: Outcomes of findings not specific to one discipline mapped against Tina’s Haven theory of change.



4.3.4 Findings related to embedding a cyclic model of learning.

This section of the evaluation report documents impacts and changes that have come about as a result of embedding a cyclic model of learning within the Tina’s Haven pilot project. The findings in this section are drawn from:

- Qualitative interviews with project participants (30 to 90 minutes). n=11 women, a sample of 52% of the n=21 project participants, and 80% of the n=15 participants who actively participated in the project.
- Online values and practice principles survey with members of the steering group. n-6 (100%) of steering group members.
- Tina’s Haven steering group practitioner evaluations from n=3 training session/ workshop. n=10 out of a possible n-15 (67%).
- Externally facilitated workshop to devise a Tina’s Haven values & ethics statement. n=4 out of a possible n=7 steering group members participated (57%)
- Semi-structured in-depth interviews with n=3 practitioners from external agencies.
- Final Tina’s Haven (online) reflective evaluation exercise to capture the learning for steering group workshop on 25.7.2023 n=6 steering group members (100%). n=2 completed another reflection after workshop.
- Workshop for steering group members to discuss and interpret the findings to draw out key elements and learning for further development of the Tina's Haven Model. n=6 steering group member (100%)
- Desktop review of notes of steering group meetings on 19.9.2022, 14.12.2022, 6.2.2023 and 16.11.2023.

Table 15 documents the participation of steering group members, practitioners, and artists in cyclic learning activities throughout the Tina’s Haven pilot project.

Table 15: Programme of co-delivered practitioner/ steering group training and reflective learning.

| Activities delivered | Dates/ venue | Participants |
|--|--|--|
| Trauma Training – provided freelance trauma therapy practitioner. | October 2023, half-day, The Barn. Wednesday 22nd March 2023 10.30 to 12.30pm at ANE. | Lead artist practitioner and two other artist practitioners. A mixed group of ANE staff + Tina’s Haven evaluator. |
| Participatory demonstration of a Forest Bathing/ immersive nature experience session for all steering group members. | 11th October 2022 - 11 to 2 pm & 10th November 2022 - 1pm to 3.30pm at The Barn. | n=6 steering group members over two sessions. |
| 12 Steps Training – provided by women’s service manager from ANE. | Monday 24 th April 10.30 to 12.30 at ANE. | n=4 steering group members, delivered by n=1 steering group member. |
| Steering group meeting (including values and ethics statement independently facilitated by Dr Rosie Lewis). | Wednesday 3 rd May, 1.30 to 4 pm at The Barn at Easington. | n=4 out of n=6 steering group members and filmmaker. |
| Steering group development half-day, including OML Course training – provided by TWLC. | Tuesday 25 th July, 10 am to 1 pm, The Barn at Easington. | n=6 steering group members. |

The findings related to embedding a cyclic model of learning relate to the following six themes that form the sub-headings for this subsection:

- a) Heightened understanding and insights into different practice models.
- b) Changes in organisational practices.
- c) The creation and development of female-only spaces across organisations.
- d) Insights into nuances, tensions, and contests between practice disciplines.
 - i) Reconciling feminist praxis, spirituality and 'The 12-Steps' programme.
 - ii) Interpreting and responding to anger and other emotions in trauma-responsive, and emancipatory practice.
 - iii) Divergent approaches to trauma-responsive practice

a) *Heightened understanding and insights into different practice models emerging from embedding a cyclic model of learning.*

The evaluation findings evidence heightened understanding and insights into different practice models among the steering group and delivery team. The magnitude and breadth of the learning is captured in the following steering group narratives in relation to various aspects of the pilot project:

"I have had the biggest learning experience so far in my career as an artist and facilitator. I have learnt about the 12 steps program, how trauma affects the whole body, more about how our nervous system flips from stressful to calm, and the triggers that cause change." (Practitioner E, July 2023)

The evaluative comments from the Trauma Training in a mixed-sex recovery organisation evidence that it was well-informed, enjoyable, inspiring, insightful, and thought-provoking.⁹⁹ Indeed one participant found the training to be exemplary:

"I've completed a lot of training over the last eight years. This is the most thought provoking and emotive training I have done, probably the training that I will take the most from." (Staff member, Trauma training evaluation, March 2023)

In evaluation, training participants stated that they had gained a heightened appreciation and understanding of how to see through a "trauma-informed lens"; highlighting that how people present does not necessarily reflect how they are feeling, and what is going on inside of them. Also, that how people express, and present trauma can be different and varied. Learning from the session extended to training participants being better able to acknowledge and understand their own trauma and support others with trauma.¹⁰⁰

As evident in [Section 4.2.3](#) generally the impact of the OML programme have been deep and profound. As stated, the OML steering group training, was shown to untangle the complexity of patriarchal theories so that deep understanding could be achieved that resulted in the development of interpersonal strategies to overcome male dominance.

The following two narratives relate to the outcomes of the 12-Steps training delivered by the mixed-sex recovery organisation. It is evident that connections were made between the philosophy and implementation of the 12-Steps programme and the immersive nature-based sessions. Also, a sense of positive optimism that the '12-Steps' programme can be integrated into a future Tina's Haven model.

"It was a very positive session that enabled me to see more clearly the links between the immersive nature sessions and 12 steps programme. A feeling of optimism for the work we are doing together as well as a clarity around 12 steps philosophy and implementation." (Practitioner C, training evaluation, April 2023)

"It really helped my understanding of addiction and the role of 12 steps in the recovery process. The importance of understanding each of the steps has steps within it. I hope that we'll be able to weave this in to the Tina's Haven model." (Practitioner D, training evaluation, April 2023)

For another practitioner/steering group member, her learning about addiction, recovery and 'The 12-Steps' programme was heightened by working with women in a mixed-sex recovery organisation to pilot and deliver the OML course. In the following narrative is evident deeper understanding of the centrality of recovery-led in 'The 12-Steps' programme.

"As for working in a drug and alcohol service, I have learnt how important the 12 steps are and how important it is for women working with those in recovery to also be in recovery, as it brings a deeper understanding of the impact of addiction." (Practitioner D, reflections May 2023)

The following narrative from the facilitator of the "Centring Principles and Mapping Models of Practice Workshop" is testimony to the appreciation of each other practice disciplines that development among the practitioners involved in delivering the project.

"The uniqueness of the project, venture, and work is reflected in the way that participants responded to the facilitated questions, which was done with an animated enthusiasm and a collective spirit of reciprocal appreciation for each other's work and ideas – ideas that always centred around the women who were at the heart of Tina's Haven." Dr Rosie Lewis (May 2023)¹⁰¹

The following narrative and artistic expression relating to the mutual understanding across all practice disciplines is from the reflections of a practitioner in a steering group meeting.¹⁰²

“At first, I had not seen the synergy between the different models of practice within the Tina’s Haven project; particularly the women’s empowerment and the OML course. I can see this clearly now, and this has been the shift for me. Now I see the way that birds build a nest to be a metaphor for the way the different models of practice combine to support the women in their recovery journey: supporting women is at the heart.” (Practitioner E, steering group meeting 16.11.2023)

Figure 33 is an artist/ practitioner’s depiction of the synergy between the different practice models that make up Tina’s Haven from the Tina’s Haven steering group meeting on 16th November 2023.



Figure 33: Artist’s depiction of the synergy between the different practice models that make up Tina’s Haven

b) *Changes in organisational practices emerging from embedding a cyclic model of learning.*

Participants from the trauma training delivered to a mixed staff group in the recovery setting reflected that they built upon existing knowledge of trauma led approaches and gained new knowledge. The training had provided new skills to apply in practice and coping methods for practitioners in relation to their own trauma.

“I really enjoyed the training and felt it gave me a much better understanding of what trauma looks like and how we can be of help to people who have suffered trauma. I think I have gained some really good skills to use whilst working with traumatised individuals and I have some coping mechanisms for myself also.” (Staff member, trauma training evaluation, March 2023)

The steering group’s learning about immersive nature experiences was initiated from a participatory demonstration. So, the learning about this aspect of the Tina’s Haven pilot project emerged from practical experience and from the artistic practitioners and the trauma therapy practitioner working together to deliver the nature-based sessions. Although, prior to the start of the nature-based sessions, trauma training was provided for all the practitioners and artists who were involved in the delivery of the sessions.

Reflective narratives from practitioners/ steering group members involved in the delivery of the nature-based sessions evidence a fusing of connectivity with the land in immersive nature experiences, with mindfulness techniques inherent in a trauma-responsive approach.

The shared learning particularly relates to facilitation and flexibility in nature-based work with marginalised women.

“I found the trauma training incredibly important. It has informed my practice and the creative sessions with the women in nature combined with simple mindfulness techniques has consolidated my belief in nature as the healer.

*My confidence in guiding the women through mindfulness techniques has grown and deepened. I’ve seen the way the women powerfully connect with the land and creativity. Being a part of and helpful to my role as facilitator.”
(Practitioner E reflections, July 2023)*

c) *The creation and development of female-only spaces across organisations emerging from embedding a cyclic model of learning.*

Whereas previously it had been a given that women wanted to be around the men. With the advent of the Tina’s Haven project, doing the OML course and the women-only nature-based sessions, women started to meet together in informal social groupings.¹⁰³ There is now a firm commitment to embed the OML programme for women in the mixed-sex recovery organisation, from early 2024.¹⁰⁴ The organisation has recently moved into new much expanded premises and has a dedicated women-only facility within the building:

“We now have three women only rooms. We have one as a safe space, so women can go and sit peacefully with other women and have some personal space for themselves. We have a female-only training room which is lovely and quiet, and we don’t get disturbed; and we have a family room so if females have family members visiting, or appointments with other professionals, then they have somewhere to go where they can speak in confidence. We are slowly but surely getting there 😊” Practitioner B, by email (January 2024).

As a legacy of the Tina’s Haven pilot project and based upon the evaluation findings, the nature-based arts organisation is in the process of creating and developing the following two projects:

- a) A project co-produced with WiRE to support women in addiction, by promoting personal growth and recovery through their connection with the land, each other, and themselves. The women will be offered opportunities to grow, harvest and cook food, participate in the rewilding project on the farm; as well as learning traditional crafts in willow weaving, foraging, preserving, pickling fruit & vegetables and herbalism.

The project will create opportunities for women to be deeply connected to nature, through growing and creative activities, working collectively to recover the land; and provide learning, supported volunteering opportunities and external training to increase women’s potential for meaningful employment (£100K was approved from National Lottery Community Fund on 20.3.2024).

- b) An arts-based project to give agency to the women and enable them to find creative spoken and unspoken ways to tell their individual stories through song, film, photography, and other artistic mediums (application pending).

d) *Insights into inherent nuances, tensions, and contests between practice disciplines.*

From the analysis of the evaluation data, three distinct areas of tension arise in relation to combining the four practice disciplines that combined in the Tina’s Haven pilot project:

- i) Reconciling feminist praxis, spirituality and ‘The 12-Steps’ programme.
- ii) Interpreting and responding to anger and other emotions in trauma-responsive, and emancipatory practice.
- iii) Divergent approaches to trauma-responsive practice.

These are now discussed in turn.

i) *Reconciling feminist praxis, spirituality and 'The 12-Steps' programme.*

Among reflections and narratives for the evaluation an issue was raised in relation to linking aspects of the Tina's Haven to religion and spirituality, this is expressed most strongly (but not exclusively) in relation to the '12-Steps' programme.

"As a secular practitioner, I've found a lot of the discussions around spirituality, spirits, energy, higher powers etc. across all of the activities to be very close to how organised religion practises, something that I'm not sure any of the practitioners would necessarily recognise." (Practitioner D, training evaluation, April 2023)

In the "Centering Tina's Haven values & principles," workshop this was partly resolved in that the 'higher power' inherent in 'The 12 Steps' could be interpreted as:

"The higher power is the 'army of women' coming together to connect without expectation." (3rd May 2023)¹⁰⁵

As exemplified in the evaluative narratives in [Section 4.3.1a](#), project participants deeply valued the feeling of spiritual connection that they achieved in the nature-based sessions; finding this therapeutic and indeed instrumental to their recovery.¹⁰⁶ A sense of deep connection is also noted in the reflections of the evaluator in relation to revealing her own feelings of powerlessness, pain and loss in the feminist consciousness raising process of building trust and stimulating "critical incidents", referred to by one of the women as "a higher-power moment" (see [Section 3.2](#), fn 1).

Exemplified in the following narrative from an external women-recovery-led organisation, is women needing access to a whole range of holistic programmes and organic ways to recover from VAWG, trauma and addiction.

"Women need holistic ways to recover from domestic abuse, trauma and addiction, and holistic programmes, including such as mindfulness, well-being, relationships, spirituality etc."¹⁰⁷

It's about women looking at self-compassion and self-love. How to help themselves and deal with emotions and feelings such as shame and guilt. It's about looking at everything and taking things from different sources. It needs to be all of that combined, and holistic and organic, and creating safe and gentle spaces for what you choose to support your recovery." External agency interview (3), January 2024.

Many of the elements captured, in the above narrative are expressed in the evaluation of WiRE volunteer project, delivered as a follow up to the Tina's Haven pilot project in November 2023 (also see [Section 4.3.1biii](#)). What is evident from the evaluation is that combining 'The 12-Steps' holistically with feminist practice and learning, and the Arts and nature-based learning enhanced women's recovery.

"My recovery would have taken a different turn if it had not been for Tina's Haven." (Interview I)

"It has absolutely helped with recovery, ANE, Tina's Haven, the relationships and friendships, The Barn, 'you time,' it all intertwines." (Interview E)

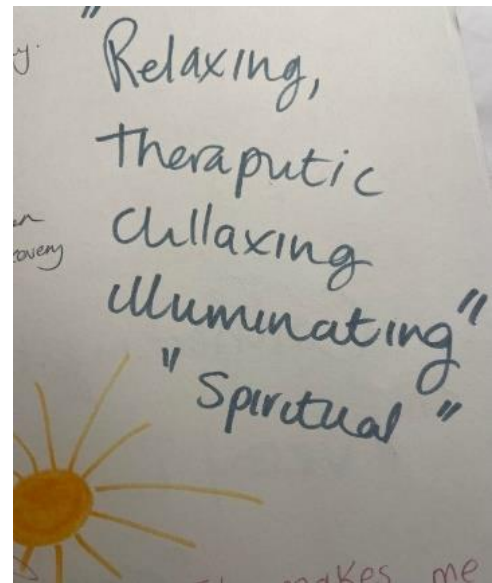
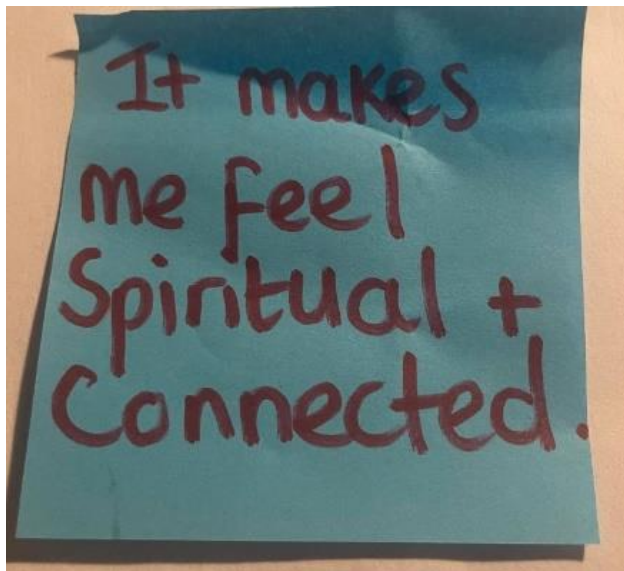


Figure 34: Participant's narratives about the spiritual, healing, and therapeutic effects of being in nature.

In terms of developing a transferable model of praxis, what emerges as critical from these evaluative findings, is creating safe, gentle, and forgiving spaces; and women being able to choose what they need to support their own recovery and healing. In such spaces, a flexible approach to women's spirituality could be accommodated, that at once supersedes organised religion; and is embracing for women for whom religion is integral to their lives.

ii) *Interpreting and responding to anger and other emotions in trauma-responsive, and emancipatory practice.*

A sense emerges from the evaluation that unspoken but contested perceptions about trauma-responsive practice resulted in some inconsistent professional judgements about safety in a practice setting.¹⁰⁸ On the one hand, these contestations and concerns related to women (including practitioners), sharing subjective experiences in what were considered safe female-only spaces. On the other that trauma therapies such as meditation and breathing exercises were not appropriate for women suffering the psychological effects of withdrawal and resulted in overwhelming emotions that they felt unable to cope with.

Although all of the practitioners and artists involved in delivering the nature-based sessions had participated in training with the trauma therapy practitioner and were supported by her during some of the sessions; it became apparent from the evaluation of the initial "field of hope" project that there was more to learn in terms of supporting the women to manage sometimes overwhelming emotions. This was particularly the case for women in the early stages of addiction recovery.

Table 16 outlines the learning points relating to the nature-based sessions highlighted to practitioners and artists through the ongoing evaluation process.

Table 16: Learning points about women in early recovery highlighted to practitioners and artists through ongoing evaluation.

| Learning points relating to Art & nature-based sessions. | Evidence emerging from evaluation. |
|--|---|
| High levels of anxiety for women when they were in early addiction and resistant to trying something new. | “When I was first coming out of addiction, I dismissed everything. It’s the unknown, the anxiety of doing something that you are not used to, doing something different and meeting new people.” (Interview J) |
| Meditation and breathing exercises integral to the immersive nature experiences resulted in some women in early addiction being overcome by an overwhelming rush of emotion. | “The five minutes that you get on your own in a spot, when I opened my eyes, it was overwhelming, everything just stopped. I looked across and saw another one of the women had her back to everyone, and she was crying as well.” (Interview E) |
| The physical and emotional effects of cold weather were detrimental for women in early recovery and substance withdrawal. | “I was feeling broken, sick tired and cold. I was freezing because I wasn’t on any medication. I was an emotional wreck.” (Interview B) |
| Trauma relating to past subjectification to domestic violence being stimulated in nature where a woman became unaware of their surroundings (during sound work). | <p>“The second time I went to The Barn, was the sound therapy. I didn’t like it. It was triggering because of the domestic violence I have experienced. I needed to be aware of my surroundings and when that was taken away.</p> <p>I was triggered because I lost sense of my surroundings in nature. I didn’t feel safe. I was scared and fearful. I needed to know what was going on around me.” (Interview I).</p> |

Narrative suggestions that emerge from the study to mitigate challenges of immersive nature experiences for women in early recovery are as follows:

“For those in early addiction recovery, there should be a gentler approach to the nature-based sessions. At The Barn at Easington, this could be using the back room for ‘newbies’ where there is a fire. Women in early recovery need to be able to say things like ‘this is how I am feeling, it is day two!’ and have their own space to reflect (Interview E).

“An alternative second more accessible space “alongside the remote/nature-based space” could be offered. The concept of ‘bringing the nature into different types of spaces’, is something that could be considered (External agency interview (1), July 2023).

How the lessons from the Tina’s Haven pilot project were put into action in the WiRE project, and the schedule and activities involved in eight pilot WIRE volunteering sessions (Nov – Oct 2023) are in [Appendix 3a](#) and [3b](#). In advance of the 2-year nature-based project volunteering project that will commence in Spring/ Summer 2024 funded with £100K from National Lottery Community Fund, the nature-based artist-practitioners will be facilitating sessions within the female-only space that has now been developed in the mixed-sex recovery organisation.

iii) Divergent approaches to trauma-responsive practice.

It is also evident from the evaluation data, that within the delivery of the OML course, and training and practice methods of the trauma therapy practitioner, there were divergent approaches to a trauma-responsive approach. The former a collective and holistic approach, and the latter a more individually focussed.

Firstly, the evaluation of the OML course explains how trauma is approached; the intention is not to “trigger” the women’s trauma, and to create safety by developing peer-support and solidarity.

“Positivity is developed partly because of the safety of the programme; it is designed not to directly trigger women’s trauma responses; and instead takes a ‘step back’ to look at the reality of women’s holistic lives.

This safety is supported by the development of a community across the group of participants and how they root for one another throughout the programme.” (August 2023: p19)¹⁰⁹

It is evident that during the OML course participants expressed a whole spectrum of emotions:

“It involved the women being ‘up’ and ‘down’, angry, upset, happy, having ‘light bulb moments.” (Participant B, June 2023)

In contrast to the collective holistic approach to trauma and safety evident in the OML course and the nature-based sessions; the trauma training delivered at the mixed-sex recovery organisation, was introduced as “an immersive experience” where participants could share their experiences in a safe environment.

One of the training resources used in the mix-sex recovery organisation was “The Trauma of Abandonment” where Dr Gabor Maté narrates his own emotive biography of maternal abandonment, and resultant brain trauma, to which he attributes his adult diagnosis of ADHD and that of his own children. ¹¹⁰

It was explained at the start of the training that inevitable that participant's trauma could become "triggered." Exactly this was expressed in evaluation by a participant who was subsequently supported individually by the trauma therapy practitioner both during and after the training.¹¹¹

*"The training was thought provoking and insightful. It triggered me and took two days for me to return to normal."
(Staff member, evaluation of trauma training, March 2023)*

In the trauma-responsive approach delivered by the trauma therapy practitioner, the emphasis seems to have been upon diffusing high emotions such as anger, by bringing a sense of calm using self-regulation techniques. For example, "Cooks Hook Up;" which was presented in the training as a technique used for 'grounding, centring, and stress management.'¹¹²

"We only see the angry side of people who have been through trauma, and we don't see what's going on inside. I also learnt that people who react in negative ways who have been through trauma genuinely don't mean to or have any clue as to why they have behaved like that.

*I also learnt about the 'cooks hook up' and how to bring myself back into my own body and a calmer state of mind."
(Staff member, evaluation of trauma training, March 2023)*

It is evident that the trauma training provided to the nature-based practitioners and artists was highly effective in combining simple mindfulness with being in nature as a way of assisting the women to manage overwhelming emotions, along with co-regulation techniques. For example, there is testimony from one participant that when guided through breathing by the artist-practitioner, she calmed down from her anger and became aware again of the natural beauty around her.

"[The artist-practitioner] gave me sanity. I was screaming at one of the other women 'leave me alone.' I was full of hell and anger.

[The artist-practitioner] took me away from the group and encouraged me to take some deep breaths and breathe in the nature.

*I said to her, 'I love this place, its untouched by man. You can see for miles.' I have always been controlled by men.
"(Interview H).*

However, what is apparent in this and the following narrative, is not just the possibility of trauma, but the women's anger also deriving from injustice at being subject to coercion and control "or arbitrary deprivation of liberty".¹¹³ In the previous narrative it has seemingly occurred in the woman's private life; and in the following narrative, in the woman's public life, potentially perpetrated by the state.

“Women have been able to talk about their anger and co-regulate with practitioners. There is a sense of them saying ‘I felt angry and managed to deal with it.’ This is from a woman with a really difficult background, who’s ‘not been able to walk down the street without getting stopped by The Police.” (Practitioner B, Steering group meeting, December 2022)

Amid these nuanced approaches to responding to trauma is also an implication of individualising and pathologising anger, or viewing it entirely negatively, which isn’t congruent with feminist emancipatory approaches. Conversely, the potential of anger to inspire and empower is exemplified in the following reflective narrative relating to the celebration and launch event.

“Tina’s mother, and founder of Tina’s Haven, shared intimate details about what was said to her by the coroner at her daughter’s inquest. Any mother could be in Sue’s shoes. Her anger is righteous, and her voice represents more people than we realise.” (Participant reflections from launch of Tina’s Haven, 28.1.2023)

What emerged within the steering and delivery team were contested perceptions about the safety of women in relation to the different practice models applied to the Tina’s Haven pilot project. These surfaced at an overnight retreat, which brought female participants together with practitioners and artists in an informal social setting.

One perception was of unmitigated risks in relation to agreed practice principles around “liminal spaces for women to bring their whole-selves;” and where “all women can be vulnerable so that authentic connections can be made.”¹¹⁴

“I have struggled with issues of the boundaries and containments that I witnessed and would invite us all to consider who are we to the women and how do we safely hold the space for them both at the Barn and when we hear their stories in other places. Are we really holding in mind the need for a trauma informed lens and what we know about how trauma presents (Participant C, reflections, July 2023)

In contrast, from another practitioner’s perspective, the nature-based sessions were also considered a safe place within the holistic Tina’s Haven programme for women to share subjective experiences about their life that may have resulted in trauma.

“This is a holistic programme: ANE and the 12 steps look at the here and now; OML is about dealing with the past; The Barn is a lovely safe space; and Tina’s Haven is about the women looking at their life.

Talking about trauma and dealing with trauma is different. The women need to feel in a safe enough environment. The women feel safe at The Barn, it is a safe space for them to look at trauma without dealing with it, they felt safe enough.” (Participant B, reflections, July 2023)

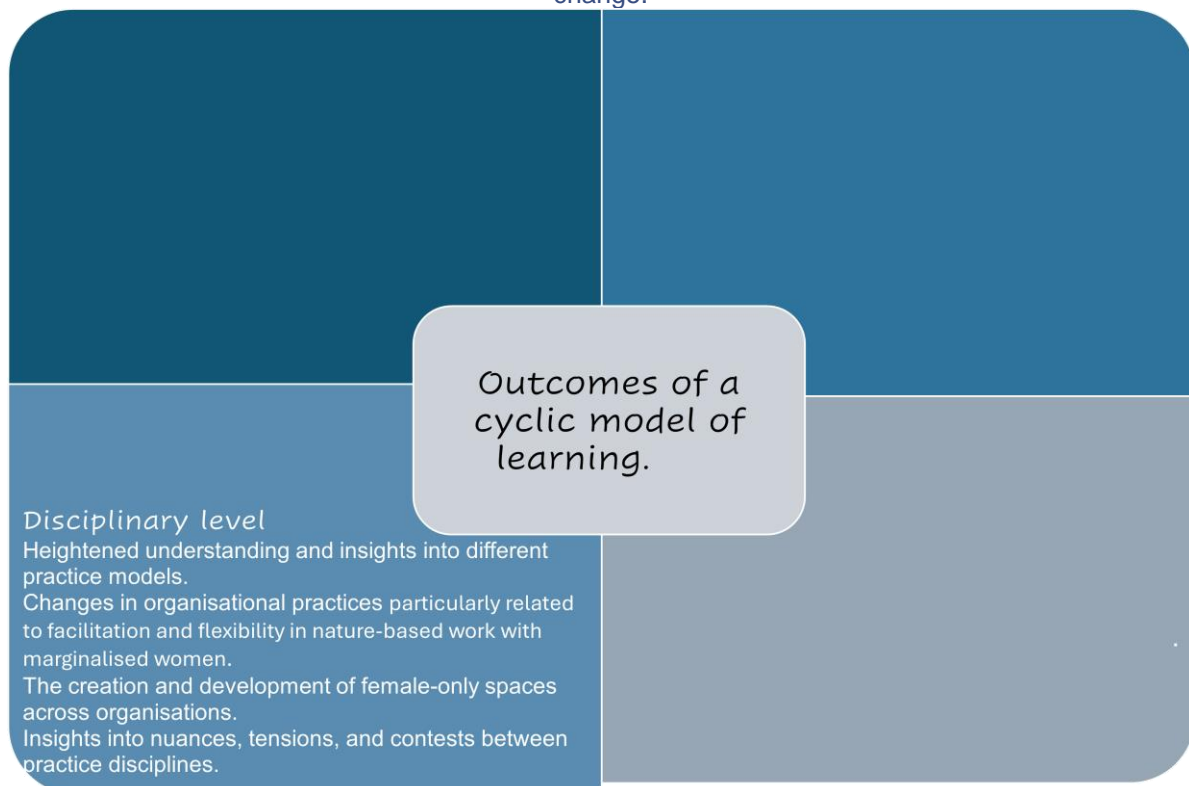
As evident from a participant reflecting upon her experiences at the overnight retreat where female participants and practitioners were simply talking with each other around the table, she experienced these connections as “powerful” (Interview C).

