Emotion Coaching

Feasibility study report

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CordisBright

YOUTH ENDOWMENT FUND

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About the evaluator

Cordis Bright was commissioned to undertake a feasibility study of the Emotion Coaching programme, adapted by Solace Women's Aid, to be delivered in UK refuge settings.

Cordis Bright (www.cordisbright.co.uk) believes that public sector services can change lives for the better. We work collaboratively with our clients to deliver improved outcomes for service users and their families. We provide research, evaluation, consultancy and advice aimed at improving public services. Our team has a unique combination of consultancy, research and evaluation skills, with previous experience in practice, management, leadership and inspection. Cordis Bright offers a range of research and evaluation services which aim to improve the evidence base from which public services are delivered.

The evaluation team included Louise Ashwell (Consultant), Angela Collins (Principal Consultant), Hannah Nickson (Director), Professor Darrick Joliffe (Associate), Siah Lesher (Researcher) and Samyukta Srinivasan (Researcher). Fatima Husain (YEF Race Equity Consultant) provided specialist input relating to race equity considerations.

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Executive summary

The project

Emotion Coaching is a parenting programme that aims to reduce children's externalising behaviours (behavioural difficulties) while improving children's and parents' emotion regulation and mental health. Targeted at non-abusive mothers and children (aged 6-14) who have been exposed to domestic abuse, the programme delivers 12 weekly group sessions. Group sizes range from four to eight mothers, with sessions lasting for two hours. Eight sessions are delivered exclusively to mothers, and four involve both mothers and one participating child. A combination of discussions, role play, case studies and educational presentations are used. Sessions focus on fostering emotion regulation in both mothers and children, developing emotion coaching behaviours, minimising harsh parenting and encouraging a stronger emotional connection between mothers and children. Emotion Coaching was originally developed by Dr Lynn Katz at the University of Washington for delivery in the United States. It was adapted for this project by Solace Women's Aid, working with Dr Katz and Dr Kyrill Gurtovenko. Three Solace Women's Aid Family Support workers led the facilitation of the sessions following a five-day training programme. Emotion Coaching was delivered to mothers and children living across five refuges in Bexley, Enfield and Islington.

The Youth Endowment Fund (YEF) funded a feasibility study of Emotion Coaching. This aimed to assess the feasibility of running the Emotion Coaching programme in a UK refuge setting, test a newly developed Theory of Change (and whether Emotion Coaching could plausibly improve children's behavioural difficulties, emotion regulation and other outcomes) and explore whether an experimental or quasi-experimental methodology for an impact evaluation of Emotion Coaching is realistic. The feasibility study used a range of quantitative and qualitative methods, including the analysis of monitoring data on participant characteristics, activity, dosage and outcome measures (including the Eyberg Child Behaviour Inventory [ECBI] that measures children's disruptive behaviours), alongside the analysis of qualitative data from workshop observations and session fidelity forms. Interviews were also conducted with ten mothers, eight children, twelve stakeholders involved in programme delivery and four external violence against women and girls (VAWG) stakeholders. Fifteen mothers and 15 children took part in the programme at this feasibility stage, and the study ran from February to August 2024.

Key conclusions
Recruitment for the Emotion Coaching programme was successful, with 15 mother–child pairs recruited, representing 100% of the eligible participants. Recruitment was inclusive, with 73% of participants from Black, Asian and Minority ethnic backgrounds and almost one-third having interpreter needs. However, the number of eligible participants was lower than anticipated, partly due to a higher than average number of families leaving refuges in the months before recruitment and children in Solace Women's Aid refuges typically being younger than six (the minimum age for participation).
The programme was delivered with generally high fidelity to the original model. All 12 sessions were delivered across three participating boroughs as planned. Mothers completed an average of 85% of sessions; however, only three mothers completed all 12 sessions.
Participating mothers expressed high levels of satisfaction with Emotion Coaching. Mothers also perceived a positive difference in their children's emotion regulation skills, as well as improvements in their own emotion regulation and confidence in their parenting.
The ECBI scales used to measure child externalising behaviours showed inconsistent completion rates. Interviews with mothers suggest that the language and formatting of the tool may have made completing it confusing. Reliability challenges with the ECBI and Parent Sense of Competence (PSOC) scales mean that future impact evaluation should consider using alternative outcome measures.
Solace Women's Aid staff and external stakeholders support the use of robust methods to evaluate impact. However, a future impact evaluation would face significant challenges, including scaling up the programme to achieve a suitably large sample size.

Interpretation

Recruitment for the Emotion Coaching programme was successful, with 15 mother–child pairs recruited, representing 100% of the eligible participants. Recruitment was inclusive; 73% of participants were from Black, Asian and Minority ethnic backgrounds, and almost one-third of participants (seven mothers and two children) had interpreter needs. However, the number of mothers and children eligible to participate in the programme was much lower than expected. This was partly due to a higher than average number of families leaving refuges in the months before recruitment. The recruitment period was extended to overcome this, and existing relationships between family support workers and potential participants were utilised to encourage engagement. The number of eligible participants was also lower than expected due to children in the refuges typically being younger than six, the minimum eligible age for participation. To address this, adaptation to the programme structure could include widening the eligibility criteria to include younger children.

The sessions were delivered with high fidelity to the original model, with minor adaptations made to better fit the unique needs of the refuge setting. These adaptations included adjusting session timings and content to suit participants' schedules and needs. The programme also made good use of interpreter services, allowing non-English speakers to participate. Attendance levels were relatively high, with mothers completing 85% of sessions on average (although only three mothers completed all 12 sessions). Eighty per cent of mother–child pairs recruited into the programme remained engaged until completion, with only one mother withdrawing from the programme after it had started. This is notable given the complex circumstances of participants living in refuges.

Mothers enjoyed the programme, expressing high levels of satisfaction and particularly valuing the inclusive group format, which they felt allowed them to share experiences and support one another. The programme content was seen as relevant and important by participants, Solace Women's Aid staff and external VAWG stakeholders. Stakeholders felt the programme was inclusive: a significant proportion of participants were from Black, Asian and Minority ethnic backgrounds. Mothers perceived improvements in the emotion regulation of their child, reporting fewer temper tantrums and better communication. Some mothers also observed a slight reduction in their child's externalising behaviours, noting calmer interactions and reduced behavioural challenges. Mother also reported greater awareness and acceptance of their own emotions, helping them better manage interactions with their children. While promising, these preliminary findings from qualitative evidence should be approached with considerable caution, given the very small group size and lack of a comparison group.

There were inconsistent completion rates for the ECBI scales used to measure child externalising behaviours. Mothers found the language and formatting of the tool confusing. Reliability issues with the ECBI and PSOC scales may make alternative measures preferable in any future impact evaluation. Given the significant number of non-English speakers residing in refuges, any future evaluation will require testing of the selected scales to ensure they are understandable for all. While the programme's inclusivity was notable, ensuring meaningful considerations of race equity, diversity and inclusivity will be crucial in any future impact evaluation. This includes interpretation support, consideration of translated materials and attention to cultural differences when interpreting outcome measurement tools.

Solace Women's Aid staff and external VAWG stakeholders support the idea of further evaluation to provide robust evidence of the effectiveness of Emotion Coaching. However, there are significant recruitment and logistical challenges which need to be addressed before a future robust evaluation. There are currently not enough eligible participants living in Solace Women's Aid refuges to support an impact evaluation, and scaling up the programme to achieve a large enough sample size poses several challenges. Mothers residing in the refuges tend to have children younger than six, so eligibility criteria may need widening, or consideration may need to be given to partnering with other providers of refuge accommodation. Refuges' transient populations and mothers not being ready to participate fully in an intensive programme also present challenges. Significant resources, including additional staffing, training and budget allocation for interpreters would also be required.

The YEF is currently considering whether to proceed with further evaluation of Emotion Coaching.

Introduction

Background

This section sets out the theoretical and scientific background and policy and practice context to outline the potential value of the Emotion Coaching programme. It also outlines the rationale for conducting a feasibility study for the future impact evaluation of Emotion Coaching in Solace Women's Aid refuges.

Potential value of emotion coaching for families who have experienced domestic abuse

Emotion dysregulation and externalising behaviours

Evidence shows that children exposed to domestic abuse are at greater risk of experiencing conditions such as anxiety and depression (Berg et al., 2022; Kernic et al., 2003), as well as behaviours including aggression and behavioural problems (Evans et al., 2008; Sternburg et al., 2006). There is some evidence to suggest that these behavioural problems can extend to later violent behaviours, including perpetrating aggressive behaviour and/or domestic abuse in adolescence and adulthood (Arty et al., 2014; Steketee et al., 2021).

There is growing evidence to suggest that children's experiences of domestic abuse are associated with emotion dysregulation, such as using ineffective emotion regulation strategies and demonstrating greater emotional reactivity (Katz et al., 2020; Weissman et al., 2019). As a result, it is understood that emotion regulation may be a mediator linking the experience of domestic abuse and externalising symptoms, including externalising behaviours, among children (Fong et al., 2019; Harding et al., 2013).

Emotion coaching attitudes and emotion regulation skills

Experiencing domestic abuse is also known to have a negative impact on parents' emotion regulation abilities (Gurtovenko & Katz, 2020). Parents' perspectives on emotions shape how they express and regulate their own emotions, as well as how they respond to their children's emotions (Gottman, 1996; Katz et al., 2012). Parents who practice approaches grounded in emotion coaching attitudes will be (1) more aware of their own emotions, (2) more aware of their children's emotions, (3) able to support their children to work through negative feelings, such as anger and sadness, using understanding, empathy and problem-solving and (4) able to improve both their emotion regulation skills and those of their children (Hurrell et al., 2017; Katz et al., 2020). Therefore, increasing parents' emotion coaching attitudes and practices may improve parents' emotion regulation skills and, in doing so, enhance parents' capacities to respond to children's emotions.

Emotion regulation, emotional connection between parents and children, and harsh parenting practices

Evidence suggests that improving parents' and children's emotion regulation skills may increase the emotional connection between parents and children exposed to domestic abuse and, as a result, decrease the likelihood of parents who have experienced domestic abuse using harsh parenting practices. Together, these may have long-term ramifications for the relationship between parents and children who are victims/survivors of domestic abuse. Within this context, there is some evidence to suggest that parents who use emotion coaching may be less inclined to maltreat their children (Shipman et al., 2007). Emotion coaching may help the parents of children exposed to domestic abuse build emotional connections with their children (Gus et al., 2015). This may occur through the increased use of validation and decreased use of sermonising, lecturing and scolding (Katz et al., 2020). The use of emotion coaching by parents may, therefore, have a positive impact on reducing behavioural problems in children exposed to domestic abuse.

Rationale for the Emotion Coaching programme

The Emotion Coaching programme was first piloted by Dr Katz at the University of Washington in the United States to explore whether a parenting programme targeting mothers' emotion regulation skills could lead to better outcomes for families who have experienced domestic abuse. It is the first known intervention for families who have experienced domestic abuse that specifically targets improvements in maternal and child emotion regulation within a parenting context (Katz et al., 2020).

Given that emotion regulation predicts child adjustment and parenting outcomes following the experience of domestic abuse, the theory underpinning the Emotion Coaching programme is that an intervention which supports mothers and their children in regulating their emotions is likely to result in improvements in child adjustment, including internalising and externalising behaviours; the quality of the parent–child relationship; and parent's confidence in their own parenting abilities. The Emotion Coaching programme, being a group skills-based intervention, was felt by the programme developer to be important to the programme's success, given that an extra element of social support may boost parental confidence and wellbeing (Howarth et al., 2023).[1]

Rationale for delivering Emotion Coaching in Solace Women's Aid refuges

Within the supportive home funding round, the Youth Endowment Fund (YEF) was seeking to understand *'Which approaches are most effective in helping families and carers to create a supportive home environment for 6- to 14-year-old children (including looked-after children), reducing the likelihood of them becoming involved in violence?'* This included a focus specifically on parenting programmes and on supporting families experiencing domestic abuse.

Emotion Coaching, as delivered in the US context, has already been evaluated through a small-scale pilot study involving the comparison of pre- and post-intervention outcomes measures for an intervention and waitlist group (Katz et al., 2020). This found that Emotion Coaching resulted in improvements in mothers' and children's emotion regulation abilities and mental health outcomes, the quality of the mother–child relationships and mothers' sense of confidence in dealing with their children's challenging behaviour.

In earlier research conducted by Howarth et al. (2023), refuge staff and women receiving services were consulted on potential interventions for Solace Women's Aid to adapt and implement. The Emotion Coaching programme was viewed positively by both groups, with refuge staff ranking the programme as their preferred option. Women receiving services shared that they wanted a programme which focused on emotion regulation and took into consideration their children's emotions. It also stood out to them that the programme was designed for families experiencing domestic abuse and included sessions to support them in having conversations with their children about the domestic abuse they were exposed to.

Rationale for conducting this feasibility study

A feasibility study for the impact evaluation of Emotion Coaching in Solace Women's Aid refuges was undertaken for three main reasons, all of which are connected to the fact that the programme has not previously been delivered in the UK context or in a refuge setting by refuge staff (rather than therapists).

First, it was important to explore whether the programme could plausibly be implemented in this new context. Given the change in setting, adaptations have been needed to enhance feasibility and acceptability, which would need to be accounted for ahead of a pilot. An adaptation phase was included to ensure that

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[1] Please note this report by Howarth et al, (March 3, 2023) is unpublished research.

the Emotion Coaching programme has been sufficiently adapted to be ready for implementation in the main feasibility study phase. During this phase, we worked closely with Solace Women's Aid colleagues, YEF Race Equity Associate Fatima Husain and the Emotion Coaching service user expert group, which is a group of former Solace Women's Aid service users with lived experience of living in refuges and/or participating in programmes comparable to Emotion Coaching. These stakeholders have advised on proposed adaptations to the programme, and the findings from this report were discussed with them in September 2024.

Second, understanding whether programme activity could plausibly lead to predicted short- and longer-term outcomes in this context was important to gauge the potential for a pilot. This was particularly important because transferring the programme has resulted in adaptations to its theory of change.

Third, it was important to understand whether experimental or quasi-experimental evaluations would be feasible and acceptable in the refuge context, specifically in Solace Women's Aid refuges.

Intervention

Programme overview

Table 1 outlines the Emotion Coaching programme, drawing on the Template for Intervention Description and Replication (TIDieR) framework (Hoffman et al., 2014).

Table 1: TIDieR framework for Emotion Coaching in Solace Women's Aid refuges

TIDieR item	Description
What is delivered?	Emotion Coaching is a manualised[2] group skills-based parenting programme. It aims to improve mothers' and children's emotion regulation skills and mothers' emotion coaching behaviours. The sessions focus on fostering emotion regulation in both mothers and children, developing emotion coaching behaviours with mothers, minimising harsh parenting and encouraging a stronger emotional connection between mother and child. Eight of the 12 sessions are delivered exclusively to mothers. The remaining four group sessions are delivered with both mother and child in attendance to allow for in-person training and feedback. The session structure is as follows[3]: • Session 1: introduction, including psychoeducation about domestic abuse and goal setting • Sessions 2 & 3: mothers' awareness of emotions in herself and her child • Sessions 4 & 5: emotion regulation abilities • Sessions 6–9: emotion coaching abilities (children in attendance) • Sessions 10 & 11: responding to anger and talking about the abuse

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[2] An Emotion Coaching manual has been produced by the programme developer for delivering the programme with fidelity to achieve the outcomes under investigation.

[3] The text outlining the session structure is taken from the Emotion Coaching manual.

TIDieR item	Description
	• Session 12: reviewing and summarising essential points with the mothers and developing a plan for their continuing support of their children. Each programme session includes discussions, role-playing, case studies and educational presentations. Videos are used to model the types of behaviours that the intervention is targeting.
Who delivers?	The programme was delivered by three Solace Women's Aid Family Support Workers, each working at 0.6 full-time equivalent (FTE). Delivery was overseen by a project manager working at 0.4 FTE. A backfill Solace Women's Aid Family Support Worker also delivered two sessions in Bexley while the Family Support Worker for that site was on leave. The Family Support Workers have extensive experience in supporting families who have been impacted by domestic abuse and have received training on safeguarding, risk management and safety planning. The Family Support Workers received five days of in-person training from the programme originators. They have also drawn on an updated programme manual and have been able to access ongoing supervision, including weekly online meetings and email communication, from Dr Gurtovenko.
When and how much?	The programme consists of 12 sessions, which are around two hours in length. They are delivered once per week.[4]
How?	Support is delivered face-to-face in groups of four to eight mothers (and their children in relevant sessions).
Where?	The programme is delivered in three Solace Women's Aid refuges in Bexley, Enfield and Islington. Sessions are delivered in the refuges in communal spaces, such as lounges or children's playrooms.
Tailoring?	Overarching session topics are not tailored to group or individual needs. However, some session activities and between-session reflection activities can be adapted based on mothers' specific learning needs.

Target recipients

The target recipients for the Emotion Coaching programme are mothers (with at least one child aged 6–14) living across five Solace Women's Aid refuges in three London boroughs.[5] Based on refuge residents' demographic data provided by Solace Women's Aid (as reported in Howarth et al., 2023), many programme participants are likely to be from racialised backgrounds, have English as an additional language and be from low-income households. The inclusion criteria for Emotion Coaching are:

- The mother has previously experienced domestic abuse and recognises what has previously happened to them as domestic abuse. The former is assessed by the mother being a Solace Women's Aid refuge resident and, if required, reviewing their history of domestic abuse in their case file. The

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[4] During the feasibility study phase, sessions were delivered over a 14-week period with a two-week break to take into account the Easter school holidays.

[5] Women who start the Emotion Coaching programme but leave the refuge during the course of the programme are able to return to the refuge to attend sessions and complete the programme.

latter is assessed by the refuge worker who works directly with the mother based on their prior conversations about their history of domestic abuse.

- The mother has settled in a Solace Women's Aid refuge and completed initial practicalities. Solace Women's Aid staff have described this as an intensive process typically involving an introduction to the refuge; completion of paperwork, including a support plan, risk assessment and needs assessment; application for welfare benefits; and registration with local services, such as GP surgeries and schools. Typically, the mother is likely to have been living in the refuge for at least a month for these practicalities to have been completed and for mothers to feel relatively settled. Solace Women's Aid staff have advised that it would be unrealistic to ask mothers to be involved in a programme while they are completing initial practicalities, as their schedules are unpredictable, they lack financial stability and they are still getting used to living arrangements in the refuge.

- The mother is sufficiently emotionally resilient to participate in the programme. During the adaptation phase, Solace Women's Aid staff identified that they felt mothers should feel that they are in a sufficiently emotionally stable place to participate in a programme that covers topics that may be sensitive, upsetting or emotionally triggering. This stability is assessed through a conversation between the mother and the Family Support Worker delivering the programme in the refuge where the mother resides about whether the mother has any concerns about their current emotional wellbeing affecting their ability to engage meaningfully with the programme.

Mothers would become ineligible for the programme if they were evicted from the refuge, meaning that they could not return to the refuge to complete the programme on-site. However, mothers who had a planned move on from refuge accommodation during the programme were able to return to the refuge to continue the programme.

Following receipt of initial referrals from refuge workers, who are the main point of contact for women residing in refuges, Family Support Workers meet with each prospective programme participant to ensure the referral is appropriate using the inclusion and exclusion criteria outlined here.

Adaptations

Beyond the main adaptations to the delivery setting, which are discussed in the 'Programme overview' section above, the main adaptations made to the original Emotion Coaching model for its delivery by Solace Women's Aid were as follows:

- The programme was facilitated by Family Support Workers already employed by Solace Women's Aid rather than by therapists.
- Interpreters were employed to support the participation of non-English speakers.
- Provision was made for mothers with learning difficulties or additional needs to engage with homework differently should the need be identified.
- Minor updates were made to the delivery materials, which were proposed by the programme developer. These included adjusting language to reflect more common usage in the UK and minor changes to how specific exercises were delivered to help increase participants' understanding of underlying concepts.
- A screening process was added during recruitment to gauge emotional readiness as an eligibility criterion.
- Sessions were shifted from evenings to daytime so the programme could take place during Family Support Worker working hours – and the parent–child interaction element of the parent–child sessions was separated out to accommodate this shift.

These adaptations were all agreed to by the programme developer.

Theory of change

The theory of change for Emotion Coaching in Solace Women's Aid refuges has been developed based on documentation and information provided by the originators, workshops during the co-design and adaptation phases, project management meetings between Cordis Bright and Solace Women's Aid, and a rapid evidence review. The theory of change is presented in Table 2 and shows that Emotion Coaching aims to achieve the following outcomes.

Short-term outcomes

For children

- Reduction in externalising behaviours
- Improvements in recognition of own emotions
- Improvements in emotional regulation

For mothers

- Improvements in emotional awareness and acceptance of own and child's emotions
- Improvements in emotion coaching behaviours
- Improvements in emotional regulation
- Increase in perception of social support

Medium-term outcomes

For children

- Improvements in the quality of parent–child interactions
- Decreased negativity

For mothers

- Improvements in the quality of parent–child interactions and increased use of validation
- Improvements in the quality of parent-child interactions and decreased use of sermonising, lecturing or scolding
- Increase in confidence in own parenting abilities

Long-term outcomes

For children: increased psychological adjustment (internalising and externalising problems)

For mothers: increased psychological adjustment

For the family unit: improved emotional connection and parent–child relationship

Table 2: Emotion Coaching theory of change

Why?		Who? Participants	How? Intervention	What? Outcomes		
Context	Evidence			Short term	Medium term	Long term
The Emotion Coaching programme aims to achieve the following: a) To develop emotional awareness, emotional regulation and emotion coaching skills among mothers who have experienced domestic abuse b) To strengthen the emotional connection between mother and child c) To decrease harsh parenting behaviours d) To decrease mental health difficulties in both mothers who have experienced domestic abuse and their children	A parent's set of beliefs about emotions guides how they express and regulate their own emotions, as well as how they respond to their children's emotions. Children experiencing domestic abuse are more likely to experience depression, anxiety, post-traumatic stress disorder (PTSD) and other difficulties compared to children who do not experience domestic abuse. Domestic abuse negatively impacts the way parents and children can express and manage their emotions. People who find it difficult to manage their emotions may	Mothers and children and young people aged 6-14 who: a) Have experienced domestic abuse b) Are settled within a Solace Women's Aid refuge c) Have been referred by refuge staff to the Emotion Coaching programme and found to be eligible, i.e., completed initial practicalities and recognise their experience as domestic abuse d) Are sufficiently emotionally resilient to participate in the programme	Mothers and children are provided support from a Family Support Worker through 12 sessions of a group skills-based parenting programme focusing on fostering emotion regulation and developing emotion coaching behaviours. Eight sessions are delivered exclusively with mothers, while the remaining four sessions are delivered with both mother and child. This support: a) Equips them with skills to develop their emotional awareness b) Equips them with skills to develop their emotional regulation abilities c) Supports them in developing their emotion coaching skills to better understand and validate their children's emotions d) Gives them knowledge about how to respond	**Children have:** a) Reductions in externalising behaviours b) Improvements in the recognition of their own emotions c) Improvements in emotional regulation **Mothers have:** a) Improvements in emotional awareness and acceptance of their own and children's emotions b) Improvements in emotion coaching behaviours c) Improvements in emotional regulation d) Increase in their perceptions of social support	**Children experience:** a) Improvements in the quality of parent–child interactions: decreased negativity **Mothers experience:** a) Improvements in the quality of parent–child interactions: increased use of validation b) Improvements in the quality of parent–child interactions: decreased use of sermonising, lecturing or scolding c) Increase in confidence in own parenting abilities	**Mothers experience:** • Increased psychological adjustment **Children experience:** • Increased psychological adjustment (internalising and externalising problems) **Family unit experiences:** • Improved emotional connection and parent–child relationship

Why?		Who? Participants	How? Intervention	What? Outcomes		
Context	Evidence			Short term	Medium term	Long term
e) To develop a sense of social support f) To prevent or reduce children's involvement in youth violence	experience longer and more severe periods of distress. Attending predominantly group skill-based sessions can help attendees develop a sense of social support.		to trauma-related emotions, such as anger e) Equips them with strategies for talking to their children about the domestic abuse they were exposed to and their abuser			

Research objectives and questions

The research objectives and questions have been designed in line with the YEF guidance on feasibility studies and implementation and process evaluations (YEF, 2022).

The Emotion Coaching Feasibility study protocol is available here: https://youthendowmentfund.org.uk/wp-content/uploads/2024/03/Solace-Womens-Aid-Evaluation-protocol-Mar-24.pdf

Research objectives

- To establish if it has proven feasible to a) adapt and b) implement Emotion Coaching (an intervention created for women living in community settings) in refuge settings
- To understand if it is plausible that the intervention could lead to the shorter- and longer-term outcomes specified in the theory of change and, in particular, the primary and secondary outcomes, which are the agreed focus for any future impact evaluation
- To explore to what extent an experimental or quasi-experimental methodology for an impact evaluation of the Emotion Coaching programme is practically possible

Research questions

1. **Dimensions of implementation:** has it proved feasible to adapt and implement Emotion Coaching (an intervention created for women living in community settings) in refuge settings within the context of the following:

   a. Fidelity/adherence

   i) Has it proved possible to operationalise the model agreed upon during the adaptation phase?
   ii) Is the intervention being implemented with fidelity to the agreed-upon model? If not, in what ways does it differ and why?

   b. Dosage

   i) How much of the intended intervention has been delivered, and does this match the dosage agreed upon in the adaptation phase?

   c. Quality

   i) Is the intervention acceptable to key stakeholder groups (such as intervention delivery staff, other refuge staff, women and children in refuges, and commissioners/referrers)?
   ii) Are there any potential harms and unexpected consequences of implementation or participation?
   iii) Would there be an appetite for continued delivery of the programme among Solace Women's Aid colleagues (such as intervention delivery staff and other refuge staff) in the absence of YEF funding?
   iv) Would there be an appetite for prospective delivery of the programme among Solace Women's Aid violence against women and girls (VAWG) partner organisations?

   d. Reach and responsiveness

   i) Are the proposed numbers of women and children in the selected refuge settings eligible for, interested in and engaging with the intervention?

ii) How inclusive is the intervention for minoritised groups and those who have previously been marginalised by services?

    e. Adaption

    i) Are further adaptations to the model or its implementation needed to accommodate context and need?

2. **Programme outcomes:** is it plausible that the intervention could lead to the shorter- and longer-term outcomes specified in the theory of change and, in particular, the primary and secondary outcomes, which are the agreed focus for any future impact evaluation?

    a. Which aspects of Emotion Coaching have supported positive outcomes?
    b. How have experiences of support differed across subgroups?

3. **Future implementation:** to what extent is an experimental or quasi-experimental methodology practically possible for an impact evaluation of the Emotion Coaching programme?

    a. To what extent would experimental or quasi-experimental methodologies be acceptable to key stakeholder groups (such as intervention delivery staff, other refuge staff, women and children in refuges, and commissioners/referrers)?
    b. Is the project set up and adequately resourced to support an experimental or quasi-experimental methodology for impact evaluation?
    c. Does the pilot of data collection processes and outcomes measurement tools during the feasibility study suggest that these are appropriate and feasible for future use?
    d. Can a future impact evaluation using experimental or quasi-experimental methodologies be designed and delivered in ways which promote race equity, diversity and inclusivity?
    e. How feasible is it to scale up intervention delivery, and what would be the likely reach of the intervention and any related impact study?
    f. Is business as usual in the refuge settings, which is to be included in any future impact evaluation, well understood, and does it omit any intervention similar to Emotion Coaching?
    g. What would be an appropriate randomised controlled trial (RCT) design for any future impact study?
    h. Are there any further factors which might inhibit the success of any future experimental or quasi-experimental impact evaluation? If so, how might these be addressed?
    i. What strengths might Solace Women's Aid and the evaluator build on in order to ensure the success of any future impact evaluation?[6]

Success criteria

Table 3 sets out the success criteria underpinning the feasibility study. These were co-developed by Cordis Bright and the YEF and reviewed by Solace Women's Aid. These success criteria are in line with the research questions this feasibility study explores and are based on the YEF guidance on feasibility studies and implementation and process evaluations (YEF, 2022). They aim to identify the key elements of a successful impact evaluation and to guide the YEF's decision about whether to progress to a full evaluation.

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[6] In the 'Findings' section of this report, each subsection of these three research questions is addressed in turn, except 3h and 3i, as these are already covered in detail in other subsections.

Table 3: Success criteria for Emotion Coaching feasibility study

Evaluation domain	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible
Feasibility of recruitment Can X% of the proposed number of eligible participants (*N* = 28) for the Emotion Coaching intervention be recruited?	If 21 or more participants are recruited (75%+)	If 14–20 participants are recruited (50–75%)	If under 14 participants are recruited (under 50%)
Programme dosage Can X% of recruited participants for the Emotion Coaching intervention complete X number of sessions?	If 75% of recruited participants complete all 12 sessions	If 50–75% of recruited participants complete all 12 sessions	If under 50% of recruited participants complete all 12 sessions
Feasibility of retention Can X% of recruited participants for the Emotion Coaching intervention be retained in the study until completion (i.e., completion of all outcomes measures)?	If 75% of recruited participants are retained	If 50–75% of recruited participants are retained	If under 50% of recruited participants are retained
Completion rate of outcomes measurement tools[7] Do outcomes measurement tools have an average per-item completion rate of X%?	Each outcomes measurement tool has an average per-item completion rate of 90% or over.	Each outcomes measurement tool has an average per-item completion rate of 70–89%.	Each outcomes measurement tool has an average per-item completion rate of 69% or under.
Fidelity to the programme model Is the intervention being implemented with fidelity to the agreed-upon model? If not, in what ways does it differ and why?	Facilitators report diverging from the agreed-upon model on their fidelity forms on fewer than three occasions during programme delivery. Those diversions which are identified are likely to be relatively minor.	Facilitators report diverging from the agreed-upon model on their fidelity forms on three to five occasions during programme delivery. Those diversions which are identified are likely to be relatively minor.	One or more of the identified diversions is major and/or insurmountable.

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[7] This success criterion was modified during the feasibility study. In the feasibility study protocol, we proposed measuring tool completion rates per participant, but on reflection, we determined that average per-item completion rates per tool were a better reflection of the tool's potential for use in a future impact evaluation.

Evaluation domain	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible
Intervention implementation (participants' experiences of delivery) What barriers do recruited participants identify to future implementation of an RCT of the intervention – and to what extent are these barriers insurmountable?	Fewer than three barriers to an RCT of the intervention are identified based on qualitative data from Emotion coaching participants. Those barriers which are identified are likely to be surmountable because workarounds can be easily identified.	Three to five barriers to an RCT of the intervention are identified based on qualitative data from Emotion coaching participants. Those barriers which are identified are likely to be surmountable because workarounds can be easily identified.	One or more of the identified barriers appears unlikely to be surmountable.
Intervention implementation (staff experiences of delivery) What barriers do Solace Women's Aid staff[8] identify to future implementation of an RCT of the intervention – and to what extent are these barriers insurmountable?	Fewer than three barriers to an RCT of the intervention are identified based on qualitative data from Emotion coaching staff. Those barriers which are identified are likely to be surmountable because workarounds can be easily identified.	Three to five barriers to an RCT of the intervention are identified based on qualitative data from Emotion coaching staff. Those barriers which are identified are likely to be surmountable because workarounds can be easily identified.	One or more of the identified barriers appears unlikely to be surmountable.
Interest in the programme and prospective RCT among external VAWG stakeholders What barriers do external VAWG stakeholders identify to future implementation of an RCT of the intervention – and to what extent are these barriers insurmountable?	Fewer than three barriers to an RCT of the intervention are identified based on qualitative data from external VAWG stakeholders. Those barriers	Three to five barriers to an RCT of the intervention are identified based on qualitative data from external VAWG	One or more of the identified barriers appears unlikely to be surmountable.

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[8] This success criterion was modified during the feasibility study. In the feasibility study protocol, we proposed interviewing staff from the YEF, specifically the Evaluation Manager and Programme Manager supporting the Emotion Coaching project, but on reflection, we determined that it would be preferable to focus on interviewing Solace Women's Aid staff to understand intervention implementation and potential barriers to a future RCT.

Evaluation domain	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible
	which are identified are likely to be surmountable because workarounds can be easily identified.	stakeholders. Those barriers which are identified are likely to be surmountable because workarounds can be easily identified.	

Ethical review

Ethical review process

Ethical approval was granted for the study by the Royal Holloway University Research Ethics Committee under reference number REC/4056. The ethics application was reviewed prior to submission by the YEF and Solace Women's Aid colleagues.

Agreement to participate

Family Support Workers oversaw the informed consent process for mothers and children to participate in the programme and feasibility study. These processes were designed to adhere to good practice guidelines, including the YEF and the Government Social Research Unit's guidance, to ensure they were accessible, inclusive and culturally sensitive.[9] All information sheets, consent materials and privacy notices used throughout the evaluation are provided in Appendices 1–6.

The Family Support Worker discussed the Emotion Coaching programme and feasibility study with mothers and their children as part of screening conversations. They were provided with a verbal overview of the optional nature of participation and were told that if they chose not to take part in the feasibility study, they would continue to be able to access all usual Solace Women's Aid services but that the Emotion Coaching programme would not be available to them. They were also told that they had the right to withdraw from the feasibility study at any point with no adverse consequences and informed as to how their data would be transferred to Cordis Bright and used, stored and deleted by Cordis Bright in line with the requirements of the Data Protection Act and GDPR.

Both the mother and their child were provided with hard-copy information sheets, which detailed the evaluation in full, as well as a privacy notice for the evaluation. The child/young person was provided with an age-appropriate version of the information sheet based on their age (there are two versions, one for children aged 6-11 and one for those aged 11–14; see Appendix 2: Information and consent forms). Both the mother and their child were given time in the meeting to read their respective information sheets and ask any questions.

If the mother and their child provided verbal consent to participate in the programme and evaluation, they were asked to complete hard-copy consent forms. These were securely collected by Family Support Workers, who then uploaded the forms to Solace Women's Aid servers. All written evidence of consent was then shared securely with Cordis Bright via secure transfer in line with the Data Protection Act and GDPR (see the 'Data protection' section below).

Cordis Bright provided guidance and training to support the Solace Women's Aid Family Support Workers in explaining the evaluation and implications and ensuring the messages in the information sheets were clearly communicated to mothers and children. We monitored this process by capturing feedback from the Solace Women's Aid project manager, who liaised with the Family Support Workers to check that the materials were sufficiently clear and that mothers and children were providing informed consent.

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[9] Research materials and tools were not translated into community languages. However, interpreters supported mothers in engaging with and completing the materials and tools.

Data protection

For this study, Cordis Bright is a joint controller of personal data throughout the evaluation, as well as a data processor, as specified in the YEF data guidance (available here). Cordis Bright has delivered the evaluation in line with our full Data Protection and Information Governance Framework for storing and handling personal data for the evaluation. Cordis Bright is also registered under the Data Protection Act, has Cyber Essentials Plus accreditation and is registered under the NHS Data Security and Protection Toolkit.

Cordis Bright and Solace Women's Aid developed a Data Sharing Agreement and Data Protection Impact Assessment. These are available in Sections 16 and 17 of the Appendix.

For this evaluation, we had:

- A clear legal reason for sharing data, e.g. public interest/public task
- Used pseudo-anonymisation where possible, i.e. Solace Women's Aid pseudonymised data by removing the name or identifiable information and substituting it with a reference number before transferring securely to Cordis Bright. Only Solace Women's Aid had access to identifiable data and the key to link programme participants' names to the reference numbers.
- A robust process to transfer data, i.e. Solace Women's Aid transferred password-protected data by secure methods, i.e. Switch Egress. Passwords have been shared via a different medium. Cordis Bright has sent anonymous, pseudonymised, non-identifiable individual-level data to Professor Darrick Joliffe via secure transfer, i.e. Switch Egress.
- Secure storage of data, i.e. Solace Women's Aid stored personal data in paper format in secure and lockable files and electronically on a database managed by a third party called Oasis Case Management Solutions. The database requires two-factor authentication to access, and login details are created only for staff whose primary job roles require access. Data has been saved on Cordis Bright's secure cloud-based Microsoft SharePoint server, where data are always encrypted, and two-factor authentication is required on new device logins. Data has only been accessed by designated/authorised members of the team, and complex passwords are required to log in. All data have been password protected, and any personal data have been saved and stored separately from interview, questionnaire and observation data. Anonymous, pseudonymised, non-identifiable individual-level data have been stored securely on Royal Holloway servers in line with the Data Protection Act and GDPR.

Data will be deleted securely six years post-evaluation, i.e. in October 2030.

In addition, we have set up processes to fully inform mothers and their children of data protection considerations regarding data collection and their data collection rights. Mothers and children were informed that all information about them would be stored securely. Informed consent was gained from mothers and their children prior to participation in the intervention and before data was transferred to Cordis Bright for evaluation purposes. Women and children were able to revoke their consent prior to any data being transferred and processed. If a mother wished to withdraw consent for them or their child participating, they were able to inform a member of Solace Women's Aid staff.

All identifying information was stored securely and in accordance with GDPR and the Data Protection Act 2018 for the purpose of correspondence with participants, and only members of the research team had access to it.

Published reports do not identify the research participants at any time. All data are encrypted and stored securely in password-protected files on password-protected computers using Office 365 SharePoint and Microsoft Teams storage, and only members of the research team have access to them.

Project team/stakeholders

This section outlines the roles and responsibilities of the delivery team and the evaluation team. There are no conflicting interests of which we are aware that may be perceived to influence the design, conduct, analysis or reporting of the trial.

Solace Women Aid's delivery team

- **Courtney Gray, Project Manager:** Courtney is responsible for the mobilisation of the project in each local authority area, including liaising with key public sector partner managers. She is responsible for ensuring the project is set up and implemented with fidelity to the agreed model. She oversees referrals, randomisation and caseload allocations and is responsible for the management of information, data entry and quality assurance. She is responsible for recruitment, induction, line management, supervision, training and support for Youth Workers and Family Support Workers. She is responsible for the further development and implementation of project resources, the toolkit and evaluation questionnaires.
- **Javiera Mandiola, Deputy Director of Services:** Javiera has overarching responsibility for project delivery and for the effective implementation of the evaluation from the Solace Women's Aid side. She line manages the Project Manager and has overall responsibility for budgetary control and reporting to the YEF. She has senior responsibility for safeguarding and risk management.
- **Family support workers (x3):** Family support workers are responsible for the delivery of the Emotion Coaching programme. They are also responsible for the initial meetings and administration of the outcomes measurement tools. They ensure that the project tools, questions and methodology are implemented consistently and effectively.

Cordis Bright's evaluation team

- **Angela Collins, Principal Investigator and Project Director:** Angela has been responsible for ensuring the project is delivered to a high standard and quality assured all activities across the study. Her responsibilities have included leading feasibility study set-up, including the pre-evaluation adaptation phase; leading workshops during the co-design process; performing information governance; overseeing baseline and data collection; supporting stakeholder consultation and workshops; assuring the quality of the analysis; and producing a final evaluation report.
- **Louise Ashwell, Co-Principal Investigator and Project Manager:** Louise has had day-to-day responsibility for project delivery and has been the main point of contact for the YEF and the project delivery team. Other responsibilities include coordinating and contributing to all aspects of the feasibility study and adaptation phase preceding the study start, supporting the delivery and facilitation of co-design workshops and conducting work with the project team between workshops, coordinating study design, setting up the project, producing project management updates, performing information governance, undertaking qualitative research, supporting data monitoring; consulting with stakeholders, consulting with staff, supporting practitioners, and drafting the final evaluation report.
- **Professor Darrick Jolliffe, Co-Principal Investigator:** Darrick has been responsible for quality assurance and internal challenge, study design, information governance, ethical clearance, quantitative methods and analysis, and reporting.
- **Hannah Nickson, Co-Principal Investigator:** Hannah has been responsible for quality assurance and internal challenge, study design, consultation with mothers and young people, qualitative methods and analysis, and reporting. Hannah has had lead responsibility for advising on the feasibility of the randomised design for a future pilot evaluation, with consideration of scalability.

- **Siah Lesher, Researcher:** Siah's responsibilities up to February 2024 included developing the research tool, reviewing programme documentation, reviewing evidence, supporting practitioners, consulting, performing quantitative and qualitative analyses and reporting.
- **Samyukta Srinivasan, Researcher:** Samyukta's responsibilities since March 2024 included practitioner support, staff and stakeholder consultation, quantitative and qualitative analysis and final evaluation report drafting.

Methods

Participant selection

How mothers and children were identified and recruited for Emotion Coaching

The planned referral pathway assumed that eligible mothers would be identified by refuge workers in the refuges where the Emotion Coaching programme was to be delivered. This is in line with the inclusion and exclusion criteria and eligibility thresholds set out in the 'Target recipients' section, i.e. having a child in the eligible age bracket. Refuge workers would then discuss with eligible mothers whether they were interested in finding out more about the programme and consenting to the Family Support Worker for the refuge contacting them to arrange a screening conversation.

In practice, mothers who participated in the programme reported that they liaised directly with Family Support Workers rather than going through refuge workers initially. This was because they had pre-existing relationships with Family Support Workers, who approached them directly, as they already knew, based on these relationships, whether mothers would be eligible or not based on the ages of their children.

Rationale for the planned number of participants

The plan was to recruit up to 28 mothers for the study. This was based on the maximum number that Solace Women's Aid felt it would be feasible to recruit from the pool of mothers with children aged 6–14 likely to be living in the participating refuges at the time of the study, as well as the maximum number of mothers and children who could participate based on a maximum group size of eight mothers per refuge (allowing for some attrition between recruitment and participation).

Settings and location of data collection

This study's case sites comprised five Solace Women's Aid refuges across three London boroughs: Bexley, Enfield and Islington. These locations were selected by Solace Women's Aid as sites where it would be feasible to deliver the Emotion Coaching programme. All data collection occurred at the refuges.

Data collection

Methods overview

This study used a mixed methods approach. Table 4 presents an overview of the methods used. The rest of this section outlines these methods in more detail.

Table 4: Emotion Coaching feasibility study methods overview

Research methods	Participants/data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/programme model relevance[10]
Analysis of activity and dosage data collected by Solace Women's Aid Family Support Workers	Demographic data for mothers/children (n=15) Demographic details include details of age, religion, primary language, interpreter needs, disability and type, client and child needs and type, and safeguarding needs and type. Session attendance details include details of mother/child attendance for every session and reasons for non-attendance, if any.	Descriptive statistics and bivariate analysis	RQ 1b, 1d. RQ 3e, 3g.	Dimensions of implementation: dosage, reach and responsiveness Future implementation: feasibility of experimental/quasi-experimental methodologies, including scale-up and RCT design.
Self-report outcomes measures – questionnaire data using the ECBI, EDI, SDQ, ERQ, and PSOC at baseline, midpoint and endpoint[11]	All mothers who have received the intervention: • Baseline (n=15) • Midpoint (n=12) • Endpoint (n=11)	Descriptive statistics and bivariate analysis	RQ1c. RQ 2a, 2b. RQ 3c, 3d.	Dimensions of implementation: quality Programme outcomes: plausibility of outcomes, differences in outcomes across subgroups Future implementation: feasibility of outcomes measurement tools, EDI-sensitive methodologies

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[10] This column sets out which of the key research questions (as set out in the 'Research questions' section) each research method relates to. Interview topic guides have been prepared for each stakeholder group which contain questions within these overarching research questions appropriate to that specific group. Interview topic guides are available to review upon request.

[11] ECBI: Eyberg Child Behaviour Inventory; EDI: Emotion Dysregulation Inventory; SDQ: Strength & Difficulties Questionnaire; ERQ: Emotion Regulation Questionnaire; PSOC: Parenting Sence of Competence scale. Details of scales used are set out in the 'Measures in use' section.

Research methods	Participants/data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/programme model relevance[10]
Analysis of fidelity forms completed after each session by Solace Women's Aid Family Support Workers	Three Family Support Workers delivering the intervention Fidelity forms for all three sites, completed after each session, include details of successes and challenges of the session, participant engagement, external challenges that may have affected participant engagement, adherence to the Emotion Coaching manual and the duration of the session.	Thematic analysis	RQ 1a, 1e	Dimensions of implementation: fidelity/adherence, adaptation
Observation of practice by Cordis Bright evaluation team	One workshop across each of the three sites where the intervention is being trialled (n=3)	Thematic analysis	RQ 1a, 1e RQ 3b, 3h, 3i	Dimensions of implementation: fidelity/adherence, adaptation Future implementation: factors affecting the feasibility of experimental/quasi-experimental methodologies, including enablers and barriers
Semi-structured interviews with mothers	Mothers across the three sites (n=10)[12] This involved mothers of a range of ages and racialised backgrounds. The interviews were conducted by the Cordis Bright team.	Thematic analysis	RQ 1c, 1e RQ 3a	Dimensions of implementation: quality, adaptation Future implementation: acceptability of experimental/quasi-experimental methodologies to key stakeholder groups

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[12] In the Islington refuge, consultation with mothers took place as a focus group discussion in order to fit in with the Emotion Coaching programme timings and availability of participating mothers.

Research methods	Participants/data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/programme model relevance[10]
Semi-structured interviews with children	Children of the mothers completing interviews (n=8) This involved children of a range of ages and racialised backgrounds. The interviews were conducted by the Cordis Bright team.	Thematic analysis	RQ 1c, 1e RQ 3a	Dimensions of implementation: quality, adaptation Future implementation: acceptability of experimental/quasi-experimental methodologies to key stakeholder groups
Semi-structured interviews with operational and strategic stakeholders involved in project delivery	Project Management Lead, Deputy Director of Services, Accommodation Services Lead, Refuge Managers, Family Support Workers and the originators of Emotion Coaching (n=12) The interviews were conducted by the Cordis Bright team.	Thematic analysis	RQ 1c, 1e RQ 3a, 3b, 3e, 3f	Dimensions of implementation: quality, adaptation Future implementation: acceptability of experimental/quasi-experimental methodologies to key stakeholder groups, factors affecting the feasibility of experimental/quasi-experimental methodologies, including scale-up and business as usual
Semi-structured interviews with external VAWG stakeholders	Interviews with VAWG commissioners at Bexley and Islington Borough Councils, Operations Manager at Iranian and Kurdish Women's Rights Organisation and Director at Asian Women's Resource Centre (n=4)	Thematic analysis	RQ 3a, 3e, 3h	Future implementation: acceptability of experimental/quasi-experimental methodologies to key stakeholder groups, factors affecting the feasibility of experimental/quasi-experimental methodologies, including scale-up and obstacles

Quantitative data collection methods

Outcomes were measured at the individual level primarily through the administration of self-report validated measures. Both the outcomes and measures were discussed, prioritised and agreed upon between Cordis Bright, Solace Women's Aid and the YEF.

Measures in use

All measures were reviewed to ensure they were in line with Early Intervention Foundation evidence standards, i.e. that they were not amended, that they were standardised and validated, and that they captured the project's outcomes. In addition, we selected measures which were brief, used clear and age-appropriate language and had been validated for use with young people aged 6–14 from marginalised backgrounds.

Primary outcome measure

The primary outcome of the study was the child's externalising behaviours, measured by the parent-report ECBI used with children aged 2–16 (Eyberg & Ross, 1978). The ECBI questionnaire is included in the YEF's measures database.[13] It uses a 7-point Likert scale, from 1 (never occurs) to 7 (always occurs).

Secondary outcome measures

The secondary outcomes for the study and their measures are listed below in Table 5.

Table 5: Secondary outcome measures

Secondary outcome	Measure
Child's emotion regulation	Emotion Dysregulation Inventory (EDI), Mazefsky et al. (2018) (reactivity subscale)
Child's depression	Strength & Difficulties Questionnaire (SDQ), Goodman et al. (1997) (emotion subscale)
Mother's emotion regulation	Emotion Regulation Questionnaire (ERQ), Gross and John (2003) (full measure)
Mother's parenting confidence	Parent Sense of Competence Scale (PSOC), Johnston and Mash (1989) (efficacy subscale)

Collection points

All measures were obtained at:

- **Baseline (T1),** i.e. once informed consent was achieved from mothers and young people and up to three weeks before the first Emotion Coaching workshop. Baseline questionnaire completion generally took place at the end of the screening conversation between mothers and the Family Support Worker.
- **Midpoint (T2),** i.e. after the fifth Emotion Coaching workshop to identify any initial impacts at five weeks

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[13] See: https://youthendowmentfund.org.uk/outcomes/. Last accessed 11 January 2024.

- **Endpoint (T3),** i.e. after the twelfth Emotion Coaching workshop to see if any observed impacts at five weeks have been sustained 12 weeks after the start of the intervention

The Emotion Coaching service user expert group reviewed questionnaires to ensure they were accessible and inclusive and gave feedback at a workshop facilitated by the Cordis Bright team. Given that the questionnaires included standardised outcomes measures, we explained that we were unable to change the wording. The group highlighted the length of the questionnaires and some language complexity, but nothing they identified made us feel we should not use the measures in the study. Based on the feedback the group provided, we built in some training and guidance for the Family Support Workers, including scripts on how to administer the questionnaires. Family Support Workers were also asked to be available to support mothers during questionnaire completion by reading questions or explaining questions if needed.

Questionnaires were completed on paper copies, which were scanned by the Family Support Workers and uploaded to each mother's Oasis secure case file. The Emotion Coaching project manager collated all completed questionnaires and shared these with Cordis Bright via secure transfer.

Qualitative data collection methods

Analysing fidelity forms completed by Family Support Workers

We asked Family Support Workers to complete a short-written report following every Emotion Coaching workshop describing the duration of the session, how they felt the session went, whether any external factors or events in the refuge may have affected how participants engaged and their observations about participant engagement with the material. In addition, Family Support Workers were asked to identify where they deviated from the programme manual. These brief written reflections, completed after every session, were analysed to assess fidelity, to take stock of any challenges Family Support Workers experienced and to identify any areas of programme delivery that may represent adaptations from how the Emotion Coaching programme was delivered in its original iteration.

Observation of practice

We conducted three days of observation of Emotion Coaching programme sessions (which allowed for one day of observation per site). This helped us understand not only more specific details about the programme but also key elements of how the programme is delivered on the ground.

The observation form used by the evaluation team involved capturing general observations on key components of the programme and its implementation (e.g. setting, engagement, content). Observers also completed the Parent Programme Implementation Checklist (PPIC), a validated tool to assess the degree of adherence to the delivery model, quality of facilitator skill and parent responsiveness when delivering group-based parenting groups.

The timing of these observation sessions was finalised with Solace Women's Aid staff, and they were conducted in May 2024 once intervention delivery was embedded in order to get an accurate picture of implementation and fidelity while still in the first half of the programme when participation was at its highest (i.e. at an early enough stage that the likelihood of reduced numbers due to attrition is lower).

Interviews

Interviews with mothers and their children

We conducted in-person, in-depth, semi-structured interviews at the end of the feasibility study with ten mothers and eight children who participated in Emotion Coaching. These interviews were used to help

understand mothers' and children's experiences of the Emotion Coaching programme, including its fidelity to the theory of change and the Emotion Coaching manual. We ensured that we captured the voices of mothers and children from a range of different racialised backgrounds in recognition that minority ethnic groups can face different barriers and systematic issues.

We worked with the Emotion Coaching project manager to ensure that our interview sample represented a range of ages, racialised backgrounds and engagement with the programme. We gained informed consent from mothers and young people to take part in the interviews. All interviews took around 30–60 minutes and were conducted face-to-face in the refuge where the mother and their child reside. If the mother and/or young person preferred that we conduct the interview via telephone or video call, we were happy to facilitate this. We worked with Solace Women's Aid staff to arrange the most practical method of conducting these interviews. The Family Support Workers were not present while the interviews took place, but they were on hand in the event any issues arose throughout the conversation.

We agreed upon topic guides for these semi-structured conversations in collaboration with colleagues from Solace Women's Aid and the YEF, as well as the Emotion Coaching service user expert group.

If any safeguarding issues arose in these interviews, as set out in the Emotion Coaching safeguarding procedure, the interviewer discussed them with the Emotion Coaching project manager and Solace Women's Aid refuge staff. They followed the Solace Women's Aid and Cordis Bright safeguarding policies as appropriate.

Interviews with operational and strategic programme stakeholders

We conducted in-depth, semi-structured interviews with 12 programme stakeholders:

- Solace Women's Aid managers and staff, including the Family Support Workers, project manager and strategic managers, as well as staff working within the refuge settings, such as refuge managers
- Dr Lynn Katz and Dr Kyrill Gurtovenko, the intervention originators

In the protocol, we proposed interviewing the YEF programme manager and evaluation manager but concluded in collaboration with the YEF during fieldwork that this was not necessary. We were unable to arrange interviews with Solace Women's Aid refuge workers. These interviews had been proposed to understand staff experiences of the planned referral pathway, which, as discussed in the section 'How mothers and children were identified and recruited for Emotion Coaching', had involved prospective participants going through refuge workers initially. However, since, in practice, mothers liaised directly with Family Support Workers instead, we concluded that we did not need refuge worker input to understand the feasibility of Emotion Coaching in relation to programme reach. These interviews were conducted virtually, either by video call or telephone, and took up to one hour. We designed and agreed upon topic guides for these semi-structured conversations in collaboration with colleagues from Solace Women's Aid and the YEF, as well as the Emotion Coaching service user expert group. These conversations explored views and perspectives of how feasible it proved to adapt and implement the Emotion Coaching project, including dimensions of implementation, factors affecting implementation and guidelines for further implementation. These informed our understanding of the implementation and supported future replication, scale and spread of both the evaluation and intervention.

Interviews with external VAWG stakeholders

We conducted interviews with four stakeholders within the VAWG sector. These stakeholders were strategic staff from Solace Women's Aid's partner organisations, both within the London VAWG Consortium of which they are a member and beyond, as well as potential referrers to and/or commissioners of refuge services.

Consultation with these stakeholders focused on understanding their appetite for the prospective delivery of the intervention and what this would mean in terms of the potential reach of Emotion Coaching. These conversations informed our understanding of buy-in to the intervention and any future impact evaluation as a dimension of feasibility.

Analysis

Primary and secondary outcomes analysis

Our analyses were conducted in line with the YEF Analysis Guidance. All analyses were conducted on an intention-to-treat basis, which means the data of all those who commenced the Emotion Coaching programme were included. Because of the very small number of participants in this feasibility study and the absence of a comparison group, the aims of the primary and secondary outcomes analyses were to determine the completeness of the measures and to examine the extent to which their correlations align with the theory.

Activity data analysis

Analysis of this data (including the number of sessions and types of topics covered) was used to assess the dimensions of implementation, including fidelity, dosage and reach.

Exploratory analysis

Sample size. We conducted power calculations to estimate the sample size(s) required to generate statistically significant findings to inform progression to an efficacy trial (potentially with an internal pilot trial).