What becomes apparent in these contrasting evaluation narratives about how expressions of emotions, especially women’s anger, are interpreted; is a sense that they need to be simultaneously and reflexively viewed through a trauma-informed, and a gendered lens. It follows, that while individualised responses are highly effective ‘in the moment’, they need to be situated within a wider praxis of women’s self-empowerment, solidarity building and resistance.

e) *Summary of outcomes related to embedding a cyclic model of learning.*

The outcomes related to embedding a cyclic model of learning in the Tina’s Haven pilot project fall entirely within the “organisational (disciplinary)” level when mapped against the Tina’s Haven theory of change. This is shown in Table 17.

Table 17: Outcomes of embedding a cycling model of learning mapped against Tina’s Haven theory of change.



4.4 Limitations of the Tina's Haven pilot project and how we began to address them.

There were two distinct limitations of the Tina's Haven pilot project which require consideration in whatever follows:

- ❖ Systems and networks for women who leave addiction recovery to remain connected to the Tina's Haven project.
- ❖ Support systems for when birthmothers and children are reunited.

4.4.1 *Systems and networks for women who leave addiction recovery to remain connected to the Tina's Haven project.*

In terms of women who leave addiction recovery remaining connected and engaged; the evaluation of the Tina's Haven pilot project raises several issues which are pertinent to future practice with birthmothers severed from their children by addiction. At the time of writing 47% (n=7) of the original core cohort of fifteen women who actively participated in the Tina's Haven pilot project remain in the services of the mixed-sex recovery organisation, four of these are over a year into stable recovery. However, the concept of Tina's Haven is not purely based upon goals of women maintaining recovery; it is about addressing and ultimately removing the structural, personal, and emotional barriers for birthmothers severed from their children by trauma-based addiction.

The hosting and collaborating organisations involved in the pilot project had no ongoing accountability towards the women; TWLC not beyond the 12-week OML course, and the mixed-sex recovery organisation not beyond relapse into active addiction. In the Tina's Haven pilot project, the positionality and approach of the evaluator allowed her to remain in contact with those women who left the recovery organisation; and linking them with other support agencies widened the networks around the project.

Notably, in rural Northumberland, this has initiated early conversations about the possibilities for growing a Tina's Haven inspired project with an existing small cohort of birthmothers who are being supported by a well-established women's organisation. Some recognisable elements are already present, such as a long tradition of feminist community development practice (including a significant project around women's resilience and recovery), 'led by experience' addiction family support, nature-based well-being work, gardening and growing, and understanding VAWG through arts-based work.¹¹⁵

Upon visiting the photography exhibition in June 2023, a Newcastle-based birthmothers project, expressed interest in being a second Tina's Haven pilot.¹¹⁶ Although after deliberations, the pilot did not go ahead, their well-being and creative practitioner completed the OML train-the-trainer course in November, with a view to delivering the course to birthmothers as part of their holistic peer-support programme. This birthmothers project is also now collaborating with the nature-based arts organisation to deliver a holistic event in Spring 2024.

At another level, existing agencies such as "The Free Women's Group" in Durham are evidenced to be part of much needed "wrap-around" support for women who are struggling or have lapsed back into active addiction; a lifeline to them, with strong and solid links to the mixed-sex recovery organisation. This organisation began piloting delivery of the OML Course in 2024, to a wider cohort of women in addiction; many of whom are birthmothers.

In whatever follows the Tina’s Haven pilot project, there is more work to do around mapping, building connections and developing networks of support around birthmothers severed from their children by addiction. The networks and collaborative relationships that have developed during the Tina’s Haven pilot project, could be the start of identifying and developing better networks and pathways of holistic support, well-being, healing, and recovery for birthmothers severed from their children by trauma-based addiction. ¹¹⁷

Towards the end of this study, the Tina’s Haven founder and evaluator was invited to participate in “Transforming Together”, which is building “place-based networks”, involving of local authorities, health, criminal justice, voluntary and community partners, and “women with lived experience”, to develop a “model for collaborative systems-change” for the most marginalised women in the North East.¹¹⁸ This development has emerged to implement recommendations from the “Dismantling Disadvantage” report (Agenda Alliance and Changing Lives, 2023).

4.4.2 Support systems for birthmothers and children to re-connect and become and remain re-united.

Several interrelated issues were identified at the start of the Tina’s Haven pilot project in relation to supports and therapy for birthmothers and children to become and remain re-united.¹¹⁹ More have been uncovered during this study, these are illustrated in Table 18.

Table 18: Gaps and deficits in support systems for unification of birthmothers and children.

| <i>Gaps and deficits in support systems for unification of birthmothers and children.</i> | <i>Evidence emerging from the evaluation.</i> |
|---|--|
| <p>If birthmothers are brave enough to make a plea for help, it can result in children being removed and potentially being placed permanently in the care of perpetrators of domestic violence.</p> | <p>“In the end, I self-referred to social services. My children were removed by social services from school the same day My son’s dad took me to court and the court ruled that my two sons should live with him ‘forever.’</p> <p>I have a Contact Order to have my two sons once a month over the weekend, but I have to go to pick my two sons up and take them back. This means that I have to see my ex-partner and means I re-live the trauma of my life with him over and over again each month.” (Interview A)</p> |
| <p>Existing support for birthmothers is severely lacking in terms of being shaped around their identity as mothers, and the impact of child-severance and loss upon addiction.</p> | <p>“Recovery for women needs to be based around children, the impact upon children, trauma, and the cycle of addiction Loss is trauma triggering, and fuels addiction.” (Practitioner B, Initial meeting, 19.9.2022)</p> |

| Gaps and deficits in support systems for unification of birthmothers and children. | Evidence emerging from the evaluation. |
|--|---|
| | <p>“The pain of losing my children just made my drug taking worse. I was put in a refuge house, but that was not safe, and I just ended up using harder drugs because one of the male members of staff exploited me in exchange for pills. He must have been doing the same to other vulnerable women placed there.” (Interview A)</p> |
| <p>Trauma playing out in families where the mother is in recovery, and there being support for those birthmothers whose children are returned to them from state care.</p> | <p>“ANE are supporting children to be reunited with their mother. Children have been grieving for mothers during periods of severance. There is nothing for women/ mothers following rehabilitation, yet this is just the first step.” (Practitioner B, Initial meeting, 19.9.2022)</p> |
| <p>For birthmothers when children are returned; there is a terrifying range of emotions linked to feelings of shame and unworthiness; and having been silenced. Children are recognised to bring their own trauma after a period of severance, and this increases mothers’ feelings of failure and not being able to cope.</p> | <p>“Women in recovery may not know/ or have forgotten how to parent/ be a mum. Parenting courses are all that is on offer; yet places are needed to help with self-love and self-care.</p> <p>It can be ‘terrifying’ for mothers when children are returned. Children bring their own trauma when they have had a period of severance from their mothers. Mothers feel shame (failed as mothers), have been silenced, and feel as if they are not coping/ or not good enough.” (Practitioner A, Initial meeting, 19.9.2022)</p> |
| <p>The struggles that birthmothers encounter when their children are returned when they have no support can be a contributory factor to a relapse into active addiction.</p> | <p>“It’s scary for women getting their children back, they may not have parenting skills – so perhaps a parenting course. It’s a big responsibility when the children come back and there is a heightened risk of relapse. I relapsed after 6 months.” (Interview K)</p> |

In the original project plan for Tina's Haven pilot project, there was an intention to provide nature-based family activities for birthmothers to support contact with their children. However, in February 2023, given it was deemed an unlikely possibility for any of the women involved in the pilot project to reunite with their children; this was replaced with providing volunteering activities requested by the women.¹²⁰

However, as the women's recovery strengthened, during the course of the project we did witness n=1 birthmothers being reunited with one of her children during the OML course; and a further n=4 re-connecting with their children. Particularly those whose children were being cared for by partners/ ex-partners or family members. However, this evidence is anecdotal and cannot as yet be firmly attributed to the Tina's Haven pilot project.

As part of the WiRE project (in November 2023), the nature-based arts organisation supported one of the women to have an overnight retreat with her children in the accommodation provision there. Support for this type of activity is now being integrated into future plans led by a nature-based arts organisation to support women in addiction, by promoting personal growth and recovery through their connection with the land. The participant gave this narrative about what the experience meant to her.

"None of this would have been possible without you and your amazing strength and courage in creating Tina's Haven at The Barn at Easington. Thank you from the bottom of my heart to yourself and all the ladies here who believed in me and my recovery when I almost didn't believe in myself."⁵

It is evident from the evaluation narratives that recovery should be based around both the needs of birthmothers and children; including the need for self-love and self-care to overcome the negative emotions that are shown to have been internalised by encounters with the false and damaging narratives that dominate the child protection system (Keller H., 2018, Wall-Wieler et. al. 2018, Williamson et. al. 2023).

*"Recovery for women needs to be based around children, the impact upon children, trauma, and the cycle of addiction. Sometimes children cannot stay in the family because of this. Loss is trauma triggering and fuels addiction."
(Practitioner B, Initial meeting, 19.9.2022)*

In what became a mantra for the Tina's Haven pilot project, as evident in the collective narrative from the initial steering group:

"These women need an army of women to support them."¹²¹

At a practical level, it was suggested through the evaluation that trauma therapy for individual women could be part of whatever flows from the Tina's Haven pilot project, and a role for a trauma therapy clinician. Nevertheless, the emancipation of birthmothers involves addressing and ultimately removing barriers to the social and political freedom and rights of birthmothers.

⁵ Consent to use this birthmother's narrative given 15.12.2023

Thus, how the learning from this study is disseminated, and who to, is critical and integral to contributing to identifying and developing networks of support and pathways to recovery from trauma and addiction for birthmothers severed from their children, including removing cultural, systematic, and structural barriers.

The potential for learning from this study is disseminated, could be critical and integral to contributing to identifying and developing networks of support and pathways for birthmothers severed from their children, including removing cultural, systematic, and structural barriers. Towards this end the findings of this study are already being presented at high level regional and international conferences.

- ❖ The first North East and North Cumbria Women's Health Conference (19.10.2023).¹²²
- ❖ Navigating Loss, Cultivating Strength: Strategies for Enhancing Children's Mental Health, Association of Child & Adolescent Mental Health (Malta, 26.3.2024).¹²³

In Love & Anger: Evaluation of Tina's Haven pilot project with twenty-one women/birthmothers in East Durham

Dr Sue Robson, Founder &
Evaluator and Sheelagh Fraser,
Volunteer Co-ordinator

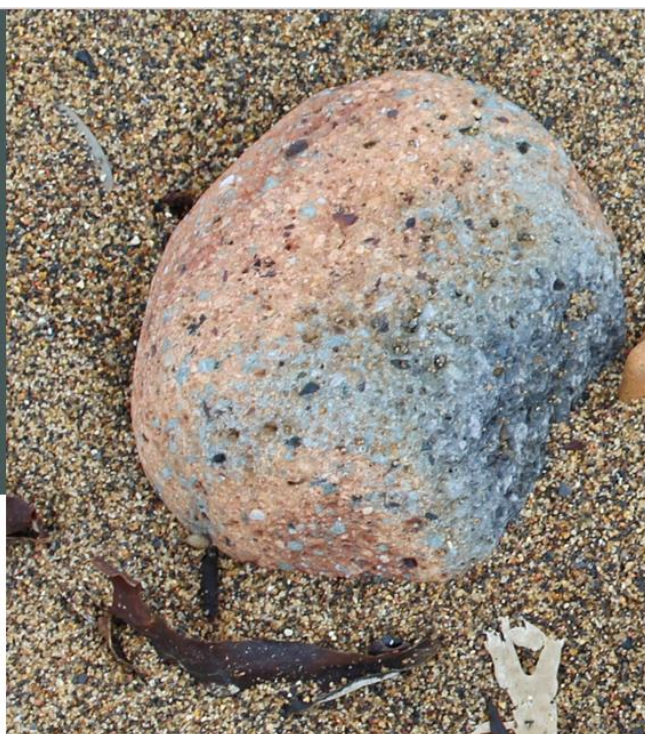


Figure 35: Tina's Haven presentation and workshop at the first NHS North East and North Cumbria Women's Health Conference (19.10.2023)

5. Discussion and interpretation of the findings.

This section brings together all of the findings of the Tina's Haven pilot project and then discusses how they relate to the available academic literature. This is considered in relation to the three aims of the study outlined in [Section 3.1.](#):

- a) Evaluate the efficacy of the project in removing barriers to the social and political freedom and rights of birthmothers.
- b) Embedding a systematic process of cyclic and reflexive learning within the Tina's Haven pilot project.
- c) Analysing and identify inherent nuances, tensions, and contests between different practice disciplines.

The intention of Tina's Haven pilot project was to contribute to a transferable model of praxis for addressing and ultimately removing the structural, personal, and emotional barriers for birthmothers severed from their children by trauma-based addiction. This action research-based evaluation has been a conceptual and reflexive journey, and as such the following analysis and interpretations are not intended to be definitive or final. Rather the conclusion of this stage of the journey, and open to critical interpretation and dialogue.

5.1 Efficacy of the project in removing barriers to the social and political freedom and rights of birthmothers

These study findings are discussed and summarised in this section with reference to matrix of power and domination, integral to Tina's Haven theory of change (Collins 2000: p277-28):

1. Birthmothers overcoming interpersonal barriers.
2. Birthmothers overcoming hegemonic barriers in their communities.
3. Removing barriers in for birthmothers in the disciplinary domain.
4. Removing barriers in for birthmothers in the structural domain.

[Appendix 4](#) provides a tabulated detailed summary of what has changed as a result of the Tina's Haven pilot project, as evidenced in this study report.

5.1.1 Birthmothers overcoming barriers interpersonal barriers.

The outcomes under this sub-heading relate to birthmothers overcoming the following identified interpersonal barriers to their social and political freedom and rights (as evidenced in [Section 1](#) and corroborated with empirical data from this study in [Section 4.1](#)):

- Women's trauma likely to emanate from being subject to harm by people they believe to love and care for them.
- Women in addiction being subjected to disproportionate levels of VAWG.
- Female's routes into addiction more likely to have a central relational component.
- Birthmothers internalising feelings of self-blame and shame.
- Male dominated treatment centres being daunting and intimidating environments for females; with limited capacity to meet their holistic needs.
- Women's all-too-common trajectories of VAWG rendering them highly vulnerable to abuse and exploitation in mixed treatment settings (including post-separation abuse).

Figure 36 illustrates the outcomes at an interpersonal level emerging from the Tina’s Haven pilot project.

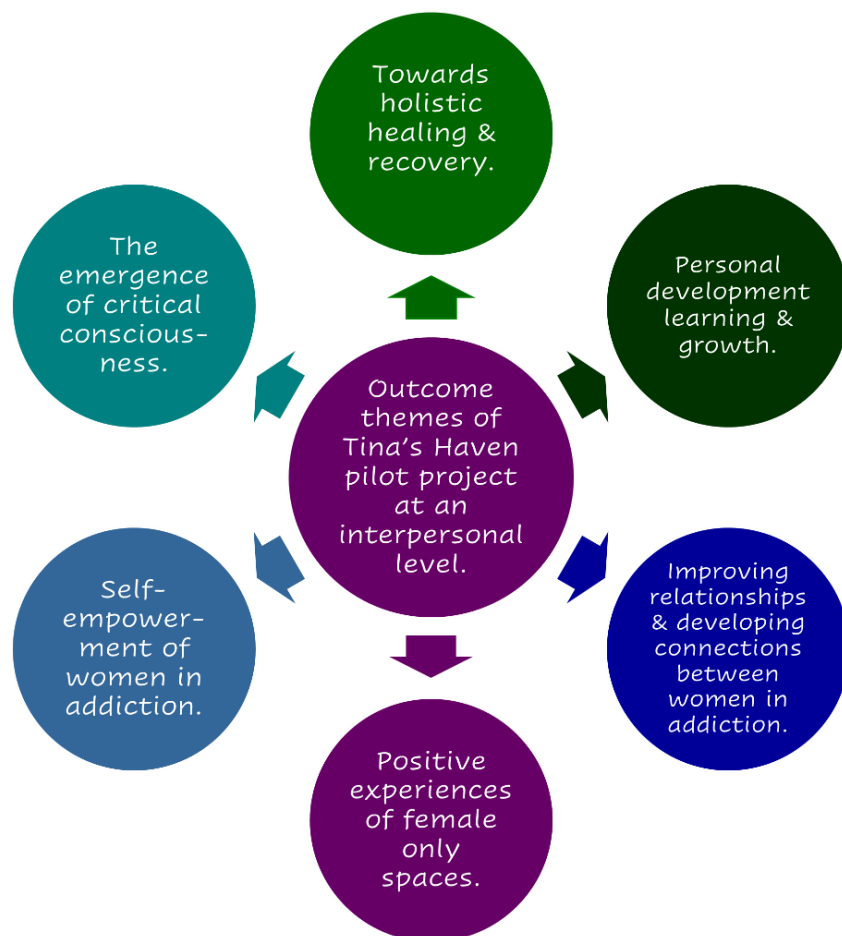


Figure 36: Outcomes at an interpersonal level emerging from the Tina’s Haven pilot project

a) *Towards holistic healing and recovery.*

Project participants learned things from the Arts and nature-based sessions that helped them to cope better with every-day life; this included combining self-care and self-soothing techniques to maintain their well-being. The women’s well-being improved from the nature-based sessions; going from a place of being “broken”, to “enjoying life more”, “going away relaxed” and with a sense of “peace and calm.” Improved well-being was evidenced from those in the harshest of circumstances.

As the nature-based sessions developed over time, it is evident that well-being impacts for the women strengthened to feeling spiritually connected to the land and to each other, and experiencing being in nature as healing and therapeutic. The evaluation narratives from the WiRE project (October/ November 2023); exemplify that as well as enjoying the wide range of activities in the volunteering sessions, the women found them therapeutic and derived a great deal of emotional support, and spiritual connection. There is evidence in the narrative comments that shows this was healing for the women and strengthened their recovery.

The physical and emotional journey of women through a nature-based session, was observed and conceptualised as cyclical and organic by the artists/ practitioners as illustrated in Figure 37:¹²⁴

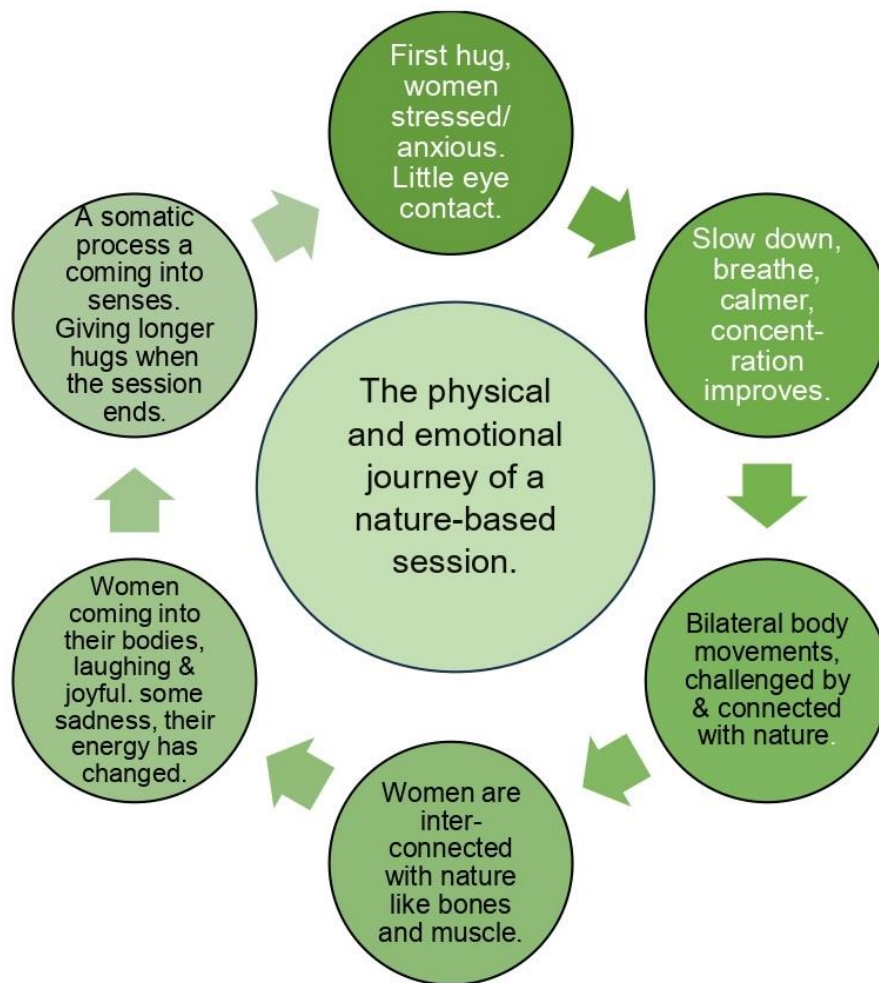


Figure 37: A women's journey through the nature-based sessions.

b) *Women's personal learning and growth outcomes.*

Although most of the evidence directly relating to the women's personal development learning and growth outcomes emerges from the women's narratives about the OML course; it is evident that this arises from the holistic Tina's Haven programme, including the love and support that enveloped the women.

What is also significant is that the spaces and opportunities that the Tina's Haven pilot project created, such as the public celebration and launch event and photography exhibition and provided opportunities for the women to put their newfound learning, growth, and development into collective action by bravely seizing opportunities to speak out publicly and collectively about their experiences.

c) *Improving relationships and developing connections between women.*

The outcomes of improving relationships and developing connections between women cuts holistically across different aspects of the Tina's Haven pilot project and was experienced as both positive and challenging by project participants. The challenges related to the women overcoming shyness; and also rooted in past experiences of female relationships as being unsupportive.

In one example, despite being subjected to male violence and control since her teenage years, the woman had not experienced positive female relationships until she became involved in the Tina's Haven pilot project. Although she had to leave ANE, she remained connected to the project and this outcome extended into her wider relationships with women. Later, in a narrative reflection, she related the strength of her commitment to recovery partly to the support of a small circle of friends. Remarkably this is something she had not experienced in the past. She attributed these outcomes to Tina's Haven project, and to the relationships modelled with practitioners there.

A trend of women having previously gravitated towards males was corroborated by a practitioner, who attributed the transformational impact upon the status quo of female and male relationships within a mixed addiction recovery setting to the Tina's Haven project.

The evaluation narratives evidence that women have moved from a position of having low self-esteem and seeking male attention, towards having meaningful connections with each other, and gaining strength from each other.

d) *Positive experiences of female-only spaces.*

The evaluation narratives evidence that project participants appreciated the freedom and peace that flowed from female-only spaces; being away from males in the mixed settings that they were accustomed to; and sharing and building trust between each other.

The practice of generating positive experiences of female-only space in the Tina's Haven pilot project is shown to have contested women's past experiences of female relationships which were generally unsupportive. Whilst the OML course is designed to challenge these norms and patterns in women's relationships, as emanating from patriarchy; even in the early participant reflections about the initial nature-based sessions, it is evident that the beginnings of having positive experiences of female-only space were planted.

Within the safe spaces created by the OML course, it is evident that the women were able to open-up and unburden themselves about intimate abuse that they have been subjected to. This is validated by an external practitioner as being vital for women in addiction recovery settings.

It is evident from the practitioner narratives that shared understandings that flowed from opening-up and sharing experiences, led to a sense of "sisterhood" and "women-power" among the women. The women became motivated to self-organise their own female-only activities outside of the Tina's Haven project.

The narratives of practitioners involved in piloting the OML course in a mixed recovery setting are testimony toward creating “forgiving spaces” where women are not judged by professionals in the way that they were accustomed to. Conversely, through the OML course and other Tina’s Haven activities, safe female-only spaces were created by practitioners who firmly believed in the women, and this in turn meant that the women were able to practice being brave.

Figure 38 illustrates the characteristics of female-only spaces created by the Tina’s Haven pilot project.

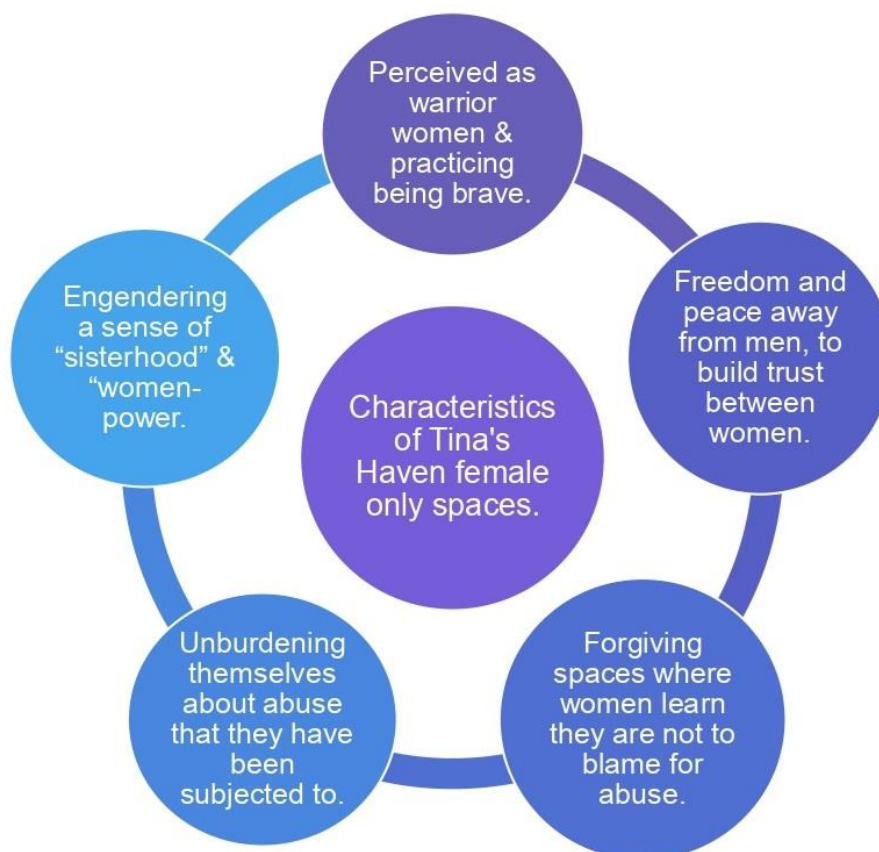


Figure 38: Characteristics of female-only space created by Tina’s Haven pilot project.

e) *Women’s self-empowerment outcomes.*

Women’s self-empowerment from the Tina’s Haven pilot project outcomes are evident in the following two areas:

- Women becoming strong and independent, confident, and learning to love and respect themselves.
- Women having voice; and learning to speak out against injustice, including with long-term partners and with external agencies.

Whilst the women’s self-empowerment outcomes mainly derive from the OML course, they are evident across the holistic Tina’s Haven project. Two outstanding examples from practitioner’s narratives, are from a participant who completed the OML course; and a woman participated in the nature-based sessions only.

The women began to look at themselves as women; they gained independence and strength; and learnt that they are important, and to love themselves. They started to think about their relationship with men, and the meaning of empowerment; have more self-respect, including respect for their own bodies.

Participation in the Tina's Haven pilot project gave the women voice to communicate their needs and their rights. Women were able to be themselves, to find their voice and begin to speak out about the injustices faced in their lives and communicate and establish boundaries in their relationships. It is evident from the evaluations that the women participating in the Tina's Haven project came a long way in a short space of time.

Figure 39 illustrates women's journeys towards personal growth and self-empowerment in the Tina's Haven pilot project.

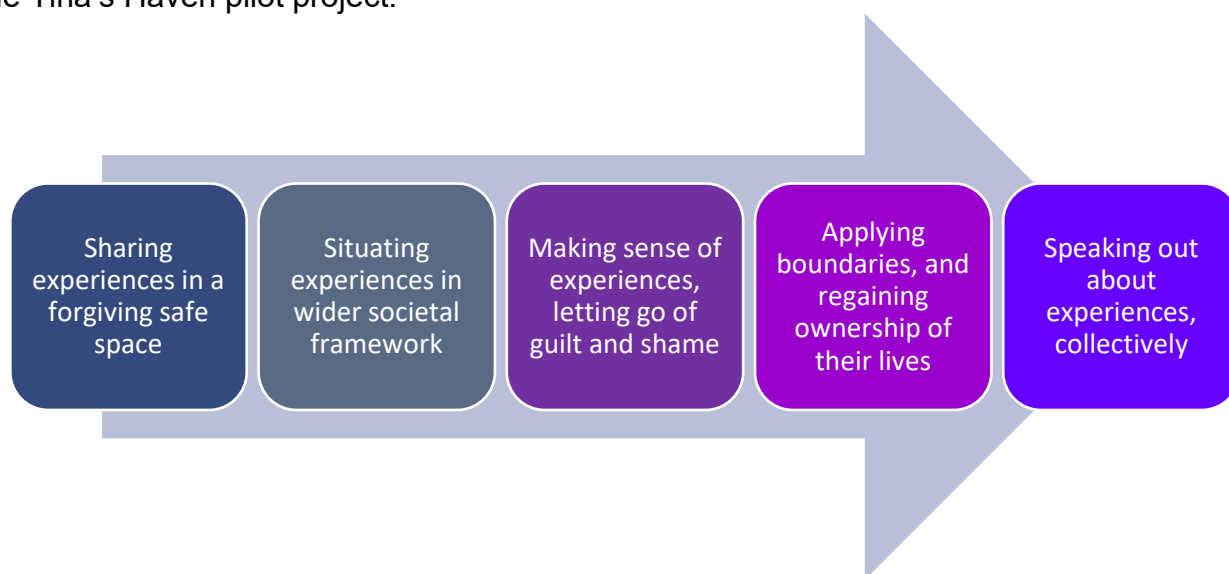


Figure 39: Women's journeys towards personal growth & self-empowerment in the Tina's Haven pilot project

e) *Creating the conditions for the emergence of critical consciousness in women*

Sharing experiences and telling personal stories were structured into the pilot project through the OML course, and also happened less formally through the Arts and nature-based sessions. Including using the Arts and spoken and unspoken mediums to tell stories through photography and film, and two public exhibitions and events.

It is evident that the mix of participants/ practitioners learning together on the OML course to help women who have been subjected to abuse to regain ownership of their lives, created optimum conditions for sharing the personal and subjective experiences of practitioners involved in the delivery of the course. As the narratives unfolded, it became apparent that the space created by the delivering the course in the mixed-sex recovery organisation was at once safe and forgiving.

Moreover, the female-only spaces created at both the nature-based arts organisation and the mixed-sex recovery organisation modelled conceptions of a 'liminal space', where both self-determination and agency could be exercised; and where relationships based upon mutual identifications and trust between female participants and practitioners could be nurtured and developed.¹²⁵

Evidence of 'critical incidents' occurring in these spaces to disrupt states of naïve consciousness are exemplified as "shocks", "triggering", "pivotal", "upsetting but good;" and as "lightbulb moments".

Seven conditions and characteristics relating to the emergence of critical consciousness in women are evidenced in evaluation of the Tina's Haven pilot project; these are illustrated in Figure 40 on the following page.

Women's journeys towards 'critical consciousness' in the Tina's Haven pilot project.



Figure 40: Women's journeys towards critical consciousness in the Tina's Haven pilot project

5.1.2 Birthmothers overcoming hegemonic barriers in their communities.

The outcomes under this sub-heading relate to birthmothers overcoming the following identified hegemonic barriers to their social and political freedom and rights in their communities (as evidenced in [Section 1](#) and corroborated with empirical data in [Section 4.1](#)):

- Development of addiction recovery and treatment driven crime and public safety concerns and shaped around the needs of men.
- Dominant class-based notions of mothering, compound and reinforce stigmatisation for birthmothers.
- Feelings of guilt, responsibility, shame, stigmatization, and loss of self-worth internalised by birthmothers in the child protection system leading birthmothers to question their identity and self-worth.
- Internalisation of intense stigmatisation makes it difficult for birthmothers to access treatment and recovery, because they know they will be subjected to intense surveillance, and have their parental rights removed.

Figure 41 illustrates outcome themes of Tina's Haven pilot project at a community (hegemonic) level.

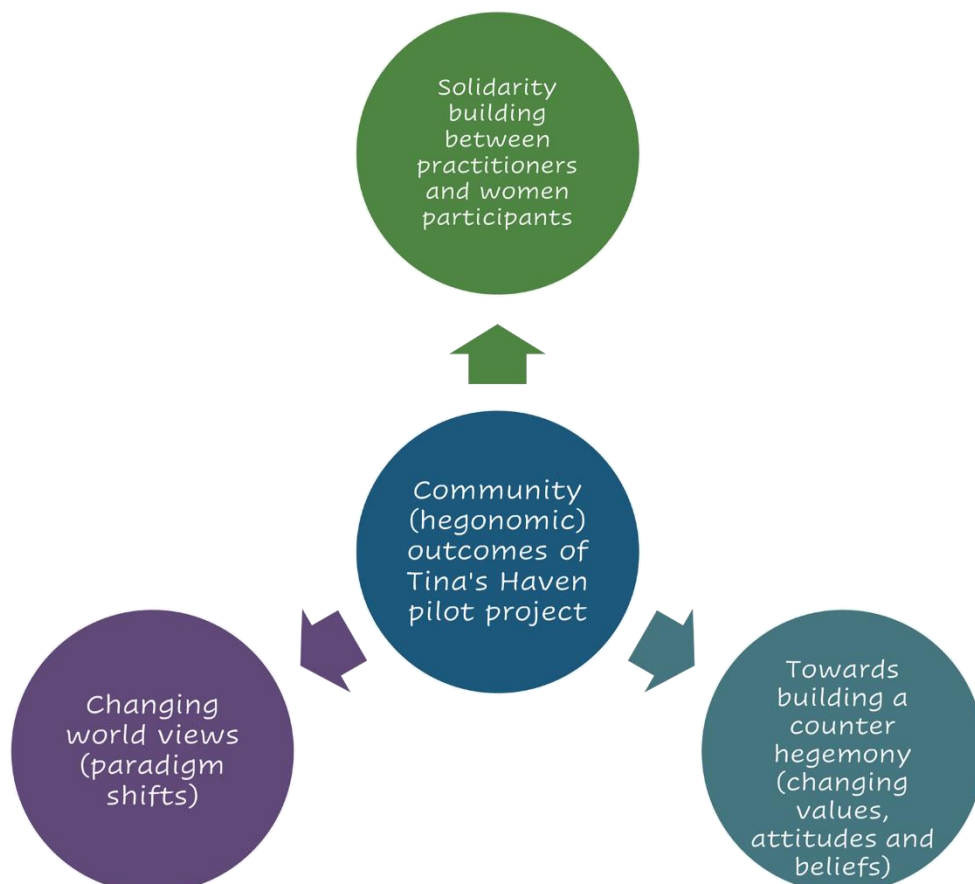


Figure 41: Outcome themes of Tina's Haven pilot project at a community (hegemonic) level

a) *Creating the conditions for solidarity building between female participants and female practitioners to develop*

It is evident that when the women came into addiction recovery, they had been let down in services and were feeling “abandoned”, “broken” and with “no confidence” or “self-worth.” Through participating in the Tina’s Haven pilot project, women came to realise that they were not alone; and although all the workers had different and unique approaches to practice, the women’s sensed we all cared, and it was “not just a job” to us. There are powerful and insightful testimonies about how we are all connected by our identity based upon sex, and the collective strength drawn from this.

It is also evident that “without exception”, the women perceived the practitioners as non-judgemental and this approach across the project is shown to have built trust from the women, increased their sense of belonging and self-worth. Moreover, being perceived through the eyes of non-judgemental practitioners, offering friendship, and showing trust in very practical ways, encouraged the women to look at their own lives from an alternative perspective, and strengthened their recovery.

A closeness developed among female participants and practitioners that was unprecedented for the women. A sense of “oneness” is expressed by both participants and practitioners that was “heartfelt” and “authentic” and led to the women feeling “loved”, “enveloped in love” and “wanted.”

The themes relation to creating the conditions for bilateral solidarity to develop are illustrated in Figure 42.

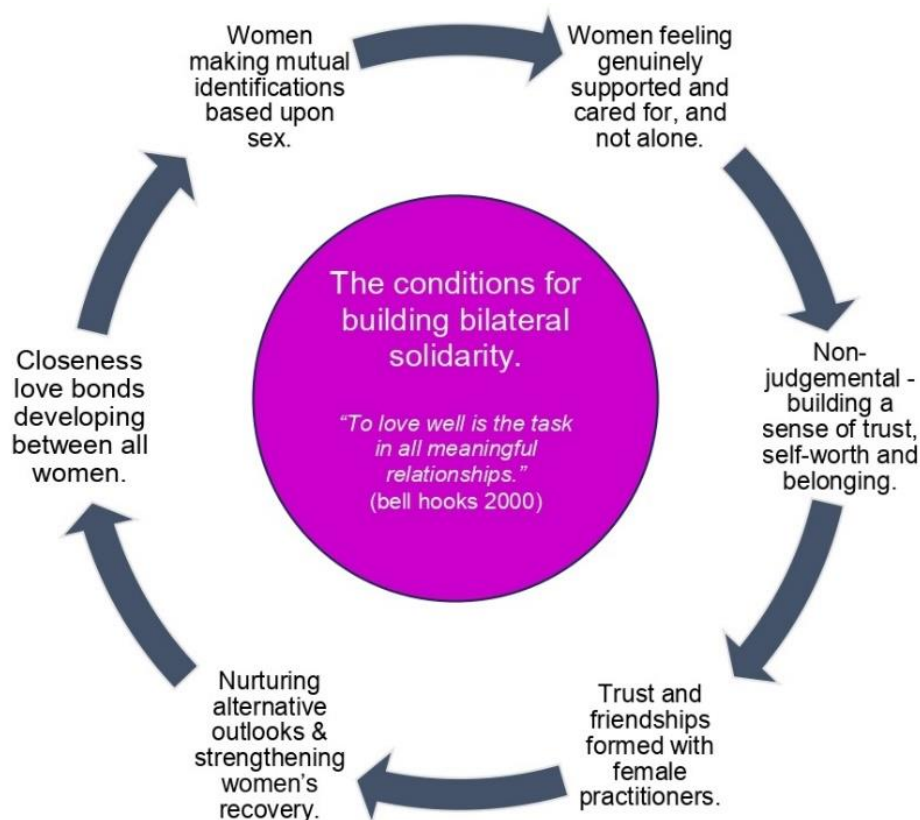


Figure 42: The conditions for building bilateral solidarity building emerging from the Tina’s Haven pilot project

b) *Shifts in world views (paradigm changing).*

It is evident that piloting the OML course in a mixed sex recovery agency shifted understanding of VAWG from a male perpetrator's perspective to a woman's perspective; awakening a more critically questioning approach to why women are subjected to VAWG and its impacts.

In terms of women surviving VAWG, it is evident that the OML course provided profound insights into the divisive impact of patriarchy upon women's relationships and has led participants into deeper relationships with women, safe female-only spaces and towards sisterhood. Evident in the narrative of the practitioner who co-delivered the OML course are 'profound and deep' connections with the women, which has come from their understanding of the divisive impact of patriarchy upon women's relationships and led them to value and derive benefit from female-only space.

Whilst the direct evidence for paradigm change, emanates almost entirely from the OML programme; there is some evidence that the holistic experience of the pilot project shifted world views in relation to the female relationships developed that transcended traditional class-based professional boundaries.

c) *Towards building a counter hegemony (changing values, beliefs, and attitudes in society)*

The coverage of Tina's Haven events in local press and regional TV highlighted are evidence of a counter narrative to the dominant and pervasive popular discourse that pours blame and shame on birthmothers severed from their children by trauma-based addiction. The narrative reflections from both the Celebration and Launch in January 2023 and the Photography Exhibition in June 2023, are evidence of creating a haven for birthmothers severed from their children by addiction to publicly share their powerful stories movingly and energetically in a public space with a diverse and mixed audience.

The profound impression that the photography exhibition had upon a major national public funder of the arts is evidence of the future potential of the Tina's Haven model to contribute towards building a counter hegemony in relation to birthmothers severed from their children by addiction and wider women's social justice issues.

It is also evident that OML programme is influencing and reframing the language practitioners use with marginalised women, which in turn potentially increases self-worth by influencing the way their inner voice speaks to their self. There is further evidence from one practitioner that their brief encounters with the OML programme have provided insights into how her behaviours are influenced by patriarchal systems in society.

From an event to mark the conclusion of the Tina's Haven pilot project and disseminate the findings to n=71 diverse participants; it is evident that the power of sharing the learning from the project is replacing a dominant narrative of stigma surrounding birthmothers in addiction; with stories of bravery, hope, connection, unity, and love.

5.1.3 Removing barriers in for birthmothers in the disciplinary domain.

The outcomes under this sub-heading relate to removing the following identified barriers to their social and political freedom and rights in their communities in the disciplinary domain (as evidenced in [Section 1](#) and corroborated with empirical data in [Section 4.1](#)):

- Birthmothers in addiction remaining in risky situations and hiding problems because they do not know where to turn for support, fearing judgment and reprisal
- Although VAWG far more prevalent for women in addiction; substance misuse and mental ill-health are the most notable barriers to accessing protection.
- Birthmothers in addiction are deemed by health and social care professionals working as unworthy of support. In pregnancy negative stereotyping coupled with the stigma of using substances is a barrier to care.
- Children’s social care perceiving the child and parent in a binary way with the focus is entirely upon the child’s welfare, increases the likelihood of disengagement and bypassed work to address the mother’s trauma.
- Once a child is taken into care, women stop being viewed as mothers and there is currently no statutory requirement in England to support birthmothers. Neither is support is available when children are returned to their birthmothers.
- Birthmothers left facing the same issues and challenges, compounded by the impact of child removal and without support; amid acute mental health needs and few opportunities to navigate loss, and to renegotiate maternal identity and purpose.

Figure 43 illustrates outcome themes of Tina’s Haven pilot project at an organisational (disciplinary) level.

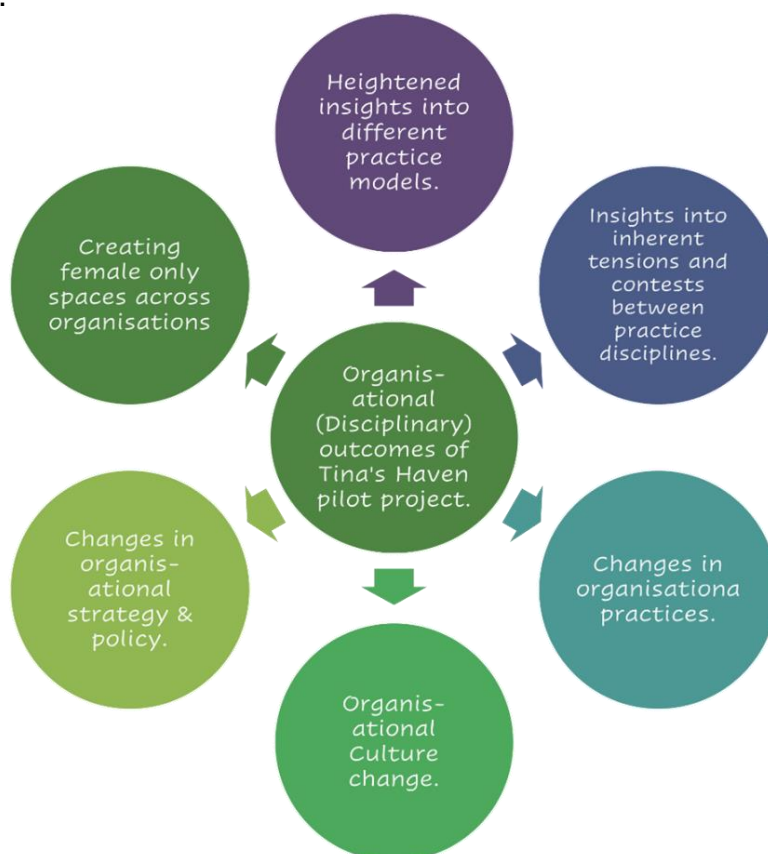


Figure 43: Outcome themes of Tina’s Haven pilot project at an organisational (disciplinary) level

a) *Changes in organisational practices*

In summary changes in organisational practices attributable to the Tina's Haven Project are:

- ❖ As an outcome of piloting the OML programme in a mixed-sex recovery organisation, women are a more central focus of the female staff, and they are responded to with a more empathic and trauma-responsive approach.
- ❖ Because the mixed-sex recovery organisation largely provided a safe space for piloting the delivery of the OML course, there was a professional transformation evident from one practitioner in relation to positioning her own self at the centre of her practice.
- ❖ For staff in the mixed-sex recovery organisation, the trauma training provided new skills to apply in practice and coping methods for practitioners in relation to their own trauma.
- ❖ For the artist-practitioners in the arts & nature-based setting, the trauma training instilled simple mindfulness techniques that are shown to be effective to responding to trauma in the nature-based sessions.
- ❖ The Tina's Haven pilot project was at a far deeper level of well-being for the artist-practitioners in the nature-based setting than anything they had done in the past, and different and deeper than any other local arts and culture organisations have delivered.

b) *Organisational culture change*

Organisational culture change is evident from the evaluation of the Tina's Haven pilot project in two key aspects of the project: in a mixed-sex recovery organisation, and in relation to collaborative arts and culture practice in East Durham.

- ❖ It is evident that staff in the mixed sex recovery organisation are more aware of issues of gender and power, both within the organisation and in wider society. Female staff would now be more likely 'stand their ground' in the organisation; and put a case forward for a woman to have a recovery space, even if the waiting list for males was longer.
- ❖ Within an arts and culture setting it was the first time that effective collaboration between different organisations and sectors had been witnessed; and this was considered highly important towards establishing safe spaces for practice with marginalised groups.

c) *Changes in organisational policy and strategy*

In summary, there is evidence of strategy and policy changes in all three partner organisations attributable to the Tina's Haven pilot project, along with implied changes in strategy and policy at a local agency that funds and support arts and culture in East Durham.

- ❖ In the mixed-sex recovery organisation, the changes are in consent procedures, staff training and integration of the OML programme, single-sex group work sessions, and a doubling of female beds in a recovery setting. There is also a more vigorous process of assessment, including a more ethical approach to women who currently don't meet ANE's admissions criteria.

- ❖ As an outcome of piloting the OML programme in the mixed-sex recovery organisation; the OML governance charity is now exploring what it would mean to adapt their procedures in relation to the OML 'Expectations of Sisterhood'.¹²⁶
- ❖ At the nature-based arts organisation the lead artist-practitioner has done the OML 'training the trainers' course in support of plans to embed feminist principles and expand their work around women's growth and development; and has also signed up for the OML employability course.
- ❖ The local agency that funds and support arts and culture have widened their horizons for the possibilities of partnering arts and cultural work with specialisms in nature, well-being, and lived experience of recovery, trauma, and marginalisation. Tina's Haven has contributed to making the case for the level of investment needed for this work.

d) *Creating female-only spaces across organisations*

There is now a firm commitment to embed the OML programme for women in the mixed-sex recovery organisation, from early 2024. The organisation has recently moved into new much expanded premises and has a dedicated women-only facility within the building providing: a female-only training room; a family room and a safe space, for women to have some personal space for themselves.

The nature-based arts organisation in developing two interrelated women's projects:

- a) A project co-produced with WiRE to support women in addiction, by promoting personal growth and recovery through their connection with the land, each other, and themselves.
- b) An arts-based project to give agency to the women and enable them to find creative spoken and unspoken ways to tell their individual stories through song, film, photography, and other artistic mediums (application pending).

These developments are promising and hopeful in terms of embedding equality between females and males in mix-sex treatment and recovery settings; including addressing the safeguarding issues identified in recent research (With You 2021, Whitehead et. al. 2023, Page et. al. 2024).

5.1.4 *Removing barriers in for birthmothers in the structural domain.*

The outcomes under this sub-heading relate to removing the following identified barriers to their social and political freedom and rights in their communities in the structural domain (as evidenced in [Section 1](#) and corroborated with empirical data in [Section 4.1](#)):

- The drive towards favouring adoption over keeping children in birth-families intensified with Government resources directed away from the Early Intervention Fund into adoption; creating opportunities for private agencies to profit from loss, grief, and trauma arising from severance.
- Soaring child removal cases in England in the last decade", and in the North East of England rises even higher; yet removing children from birthmothers is an extreme form of state intervention into family life (comparable with a 'living death).
- Birthmothers and the children severed from them are a high suicide risk.

- Birthmothers likely to become pregnant again after child-severance, and the majority of these babies will be removed at birth.
- It not being uncommon for children to remain in the custody of a domestic abusing father when their behaviour has “triggered” the mother’s active addiction.
- The family court system is pathologically biased and deeply disadvantages, often stigmatises falsely pathologises women as mothers.
- In the ultimate punishment, the enduring fate of birthmothers subjected to VAWG is sealed within the false narrative of “risk of future emotional harm” resulting in permanent separation and a blanket denial of the right to mother.

Evidence of outcomes from the Tina’s Haven pilot project in the structural domain are entirely incremental.

1. External women’s project in partnership with the Police, intending to embed a course to help women who have been subjected to abuse to regain ownership of their lives (OML).
2. Children’s social care recognising the value of the 12-week OML course to help birthmothers to reunite with their children (OML).
3. Recognition of the potential social-economic value and efficacy of Tina’s Haven model by a commissioner of public funding.
4. Towards improving practice with birthmothers in children’s social care. Beginning with the governance agency for the OML programme exploring the development for children’s social care professionals; the model of ‘early help’ work in a local authority to address the issues and challenges facing birthmothers within care systems and proceedings.
5. Investment of £100k public funding from the National Lottery Community Fund to sustain and develop the model in East Durham. ¹²⁷

The potential for learning from this study is disseminated, could be critical and integral to contributing to identifying and developing networks of support and pathways for birthmothers severed from their children, including removing cultural, systematic, and structural barriers. Towards this end the findings of this study are already being presented at high level regional and international conferences. ^{128 129}

5.2 Embedding a systematic process of cyclic and reflexive learning within the Tina's Haven pilot project.

Given the velocity at which the Tina's Haven pilot project sprung to life and reflecting upon the emerging issues and challenges discussed in this evaluation; there were inevitably elements of risk involved in combining the different practices values and disciplines that the project brought together. However, had the steering group, practitioners and artists not been brave enough to take a leap of faith into collaborative practice (with support from "No More Nowt"); and instead stalled to agree shared values, establish communication systems, partnership agreements and secure core revenue; then the project may not have happened.

Although the intention at the initial steering group was for all practitioners/artists to gain insights into the practice disciplines of each partner involved in the Tina's Haven pilot; finding and keeping mutually agreeable times and dates proved to be difficult.¹³⁰ However, despite this, a whole programme of in-house training and workshops delivered by and for steering group members/practitioners took place between October 2022 and July 2023, with the following broad outcomes:

- a) Heightened understanding and insights into different practice models.
- b) Changes in organisational practices.
- c) The creation and development of female-only spaces across organisations.
- d) Insights into nuances, tensions, and contests between practice disciplines:
 - i) Reconciling feminist praxis, spirituality and 'The 12-Steps' programme.
 - ii) Interpreting and responding to anger and other emotions in trauma-responsive, and emancipatory practice.
 - iii) Divergent approaches to trauma-responsive practice.

Effectively, embedding a systematic process of cyclic and reflexive learning within the achieved the following integrated learning outcomes across the four practice disciplines involved in the Tina's Haven pilot project, as outlined in Table 19.