Model compliance. In the feasibility study protocol, we proposed utilising monitoring data collected by Solace Women's Aid to explore what level of dosage is associated with what level of outcome. However, as discussed further in the 'Plausibility of the programme leading to primary and secondary outcomes' section, the very small sample size and significant variations in reasons for nonattendance of Emotion Coaching sessions led us to decide it was not appropriate to undertake this analysis.

Qualitative data analysis

All qualitative data were recorded in a matrix, which maps responses against the feasibility study research questions. Our approach involved deploying a mixture of a priori codes and open coding to categorise and identify recurring themes and issues. This was an iterative process, using initial data collected to establish themes and then drawing on these themes to continue to code further data. This allowed for constant comparison of the themes and ensured that any theories or judgements were closely linked to the data that they developed from. This mirrors a thematic approach to analysing qualitative data.

Data quality monitoring and support

We trained and provided written guidance to support Family Support Workers with data collection. They were provided with the evaluation team's contact information so that they could easily contact the evaluation team with questions, which could be responded to quickly.

We conducted a data quality audit for data that had been collected for the first five participants (mother and child pairs) recruited. This audit included the data collected in the screening conversation conducted by the Family Support Workers around eligibility and consent, as well as responses to mothers' baseline questionnaires. We amended administration techniques, if required, based on feedback from Family

Support Workers to ensure that the data collected were high-quality and complete. We then conducted a data quality audit on the baseline questionnaire completions. This audit assessed data completeness, reliability and validity, including Cronbach's Alpha and a correlation analysis, to confirm whether the scales were performing as we would theoretically expect them to.

Timeline

Figure 1 outlines the key activities, timings, roles and responsibilities of the feasibility study.

Figure 1: Evaluation timeline

Dates	Activity	Staff responsible/leading
Adaptation phase (August 2023 to November 2023)		
August 2023	Workshop 1 delivered: adaptations and feasibility plans	Cordis Bright, Solace Women's Aid
September 2023	Participant eligibility requirements agreed upon	Solace Women's Aid
	Consultation with original study Principal Investigator (PI) on intervention adaptations completed	Cordis Bright, Solace Women's Aid
	Review of the theory of change and Workshop 2 delivered: rooting the theory of change in the evidence base	Cordis Bright
October 2023	Session 1 of the service user expert group	Cordis Bright, Solace Women's Aid
	Workshop 3 delivered: supporting existing monitoring systems	Cordis Bright, Solace Women's Aid, the YEF
	Monitoring systems finalised	Cordis Bright, Solace Women's Aid
	Workshop 4 delivered: identifying outcomes measures	Cordis Bright, Solace Women's Aid
	Outcomes measurement tools for the feasibility study phase agreed upon	Cordis Bright, Solace Women's Aid, the YEF
November 2023	Ethics review submitted to the Royal Holloway University Ethics Committee	Cordis Bright
	Session 2 of the service user expert group	Cordis Bright, Solace Women's Aid
	Workshop 5 delivered: finalising the feasibility study protocol	Cordis Bright, Solace Women's Aid
	Outputs from the adaptation phase finalised and recommendations drafted	Cordis Bright, Solace Women's Aid, the YEF

Dates	Activity	Staff responsible/leading
Implement feasibility study (December 2023 to November 2024)		
February 2024	Ethics clearance achieved from the Royal Holloway University Ethics Committee	Cordis Bright
	Feasibility study protocol finalised	Cordis Bright, Solace Women's Aid, the YEF
	Session 3 of the service user expert group	Cordis Bright
April 2024	Intake of the cohort completed, and delivery of the intervention commenced	Solace Women's Aid
	Testing of outcomes measurement tools completed, and baseline data collection commenced	Cordis Bright, Solace Women's Aid, the YEF
May 2024	Final set of monitoring data received and analysed	Cordis Bright, Solace Women's Aid, the YEF
	Observation of practice analysis completed	Cordis Bright
June 2024	Interviews with external stakeholders completed	Cordis Bright
July 2024	Interviews with Solace Women's Aid staff, mothers and children completed	Cordis Bright
	Analysis of outcomes measurement tools and write-up of findings completed	Cordis Bright
August 2024	Drafting of final report completed	Cordis Bright
September 2024	Session 4 of the service user expert group (sense-testing findings)	Cordis Bright
November 2024	Submission of final peer- and grantee-reviewed report	Cordis Bright

Findings

Overview of the feasibility study research questions, methods and number of participants

Table 6Table 6 shows the research questions for the feasibility study and the number of participants involved in each method that informed the findings to address the research questions.

Table 6: Overview of feasibility study research questions, methods and number of participants

Research question	Methods/data sources	Number of data points included in the analysis
1. Dimensions of implementation: has it proved feasible to adapt and implement Emotion Coaching (an intervention created for women living in community settings) in refuge settings within the context of the following:		
a. Fidelity/adherence		
Has it proved possible to operationalise the model agreed upon during the adaptation phase?	Fidelity forms for all three sites completed after each session	n=12 forms × 3 sites
	Observation of workshops by evaluation team	n=1 observation × 3 sites
Is the intervention being implemented with fidelity to the agreed-upon model? If not, in what ways does it differ and why?	Fidelity forms for all three sites completed after each session	n=12 forms × 3 sites
	Observation of workshops by evaluation team	n=1 observation × 3 sites
b. Dosage		
How much of the intended intervention has been delivered, and does this match the dosage agreed upon in the adaptation phase?	Fidelity forms for all three sites completed after each session	n=12 forms × 3 sites
	Session attendance details	Spreadsheet containing data for n=13 participants
c. Quality		
Is the intervention acceptable to key stakeholder groups (such as intervention delivery staff, other refuge staff, women and children in refuges, and commissioners/referrers)?	Self-report outcomes measures: outcomes measure questionnaire at baseline, midpoint and endpoint	Baseline (n=15 responses) Midpoint (n=12 responses) Endpoint (n=11 responses)
	Interviews with mothers	n=10 interviews
	Interviews with Solace Women's Aid staff and external VAWG stakeholders	n=12 interviews; n=4 interviews
Are there any potential harms and unexpected consequences of implementation or participation?	Interviews with Solace Women's Aid staff and external VAWG stakeholders	n=12 interviews; n=4 interviews
Would there be an appetite for continued delivery of the programme among Solace Women's Aid colleagues (such as intervention delivery staff and other refuge staff) in the absence of YEF funding?	Interviews with Solace Women's Aid staff and external VAWG stakeholders	n=12 interviews; n=4 interviews

Research question	Methods/data sources	Number of data points included in the analysis
Would there be an appetite for prospective delivery of the programme among Solace Women's Aid VAWG partner organisations?	Interviews with external VAWG stakeholders	n=4 interviews
d. Reach and responsiveness		
Are the proposed numbers of women and children in the selected refuge settings eligible for, interested in and engaging with the intervention?	Monitoring data collected by Solace Women's Aid	n=15 forms × 3 sites
	Session attendance details	n=13 forms × 3 sites
How inclusive is the intervention for minoritised groups and those who have previously been marginalised by services?	Monitoring data collected by Solace Women's Aid	n=15 forms × 3 sites
	Session attendance details	n=13 forms × 3 sites
e. Adaption		
Are further adaptations to the model or its implementation needed to accommodate context and need?	Fidelity forms for all three sites completed after each session	n=12 forms × 3 sites
	Observation of workshops by evaluation team	n=1 observation × 3 sites
	Interviews with mothers	n=10 interviews
	Interviews with Solace Women's Aid staff	n=12 interviews
2. Programme outcomes: is it plausible that the intervention could lead to the shorter- and longer-term outcomes specified in the theory of change and, in particular, the primary and secondary outcomes, which are the agreed-upon focus for any future impact evaluation?		
Which aspects of Emotion Coaching have supported positive outcomes?	Outcomes measure questionnaire at baseline, midpoint and endpoint	Baseline (n=15 responses) Midpoint (n=12 responses) Endpoint (n=11 responses)
How have experiences of support differed across subgroups?	Outcomes measure questionnaire at baseline, midpoint and endpoint	Baseline (n=15 responses) Midpoint (n=12 responses) Endpoint (n=11 responses)
3. Future implementation: to what extent is an experimental or quasi-experimental methodology practically possible for an impact evaluation of the Emotion Coaching programme?		
To what extent would experimental or quasi-experimental methodologies be acceptable to key stakeholder groups (such as intervention delivery staff, other refuge staff, women and children in refuges, and commissioners/referrers)?	Interviews with mothers	n=10 interviews
	Interviews with Solace Women's Aid staff	n=12 interviews
	Interviews with external VAWG stakeholders	n=4 interviews

Research question	Methods/data sources	Number of data points included in the analysis
Is the project set up and adequately resourced to support an experimental or quasi-experimental methodology for impact evaluation?	Observation of workshops by evaluation team	n=1 observation × 3 sites
	Interviews with Solace Women's Aid staff	n=12 interviews
Does the pilot of data collection processes and outcomes measurement tools during the feasibility study suggest that these are appropriate and feasible for future use?	Outcomes measure questionnaire at baseline, midpoint and endpoint	Baseline (n=15 responses) Midpoint (n=12 responses) Endpoint (n=11 responses)
Can a future impact evaluation using experimental or quasi-experimental methodologies be designed and delivered in ways which promote race equity, diversity and inclusivity?	Outcomes measure questionnaire at baseline, midpoint and endpoint	Baseline (n=15 responses) Midpoint (n=12 responses) Endpoint (n=11 responses)
How feasible is it to scale up intervention delivery, and what would be the likely reach of the intervention and any related impact study?	Activity and dosage data collected by Solace Women's Aid	n=15 interviews
	Session attendance details	n=12 forms × 3 sites
	Interviews with Solace Women's Aid staff.	n=12 interviews
	Interviews with external VAWG stakeholders.	n=4 interviews
Is business as usual in the refuge settings, which is to be included in any future impact evaluation, well understood, and does it omit any intervention similar to Emotion Coaching?	Interviews with Solace Women's Aid staff	n=12 interviews
What would be an appropriate RCT design for any future impact study?	Activity and dosage data collected by Solace Women's Aid	n=15 forms × 3 sites
	Session attendance details	n=12 forms × 3 sites
Are there any further factors which might inhibit the success of any future experimental or quasi-experimental impact evaluation? If so, how might these be addressed?	Observation of workshops by evaluation team	n=1 observation × 3 sites
	Interviews with external VAWG stakeholders.	n=4 interviews
What strengths might Solace Women's Aid and the evaluator build on in order to ensure the success of any future impact evaluation?	Observation of workshops by evaluation team	n=1 observation × 3 sites

Emotion Coaching participants

Refuge sites

Five refuges across three London boroughs (Bexley, Enfield and Islington) where Solace Women's Aid provide refuge accommodation were included in the feasibility study. In Enfield, this comprised one large refuge housing 28 women, while in Islington, this comprised two mid-size refuges housing 13 and 9 women, respectively. In Bexley, initially, only one large refuge housing 23 women was going to be involved in the programme, but during the recruitment period, the programme was expanded to a small refuge in Bexley housing three women. A mother residing at this refuge had heard about the programme and expressed an interest in participating.

Flow through the programme

Figure 2 **Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.**summarises the flow through the Emotion Coaching programme and feasibility study. It shows that:

- Of a total of 76 women staying in the five refuges during the recruitment period, 21 met the eligibility criteria for Emotion Coaching.
- Two of these 21 did not consent to being internally referred to the programme, resulting in 19 mothers being internally referred to Emotion Coaching.
- Fifteen mother–child pairs consented to participate in the programme and completed baseline questionnaires. This means that four of the referred mothers did not consent to participate.
- Thirteen mother–child pairs started Emotion Coaching because two pairs withdrew after consenting to participate but before starting the programme. Of these 13 mother–child pairs who participated in Emotion Coaching, five resided in Bexley, four in Enfield and four in Islington.

Figure 2: Participant flow through Emotion Coaching

Characteristics of Emotion Coaching participants

An analysis of monitoring data collected by Solace Women's Aid for the Emotion Coaching programme provides an overview of the demographic characteristics of mothers and children Emotion Coaching worked with.

Of the 15 mothers who consented to participate in the programme:

- The mean age was 36. The age range was 23 to 47 years.
- Six mothers were of Asian/Asian British background. Five were of White background, and four were of other racialised backgrounds (including Black or Black British; Gypsy, Romany or Irish Traveller; Mixed; Arab; or other minority ethnic groups).[14]
- Seven mothers had interpreter needs. Five mothers reported having English as their primary language, two mothers reported speaking Portuguese and two spoke Bengali as their primary language. The remaining six mothers spoke Persian (Farsi), Polish, Romanian, Sylheti, Tagalog/Filipino and Urdu. In observed sessions, it was noted that the majority of mothers for whom English was not their primary language understood some English and primarily required an interpreter to clarify points of confusion, but some mothers requiring interpreters spoke little or no English at all.
- Seven mothers identified as Christian, six mothers identified as Muslim and two mothers reported having no religion.
- Five mothers reported having mental health support needs, two mothers reported having a disability and one mother had physical health support needs.
- The range of the number of children across mothers was 1–4. Seven participants had one child, six participants had two children, one participant had three children and one participant had four children.

Demographic details of children and young people were identified by the mothers. Of the children and young people who consented to participate in the programme:

- The mean age was nine, with 11 children aged 6–10 and four aged 11–14.
- Eleven children were identified as male, and four were identified as female.
- Five children were of Asian/Asian British background, and three were identified to be of White background. Seven children were identified as belonging to other backgrounds (including Black or Black British; Gypsy, Romany or Irish Traveller; Mixed; Arab; or other minority ethnic group).
- Two children were identified as having interpreter needs. Ten children were identified as having English as their primary language, with the remaining five children each identifying as speaking Bengali, Persian (Farsi), Portuguese, Romanian or Urdu as their primary language.
- Seven children were identified as Muslim, five as Christian and two as having no religion. One did not provide a response.
- Two children were identified as having a physical health disability, two were identified as having a learning disability and one was identified as having a mental health disability. Additionally, five children were identified as having mental health support needs, and one was identified as having physical health support needs.
- Five children were identified as having safeguarding needs. Of these, four had social services involvement, and one had safeguarding needs which were not specified.

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[14] These data categories for ethnicity reflect the categories used on Oasis, Solace Women's Aid's case management system. 'Mixed' is understood to refer to individuals of dual heritage. These data categories are based on Office for National Statistics (ONS) categories for ethnicity.

Further details about the demographics of the Emotion Coaching participants are available in Figures 1–4 in Section 15 of the Appendix.

Demographic data across the monitoring data shared by Solace Women's Aid had a high completion rate. Twelve mother–child pairs (80%) had complete demographic data. Three mother–child pairs (20%) each had missing data for one indicator

Intervention feasibility

This section provides a summary of the findings related to the feasibility of adapting and implementing the Emotion Coaching programme, presented against the research questions outlined in the feasibility study protocol. These findings are based on qualitative consultation with Solace Women's Aid operational and strategic staff, mothers and children who participated in the programme, and external VAWG stakeholders, as well as quantitative analysis of monitoring data and outcomes data.

Key messages

- The Emotion Coaching programme successfully recruited 15 mother–child pairs, representing 100% of eligible participants, though the number of eligible participants living in refuge sites and, therefore, recruitment to the programme were both lower than expected.
- Engagement rates within the programme were generally high, though many mothers struggled to complete all 12 sessions, which meant the success criteria for participants completing all sessions were not met. There were variations in dosage across different refuge sites, reflecting differing implementation challenges.
- Stakeholders reported that they felt the programme was inclusive, with a significant proportion of participants from racialised and minoritised backgrounds and interpreter services provided to ensure accessibility to non-English speakers.
- The programme was delivered with broadly high fidelity to the original model, with minor adaptations made to better fit the unique needs of the refuge setting.
- There was an identified need for the programme, and findings from mothers who participated and from Solace Women's Aid indicate consistently high levels of satisfaction with the intervention.
- It is important to note that findings are based on a very small sample and, therefore, should be approached with caution. However, preliminary evidence from qualitative data suggests some observations of positive changes in child emotion regulation and a decrease in externalising behaviours. Mothers reported improved emotion regulation and parenting confidence, leading to more positive parent–child interactions.
- There are limitations in the outcomes measurement tools, which may affect the reliability of the findings; further refinement is needed to better fit the diverse participant base.
- Ensuring race equity, diversity and inclusivity will be crucial in any future impact evaluation, requiring adequate interpretation support, consideration of translated materials and attention to cultural differences in the interpretation of outcomes measurement tools.
- Solace Women's Aid staff and external VAWG stakeholders support the idea of conducting an experimental or quasi-experimental impact evaluation to provide robust evidence of the programme's effectiveness.
- A cluster RCT at the borough or refuge level is preferred to avoid logistical challenges associated with running intervention and control groups simultaneously.
- Scaling up Emotion Coaching to achieve the necessary sample size for a statistically significant evaluation poses significant challenges, particularly within the current delivery model.
- Significant resources, including additional staffing, training and budget allocation for interpreters, are required for effective implementation and evaluation. Addressing the practicalities of conducting an impact evaluation within refuge settings will also be an ongoing concern.

- While technically possible, the current scope of programme recruitment and logistical challenges may limit the practicality of an RCT or quasi-experimental design (QED) without significant adjustments and additional resources.

Research question 1: has it proved feasible to adapt and implement Emotion Coaching (an intervention created for women living in community settings)?

Reach and responsiveness

Eligibility

The number of eligible mother–child pairs living in the five refuge sites at the time of implementing the feasibility study was lower than anticipated. There were 15 eligible mother–child pairs, as opposed to an estimated 28 mother–child pairs.

The primary reason for this was that the number of mothers with children in the 6–14-year age bracket was lower than estimated. At the time of recruitment, there were 21 eligible mother–child pairs based on the ages of the children. Many mothers in the refuges had children aged younger than six and were, therefore, ineligible to participate.

Table 7: Total number of eligible participants in refuge sites

Refuge site	Total refuge residents (adults)	Number of refuge residents with children aged 0–18 residing with them	Eligible Emotion Coaching participants based on the age of the children
Bexley	26	15	6
Enfield	28	22	9
Islington	22	14	6

Strategic staff at Solace Women's Aid highlighted that the timing of recruitment coincided with a lower-than-average number of families in refuges in the first quarter of 2024 because a higher-than-average number of families left refuges in the run-up to Christmas. This meant that the void rate across the three boroughs in December 2023 and January 2024 was 16%, which in turn reduced the number of eligible mother–child pairs, the impact of which was still being felt by the time recruitment began in February 2024.

A second reason for the lower-than-estimated number of eligible mother–child pairs was that six of the 21 mothers who were eligible for the programme based on their child's age were ineligible based on other inclusion criteria. Two mothers did not progress to the screening conversation because they were due to leave the refuge prior to the programme start date. Four mothers progressed to screening but then, in conversation with the Family Support Worker, declined to consent to the programme, either because they did not recognise their prior experiences as domestic abuse and had decided to return to their alleged perpetrator, did not feel adequately settled in the refuge or reported not feeling emotionally ready to participate at the time of the programme.

Solace Women's Aid staff highlighted that they felt it was to be expected that some refuge residents would not feel emotionally ready to participate in a programme which discussed their experiences of domestic abuse.

Recruitment

Recruitment of mother–child pairs in the original Emotion Coaching programme took place through distributing flyers to mothers receiving support from local domestic violence agencies and conducting brief presentations in support groups. Mothers interested in participating then called the study team to discuss their eligibility. In the adapted Emotion Coaching programme, as discussed in 'How mothers and children were identified and recruited for Emotion Coaching', recruitment took place in refuges themselves, where women were approached directly by Family Support Workers who already knew whether mothers would be eligible or not based on the ages of their children.

As a result of the lower-than-estimated numbers of eligible mother–child pairs, recruitment to the programme was lower than anticipated. In total, 15 mother–child pairs were recruited. This is 56% of the intended number of 28 participants. However, it is 100% of the 15 eligible mother–child pairs.

Due to the challenge of identifying sufficient eligible participants, the recruitment period, which was initially three weeks in duration, was extended to allow for Solace Women's Aid to recruit an eligible mother from an additional refuge site and explore with mothers who were about to have been at the refuge for one month whether they were interested in participating. The recruitment period was initially extended for two and a half weeks, then extended for another three weeks to account for the religious holiday break weeks for Easter and Ramadan, which had been built into programme delivery.

This means a total recruitment period of eight and a half weeks was required to recruit 15 mothers into the programme.

As set out in the section 'Research objectives', the proposed recruitment and referral pathway anticipated that refuge workers would identify and approach eligible mothers and then refer them internally to Family Support Workers if they consented to a screening conversation with the Family Support Worker. During implementation, the eligibility criteria were well communicated to refuge workers and Family Support Workers. This was reflected in interviews with Solace Women's Aid staff, who demonstrated an understanding of the recruitment and selection processes.

Solace Women's Aid staff reported that, in practice, Family Support Workers were able to identify and approach mothers themselves based on their prior knowledge of and relationships with eligible mothers. They reported that this revised pathway was effective in engaging mothers in conversations about Emotion Coaching and encouraging them to take part. Of the 21 mothers who were eligible to participate based on the ages of their children, 19 agreed to a screening conversation with the Family Support Worker. The two who did not consent declined because they were due to move out from the refuge before the programme began.

Solace Women's Aid staff discussed that among eligible mothers who had screening conversations with Family Support Workers, interest in the programme was broadly high. Interest in the programme was propelled by mothers' interest in improving their parenting skills. Several mothers discussed in interviews that they had been actively researching how to improve as parents prior to the programme and looking for help to better understand themselves as part of this process.

'They may not be in a frame of mind to up and do it. We caught women at different stages of their stays at the refuge. [...] I think a lot of women feel they need respite to process and make sense [of their experiences]. Women will need to access it at different stages'.

Solace Women's Aid stakeholder

Two eligible mothers expressed interest to Family Support Workers in joining the Emotion Coaching programme four sessions into the intervention. Solace Women's Aid staff identified that this may have been due to hearing about the programme from other participants. After consulting with the programme originators and the YEF, it was decided that the risks to the fidelity of model delivery in adding new mother–child pairs late in the programme outweighed the benefits of adding them, which meant that the total recruited participant figure did not change.

Engagement with the programme

Overall, engagement rates with the programme were relatively high. Monitoring data indicate that 12 of the 15 mother–child pairs recruited to the programme remained engaged until its completion. This is an 80% retention rate.[15] Two mothers did not start the programme because they moved out of the refuge after recruitment but before the programme started. Only one mother withdrew from the programme after starting it, which took place after the tenth session, on account of them moving away from the refuge.

Solace Women's Aid staff, as well as the programme originators, saw 'huge success' in these retention rates, perceiving them to be higher than other programmes with which they were familiar.

'If you look at the research on completion rates for parent-driven interventions, even some of the best programmes have really poor completion rates in [real-world] settings. [A] huge success is all three of the pilot groups completed all 12 sessions, with completion numbers that were much higher than what you would expect on average.'[16]

Wider programme stakeholder

In a number of cases, mothers continued on the programme even when they had moved out of the refuge and had to return for the programme sessions. Findings from qualitative consultation with Solace Women's Aid staff and mothers indicate that buy-in to the programme was a factor for low attrition. In one instance, a programme participant was travelling a six-hour round trip by car to return to the refuge and complete workshop sessions, which they attributed to the benefits they were getting from the programme.

'One of the examples I have to give to show the need for this: one of the families who moved out of the refuge, they love the programme so much that they committed to a long commute to access the programme.'

Solace Women's Aid stakeholder

Logistical factors also played a role in enabling mothers to see the programme through to completion. These include:

- Budget to provide refuge residents with support with travel costs if they moved away from the refuge during the programme
- Access to a creche and childcare so mothers with children not attending school or nursery could participate in sessions

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[15]Information on the number of sessions each participant received is discussed in the 'Participant attendance' section.

[16] The intention of the quote is to explain that all refuge settings delivered all 12 sessions, and more participants were retained than is typical for programmes delivered at Solace Women's Aid refuges. This is not to say that all participants attended all sessions.

- Access to interpreters, translators and other accessibility requirements

Inclusivity of the programme for minoritised and marginalised groups

This feasibility study has explored inclusivity as a key component of Emotion Coaching's reach. We understand inclusivity as the ability of this programme to reach a sample that is representative of the UK population as a whole, including reaching seldom-heard groups.[17]

Monitoring data indicate that mothers and children from minoritised and marginalised groups were recruited to the programme. For example:

- Ten of the 15 recruited mothers and 12 of their 15 children were from racialised backgrounds.
- Seven mothers and two children had interpreter needs.
- Two mothers identified as disabled, five reported having mental health support needs and one had physical health support needs.

Qualitative data generated during interviews also indicates that the programme was inclusive of people from minoritised and marginalised groups. Solace Women's Aid staff reported that they felt the programme's eligibility criteria were inclusive and did not identify any discriminatory elements insofar as no exclusionary barriers to accessing the programme were identified. Women who participated discussed the value of having people from different backgrounds in the group, specifically with the programme focused on sharing and comparing experiences and backgrounds.

Interpreters attending sessions made the programme accessible to non-English speakers, who would have otherwise struggled to access a programme like this. The benefits and challenges of interpreters' participation, as well as other dimensions of inclusivity within the programme, including workshop content, homework and session timings, are discussed in more detail in the 'Fidelity/adherence' and 'Further future adaptation' sections.

However, one Solace Women's Aid staff member pointed out that mothers experiencing multiple disadvantage (normally defined as experiencing a combination of three or more of homelessness, substance misuse, poor mental health, domestic abuse and contact with the criminal justice system)[18] might be less likely to be ready to participate, in which case it may be difficult to recruit them for an intervention such as this.

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[17] This definition is informed by the Government Social Research Profession's discussion of inclusivity as it concerns collecting data, as discussed in 'A guide to inclusive social research practices' (2022). Available at: https://www.gov.uk/government/publications/a-guide-to-inclusive-social-research-practices/a-guide-to-inclusive-social-research-practices#collecting-data [Accessed 22 Aug. 2024]

[18] Evaluation of the Changing Futures Programme Baseline report. (2023). [online] Department for Levelling Up, Housing & Communities. Available at:
https://assets.publishing.service.gov.uk/media/642af3b9fbe620000f17db99/Changing_Futures_Evaluation_-_Baseline_report.pdf [Accessed 8 Aug. 2024].

'There is a very diverse group in the refuge. I am more concerned about women who have drug and alcohol and severe mental health issues; it can be more slow work with [these] women – to get them programme ready [...]. Women who have social services involved might be worried about things having an impact on them'.

<div align="right">Solace Women's Aid stakeholder</div>

Solace Women's Aid strategic staff also spoke about the fact that standard-level need refuges rarely reach mothers with multiple disadvantage whose children do not live with them. This may mean the programme was unable to reach a group of mothers who experience substantial marginalisation by services.

'We generally don't have people coming to refuge with very high levels of multiple disadvantage needing complex needs service. [...] Women who go into high-needs refuges tend not to have children with them, and often, their children are in care or with family members. A parenting programme for that cohort would be useful. We have multiple disadvantage workers in our refuges, but multiple disadvantage is more hidden in standard support need refuges'.

<div align="right">Solace Women's Aid stakeholder</div>

Dosage

Session delivery

All 12 sessions were delivered in all three refuge sites. This indicates that it was feasible to deliver the required dosage in all three refuge sites. These sessions were all delivered as scheduled across the three refuge sites, with no instances of needing to rearrange sessions due to refuge-level factors, such as scheduling or staffing issues.

Participant attendance

Mothers' attendance levels on Emotion Coaching were relatively high considering the complex nature of the lives of many women living in refuge settings. Additionally, evidence from interviews with Solace Women's Aid stakeholders highlighted that attendance levels in Emotion Coaching were higher than attendance at other similar programmes run in the refuge setting. For instance, attendance for Solace Women Aid's S.T.A.R. (Supporting Trauma Awareness and Resilience) programme, which, like Emotion Coaching, has been offered to mothers and children in three refuges, has been much more variable. When offered from January to March 2024, attendance across the programme's seven sessions among the 25 mothers registered ranged from 28 to 82%.

Nevertheless, attendance did not match the full intended dosage of 12 sessions per participant. Attendance data for the 13 mothers who started the programme shows that, on average, they completed 85% of the sessions (10 of 12 sessions). Three mothers completed all 12 sessions (23%). This is substantially below the target of 75% of recruited participants completing all 12 sessions.

Of the 10 mothers who did not complete all 12 sessions, four missed one session, two missed two sessions and four missed three or more sessions. One mother who missed three or more sessions withdrew after session 10 due to having moved out of the refuge.

The reasons mothers did not attend sessions were gathered via interviews with mothers and operational Solace Women's Aid staff, fidelity forms and monitoring data. These reasons included sessions clashing with essential appointments (e.g. court, medical, school, job centre), sickness of either the mother or the child, needing to focus on other priority issues, such as housing and studies, and family holidays.

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The variety of reasons provided highlights the competing demands that mothers living in refuges face, as well as the fact that they often lack a support network to support them with childcare or attend appointments in their place. It may also reflect that delivering a session in the daytime is sometimes impractical for refuge residents on top of their other appointments.

Attendance information for children for the four sessions they attended was not systematically recorded, as discussed in the 'Monitoring data' section later in the report. There was no indication from mothers or Solace Women's Aid staff that children missed any of the sessions their mothers were attending.

Variation in attendance across refuge sites

There was considerable variation in the consistency of attendance across the three refuge sites. For example, in Enfield, three out of four mothers attended all 12 sessions. In Bexley, on the other hand, all five mothers missed at least two sessions, and three mothers missed three or more sessions. In Islington, three out of four mothers missed one session, with one mother missing three sessions. Due to the low overall numbers of attendees and the variation in the individual circumstances of the mothers and children who participated, it is not possible to determine whether the variation in attendance across the refuges relates to differences in implementation.

Catch-up sessions

Interviews with Family Support Workers indicated inconsistencies across the refuge sites in whether mothers were offered catch-up sessions for sessions they missed. In one site, catch-up sessions were provided to cover all session material. In another, mothers were briefed on missed sessions as part of the next session they attended but were not offered separate catch-up sessions. Delivering catch-up sessions may have been complicated by logistics in two of the three refuge sites where interpreters were needed for non-English speaking mothers.

Fidelity/adherence

Operationalising the model agreed upon during the adaptation phase

Reports from Solace Women's Aid staff and findings from the analysis of monitoring and observation data suggest that it has proved possible to operationalise the model of Emotion Coaching agreed upon during the adaptation phase. The 12-week programme was mobilised and delivered to completion.

Fidelity to the agreed model

The programme was broadly implemented with fidelity to the model agreed upon during the adaptation phase. The most important deviations related to session structure and content, where there were examples of not covering all content in the level of detail intended. These deviations could likely be reduced in any future iterations of the programme by minor adaptations to session length and the increased familiarity with the programme manual that would be achieved by repeat delivery of the programme. There were also some minor additional adaptations to the programme structure, which were unlikely to have a substantial impact on fidelity to the programme's underlying model. One further deviation which would benefit from discussion with the originators before any decision to proceed with future programme delivery is the limited completion of homework by mothers.

a) Programme structure

The programme structure was generally implemented with fidelity to the model as agreed during the adaptation phase. However, there were some diversions for the two adaptations to programme delivery agreed during the adaptation phase.

The first diversion related to recruitment processes. As discussed in the 'Recruitment' section, in practice, recruitment was generally led by Family Support Workers, with refuge workers playing a smaller role than anticipated in the initial approach and screening conversations. This did not appear to make a marked difference in terms of the acceptability or effectiveness of the recruitment process.

The second diversion related to session timings. Initial sessions at all three refuge sites took place during the school day as planned. There were, however, some changes to specific delivery slots across different sites to accommodate childcare needs and school pick-up.

'We changed the timings from 10 am to 12 pm to accommodate for childcare needs. We went largely by what suits our group. For the sessions involving children, we changed the time of the session to run in the evening to suit children'.

Solace Women's Aid stakeholder

Session timings were also adjusted when the programme required children to attend with mothers, moving to a 4–6 pm slot to fit around children's school timings.

Family Support Workers were responsive to mothers' feedback about session timings. In Bexley, for example, the 4–6 pm slot was retained for the final sessions involving only mothers because mothers reported they were less likely to have to attend appointments at this time. In Islington, mothers had found the later slot harder to make because of public transport delays on the school run, so, in this site, they reverted back to the original delivery slot for the remainder of the programme.

b) Session structure and content

Stakeholders with insight into fidelity, including the programme originators and the Solace Women's Aid project manager, generally agreed that the adapted Emotion Coaching programme resembled the original and that Family Support Workers maintained fidelity to the original programme content. Family Support Workers successfully delivered the programme over 12 sessions.

The Emotion Coaching manual provides detailed guidance on how to facilitate each of the 12 sessions. Evidence from fidelity forms, session observations and consultation with Solace Women's Aid staff provided evidence that Family Support Workers were adhering to the structure and content of the sessions.

For example, in the evaluation team's completion of the PPIC during the observations, Family Support Workers achieved high scores for adherence to the delivery model. This was assessed by whether or not the Family Support Worker presented and explained the agenda, reviewed homework from the previous week, summed up important points relating to key concepts, covered weekly session key concepts in the right sequence and explained homework for the following week.

During observed sessions, there were some examples of deviation from session content included in the manual, such as:

- One Family Support Worker skipped over some sections of the manual, such as the reinforcement material and reflection on previous material. The reasons for this were unclear, but one possible

explanation was the desire to finish the session on time in spite of some challenges with conveying all of the content in the time available (see the 'Programme duration' section below for more information on this).

- Family Support Workers converted role plays into demonstrations, with the Family Support Worker enacting the roles and having a discussion afterwards. One Family Support Worker stated they did this because of the presence of interpreters since they added complexity to the logistics of role play.

Strategic and operational staff at Solace Women's Aid agreed that weekly consultation sessions with Dr Gurtovenko, one of the originators of Emotion Coaching, directly before and during the programme were an enabler in supporting the Family Support Workers to keep fidelity to the original model. These consultation sessions were used to go over the manual, discuss potential adjustments to fit mothers' needs and tease out potential difficulties with delivery.

'Consultation sessions with Kyrill helped keep them on pace with the original intervention. He was really familiar with the programme and how it's run in community settings'.

Solace Women's Aid stakeholder

Not all Family Support Workers, however, attended consultation sessions with Dr Gurtovenko; one Family Support Worker instead chose to reach out to Dr Gurtovenko when they had specific questions. The Family Support Worker reported that they felt confident about delivery and, therefore, did not feel they required these consultation sessions as much. This raised concerns among some stakeholders about the potential impact on fidelity and quality.

'Even if they don't think they need it, they don't know what they don't know'.

Wider programme stakeholder

c) Programme duration

In adherence to the original intervention, sessions typically lasted two hours. Family Support Workers discussed that consultation sessions with the programme originator included guidelines for timing, which they found helpful.

However, analysis of the fidelity forms indicates that some Family Support Workers were not always able to fully cover content in that amount of time. Potential reasons for this were highlighted in fidelity forms, interviews and observations:

- The presence of interpreters may have increased the time needed to complete sessions, creating pauses and extending the overall flow of the session. Some participants in sessions where interpreters were present noted that they felt some sessions ended abruptly. In some cases, they suggested that this may have been due to the additional time taken to complete sessions in the presence of interpreters.
- In some sites, mothers had challenges with arriving on time for sessions if they were coming from appointments or picking children up from school. In fidelity forms, some Family Support Workers flagged that this led them to start the sessions 15 or 20 minutes late – and they were not always able to make up the time at the end of the session if the room where it was being delivered had been booked or the Family Support Worker had a commitment directly after the session.

d) Facilitation

Overall, feedback from mothers about the facilitation by Family Support Workers was very positive.

'[The Family Support Worker …] has the knowledge; she let everyone be themselves. She was amazing'.

Emotion Coaching programme participant

'[The Family Support Worker] was brilliant – really passionate and invested, which encouraged us to take the programme seriously and commit to it'.

Emotion Coaching programme participant

In observations, it was clear that Family Support Workers were broadly engaging effectively with mothers, though some variation was noted in Family Support Workers' confidence and skill in delivering some aspects of the sessions. This related to whether they consistently encouraged all mothers to participate, supervised effectively during activities and facilitated discussions fully. This may have again been exacerbated in sites where interpreters were present, as well as in the presence of a backfill Family Support Worker with less experience in delivering the programme facilitating some programme sessions.

Family Support Workers were encouraged by the programme's originator to use the manual flexibly.

'I explicitly encouraged them to be flexible – to put things into their own words, to not take the manual as a script, to feel confident – regardless of how you get there; here's the message you're trying to get across'.

Wider programme stakeholder

However, data from observations and fidelity forms suggests that some of the Family Support Workers found this challenging in practice. For example, there were instances in observed sessions of a Family Support Worker reading parts of the manual aloud. In interviews, Family Support Workers indicated that they sometimes read key points verbatim to ensure that they were conveying the key messages from the session accurately. In observed sessions, this did not necessarily impede a natural delivery style, especially in instances where the Family Support Worker acknowledged in advance that she planned to read the next paragraph aloud from the manual.

It is likely that increased familiarity with the programme manual and its delivery would be achieved by repeat delivery of the programme, which might help to increase Family Support Workers' confidence and fluidity in facilitating the programme.

e) Homework completion

There was evidence from session observation and consultation with mothers and Family Support Workers of mothers testing out the skills they were learning in sessions in their own time and reflecting on what they learnt. However, across the refuge sites, mothers rarely completed homework in the written format intended.

'Homework was of high volume and felt hard to fit in at home, especially during the earlier part of the programme when [I] was less settled in the refuge and had more going on outside of the programme. But this would vary for different participants since we are all at different stages, so having the homework available throughout is important. I didn't feel pressure to complete it'.

Emotion Coaching programme participant

During interviews, mothers and Solace Women's Aid staff consistently indicated that mothers found it hard to fit in time for homework, both when living in the refuge and following moving out.

'I was able to fit this in whilst living in the refuge and found it helpful but stopped doing it when I moved out – couldn't fit it in around everything else. But I was still practising the things we learnt during sessions in between sessions'.

Emotion Coaching programme participant

'The only thing I found that they struggled with was the homework. The quantity. Maybe just one piece every week relating to what you've covered in that week. I can see the benefits of it to see the change. It's just too much for them when they've got so much going on'.

Solace Women's Aid stakeholder

This study did not ask questions regarding the levels of reading or writing literacy of women taking part in the programme (this is discussed further in the 'The ability of future impact evaluation using experimental or quasi-experimental methodologies to promote race equity, diversity and inclusivity' section). However, this may have impacted homework completion rates. Additionally, it is important to note that homework was provided in English and was not translated; as such, this may have impacted homework completion rates.

Family Support Workers reported that they had generally accommodated the level of homework completion rather than placing a large emphasis on increasing completion. Neither mothers nor staff believed that the lack of homework completion impacted mothers' abilities to engage with, practice and retain the learning from Emotion Coaching sessions.

Further future adaptation

There were a number of additional adaptations to the Emotion Coaching model which could be considered in any future iterations of Emotion Coaching in the Solace Women's Aid refuge setting. It would be important to discuss these adaptations with the originators before reaching a decision to understand whether they would deviate too much from the programme theory or negatively impact any of its key activities or mechanisms of change.

Potential adaptations to programme structure and content

a) Broadening of eligibility criteria

Operational staff reported that they felt the eligibility criteria could have helpfully been extended to younger children to match the demographics in refuges, as they felt the programme is useful regardless of age. The programme originator agreed that it would be feasible and beneficial to expand the eligibility criteria to include younger children. This might increase the number of eligible mother–child pairs and, therefore, the likelihood of recruiting larger numbers of participants into any future impact evaluation.

We were advised by the programme developer that they felt confident that the programme could be delivered to children aged four and five years without drastic changes to programme content.

b) Expansion of the programme content focusing on mothers' own emotions

During interviews, several mothers emphasised that there would be value in spending more time at the start of the programme on making space and time for unpacking and processing their own emotions and

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reflecting on their own mental health. They reported that this was one of their expectations of the programme and that it would have been beneficial in laying firmer foundations for the subsequent material focusing on their child's emotions and how to support them with emotion management.

c) Exploring adaptations to session content to ensure it is applicable and meaningful for mother–child pairs involving children with SEND or who are neurodiverse

Two mothers who took part in feasibility study interviews and whose children had SEND or were neurodiverse highlighted that some of the session content in the mother–child sessions was not easy for their children to engage with or for them to work through with their children. It may, therefore, be helpful to find ways to ensure the material is more applicable in advance or that Family Support Workers are confident and able to adapt it as required on an ongoing basis.

d) Completion of homework

Future iterations of the programme could focus on reducing expectations of written components of homework based on the fact that mothers did not frequently complete written homework and that neither mothers nor Family Support Workers felt this impacted their ability to practice between sessions and reflect on their learning. In addition, while adaptations to how homework was completed were present in principle, they relied on identified need. In future, these adaptations could be made universally available.

e) Session duration

Given the challenges to fidelity presented by not being able to cover all session content in two hours in mixed language groups, it might be beneficial to increase session duration or, alternatively, split content across more sessions.

f) Delivery materials

During the adaptation phase, the only adaptation discussed, which related specifically to delivering in the UK context rather than the US, was around whether programme videos needed to be updated. Solace Women's Aid staff concluded that this modification should not be progressed for the feasibility study, as producing new versions would be resource intensive. One mother identified that they would find the videos shown during the programme more relatable if adapted for an English context rather than an American audience, but this was not perceived as a major issue or echoed by other mothers. This suggests that it is unlikely to be a priority adaptation for a future impact evaluation.

Potential adaptations to implementation

a) Reducing the recruitment window

There was some attrition between recruitment and programme start, which was connected to the need to lengthen the recruitment window in order to recruit adequate numbers of participants. Some mothers also reported that the wait between recruitment and programme start was frustrating. Given that refuges provide short-term transitional housing, refuge residents may be especially anxious about missing out on all or some of a programme if they move out before or not long after the start date. Aiming for a shorter recruitment window in future could mitigate these issues.

b) Consistency in childcare provision

Ensuring consistency in who provides childcare might enable mothers to engage more in the sessions. Both mothers and Solace Women's Aid staff identified that children who were not due to be involved in sessions

often came into the workshop delivery room, which caused disruption. This was also evident during session observations. In some cases, this was children coming in and out of the room, and in other cases, it was children joining for the whole session in order to be close to their mothers. One mother noted that their child did not want to participate in childcare specifically because childcare staff changed week to week.

Greater consistency in who was providing childcare might have helped the childcare providers to build more of a relationship with the children, encouraging them to feel confident to remain in the childcare and engaged by the activities provided.

c) Use of interpreters

Solace Women's Aid staff and participating mothers valued the presence of interpreters. However, there are some additional considerations for further adapting implementation for non-English speaking mothers, such as considering whether there is a maximum feasible number of languages which an Emotion Coaching group can accommodate. With a larger cohort of participants, dividing participants into smaller groups to limit the number of interpreters in any one session may be advisable.

'We have had, for example, an instance where we had three translators in one refuge trying to help women. That's obviously costly because translation fees are expensive. We also know that a big percentage of women who access refuges don't speak English; that's true for us and the sector. Three translators and three women. We need to unpick how that worked. Obviously, it worked, and the women attended and understood everything. But in terms of alignment, consistency, disruption to programme delivery, that, to me, was flagged as a slight concern'.

Solace Women's Aid stakeholder

As with childcare, the consistency of interpreter provision was identified as an issue in one observation and interviews with a small number of mothers. There were a few instances of an interpreter not being present in a session and one instance of changes in interpreters during the programme.

Considerations around the involvement of interpreters during the administration of feasibility study questionnaires are discussed in the section 'The ability of future impact evaluation using experimental or quasi-experimental methodologies to promote race equity, diversity and inclusivity'.

d) Balancing competing demands in the setting

Conducting the programme in refuge settings led to competing demands in a resource-limited space. Interviews and consultations with staff indicated some of these demands to be:

- Consistently having space for the sessions
- Avoiding clashes with other service provisions or meetings (e.g. resident house meetings)
- Navigating on-site issues, such as fire alarms and noise, or crisis situations, which added considerable stress to programme delivery for Family Support Workers in particular, who were often juggling these issues at the same time
- Using communal areas in the refuge for the sessions, meaning that they were unavailable to other residents who were not part of the programme. Furthermore, in some refuges, the communal rooms used for sites were playrooms, which, while adequate in size for the number of people participating in the feasibility study, would be too small if there were more mothers per group per refuge.

How to mediate these competing demands may require further consideration for future programmes to run as smoothly as possible.

e) Approach to catch-up sessions

As discussed in the 'Engagement with the programme' section, mothers often had to miss sessions for external appointments they could not rearrange. In interviews, Solace Women's Aid staff identified that a consistent approach to catching mothers up with the content they miss may be a valuable future adaptation. Suggestions included leveraging technology, having more flexibility with session timings and delivering catch-up sessions on a one-to-one basis. Given that catch-up sessions were not identified as a requirement of the original programme, involving the programme originators regarding approaches they recommend would be valuable.

Finally, a small number of mothers noted that it might be hard to build confidence in implementing skills gained during the programme after leaving the refuge setting. These fears could be assuaged by acknowledging this challenge during session delivery. This would be less resource-intensive than delivering a catch-up or refresher session after the programme has been delivered.

Quality

Acceptability to mothers

Findings from interviews with the mothers who participated in the programme indicate consistently high levels of satisfaction with the intervention.

'The whole programme has been useful. It has helped me understand the importance of having time for each child – dedicated time with my child within their time. Intentional time. That's something I'm taking forward'.

Emotion Coaching programme participant

Overall, the programme appears to have felt relevant and important to mothers. Observations of sessions evidenced high levels of participant engagement; mothers were open with each other, and discussions often flowed well. Mothers showed interest and enthusiasm for learning, often asking questions and actively engaging with the contents of the session.

Solace Women's Aid staff reported mothers having good rapport and cohesion within their respective groups.

'The biggest aspect was a sense of calm. Having a therapeutic group workspace to share and listen was crucial. Listening to others can help you unravel and process, and the programme was good at that'.

Solace Women's Aid stakeholder

In interviews, a considerable number of mothers discussed practising strategies and reflecting on materials between sessions. They reported welcoming opportunities to practice strategies they had learned during sessions in real life, then report back to the group on how they went in the following session.

'I've gone back and looked at the sheets a thousand times'.

Emotion Coaching programme participant

There were several factors that broadly made the programme acceptable and attractive for mothers and children.

a) Delivering Emotion Coaching in refuges

Hosting the programme in the refuges where mothers lived presently or recently or close to other refuges in the borough where they were living helped to make the programme feel accessible and safe.

'Doing [sessions] in the refuge was good. We're used to this area; it feels comfortable and safe and also very practical'.

Emotion Coaching programme participant

'Why would we not want to deliver in-house? [The programme] being delivered in-house makes a big difference for take up. A lot of women need a lot of help and resources from staff to use public transport. It's a hassle for them, and a lot of them are not confident travelling by themselves'.

Solace Women's Aid stakeholder

Children reported being 'happy and excited' to participate in play sessions where they would have access to familiar toys and games and play with other children who they already knew.

b) Emotion Coaching's group format

Participating in the programme with other refuge residents was highly valued by mothers. In interviews, mothers discussed that they welcomed opportunities to learn from others with very similar experiences, and, where they were residing at the refuge, they shared their experiences of session content and learning outside of the programme sessions. Mothers did not express any concerns about confidentiality when working in a group. This was reiterated by Solace Women's Aid staff.

'Successes lie in women knowing each other really well. In [a] community setting, you get to know your group members, but here, they live in the same space. Even where they have different flats, they're neighbours, so [the] sense of community is really different. [It] can come with challenges if there are disputes, but you really get to build that community with someone and say, "I've tried that thing we learnt in the group, but [it] didn't work; did it work for you?"'

Solace Women's Aid stakeholder

c) Family Support Workers delivering the programme

Finally, the delivery of the programme by Family Support Workers enabled the programme to capitalise on existing relationships, which is a unique feature of delivering in the refuge setting. Mothers reported that both they and their children having prior relationships with the Family Support Worker meant there was a foundation of trust to deliver the programme on.

'I have a good relationship with the [Family Support Worker]; the programme improved it'.

Emotion Coaching programme participant

They also explained that the Family Support Workers were relatable, which is something Family Support Workers themselves were also aware of.

'I think the fact that I could relate to them, me sharing my personal experiences, they liked that. [It] made them relate to me more'.

<div align="right">Solace Women's Aid stakeholder</div>

Acceptability to children

The only element of the intervention which mothers reported finding less acceptable was the sessions that children also attended. Some mothers reported that children frequently found it hard to focus on content and wanted to play with other children or, in some instances, were too shy to participate in activities such as role plays.

Children reported enjoying play activities, in particular drawing. One child reported finding the discussion parts of children's sessions, in particular ones which required personal reflection, less engaging than when they were doing activities.

'I liked talking about what [the Family Support Worker] asks you to talk about. We looked at images – what they mean. What times you feel angry […] Sometimes it was kind of boring, just talking about things I don't know about'.

<div align="right">Emotion Coaching programme participant</div>

Acceptability and appetite for continued delivery among Solace Women's Aid staff

Solace Women's Aid staff see a clear need for Emotion Coaching. They identified that the programme helps meet key gaps in:

- Therapeutic recovery work for mothers that goes beyond practical crisis management and helps mothers understand what has happened to them: while Solace Women's Aid offers counselling, staff flagged that 'it's never enough', that there are always long waiting lists for support and that women frequently report that they would like support that lasts longer than 12 weeks.

'It's giving them new skills and helping build on previous skills they had that may not have been at the forefront of the parenting, giving them confidence to implement positive things and help counteract negative experiences'.

<div align="right">Solace Women's Aid stakeholder</div>

- Therapeutic support for children and young people: Solace Women's Aid staff reported that the lack of resources in children's mental health services means that the threshold for children to be able to access support is 'incredibly high'. Because of this, children can often slip through the net and not receive proper help.
- Family-based therapeutic support: Solace Women's Aid staff view Emotion Coaching as a skill-based programme that sets children up for better outcomes in the future. The programme offers the opportunity for mothers and children to work together, which statutory services do not provide.

'Statutory services do not provide anything for women and children to work together as a family to really think about what they have experienced and have a better relationship'.

<div align="right">Solace Women's Aid stakeholder</div>

Staff felt that there was clear evidence that mothers found value in the Emotion Coaching programme. They identified as evidence the high retention rate among mothers who participated and their engagement in the programme. Staff have also consistently expressed that part of the programme's value is in meeting the specific parenting needs of mothers who have experienced domestic abuse.

'Especially with women who've been in domestic abuse, they can be quite closed to their children's emotions and to managing their own emotions; this programme helps them with that'.

Solace Women's Aid stakeholder

Finally, some staff highlighted the value of Emotion Coaching as a research-based intervention compared to the parenting programme that Solace Women's Aid has in place in other refuges.

'We have a number of interventions in our refuges, but didn't have anything as in-depth as Emotion Coaching or anything with the research backing that Emotion Coaching has'.

Solace Women's Aid stakeholder

While staff highlighted that the programme could not have been delivered without the resources the YEF funding provided for this feasibility study, both strategic and operational staff consistently reported that they felt the programme should continue to be delivered at Solace Women's Aid. Some staff went further, noting that the programme should be extended across all refuges and rolled out to other organisations.

Facilitators reported that they found the training delivered by the original programme developer useful. Staff also reported valuing the support from trainers.

'The training was really good. What was most useful in the training was the manual'.

Solace Women's Aid stakeholder

Family Support Workers discussed that the programme manual was extremely detailed. Overall, they found both this and the standardised protocol which underpins Emotion Coaching helpful in guiding their delivery of the programme, though they did also highlight that it was quite extensive and, therefore, sometimes a lot to engage with.

'The manuals were really thorough and in-depth and really well done. The small changes made to the manuals following the training to make sure they were fit for purpose were important'.

Solace Women's Aid stakeholder

Potential harms and unexpected consequences

There were no potential harms identified during the feasibility study via consultation or observation. One unexpected consequence was that the programme may have helped participating mothers to feel more connected to one another and to refuge staff. Several mothers reported feeling more connected to other women in the refuge and the refuge workers and more comfortable with each other. Solace Women's Aid staff and mothers agreed that the overall group dynamic and creating a safe space for mothers to share and express helped. Mothers also felt they could trust the space and Family Support Workers.

Acceptability and appetite for prospective delivery of the programme among Solace Women's Aid VAWG partner organisations

Commissioners and strategic staff at other organisations supporting survivors of VAWG see overall value in the concept of the programme and perceive it as filling a gap in support for children who have been living in households where domestic abuse took place.

'As long as there are participants and people volunteer, there is massive value to [the programme], as long as ethical committees sign off and we are very clear to survivors what the process and programme might look like'.

VAWG stakeholder

Stakeholders from VAWG partner organisations and VAWG commissioners particularly identified a lack of resources locally – particularly those with a therapeutic lens – for children exposed to domestic abuse. Stakeholders discussed that there used to be more consistent provision of therapy services for children in refuges, but these have often been withdrawn due to budget and resource constraints.

'There are very few opportunities for young people which are aimed to deal with trauma and emotions they experience; services are over-stretched, and children are passed on from one service to another without receiving any help. So, to have a programme that helps them deal with the aftermath of their experience almost immediately is very useful'.

VAWG stakeholder

Stakeholders from VAWG partner organisations were keen to stress that any future iterations of the programme must actively involve staff from services supporting survivors of domestic abuse for the programme to be implemented with full consideration of the unique needs of children accessing these services.

While the external VAWG stakeholders we spoke to all expressed interest in the programme, these findings should be interpreted with some caution, given that we were only able to speak to four stakeholders in total. We aimed to conduct six interviews with these stakeholders, but despite numerous attempts to contact diverse national and local organisations and local authority commissioners, we struggled to secure significant take-up. Several of these stakeholders identified that time constraints meant that they were unable to participate.

Research question 2: is it plausible that the intervention could lead to the shorter- and longer-term outcomes specified in the theory of change and, in particular, the primary and secondary outcomes which are the agreed focus for any future impact evaluation?

Plausibility of the programme leading to primary and secondary outcomes

Understanding whether programme activity could plausibly lead to predicted shorter- and longer-term outcomes is important to gauge the potential of the Emotion Coaching programme for a future impact evaluation. Because of the very small number of participants in this feasibility study and the absence of a comparison group, the aim of the primary and secondary outcomes analyses has been to determine the completeness of the measures, as discussed in much more detail in the 'Outcomes measurement tool completion rates' section. Potential limitations in the completion of tools, which are discussed further in the 'Outcomes measurement tool administration and experiences of completion' section, add to the need to treat this evidence with a high level of caution.