Table 19: Integrated learning outcomes across the four practice disciplines involved in the Tina's Haven pilot project.

| 1) The Arts, culture, and nature-based practice | 2) A mixed-sex recovery organisation | 3) The Own My Life programme |
|--|---|--|
| <ul style="list-style-type: none"> a) Improved facilitation and flexibility in nature-based work with marginalised women. b) A far deeper level of well-being than any other local arts and culture organisations have delivered. c) A fusing of connectivity with the land in immersive nature experiences, with mindfulness techniques inherent in a trauma-responsive approach. d) A heightened appreciation and understanding of how trauma affects the whole body and the nervous system, and how to see through a generic 'trauma informed lens' in a mixed-sex recovery organisation. e) Effective collaboration which is highly important in establishing safe spaces for arts and cultural practice with marginalised groups. f) Tina's Haven has widened their horizons for the possibilities of partnering arts and cultural work with specialisms in nature, well-being and lived experience of recovery, trauma, and marginalisation. | <ul style="list-style-type: none"> a) Changes in strategy and policy in a mixed-sex recovery organisation to better accommodate the specific needs of females in addiction. b) Embedding the OML course into women's recovery programmes. | <ul style="list-style-type: none"> a) TWLC to provide additional guidance for mixed-sex services delivering the OML course.¹³¹ |

4) *Cross-disciplinary learning.*

- a) Deep and profound learning from the OML programme across participants in almost all aspects of the Tina's Haven pilot project; including an untangling of the complexity of patriarchal theories in interpersonal strategies to overcome male dominance.
- b) Interconnections between the philosophy and implementation of the 12-Steps programme and the immersive nature-based sessions.
- c) Parallels between the centrality of the 'recovery-led '12-Steps' programme and survivor-led feminist approaches to ending VAWG.
- d) The networks and collaborative relationships that have developed during the Tina's Haven pilot project, are the start of identifying and developing better networks and pathways of holistic support, well-being, healing, and recovery for birthmothers severed from their children by trauma-based addiction.
- e) A synergy between the different practice disciplines that combine together "as a nest to support the women."

5.3 Inherent nuances, tensions, and contests between different practice disciplines.

This section discusses tensions arising from combining trauma-responsive practice and emancipatory praxis; and feminist praxis, spirituality and 'The 12-Steps' programme with reference to academic literature.

5.3.1 Tensions arising from combining trauma-responsive practice and feminist emancipatory praxis.

There is no question arising from this evaluation that the practical techniques derived from the training delivered in the mixed-sex recovery organisation and the nature-based arts organisation were not effective in advancing trauma-responsive practice in the Tina's Haven pilot project. However, it is evident from the evaluation findings that differing trauma-responsive approaches and understandings led to inconsistencies in practice.

A review of the literature reveals that the tensions from combining feminist praxis with trauma-responsive practice have a deeper theoretical basis and have implications to the wider emancipatory goals of the Tina's Haven project. These relate to:

- a) Feminist critiques of attachment theories associated with trauma-informed approaches.
- b) Contests within literature relating to trauma-responsive and feminist approaches.

a) *Feminist critiques of attachment theories associated with trauma-informed approaches.*

There is a large body of feminist critique claiming that attachment theory is deterministic in positing mothering as women's primary and essential role.¹³² These relate to attachment theories being dominated by white, western, patriarchal, and class-based perspectives (Collins 1994, Hrdy 1999, Abella 2017, Keller 2018). For example, Hrdy (1999) challenges essentialist "gender-biased myths" and traditional stereotypes of maternal behaviour; arguing that back to primates, mothers have always struggled with competing and conflicting demands relating to their own susceptibilities and survival and that of their children.

"Attachment theory...rubbed precisely the spot where evolutionary acid burns deepest into feminist sensibilities."
Hrdy (1999:10)

Feminist critiques argue that mainstream interpretations of motherhood and expectations of intensive parenting "are strongly rooted in a white middle-class milieu" that assumes the availability of certain resources and structures and excludes the "multitude of ways" that Black women and poor women interact with the role of mother (Collins 1994, Abella 2017). It follows that uncritically presenting theoretical models in practice, particularly those that are devoid of a structural analysis of gender, class, and race, could undermine other elements of holistic and emancipatory programmes; and potentially propel participants back into a state of naïve consciousness.

b) *Contests within literature relating to trauma-responsive and feminist approaches:*

Congruent with findings of this study, a review of critiques of trauma-responsive practices reveals the existence of multiple and competing trauma perspectives currently informing health and social care practices. These largely arise from the perspectives of critical social work, VAWG and Black feminist literature (e.g., Funston 2018, Tseris 2019, Vera-Gray 2020, Thomson and Marsh 2022, Farinde-Wu et. al 2023).

Among the divergent perspectives are psychological trauma discourses and behaviour management models which represent “a significant departure” from social justice and social change agendas and politicised models of trauma-responsive practice (Funston 2018: p233). It is argued that focusing upon “trauma symptomology” reproduces dominant narratives of individual responsibility and states of false or naïve consciousness, potentially maintaining the status quo for marginalised women by obscuring sex, race and classed “forms of violence and structural oppression” (Tseris, 2014, Funston 2018:83).

“A medical/psychiatric model of trauma made young women responsible for healing their ‘damaged self under the gaze of an expert professional’ ... self-healing was found to be consistent with a neoliberal discourse of individual responsibility [which] undermines feminist social change agendas.” (Tseris 2014 in Funston 2018; 212)

Such an individualised and pathological approach is antithetical to the feminist emancipatory goals upon which the Tina’s Haven project was founded. Congruent with the contrasting approaches to trauma-responsive practice applied in the trauma training, and that of the OML course (which created safety by developing peer-support and solidarity); in qualitative research about concepts of trauma in children’s social care practice, there are competing perspectives surrounding female empowerment and disempowerment.

“The trauma concept was in some cases applied in a paternalistic manner that medicalised young women’s distress and minimised issues of gender inequality. However, other participants described trauma work with young women as a form of feminist activism.” (Teris 2019: 686)

Parallel contests are evident surrounding trauma-responsive approaches within the women’s sector (Vera-Gray 2020). Again, this relates to “understanding of the self as relational, situated and intersectional”; and how pathological approaches inherent in the counselling models that have come to dominate provision and “depoliticised and individualised discourse of trauma” (ibid). This is undermining the original ethos of the Women’s Liberation Movement to understand and recognise the harms of VAWG across four interlocking dimensions: personal, cultural, social, and structural (ibid). Significantly, these dimensions are congruent with the emancipatory framework for this study, and the Tina’s Haven theory of change (Collins 2000).

To revisit the reflections from Practitioner C (July 2023), in relation to defining “who are we to the women and how do we safely hold the space”, the concept of ‘space for action’ is useful to consider (Kelly et. al 2014). In a ‘space for action’ model it is conceived that when women are in abusive relationships, it narrows their life and options so that their space to exercise agency or action is diminished (ibid). Whilst upon leaving the relationship immediately expands their space for action, the expansion slows down as they face practical barriers in moving on with their lives. However, the most dramatic expansion of their space for action was where women following separation had immediate access to “an empowering environment, supported by committed individuals who understood domestic violence” (ibid).

What can be learned from this analysis, is that the theories and practices applied to a transferable model of holistic and emancipatory praxis need to be subjected to continual reflexive, and critical interpretation. This is not a finite process; it needs to be ceaseless and eternal. Moreover, this needs to be done in such a way that is open-hearted and transparent, and the individual and collective responsibility of those and delivering the project.

5.3.2 *Interpreting and responding to anger in emancipatory practice*

A reflexive approach to professional practice modelled in the Tina’s Haven pilot project corresponds with the conception of “feeling-passion”, whereby you cannot know without “feeling and being impassioned;” and correspondingly the absence of personal and emotional identifications serving to maintain the status quo (Gramsci 1971:418). This is conceived as the “language of emotion” whereby a combination of values, motivation and emotion and being “driven by passion” is a prerequisite for critical and transformational practice (Banks 2007: p6 and p138). In relation to the development of a Tina’s Haven model that seeks to be at once feminist, emancipatory and trauma-responsive; anger is possibly the most contentious emotion; yet possibly the most transformational.

“Anger is the human attribute which has the most possibility of generating the kind of collective resistance which is a necessary precondition of emancipation.” (Leonard 1997:162, in Banks 2007:138)

In parallel with the emancipatory potential of the Tina’s Haven project: for Hoggett et al., “anger at injustice is connected to a desire to change things” and “manifest in the desire to help repair damaged communities” or individuals or “empower those who do not have a voice” (2009:85).

Whilst it may be perfectly valid to perceive anger as an expression of trauma, or to conceive that we are ‘not in our bodies’ when we are feeling angry; there is an implication of individualising and pathologizing anger, thus neutering its emancipatory potential. As found by Teris, “the trauma concept” was in some cases applied in a way that “colludes with patriarchy, medicalising young women’s distress and minimising issues of gender inequality” (2019: 686).

In their qualitative study of women's anger from a medical perspective "It hurts most around the heart," Thomas et. al. (2001) found that neither confining anger within the self, nor externalising anger as an outburst was conducive to dissipating women's feelings of powerlessness and lack of control. It was only when women used "anger to restore justice, respect, and relationship reciprocity" that women reported "a sense of power within." These claims support rooting women's healing and recovery in professional practice based upon feminist emancipatory methods, as modelled in the Tina's Haven pilot project.

The dynamic potential of anger is captured by self-described "black, lesbian, feminist, socialist, mother, warrior and poet" Audre Lorde (1983):

"Every woman has a well-stocked arsenal of anger potentially useful against those oppressions, personal and institutional, which brought that anger into being. Focused with precision it can become a powerful source of energy serving progress and change." (Lorde 1981)

In relation to female recovery and healing from trauma-based addiction, a reflexive interpretation of the expression of women's anger, informed by a structural analysis of female oppression is critical.

5.3.3 Reconciling feminist praxis, spirituality and 'The 12-Steps' programme.

To better understand the emerging tensions and intersections between feminist methods and 'The 12-Steps' programme, a brief review of available literature was conducted as part of this study (i.e., Tallen 1990, Sanders 2003, 2006, 2009, 2011, Bond and Csordas 2014).

A dearth of feminist critique of 'The 12-Step' programme is questioned by Tallon (1990) in her 'lesbian feminist critique'. Whilst "acknowledging that "The 12-Steps" saves women's lives," Tallon questions "whether it improves them?" Whilst acknowledging feminist criticism that largely argue that 'The 12-Steps' "is oppressive, male dominated" and "another patriarchal institution;" through their qualitative study Bond and Csordas (2014) also establish that "women find healing, recovery, and empowerment" within the programme. In terms of how the women talked about 'empowerment', Bond and Csordas draw upon Covington's definition, as "finding and using an inner power" (Covington 1994: p12) and Sanders (2009) upon multiple definitions including "self-development, improved self-esteem, self-respect, confidence, and enriched relationships."

In congruence with the concept of 'naïve consciousness' as it is conceived and evidenced in this study; Sanders finds a common thread in narratives of "shared persistent stigma and shame" experienced by women in addiction (Sanders 2011). An earlier study establishes that "women empower themselves" through 'The 12-Steps', specifically when they engage in women-only meetings, and utilise other supports (Sanders 2003).

The female participants in Saunder's study "express a sense of personal empowerment that is particular to a gender-specific" of 'The 12 Steps' because "woven throughout" are the women's experiences and "acknowledgment of gender and the role it plays in how they work 'The 12 Steps'" (Sanders 2006).

“Most of these women have completed ‘The 12-Steps’, “working” them in a manner that reflects gender differences. Lastly, these women utilize many different supports to accentuate and complement ‘The 12-Steps’, collectively and personally empowering themselves through the process of recovery.” Sanders (2003)

Of overarching significance to the Tina’s Haven pilot project is a body of research by Jolene Sanders, that entirely supports a rationale for holistically enhancing ‘The 12-Steps’ programme, by creating female-only spaces for consciousness raising, so that women can navigate their own route through recovery with the benefit of self-empowerment, social justice, and female solidarity (Sanders 2003, 2006, 2009 and 2011).

This study exemplifies that women in addiction recovery deeply valued the feeling of spiritual connection that they achieved in the nature-based sessions; finding this therapeutic and indeed instrumental to their recovery.¹³³ Parallel links between self-awareness, human connection, and spirituality; are most apparent in literature relating to Black women, survival, resistance, and activism (e.g. Gayle 2011, Walsh 2015, Ross, et.al 2022).

“There is still ‘a profound unshaken belief in the spiritual power of black people to transform our world and live with integrity and oneness despite oppressive social realities.’ In that world, Black women ‘collectively believed in higher powers’ something that is bigger than anything within their grasp and have ‘learned and shared the secrets of healing’ with each other.” (hooks, in Gayle 2011: 107).

As evident throughout this study; women need access to a whole range of holistic programmes and organic ways to recover from VAWG, trauma and addiction. What is critical to an emerging Tina’s Haven model, is creating safe, gentle, and forgiving spaces; and women being able to choose what they need to support their own recovery and healing. Such spaces can accommodate a flexible approach to women’s spirituality that at once supersedes organised religion and is embracing for women for whom religion is integral to their lives.

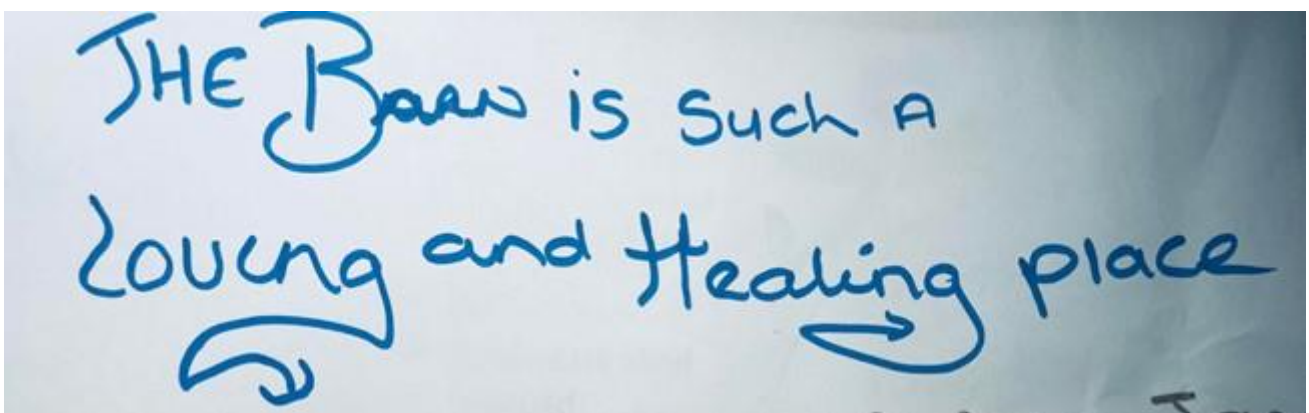


Figure 44: Participant’s journal entry: Evaluation of WiRE volunteering sessions, December 2023

5.4 Contribution of the Tina's Haven pilot project to other studies

The narratives of birthmothers involved in this study combine into a collective biography, telling of childhood and teenage trauma and abuse often leading their journeys into addiction; state intervention into their adult lives upon becoming pregnant and having children; and then state collusion with VAWG that the women have been subjected to throughout their lives. Whilst these findings corroborate those of other studies involving birthmothers and women in addiction, being persistently and disproportionately subjected to VAWG (e.g. Covington 2007, Van Zyl, et. al. 2022a); another recent study situates the inherent problem as “a clear cycle of deprivation” and “intergenerational trends,” advocating for a “whole family” approach to interrupt them (Grant et. al. 2023).

“There is a clear cycle of deprivation and trauma, as mothers describe growing up in homes with complex need and having these experiences continue into their own families as they become parents. Support services should consider ‘whole family’ need to interrupt intergenerational trends, including supporting current children, birth fathers and any potential future children they may have.” (Grant et. al. 2023).

However, what tends to be absent from ‘whole family’ approaches are critical understandings of how gender and power operates within the family, and a structural analysis of VAWG (in accordance with UN and WHO definitions), along with any central focus upon birthmothers.¹³⁴

We know that birthmothers and children are perceived in a binary way in the children’s social care system, and that the focus is upon reducing the risk of adversity to children, at the exclusion of addressing parental trauma that might be contributing to it (Mason et. al. 2020). What also becomes evident within children’s social care is “victim blaming”, along with collusion by social workers with male perpetrators of domestic violence as reported in The British Journal of Social Work:

“Threats to remove the children from the home and victim blaming were among the tactics described. The parallel between such reported forms of coercion employed by social workers and those used by the abuser are striking.” (Keeling and Van Wormer, 2012).

As evidenced by Bedston et. al. (2019), a “gender sensitive approach” is “often missing from policy and practice”, with far reaching consequences for birthmothers in terms of the level and blame and responsibility placed upon them; and indeed, where the children are placed. We also know that patriarchal bias inherent in the family court system, deeply disadvantages women as mothers and forces children in to contact and custody with fathers accused of abuse (Learmonth et. al. 2022, Morriss and Broadhurst 2022, Dalgarno et. al. 2024)

“Sexist and misogynistic attitudes and behaviours of family court practitioners and judiciary create a hostile, demeaning environment that is as inhumane as it is dangerous for women and children surviving male violence.” (Learmonth et. al. 2022)

We also know from the triangulation of data sources in this study, that it is not uncommon for women to be falsely labelled as the perpetrator by statutory agencies and in court proceedings where a gendered analysis of domestic violence is absent (Learmonth et. al. 2022, Morriss and Broadhurst 2022, UK Parliament 2022, Dalgarno et. al. 2024). In a ‘whole family approach, what is deemed by state agencies as ‘situational couple violence,’ can be a misinterpretation of women’s resistance to the abuse they are being subjected to (Practitioner D, June 2023).¹³⁵

Even in cases where it is established that women have been subjected to abuse by a male perpetrator, within the children’s social care and family court system, the fate of future children is sealed in the damning narrative of “risk of future emotional harm”, entirely denying the right to motherhood (Featherstone et. al. 2018).

Practice directive 12J sets out rules that the family court must follow in cases concerning children where there has been domestic violence.¹³⁶ However, it is shown that the directive is frequently not understood or misinterpreted to the disadvantage of mothers (Learmonth et. al. 2022)¹³⁷: Following a landmark hearing in 2021 relating to partner rape and coercive control, The Court of Appeal was asked to consider how the family court treats allegations of domestic abuse, and as a result, “Practice direction 12J” was updated (April 2023).¹³⁸ However, a recent study exploring the experience of mothers warns of a “looming public health crisis” and calls for “mandatory training and practice guidance” for all family court professionals to “improve system responses to domestic abuse and coercive control,” including identifying perpetrators and supporting survivors and children (Dalgarno 2024).

In divergence to Grant et. al. (2023); evidence presented in this study suggests that what is required to break inherent cycles of VAWG, trauma, addiction, and child-severance, is a system that focuses upon the rights and needs of both children and their birthmothers; and acknowledging and supporting the relationship between mother and child. In the play “Mother’s Day”, a feminist portrayal of street homelessness, motherhood, and addiction; the central message is that regardless of who is caring for the child; the relationship between mother and child cannot be severed.¹³⁹

“Although a woman might find herself in circumstances that prevent her from being an effective carer, she will always be the child's mother and that relationship is crucial to both mother and child.” (Louise Monaghan, Playwright, April 2023)

As noted by Amanda Boorman, the term ‘trauma’ now permeates the lexicon of child-removal; yet it is not just attributable to parental abuse and neglect; but to wider social issues known to be prevalent in the lives of birthmothers and their children.¹⁴⁰

“Abuse and neglect cause trauma and that is a fact. So does domestic violence, substance addiction, homelessness, poor mental health care, illness, poverty – and so does losing a loved one forever.” Boorman (2016)

Birthmother and child relationships; and the far-reaching traumatic impact of severance and loss, are the emotive issues that Tina’s Haven was conceived upon.

As evidenced by Mason et al. (2020) in their analysis of “Parental Non-Engagement within Child Protection Services”, abuses of trust in early life arising from interpersonal relationships resulted in adaptive self-protective strategies that are taken into relationships in their adult life.

“A core feature of complex trauma is that people struggle in relationships and have low levels of epistemic trust. This arises from the fact that trauma has often been experienced in the context of relationships of interpersonal dependence, and that the abuse of trust leads to an adaptive strategy to avoid relational intimacy or to developing ways of managing relationships that prioritise the need for self-protection.

Examples of this could be seen in women’s own accounts of their adult intimate relationships and, more crucially in their interactions with their children’s social workers.” (Mason et al. 2020)

What is not plainly apparent from the Mason et al. study is the possibility of abuses of trust originating from institutional betrayal being a factor in the development of adaptive strategies of self-protection that lie beneath ‘non-engagement’ (see Smidt & Freyd, 2018). Yet in the Tina’s Haven study, it is evident from both the empirical findings and the literature that birthmothers have been subjected to harm by the state.

For Mason et al. (2020), it is evident that at the same time as children’s social care workers lack the skills to overcome “deep-rooted feelings of distrust and defensiveness” within parents’ resistance to collaborative working; children’s social care discourse is imbued with concepts such as ‘resistant’, ‘hard to reach’ and ‘disguised compliance’ which serve to “entrench suspicion and power imbalances between parents and professionals.” Moreover, whilst achieving effective working relationships between children’s social care workers and parents is fundamental to child protection, evidence of achieving “cooperative working relationships through skilled professional practice” is negligible; and breakdown of “engagement” is invariably attributed to parents in family courts in care proceedings (ibid).

From their extensive study into “parental non-engagement within child protection services”, Mason et al. (2020) concludes that a “trauma-informed approach” to reducing the likelihood of parental disengagement is helpful in protecting children. Whilst Mason et al. (2020), note that the focus of their analysis is birthmothers, they claim that this is “simply because” the data presented emanated from a birthmothers’ study; and that the same trauma-informed approach to reducing the likelihood of parental disengagement is “also pertinent for work with fathers” (ibid). Yet we know from the findings of this study, that violence and abuse, are highly gendered, with males more likely to be harmed by enemies or strangers, and women more likely to be harmed in interpersonal relationships with people they love; this is the nature of ‘complex trauma’ (Covington 2012).

Evidence presented in this study suggests interpreting the impact of ‘complex’ trauma and engendering trust from birthmothers suffering trauma-based addiction requires a fusion of trauma-responsive, reflexive, feminist emancipatory practices, that are situated within a critical analysis that recognising the pervasive, gendered, and structural nature of VAWG (also see Teris 2019).

5.5 Limitations of this study and implications to future research and practice.

5.5.1 *Developing networks of support for women who leave addiction recovery and/ or lapse into active addiction.*

The concept of Tina’s Haven is not purely based upon goals of women maintaining recovery; it is about addressing and ultimately removing the structural, personal, and emotional barriers for birthmothers severed from their children by trauma-based addiction. In whatever follows the Tina’s Haven pilot project, there is extensive work to do around mapping, building connections and developing networks of support around birthmothers severed from their children by addiction.

The networking relationships that have developed during the Tina’s Haven pilot project could be the start of identifying and developing networks of support and pathways to recovery from trauma and addiction for birthmothers severed from their children. In what became a mantra for Tina’s Haven pilot project “these women need an army of women to support them.”

5.5.2 *Activism around supports and therapy for birthmothers and children to become and remain re-united.*

It is evident from the evaluation narratives that birthmother’s recovery should be based around both the needs of the children and those of mothers; including the need for “self-love” and “self-care” to overcome the negative emotions that are shown to have been internalised by birthmothers encounters with the false and damaging narratives that dominate the child protection system (Keller H., 2018, Wall-Wieler et. al. 2018, Williamson et. al. 2023).

How the learning from this study is disseminated, and who to, is integral to developing networks and pathways to support, healing, and recovery. It is imperative towards the emancipation of birthmothers severed from their children by trauma and addiction that this involves addressing and ultimately removing interpersonal, cultural, systematic, and structural barriers; including the social and political issues outlined in this study.



Figure 45: A line of feathers from a bird trapped on a fallen tree, Tina's Haven Photography Exhibition, (June - July 2023).

6. Conclusion

This study provides biographical and practice-based evidence, combined with a review of the literature that challenges a 'whole family' approach towards interrupting the cycle of child severance and removal. Instead, it has sought to model holistic and emancipatory praxis with birthmothers in trauma-based addiction, to bring about agency, self-empowerment, and female solidarity; and to remove interpersonal, cultural, systematic, and structural barriers to their social and political freedom and rights.

Within the emerging holistic model, this study establishes that interpreting and responding to the impact of trauma upon birthmothers in addiction; and engendering their trust, requires a fusion of trauma-responsive, reflexive, and feminist emancipatory practices.

It is evident from this study that a systemic shift in children's social care and the family court system is urgently needed; to bring to the forefront the rights and needs of both children and birthmothers and to put measures in place to support the relationship between them. As a signatory of CEDAW, it is incumbent upon the UK government that these systems operate within the structural definitions of discrimination against women and VAWG as they are contained in United Nations Conventions.^{141 142}

6.1 Towards a transferable model of emancipatory praxis with birthmothers.

The four practice disciplines applied to the Tina's Haven pilot project were:

- 1) 'The 12-Steps' to addiction recovery, complemented by 2) and 3).
- 2) The Arts and nature-based practice.
- 3) 'Own My Life' programme - a 12-week course to help women who have been subjected to abuse to regain ownership of their lives and a 5-day train-the-trainers course.
- 4) Trauma-responsive practice (embedded into 1 – 3).

A central question that this study set out to examine was:

Is the nucleus of Tina's Haven located within the intersection of the four different practice disciplines applied to the pilot project?

From the findings of this evaluation documented in [Section 4.3.1](#) to 4.2.3, figure 46 illustrated the pattern that emerged in relation to the outcomes specific to each of the practice disciplines, and where they cross over.

Is the nucleus of Tina's Haven located within the intersection of the practice disciplines applied to the pilot project?