Primary outcome: child's externalising behaviour – ECBI

a) Intensity scale

Higher scores on the ECBI Intensity (ECBI-I) scale indicate a greater level of conduct-disordered behaviours in children, which is being used here as a measure for externalising behaviour. The Cronbach's alpha of this scale was 0.96 at baseline, 0.93 at midpoint and 0.85 at endpoint. The scores on the ECBI-I scale at baseline were correlated $r=0.67$ ($p<0.05$) with the scores at midpoint; the scores at midpoint were correlated $r=0.73$ ($p<0.05$) with the scores at endpoint and the scores at baseline were correlated $r=0.85$ ($p<0.05$) with the scores at endpoint. Mothers' scores for this scale should be viewed with significant caution given the issues with the completion of the ECBI-I scale, especially at baseline, which is discussed in detail in the 'Outcomes measurement tool completion rates' section.

b) Problem scale

Higher scores on the ECBI Problem (ECBI-P) scale identify a parent who is significantly bothered by the conduct problems of their child. These scores are likely imprecise given the significant issues with completion of the ECBI-P measure, in particular, especially at baseline, which, as above, is discussed in the 'Outcomes measurement tool completion rates' section later in this report. Moreover, it was not possible to complete a reliability analysis or calculate inter-correlation across the three timepoints on this scale because of the low response rate and the scoring structure.

Secondary outcome: child's emotion regulation – EDI reactivity scale

Higher scores on the EDI reactivity scale indicate a higher level of emotion dysregulation in children. A raw score of 26 or above can be considered clinically elevated. At baseline, the mean reactivity score was 28.8. The Cronbach's Alpha of this scale was 0.98 at baseline, 0.95 at midpoint and 0.91 at endpoint. The correlation between EDI reactivity scale scores at baseline and midpoint was not statistically significant. However, the scores at midpoint were correlated $r=0.78$ ($p<0.05$) with the scores at endpoint, and the scores at baseline were correlated $r=0.65$ ($p<0.05$) with the scores at endpoint. Once again, given the small sample size, as well as a completion rate for the scale at baseline of less than 90%, these results should be approached with some caution. However, high Cronbach's alpha values appear to indicate a high level of agreement between items.

Secondary outcome: child's depression – SDQ emotional problems scale

A higher SDQ emotional problems subscale score indicates a higher presence of the emotional symptoms associated with depression in children, which is being used here as a measure for depression. The Cronbach's alpha of this scale was 0.87 at baseline and 0.69 at midpoint and endpoint. Although the reliability of some of these subscales is lower, this should not be considered of significant concern due to the very small sample size and because Cronbach's alpha is based on both how well the items 'hold together' (i.e. the reliability of the scale) and the number of items in the scale. This SDQ subscale may have a low alpha coefficient because there are only five items. The scores on this SDQ subscale at baseline were correlated $r=0.72$ ($p<0.05$) with the scores at midpoint, and the scores at baseline were correlated $r=0.75$ ($p<0.05$) with the scores at endpoint. The correlation between SDQ emotional problems scale scores at midpoint and endpoint was not statistically significant.

Secondary outcome: mother's emotion regulation – ERQ scale

The ERQ measures two emotion regulation strategies in adults: cognitive reappraisal and expressive suppression. The higher the ERQ score, the greater the use of emotion regulation strategies. The Cronbach's alpha of this scale was 0.86 at baseline, 0.73 at midpoint and 0.64 at endpoint. The correlation between ERQ

scores was not statistically significant between baseline and midpoint, midpoint and endpoint, or baseline and endpoint.

Secondary outcome: mother's parenting confidence – PSOC scale

A higher PSOC score indicates a higher sense of parenting competency, which is used here as a measure of a mother's parenting confidence. Mothers' PSOC scores should be treated with significant caution, as the Cronbach's alpha of this scale was consistently very low at every time point. There was also no statistically significant inter-correlation within PSOC scores between baseline and midpoint, midpoint and endpoint, or baseline and endpoint. An alternative measure for establishing parenting competence may be preferable in a future impact evaluation, as discussed in the 'Outcomes measurement tool completion rates' section.

Variations from analyses proposed in the protocol

In our protocol, we proposed conducting exploratory data analysis on model compliance (i.e. what level of dosage is associated with what level of outcome). However, given that 80% of mothers attended at least nine sessions and given the variation in reasons for non-attendance, it was not considered appropriate to undertake a treatment received analysis. With such small numbers completing the outcomes measures and the variation in the scores of these at the various time points, it would not be appropriate to attribute any differences in these scores to the number of sessions attended.

Aspects of Emotion Coaching supporting positive outcomes

Analysis of qualitative data from interviews with Solace Women's Aid staff and Emotion Coaching programme participants provides valuable context for how, in practice, the programme may plausibly support positive outcomes.

Family Support Workers and the mothers who participated in the Emotion Coaching programme widely agree that the programme has supported beneficial outcomes in relation to the primary and secondary outcomes for mothers and children identified in the programme's theory of change. This section summarises the evidence Solace Women's Aid staff and mothers cited of positive progress towards the programme's primary and secondary outcomes and the aspects of the programme which these stakeholders believe have supported this progress.

Primary outcome: child's externalising behaviours

A number of mothers reported seeing a reduction in their children's externalising behaviours during the programme, indicating that their children's behaviours had become less challenging since starting the programme. In interviews with children, a number identified examples of how they were less 'naughty' than they used to be.

'They've learned to listen and understand. It is easier and more harmonious between us'.

Emotion Coaching programme participant

Mothers reported that staying calmer in response to challenging behaviour or more difficult emotions has led to their children remaining calm. One mother expressed how their child does not interrupt them on the phone anymore and sees this as a result of better communication and spending quality time with the child.

'[The child] doesn't need to interrupt, as she knows her time was coming and that what [her mother] was doing was important'.

Secondary outcome: child's emotion regulation

Mothers reported some improvements in their children's recognition and regulation of emotions. They identified instances of their children apologising for their behaviour, having fewer temper tantrums and being more open about their feelings.

'He has fewer temper tantrums now. And he understands why he's feeling that way'.

'The children are being more open with me and with each other. They are able to name the impact of their behaviours'.

By covering emotion recognition in the programme, mothers acknowledged being more aware of how to help their children regulate their emotions. Women regularly reported across sites that they were now more aware of children's emotions and acknowledging them more.

'He got called a baby by one of the boys in the refuge. He came into the flat and exploded. Instead of reacting straight away or talking about something else, I left him to cool down first. Straight away, he was less angry'.

Both Solace Women's Aid staff and mothers also agreed that working with children was extremely beneficial to both mother and child. They noted that it helped mothers reflect on their engagement with their children and their own upbringing and cultural influences.

Secondary outcome: child's depression

Several mothers noted that the programme has encouraged them to view their child as an individual who has also experienced negative and traumatic events and that they are beginning to see their children, and not just themselves, as survivors of domestic abuse.

Mothers also discussed that the programme has helped them identify the need to focus on their child's experiences and help them recognise and manage their negative emotions.

'I stop and observe and try and understand the causes of my [child's] behaviour [...] My child is quieter; when he gets stressed, he needs his time – I've learned to respect that'.

Children and their mothers were able to identify changes children are making with respect to their relationships and communication; for example, smiling when the mother recognises and validates a difficult emotion for the child or hugging their mother in these moments.

Secondary outcome: mother's emotion regulation

Both Solace Women's Aid staff and mothers identified that the programme had felt especially effective in addressing mothers' emotions and helping them regulate and manage their emotions and their interactions with their children. Many mothers reported that they were able to acknowledge and accept their emotions, including negative ones, more.

'I'm more aware of my feelings, that my feelings are there and that how I react is important. It's okay what you feel – you don't have to justify a feeling'.

Emotion Coaching programme participant

Mothers discussed that it had been helpful to have the space and opportunity to talk about their experiences and take practical steps to change their behaviours. Helping mothers to recognise their own areas of growth has been inherent to the programme.

'The bits around recognising, talking about your experience of abuse as a parent, doing that with parents who've had similar experiences, [there are] fewer opportunities for parents to talk about this and [take] practical steps to change behaviours they want to change, rather than be told "DV does a, b and c to your parenting and you need to do x, y, z". Getting parents to identify their own areas of growth is most useful'.

Solace Women's Aid stakeholder

Mothers have also realised the need to recognise their own feelings, including negative emotions, more often. Mothers identified that this has enabled them to hold space for their children's emotions as well.

'I am more vulnerable with [my daughter] and not masking when I am feeling sad or anxious […] I have more awareness of my own emotions and am able to communicate that to others'.

Emotion Coaching programme participant

Secondary outcome: mother's parenting confidence

Mothers regularly reported greater confidence in their parenting skills and in setting boundaries. This included mothers providing examples of being able to apply new strategies and see their impact.

'My daughter recently came back from a school trip. I had loaned her my jacket, but she lost it. She was really upset she had lost it but didn't say sorry. I didn't say anything right away, but that evening, I told her I had been upset and explained why – that it wasn't because of the jacket but because she had not said sorry. If it wasn't for this programme, I would have reacted differently and reacted angrily'.

Emotion Coaching programme participant

However, while mothers were almost universally positive about the programme's impact, some also flagged the need for consistent support after the programme has ended and after they move on from the refuge. Some mothers noted the need for the programme to set them up well to continue practising strategies after leaving the residential setting. As discussed in the 'Potential adaptations to implementation' section, it may be useful to acknowledge these concerns more explicitly during session delivery.

Differences in experiences of support across subgroups

We proposed conducting exploratory subgroup analyses of differences in outcomes achieved by different demographic groups based on responses to the outcomes measures questionnaires. However, given the very small sample size and the considerable variation in key demographic characteristics (e.g., age, location, racialised background) for both the participants and their children, it would be potentially misleading to explore variations in outcome by these characteristics.

Interviews with mothers highlighted the intervention as being inclusive for different groups. Mothers stated that experiencing challenging emotions and parenting challenges is universal, and there was scope within the programme for everyone to relate the programme content and learning to their own experiences.

Some Solace Women's Aid staff expressed concern that having interpreters present could have led mothers to feel judged or lose trust in staff or the programme. However, this was not an issue raised by any of the mothers interviewed, and both mothers and Solace Women's Aid staff consistently agreed that interpreters did ultimately allow for mothers whose first language was not English to receive support more in line with that native English speakers received.

Research question 3: to what extent is an experimental or quasi-experimental methodology practically possible for an impact evaluation of the Emotion Coaching programme?

Acceptability of experimental or quasi-experimental methodologies to key stakeholder groups

Overall, there is evidence of openness to experimental and quasi-experimental methodologies among Solace Women's Aid staff, as well as prospective commissioners and/or referrers. Solace Women's Aid staff understand the need for robust and evidence-based analysis and recognise that experimental and quasi-experimental methodologies could offer greater confidence in research outcomes, the attribution of impact to the programme and its value, which might provide an opportunity to scale up delivery.

'I would be very supportive of that because I think there's kind of an ethical duty for us to be doing work, our approach to our work, to be evidence-based and the best quality it possibly can be, and we can be confident that question is being answered if it's a properly evaluated model'.

Solace Women's Aid stakeholder

Some Solace Women's Aid staff did raise logistical issues with intervention and control groups running simultaneously, which would make individual-level randomisation within refuges challenging.

'It could work really well. My only reservation would be having two programmes running simultaneously in the same space; that could cause some friction. Some women may want to know why they're getting a different programme'.

Solace Women's Aid stakeholder

However, others flagged that having intervention and control groups in separate refuges or London boroughs could be an effective workaround. This would then be a cluster RCT, as discussed further in the 'Appropriate RCT or QED design for any future impact study' section later in the report.

There is also evidence that the scale-up that would be required for a successful implementation of an experimental or quasi-experimental methodology would be acceptable to Solace Women's Aid staff. There was consistent agreement among staff that the programme should be made more available in all their refuges in order to extend its reach and impact.

'Domestic violence is very traumatic for parents and children – getting support and help and giving them resources for them and their children, [many] would benefit'.

Solace Women's Aid stakeholder

They also indicated that they felt confident about securing buy-in to deliver the programme from staff across the organisation.

'The fact you've been able to achieve something elsewhere means you get buy-in. People work here because they want to see tangible improvement and outcomes, particularly if the ask is framed in terms of impact and outcomes. They'll invest in it; they'll make it happen and will make it work. They'll see the direct impact to beneficiaries and also [the] direct impact to staff'.

Solace Women's Aid stakeholder

The programme is seen to have great potential, and Family Support Workers reported being open to bringing aspects of the programme into their daily services if a separate programme cannot be rolled out. Similarly, Solace Women's Aid staff were open to the possibility of expanding the programme beyond refuges for delivery in Solace Women's Aid community and advocacy services and/or to mothers who live at home/outside of refuges. Staff also discussed recruitment and ways to encourage families to attend. This may require shortening the programme or conducting sessions twice a week to reduce the overall length of the programme; it is important to note, however, that this could also present additional challenges for those mothers who need to attend regular or unexpected appointments during the day.

External VAWG stakeholders also asserted the importance of any future implementation at a larger scale to actively engage stakeholders outside of refuges to inform implementation.

'It should, however, actively involve VAWG [organisations] and people from the sector; otherwise, there is a lack of understanding around the impact children who face violence have and are not in touch with added social layers and complexities [...] there is always an inherent understanding of nuances from people who are part of the sector that is always more useful/easier to navigate'.

VAWG stakeholder

Finally, several external VAWG stakeholders flagged that women in refuges are likely to be especially concerned about the security of their data, given their concerns about their own personal safety, so they may need greater reassurance about the security of their data if approached to participate in a larger-scale impact evaluation. Significant consideration would need to be given to how to embed trust and transparency within the consent process and how to ensure that only relevant data are collected. Referrers flagged this as especially relevant for women from non-British cultural contexts who, as we know, are disproportionately represented in refuge settings.

'There needs to be safety for their data/information, etc. – women are often worried their community outside the refuge homes will find out and be unsupportive'.

VAWG stakeholder

The ability of the current project set up and resourcing to support an experimental or quasi-experimental methodology

Staffing

Family Support Workers were able to deliver the programme in their refuge sites because they were temporarily released from their normal role requirements, which were backfilled by other staff members. In the event of scale-up, it would be vital to preserve this staffing structure to protect Family Support Workers' time for programme delivery and/or to recruit to designated programme delivery roles which are outside of the normal staffing structure in the refuges.

'We had Family Support Workers, which we have backfilled. We can get different [numbers] of children coming in [to the refuge] at any one point – having backfill has really helped because otherwise, it would be overwhelming to juggle the programme delivery and support children'.

Solace Women's Aid stakeholder

Substantial programme management support was also required from the central Solace Women's Aid team. Resources for a designated programme management role would be necessary to support any future impact study. The number of hours per week needed for this role would depend on the scale at which the study was delivered. There would be some economies of scale if the study included a larger number of refuge sites, but specific time would also be required per study site. In addition, if the study involved delivery outside of Solace Women's Aid refuges (e.g. in refuges run by other London providers), it would be important to factor in the additional logistics and liaison time needed to coordinate delivery with other providers.

Training

As discussed in the 'Acceptability and appetite for continued delivery among Solace Women's Aid staff' section, Family Support Workers highly valued the training and support provided by the programme originators, which enabled them to deliver the programme with relatively high fidelity. Ensuring provision for training and supporting future Solace Women's Aid staff delivering Emotion Coaching as part of any impact study would be crucial. It would be important to explore whether this could and should be delivered by the originators or whether another model, such as a train-the-trainer model, could be adopted. For instance, one London-based VAWG commissioner suggested a training model across London boroughs, wherein one refuge service runs the programme to train the next refuge service. They identified that this could reduce resources that might otherwise go into hiring external trainers or outsourcing programme delivery.

In addition, Solace Women's Aid staff received training and support from evaluators to develop and implement the data collection processes required to support an experimental or QED impact study. Further resources of this nature would need to be identified to onboard and support delivery staff involved in any future impact study.

Delivery timescales

Any future experimental or QED impact study would require adequate lead-in time for staff recruitment and training, as well as participant recruitment.

'As with all recruitment, we have to think about staff needing to give notice, to be trained, to feel adjusted in their role. [We] need to be more realistic about timescales with delivery'.

Solace Women's Aid stakeholder

Additional funding and resource considerations

Solace Women's Aid staff expressed willingness to be involved in an experimental or QED study but acknowledged that scale-up is only possible as long as resources and funding are scaled up alongside it. Staff indicated that budget might be a factor enabling/inhibiting the success of the programme and study delivery. In particular, they highlighted:

- Ensuring a sufficient budget for interpreters/translators

'Translation is expensive, and we've had to move the budget around to make sure we're not really over budget and absorbing costs because of that'.

Solace Women's Aid stakeholder

- Including an adequate budget for continued participation to reduce the risk of programme attrition caused by mothers moving out of the refuge

'Having [resources] to offer in person really worked for this programme and was really necessary. We overestimated other lines of the budget, so [we] were able to balance it and make it work. I think [that] outside of interpreters, [an] important bit of the budget was the welfare piece: offering funds for women to come back, paying for train tickets and mileage, within reason'.

Solace Women's Aid stakeholder

Appropriateness and feasibility of piloted data collection processes and outcomes measurement tools

Feasibility study data collection processes administered by Solace Women's Aid staff included monitoring data collection, collecting outcomes data using the agreed outcomes measurement tools and completing fidelity forms. Analyses of monitoring and outcomes data and qualitative consultation suggest that processes for both were established and embedded effectively and could support a future impact study, with scope for some minor improvements. However, in order to deliver an experimental or QED impact study, some changes would be required to outcomes measurement tools, and some administrative data collection procedures would need improvements. Evaluators also conducted observations of sessions, which proved a feasible and appropriate method for any future impact study.

Monitoring data

Since the onset of the Emotion Coaching programme, Solace Women's Aid staff have progressed in collecting monitoring data. Demographic data for programme participants and attendance data from workshops are collected on Oasis, Solace Women's Aid case management system, in a way that is practical for staff and meaningful for evaluation. The use of an existing case management system minimised staff burden and facilitated secure internal data-sharing within Solace Women's Aid. The process has been relatively successful, though not without challenges. Solace Women's Aid staff reported finding the process of data collection and submission fairly straightforward. Staff broadly inputted data in line with procedures put in place for the feasibility study. However, there was evidence of some inconsistencies in how monitoring data were recorded and collected, which may suggest clearer guidance and greater resources are required to ensure monitoring data are collected in a consistent, timely and accurate fashion.

The monitoring data were completed to a sufficient quality to enable an analysis of evidence in relation to participant demographics, recruitment and attendance, as indicated in the 'Reach and responsiveness' section.

We recommend the following improvements to the recording of monitoring data to help enhance analysis during future iterations of the programme:

- Further training of Solace Women's Aid staff about the importance of recording information accurately, fully and in a timely manner
- Linking mother and child data on the Oasis case management system to minimise the burden for the Solace Women's Aid programme manager
- Recording attendance information for children alongside that for mothers
- Ensuring Family Support Workers systematically log mothers' attendance, as well as reasons for mothers and children not attending sessions

Outcomes measurement tool administration and experiences of completion

Solace Women's Aid staff reported that there were minimal challenges with outcomes questionnaire administration but some challenges in ensuring their completion.

Observation and consultation indicate that questionnaires should be shortened for future iterations of the programme to reduce the burden on mothers and Family Support Workers. This would likely require reducing the number of measures used in the questionnaires (and, therefore, potentially, the number of primary and secondary outcomes on which data are collected).

Both Solace Women's Aid staff and mothers reported during interviews that the process of filling out the questionnaires was lengthy. Mothers generally needed at least 20 minutes to complete the questionnaires and often could not complete them in one go. This was especially the case for mothers for whom English was not their first language, who required support from translators to complete the questionnaires and tended to need at least 30 minutes to complete the questionnaires meaningfully.

There was also evidence from observation and consultation that questionnaires may need to be simplified or that mothers may need additional support to complete them. For instance, mothers reported in interviews that the changing format/scale between questions slowed the process and suggested having multiple questions in the same format and layout. Mothers also flagged questionnaires as not being clear, often needing to read questions multiple times to understand them. Overall, mothers indicated that the language used was complex and that they had faced challenges in understanding translated concepts, specifically since the concepts targeted an American/English-speaking population.

A lack of understanding of how to complete questionnaires suggests mothers may have benefitted from some more support from Family Support Workers to complete them. However, Family Support Workers suggested that administering the questionnaires had already taken up considerable time and proposed that non-frontline workers, such as the Emotion Coaching project manager, may be better equipped to take over the task.

A mother with a child with autism left written comments on the questionnaires that they were unsure how to report on certain behaviours and echoed in their interview that not all questions in the questionnaire were applicable to them since some externalising behaviours are consistent with neurodiversity and may present differently. Further reflection is needed on appropriate outcomes measurement tools for use for neurodiverse children.

Outcomes measurement tool completion rates

Ten of the 15 recruited mothers were retained on the Emotion Coaching programme and completed outcomes measurement questionnaires at all three time points.[19] This constitutes 67% of all recruited mothers. If expressed as a percentage of the 13 mothers who actually started the programme, it is 77%.

Analysis of completeness of the outcomes questionnaires shows that overall, baseline, midpoint and endpoint questionnaires were completed to a good standard for all three scales. The success criteria target was for mothers to complete, on average, 90% of outcomes measurement tool items. This was achieved for all tools except the ECBI, where mothers completed an average of 79% of items for the intensity scale and 61% for the problem scale.

This may suggest that the ECBI tool should not be used to measure children's externalising behaviours without substantial amendments. The EDI tool may require some further reflection to maximise completion rates ahead of an impact evaluation because completion rates were only just at 90%.

a)   Primary outcome: child's externalising behaviours – ECBI scales completion

The ECBI comprises two 36-item scales measuring a) the intensity of the child's externalising behaviours and b) whether the parent considers the behaviours problematic. The items are summed to produce two scores. According to the ECBI manual, if four or more items are missed in each scale, the scores are invalid.

Intensity scale: Section 10 in the Appendix shows that at baseline, all intensity scale items had a completion rate of 73% or greater, with 12/15 valid scores (80%). At midpoint, all items had a completion rate of 83% or greater, with 10/12 valid scores (83%). At endpoint, all items had a completion rate of 82% or greater, with 10/11 valid scores (91%). At baseline, of 15 individuals, one answered no items, two missed four items, one missed two items and two missed one item. At midpoint, of 12 individuals, one missed 30 items, one missed 12 items and one missed one item. At endpoint, of 11 individuals, one missed 32 items, one missed two items and one missed one item.

Additionally, some mothers noted on the paper copies of their questionnaires that they struggled to know how to respond to questions on relationships between the child who was the focus of the programme and siblings and identified the question as not relevant to them. If this standard item is being interpreted differently across individuals, this indicates that the tool may not be appropriate for use.

Problem scale: Section 10 in the Appendix shows that at baseline, all problem scale items had a low completion rate of 47% or greater, with 6/15 valid scores (40%). At midpoint, all items had a completion rate of 75% or greater, with 8/12 valid scores (67%), and at endpoint, the completion rate for all items was 55% or greater, with 6/11 valid scores (55%). At baseline, of 15 individuals, only four completed all items on this scale, one missed two items and one missed one item. At midpoint, of 12 individuals, one answered no items, one missed 24 items, two missed six items, one missed five items, one missed two items and one missed one item. At endpoint, of 11 individuals, two answered no items, one missed 34 items, one missed 11 items and one missed four items.

This quantitative analysis of the ECBI suggests that mothers found this outcomes measure particularly difficult to understand and respond to. This concurs with findings from interviews with mothers who

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[19] Two of the 15 recruited participants were retained on the programme, but one of these did not complete a midpoint questionnaire and one did not complete an endpoint questionnaire.

discussed some of the difficulties of completing the question, as discussed above in the 'Outcomes measurement tool administration and experiences of completion' section.

b) Secondary outcome: child's emotion regulation – EDI scale completion

The EDI reactivity subscale comprises 24 items and is summed to produce a score. There is no guidance on how to handle missing items.

Section 11 in the Appendix shows that all items had a completion rate of 87% or greater at baseline, 92% or greater at midpoint and 91% or greater at endpoint. At baseline, of 15 individuals, one missed four items, and three missed one item. At midpoint, of 12 individuals, one missed one item. At endpoint, of 11 individuals, two missed one item. In order to reduce data loss, we scaled up the scores based on the number of items missing. For example, for the mother who missed four items at baseline, we scaled up their score by 24/20 (1.2). This approach to missing data is not substantially different to the approach taken for the ECBI.

While this analysis does not explore inter-relationships between scales at different time points, given the small sample size, it is worth noting that there is a significant degree of correlation between the ECBI-I and EDI scales. This suggests that the EDI may be a better choice to measure the primary outcome than the ECBI.

c) Secondary outcome: child's depression – SDQ emotional problems scale completion

The SDQ emotional problems subscale has five items and is summed to produce a score. There is no guidance on how to deal with missing items.

Section 12 in the Appendix shows that at baseline, all items had a completion rate of 93% or greater, with only one of 15 individuals missing a response to an item. This missing score was scaled up by 5/4. At midpoint and endpoint, all items had a completion rate of 100%.

d) Secondary outcome: mother's emotion regulation – ERQ completion

The ERQ has 10 items and is summed to produce a score. There is no guidance on how to deal with missing items.

Section 13 in the Appendix shows that at baseline and midpoint, all items had a completion rate of 100%. At endpoint, all items had a completion rate of 91% or greater, with only one of 11 individuals missing an item. This missing score was scaled up by 10/9.

e) Secondary outcome: mother's parenting confidence – PSOC completion

The PSOC has eight items and is summed to produce a score. There is no guidance on how to deal with missing items.

Section 14 in the Appendix shows that at baseline, all items had a completion rate of 93% or greater, with only one of 15 individuals missing an item. This missing score was scaled up by 8/7. At midpoint, all items had a completion rate of 83% or greater, with two of 12 individuals missing all items. At endpoint, all items had a completion rate of 100%.

While the completion rate for the PSOC was high, as discussed in the 'Plausibility of the programme leading to primary and secondary outcomes' section, Cronbach's alpha across all three time points was far lower than expected. This may indicate that the PSOC is not measuring one underlying dimension of confidence in parenting and is being interpreted differently among mothers. Establishing change in parenting confidence

may be better captured in interviews to fully understand how mothers perceive their confidence in parenting before and after receiving the intervention.

Fidelity forms

As part of data collection procedures, Family Support Workers completed fidelity forms after each session to indicate their adherence to the Emotion Coaching manual in terms of content, time and structure, including any challenges the session may have faced.

Solace Women's Aid staff indicated that the completion process was smooth and fairly straightforward. We recommend the following improvements to the recording of fidelity forms to enhance analysis during future iterations of the programme:

- Submitting the fidelity forms promptly to the evaluation team, which will allow them to keep abreast of any challenges in delivery and data collection
- Ensuring the information recorded is consistent with the information required to have comparable levels of detail across forms

Observations

The evaluation team undertook observations of sessions across the refuges to assess operationalisation, delivery and fidelity. Overall, neither Solace Women's Aid staff nor mothers expressed any reservations against observations as a data collection method, as long as it does not take place right at the start of the programme.

The ability of future impact evaluation using experimental or quasi-experimental methodologies to promote race equity, diversity and inclusivity

The feasibility study implementation and findings suggest that a future impact evaluation using experimental or quasi-experimental methodologies can likely be designed and delivered in ways which promote race equity, diversity and inclusivity. The main additional considerations for any future impact study would be ensuring that the programme structure responds adequately to the likely high proportion of mothers who might require interpreter support and that further consideration has been given to the appropriateness and implications of translating outcomes measurement tools into languages other than English.

First, the stakeholders who would be involved in implementing any future programme and impact study are invested in the importance of delivering programmes and evaluations which actively consider race equity, diversity and inclusivity:

'There are shared values in the [VAWG] sector, of anti-racism, understanding intersectional barriers for children and other added layers – it is important to consider these layers while delivering programmes/services to parents/children'.

VAWG stakeholder

Solace Women's Aid staff and external VAWG stakeholders identified a high proportion of racialised mothers and children and non-British mothers and children living in refuges in London.[20] This means that it is particularly important for refuges to deliver their services and activities in ways that accommodate and support needs, experiences and preferences that are connected to people's different identities and cultures.

Second, during the feasibility study, the programme successfully recruited and retained mothers from racially minoritised backgrounds, who made up the majority of participants on the programme (see the 'Characteristics of Emotion Coaching participants' section). Mothers and children from these backgrounds who were interviewed as part of the feasibility study reported that they had positive experiences with the programme and that it had a positive impact on them. Mothers and Solace Women's Aid staff were asked in interviews whether they felt the programme had been designed in a way that was inclusive to a diverse audience, such as people from different racialised or cultural backgrounds. Both groups consistently indicated that they found the programme to be inclusive for people with a range of backgrounds and experiences.

In particular, the feasibility study tested the logistics of delivering the programme to speakers of multiple languages simultaneously through the use of interpreters. This proved to be feasible and enabled mothers and children who would not otherwise have been able to participate to do so.

'The fact [that] we've needed to use interpreters widely suggests that we involve anyone and everyone who will find the programme beneficial'.

Solace Women's Aid stakeholder

In any future programme delivery and related impact study, ensuring appropriate interpretation support will be key. The refuge sites use interpreters with skills and experience in interpreting within the refuge setting. In general, mothers worked with the same interpreter across the Emotion Coaching sessions, which contributed to a positive dynamic between the mothers, their interpreters, the Family Support Workers and other session attendees. This requires a substantial budget for interpreters.

A further consideration for future programme delivery and any related impact study is whether there is a maximum number of different languages which can be supported within a single Emotion Coaching group. This might have implications for recruitment if, for example, the number of mothers with different interpretation needs who are interested in participating in a group exceeds the maximum number of additional languages that can be supported simultaneously. It might also have implications for the duration of sessions; in observed sessions involving multiple interpreters, as discussed in the 'Fidelity to the agreed model' section, it proved challenging to cover all of the intended session content in the two-hour session.

In addition to interpreting resources, it is important for any future iterations of the programme and any related impact study to consider whether the translation of materials (e.g. Emotion Coaching workbooks and outcomes measurement questionnaires) would be desirable and feasible. Materials were not translated during the feasibility study because the cost-to-utility ratio would have been too high given the small number of participants and the range of different languages they spoke. However, in a larger-scale programme and impact study, translation might be more feasible.

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[20] Research has shown that women from ethnic minority backgrounds are overrepresented in refuge spaces, with one study suggesting that women from these ethnic backgrounds occupy six in 10 refuge spaces in the UK, despite representing only 13% of the population (Musimbe-Rix, 2021).

For the workbooks, some Solace Women's Aid staff reported that translation would have been beneficial and would have enhanced mothers' abilities to engage with the materials without support from an interpreter.

'Given the use of interpreters, it would be good if we had translated workbooks for participants – [this] created a barrier to their use of the workbook. [We] tried to adapt and get them to complete exercises with interpreters present, but still a challenge'.

Solace Women's Aid stakeholder

For the outcomes measurement tools, there are potential benefits to translating tools; for example, this would help with comprehension at the language level. However, as discussed in the 'Appropriateness and feasibility of piloted data collection processes and outcomes measurement tools' section, there was some indication in observed sessions where the tools were being completed that interpreting some of the concepts in the tools was challenging for mothers and interpreters. Therefore, translation would have to be conducted particularly carefully to ensure that concepts, as well as words, were being effectively conveyed. Translated tools might also require new testing and validation. This may not fully account, however, for cultural differences in how items are interpreted, for instance, different views across cultures in the appropriateness of children expressing emotions. To fully understand this, it could be beneficial to explore options for additional validation of existing outcomes measures. Any future impact evaluation would also benefit from triangulating outcomes measurement data with interview data, which contextualise how mothers approached responding to questionnaires. This is discussed further in the 'Limitations' section in this report's conclusion.

One additional equity and inclusion consideration for any future impact study is whether further adaptations could be made to enable people with more limited literacy, both in their primary spoken language and in English, to engage with outcomes measurement tools more easily. This was a dimension of inclusivity which mothers were not asked explicitly about but which may have impacted how equitable the programme was for them. If the translation of tools is the approach taken, digitally recording translated questions would allow study participants, where English is not their first language, to listen to questions in their own language instead of having to read them. Other possibilities from a broader accessibility perspective include staff providing direct support to complete tools alongside mothers, adapting the language of tools to make them easier to read and allowing more time for tool completion.

Finally, while we did not collect data for this feasibility study on mothers' socioeconomic outcomes, many of the mothers interviewed inferred that they were not in secure employment and were reliant on benefits for income. This corroborated Solace Women's Aid staff's perspectives that were shared in workshops conducted during the adaptation phase. It may be useful to collect data on mothers' socioeconomic status in future evaluations and triangulate these with data on ethnicity. This would allow for a more comprehensive understanding of how intersecting factors inform the broad spectrum of social inequalities mothers participating in Emotion Coaching may face.

Feasibility of intervention scale-up and likely reach of the intervention and related impact study

Overall, while Solace Women's Aid staff was positive about the prospect of evaluation scale-up and saw it as desirable, we have established that the required sample size for a well-powered impact evaluation of Emotion Coaching would not be feasible for Solace Women Aid to recruit in the programme's current form.

As part of our exploratory data analysis, we have conducted power calculations in line with YEF guidance to assess the sample size required to achieve adequate statistical power for a future impact evaluation. PowerUp! software was used for these power calculations.

These power calculations are based on a minimum detectable effect size (MDES) of 0.2, which is the MDES required by the YEF in efficacy trials. We have provided power calculations based on an MDES of 0.25 for illustrative purposes.

As already discussed in this report, given the reported challenges of the ECBI as the primary outcome measure and the fact that the ECBI-I and EDI appear to measure similar latent constructs, the use of the EDI instead of the ECBI as the primary outcome measure in a future impact evaluation may be desirable. Given this, these power calculations have been calculated for both the ECBI and EDI outcomes measures, measuring children's externalising behaviour and emotion regulation, respectively. In the event another primary outcome measure, which is neither the ECBI nor EDI, is selected for a future impact evaluation, it may be desirable to repeat this power analysis.

a) ECBI

A power of 0.80 and an inter-correlation of 0.75 in a two-tailed test (p<0.05) result in the following sample sizes that would be needed to detect a statistically significant result:

- An MDES of 0.20 requires a total sample of 348 (174 in each group).
- An MDES of 0.25 requires a total sample of 226 (113 in each group).

b) EDI

A power of 0.80 and an inter-correlation of 0.65 in a two-tailed test (p<0.05) result in the following sample sizes that would be needed to detect a statistically significant result if one existed:

- An MDES of 0.20 requires a total sample of 458 (229 in each group).
- An MDES of 0.25 requires a total sample of 290 (145 in each group).

Table 8 : Power calculation summary table

		Protocol: ECBI	Protocol: EDI	Protocol: ECBI	Protocol: EDI
MDES		0.20	0.20	0.25	0.25
Pre-test/post-test correlations	Level 1 (participant)	0.75	0.65	0.75	0.65
	Level 2 (cluster)	N/A	N/A	N/A	N/A
Alpha level (α) *Probability of a Type I error*		0.05	0.05	0.05	0.05
Power (1-β) *Statistical power (1-probability of a Type II error)*		0.80	0.80	0.80	0.80

		Protocol: ECBI	Protocol: EDI	Protocol: ECBI	Protocol: EDI
One-tailed or two-tailed test?		Two-tailed	Two-tailed	Two-tailed	Two-tailed
Number of participants	Intervention	174	229	113	145
	Control	174	229	113	145
	Total	**348**	**458**	**226**	**290**

The programme would need to serve at least 23 times the number of mothers it currently does (assuming the use of the ECBI with an MDES of 0.20) or at least 31 times more mothers (assuming the use of the EDI with an MDES of 0.20) to conduct a robust impact evaluation of Emotion Coaching and to make the statistical design viable.

The total sample size that would be required to detect a statistically significant result would represent a very significant expansion of the programme internally at Solace Women's Aid. This is unlikely to be acceptable to mothers if it means increasing group sizes at individual refuge sites, as mothers in interviews identified a limited appetite for groups larger than those in this feasibility study (four to five people). Mothers felt that engaging with the programme needed space for all mothers to discuss their experiences in a level of detail that needed reflection, learning and feedback.

'Having sessions in a group was better with smaller group sizes [...] about [four to five] people. Larger groups would mean there is less time for a person to speak about their own experiences. It was important to hear others' experiences, share advice [and] give and receive feedback'.

Emotion Coaching programme participant

This may have implications in terms of delivering at the scale that would be required to evaluate using experimental or quasi-experimental methods or in terms of scaling up the programme within individual refuges rather than across a wider range of refuge sites.

Moreover, while the standardised protocol and detailed manual which underpins Emotion Coaching will facilitate any future impact evaluation in which the intervention must be clearly defined and consistently applied to all participants in the treatment group, this will not preclude the need for ongoing training and support to Family Support Workers to ensure that Emotion Coaching is being delivered as intended. This would demand significant resources moving forward for the scale needed to deliver a substantially higher number of refuge residents.

Most importantly, however, given the demographics of women with children who access Solace Women's Aid services, the scale-up that would be required to recruit sufficient eligible women and children is not only unlikely to be acceptable but does not appear feasible. During the period between 1 November 2021 and 31 October 2022, a total of 273 women and 275 children stayed in Solace Women's Aid refuge services. Of these 273 women, 180 had children (Howarth et al., 2023). Based on the figures for this period, we can assume that around 30% of children living in Solace Women's Aid refuges fall into the YEF's target age range of 6–14 years. To reach a minimum of 348 mothers in an impact trial, based on the current model of delivery, the intervention would likely need to run over a minimum of 70 months, nearly six years (assuming all eligible mothers take up the intervention), and, realistically, considerably longer, given the likelihood of a

significant number of eligible mothers not being emotionally ready to participate or moving out of the refuge before the programme begins, as discussed in the 'Reach and responsiveness' section of the report. This is far longer than a traditional RCT or QED would normally recruit for. Given the limited pool of potential participants at the study sites (i.e. Solace Women's Aid refuge residents), there are not currently clear routes to create a sufficiently powered sample size for a two-arm trial.

Key information on business as usual

Interviews with Solace Women's Aid staff and VAWG commissioners covered what business as usual looks like in the absence of Emotion Coaching. This indicates that mothers and children might receive a range of other services but no intervention that is directly equivalent to Emotion Coaching or specifically focused on children's behavioural outcomes and/or emotion regulation.

There are two existing models of parenting programmes run in Solace Women's Aid refuges by Family Support Workers. The first is a three-week group parenting programme called 'Picking Up the Pieces', which is run with mothers. The programme's focus is on supporting mothers to increase their understanding of the impacts of domestic abuse on survivors' children, as well as the law and guidance as it relates to children in the UK. The second is a seven-week group programme called S.T.A.R., which is mentioned earlier in this report and is focused on supporting mothers and children to unpack their experiences of abuse and trauma and strengthen the attachments between mothers and children.[21] However, both programmes appear to be run sporadically and not across all Solace Women's Aid refuges.

Mothers and children in Solace Women's Aid refuges are also offered lower-level and more ad hoc provisions. For mothers, this includes psychoeducation workshops, such as the domestic abuse awareness course ARISE, while children can access arts and crafts sessions in refuges run by Family Support Workers and, where a need is identified, internal referral within Solace Women's Aid to play therapy. For mental health provision, women can access one-to-one counselling provided internally by Solace Women's Aid, though staff identified that there is often a long waiting list for this, meaning some refuge residents are unable to access this support.

Some mothers may also, or instead, access interventions outside of Solace Women's Aid refuges covering topics which overlap with what is presented in Emotion Coaching. Some mothers and children aged 7–14 may be referred to Domestic Abuse, Recovering Together, a 10-week programme developed and delivered by the National Society for the Prevention of Cruelty to Children (NSPCC). Some refuge residents also access the parenting intervention Circle of Security Parenting, a programme for caregivers of children between four months and six years, which is offered in some London boroughs where Solace Women's Aid refuges are situated. Finally, refuge residents in Bexley may access the Day programme, which is a one-hour course for young people aged 14–24 focused on healthy relationships.

Overall, business as usual in each Solace Women's Aid refuge and for each individual mother–child pair currently varies considerably. Some mothers may already be receiving another parenting programme, with potential overlap with Emotion Coaching, though others will not. This will be important to consider for any future impact evaluation, as prospective control groups would not all be receiving identical provisions.

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[21] See https://www.solacewomensaid.org/wp-content/uploads/2023/03/putp_leaflet_0.pdf and https://www.solacewomensaid.org/our-services/s-t-a-r/ for more information on the support offered in Picking Up the Pieces and the S.T.A.R. parenting programmes, respectively.

Appropriate RCT or QED design for any future impact study

This section explores if there are any RCT designs or, if an RCT is not felt to be suitable, QED approaches whose requirements Emotion Coaching could comply with in a future impact study. The benefit of an RCT design is the scope for causal analysis to understand a) whether Emotion Coaching can lead to changes in intended outcomes and b) to what extent the changes in outcomes are driven by the particularities of Emotion Coaching specifically, as opposed to business as usual.

RCT designs

The value of an RCT lies in the rigour of its experimental design, which, by randomly assigning participants to treatment and control groups, offers high internal validity and provides the strongest evidence of causality.

An RCT could either be conducted at the individual or the cluster level. At the individual level, a parallel group RCT would see participants randomly assigned to either Emotion Coaching or a control group. Our conversations with Solace Women's Aid staff and external VAWG stakeholders have not identified any strong objections to random allocation per se, but randomisation within refuges was identified as unlikely to be practically possible, as discussed earlier in the 'Acceptability of experimental or quasi-experimental methodologies to key stakeholder groups' section. This is because of a) insufficient numbers of eligible participants within individual refuges to generate both treatment and control groups within a single refuge and b) blinding of participants being impossible in this setting given that the majority of study participants would be living together, which, as one Solace Women's Aid stakeholder highlighted, could generate tension within individual refuges.

An alternative RCT design would see randomisation occur at the cluster level. This would see entire groups of participants, rather than individuals, randomised to receive the Emotion Coaching intervention or serve as controls. For Emotion Coaching, the cluster could be an individual refuge or one of the seven London boroughs where Solace Women's Aid provides refuge services. Given that commissioning occurs at the borough level, which would inform staffing and resources, Solace Women's Aid would likely find a cluster design at the borough level more feasible than having some refuges within a borough delivering the intervention and others not. It would also more closely match how the intervention was delivered in this feasibility study. A cluster-level RCT would be much more suitable for Emotion Coaching as an intervention naturally delivered at the group level. It would also minimise the risk of contamination between treatment and control groups, as clusters would be geographically distinct (which would be especially the case if clusters were across boroughs).

A parallel cluster RCT would likely be the only practical option among all the possible cluster-level RCT designs. Other cluster RCT designs, such as crossover, factorial or stepped-wedge RCTs, would require all clusters to eventually receive the intervention at different times. This would have the benefit of not needing to involve as many individual study participants at any one time. However, given the relatively short duration of time that women typically stay in refuge accommodation, with the mean length of stay being only six months (Howarth et al., 2023) and many women leaving before then, receiving successive interventions is unlikely to be practically possible. This would also make a parallel cluster RCT, which uses a waitlist, unlikely to work well in practice, given the likelihood of people dropping off the waitlist. We would, instead, recommend pursuing a parallel group cluster RCT, where entire clusters are randomised.

While a parallel cluster RCT is likely the best fit for Emotion Coaching in terms of logistical reliability, it would require a larger sample size to account for intra-cluster correlations. In order to understand the number of mother–child pairs and clusters needed to detect a statistically significant result for the intervention (if one exists), a power analysis was conducted using PowerUp! software (see Table 9 below). An assumption of

this power analysis is that the current approach to delivery and evaluation would continue; that is, one child from each mother in the refuge is considered as the unit of analysis. This makes this a two-level cluster random assignment design, with refuges being the first level and mother–child pairs being the second level.

Table 9 shows the results of the power analysis for a parallel cluster design of Emotion Coaching. A power of 0.80 and an intra-class correlation of 0.02 in a two-tailed test (p<0.05) result in the following clusters (individual refuges) that would be needed to detect a statistically significant result.

- An MDES of 0.20 and an average cluster size of 25 (i.e., 25 mother–child pairs in each refuge) requires a total of 47 refuges.
- An MDES of 0.20 and an average cluster size of 35 (i.e., 35 mother–child pairs in each refuge) requires a total of 38 refuges.
- An MDES of 0.25 and an average cluster size of 25 (i.e., 25 mother–child pairs in each refuge) requires a total of 31 refuges.

Given that Solace Women's Aid refuges typically house significantly fewer than 25 mothers with children, on average, which is likely also true for other providers of refuge accommodation, the total number of refuges needed for a parallel cluster design would, in practice, likely need to be considerably higher.

Table 9 : Cluster design power calculation summary table

MDES	0.20	0.20	0.25
Alpha Level (α) *Probability of a Type I error*	0.05	0.05	0.05
Power (1-β) *Statistical power (1-probability of a Type II error)*	0.80	0.80	0.80
One-tailed or two-tailed test?	Two-tailed	Two-tailed	Two-tailed
Intra-cluster correlation coefficient (ICC or ρ) *Proportion of variance in outcome that is between clusters*	0.02	0.02	0.02
n (average cluster size) *Mean number of Level 1 units per Level 2 cluster (harmonic mean recommended)*	n=25	n=35	n=25
J (sample size [cluster #]) *Number of clusters needed for given MRES*	**47**	**38**	**31**

The most significant challenge to a cluster RCT approach would likely be variation in business as usual by refuge and borough, as discussed in the 'Key information on business as usual' section above. As prospective control groups would not necessarily all be receiving identical provisions, strategies to mitigate business-as-usual variations would likely be required. This could include stratifying clusters based on key characteristics

related to business as usual before randomisation, including business-as-usual-related covariates in statistical analysis, and thoroughly documenting business-as-usual practices in each cluster.

In addition, while the potential for contamination between clusters would be significantly less than an individual-level RCT, it is possible that a resident who leaves a refuge where they were receiving Emotion Coaching (for instance, in the event of an eviction) and moves to another refuge where Emotion Coaching is not offered could compromise the RCT. Differences between clusters at baseline may also lead to confounding if not properly controlled (e.g., controlling for differences in age, gender, racialised background and care status among children and mothers).

QED

In the event that, upon further discussion, stakeholders no longer consider randomisation appropriate for feasibility or ethical reasons, a future impact study may need to use a QED instead. This may also be required in the event that Solace Women's Aid enters into a partnership with another organisation in the VAWG sector that provides refuge accommodation.

Some QED design methodologies would not be practically possible in the context of Emotion Coaching, for instance:

- Regression discontinuity design: this assigns participants to either treatment or control groups based on a cutoff score on a pre-intervention measure and would likely be unsuitable for Emotion Coaching. The eligibility criteria for the programme are not currently based on a specific, measurable indicator, such as a specific score on an outcomes measure. It has proven feasible for Emotion Coaching participants to complete a baseline questionnaire ahead of receiving the intervention in this feasibility study, but adding this to the eligibility criteria would likely reduce the eligible sample size even further, making it unsuitable for Emotion Coaching serving a small number of families.
- Interrupted time series and difference-in-differences designs: these designs involve analysing longitudinal outcomes data collected at multiple time points before and after the intervention. These data would be logistically challenging to gather given the short duration of time women often live in refuges and the fact that women inconsistently access follow-up support from Solace Women's Aid, and even then, only for a maximum of three months.

Other QED designs, such as a non-equivalent groups design or propensity score matching, would be more practically feasible in estimating causal effects in non-randomised settings. Propensity score matching, in particular, could provide a level of structure and rigour in the context of observational data without needing to manipulate who receives the Emotion Coaching intervention while also reducing bias from observed confounders (i.e., variables that could distort the relationship between the variables being measured if not controlled for). For instance, in developing regular data capture tools for use in all their refuges, Solace Women's Aid could administer primary outcome questionnaires to all eligible mothers upon moving into and leaving refuge accommodation. These data would then be used to model the likelihood of a mother receiving Emotion Coaching given their observed characteristics. Emotion Coaching participants would then be matched with nonparticipants with similar propensity scores, and the outcomes between the groups would be compared. Any differences in outcomes, accounting for observed confounders, could be attributed to Emotion Coaching. A benefit of propensity score matching is that it would still require several hundred eligible participants; data collection could take place over a longer period of time and may be less resource-intensive. However, it should be noted that both designs present the risk of selection bias if pre-existing differences between mothers and children living in different refuges are not accounted for. Ultimately, given that randomisation appears to be acceptable to Solace Women's Aid and prospective host organisations in the VAWG sector, there is no significant advantage of QED designs over RCT designs in terms of the practicality of data collection or the robustness of the data collected.

However, as previously discussed in the section '

Feasibility of intervention scale-up and likely reach of the intervention and related impact study', the issue underpinning any impact evaluation, regardless of which experimental or QED it draws on, is how to obtain a sufficiently powered sample size. If the comparator group were within Solace Women's Aid refuges, the time needed to reach the required sample size specified earlier would be even longer. If the comparator group were within a different organisation, this presents a different challenge in terms of ensuring matched groups. In addition, given that Emotion Coaching is already resource-intensive to deliver, significant additional resources would be required to reach the sample size required for an impact evaluation. With this being the case, while a parallel cluster RCT of Emotion Coaching would be practically feasible in some key ways, the number of eligible mothers and children accessing Solace Women's Aid remains insufficient to allow for a well-powered sample; this RCT design is not practically possible.

Conclusion

This section summarises our judgement of evaluation feasibility and discusses the findings from the feasibility study of Emotion Coaching in relation to the research questions. It explores the limitations of the feasibility study and recommendations for each research question for a future impact evaluation of the Emotion Coaching programme to be feasible.

Figure 3: Summary of feasibility study findings

Research question	Finding
1) Has it proved feasible to adapt and implement Emotion Coaching (an intervention created for women living in community settings) in refuge settings within the context of dosage, reach, responsiveness, fidelity, quality and adaptation?	Recruitment and retention processes for the Emotion Coaching programme have been implemented successfully, as demonstrated by the full recruitment of 15 mother–child pairs, representing 100% of the eligible participants. The number of eligible participants was lower than anticipated due, in part, to a higher-than-average number of families leaving refuges in the months before recruitment and children in Solace Women's Aid refuges typically being younger than six (the minimum age for participation in Emotion Coaching). The recruitment period was extended, and existing relationships between Family Support Workers and potential participants were leveraged to encourage engagement. Eighty per cent of recruited participants were retained in the programme until completion, which is of note given the complex circumstances of participants. All 12 sessions were delivered in all three participating boroughs as planned. Attendance levels on Emotion Coaching were relatively high, with mothers completing 85% of sessions on average. However, only three mothers completed all 12 sessions, which was substantially below the dosage target of 75% of mothers attending all 12 sessions. There was variation in attendance levels across different refuge sites, reflecting differing implementation challenges. The programme was delivered with generally high fidelity to the original model. Some minor reactive adaptations were made during programme delivery to accommodate the unique needs of the refuge setting, such as adjusting session timings and content to better fit participants' schedules and needs. The programme's inclusivity in terms of reaching diverse individuals was notable, with a significant proportion of participants from racialised backgrounds and interpreter services allowing for non-English speakers to participate.[22] However, future iterations of Emotion Coaching could further enhance accessibility to ensure research tools meet the communication needs of non-English speakers. Participants expressed high levels of satisfaction with the Emotion Coaching programme. The inclusive group format was particularly valued, as it allowed

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[22] Throughout the report, we use the term 'racialised' when referring to individuals' minority ethnic backgrounds, unless referring to specific data categories used by Solace Women's Aid. The use of this term is in line with advice from the YEF Race Equity Associate, who has provided input on study processes and tools. We recognise that diverse terms exist for referring to individuals from minority ethnic backgrounds. The term 'racialised' acknowledges that ethnic, racial and cultural communities who are in the minority have been 'othered' by white majority systems (see the Centre for Mental Health, 'Guide to race and ethnicity terminology' (2021) for more information on this).

	participants to share experiences and support one another. The programme content was seen as relevant and important across participants, Solace Women's Aid staff and external VAWG stakeholders. However, the small sample of external VAWG stakeholders consulted in this study means that their interest in the programme may not be reflected more broadly among stakeholders from VAWG organisations or local authority commissioners.
	Overall, the Emotion Coaching programme has demonstrated potential for broader implementation, with high levels of participant satisfaction and engagement. Further future adaptation to programme content could include expanding content focusing on mothers' own emotions, ensuring session content is relevant for children with SEND and reducing expectations of written homework. Adaptations to the programme structure could include broadening eligibility criteria to extend to younger children and extending the session length for mixed language groups. Finally, potential adaptations to implementation include reducing the recruitment window to address participant attrition and ensuring consistency in childcare and interpreter provision, as well as a consistent approach to catch-up sessions.
2) Is it plausible that the intervention could lead to the shorter- and longer-term outcomes specified in the theory of change and, in particular, the primary and secondary outcomes, which are the agreed focus for any future impact evaluation?	Preliminary qualitative evidence from the study should be treated with caution, given the small sample size and lack of a comparison group. However, there is some indication that Emotion Coaching could plausibly support some positive changes in key areas, particularly in child emotion regulation and, to a lesser extent, externalising behaviours. Mothers reported observing improvements in their children's ability to manage emotions, with fewer temper tantrums and better communication. Some mothers also identified a slight decrease in children's externalising behaviours, with instances of calmer interactions and reduced behavioural challenges noted.

The programme also showed some promise in supporting mothers' emotional regulation and parenting confidence. Mothers reported greater awareness and acceptance of their emotions, which they indicated had helped them better manage their interactions with their children. This, in turn, appeared to contribute to more positive parent–child relationships, as several mothers reported feeling more confident in calmly setting boundaries and addressing challenging behaviours in their children.

Quantitative analysis of the questionnaires completed by mothers has focused on determining the completeness of measures and their validity for a future impact trial. This analysis has highlighted some shortcomings in certain outcomes measurement tools. The ECBI scales used to measure child externalising behaviours showed inconsistent completion rates. Interviews with mothers suggest that the language and formatting of the tool may have made completing it confusing. The ECBI-P and PSOC scales both demonstrate reliability issues, which may make alternative measures preferable in a future impact evaluation.