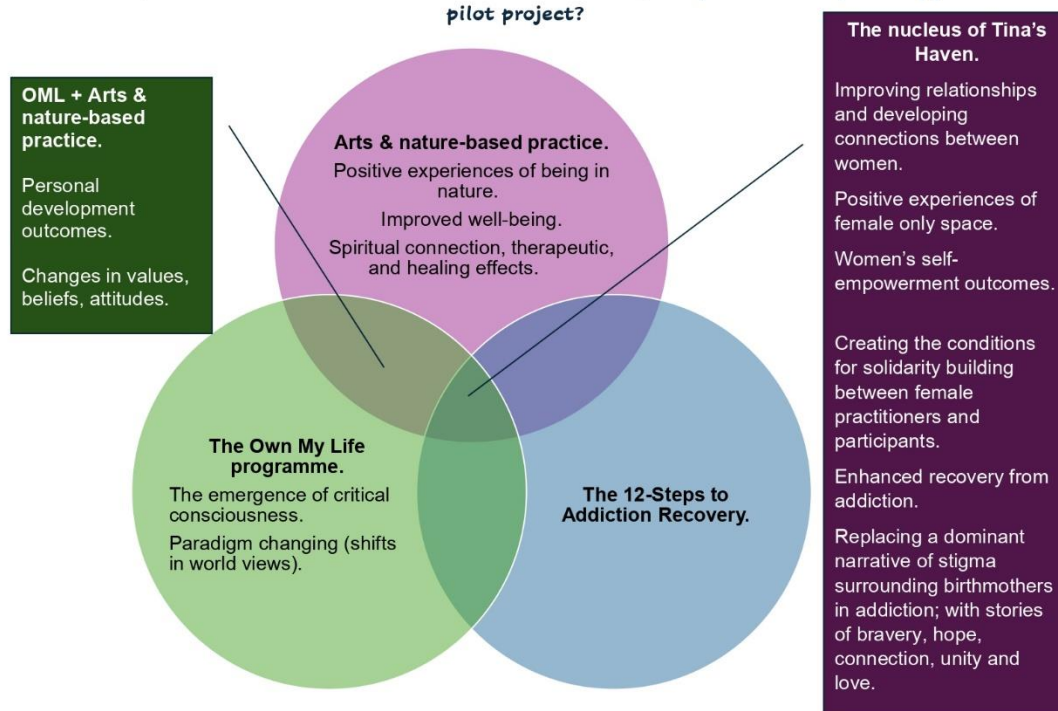


Figure 46: Outcomes specific to each of the practice disciplines and where they cross over.

The following patterns emerging from the study findings:

- ❖ Positive experiences of being in nature, improved well-being, and spiritual connection, therapeutic, and healing effects are specific to Arts and nature-based practice.
- ❖ The emergence of critical consciousness, and associated paradigm changing (shifts in world views), are specific to the OML course.
- ❖ Personal development outcomes, and changes in values, beliefs, attitudes (the development of a counter hegemony), are common to both the OML programme and Art and nature-based practice.

The following were evident in either one or two of the outcomes from the practice disciplines and also in data that could not be attributed to one discipline, rather their holistic combination. Thus, the following outcomes are identified from the study as forming the nucleus of Tina's Haven:

- Improving relationships and developing connections between women (OML and the holistic project).
- Positive experiences of female-only space (OML, Arts & nature-based and the holistic project).
- Women's self-empowerment (OML, Arts & nature-based and the holistic project).
- Creating the conditions for solidarity building between female practitioners and participants (the holistic project).
- Enhanced recovery from addiction (the holistic project).
- Replacing a dominant narrative of stigma surrounding birthmothers in addiction, with stories of bravery, hope, connection, unity, and love.

6.2 Emerging key tenets of a Tina's Haven model of emancipatory praxis.

This study clearly evidences that birthmothers severed from their children by trauma-based addiction need cultural, systematic, and structural remedies to remove barriers to their social and political freedom and rights, as well as personal and interpersonal ones. Thus, the evaluation matrix for the pilot project, demonstrated to bring about changes across four domains of discrimination and empowerment, forms an effective theory of change that future practice and evaluation should flow from (Kellogg Foundation 2004 Collins 2000: p277-28).¹⁴³ The following also emerge as key tenets of a transferable model of emancipatory praxis also flow from the study:

- a) Creating and protecting safe and forgiving female-only spaces; and protecting them by applying the Single Sex Equality Duty (SSE).¹⁴⁴

In the Tina's Haven pilot project, it is evident that female-only spaces were modelled upon conceptions of 'liminal space', where self-determination and agency could be exercised; and where intersectional relationships based upon mutual identifications and trust between female participants and practitioners could be nurtured and developed.

- b) Recognising female oppression and VAWG as structural and systematic issues; in accordance with the global and national definitions.^{145 146}
- c) The centrality of feminist consciousness-raising practice methods to break states of 'Naïve consciousness' (passive and unquestioning acceptance of discrimination); and move towards 'Critical consciousness'.¹⁴⁷

This involves women breaking silences; being able to name their everyday experiences of sex-based oppression, and coming to understand how this intersects with class and race-based systems of oppression.

- d) Recognising that 'naïve consciousness' does not necessarily erupt spontaneously; it is evident that it requires a stimulus, or a "critical incidents," including practitioners reflexively making aspects of their self and identity public (Ledwith 2009:689).
- e) Practitioners overcoming the objectifications of dominant class-based conceptions of professionalism; whereby the space for trust to develop between practitioners and 'service users' is known to be narrow (Banks 2004).

In this study, this involved practitioners being joined in struggle with birthmothers severed from their children by addiction (not "othering") and building solidarity with love and spiritual connection.¹⁴⁸

- f) Developing intersubjective relationships based upon mutual identification are critical towards establishing trust and solidarity among participants and practitioners. Simply defined, 'intersubjectivity' is how we experience ourselves through others.

This emerges as highly significant for birthmothers severed from their children, who are living daily with the detrimental effects of marginalisation, stigmatisation, blame and shame.

- g) Accommodating a flexible approach to women's spirituality that at once supersedes organised religion and is embracing for women from whom religion is integral to their lives. (Gayle 2011, Walsh 2015, Ross, et.al 2022).
- h) The theories and practices applied to a transferable model of emancipatory praxis, particularly those relating to trauma-responsive practice and conceptions of mothering, and motherhood, need to be constantly subjected to reflexive and critical interpretation, and with reference to issues of gender, race, class, and power.
- i) Recognising the dynamic and emancipatory potential women's anger; and as such, subjecting all emotive expression to reflexive interpretation that is informed by a structural analysis of female oppression.

These emerging key tenets of a Tina's Haven model of emancipatory praxis are illustrated in Figure 47, following.



Figure 47: Emerging key tenets of a Tina's Haven model of emancipatory praxis.

6.3 Key components of a transferable model of praxis.

The following emerge as key components of a transferable model of emancipatory praxis with birthmothers severed from their children by addiction.

- a) At the heart of the transferable model of emancipatory praxis are safe and forgiving female-only spaces, that are protected by the SSE, on the basis that a mixed-sex approach would not be an effective way of addressing the subjective experiences of birthmothers severed from their children by trauma-based addiction.¹⁴⁹
- b) Within the heart-centre, is connecting with the struggle for social justice and rights for birthmothers by surrounding them with love and connection supported by feminist consciousness-raising and solidarity building.
- c) Also, at the heart-centre of the model is the subjective-self of the artists and practitioners. It is imperative towards building trust and female solidarity that those involved in steering and delivering the model able to overcome dominant conceptions of detached professionalism.
- d) There is no place in an emancipatory model for divisions and hierarchies; we are all part of the same struggle for social justice and rights for birthmothers severed from their children, because these are fundamental women's rights. For bell hooks, 2003, quoting Paulo Freire 1973, "to enter the struggle, we have to ourselves become subjects."

Within this struggle, patriarchy, white supremacy, and capitalism are recognised as interlocking systems of oppression.

The three interconnecting and synergising practice disciplines emerging from the finding of this study are as follows:

- i) Recovery from trauma and addiction: Which in the Tina's Haven pilot project was mainly delivered through 'The 12-Steps' to addictions recovery programme. In a transferable model, this could be delivered through or alongside other recovery programmes.¹⁵⁰
- ii) Understanding the structural nature of VAWG: Critical learning for women subjected to VAWG to regain ownership of their lives. In the pilot project the OML programme was piloted in a mix-sex recovery organisation with no tradition of feminist work or in-depth critical understanding of VAWG. Were the model to be transferred into a context, other in-house training, or critical learning programmes around VAWG could be available and applicable. What emerges from this study as imperative is the development of critical consciousness.
- iii) Arts & nature-based practice: Using the Arts to find agency, and to tell individual & collective stories whilst deeply connected to our-selves, each other, and nature.

Figure 48 depicts the conception of a transferable model of emancipatory praxis with birthmothers severed from their children by addiction shaped by the findings of this study.

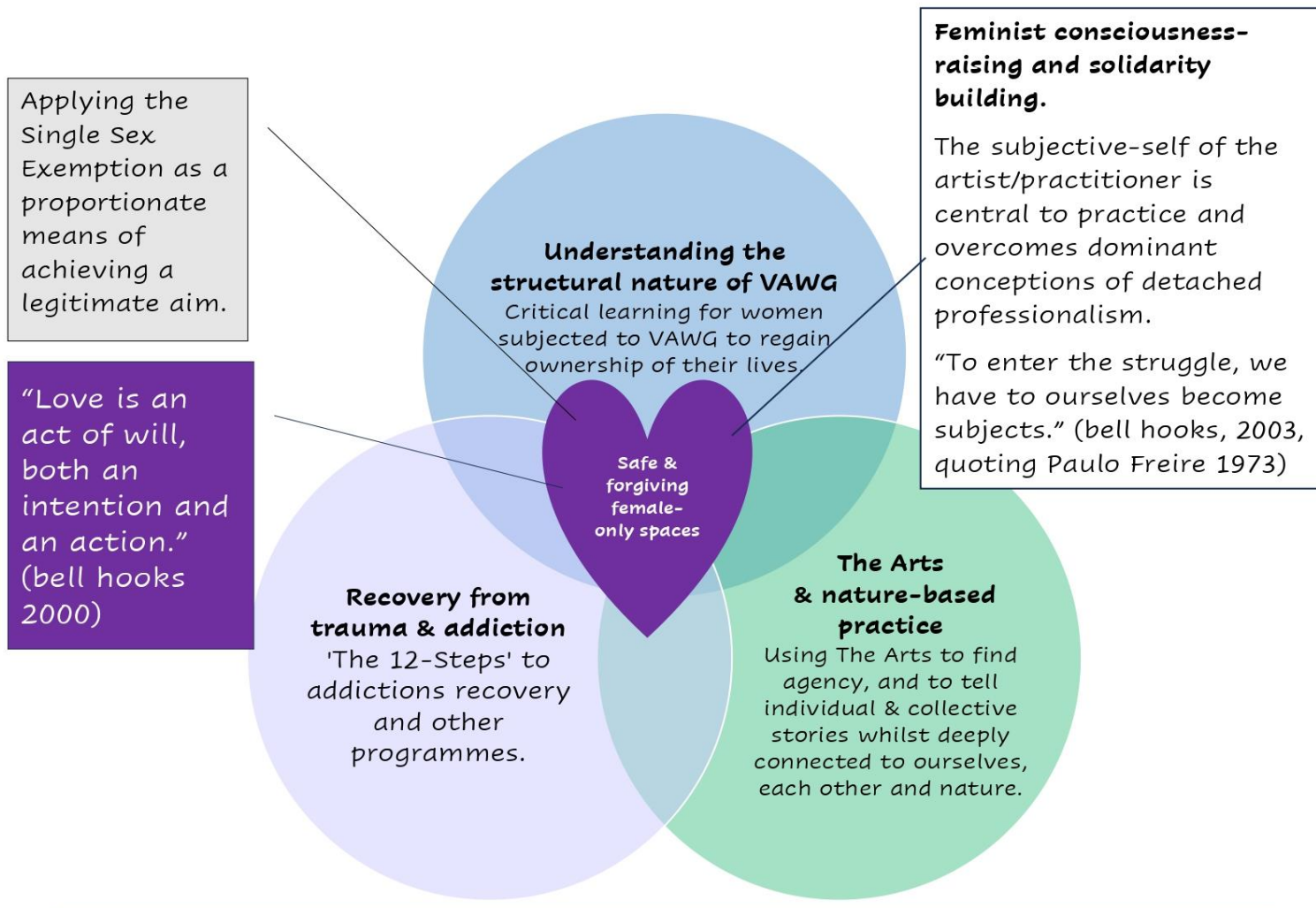


Figure 48: Transferable model of emancipatory praxis emerging from the Tina's Haven pilot project.

7. Next steps and recommendations for policy and practice.

7.1 Next steps from the Tina's Haven pilot project.

The following next steps are now in place to sustain the emancipatory model of practice established by the Tina's Haven pilot project in East Durham:

- a) Piloting taking nature into a mixed-sex recovery setting through an initial small Art-based programme to engender ownership of the new female-only suite.
- b) Embedding a female-only nature-based programme and the OML course as integral to the women's programme in a mixed-sex recovery setting.
- c) A project to create opportunities for women to be deeply connected to nature, through growing and creative activities, and to increase women's potential for meaningful employment (with £100K awarded from National Lottery Community Fund).
- d) Development of an Arts-based project for women in addiction to find agency, and to enable them to find creative spoken and unspoken ways to tell their individual stories through song, film, photography, and other artistic mediums (applications pending).
- e) Exploring implications and potential of transferring the Tina's Haven model into a rural setting through an initiative conceived as: "Safe and forgiving spaces: A conversation about creating holistic services for women in addiction rural Northumberland."
- f) Continue to work collaboratively through grassroots organisations, and linking to regional, national, and international organisations and networks to identify and develop better supports and pathways of holistic support, well-being, healing, and recovery for birthmothers severed from their children by trauma-based addiction.
- g) Ongoing embedding of cyclic evaluation of emerging projects using the theory of change modelled by the Tina's Haven pilot project to ensure a rights-based, emancipatory approach.
- h) Towards removing known barriers to their social and political freedom and rights; wide dissemination of the learning from this study to influence changes in social attitudes, institutional practices and policy, and the law (including its interpretation).

7.2 Recommendations for policy and practice.

A crucial next stage in the development of the Tina's Haven project, could be to carry out detailed strategic work, **led by birthmothers severed from their children by addiction**; along with grassroots networks and individuals joined in their struggle; to bring about their social and political freedom and rights. In relation to the issues and barriers identified in this study, consideration could be given to the following:

- a) Influencing funders and commissioners to invest in holistic, trauma-responsive, and emancipatory practices with birthmothers in trauma-based addiction; for the purpose of bringing about, agency, self-empowerment, and female solidarity. This should include grants to recovery and addiction female-led community groups.¹⁵¹
- b) Call upon mixed-sex treatment and recovery organisations to provide safe and forgiving female-only spaces in accordance with the SSE (Equality Act 2010).
- c) Seek resources for a Social Return on Investment (SROI) assessment of the emancipatory model of praxis in relation to its social, environmental, and economic value by reducing inequalities and improving the well-being of birthmothers.¹⁵²
- d) A call to action to The UK Women's Sector to understand and respond to the needs of birthmothers severed from their children by trauma-based addiction. This should include:
 - iv) Promoting rights-based emancipatory feminist praxis with birthmothers.
 - v) Strengthening networks and pathways of holistic support, well-being, healing, and recovery from addiction and VAWG.
 - vi) Policy and campaigning work to support birthmothers using human rights instruments such as the SSE (EA 2010), Human Rights Act 1998 and the Convention for the Elimination of Discrimination Against Women) CEDAW.¹⁵³
- e) Call upon Government to re-invest in early intervention, with the intention of shifting the emphasis back towards keeping children in birth-families as a way of reducing the soaring numbers of children entering the care system. And to make statutory provision for therapeutic supports available when children and birthmothers are reunited, on parallel lines and scale to the Adoption Support Fund.¹⁵⁴
- f) Call for statutory support for birthmothers when they are severed from their children as a result of children's social care and family court systems. However, this would need to be shaped by and for birthmothers, on their terms; and not infringe upon or undermine their rights.
- g) Campaigning with others for an urgent systemic shift in children's social care and family court systems to bring to the forefront the rights and needs of both children and birthmothers, and to put measures in place to support the relationship between them. As a signatory of CEDAW, it is incumbent upon the UK government that these systems operate within the structural definitions of discrimination against women and VAWG as they are contained in United Nations conventions and WHO.¹⁵⁵

Acknowledgements

Firstly, thank you to the women who participated in the Tina's Haven pilot project (many birthmothers severed from their children), for sharing their heart-breaking, yet powerful and inspiring experiences and stories for the evaluation. Every one of you are beautiful, brave, bold warriors in this sometimes-cruel world, I am so grateful to know and love you.

Thank you to all the funders of the Tina's Haven pilot project: No More Nowt, Arts Council England, Awards for All, Durham Community Foundation, and ANE Health and Housing. A special thank you for all the individual kind and generous donations made in Tina's memory at the celebration of her life on 4th August 2020, and later through Facebook and Just-Giving; every penny helped this pioneering project to happen. A special thanks to friend and fellow feminist activist Sarah Learmonth who donated on behalf of her late beloved brother Matthew Frost, an avid campaigner for the homeless.

Thank you to The Open Nest Charity, who supported and cared for Vinnie and me during the cruel and excruciating grief in the weeks and months following Tina's passing; and where Tina's Haven was first conceived. It was Amanda Boorman founder of The Open Nest who first offered me a public platform in 2016 to talk about my own experiences of child protection and child severance. Fellow Open Nest Trustee and Havening practitioner and trainer Fran Proctor inspired the name. Tina's Haven is in remembrance of Fran's sister Tina too.¹⁵⁶

Thank you to each woman on the Tina's Haven pilot project steering group and delivery team, who worked over and above on the journey towards transforming a vision into reality, including Geraldine Ling a mother & baby foster carer, who was there at the start with us. Credit for photographs from the Tina's Haven Exhibition at The Art Café illustrating this report goes to the women participants supported by creative producer Sharon Bailey. Thank you to VAWG specialist Dr Rosie Lewis for pro-bono facilitation and development work to map Tina's Haven practice principles and values. Thank you to Dr Haley Alderson, Senior Research Fellow, at Newcastle University; for kindly and critically informally peer reviewing the draft of this study.

Thank you to Tina's sister's Louise, Jamie, and Katy, for lovingly supporting me through this bittersweet journey to try to improve the life chances of birthmothers severed from their children by addiction. Thank you to my partner, Gus for patiently keeping on top of the laundry and shopping, bringing me endless cups of tea; and always being 'present' for our grandson Vinnie throughout the nine-months it has taken to make this report publishable. Thank you to my mum and dad who are no longer here, but from who I inherit my tenacity in the face of injustice and abject tragedy.

Finally, and forever, Tina's Haven is in memory of my beloved daughter Tina Robson, who died age 35 in temporary homeless accommodation having suffered trauma and addiction for most of her too short life.¹⁵⁷ Tina left behind her adored son Vinnie, when he was only eleven years old. Vinnie wanted a statue or a monument in remembrance of his mum; in Tina's Haven I have attempted to build him one. Out of our family's experiences of severance, trauma, and loss, we are determined to create something emancipatory and hopeful. In the words of bell hooks (2000b) who offers a hopeful vision of love's transformative power - **" Love is an act of will, both an intention and an action."**

And finally in honour of Tina's memory

"What you are doing for the girls is amazing – to get to be yourself, to be at one with nature, the whole world is at peace. I am grateful to be part of Tina's Haven, and I would like to be part of it as long as I can. It's an honour."
(Interview G)

"I am grateful and thank you for what you are doing for us all, for the support and what is being achieved. Thankful for being able to keep Tina's memory alive, its heartfelt and beautiful." (Interview F)

To work in Tina's memory, in her honour. I know it has been a comfort to you Sue, and that is nice to see. (Interview G)

"I think Sue is very brave for developing Tina's Haven when she is in deep grief for her child...If Tina had made it to The Barn in body rather than just in spirit, it would have quietened what was going on in her head." (Interview H)

"Overall, it would not have happened if it wasn't for Tina – something positive has come from tragedy." (ANE Women's Service Manager, July 2023)



Figure 49: Tina Robson (31. 3.1985 to 26.7.2020) and her beloved son Vinnie (in 2018).

Appendices

Appendix 1: Budget for Tina's Haven pilot project

| Budget for Tina's Haven Pilot project | |
|--|----------------|
| 10 Nature based creative & therapeutic sessions (6-8 women) and 1 overnight retreat (including Forest bathing, photography, sound-work, filmmaking, and and-art) | £10,450 |
| 5 x 2-hour women's volunteer sessions including re-wilding work | £931 |
| Delivery of "Own my Life Course (including training trainers) | £4,876 |
| Launch event, photography exhibition and end of project celebration event | £4,218 |
| Total activity costs | £20,475 |
| Building a transformational model, including evaluation costs | £7,998 |
| Filmmaking from the launch event | 5000 |
| Development of steering group, including facilitation and training | £2,775 |
| Total development costs of building a potential transformational model | £15,773 |
| Project co-ordination, management, and administration, including steering group meeting | 4,151.00 |
| Total co-ordination, management, and administration costs | £4,151 |
| Grand total | £40,399 |

The total £40,399 budget was derived from the following sources:

- ❖ 42% (£17,200) from various "in-kind" donations.
- ❖ 42% (£16,426) from grant funding.
- ❖ 9% (£3,613) from donations in Tina's memory, including from 'Just Giving.'
- ❖ 6% (£2,376 "Seed-funding" and contributions from ANE.
- ❖ 1% (£384) from The Barn at Easington.

The £16,826 grant funding was from the following sources:

- ❖ 59% (£9,976) from Awards for All (Community Fund).
- ❖ 41% from "No More Nowt"¹⁵⁸ made up of £5,050 from the 'Untold Stories' project, and £1,800 from Arts Council England for the photography exhibition.

The £17,200 "in-kind" contributions were estimated as follows:

- ❖ The Barn at Easington (Filmmaking from the launch event) - £5,000.
- ❖ Development of a potential transformational model (Dr Sue Robson) - £4,000.
- ❖ In-house delivery of "Own My Life" course and transport (ANE) - £2,750.
- ❖ Steering group members for meetings and communications @ £450 ea.) - £2,700.
- ❖ TWLC - OML Course', 'train the trainer', development & evaluation - £2,050.
- ❖ External Facilitation of steering group & writing-up (Dr Rosie Lewis) - £700.

Appendix 2a: Quantitative and qualitative measures and the corresponding methods applied to gather data.

Table 20: Quantitative and qualitative evaluation measures and the corresponding methods applied to gather data and information with sample sizes

| <i>Quantitative Outputs.</i> | <i>Corresponding methods applied to gather data.</i> |
|---|---|
| <p>Outputs (quantitative) - The direct products of project activities, which is the countable targets delivered by the project</p> | <ul style="list-style-type: none"> - Desktop review of funding applications to Awards for All (Community Fund) and “No More Nowt.” - Desktop review of budgets and expenditure. - Desk top monitoring of women’s participation in the Tina’s Haven project and follow up, WiRE project. |
| <i>Qualitative outcomes/ impacts.</i> | <i>Corresponding methods applied to gather data.</i> |
| <p>Interpersonal level – changes in skills and knowledge, individual consciousness, and everyday lived experiences of birthmothers/women.</p> | <ul style="list-style-type: none"> - Simple reflective/ qualitative participant evaluation form completed by the end of every nature-based session. - Qualitative interviews with project participants. - 15 participant who actively participated in the project. - Practitioners and artists reflections on the four initial nature-based creative sessions (“The Field of Hope” project). - Collective, graphic group evaluation at the end of each nature based creative session facilitated by the lead artist - Involving all participants in every nature-based session. - In-depth semi structured interview with facilitators of the “Own my Life” Course pilot at ANE. In-depth semi structured interview with ANE female staff team member. - Semi-structured in-depth interviews with practitioners from external agencies. - Desktop review of a distinct evaluation of the 12-week OML course. - Baseline, interim and end of project participant self-assessment of feelings and supports using a Likert Scale. - Participants focus group to present findings from the evaluation shape the recommendations. - Review of photos from the Tina’s Haven Photography Exhibition, The Art Café (June - July 2023), |
| <p>Community (hegemonic) level – changes in collective consciousness among birthmothers/women participants and practitioners; including shifts in ways of thinking and being in the world, and evidence of solidarity building.</p> | <ul style="list-style-type: none"> - Practitioners and artists reflections on the four initial nature-based creative sessions (“The Field of Hope” project). - Audience evaluation at the celebration of the initial “Field of Hope” project and Tina’s Haven Launch event. - Collective, graphic group evaluation at the end of each nature based creative session facilitated by the lead artist, involving all participants and practitioners/artists in every nature-based session. - In-depth semi structured interview with facilitators of the “Own my Life” Course pilot at ANE. In-depth semi structured interview with ANE female staff team member. |

| Qualitative outcomes/ impacts. | Corresponding methods applied to gather data. |
|---|--|
| | <ul style="list-style-type: none"> - Qualitative interviews with project participants. - Semi-structured in-depth interviews with n=3 practitioners from external agencies. - Evaluation of Women in Recovery & Empowerment (WIRE) pilot project). - Press coverage of the Tina's Haven celebration and launch 28.1.2023, and photography exhibition, June 2023. - Review of photos from the Tina's Haven Photography Exhibition, The Art Café (June - July 2023). - Evaluation of "The Big Brunch" Tina's Haven project learning and dissemination event on 17.2.24. |
| <p>Organisational (disciplinary) level - changes in organisational practices and processes delivered by partner and external organisations, including fund-holders.</p> | <ul style="list-style-type: none"> - Online values and practice principles survey with members of the steering group. - Tina's Haven steering group practitioner evaluations from n=3 training session/ workshop. - Externally facilitated workshop to devise a Tina's Haven values & ethics statement. - In-depth semi structured interview with n=2 facilitators of the "Own my Life" Course pilot at ANE. In-depth semi structured interview with ANE female staff team member. - Semi-structured in-depth interviews with practitioners from external agencies. - Final Tina's Haven (online) reflective evaluation exercise to capture the learning for steering group workshop on 25.7.2023. - Workshop for steering group members to discuss and interpret the findings to draw out key elements and learning for further development of the Tina's Haven Model. - Participants focus group to present findings from the evaluation shape the recommendations. - Desktop review of notes of steering group meetings on 19.9.2022, 14.12.2022, 6.2.2023 and 16.11.2023. - Evaluation of Women in Recovery & Empowerment (WIRE) pilot project). |
| <p>Structural (statutory) level - Changes in the policies and practices of statutory agencies and institutions.</p> | <ul style="list-style-type: none"> - Semi-structured in-depth interviews with three practitioners from external agencies. external practitioners, representative of the agencies that collaborated in the Tina's Haven pilot project. - In-depth semi structured interview with n=2 facilitators of the "Own my Life" Course pilot at ANE. In-depth semi structured interview with ANE female staff team member. - Desktop review of a distinct evaluation of the 12-week OML course delivered with women in the mixed-sex recovery organisation from January 2022 to April 2023. - Case study of 'early help' work in children's social care in a local authority from TWLC. |