Overall, qualitative data from interviews with Solace Women's Aid staff and Emotion Coaching participants suggest that the programme's structure and content are well-aligned with its goals, and there is cautious optimism that the intervention could lead |

	to the desired outcomes in future larger-scale evaluations. Further adaptations may be needed to ensure outcomes measurement tools are fully reliable and valid for broader impact trials.
3) To what extent is an experimental or quasi-experimental methodology practically possible for an impact evaluation of the Emotion Coaching programme?	Conducting an experimental or quasi-experimental impact evaluation of the Emotion Coaching programme poses several challenges. Solace Women's Aid staff and external VAWG stakeholders generally support the idea of implementing such methodologies, recognising their potential to provide robust evidence of the programme's effectiveness and to scale up its delivery. A cluster RCT at the borough or refuge level could avoid logistical issues that might arise from running intervention and control groups within the same refuge. While there is openness to randomisation, concerns remain about the practicalities of implementing such a study within the sensitive context of refuge settings. Refuges' transient populations and many mothers not being ready to participate fully in an intensive programme present challenges to ongoing participant engagement. Given this and the competing demands in the refuge setting, it may be worth reflecting on whether refuges are appropriate sites for delivering Emotion Coaching as smoothly as possible and with fidelity to the programme model. Scaling up the programme to achieve the necessary participant numbers for a statistically significant impact evaluation presents significant obstacles. Monitoring data and interviews with Solace Women's Aid staff indicate that mothers residing in the organisation's refuges tend to have children younger than six. Given these demographics and the overall reach of Solace Women's Aid refuges, scale-up to achieve a sufficiently powered sample size for a two-arm trial is likely not feasible within the current delivery model. It would require expanding the programme across Solace Women's Aid's service users beyond refuge residents or across refuges run by other VAWG support services. The study also highlighted several logistical concerns for an impact evaluation. Substantial resources, including additional staffing, training and budget allocations, particularly for interpreters and support services, would be necessary to implement the study effectively. Data collection processes, while mostly effective in the feasibility study, would need further refinement to ensure consistency and reliability, especially for participants requiring translation and those with limited literacy. Simplifying and potentially translating the outcomes measurement tools could improve data reliability in a future evaluation. Ultimately, while an RCT or QED is technically possible, the current scale of the Emotion Coaching programme and the logistical challenges of implementing such a study in refuge settings may limit its practicality without significant adjustments and additional resources. The study concludes that while Emotion Coaching, as delivered in Solace Women's Aid refuges, has shown value and potential, the increase in participants necessary to achieve the sample size required for a robust evaluation would be considerable. It would likely require substantial changes to either the adapted model itself, which would require careful planning to maintain the programme's integrity, and/or partnerships with other organisations.

Evaluator judgement of intervention feasibility

This section discusses the findings from the feasibility study of Emotion Coaching, including our recommendations for changes to be made if it were to progress to an efficacy study.

Table 10 below provides a summary of the progress of Emotion Coaching against the predefined success criteria to guide the YEF's decision about whether to progress to a full evaluation. The criteria are rated as red (do not proceed unless changes are possible), amber (proceed with changes) and green (proceed). Based on the evidence in this report and the co-developed success criteria, we conclude that Emotion Coaching is not yet ready to move to an impact evaluation.

Table 10 : Progress against evaluation domains for the Emotion Coaching programme

Evaluation domain	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible	Status	Commentary
Feasibility of recruitment Can X% of the proposed number of eligible participants (n=28) for the Emotion Coaching intervention be recruited?	Twenty-one or more participants are recruited (75%+).	Fourteen to 20 participants are recruited (50–75%).	Under 14 participants are recruited (under 50%).	Amber	The number of eligible participants was lower than anticipated. Fifteen mother–child pairs were recruited, which is 56% of the proposed number of participants. However, it was 100% of the 15 eligible mother–child pairs.
Programme dosage Can X% of recruited participants for the Emotion Coaching intervention complete X number of sessions?	Seventy-five per cent of recruited participants complete all 12 sessions.	Fifty to 75% of recruited participants complete all 12 sessions.	Under 50% of recruited participants complete all 12 sessions.	Red	Twenty-three per cent of recruited participants (3/15) completed all 12 sessions, which is substantially below the target of 75%. On average, mothers attended 10/12 sessions.
Feasibility of retention Can X% of recruited participants for the Emotion Coaching intervention be retained in the study until completion (i.e., completion of all outcomes measures)?	Seventy-five per cent of recruited participants are retained.	Fifty to 75% of recruited participants are retained.	Under 50% of recruited participants are retained.	Amber	Sixty-seven per cent (10/15) of recruited participants were retained in the study until completion, as defined by completion of all outcomes measures (i.e., baseline, midpoint and endpoint questionnaires). However, 80% of recruited participants were retained until the completion of the programme sessions (12/15).
Completion rate of outcomes measurement tools	Each outcomes measurement tool has an average per-item	Each outcomes measurement tool has an average per-	Each outcomes measurement tool has an average per-item	Amber	An average per-item completion rate of 90% was achieved for all outcomes measurement tools except the ECBI, where participants completed an average

Evaluation domain	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible	Status	Commentary
Do outcomes measurement tools have an average per-item completion rate of X%?	completion rate of 90% or more.	item completion rate of 70–89%.	completion rate of 69% or under		of 79% of items for the intensity scale and 61% for the problem scale, representing a 70% per-item completion rate for the entire ECBI tool.
Fidelity to programme model Is the intervention being implemented with fidelity to the agreed-upon model? If not, in what ways does it differ and why?	Facilitators report diverging from the agreed-upon model on their fidelity forms on fewer than three occasions during programme delivery. Those diversions that are identified are likely to be relatively minor.	Facilitators report diverging from the agreed-upon model on their fidelity forms on three to five occasions during programme delivery. Those diversions that are identified are likely to be relatively minor.	One or more of the identified diversions is major and/or insurmountable.	Amber	The diversions reported in fidelity forms (which were triangulated by data from observations and interviews) included skipping some content, holding shorter sessions, converting role plays into discussions and experiencing limited engagement with homework completion. None of these have been identified as major or insurmountable diversions.
Intervention implementation (participants' experiences of delivery) What barriers do recruited participants identify to future implementation of an RCT of the intervention – and to what extent are these barriers insurmountable?	Fewer than three barriers to an RCT of the intervention are identified based on qualitative data from Emotion Coaching participants. Those barriers which are identified are likely to be surmountable because workarounds can be easily identified.	Three to five barriers to an RCT of the intervention are identified based on qualitative data from Emotion Coaching participants. Those barriers which are identified are likely to be surmountable because workarounds can be easily identified.	One or more of the identified barriers appears unlikely to be surmountable.	Green	Participants consistently reported high levels of satisfaction with the intervention and the evaluation methods used, in particular observations and interviews. The barriers to an RCT include needing to preserve small group sizes of no more than four to five mothers and ensuring questionnaires are not too burdensome to complete, especially for mothers requiring interpreters. These are surmountable barriers where workarounds have been identified.

Evaluation domain	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible	Status	Commentary
Intervention implementation (staff experiences of delivery) What barriers do Solace Women's Aid staff identify to future implementation of an RCT of the intervention – and to what extent are these barriers insurmountable?	Fewer than three barriers to an RCT of the intervention are identified based on qualitative data from Emotion Coaching staff. Those barriers which are identified are likely to be surmountable because workarounds can be easily identified.	Three to five barriers to an RCT of the intervention are identified based on qualitative data from Emotion Coaching staff. Those barriers which are identified are likely to be surmountable because workarounds can be easily identified.	One or more of the identified barriers appears unlikely to be surmountable.	Green	Solace Women's Aid staff expressed considerable openness to experimental and QED methodologies. The barriers identified were the need for further resources, especially support with data management, and the fact that running intervention and control groups simultaneously in refuge sites would be a considerable challenge. However, having intervention and control groups in separate refuges or London boroughs was identified as a possible workaround.

A barrier which is unlikely to be surmountable is the required sample size for a well-powered impact evaluation, which would not be feasible for Solace Women's Aid to recruit in the programme's current form. This barrier was identified by the evaluation team rather than Solace Women's Aid staff, so it is discussed separately. |
| **Interest in the programme and prospective RCT among external VAWG stakeholders** What barriers do external VAWG stakeholders identify to the future implementation of an RCT of the intervention – and to what extent are | Fewer than three barriers to an RCT of the intervention are identified based on qualitative data from external VAWG stakeholders. Those barriers which are | Three to five barriers to an RCT of the intervention are identified based on qualitative data from external VAWG stakeholders. Those barriers which are | One or more of the identified barriers appears unlikely to be surmountable. | Green | External VAWG stakeholders expressed interest in the programme and perceived it as filling an important gap in provision. They identified minimal barriers to a future impact evaluation, and an RCT design appears to be broadly acceptable. |

Evaluation domain	Go – proceed with RCT	Amend – proceed with changes	Stop – do not proceed unless changes are possible	Status	Commentary
these barriers insurmountable?	identified are likely to be surmountable because workarounds can be easily identified.	identified are likely to be surmountable because workarounds can be easily identified.			

There are a number of strengths which Solace Women's Aid could draw on if the programme progresses to an impact evaluation:

a) Participants reported minimal barriers to a future impact evaluation, consistently reporting that the programme delivered significant benefits to the mothers and children who participated.
b) While there are improvements that would need to be made in how non-English speakers' translation needs are met during the programme, there is evidence that the programme is reaching a diverse cohort of survivors, including mothers who would otherwise struggle to access comparable services.
c) Staff also reported minimal barriers to a future impact evaluation, and the barriers identified are likely surmountable, e.g. confidence in delivering the intervention would likely be improved with adjustments to training and more familiarity with the programme.
d) There is a high level of buy-in to the programme and research and evaluation more broadly at senior levels within Solace Women's Aid.
e) Finally, external VAWG stakeholders identified minimal barriers to a future impact evaluation, and an RCT design appears to be broadly acceptable.

However, the practical feasibility of conducting a successful impact evaluation of the Emotion Coaching programme is limited by a number of key factors, which would need addressing before a full-scale impact evaluation could be considered.

First and foremost, **the current number of eligible participants residing in Solace Women's Aid refuges is not sufficient to support a well-powered impact evaluation**. The required increase in the number of mothers and children participating in Emotion Coaching would be substantial. Factors which compound this challenge include:

a) *Reach and recruitment:* the number of mothers with children in the eligible age range residing in Solace Women's Aid refuges is significantly lower than what would be required for an impact evaluation. In addition, Solace Women's Aid staff identified that there will always be a considerable number of refuge residents who will not meet the eligibility criteria of emotional readiness to participate in such a programme, which will remain an ongoing challenge.
b) *Dosage:* while overall programme retention was high, with particular success in retention of mothers who left refuges during the programme, analysis of dosage data suggests that mothers struggled to consistently attend sessions, with four of the 13 mothers who participated missing a quarter of the workshop sessions or more. Scheduling the sessions during the daytime (and Family Support Workers' working hours) may mean that they often clash with residents' other appointments.
c) *Family Support Worker capacity:* the number of Family Support Workers required to deliver the intervention at scale is considerable – and would require substantial resources to be able to provide backfill, which staff indicated had been indispensable to allow them to deliver Emotion Coaching during the feasibility study.
d) *Family Support Worker training:* training of Family Support Workers to deliver Emotion Coaching is intensive and requires substantial resources, given that it is currently only delivered by the programme originators and requires face-to-face delivery over five days.

In order to address these barriers for an impact evaluation, we recommend the following steps:

Recommendation 1: the potential sample size would need to be substantially increased to make the statistical design viable. Increasing the potential sample size for a robust evaluation would likely require either partnering with other organisations providing refuge accommodation within the VAWG sector or

including survivors receiving community-based support from Solace Women's Aid. Both of these amendments would require substantial modifications to the intervention's current model of delivery.

Recommendation 2: extending the eligible age range beyond 6–14 to include younger children would help the programme reach considerably more families within Solace Women's Aid. We were advised by the programme developer that they felt confident the programme could be delivered to children aged four and five years without drastic changes to programme content.

Recommendation 3: some further consideration may be needed as to when is a suitable time for refuge residents to access Emotion Coaching – partly because of their own emotional readiness but also housing stability, court involvement, etc., which can impact their recruitment and engagement with the programme. This question of stability may require some consideration of whether refuge settings are necessarily an entirely suitable environment for an impact evaluation given these complexities.

Second, **several barriers are preventing the Emotion Coaching intervention from being implemented with fidelity to the model agreed upon during the adaptation phase.** Although the diversions from the model reported by Family Support Workers and observed by the evaluation team did not occur consistently across refuge sites, some of the factors which led to diversions, such as fully covering content and inconsistent childcare and interpreter logistics, would need to be addressed before advancing into an impact evaluation.

In order to address this barrier for an impact evaluation, we recommend the following steps:

Recommendation 1: some consideration is likely needed for how to adapt the programme to accommodate the needs of non-English speakers participating in the programme. This will likely involve considerations of session time, as sessions may need to be longer to accommodate interpretation, as well as addressing exclusionary barriers to homework completion, such as literacy levels and translation needs.

Recommendation 2: further consideration is also required as to how to ensure childcare is consistently set up to minimise distractions for mothers and how to ensure interpreters are present any time they are needed.

Third, some **revisions would need to be made to the outcomes measurement tool items used in a future impact evaluation and to the process of administering questionnaires** in order to have full confidence in the findings on programme impact. This is evidenced by the number of missing items for the ECBI measure in particular, as well as the impact that questionnaire length and the time required for translation had on acceptability and, potentially, the quality of questionnaire completion.

In order to address this barrier for an impact evaluation, we recommend the following steps:

Recommendation 1: a new validated outcomes measurement tool should be used to measure the primary outcome of child externalising behaviours.

Recommendation 2: delays to recruitment meant that it was not possible to test the questionnaire among a pilot group of mothers, including non-English speakers; we also did not receive feedback from Family Support Workers during the baseline questionnaire completion phase that mothers were finding the questionnaires challenging or especially time-consuming. A phase of questionnaire testing may be required to ensure the identified outcomes measures are appropriate for the population in question and allow changes to be made before further questionnaire completion.

Recommendation 3: further consideration is also required as to how questionnaire completion can be made less burdensome for non-English speaking mothers. This will likely include considering whether outcomes measures have been tested and validated among diverse non-English speaking populations, reducing the length of questionnaires and ensuring a process is in place for translating questionnaires into community languages once the demographics of enrolled participants are known.

Recommendation 4: Family Support Workers may benefit from further training on how to administer questionnaires. As discussed in the 'Quantitative data collection methods' section, Family Support Workers received some basic training on questionnaire administration, including being asked to support mothers during questionnaire completion by reading questions or explaining questions if needed. However, during observations, it was noted that this did not occur across all refuge sites, and, given the challenges some mothers identified in completing the questionnaires, further training for Family Support Workers may make them feel more comfortable in this task.

Finally, **challenges in monitoring data quality** led to inconsistencies in how data were recorded and collected, which required a lot of resources from both the programme delivery and evaluation teams.

In order to address this barrier for an impact evaluation, we recommend the following steps:

Recommendation 1: clearer guidance on how to collect data, especially relating to attendance, may be required. This may extend to suggesting changes to the Oasis case management system and data management processes more broadly.

Recommendation 2: further resources may be required to ensure that Family Support Workers and the project manager have sufficient capacity to undertake data management in a consistent and timely manner. The effort required to extract information to inform this feasibility study appeared to represent a burden for the delivery organisation, so capacity-building and allocating additional resources to support these efforts will likely be required in a full trial.

Interpretation

Discussion

This study aimed to assess the practical feasibility of conducting a successful impact evaluation of the Emotion Coaching programme. This was informed by three key factors: the feasibility of adapting and implementing Emotion Coaching, the plausibility of the programme achieving the agreed primary and secondary outcomes and the practical possibility of an experimental or quasi-experimental methodology. The feasibility study found challenges in a range of key areas, which, at this stage, means that Emotion Coaching is not yet ready to move to an impact evaluation.

There is evidence of promise for Emotion Coaching.

- First, Solace Women's Aid staff and external VAWG stakeholders agree that the programme meets a gap in provision for survivors of domestic abuse and their children, specifically around parenting support and an explicit focus on building emotion regulation awareness and skills. The theory and design behind Emotion Coaching is evidence-based and rigorous. There is evidence that mothers and children accessing Solace Women's Aid refuges can benefit from an intensive parenting programme with a focus on domestic abuse in the same way that domestic abuse survivors in the US benefitted from the programme.

- Second, the programme has been successfully adapted for delivery in the UK, and Solace Women's Aid's implementation of the programme has shown many strengths. The training and support Family Support Workers received to deliver the programme with fidelity was intensive and effective. Support from a dedicated project manager for ongoing problem-solving and as a touchpoint for data collection was helpful.
- Third, there is considerable evidence that the programme has high levels of acceptability among programme participants, as evidenced by high retention among mothers and positive feedback about the group format and workshop content. There is also considerable buy-in to the programme at all levels of Solace Women's Aid, both among staff who deliver it and senior leadership.
- Finally, there is some preliminary evidence that the programme is following the theory of change as intended. Mothers report that the programme has made a difference in relation to both their children's emotion regulation and their own.

However, the feasibility of conducting a full-scale impact evaluation of Emotion Coaching is very limited, primarily because the current number of families accessing Emotion Coaching is not sufficient to support a well-powered impact evaluation. The increase in the number of mothers with children in the eligible age range would be considerable. In order to reach the required sample size, there would need to be substantial changes to either the adapted model itself for delivery beyond refuge settings or partnerships with other providers of refuge accommodation.

In addition, there is a need to consider whether refuges are appropriate settings for a large-scale evaluation. The eligibility criteria for the programme, requiring children to be between 6 and 14, presents issues because mothers residing in refuges typically have children younger than six. Solace Women's Aid staff and external VAWG stakeholders noted that there will always be refuge residents who are not emotionally or practically ready to complete all 12 sessions of an intensive programme, which will always be a factor limiting the programme's potential reach. In addition, the fact that refuges are transitory settings adds extra complexity to retaining mothers in the study until the completion of an evaluation. Finally, the limited resources and capacity of refuge staff would present challenges in delivering the programme at scale at the same time as ensuring consistent fidelity to the programme model.

Addressing data collection and outcome management issues is an important precondition for an impact evaluation to be practically possible. The scale of data collection needed for an impact evaluation would require improvements in data management processes, such as a standardised process for recording monitoring data. In addition, given that child emotion regulation appears to have been a more relevant outcome of the programme for mothers and that the EDI scale for capturing this outcome has higher validity than the ECBI and is significantly correlated with the ECBI, there is a persuasive argument for making child emotion regulation the primary outcome of a future impact evaluation. Either way, given the significant number of non-English speakers residing in refuges, any future evaluation will require testing of the selected scales to ensure they are appropriate and understandable to this group.

While Solace Women's Aid staff agree that an impact evaluation would be broadly acceptable, until these sample size and resource constraints are addressed, neither an RCT nor a QED is likely to be practically feasible. In addition, given some of the challenges to delivery identified in this evaluation, there may be value in stabilising elements of the intervention before considering an impact evaluation. This would first require a discussion with the programme originators about whether the potential adaptations identified in this report would be feasible. If adaptations to, for instance, the length of sessions, content across more than 12 sessions or testing new measurement tools are considered appropriate from a fidelity perspective, a pilot evaluation to test these adaptations would be valuable. Once these issues are resolved, together with finding ways to increase the size of the participant sample, an impact evaluation may be appropriate.

Though an RCT or QED design may be infeasible at present, there is substantial evidence to suggest that the Emotion Coaching intervention has value and potential. In addition, many of the challenges to an impact evaluation which this report has presented are not unique to Solace Women's Aid. Any provider working with a vulnerable population in these settings would likely encounter similar issues. Given this, we want to acknowledge that an impact evaluation adopting a qualitative approach and using methods which do not require as large a sample would be a useful endeavour. It would provide a depth of understanding about the programme that may offer valuable insight regarding the outcomes of engagement with the Emotion Coaching programme. These methods may be more suitable for this setting – and could be more appropriate in the context of comparable programmes.

Limitations

The following limitations of this feasibility study should be noted:

a) **Consistency and completeness of outcomes measures data:** a combination of the small sample size for this feasibility study and issues with the completion of specific outcomes measures leading to limited data quality mean that it is not possible to establish any claims about the programme's impact or assert with certainty that Emotion Coaching improves the outcomes of the mothers and children who participated in the programme.

b) **Consistency and completeness of monitoring data:** some inconsistencies with how monitoring data have been recorded on Oasis mean that there are some minor gaps in demographic data and gaps in attendance data relating to the reasons for mothers missing specific workshop sessions. During the analysis, some inconsistencies in the data were found, which raised concerns about the consistent accuracy and quality of the monitoring data received. Finally, though Solace Women's Aid staff have been consistently helpful in providing monitoring data, it has been clear that there is pressure on resources, which has, on occasion, limited staff capacity to support the study in a timely manner. This has been especially acute for the sharing of monitoring data and fidelity forms, as it required Family Support Workers to carry out tasks that were out of the scope of their usual work.

c) **Engaging external VAWG stakeholders in qualitative interviews:** there were some challenges with securing interviews with external VAWG stakeholders to discuss their prospective interest in the programme. The aim, as set out in the feasibility study protocol, was to conduct six semi-structured interviews with stakeholders providing services in the VAWG sector as commissioners or in service delivery. Numerous attempts were made to contact commissioners and VAWG organisations. We secured four interviews with stakeholders who provided helpful information on how Emotion Coaching fits into wider provisions available for mothers and children exposed to domestic abuse and their appetite for the prospective delivery of the programme.

d) **Limited consideration of the contribution of other factors to participant outcomes**: it was outside the scope of this feasibility study to undertake contribution analysis to better understand the extent to which other factors may be contributing to self-reported outcomes. However, given that some mothers in interviews acknowledged that they had already been researching effective parenting practices ahead of the programme and the significant number of children in the sample with social services involvement, it is possible that some of the outcomes attributed by mothers to the programme may have also been informed by other factors. Ensuring that themes such as mothers' expectations of children's behaviours, understanding of children's rights and how mothers believe they should be parenting are fully explored in interviews would be valuable in any future impact evaluation.

References

Artz, S., Jackson, M. A., Rossiter, K. R., Nijdam-Jones, A., Géczy, I., & Porteous, S. (2014). A comprehensive review of the literature on the impact of exposure to intimate partner violence on children and youth. Retrieved from https://dspace.library.uvic.ca/bitstream/handle/1828/6611/Artz_Sibylle_IJCYFS_2014.pdf?sequence=1&isAllowed=y on 12 January 2023.

Berg, K. A., Evans, K. E., Powers, G., Moore, S. E., Steigerwald, S., Bender, A. E., ... & Connell, A. M. (2022). Exposure to intimate partner violence and children's physiological functioning: a systematic review of the literature. *Journal of Family Violence*, *37*(8), 1321-1335.

Centre for Mental Health (2021). Guide to race and ethnicity terminology. Retrieved from https://www.centreformentalhealth.org.uk/wp-content/uploads/2021/06/RaceAndEthnicityTerminologyGuideJune2021.pdf on 22 August 2024.

Dong, N., & Maynard, R. (2013). PowerUp!: a tool for calculating minimum detectable effect sizes and minimum required sample sizes for experimental and quasi-experimental design studies. *Journal of Research on Educational Effectiveness*, *6*(1), 24-67.

Evans, Sarah E., Corrie Davies, and David DiLillo. "Exposure to domestic violence: a meta-analysis of child and adolescent outcomes." *Aggression and violent behavior* 13.2 (2008): 131-140.

Eyberg, S. M., & Ross, A. W. (1978). Assessment of child behavior problems: the validation of a new inventory. *Journal of Clinical Child & Adolescent Psychology*, *7*(2), 113-116.

Fong, V. C., Hawes, D., & Allen, J. L. (2019). A systematic review of risk and protective factors for externalizing problems in children exposed to intimate partner violence. *Trauma, Violence, & Abuse*, 20(2), 149-167.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry*, *38*(5), 581-586.

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: theoretical models and preliminary data. *Journal of Family Psychology,* 10(3), 243.

Government Social Research Profession. (2022). A guide to inclusive social research practices. Retrieved from https://www.gov.uk/government/publications/a-guide-to-inclusive-social-research-practices/a-guide-to-inclusive-social-research-practices#collecting-data on 22 August 2024.

Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, *85*(2), 348.

Gurtovenko, K., & Katz, L. F. (2020). Post-traumatic stress, mother's emotion regulation, and parenting in survivors of intimate partner violence. *Journal of Interpersonal Violence*, *35*(3-4), 876-898.

Gus, L., Rose, J., & Gilbert, L. (2015). Emotion coaching: a universal strategy for supporting and promoting sustainable emotional and behavioural well-being. *Educational & Child Psychology*, *32*(1), 31-41.

Harding, H. G., Morelen, D., Thomassin, K., Bradbury, L., & Shaffer, A. (2013). Exposure to maternal- and paternal-perpetrated intimate partner violence, emotion regulation, and child outcomes. *Journal of Family Violence*, *28*, 63-72.

Hoffmann, T. C., Glasziou, P. P., Boutron, I., Milne, R., Perera, R., Moher, D., ... & Lamb, S.E. (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *British Medical Journal*, *348*.

Howarth, E., Dunk, E., Evans, R., Powell, C., & Wilson, H. (March 3, 2023). Establishing priorities and feasibility of interventions for children and families in Solace refuges: a needs assessment and scoping of context. Unpublished report shared by the Youth Endowment Fund.

Hurrell, K. E., Houwing, F. L., & Hudson, J. L. (2017). Parental meta-emotion philosophy and emotion coaching in families of children and adolescents with an anxiety disorder. *Journal of Abnormal Child Psychology*, *45*, 569-582.

Johnston, C., & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, *18*(2), 167-175.

Katz, L. F., Gurtovenko, K., Maliken, A., Stettler, N., Kawamura, J., & Fladeboe, K. (2020). An emotion coaching parenting intervention for families exposed to intimate partner violence. *Developmental Psychology*, *56*(3), 638.

Katz, L. F., Maliken, A. C., & Stettler, N. M. (2012). Parental meta-emotion philosophy: a review of research and theoretical framework. *Child Development Perspectives*, *6*(4), 417-422.

Kernic, M. A., Wolf, M. E., Holt, V. L., McKnight, B., Huebner, C. E., & Rivara, F. P. (2003). Behavioral problems among children whose mothers are abused by an intimate partner. *Child Abuse & Neglect*, *27*(11), 1231-1246.

Mazefsky, C. A., Yu, L., White, S. W., Siegel, M., & Pilkonis, P. A. (2018). The emotion dysregulation inventory: psychometric properties and item response theory calibration in an autism spectrum disorder sample. *Autism Research*, *11*(6), 928-941.

Musimbe-Rix, S. (2021). Domestic abuse in Black, Asian and Minority ethnic groups. Interventions Alliance. Retrieved from https://interventionsalliance.com/domestic-abuse-in-black-asian-and-minority-ethnic-groups/ on 21 August 2024.

Shipman, K. L., Schneider, R., Fitzgerald, M. M., Sims, C., Swisher, L., & Edwards, A., (2007). Maternal emotion socialization in maltreating and non-maltreating families: implications for children's emotion regulation. *Social Development*, *16*(2), pp.268-285.

Steketee, M., Aussems, C., & Marshall, I. H. (2021). Exploring the impact of child maltreatment and interparental violence on violent delinquency in an international sample. *Journal of Interpersonal Violence*, *36*(13-14), NP7319-NP7349.

Sternberg, K. J., Baradaran, L. P., Abbott, C. B., Lamb, M. E., & Guterman, E. (2006). Type of violence, age, and gender differences in the effects of family violence on children's behavior problems: a meta-analysis. *Developmental Review,* 26(1), 89-112.

Weissman, D. G., Bitran, D., Miller, A. B., Schaefer, J. D., Sheridan, M. A., & McLaughlin, K. A. (2019). Difficulties with emotion regulation as a transdiagnostic mechanism linking child maltreatment with the emergence of psychopathology. *Development and Psychopathology*, *31*(3), 899-915.