Appendix 2b: Chronology of evaluation methods, date of collection, sample sizes and outputs

| Evaluation methods | Date of data collection | Sample size | Outputs |
|--|---------------------------------------|---|---|
| Desk top monitoring of women's participation in the Tina's Haven project and follow up, WiRE project. | From October 2022 to March 2023 | n=21 women in addiction recovery participated the Tina's Haven pilot project, and an additional n=7 in an eight-week follow-on nature-based volunteering project. | Internal (anonymised) document detailing, number of participants, length of time in recover, stage of recover, activities participated, project participation start and end date. |
| A reflective journal that was at the start and end of every nature-based session. | October 22 to July 23 | An ad-hoc sample of women participants, practitioners, and artists involved in the nature-based sessions. | A cross-section of qualitative reflective narratives, prose and pictures relating to the nature-based sessions |
| A simple participant evaluation form completed by the end of every nature-based session, including: 4 x 'Field of Hope' session, 7 Nature based creative sessions, 5 volunteering sessions, an overnight retreat and film viewing. | From November 22 to July 2023 | From November 2022 to July 2023, there were n=71 responses from a possible n=97 (73%) | A report on Reflections, Tina's Haven - Field of Hope (December 2022), by, Dr Sue Robson A representative collection of qualitative reflective narratives based upon; what participants "took away" from the nature-based session, their thoughts, and dreams, and what their wanted to "bin"/ throw away. |
| A baseline monitoring form using a Likert Scale to for participants to self-assess their confidence, feelings, connections and supports they have access to. This was carried out at the start | January to end of April and July 2023 | n=11 of n=15 women (73%) who stayed with the project completed the assessment. | Quantitative data about a sample of project participants levels of confidence, feeling supported and in secure relationships. |

| Evaluation methods | Date of data collection | Sample size | Outputs |
|--|---------------------------------------|--|---|
| of the project, midway and at the end. ¹⁵⁹ | | Of the n=21 who started the project this represents just over half (51%). | |
| Practitioners and artists reflections on the four initial nature-based creative sessions ("The Field of Hope" project) | 14 th December 2022 | n=6 (100%) of steering group members. | Narrative reflections recording in Tina's Haven Steering Group meeting notes. |
| Audience evaluation at the celebration of the initial "Field of Hope" project and Tina's Haven Launch event | 28 th January 2023 | An ad-hoc sample of speakers and audience at the event. There was n=47 participants at the event in total. | Reflective narrative comments on post-its at the end of the event and by email following the event. |
| Collective, graphic group evaluation at the end of each nature based creative session facilitated by the lead artist | Oct & Nov 22 & March to July 2022 | Involving all participants and practitioners/artists in every nature-based session. | Expressive and reflective words and pictures recorded in scrapbook journal. |
| In-depth bibliographical case studies with a sample of participants who have experienced child removal | February/March 2023 June/July 2023 | n=12 of the n=15 women who actively participated in the were birthmothers severed from their children, n=7 case studies represent 58%. | Seven biographical case studies from women birthmothers severed from their children (in in n=6 cases the removal was current. For n=1, her children are now adults) |
| Online values and practice principles survey with members of the steering group. | March 2023 | n-6 (100%) of steering group members. | A qualitative report of the survey findings "Towards an ethics and values statement for Tina's Haven" (23.3.2023) |
| Audit of steering group members, practitioners/artists skills, knowledge, and experience. | March 2023 | n-6 (100%) of steering group members. | Quantitative data relating to the skills, knowledge and experience of steering group, practitioners/ artists. |
| Tina's Haven training session/ workshop evaluations. | March to May 2022 | 22nd March 2023 - Trauma Training, n=6 out of n=8 participants (75%) | Detailed written report on "Evaluation of trauma training" (22.3.2023), compiled from |

| Evaluation methods | Date of data collection | Sample size | Outputs |
|---|---|--|---|
| | | 24th April 2023- 12 Steps Training (ANE), n=3 participants (100%) 3rd May 2023 - Tina's Haven Values and ethics statement workshop, n=1 out of n=4 participants (25%) | narrative responses and written by Dr Sue Robson, PhD. Detailed reflective qualitative narratives on experiences and learning from training. |
| Externally facilitated workshop to devise a Tina's Haven values & ethics statement by Dr Rosie Lewis, VAWG specialist with Black perspective. | 3 rd May 2023 | n=4 out of a possible n=7 steering group members participated (57%) | Detailed qualitative paper on "Cantering Tina's Haven values & principles (July 2023), written and facilitated by Dr Rosie Lewis, PhD. |
| In-depth semi structured interview with facilitators of the "Own my Life" Course pilot at ANE. In-depth semi structured interview with ANE female staff team member. | 10 th May 2023 13 th July 2023 | n=2 OML course facilitators (100%) (interviewed together). In unique position of being a OML course participant & staff member. | n=2 qualitative, in-depth interview transcripts. |
| Qualitative interviews which lasted between 30 and 90 minutes. For two of the participants the interview was carried out in two parts, first for their bibliography (story) and then in relation to their reactions to the Tina's Haven Pilot project and the impact upon them. | June & July 2023 | n=11 women, a sample of 52% of the n=21 project participants, and 80% of the n=15 participant who actively participated in the project. | Eleven in-depth qualitative interview transcripts. |
| Semi-structured in-depth interviews with three practitioners from external agencies. | July/ August 2023 and January 2024 | n=3 external practitioners, representative of the wider | Three in-depth qualitative interview transcripts. |

| Evaluation methods | Date of data collection | Sample size | Outputs |
|---|----------------------------|---|---|
| | | agencies that collaborated in the Tina's Haven pilot project. | |
| Desktop review of a distinct evaluation of the 12-week OML course delivered with women in the mixed-sex recovery organisation from January 2022 to April 2023. ¹⁶⁰ | 24.7.2023 | n=7 women who completed the course, representing 70% of the n=10 who started it. | Quantitative data from participant's self-assessment of qualitative statements relating to their sense of ownership over their own lives. Reflective/ critical narrative analysis from TWLC development lead who facilitated and evaluated the course. |
| Final Tina's Haven (online) reflective evaluation exercise to capture the learning for the workshop for steering group members on 25th July 2023 and final reflections on the Tina's Haven pilot project. | Early July 2023 | n=6 steering group members (100%) n=1 steering group members completed another reflection after the OML training that was part of the workshop on 25.7.2023. n=1 final reflection from trauma therapy practitioner. | Collated qualitative, critical reflections from steering group members, that were summarised and presented on flipchart at the workshop in 25.7.2023. |
| Workshop for steering group members to discuss and interpret the findings to draw out key elements and learning for further development of the Tina's Haven Model. | 25 th July 2023 | N=6 steering group members (100%) | Presentation and critical discussion about the findings of the online reflective evaluation exercise. Outline action plan for the way forwards. |
| Review of photos from the Tina's Haven Photography Exhibition, The Art Café (June - July 2023). | August 2023 | n=9 photos used in the report out of approximately n=190 (5%) | Sample of photos used as illustrations in the report to evidence selected findings. |

| Evaluation methods | Date of data collection | Sample size | Outputs |
|---|---------------------------------|--|---|
| Desk top review of press coverage of the Tina's Haven celebration and launch 28.1.2023, and photography exhibition, June 2023. | August 2023 | 1. Sunderland Echo 28.1.2023. 2. Tyne Tees TV News 3.2.2023 | Extracts from press coverage relating to outcomes at a community/ hegemonic level. |
| Desktop review of notes of steering group meetings. | August 2023 | n=4, 100% (9.9.2022, 14.12.2022, 6.2.2023 and 16.11.2023). | Collective qualitative reflections from steering group members, and audit of project decision-making. |
| Desktop review of: <ul style="list-style-type: none"> - Funding applications to Awards for All (Community Fund) and "No More Nowt". - Funding applications to Awards for All (Community Fund) and "No More Nowt". - Budgets and expenditure. | August 2023 | n/a | Quantitative data relating to project outputs. |
| Case study of 'early help' work in children's social care in a local authority from TWLC. | September 2023 | 1 short case study | Model of 'early help' work in children's social care in a local authority provided by TWLC. |
| A focus group with project participants including a presentation the findings from the evaluation and a workshop for them to shape the recommendations. | 13 th September 2023 | N=3 Tina's Haven pilot project participants representing 30% of the n=10 active participants who remained involved with the project. N=5 women new to ANE who came to hear and learn about the project. | |

| Evaluation methods | Date of data collection | Sample size | Outputs |
|---|-------------------------------|---|---|
| <p>Evaluation of Women in Recovery & Empowerment (WIRE) pilot project, The Barn at Easington, funded by East Durham Community Trust (ECDT).¹⁶¹</p> | <p>October/ November 2023</p> | <p>n=10 ten women from ANE. n=7 new women and n=3 from the original project, (representing 43% of the n=7 women remaining in addiction recovery at ANE).</p> <ul style="list-style-type: none"> • Desktop review of baseline survey requested by EDCT (70%, n=7 completed). • Weekly end of session participant reflection sheets (95%, n=35 completed). • A collective reflective journal for project participants, artists, and growers. • An end of project online survey (70%, n=7 completed), • A short focus group for women participants on 22nd November to ratify the findings of the end of project survey (with 40%, n=4 of project participants). • A semi-structured interview with the volunteer co-ordinator from ANE (24.9.2023). | <p>Evaluation Report – Women in Recovery & Empowerment (WIRE) pilot project, The Barn at Easington, funded by East Durham Trust. Written by Dr Sue Robson, PhD, November 2023</p> |

| <i>Evaluation methods</i> | <i>Date of data collection</i> | <i>Sample size</i> | <i>Outputs</i> |
|--|--------------------------------|--|--|
| End of event evaluation feedback form from the “The Big Brunch” - Tina’s Haven project learning and dissemination event. | 17 th February 2024 | n=39 end of event evaluation forms completed from n=71 participants (55%). | Evaluation report from the event, compiling and analysing the responses. |

Appendix 3a: How the lessons from the Tina's Haven pilot project were put into action in the WiRE project

The practical end of project evaluations, including those from the participants focus group on 13th September 2023, centred around:

- Improving systems for communication and accountability between different aspects of the project.
- Extending the length of the nature-based creative sessions.
- Better support for women in early recovery during the nature-based creative sessions.

Table 21: How the lessons from the Tina's Haven pilot project were put into action in the WiRE project

| <i>Tina's Haven pilot project learning</i> | <i>Actions put into practice in the 8-week WiRE volunteering project</i> |
|---|---|
| There must be open and flowing lines of communication between practitioners and managers involved in different aspects of the project. | A system of regular communication has been set up between the volunteer project manager and the manager of the women's service at the mixed-sex recovery organisation, inclusive of the volunteer co-ordinator. |
| The nature-based sessions need to be longer, so the women don't feel rushed. | The sessions were extended from two hours, 10am to 12 noon, by one hour until 1pm. |
| For those in early addiction recovery, there should be a gentler approach, this could be using the back room at The Barn where there is a fire. | The fire was always on in the back room at The Barn which provided a space for women to sit and quietly have space and reflect if they wanted to. |
| The sessions should include lunch, and the agreed times adhered to by partner organisations. | The women made and shared lunch with each other as an integral part of the volunteering session. The Barn arranged transport to pick-up and drop-off the women, so things ran better to arranged times. |

Appendix 3b: Schedule and activities involved in eight pilot WIRE volunteering sessions (Nov – Oct 2023)

The WiRE pilot volunteering project took place over eight three-hour sessions, from 4th October to 22nd November 2023. The schedule and activities involved in each of the sessions is illustrated in Table 22.

Table 22: Schedule and activities involved in eight WIRE volunteering sessions at The Barn at Easington

| Session number | Date/ time | Theme |
|----------------|---|--|
| One | 4 th October 2023, 10 am to 1pm | We dug up potatoes planted by Sheelagh in the spring and made Broccoli and cheese soup. The women also cleared away growth around our apple trees. The thought for today was thinking about self-care and what we need to weed out of our lives to help ourselves grow!! |
| Two | 11 th October 2023, 10 am to 1pm | We fed the fruit trees with compost, sang, thought about what feeds our soul and took part in a guided meditation. |
| Three | 18 th October 2023, 10 am to 1pm | We planted tulips and daffodils to come up in spring. We wrote a message to ourselves on paper and planted it in the soil to grow recovery and hope for our futures. We made beetroot soup and cleared the bank of brambles and bind weed. |
| Four | 25 th October 2023, 10 am to 1pm | We made vegetable broth from the garden, carved pumpkins and talked about the importance of tapping in to people past and present who root us in strength by their love and kindness. |
| Five | 1 st November 2023, 10 am to 1pm | We made lanterns that represented our Celtic tree sign with the lantern maker Jane Gower to celebrate All Saints Day and the Celtic festival of Samhain! |
| Six | 8 th November 2023, 10 am to 1pm | We cleared out the poly tunnel, picked the green tomatoes and made chutney for Christmas. We tended the soil and fed it with manure in preparation for planting broad beans. We thought about the importance of feeding ourselves both physically and spiritually so we can nurture new growth and healing. |
| Seven | 15 th November 2023, 10 am to 1pm | The Winter sun made picking rose hips for our rose hip syrup a joy today. We made damson jam from damsons, wild plums picked in the summer and frozen. We shared stories about our lives, the hardships, and the path to recovery. Transforming the hard unpalatable rose hips into a concentrated vitamin C rich tonic felt like a metaphor for the transformations happening in our lives. |
| Eight | 22 nd November 2023, 10 am to 1.15pm | We made chicken and rice soup a combined recipe made by two of the women's mothers! We gathered holy, ivy and winter greenery to make Christmas table decorations. Followed by a short evaluation focus group. |

In the evaluation of the eight-week WiRE volunteering project (Oct-Nov 2023), it is further recommended that future WiRE volunteering sessions at 'The Barn' should be: ¹⁶²

- a) A mix of women in recovery stages 1, 2, 3 and 4, because this has worked well in the pilot volunteering project.
- b) The nature-based creative sessions should be extended to full days, and structured with 1) work, 2) lunch 3) relaxation. To start at 10 am (with a 9.30am pick up), and finish at 2.30 pm so the women arrive back by 3 pm when group-work activities in the mixed-sex recovery organisation end.

Appendix 4: Summary of what changed as a result of the Tina's Haven pilot project

The first column outlines the themes relating to barriers to birthmothers accessing their social and political freedom and rights, as identified in the literature throughout [Section 1](#) and corroborated by the collective biography of birthmothers who participated in this study, [Section 4.1](#) and the data on limitations analysed in [Section 4.4.2](#). The second column summarises the empowering and emancipatory outcomes of the Tina's Haven pilot project against each of the domains as analysed in [Section 4.3](#).

Table 23: Summary of what changed as a result of the Tina's Haven pilot project

| <i>Identified barriers to birthmothers severed from their children by addiction against the four domains of power and domination.¹⁶³</i> | <i>Empowering and emancipatory outcomes of the Tina's Haven pilot project.</i> |
|---|--|
| <p>1. Interpersonal Domain – influences everyday lived experiences and individual consciousness by replacing individual ways of knowing with dominant groups thoughts.</p> <ul style="list-style-type: none"> a) Female's routes into addiction more likely to have a central relational component than male's does (With You 2021 Whitehead et. al. 2023). b) The basis of women's trauma (from young adulthood onwards), being different from men's and more likely to emanate from being subject to harm in their personal lives by people they believe to love and care for them (Covington 2007, Agenda 2019). c) Male dominated treatment centres with limited capacity to meet the holistic needs of females, and often daunting and intimidating environments for women particularly those who have been subjected to VAWG (With You 2021). d) Women in addiction being subject to disproportionate levels of VAWG; and their all-too-common trajectories renders them highly vulnerable in mixed treatment settings (Covington 2007, With You 2021 Whitehead et. al. 2023). | <ul style="list-style-type: none"> 1. Towards healing and recovery from trauma and addiction. <ul style="list-style-type: none"> a) Positive experiences of being in nature. b) Natural spaces providing respite and escape, and opening new opportunities, possibilities, and ways of being. c) Women learning techniques for self-soothing and to manage emotions. d) Improved well-being from being in nature. e) Potential for Tina's Haven project contributing to women's healing and recovery 2. Personal development learning and growth outcomes. <ul style="list-style-type: none"> a) Exploring experiences of abuse and harm in a safe group setting. b) Situating individual experiences within a wider societal framework of VAWG. c) Starting to make sense of and learning about the abuse they have been subjected to. d) Gaining confidence and self-esteem, applying boundaries, and beginning to take control over their lives. |

Identified barriers to birthmothers severed from their children by addiction against the four domains of power and domination.¹⁶³

- e) Females are known to be targeted by “predatory men” and abusers in mixed-sex recovery and treatment settings and are at risk of exploitation (Whitehead et. al. 2023, Page et. al 2024). “Post-separation abuse” also poses a threat to women in such settings (Spearman et al 2023).

Empowering and emancipatory outcomes of the Tina’s Haven pilot project.

- e) Courageously and bravely speaking about their experiences collectively and publicly.

3. Improving relationships and developing connections between women.

- a) Transforming the status quo in male and female relationships in a mixed setting.
- b) The impact upon women’s relationships outside of Tina’s Haven project.

4. Positive experiences of female-only space.

- a) Freedom and peace away from men, to build trust between women.
- b) Safe spaces where women can unburden themselves about the violence and abuse that they have been subjected to.
- c) Engendering shared understanding and a sense of feminist concepts such as “sisterhood” and “women power.”
- d) Creating “forgiving spaces” where women learn that they are not to blame for the abuse they’ve be subjected to.
- e) Perceiving women as warriors with dreams and goals and providing safe spaces where they can practice being brave.

5. Women’s self-empowerment outcomes.

- a) Women becoming strong and independent, confident, and learning to love and respect themselves.
- b) Women having voice; and learning to speak out against injustice, including with long-term partners and with external agencies.

6. The emergence of critical consciousness in women.

- a) Creating conditions for practitioners sharing their personal subjective experiences.

Identified barriers to birthmothers severed from their children by addiction against the four domains of power and domination.¹⁶³

Empowering and emancipatory outcomes of the Tina's Haven pilot project.

| | |
|--|---|
| | <ul style="list-style-type: none"> b) Stimulating 'critical incidents' to disrupt states of 'naïve consciousness. c) Women realising that they are not to blame, no longer punishing but forgiving themselves. d) Understanding the gendered nature of domestic violence and abuse. e) Insights from shared experience leading to realisation of the systemic nature of violence against women & girls. f) Understanding women's everyday experiences in relation to systems of oppression. g) Recognising resistance as central to women's survival and their struggles against oppression at every level. |
| <p>2. Hegemonic domain – provides the link between institutions in the structural domain and organisational practices by justifying 'common sense' ideas behind social policy, manufacturing ideologies, and recycling old ideas in new forms.</p> | <p>1. Creating the conditions for solidarity building between female practitioners and participants.</p> <ul style="list-style-type: none"> a) Women realising that they are genuinely supported and cared for, and not alone. |

Identified barriers to birthmothers severed from their children by addiction against the four domains of power and domination.¹⁶³

- a) The development of addiction recovery and treatment services has been driven by concerns about crime and public safety, and subsequently shaped around the needs of men. While the rhetoric of HM Government's (2021) drugs plan commits to a focus on health and breaking down stigma; the leading narrative remains firmly focused upon crime and public safety.
- b) Dominant class-based notions of mothering, compound and reinforce stigmatisation for birthmothers in addiction at a far deeper level than men (Weber et. al. 2021, Placek 2024).
- c) Feelings of guilt, responsibility, shame, stigmatization, and loss of self-worth further internalised by birthmothers in the child protection system in a way that leads them to questioning their identity as worthy human-beings (Keller H., 2018, Williamson et. al. 2023).
- d) Internalisation of intense stigmatisation has a cumulative effect upon birthmothers and makes it difficult for them to access treatment and recovery, because they know they will be subjected to intense surveillance, and have their parental rights removed (Page et. al. 2024).

Empowering and emancipatory outcomes of the Tina's Haven pilot project.

- b) Non-judgemental practitioners, building a sense of trust, self-worth and belonging.
 - c) Trust and friendships formed with practitioners, nurturing alternative outlooks, and strengthening women's recovery.
 - d) Closeness and love bonds developing between women participants and practitioners
 - e) Creating spaces and opportunities for women to make mutual identifications based upon sex.
- 2. Towards building a counter hegemony**
- a) Shifts in world views (paradigm changing) - Untangling the complexity of patriarchal theories so that deep understanding of VAWG could be achieved and interpersonal strategies to overcome male dominance.
 - b) Changing values, beliefs, and attitudes in society about birthmothers severed from their children by addiction.
 - i. Reframing the language that we use with marginalised women and potentially increasing self-worth by influencing the way their inner voice speaks to their self.
 - ii. Influencing just by its passionate, authentic, and honest presence.
 - iii. Sharing powerful and moving stories in a mixed public space that felt safe for the women and was untypically devoid of judgement, blame and shame.
 - iv. Replacing a dominant narrative of stigma surrounding birthmothers in addiction, with stories of bravery, hope, connection, unity, and love.

Identified barriers to birthmothers severed from their children by addiction against the four domains of power and domination.¹⁶³

Empowering and emancipatory outcomes of the Tina’s Haven pilot project.

3. Disciplinary domain – manages power relationships through the bureaucratic hierarchies of organisations by disciplining and controlling employees.

- a) Birthmothers in addiction do not know where to turn for support; and fearing judgment and reprisal, tend to remain in risky situations and hide problems (Van Zyl, et. al. 2022a, Grant et. al. 2023).
- b) Although it is known that VAWG is far more prevalent for women in addiction; substance misuse and mental ill-health are the most notable barriers to accessing protection (Covington 2007, Van Zyl, et. al. 2022a, WHRIN 2022, Women’s Aid 2022).
- c) Birthmothers in addiction are deemed by health and social care professionals working with them as unworthy of support, and in pregnancy, report experiencing negative stereotyping which coupled with the stigma of using substances is the “biggest barrier to care” (Smiles et. al. 2022; p107, Van Zyl et al. 2022b).
- d) Children’s social care perceiving the child and parent in a binary way where the focus is entirely upon the child’s welfare is unhelpful and increases the likelihood of “parental disengagement” and thus bypasses the work that needs to be done to address the mother’s trauma (Mason et al. 2020).

- 1. A synergy between the different practice disciplines that combine together “as a nest to support the women.”
- 2. A far deeper level of well-being than any other local arts and culture organisations have delivered.
- 3. Embedding the OML course into women’s recovery programmes.
- 4. Effective collaboration which is highly important in establishing safe spaces for arts and cultural practice with marginalised groups.
- 5. Changes in strategy and policy in a mixed-sex recovery organisation to better accommodate the specific needs of females in addiction.
- 6. TWLC to provide additional guidance for mixed-sex services delivering the OML course.
- 7. Tina’s Haven has widened their horizons for the possibilities of partnering arts and cultural work with specialisms in nature, well-being and lived experience of recovery, trauma, and marginalisation.
- 8. The networks and collaborative relationships that have developed during the Tina’s Haven pilot project, are the start of identifying and developing better networks and pathways of holistic support, well-being, healing, and

| Identified barriers to birthmothers severed from their children by addiction against the four domains of power and domination. ¹⁶³ | Empowering and emancipatory outcomes of the Tina’s Haven pilot project. |
|--|--|
| <ul style="list-style-type: none"> e) Once a child is taken into care, women stop being viewed as mothers and there is currently no statutory requirement in England to support birthmothers (Grant et. al. 2023). Neither is support is available in the event of children being returned to their birthmothers (see Section 4.5.2). f) The experience of losing custody of children is shown to be comparable with a ‘living death’ (Zeman 2004). Research estimates that these women are up to five times more likely to die by suicide, also indicating children severed from their birthmothers are at higher risk of suicide (Wall-Wieler et. al. 2018). g) Birthmothers are left facing the same issues and challenges, but compounded by the impact of child removal, and without support amid acute mental health needs, there are few opportunities to navigate loss and to renegotiate maternal identity and purpose (Grant et. al. 2023). | <p>recovery for birthmothers severed from their children by trauma-based addiction.</p> |
| <p>4. Structural domain – organises oppression through a network of interconnected social institutions that regulate citizen’s rights.</p> | <p>Outcomes in the structural domain are entirely incremental:</p> |
| <ul style="list-style-type: none"> a) The drive towards favouring adoption over keeping children in birth-families intensified in 2016, when the Government directed £150 million from the Early Intervention Fund into adoption (Stevens et. al. 2020). It is argued, this created opportunities for private agencies to profit from the loss, grief, and trauma arising from child and birthmother severance (Boorman 2016) | <ul style="list-style-type: none"> 1. External women’s project in partnership with the Police, intending to embed a course to help women who have been subjected to abuse to regain ownership of their lives (OML). 2. Children’s social care recognising the value of the 12-week OML course to help birthmothers who have been subjected to abuse to reunite with their children. 3. Recognition of the potential social-economic value and efficacy of Tina’s Haven model by a commissioner of public funding. |

Identified barriers to birthmothers severed from their children by addiction against the four domains of power and domination.¹⁶³

- b) Removing children from their biological parents' care "is one of the most extreme forms of state intervention into family life", yet "child removal cases in England have soared in the last decade", and in the North East of England, these rises have been even higher (Van Zyl et al. 2022b).
- c) Family court child removal will often be swiftly followed by women becoming pregnant again, and in 60% of cases, these babies will be removed from their mothers at birth (Morriss and Broadhurst 2022).
- d) It is not uncommon for children to remain in the custody of a domestic abusing father when it is their behaviour that has been a trigger for the mother's "substance usage" (Page et. al. 2024).
- e) The patriarchal bias inherent in the family court system that deeply disadvantages, often falsely pathologises, and stigmatises women as mothers is well documented (see Learmonth et. al. 2022, Morriss and Broadhurst 2022, Dalgarno et. al. 2024, UK Parliament 2022).
- f) In the ultimate punishment, the enduring fate of birthmothers reporting high and enduring levels of VAWG is sealed within the false narrative of "risk of future emotional harm" resulting in permanent separation and a blanket denial of the right to mother (Featherstone et. al. 2018).

Empowering and emancipatory outcomes of the Tina's Haven pilot project.

- 4. Towards improving practice with birthmothers in children's social care. Beginning with the governance agency for the OML programme exploring the development for children's social care professionals; the model of 'early help' work in a local authority to address the issues and challenges facing birthmothers within care systems and proceedings.
- 5. The potential for learning from this study is disseminated, could be critical and integral to contributing to identifying and developing networks of support and pathways for birthmothers severed from their children, including removing cultural, systematic, and structural barriers. Towards this end the findings are already being presented at high profile national and international conferences.^{164 165}
- h) Investment of £100k public funding from the National Lottery Community Fund to sustain and develop the model in East Durham. ¹⁶⁶

Bibliography

- Abella, A., D., "The Time to Love: Ideologies of "Good" Parenting at a Family Service Organization in the Southeastern United States" (2017). USF Tampa Graduate Theses and Dissertations. <https://digitalcommons.usf.edu/etd/6989>
- Agenda (2019), Ask and Take Action, Why public services must ask about domestic abuse - A report by Agenda, the alliance for women and girls at risk. <https://weareagenda.org/wp-content/uploads/2019/08/Askand-Take-Action-report.pdf>
- Agenda Alliance and Changing Lives (2023), Dismantling Disadvantage, Levelling up public services for women with multiple unmet needs, July 2023 Final Report. https://www.agendaalliance.org/documents/148/Transforming_Services_Final_Report.pdf
- Ahmed, S., (2004) *The Cultural Politics of Emotion* (Edinburgh: University of Edinburgh Press), Edinburgh University Press.
- Amos, V. and Parmer, P. (1984) Challenging Imperial feminism, *Feminist Review*, 17, 3–19.
- Banks, S., (2005) *Ethics, Accountability and The Social Professions*, Basingstoke; New York: Palgrave Macmillan.
- Banks, S., (2007) *Becoming Critical, Development the Community Practitioner*, in eds Butcher, H., et al., *Critical Community Practice*, The Policy Press, Bristol.
- Bedford, J., Goring, S., Robson, S, (2008) *Closing the Gap, Final Report: Women Take Part*, Government Equalities Office, London.
- Bedston, S., Philip, G., Youansamouth, L., Clifton, J., Broadhurst, K, Brandon, M., Yang Hu, (2019) *Linked lives: Gender, family relations and recurrent care proceedings in England*, *Children and Youth Services Review*, Volume 105, 2019, 104392, ISSN 0190-7409 - <https://www.sciencedirect.com/science/article/pii/S0190740919303603>
- Ben-Zion, S., (2009), *A Roadmap to The Heavens: An Anthropological Study of Hegemony Among Priests*, Academic Studies Press, Brighton.
- Black, Dame C., (2020), *Independent report: Review of Drugs. Executive Summary* <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#foreword>
- Black, Dame C., (2021), *Independent report: Review of drugs part two: prevention, treatment, and recovery Updated 2 August 2021.* <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#foreword>
- Bloom, Owen, & Covington (2003). *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders*. Washington, DC: National Institute for Corrections.
- Bond, L., M., and Csordas, T., J., (2014) *The Paradox of Powerlessness*, *Alcoholism Treatment Quarterly*, 32:2-3, 141-156, DOI: 10.1080/07347324.2014.907050.
- Boorman, A (2016), 'Adopted children risk becoming the displaced poor', *Community Care*, <https://www.communitycare.co.uk/2016/10/20/adopted-children-risk-becoming-displaced-poor/>
- Broadhurst K., Mason C., (2013). *Maternal outcasts: Raising the profile of women who are vulnerable to successive, compulsory removals of their children - a plea for preventative action.* *Journal of Social Welfare and Family Law*. 35. 10.1080/09649069.2013.805061.
- Broadhurst K., Mason C., Bedston S., et al. (2017b) *Vulnerable birthmothers and Recurrent Care Proceedings. Final Main Report.* Lancaster: Centre for Child and Family Justice Research.
- Bryan, B., Dadzie, S. and Scafe, S. (1992) *The Heart of The Race*, Virago, London.

- Burke, B. (1999, 2005) Antonio Gramsci, Schooling and Education', The Encyclopaedia Of Informal Education, <http://www.infed.org/thinkers/et-gram.htm>
- Butcher, H., (2007), Power and Empowerment: The Foundations of Critical Community Practice, in eds Butcher, H., et al., Critical Community Practice. Bristol: The Policy Press, England.
- Capra 1984:80 in McCarl Nielsen 1990:14) in McCarl Nielsen, J., (1990), Feminist Research Methods: Exemplary Readings in The Social Sciences, Westview Press: London (p14).
- Chowdhury, M. R., (2019), The Positive Effects Of Nature On Your Mental Wellbeing, Body and Brain (Scientifically reviewed by Madeson, M., Ph.D.) - <https://positivepsychology.com/positive-effects-of-nature/>
- Collins, P., H., (1994). Shifting the Center: Race, Class, and Feminist Theorizing About Motherhood. In *Mothering: Ideology, Experience, and Agency*, edited by Evelyn Nakano Glenn, Grace Chang, and Linda Rennie Forcey, 45-66. New York, NY: Routledge.
- Collins, P., H., (2000), *Black Feminist Thought: Second Edition*, Routledge: London.
- Corry, D., and Robson, S., (2010) *Power and Prejudice: Combating Gender Inequality Through Women's Organisations*, Women's Resource Centre, London.
- Covington, S. (1994). *A women's way through the twelve steps*. Center City, MN: Hazelden.
- Covington, S., (2007), *Working with Substance Abusing Mothers: A Trauma-Informed, Gender-Responsive Approach*, by Stephanie Covington, PhD., L.C.S.W Co-Director, Institute for Relational Development, Center for Gender and Justice. The Source, A Publication of the National Abandoned Infants Assistance Resource Center Berkeley, CA (Volume 16, No.1, 2007).
- Covington, S., (2016), *Becoming Trauma Informed Tool Kit for Women's Community Service Providers*, Copyright © 2016. www.stephaniecovington.com
- Covington, S., PhD., L.C.S.W, (2012) *Curricula to Support Trauma-Informed Practice with Women*, by Stephanie Covington, PhD., L.C.S.W. Center for Gender & Justice La Jolla, CA, In N. Poole, & L. Greaves (eds). *Becoming Trauma Informed*. Toronto, Ontario, Canada: Centre for Addiction and Mental Health (CAMH), 2012. Available online at: <http://store.camh.net/product.php?productid=462&cat=0&page=1>
- Covington, S.S., & Bloom, B.E. (2006). *Gender-Responsive Treatment and Services in Correctional Settings*. In E. Leeder (Ed.), *Inside and Out: Women, Prison, and Therapy*. Binghamton, NY: Haworth.
- Dalgarno E., Ayeb-Karlsson S., Bramwell, D., Barnett D., & Verma A. (2024) Health-related experiences of family court and domestic abuse in England: A looming public health crisis, *Journal of Family Trauma, Child Custody & Child Development*, DOI: 10.1080/26904586.2024.2307609
- Denscombe, M., (1998), *The Good Research Guide: For Small-scale Social Research Projects*, Open University Press, Berkshire, England.
- Dominelli, L., (1990), *Women in Community Action*, British Association of Social Work Venture Press Limited, Birmingham.
- Dominelli, L., (1995), *Community: Feminist Principles and Organising in Community Work*. *Community Development Journal*, Vol. 2, April 1995: (pp 133-143), University Press, Oxford.
- Dominelli, L., (2006), *Women and Community Action*, Policy Press, Bristol.
- Farinde-Wu, A., Alvarez, A., & Kunitomo, N. (2023). *Teach Like a Black Woman: A Trauma-Informed Black Feminist Praxis*. *Urban Education*, 0(0). <https://doi.org/10.1177/00420859231175669>

- Featherstone B, Gupta A, Mills' S (2018) The role of the social worker in adoption – ethics and human rights: An Enquiry. Birmingham: BASW.
<https://www.basw.co.uk/media/news/2018/jan/basw-unveils-adoption-enquiry-report-and-key-findings>
- Follingstad, D. R., Robinson, E. A., & Pugh, M. (1977). Effects of consciousness-raising groups on measures of feminism, self-esteem, and social desirability. *Journal of Counselling Psychology*, 24(3), 223–230. <https://doi.org/10.1037/0022-0167.24.3.223>
- Fox, N., (2003), *Practice Based Evidence: Towards Collaborative and Transgressive Research*, Sociology, Volume 37 (1) (pp 81-102), Sage: London.
- Franco L. S., Shanahan D. F., Fuller R. A. (2017) A Review of the Benefits of Nature Experiences: More Than Meets the Eye. *Int J Environ Res Public Health*. 2017 Aug 1;14(8):864. doi: 10.3390/ijerph14080864. PMID: 28763021; PMCID: PMC5580568.
- Freire 1973 in Ledwith, M., (1997), *Participation in Education: Towards A Working Model of Community Empowerment*, Venture Press: Birmingham, p14.
- Funston, L., (2018) *In the Business of Trauma: An intersectional-materialist feminist analysis of 'trauma informed' women's refuges and crisis accommodation services in Sydney and Vancouver*, Sydney School of Education and Social Work Faculty of Arts and Social Sciences University of Sydney.
- Furuyashiki A, Tabuchi K, Norikoshi K, Kobayashi T, Oriyama S. (2019) A comparative study of the physiological and psychological effects of forest bathing (Shinrin-yoku) on working aged people with and without depressive tendencies. *Environ Health Prev Med*. 2019 Jun 22;24(1):46. doi: 10.1186/s12199-019-0800-1. PMID: 31228960; PMCID: PMC6589172.
- Gayle, N., (2011) "Black women's experiences of spirituality as a form of resistance and activism." *Canadian Woman Studies*, vol. 29, no. 1-2, fall-winter 2011, pp. 107+. Gale Academic.
- Gibbs G (1988). *Learning by Doing: A guide to teaching and learning methods*. Further Education Unit. Oxford Polytechnic: Oxford.
- Gramsci, A., (1971) *Selections from The Prison Notebooks*, Lawrence and Wishart, London. (Gramsci 1971).
- Grant, C., Powell, C., Philip, G., Blackburn R., Lacey R., Woodman J., 'On paper, you're normal': narratives of unseen health needs among women who have had children removed from their care, *Journal of Public Health*, Volume 45, Issue 4, December 2023, Pages 863–869, <https://doi.org/10.1093/pubmed/fdad137>
- Grimm, P., (2010). Social desirability bias. *Wiley international encyclopaedia of marketing*.
- Hall, S, (2003), *Reflexivity in Action Research: Illustrating the Researchers Constitutiveness* in eds Zuber-Skerritt, *New Directions in Action Research*, Falmer Press, London.
- Health Equity North (2024), *Children in the North at greater risk of entering care*, Published April 17, 2024, by Health Equity North on behalf of the Child of the North All-Party Parliamentary Group (APPG) - <https://www.healthequitynorth.co.uk/children-in-the-north-at-greater-risk-of-entering-care/>
- HM Government (2021) *From harm to hope: A 10-year drugs plan to cut crime and save lives*. Published 6 December 2021. <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives#:~:text=Policy%20paper-,From%20harm%20to%20hope%3A%20A%2010%2Dyear%20drugs%20plan%20to%20cut%20crime%20and%20save%20lives,-A%2010%2Dyear>
- Hoggett P., Mayo, M., Miller, C., (2009), *The Dilemmas of Development Work, Ethical Challenges in Regeneration*, The Policy Press, Bristol.
- hooks, b., (1984), *Feminist Theory: From Margin to Center*, South End Press, Boston.

- hooks, b., (2000) *All about Love: New Visions*. New York: William Morrow, 2000.
- hooks, b., (2003) *Teaching Community: A Pedagogy of Hope*, Routledge, New York.
- hooks, b., (2015) *talking back, thinking feminist, thinking black*, Routledge, New York
- Hrdy, S., B., (1999). *Mother Nature: Maternal Instincts and How They Shape the Human Species*. New York, NY: The Ballantine Publishing Group.
- Keller H., (2018), Universality claims of attachment theory: Children's socioemotional development across cultures. *Proc Natl Acad Sci USA*. 2018 Nov 6;115(45):11414-11419. doi: 10.1073/pnas.1720325115. PMID: 30397121; PMCID: PMC6233114.
- Kellogg Foundation (2004) *Logic Model Development Guide*, Battle Creek, Michigan: W.K Kellogg Foundation. https://www.betterevaluation.org/sites/default/files/2021-11/Kellogg_Foundation_Logic_Model_Guide.pdf
- Kolb, D. (1984), *Experiential Learning: Experiences as The Sources Of Learning And Development*. Prentice Hall, Englewood Cliffs, New Jersey.
- Kondrat, M., E., (1999), Who Is the “Self” in Self-Aware: Professional Self-Awareness from a Critical Theory Perspective. *Social Service Review*, Volume 73, Number 4, December 1999 <https://doi.org/10.1086/514441>.
- Kuhn, T. S. (1962), *The Structure of Scientific Revolutions First Edition*, University of Chicago Press. Chicago, USA.
- Learmonth, S., Robson, S., McCurley, C., and Hayes V., (2022). Written evidence from Women’s Resource Centre (CFA0064) House of Lords Children And Families Act 2014 Select Committee Inquiry: The pathologising of women survivors of male violence by family court experts – April 2022. <https://committees.parliament.uk/writtenevidence/108126/pdf/>
- Ledwith M. and Springett, J., (2010) *Participatory Practice: Community-Based Action for Transformative Change*, The Policy Press, Bristol.
- Ledwith, M., (1997), *Participation in Education: Towards A Working Model of Community Empowerment*, Venture Press: Birmingham, p14.
- Ledwith, M., (2009), *Antonio Gramsci and Feminism: The Elusive Nature of Power, Educational Philosophy and Theory*, Volume 41 (6), John Wiley and Sons, England.
- Lorde A., (1981). “The Uses of Anger: Women Responding to Racism.” <https://www.blackpast.org/african-american-history/speeches-african-american-history/1981-audre-lorde-uses-anger-women-responding-racism/>
- Lorde A., (1983). *There Is No Hierarchy of Oppressions*. <https://search.library.wisc.edu/digital/AZV6IH7UCTMVC28H/pages/ACCJYSKQQRVM3T87>
- Love, Barbara J. (2006). *Feminists who Changed America, 1963-1975*. University of Illinois Press. ISBN 978-0-252-03189-2.
- Lowndes, V. (2004) Getting on Or Getting By? Women, Social Capital and Political Participation, *British Journal of Politics and International Relations*, Vol 6, No 1, pp 45-64.
- Mason, C.; Taggart, D.; Broadhurst, K. (2012). Parental Non-Engagement within Child Protection Services—How Can Understandings of Complex Trauma and Epistemic Trust Help? *Societies* 2020, 10, 93. <https://doi.org/10.3390/soc10040093>
- MacAlister, J.,(2022), Independent review of children’s social care: Final report (May 2022) <https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf>
- McGovern W., Addison M., McGovern R. (2021). An Exploration of the Psycho-Social Benefits of Providing Sponsorship and Supporting Others in Traditional 12 Step, Self-Help Groups. *Int J Environ Res Public Health*. 2021 Feb 24;18(5):2208. doi: 10.3390/ijerph18052208. PMID: 33668094; PMCID: PMC7967695.

- Miner-Rubino, K. and Jayaratne, T.E., 2007. Feminist survey research. *Feminist research practice: A primer*, pp.293-325
- Mirza, H., S., "Black British Feminism: A Reader." *Feminist Review* 61 (1999): 151 - 163.
- Morriss, L., & Broadhurst, K. (2022) Understanding the mental health needs of mothers who have had children removed through the family court: A call for action. *Qualitative Social Work*, 21(5), 803–808. <https://doi.org/10.1177/14733250221120470>.
- Mygind L, Kjeldsted E, Hartmeyer RD, Mygind E, Bølling M and Bentsen P (2019) Immersive Nature-Experiences as Health Promotion Interventions for Healthy, Vulnerable, and Sick Populations? A Systematic Review and Appraisal of Controlled Studies. *Front. Psychol.* 10:943. doi: 10.3389/fpsyg.2019.00943. <https://doi.org/10.1016/j.healthplace.2019.05.014>.
- Page, S.; Fedorowicz, S.; McCormack, F.; Whitehead, S. (2024) Women, Addictions, Mental Health, Dishonesty, and Crime Stigma: Solutions to Reduce the Social Harms of Stigma. *Int. J. Environ. Res. Public Health* 2024, 21, 63. <https://doi.org/10.3390/ijerph21010063>.
- Placek, C., D., (2024), *Drug Use, Recovery, and Maternal Instinct Bias: A Biocultural and Social-Ecological Approach*, Rowman & Littlefield, USA.
- Reason, P., & Bradbury, H. (Eds.). (2001). *Sage Handbook of Action Research: Participative Inquiry and Practice*. Sage Publications, London.
- Robson, S., (2015) Towards reflexive, dynamic and accountable community development practice. Doctoral thesis, Durham University. <http://etheses.dur.ac.uk/11386/>
- Robson, S., (2019), Severance is a feminist issue: Preservation Versus Severance: Promoting Human Rights in Adoption Policy, Open Nest Conference, York, October 2019 - <https://www.pfan.uk/sue-robson/>
- Robson, S., and Spence, J. (2011), The Erosion of Feminist Self and Identity in Community Development Theory and Practice, *Community Development Journal*, 46 (3), Oxford University Press. pp288-301.
- Ross, B. Z., DeShields, W., Edwards, C., & Livingston, J. N. (2022). Behind Black Women's Passion: An Examination of Activism Among Black Women in America. *Journal of Black Psychology*, 48(3-4), 428-447. <https://doi.org/10.1177/00957984221084779>
- Ruby 1977 in Hall, S, (2003), Reflexivity in Action Research: Illustrating the Researchers Constitutiveness in eds Zuber-Skerritt, *New Directions in Action Research*, Falmer Press, London, p31.
- Ruby, J. (1980), Exposing Yourself: Reflexivity, Anthropology, And Film (1), *Semiotica* 30-1/2 (1980), pages. 153-179. Mouton Publishers, The Hague.
- Sanders, J., M. (2003). Twelve-step recovery and feminism: A study of empowerment among women in Alcoholics Anonymous, American University. (Unpublished doctoral dissertation).
- Sanders, J., M. (2009). *Women in Alcoholics Anonymous: Recovery and empowerment*. Boulder, CO: First Forum Press.
- Sanders, J., M. (2011) Feminist Perspectives on 12-Step Recovery: A Comparative Descriptive Analysis of Women in Alcoholics Anonymous and Narcotics Anonymous, *Alcoholism Treatment Quarterly*, 29:4, 357-378, DOI: 10.1080/07347324.2011.608595.
- Sanders, J., M., PhD (2006) Women and the Twelve Steps of Alcoholics Anonymous, *Alcoholism Treatment Quarterly*, 24:3, 3-29, DOI: 10.1300/J020v24n03_02.
- Smidt, A. M., & Freyd, J. J., (2018) Government-mandated institutional betrayal, *Journal of Trauma & Dissociation*, 19:5, 491-499, DOI: 10.1080/15299732.2018.1502029
- Smiles, C., McGovern, R., Kaner, E., Rankin, J. (2022). Drug and Alcohol Use in Pregnancy and Early Parenthood. In: Borg Xuereb, R., Jomeen, J. (eds) *Perspectives on*

- Midwifery and Parenthood. Springer, Cham. https://doi.org/10.1007/978-3-031-17285-4_9
- Smith, M. K. (1993) Local Education Community, Conversation, Praxis, Open University Press, Buckingham.
- Spearman, K. J., Vaughan-Eden, V., Hardesty, J., L., & Campbell, J., (2023). Post-separation abuse: A literature review connecting tactics to harm, *Journal of Family Trauma, Child Custody & Child Development*, DOI: 10.1080/26904586.2023.2177233.
- Spence, J. and Stephenson, C. (2007) *The Politics of The Doorstep: Female Survival Strategies and The Legacy of The Miners' Strike 1984-85*, *Community, Work and Family* 10 (3), pp 309 -328.
- Stevens, C., Proctor, F., Rishworth, B., Boorman, A., Unwin, A., Featherstone, B., & Bilson, A. (2020). Rethinking child protection and adoption: achieving social justice in practice. *Critical and Radical Social Work*, 8(1), 125-132. Retrieved Sep 19, 2023. <https://doi.org/10.1332/204986019X15663821773868>
- Tallen., B., S. (1990) "Twelve Step Programs: A Lesbian Feminist Critique." *NWSA Journal* 2, no. 3: 390–407. <http://www.jstor.org/stable/4316045>.
- Thomas S., Smucker C, Droppleman, P. (2021). It hurts most around the heart: a phenomenological exploration of women's anger. First published: 25 December 2001. <https://doi.org/10.1046/j.1365-2648.1998.00785.x>
- Tseris, E., (2019), *Social Work and Women's Mental Health: Does Trauma Theory Provide a Useful Framework?* *The British Journal of Social Work*, Volume 49, Issue 3, April 2019, Pages 686–703. <https://doi.org/10.1093/bjsw/bcy090>
- Turner, V., (1969), *The Ritual Process: Structure and Anti-Structure*, Aldine Publishing, Chicago, USA.
- UK Parliament (2022), *Children and Families Act 2014: A failure of implementation*, Report of Session 2022-23 - published 6 December 2022 - HL Paper 100. <https://publications.parliament.uk/pa/ld5803/ldselect/ldchifam/100/10002.htm>
- Vaill, P., (1996), *Learning as A Way of Being: Strategies for Survival in A World Of Permanent White Water*, Jossey-Bass, San Francisco, CA, USA. Young, Robert J., C., (2003), *Postcolonialism: A Very Short Introduction*, Oxford University Press, New York.
- Van Zyl A, Hunter B, Haddow K (2022a) *Telling the Stories of Women Who Have Experienced Child Removal and Exploring What Can Be Done to Make Things Fairer. Reform and Fulfilling Lives.*
- Van Zyl A, Hunter B, Haddow K (2022b), "Still a MAM": *Telling the Stories of Women Who Have Experienced Child Removal and Exploring What Can Be Done to Make Things Fairer. Reform and Fulfilling Lives.*
- Vera-Gray, F., (2020). The Whole Place Self: reflecting on the original working practices of Rape Crisis. *Journal of Gender-Based Violence*, 4(1), 59-72. <https://doi.org/10.1332/239868019x15682997635986>
- Wall-Wieler et. al. E, Roos LL, Brownell M, Nickel N, Chateau D, Singal D. (2018) *Suicide Attempts and Completions among Mothers Whose Children Were Taken into Care by Child Protection Services: A Cohort Study Using Linkable Administrative Data.* *Can J Psychiatry*. 2018 Mar;63(3):170-177. doi: 10.1177/0706743717741058. Epub 2017 Dec 4. PMID: 29202664; PMCID: PMC5846964.
- Walsh, G., B., (2015). Women's experiences of spirituality within activism: Stories of self-awareness and connection. *Journal of Arts & Humanities*, 4(2), 55–65. <https://theartsjournal.org/index.php/site/article/view/664/351>
- Ward, H and Wild, J., (1995), *Guard the Chaos: Finding Meanings in Change*. Darton, Longman and Todd Ltd, London.

- Weber A, Miskle B, Lynch A, Arndt S, Acion L. (2021), Substance Use in Pregnancy: Identifying Stigma and Improving Care. *Subst Abuse Rehabil.* 2021 Nov 23;12:105-121. doi: 10.2147/SAR.S319180. PMID: 34849047; PMCID: PMC8627324.
- Whitehead, S., Page, S., Jeffery, H., McCormack, F., (2023), Exploring women's experience of drug and alcohol treatment in the West Midlands, Centre for Justice Innovation, Staffordshire University.
https://justiceinnovation.org/sites/default/files/media/document/2023/CJI_WOMENS-DRUG-&-ALCOHOL-TREATMENT_13-9-23_DIGITAL_0.pdf
- WHRIN (The Women and Harm Reduction International Network) (2022), Submission to the United Nations High Commissioner for Human Rights Punitive drug policy and its gendered health and human rights implications. May 2022.
- Williamson, T., Wagstaff, D.L., Goodwin, J. et al. Mothering Ideology: A Qualitative Exploration of Mothers' Perceptions of Navigating Motherhood Pressures and Partner Relationships. *Sex Roles* 88, 101–117 (2023). <https://doi.org/10.1007/s11199-022-01345-7>
- Winter, R., (2003), Some Principles and Procedures for the Conduct of Action Research, in eds Zuber-Skerritt *New Directions in Action Research* (pp 13-27), Falmer Press, London.
- With You (2021), A system designed for women? Understanding the barriers women face in accessing drug treatment and support service, published November 2021, by WE ARE WITH YOU, London, England.
https://www.drugsandalcohol.ie/35288/1/A_System_designed_for_women.pdf
- Women's Aid (2022) *The Road to Recovery Meeting the Mental Health Needs of Domestic Abuse Survivors an Inquiry into Domestic Abuse and Mental Health* by the All-Party Parliamentary Group on Domestic Violence and Abuse.
<https://www.womensaid.org.uk/wp-content/uploads/2022/01/Womens-Aid-APPG-Report-Final.pdf>
- Zeman LD. Etiology of loss among parents falsely accused of abuse or neglect. *J Loss Trauma.* 2004;10(1):19–31.
- Zuber-Skerritt, O., (2003), *NEW DIRECTIONS IN ACTION RESEARCH*, Falmer Press, London.

Notes and references

¹ Intending to avoid the stigma and stereotyping associated with the term 'addict', the terms used in this report are "women in addiction," 'women in addiction recovery' and those who have relapsed back into 'active addiction.'

² Evaluation Report – Women in Recovery & Empowerment (WiRE) pilot project, The Barn at Easington, funded by East Durham Trust. Dr Sue Robson, PhD, MA, BA Evaluator, Tina's Haven November 2023 (unpublished).

³ Deaths related to drug poisoning in England and Wales: 2022 registrations - <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2022registrations>

⁴ Children looked after in England including adoptions - <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023>

⁵ For the purpose of this study, "praxis" is defined as "the process of using a theory or something that you have learned in a practical way." <https://dictionary.cambridge.org/dictionary/english/praxis>

⁶ ANE Health & Housing - <https://www.addictionsnortheast.com/>

⁷ The Barn at Easington - <https://www.thebarnateasington.co.uk/>

⁸ The Women's Liberation Collective - <https://www.ownmylifecourse.org/wlc>

⁹ Definition of discrimination against women: any distinction, exclusion, or restriction, made on the basis of sex, with the purpose or effect of impairing the enjoyment by women of political, economic, social, cultural, or civil human rights on equal footing with men UN Convention (CEDAW) - Summary <https://www.coe.int/en/web/gender-matters/convention-on-the-elimination-of-all-forms-of-discrimination-against-women-cedaw>

¹⁰ "Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." Violence against women (United Nations definition adopted by World Health Organisation) https://www.who.int/health-topics/violence-against-women#tab=tab_1

¹¹ This model of systems change based upon the work of Black feminist scholar, Patricia Hill Collins is now advocated by the national charity, Women's Resource Centre - <https://www.wrc.org.uk/Handlers/Download.ashx?IDMF=75160612-5a76-49a5-827d-94ea97c92d58>

¹² The Barn at Easington were awarded £100,041 from National Lottery Community Fund on 20.23.2024 to develop Women in Empowerment & Recovery (WiRE) in collaboration with ANE.

¹³ Equality Act 2010, Part 7: Separate and single services. Separate services for the sexes: paragraph 26: 729. This paragraph contains exceptions to the general prohibition of sex discrimination which allow the provision of separate services for men and women. <https://www.legislation.gov.uk/ukpga/2010/15/notes/division/3/16/20/7>

¹⁴ According to "Financial relationships with third sector organisations", 'Grant-Aid' is one of three funding channels for commissioners to consider for projects that are in 'close alignment' with government objectives - https://www.nao.org.uk/wp-content/uploads/2008/09/Financial_relationships_with_third_sector_organisations.pdf

¹⁵ See a guide to Social Return on Investment - https://neweconomics.org/uploads/files/aff3779953c5b88d53_cpm6v3v71.pdf

¹⁶ CEDAW was established in 1979 and is often referred to as the Women's International Bill of Rights. Unlike domestic UK and European legislation on sex discrimination and equal treatment, the Convention is solely concerned with the position of women rather than discrimination faced by both sexes (which would include

discrimination against men). The Convention places obligations on State parties (countries that have agreed to the Convention), to eliminate discrimination against women. The substantive model of equality enshrined in CEDAW is based upon the principle that discrimination is socially constructed and is not a natural principle of human interaction. Substantive equality recognises the need for concerted action against inequality, and the institutional mechanisms that perpetuate it. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

¹⁷ Guidance Adoption support fund (ASF), Local authorities and regional adoption agencies (RAAs) can apply for therapeutic funding for eligible adoptive and special guardianship order families. <https://www.gov.uk/guidance/adoption-support-fund-asf>

¹⁸ As endnotes 9, 10 and 16.

¹⁹ Rise in vulnerable women dying early in north-east England, report finds - <https://www.theguardian.com/society/2023/jul/10/rising-number-vulnerable-women-dying-early-north-east-england-report>, Mark Brown. North of England correspondent, The Guardian. Mon 10 Jul 2023 06.00 BST

²⁰ New Report Reveals Shocking Rise in Unnecessary Deaths For Women in the North East (10th July 2023) <https://www.agendaalliance.org/news/new-report-reveals-shocking-rise-in-unnecessary-deaths-for-women-in-the-north-east/#:~:text=The%20most%20striking%20finding%20in,of%2015%25%20in%20the%20region.>

²¹ As last endnote

²² Drug misuse in England and Wales <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2022registrations>

²³ Deaths related to drug poisoning in England and Wales: 2022 registrations - <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2022registrations>

²⁴ In this study hegemonic systems (or dominant ideologies), are manufactured through sites such as 'school curriculums, religious teachings, community cultures, family histories and the media' (Collins 2000:284).

²⁵ Sunderland Echo, by Kevin Clark, published 30th Jan 2023 - <https://www.sunderlandecho.com/health/tinas-haven-launches-to-helps-mums-fighting-addiction-in-memory-of-sunderland-woman-tina-robson-4006356>

²⁶ Workie Ticket, a North East based feminist theatre company have recently been touring with the "WALK THE LINE" project which features post-separation abuse - <https://www.workietickettheatre.com/current>

²⁷ Female drug users at risk of exploitation in mixed-sex treatment groups, study finds: Research reports vulnerable women targeted for grooming into sex work and calls for 'gendered response', Diane Taylor, The Guardian. https://www.theguardian.com/uk-news/2023/oct/05/female-drug-users-at-risk-of-exploitation-in-mixed-sex-treatment-groups-study-finds?CMP=Share_iOSApp_Other

²⁸ As last endnote.

²⁹ The Open Nest Conference: Preservation Versus Severance: Promoting Human Rights in Adoption Policy, York, October 2019 <https://www.pfan.uk/open-nest-conference/>

³⁰ From Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women's Liberation Collective (unpublished).

³¹ "Women who use drugs experience rates of violence from individuals, community and the state between 5 and 24 times higher than that against women in the general population" (WHRIN 2022).

³² REFORM is an organisation which supports women who have, or are at risk of, experiencing child removal. REFORM seeks to break down stigma and affect change on a local, community and national policy level around this issue. <https://www.reformorg.co.uk/about>

³³ “Child removal cases in England have soared in the last decade; in 2009 there were an estimated 60,930 children who were classed as ‘looked after children’ (children who have been in local authority care for more than 24 hours (NSPCC, 2022)), by 2021 this figure had risen to 80,850, an increase of 33% (Dept. for Education, 2021). . . . In the North East of England, these rises have been even higher. . . . Since 2009 there has been a 77% increase in the number of children being placed in care. (North East ADCS, 2021).”

From Van Zyl A, Hunter B, Haddow K (2022) Telling the Stories of Women Who Have Experienced Child Removal and Exploring What Can Be Done to Make Things Fairer. Reform and Fulfilling Lives.6.

³⁴ As endnote 4.

³⁵ The Early Intervention Fund included support services such as family centres that helped parents, instead towards adoption recruitment and reform (Stevens et. al. 2020).

³⁶ As endnote 17.

³⁷ In 2023, following a UK government consultation, the Department for Education remove the requirement for therapists providing adoption-related services to adults, and for some adoption support service providers, to be Ofsted registered. <https://www.adoptionuk.org/news/government-to-scrap-requirement-for-therapists-and-adoption-support-providers-to-be-ofsted-registered>

³⁸ Guidance Adoption support fund (ASF), Local authorities and regional adoption agencies (RAAs) can apply for therapeutic funding for eligible adoptive and special guardianship order families. <https://www.gov.uk/guidance/adoption-support-fund-asf>

³⁹ Gateshead and Sunderland (Wave 1) Hartlepool (Wave 2) Families first for children (FFC) pathfinder programme and family networks pilot (FNP). Department for Education (Updated 10 April 2024) <https://www.gov.uk/government/publications/families-first-for-children-ffc-pathfinder-programme/families-first-for-children-ffc-pathfinder-programme-and-family-networks-pilot-fnp>

⁴⁰ The national charity, Women’s Resource Centre evidence is cited in the report “Children and Families Act 2014: A failure of implementation” (UK Parliament 2022) in relation to: family courts using “expert” witnesses such as Clinical Psychologists in care and supervision proceedings who are not properly trained, qualified, or experienced; secrecy and silencing of family court proceedings resulting in data not being collated or collected by family court to review good or poor practice or outcomes for women and their children.

⁴¹ Notes of Tina’s Haven steering group – Initial meeting on 19.9.2022, 10 am to 12.30pm – The Barn at Easington.

⁴² As endnote 16.

⁴³ UN Convention (CEDAW) - Summary <https://www.coe.int/en/web/gender-matters/convention-on-the-elimination-of-all-forms-of-discrimination-against-women-cedaw>

⁴⁴ As endnote 10.

⁴⁵ For the purpose of this study, “praxis” is defined as “the process of using a theory or something that you have learned in a practical way.” <https://dictionary.cambridge.org/dictionary/english/praxis>

⁴⁶ Intersubjectivity, a term originally coined by the philosopher Edmund Husserl (1859–1938), is most simply stated as “the interchange of thoughts and feelings, both conscious and unconscious, between two persons or “subjects,” as facilitated by empathy.” <https://rb.gy/gf7say>

⁴⁷ Protected characteristics: It is against the law to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

⁴⁸ As endnote 13

⁴⁹ ANE Health & Housing - <https://www.addictionsnortheast.com/>

⁵⁰ The Barn at Easington - <https://www.thebarnateasington.co.uk/>

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- ⁵¹ The Women's Liberation Collective - <https://www.ownmylifecourse.org/wlc>
- ⁵² ANE Health and Housing, Therapy Sessions - <https://www.addictionsnortheast.com/services/supported-housing/therapy-sessions/>
- ⁵³ From "The 12 Steps Handout from Addictions North East" - <https://www.addictionsnortheast.com/training-with-addictions-north-east/12-steps-programme/>
- ⁵⁴ Forest Bathing' is identified as a process of relaxation and simply means "being calm and quiet amongst the trees, observing nature around you whilst breathing deeply. The practice is shown to alleviate stress and enhance health and wellbeing, such as blood pressure reduction, improved immune functions and improving mental health (Furuyashiki et. al. 2019). Forest bathing is known in Japan as "shinrin yoku" - <https://www.forestryengland.uk/blog/forest-bathing>
- ⁵⁵ Immersive nature-experience are defined as: "Non-competitive activities, both sedentary and active, occurring in natural environments removed from everyday environments." Mygind et. al. (2019).
- ⁵⁶ Tina's Haven: Centring Principles and Mapping Models of Practice, Workshop notes: 3rd May at The Barn 1.30-4pm (By Rosie Lewis).
- ⁵⁷ From Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women's Liberation Collective (unpublished).
- ⁵⁸ "Own My Life combines decades of research about abuse and trauma with a high tech, innovative and transformational methodology. We equip practitioners to give women the skills to understand abuse, make sense of their lives and move forward with hope and positivity" <https://www.ownmylifecourse.org/what>
- ⁵⁹ Kathie Sarachild coined the phrase "sisterhood is powerful" in 1968, in a flier she wrote for the keynote speech she gave for New York Radical Women's first public action at the convocation of the Jeannette Rankin Brigade (Love 2006).
- ⁶⁰ "Vicarious trauma is a process of change resulting from empathetic engagement with trauma survivors. Anyone who engages empathetically with survivors of traumatic incidents, torture, and material relating to their trauma, is potentially affected." <https://www.bma.org.uk/advice-and-support/your-wellbeing/vicarious-trauma/vicarious-trauma-signs-and-strategies-for-coping>
- ⁶¹ From Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women's Liberation Collective (unpublished, page 19)/
- ⁶² "The definition of trauma used by the American Psychiatric Association in the DSM-5 manual¹ is the 'exposure to actual or threatened death, serious injury, or sexual violence in one(or more) of the following ways...' [directly or indirectly.]" (from Covington 2016).
- ⁶³ Collins 2000: p277-28
- ⁶⁴ Evaluation Report – Women in Recovery & Empowerment (WIRE) pilot project, The Barn at Easington, funded by East Durham Trust. Dr Sue Robson, PhD, MA, BA Evaluator, Tina's Haven November 2023 (unpublished).
- ⁶⁵ From Merriam-Websters Collegiate Dictionary (10th ed.), in Kondrat 1999: p474.
- ⁶⁶ This included: the initial nature-based sessions, the volunteering sessions and facilitating and arts & crafts sessions. Also participating in the overnight retreat, visiting the "Free" Women's Group ran by Durham Constabulary and regularly having lunch at ANE.
- ⁶⁷ Sponsorship is a key feature of traditional drug and alcohol self-help groups. It is a source of interpersonal support provided by an individual who is in a more advanced stage of recovery to an individual at an earlier stage of recovery (McGovern et. al. 2021).

⁶⁸ The concept of ‘hegemony’ encompasses the ways in which “an entire system of values, attitudes, beliefs and morality” permeates throughout society with the effect of maintaining the “status quo in power relations” (Burke 1999, 2005:4, Butcher 2007).

⁶⁹ The Free Women’s Group is delivered as a partnership between Durham Constabulary and Durham Agency Against Crime, funded by the Police and Crime Commissioner.

⁷⁰ “Social desirability bias refers to the tendency of research subjects to choose responses they believe are more socially desirable or acceptable rather than choosing responses that are reflective of their true thoughts or feelings.” Grimm (2010)

⁷¹ There are 6 evaluation and feedback forms from the nature-based creative session that cannot be attributed to individual women participants as there are not named and there was no record made by the team of practitioners, artists, and therapists who delivered these sessions of who participated.

⁷² Evaluation Report – Women in Recovery & Empowerment (WIRE) pilot project, The Barn at Easington, funded by East Durham Trust. Dr Sue Robson, PhD, MA, BA Evaluator, Tina’s Haven November 2023 (unpublished).

⁷³ Link to film that was made of the launch event from The Barn at Easington website <https://www.thebarnateasington.co.uk/projects-1>

⁷⁴ Evaluation Report – Women in Recovery & Empowerment (WIRE) pilot project, The Barn at Easington, funded by East Durham Trust. Dr Sue Robson, PhD, MA, BA Evaluator, Tina’s Haven November 2023 (unpublished).

⁷⁵ As last endnote

⁷⁶ As last endnote

⁷⁷ As last endnote

⁷⁸ As last endnote

⁷⁹ Sunderland Echo, by Kevin Clark, published 30th Jan 2023 - <https://www.sunderlandecho.com/health/tinas-haven-launches-to-helps-mums-fighting-addiction-in-memory-of-sunderland-woman-tina-robson-4006356>

⁸⁰ ITV News, Tyne Tees, Kris Jepson, Correspondent, Thursday 13 July 2023 - <https://www.itv.com/news/tyne-tees/2023-07-13/women-recovering-from-addiction-share-the-nature-photos-helping-their-journey#:~:text=Kris%20Jepson,News%20Tyne%20Tees>

⁸¹ Link to film that was made of the launch event from The Barn at Easington website <https://www.thebarnateasington.co.uk/projects-1>

⁸² The Own My Story Journal provides women with space for reflective practice and includes all the information provided throughout the course. This becomes an ongoing resource for women after the course has finished. <https://www.ownmylifecourse.org/what>

⁸³ From Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women’s Liberation Collective (unpublished).

⁸⁴ As last endnote.

⁸⁵ As last endnote

⁸⁶ As last endnote

⁸⁷ As last endnote

⁸⁸ The term ‘subaltern’ originates from post-colonial theory, describing the lower classes and the social groups who are at the margins of a society (Young 2003).

⁸⁹ Science conceives a ‘paradigm shift’ in two ways, the first being the presence of “anomalies that cannot be explained by the existing dominant paradigm”, the other the “presence of an alternative paradigm, one that can account for the phenomena” and for any anomalies that the first one could not explain (Kuhn 1962 in McCarl Neilsen 1990:12-13).

⁹⁰ One artist-practitioner completed the OML train the trainers course in November 2023, the other practitioner in January 2024.

⁹¹ As last endnote.

⁹² Steering Group Meeting, The Barn at Easington, 16th November 2023, 10 am to 12 noon.

⁹³ As last endnote.

⁹⁴ From three female bed spaces to thirty-three in two years, Steering Group Meeting, The Barn at Easington, 16th November 2023, 10 am to 12 noon.

⁹⁵ OML Expectations of Sisterhood

<https://www.ownmylifecourse.org/expectationsofsisterhood#:~:text=We%20are%20committed%20to%20ensuring,our%20core%20values%20and%20principles.>

⁹⁶ From Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women’s Liberation Collective (unpublished).

⁹⁷ The Awards for All project application for Tina’s Have stated that “a result of the project, mothers & children will:

- Feel better connected to a community of peers for ongoing support.
- Feel less stressed and better supported.
- Feel more confident about their strengths.
- Feel more secure in their relationships.

⁹⁸ From Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women’s Liberation Collective (unpublished).

⁹⁹ Evaluation of trauma training, Wednesday 22nd March 2023, delivered by trauma therapy practitioner and Evaluated by Dr Sue Robson, PhD, MA, BA, Founder of Tina’s Haven (unpublished).

¹⁰⁰ As last endnote.

¹⁰¹ Tina’s Haven: Centring Principles and Mapping Models of Practice, Workshop notes: 3rd May at The Barn 1.30-4pm (By Rosie Lewis).

¹⁰² Steering Group Meeting notes, The Barn at Easington, 16th November 2023, 10 am to 12 noon.

¹⁰³ From Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women’s Liberation Collective (unpublished).

¹⁰⁴ Steering Group Meeting notes, The Barn at Easington, 16th November 2023, 10 am to 12 noon.

¹⁰⁵ Centering Tina’s Haven values & principles (July 2023), compiled from Tina’s Haven: Centring Principles and Mapping Models of Practice Workshop: 3rd May at The Barn 1.30- 4pm facilitated by Dr Rosie Lewis

¹⁰⁶ Evaluation Report – Women in Recovery & Empowerment (WIRE) pilot project, The Barn at Easington, funded by East Durham Trust. Dr Sue Robson, PhD, MA, BA Evaluator, Tina’s Haven November 2023 (unpublished).

¹⁰⁷ This emerged from a meeting with REFORM to discuss them hosting another pilot (28.9.2023). Before considering a second pilot, REFORM requested an adaptation in the wording, to extend “addiction recovery” to “recovery from trauma and addiction” and to include “the 12 steps”/ “and other programmes.”

Examples are (from External agency interview (3), January 2024).

- Helping Women Recover: A Program for Treating Addiction – Stephanie Covington - <https://www.stephaniecovington.com/books/curricula-endorsements/helping-women-recover-a-program-for-treating-addiction/>
- A Woman's Way through The Twelve Steps– Stephanie Covington <https://www.stephaniecovington.com/books/bookstore/a-womans-way-through-the-twelve-steps-1st-edition/>
- Self-Compassion with Kristin Neff and Brené Brown- Atlas of the Heart, by Brene Brown - "want to find the way back to ourselves and each other, we need language and the grounded confidence to both tell our stories, and to be stewards of the stories that we hear." <https://brenebrown.com/hbo-max-presents-brene-brown-atlas-of-the-heart/> <https://self-compassion.org/self-compassion-kristin-neff-brene-brown/>

¹⁰⁸ This is evident in the Tina's Haven online reflective evaluation (with 6 practitioners and artists on the steering group) in advance of the final steering group workshop on 25th July 2023.

¹⁰⁹ From Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women's Liberation Collective (unpublished).

¹¹⁰ 'The Trauma of Abandonment' by Dr. Gabor Mate https://www.youtube.com/watch?v=P087SYOV6_I

¹¹¹ Evaluation of trauma training, Wednesday 22nd March 2023, delivered by trauma therapy practitioner and Evaluated by Dr Sue Robson, PhD, MA, BA, Founder of Tina's Haven (unpublished).

¹¹² 'Cooks Hook Up Demonstration by Carolyn Morgan - <https://www.youtube.com/watch?v=mtzgzYOXkiU>

¹¹³ As endnote10.

¹¹⁴ Centering Tina's Haven values & principles (July 2023), compiled from Tina's Haven: Centring Principles and Mapping Models of Practice Workshop: 3rd May at The Barn 1.30- 4pm facilitated by Rosie Lewis

¹¹⁵ Support for Women Around Northumberland (SWAN) noted for the success of its virtual one-stop-shop approach in addressing rural isolation and associated service inequality. SWAN's evaluation credited the ability of the service to fill a gap by combining intensive crisis support for women who needed to escape from imminent danger with a range of services to nurture resilience and bring about long-term rehabilitation and recovery. <https://publications.parliament.uk/pa/cm201314/cmselect/cmjust/92/92.pdf>

¹¹⁶ As endnote 32.

¹¹⁷ Expanding networks and collaborations that have developed during the Tina's Haven pilot project include: The Free Women's Group (also involved with women in HMP Low Newton); REFORM (Birthmothers Project, policy and peer-support); NERAF - Supporting People Affected by Substances or Alcohol (Sunderland); Recovering Justice Women's Group (Durham and national); Recovery Academy Durham, Women Only Wellness Gathering (an annual event in North Allerton - <https://womenonlywellness.com/>); a non-funded, non-affiliated support network for Mothers Who Use Drugs.

¹¹⁸ Transforming Together: Building place-based networks to improve services for women - <https://www.agendaalliance.org/our-work/projects-and-campaigns/transforming-together-networks/>

¹¹⁹ Notes of Tina's Haven steering group – Initial meeting on 19.9.2022, 10 am to 12.30pm – The Barn at Easington.

¹²⁰ Notes of Tina's Haven – Steering Group Meeting 6th Feb 2023, 11am – 2pm: Addictions Northeast, 31 Stavordale Street West, Seaham SR7 7RA.

¹²¹ Notes of Tina's Haven steering group – Initial meeting on 19.9.2022, 10 am to 12.30pm – The Barn at Easington.

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- ¹²² The first North East and North Cumbria Women's Health Conference (19.10.2023)
<https://northeastnorthcumbria.nhs.uk/women-s-health-conference-2023/>
- ¹²³ Navigating Loss, Cultivating Strength: Strategies for Enhancing Children's Mental Health, Association of Child & Adolescent Mental Health (Malta), Villa Arrigo – Naxxar. - <https://www.acamh.org/blog/call-for-abstracts-navigating-loss-cultivating-strength-strategies-for-enhancing-childrens-mental-health/>
- ¹²⁴ Tina's Haven: Centring Principles and Mapping Models of Practice, Workshop notes: 3rd May at The Barn 1.30-4pm (By Rosie Lewis).
- ¹²⁵ Liminality,' from the Latin word 'līmen,' meaning 'a threshold,' is conceived as the boundary spaces where practitioners can most effectively operate as critical agents. The concept of liminality encompasses physical and social boundaries and periods of transition where normal limits to thought, self-understanding, and behaviour are relaxed and can lead to new perspectives (Ruby 1980, Ward and Wild 1995, Turner 1969).
- ¹²⁶ Under the header Guidance P18 into 19 had been added point 12: "If you are facilitating Own My Life in a mixed-sex service, please contact us for additional guidance on managing this within your service."
<https://shorturl.at/wyMPR>
- ¹²⁷ As endnote 12.
- ¹²⁸ As endnote 122.
- ¹²⁹ As endnote 123.
- ¹³⁰ Notes from Tina's Haven Steering Group meeting: 14.12.2022, 10.30 to 12.45pm (on Zoom).
- ¹³¹ As endnote 95.
- ¹³² E.g. Dr. Gabor Maté's "Trauma of Abandonment," as endnote 110.
- ¹³³ Evaluation Report – Women in Recovery & Empowerment (WIRE) pilot project, The Barn at Easington, funded by East Durham Trust. Dr Sue Robson, PhD, MA, BA Evaluator, Tina's Haven November 2023 (unpublished).
- ¹³⁴ See endnote 9 and 10.
- ¹³⁵ From Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women's Liberation Collective (unpublished).
- ¹³⁶ Practice Direction 12j - Child Arrangements & Contact Orders: Domestic Abuse and Harm - https://www.justice.gov.uk/courts/procedure-rules/family/practice_directions/pd_part_12j
- ¹³⁷ Evidenced submitted to Select Committee Inquiry, "The pathologising of women survivors of male violence by family court experts," Women's Resource Centre, April 2022 - <https://www.wrc.org.uk/blog/pathologising-women-survivors>
- ¹³⁸ Court of Appeal considers family court's approach to domestic abuse, The Law Society Gazette (20th January 2021), <https://www.lawgazette.co.uk/news/court-of-appeal-considers-family-courts-approach-to-domestic-abuse/5107084.article>
- ¹³⁹ Mother's Day, presented By Stephanie Fuller, Louise Monaghan, Lisa Ogun - A woman struggles to create the perfect dolls house for her daughter as she teaches a naive and intoxicated student some home truths about street homelessness, motherhood and addiction, Camden People's Theatre, 23rd, 24th April 2023.
<https://cpttheatre.co.uk/whatson/MOTHERS-DAY>
- ¹⁴⁰ Amanda Boorman is an adoptive parent and founder of "The Open Nest," a creative, forward-thinking charity born from personal experiences of caring for traumatised children - <https://register-of-charities.charitycommission.gov.uk/charity-search/-/charity-details/5040493/charity-overview>

¹⁴¹ See endnote 9 and 10.

¹⁴² As endnote 10.

¹⁴³ For an illustration, see Table 6, [Section 3.2.1](#).

¹⁴⁴ As endnote 13.

¹⁴⁵ As endnote 9.

¹⁴⁶ As endnote 10.

¹⁴⁷ 'Naïve consciousness' is conceived as a passive and unquestioning acceptance of discrimination, or limited insight into individual problems that does not make connections to systems in society (Freire 1973).

¹⁴⁸ "Othering" is defined here as "a process in which, through discursive practices, different subjects are formed, hegemonic subjects – that is, subjects in powerful social positions as well as those subjugated to these powerful conditions."

https://www.academia.edu/42889355/Othering_and_its_effects_exploring_the_concept

¹⁴⁹ As endnote 13.

¹⁵⁰ As endnote 107.

¹⁵¹ According to "Financial relationships with third sector organisations", 'Grant-Aid' is one of three funding channels for commissioners to consider for projects that are in 'close alignment' with government objectives - https://www.nao.org.uk/wp-content/uploads/2008/09/Financial_relationships_with_third_sector_organisations.pdf

¹⁵² See a guide to Social Return on Investment -

https://neweconomics.org/uploads/files/aff3779953c5b88d53_cpm6v3v71.pdf

¹⁵³ CEDAW was established in 1979 and is often referred to as the Women's International Bill of Rights. Unlike domestic UK and European legislation on sex discrimination and equal treatment, the Convention is solely concerned with the position of women rather than discrimination faced by both sexes (which would include discrimination against men). The Convention places obligations on State parties (countries that have agreed to the Convention), to eliminate discrimination against women. The substantive model of equality enshrined in CEDAW is based upon the principle that discrimination is socially constructed and is not a natural principle of human interaction. Substantive equality recognises the need for concerted action against inequality, and the institutional mechanisms that perpetuate it. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

¹⁵⁴ Guidance Adoption support fund (ASF), Local authorities and regional adoption agencies (RAAs) can apply for therapeutic funding for eligible adoptive and special guardianship order families.

<https://www.gov.uk/guidance/adoption-support-fund-asf>

¹⁵⁵ As endnotes 9, 10 and 16.

¹⁵⁶ <https://franproctor.co.uk/>

¹⁵⁷ Read Tina's Story here (the pen portrait prepared for the inquest touching her death -

<https://www.youtube.com/watch?v=uKr2Nf6r9Qo>

¹⁵⁸ Formerly "East Durham Creates" <https://nomorenowt.org/>

¹⁵⁹ Likert scale, rating system, used in questionnaires, that is designed to measure people's attitudes, opinions, or perceptions. <https://www.britannica.com/topic/Likert-Scale>

¹⁶⁰ Evaluation of Own My Life Course, August 2023, written by Jo Costello, Development Lead Women's Liberation Collective (unpublished).

¹⁶¹ As last endnote.

¹⁶² As last endnote.

¹⁶³ Adapted from Black Feminist Thought, Collins 2000: p277-28.

¹⁶⁴ As endnote 122.

¹⁶⁵ As endnote 123.

¹⁶⁶ As endnote 12.