YEF. (April 2022). Core measurement guidance Strengths and Difficulties Questionnaire (SDQ) guidance on the implementation and analysis of the SDQ. Retrieved from <u>18.-YEF-SDQ-guidance-April-2022.pdf (youthendowmentfund.org.uk)</u> on 6 January 2024.

YEF. (April 2022). Feasibility study guidance. Retrieved from <u>2.-YEF-Evaluations-Guidance-Feasibility-studies-April-22.pdf (youthendowmentfund.org.uk) on 19 December 2023</u>.

Appendices

Appendix 1: Project Management

1. Detailed evaluation timeline

Dates	Activity	Staff responsible/ leading
Adaptation phase (August 2023 to November 2023)		
August 2023	Grant agreement and project evaluation agreement reviewed and signed	Solace Women's Aid, Cordis Bright
	Project management meetings commence	Cordis Bright, Solace Women's Aid, The YEF
	Approach agreed and materials developed for the service user expert group	Solace Women's Aid, Cordis Bright
	Workshop 1 on adaptations and feasibility plans delivered	Cordis Bright, Solace Women's Aid, The YEF
September 2023	Participant eligibility requirements agreed	Solace Women's Aid
	Participants recruited	Solace Women's Aid
	Consultation with original study PI on suitable intervention adaptations completed	Cordis Bright, Solace Women's Aid, The YEF
	Review of the Theory of Change and workshop 2 on rooting the Theory of Change in the evidence base delivered	Cordis Bright
October 2023	Staff training and backfill recruitment completed	Solace Women's Aid
	Session 1 of the service user expert group delivered	Cordis Bright, Solace Women's Aid
	Workshop 3 on reviewing and supporting existing monitoring systems delivered	Cordis Bright, Solace Women's Aid, The YEF
	Monitoring systems finalised	Cordis Bright, Solace Women's Aid, The YEF

Dates	Activity	Staff responsible/ leading
	Workshop 4 on identifying outcome measures delivered	Cordis Bright, Solace Women's Aid, The YEF
	Outcomes measurement tools for feasibility study phase agreed	Cordis Bright, Solace Women's Aid, The YEF
November 2023	Ethics review to Royal Holloway University submitted	Cordis Bright
	Session 2 of the service user expert group delivered	Cordis Bright, Solace Women's Aid
	Workshop 5 on finalising the adaptation stage and feasibility study protocol delivered	Cordis Bright, Solace Women's Aid, the YEF
	Outputs from adaptation phase finalised and recommendations drafted	Cordis Bright, Solace Women's Aid, the YEF
Implement feasibility study (December 2023 to November 2024)		
December 2023	The YEF decision to progress to feasibility announced	The YEF
February 2024	Ethics clearance achieved from Royal Holloway University Ethics Committee	Cordis Bright
	Feasibility study protocol finalised, including decision to progress to feasibility	Cordis Bright, Solace Women's Aid, the YEF
	'Hearts and minds' all staff meeting held to begin implementation phase	Cordis Bright, Solace Women's Aid
	Session 3 of the service user expert group delivered	Cordis Bright
	Monitoring data collation and support commences	Cordis Bright, Solace Women's Aid, the YEF
April 2024	Intake of cohort completed, and delivery of intervention commences	Solace Women's Aid
	Testing of outcome measurement tools completed and baseline data collection commences	Cordis Bright, Solace Women's Aid, the YEF
May 2024	Final set of monitoring data received and analysed	Cordis Bright, Solace Women's Aid, the YEF

Dates	Activity	Staff responsible/ leading
	Observation of practice commences	Cordis Bright
	Analysis of baseline questionnaires commence	Cordis Bright, Solace Women's Aid, the YEF
June 2024	Interviews with Solace Women's Aid staff commence	Cordis Bright
	Interviews with external stakeholders completed	Cordis Bright
	Observation of practice analysis completed	Cordis Bright
	Analysis of baseline questionnaires continue	Cordis Bright
July 2024	Interviews with Solace Women's Aid staff completed	Cordis Bright
	Interviews with mothers and children commence and analysis completed	Cordis Bright
	Analysis of outcome measurement tools and write-up of findings completed	Cordis Bright
	Drafting of final report commences	Cordis Bright
August 2024	Drafting of final report completed	Cordis Bright
September 2024	Session 4 of the service user expert group delivered (sense-testing findings)	Cordis Bright
November 2024	Submission of final, peer and grantee reviewed report	Cordis Bright
	Evaluator supports with the YEF publication process	The YEF, Cordis Bright

Appendix 2: Information and consent forms

1. Evaluation information and consent forms for parents/carers

Solace Women's Aid: Emotion Coaching Programme Evaluation

Information sheet for parents and carers

What is the Emotion Coaching programme?

Solace Women's Aid's Emotion Coaching programme is a new 12-week programme designed to:

1. develop children and parent's/carer's emotion regulation skills,
2. increase parent's/carer's confidence in parenting and
3. support a stronger relationship between parent/carer and child.

This means the programme may help children who have been exposed to domestic violence and abuse develop emotional skills so they can cope with difficult situations and emotions by teaching parents how to guide their children toward healthy emotion coping strategies.

What are we doing?

We are doing a study on parents/carers and children taking part in the Emotion Coaching programme. This is to better understand:

1. you and your child's/the child in your care's experience taking part in the Emotion Coaching programme and
2. whether the Emotion Coaching programme can be delivered in a UK refuge setting.

The study is funded by the Youth Endowment Fund (YEF). For more information about YEF, please visit https://youthendowmentfund.org.uk/.

This information sheet contains details about who we are, what we are doing, and why we are doing it. It also explains how we will use you and your child's/the child in your care's personal information if you agree for both of you to take part in this study.

Who is carrying out the study?

This study is being organised by an independent research organisation called Cordis Bright. For more information, please visit our website: www.cordisbright.co.uk

When we collect and use personal information about you and your child/the child in your care as part of the study, we are the **controllers** of the personal information. This means we decide what personal information to collect and how it is used.

Contact details of team members are below.

Contact

Study Manager: Louise Ashwell

Email: louiseashwell@cordisbright.co.uk Tel: 07919 483968

Data Protection Officer: Colin Horswell

Email: colinhorswell@cordisbright.co.uk Tel: 020 7330 9170

Why have you and your child/the child in your care been invited to take part?

You and your child/the child in your care have been asked to take part in this study because you are both eligible for the Emotion Coaching programme.

You have also been asked to take part in this study because we value your voice and your contribution. You are central to this study as your insights will help shape the direction of the Emotion Coaching programme and help other people in a similar situation who may also benefit from the Emotion Coaching programme.

Do you or your child/the child in your care have to take part in the Emotion Coaching programme study?

No, it is entirely up to you and your child/the child in your care to take part in the study. It is a decision you may want to make together.

If you or your child/the child in your care decide not to take part in the study, all the usual services will continue to be available to you and your child/the child in your care. However, **the Emotion Coaching programme will not be available** to you or your child/the child in your care.

What happens if you and your child/the child in your care takes part in the study?

If you are happy to take part in the study, you will be a part of the following activities:

1. **You will receive the Emotion Coaching programme delivered by a Solace Women's Aid family support worker.** This will include some sessions with both you and your child/the child in your care and other sessions with mothers from the same refuge. Sessions will include refreshments.

2. **You and your child/the child in your care may be a part of an observed Emotion Coaching session.** This means we, researchers from Cordis Bright, will come along to a handful of Emotion Coaching sessions. We will watch and learn about what the Emotion Coaching programme involves, what seems to be working well and where any improvements could be made.

   We will take notes of what is said during the observed Emotion Coaching sessions. We may also write down quotes and include these in our research. None of our notes will include you or your child's/the child in your

care's name or any other information that could identify either of you. We will NOT record anything with a camera or microphone.

3. **You will answer questions about the sessions you attend.** This might look like a questionnaire. These questions will help us understand whether the Emotion Coaching programme is making a difference to you and your child's/the child in your care's wellbeing and your parent-child relationship.

4. **We will collect information from Solace Women's Aid on you and your child's/the child in your care's personal information and information related to the Emotion Coaching programme.**

   We will use the information collected from Solace Women's Aid and the research activities described above, to find out how well the Emotion Coaching programme has worked in a UK refuge setting and to write reports about our findings.

5. **You and your child/the child in your care may be approached about completing an interview at a later date**. You and your child/the child in your care will be asked to provide consent for that separately.

Who will know about me taking part?

The only people who will know that you and your child/the child in your care are involved in the study are:

- you and your child/the child in your care,
- the researchers from Cordis Bright,
- Solace Women's Aid refuge staff (including the person running the Emotion Coaching sessions)
- and other parent/carers and children attending the same Emotion Coaching sessions.

How do we keep you and your child/the child in your care safe?

The Emotion Coaching sessions and the questionnaires you complete will cover topics that may be sensitive, upsetting or triggering. Your family support worker has received training on how to support parents who may be affected in this way. They will be able to provide support or direct you to your refuge worker and/or appropriate support services.

If you or your child/the child in your care feel upset by any of the research activities, you can contact any of the following people:

- Your family support worker
- The Emotion Coaching Project Manager, Courtney Gray at Solace Women's Aid at c.gray@solacewomensaid.org
- The Study Manager, Louise Ashwell at louiseashwell@cordisbright.co.uk or 07919 483968
- The study Safeguarding Lead, Kam Kaur at kamkaur@cordisbright.co.uk or 020 7330 9170

If you or your child/the child in your care do not feel able to ask us for help, we encourage you to make contact with an external support service such as:

- the Samaritans at tel:116 123 or www.samaritans.org
- Childline at tel: 0800 1111 or www.childline.org.uk

Who has confirmed that this study is ethical?

This study has been reviewed and has achieved ethical approved by the Royal Holloway, University of London Research Ethics Committee. The approval ID is:

What happens if you change your mind?

You and your child/the child in your care can change your minds about taking part in the study at any time. You do not have to give a reason. You and your child/the child in your care will still be allowed to take part in the Emotion Coaching programme if you have already started participating.

To withdraw from the study, please contact Louise Ashwell, the Study Manager.

What do I do now?

Please read the next pages on how we will protect your data. If you are happy to take part in the study, please then fill in the form at the end of this document and give it to your family support worker.

Protecting your information

How will we use the personal information that we collect?

Data protection laws require us to have a valid reason to use you and your child's/the child in your care's personal information. This is referred to as our 'lawful basis'.
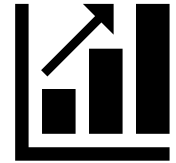
We rely on the public task lawful basis to use you and your child's/the child in your care's personal information. This means we will only use more sensitive information (such as information about wellbeing, minority ethnic background, age, etc.) if it is necessary for research purposes which are in the public interest.

The reports we produce will NOT contain any personal information about you or your child/the child in your care. No one will be able to identify either of you from the reports. The reports will be published on YEF's website, and we might also use the reports on our website. We may also include findings from the reports in articles that we write or in presentations.

Any personal information that you or your child/the child in your care give us will be stored securely on Cordis Bright's secure server and kept secret. Personal information and any other data collected as part of the study will be destroyed within six years of the study completion date.

The only time we may share this personal information with another person or organisation is if you or your child/the child in your care says something that makes us concerned that either of you, or someone else, is at risk of harm. If this happens, we will try to discuss the issue with both of you first.

Our Safeguarding Policy has more information about steps that we might take if this happen (see: https://www.cordisbright.co.uk/news/safeguarding-and-protecting-children-young-people-and-adults-at-risk).

How will we protect you and your child/the child in your care's information?

We will do a number of things to protect you and your child's/the child in your care's personal information, including:

- Following Data Protection Act of 2018 guidelines when sharing and processing personal information.
- Limiting access to a few researchers who need the information to conduct the study.
- Making sure data is password protected.
- Keeping personal details such as name and address separate from all other data and linking these using a unique number.
- Keeping information on a secure safe server and making sure information is regularly backed up so it is not lost.
- Sending/receiving data from Solace Women's Aid through a secure mechanism (i.e., Switch Egress) and sending/receiving passwords through a different medium.
- Only using the minimum necessary personal information which is relevant to the study and totalling non-personal information when possible.

What are your data protection rights?

You and your child/the child in your care have the right to:

- Ask for access to the personal information that we hold about both of you.
- Ask us to correct any personal information that we hold about both of you which is incorrect, incomplete or inaccurate.

If you would like to do any of the above during the study period, please contact Louise our Study Manager or Colin our Data Protection Officer using the details provided earlier. We will usually respond within one month of receiving your request.

If you would like to do any of the above after the study has finished, please contact YEF. Further information and their contact details are available here: https://res.cloudinary.com/yef/images/v1625734531/cdn/YEF-Data-Guidance-Participants/YEF-Data-Guidance-Participants.pdf.

Up to two weeks after the final questionnaires, you and your child/the child in your care can:

- Ask us to not use the personal information for public task purposes.
- Ask us to restrict or suspend the use of the personal information. For example, if you want us to confirm its correct and explain our reasons for using it.

Two weeks after completion of the final questionnaires it may not be possible to remove the personal information we have already collected from you and your child/the child in your care. This is because we may have used the information, along with the information we have gathered from other participants, to carry out part of our study and to write a report.

If two weeks after completion of the final questionnaires you would like us to do any of the above, please contact Louise our Study Manager or Colin our Data Protection Officer using the details provided earlier.

If you ask us to do any of the above, we may need to ask for more information to help us confirm the identity of you or your child/the child in your care. This makes sure that personal information is not shared with a person who has no right to receive it. We may also ask you for more information to make sure we can respond more quickly.

What if I have any questions, feedback, or complaints?

If you have any feedback or questions, you can contact Louise, the Study Manager or Colin, the Data Protection Officer. This can be about anything including how we use personal information or if you want to make a complaint.

We encourage you to speak to us first, but if you remain unhappy you also have the right to make a complaint at any time to the Information Commissioner's Office (ICO), which is the UK supervisory authority for data protection issues. You can make a complaint here: https://ico.org.uk/make-acomplaint/.

Confirmation statement for parents and carers and on behalf of their children/children in their care
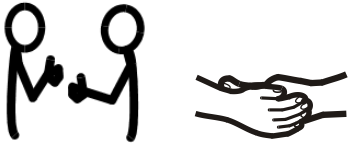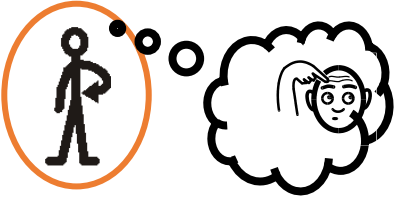
I confirm that:
- I have read and understand the information sheet that has been given to me.
- I have had an opportunity to ask questions about how personal information is used in the study.
- I have enough information to make a decision about whether myself and my child/the child in my care can take part in the study.
- I understand that myself and my child/the child in my care are free to withdraw from the study at any point.
- I agree that myself and my child/the child in my care can take part in the Emotion Coaching study.

Name of child	
Name of parent/carer	
I agree that I can take part in this study	Yes ☐ No ☐
I agree that my child/the child in my care can take part in this study.	Yes ☐ No ☐
Signature of parent/carer	
Date	

Please return this form to you and your child's/the child in your care's family support worker
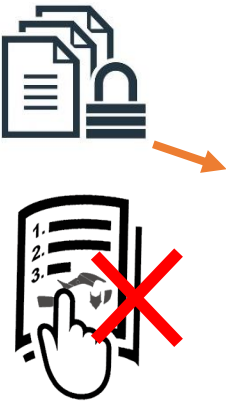
Thank you.

2. Evaluation information and consent forms: children and young people aged 6-10

Information about the Emotion Coaching programme

	You are staying in a refuge.
	Your refuge is run by Solace Women's Aid staff.

They are here to help you. |
| | Solace Women's Aid has a programme called the Emotion Coaching programme.

You can choose to be part of the Emotion Coaching programme. |
| | The Emotion Coaching programme may help parents/carers and children staying in refuges feel better and work better together. |
| | Researchers from Cordis Bright are working with the Emotion Coaching programme to see if it is helpful for parents/carers and children. Their names are Angela and Louise. |

	You will need to sign a piece of paper to say that you are happy to be a part of the Emotion Coaching programme.
	You do not have to say yes. If you do say yes, you can change your mind at any time.
	IF you say yes and join the Emotion Coaching programme, we may ask you some questions. We will NOT show or tell anyone what you have written or shared.
	IF you say yes, researchers will attend some of the Emotion Coaching programme activities. We will NOT show or tell anyone what you have said during these activities.

	IF you say yes, Cordis Bright will collect information about you from Solace Women's Aid. We will NOT share or tell anyone about the information collected.
	Your information and what you tell us is confidential. This means that we will not use your name when we talk about this study.
	The only people who will see what you have shared and your information are the researchers. But, if you tell researchers something that makes them worried about you or someone else, they might need to tell someone to get help.
	After the Emotion Coaching programme is over, Cordis Bright will put all the information they have together and write a report. This report will help us learn how well the Emotion Coaching programme is working.

	If you want to ask a question, you can contact the researchers.
CordisBright b	Email: louiseashwell@cordisbright.co.uk
	Phone: 07919 483968

Consent form

Please tick each box to tell us you have read and agree with the sentences below.

Please give it to a Solace Women's Aid staff member when you are done.

☐ I understand the information about the Emotion Coaching programme.

☐ I understand that what I share with the researchers will be used in a report about the Emotion Coaching programme.

I understand that what I say, and my information, are confidential and will be kept in a safe place for six years.

I know that I do not have to be a part of the Emotion Coaching programme if I do not want to.

I agree to take part in the Emotion Coaching programme.

About you

Your name:

Sign your name:

Today's date:

3. Evaluation information and consent forms: children and young people aged 11-14

Solace Women's Aid: Emotion Coaching Programme Evaluation

Information sheet for young people

What is the Emotion Coaching programme?

The Emotion Coaching programme is designed to help young people, children and their parents/carers. It may help you better understand your emotions and support a stronger relationship with your parent/carer.

What are we doing?

We are doing a study to see whether the Emotion Coaching programme helps young people, children and their parents/carers and how it could be improved.

The study is funded by the Youth Endowment Fund (YEF).

Who are we?

We are Louise, Angela and Hannah and we work for a research organisation called Cordis Bright. We are working with YEF to learn more about the Emotion Coaching programme.

Louise Ashwell

Email: louiseashwell@cordisbright.co.uk Tel: 07919 483 968

Angela Collins

Email: angelacollins@cordisbright.co.uk Tel: 0207 3309 170

Hannah Nickson

Email: hannahnickson@cordisbright.co.uk Tel: 07867 387 534

What will happen if I take part?

1. **You and your parent/carer will receive the Emotion Coaching programme.** You will take part in a number of sessions with your parent/carer. Sessions are run by a Solace Women's Aid family support worker and will include refreshments.

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2. **Researchers from Cordis Bright will sit-in on one of the sessions you and your parent/carer attend.** This means we will come along to watch and learn about things like what the Emotion Coaching programme involves, what seems to be working well and what could work even better.

3. **You might also be asked to take part in an interview.** We will share more information with you about this at a later date.

How will we keep you safe?

The Emotion Coaching sessions may cover topics that are sensitive, upsetting or triggering. If you feel upset, you can speak to the family support worker running the session and they will be able to provide support.

If you feel upset by any of the research activities, you can also tell your:

- parent/carer,
- the person from the Emotion Coaching programme that you are working with,
- or a member of Solace Women's Aid staff.

What you say during the Emotion Coaching session when a researcher is present will be confidential, meaning we won't tell anyone, unless we think that you or someone else might be at risk of harm. If this happens, then we will try to talk to you first about why we want to tell another person about what you told us.

Do you want to take part?

You can decide whether or not you want to take part in the study – it is up to you. If you do not want to take part, that is okay. You can still get all the support you would normally receive from Solace Women's Aid. However, you won't be able to take part in the Emotion Coaching programme.

If you do not want to take part in the study, you can tell your parent or carer, or the person from Solace Women's Aid you are working with.

We will also talk to your parent or carer, so they know we have asked you about this. We will also ask for their permission to let you take part.

What happens if you change your mind?

You can change your mind about taking part in the study at any time. If you change your mind, tell your parent/carer or contact Louise Ashwell from the research team.

What do I do now?

1. Please read the next pages on how we will keep your information safe.

2. If you are then happy to take part in the study, please fill in the form on the last page and give it to the Solace Women's Aid staff member you are working with.

Keeping your information safe

What information will we collect?

If you agree to take part in the study, we will take notes during the Emotion Coaching session when a researcher is present.

Solace Women's Aid will also give us some information about you, such your name, date of birth and information related to the Emotion Coaching programme.

How will we use your information?

We will use the information you and other young people, children and parents/carers give us to find out how much the Emotion Coaching programme has helped people.

We will write a report about what we find. The report will not include your name or any other information that could identify you.

The report will go on YEF's website and anyone will be able to read it. We might also put it on our website or in articles and presentations.

How we comply with the law

We will only use your information if the law says it's ok. Because this study is interesting and important to lots of people, the law says we can use your information.

We will always keep your information safe. During the study, we only let our research team look at your information.

Your legal rights

The law gives you rights over how we can use your information. You can find full details of these rights in the information sheet which the Solace Women's Aid family support worker delivering the Emotion Coaching programme has given to your parent or carer.

How long will we keep your information for?

After we have finished the study, we will take all names and other personal details out of the information held. This is to make sure no one will be able to know who took part in the study.

We will keep this information in a safe place and then destroy it after six years.

Who can you ask questions to?

If you have any questions, you can ask the Solace Women's Aid staff member who is talking to you about this.

You can also contact Louise from the research team, or Colin who is our Data Protection Officer using the contact details below.

Contact

Study Manager: Louise Ashwell
Email: **louiseashwell@cordisbright.co.uk** Tel: 07919 483 968

Data Protection Officer: Colin Horswell
Email: **colinhorswell@cordisbright.co.uk** Tel: 020 7330 9170

If you have any questions or complaints, please ask Louise or Colin.

You also have the right to make a complaint to the Information Commissioner's Office (ICO). You can do this here: https://ico.org.uk/make-acomplaint/

If you are happy to take part in the study, please fill in the form on the next page and give it to the Solace Women's Aid staff member you are working with.

Agreement statement for young people to take part in the evaluation of the Emotion Coaching Programme

<table>
<tr><td colspan="2">

I confirm that:
- **I have read and understand the information sheet.**
- **I have had an opportunity to ask questions.**
- **I have enough information to make a decision about taking part in the study.**
- **I understand that I am free to withdraw from the study at any point.**
- **I confirm that I am happy to take part in the study.**
</td></tr>
<tr><td>Name of young person</td><td></td></tr>
<tr><td>Date</td><td></td></tr>
<tr><td>**I agree to take part in the study.**</td><td>Yes ☐ No ☐</td></tr>
</table>

Please give this form to the Solace Women's Aid staff member you are working with.

Thank you.

Appendix 3: Interview information and consent forms

1. Interview information and consent forms for parents and carers

Solace Women's Aid: Emotion Coaching Programme Evaluation

Interview information sheet for parents and carers

What is the Emotion Coaching programme?

The Emotion Coaching programme is designed to:

1. develop children and parent's/carer's emotional regulation skills,
2. parent's/carer's confidence in parenting and
3. support a stronger relationship between parent/carer and child.

This means the programme may help children develop emotional skills so they can cope with difficult situations and emotions by teaching parents how to guide their children toward healthy emotion coping strategies.
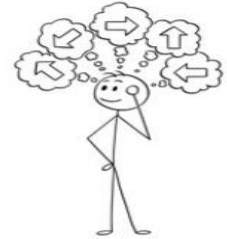
What are we doing?

The study aims to:

1. understand you and your child/the child in your care's experience taking part in the Emotion Coaching programme and
2. whether the Emotion Coaching programme can be delivered in a UK refuge setting.

The study is being funded by the Youth Endowment Fund (YEF). For more information about YEF, please visit https://youthendowmentfund.org.uk/.

What are we asking you?

As part of this study, we would like to talk to you and your child/the child in your care about your experiences taking part in the Emotion Coaching programme.

You can choose whether or not you and your child/the child in your care would like to be involved. You can also choose to participate in the interview, but not your child/the child in your care and vice versa. You may discuss anything in this form with other people.

We will also talk about this with your child/the child in your care. They also need to agree to take part in the discussion.

Who are we?

We are a part of a research organisation called Cordis Bright. If you and your child/the child in your care takes part, each of you will talk to one of the researchers called Louise, Angela, and Hannah.

Contact:

Study Manager: Louise Ashwell

Email: louiseashwell@cordisbright.co.uk Tel: 07919 483 968

Study Director: Angela Collins

Email: angelacollins@cordisbright.co.uk Tel: 0207 3309 170

Subject Matter Expert: Hannah Nickson

Email: hannahnickson@cordisbright.co.uk Tel: 07867 387 534

What would happen?

If you and your child/the child in your care agree to take part, each of you will talk to one of the researchers in person. If you prefer, you can instead speak to them on the telephone or in a video interview conducted via Microsoft Teams.

The interview will take around 30 - 60 minutes.

With your permission we would like to audio record the interview. The recording and transcript will only be seen by the Cordis Bright research team. The recording and transcript will be saved on Cordis Bright's secure server and will be destroyed within six years of the study completion date.

You will be offered a £20 voucher, and your child will be offered a £10 voucher for taking part in the interview.

Do you or your child/the child in your care have to take part?

No, it is entirely up to you and your child/the child in your care to take part in the interview. Neither of you have to. It is a decision you may want to make together.

If you and your child/the child in your care do not take part, you will both still get all the support you normally would receive from Solace Women's Aid.

Is everybody going to know about this?

The only people who will know that you and your child/the child in your care are involved in the research is:

- you,
- The child/the child in your care,
- staff from Solace Women's Aid,
- your family support worker and
- the researchers from Cordis Bright.

If you meet with a researcher, only the researcher will know what you say. If your child/the child in your care meets with a researcher, only the researcher will know what they say, unless the child in your care asks for you to attend the interview with them.

The answers which you and your child/the child in your care give will be kept confidential. However, if either of you say something that makes us concerned about you, your child/the child in your care or others being at risk of harm, we will report this to the relevant person. If this happens, we will try to discuss the issue with both of you first.

We will always keep information about you and your child/the child in your care safe. During the study, we only let our research team look at you and your child/the child in your care's information. After we have finished the research, all data will be deleted within six years of the study completion date.

You can find more information in our Safeguarding Policy (see: https://www.cordisbright.co.uk/news/safeguarding-and-protecting-children-young-people-and-adults-at-risk).

What will happen afterwards?

After we have spoken with you and your child/the child in your care, we will use the information provided to find out how well the Emotion Coaching programme has helped people. We will write a report about what we find. The report will not include either of your names or any other information that could identify either of you.

The report will go on YEF's website and anyone will be able to read it. We might also put it on our website or in articles and presentations.

What happens if I change my mind?

You and your child/the child in your care can change your minds about taking part in an interview at any time. You can tell your family support worker or Louise from Cordis Bright (details above).

If you and your child/the child in your care change your minds about doing the interview part way through the interview or if either of you want to stop, that is also fine. You and your child/the child in your care can tell the researcher and the researcher will delete any notes they have taken.

Who can I talk to or ask question to?

If you have any questions then please ask Louise Ashwell at **louiseashwell@cordisbright.co.uk** or **07919 483 968**, or your family support worker.

What happens next?

If you are happy for you and/or your child/the child in your care to talk with a researcher from Cordis Bright, please fill in the agreement at the end of this document.

Agreement

I confirm that: • **I understand the information in this document.** • **I have had an opportunity to ask questions about what an interview will involve and how my information and my child's/the child in my care's information will be used.** • **I have enough information to make a decision about whether myself and my child/the child in my care can take part in an interview.** • **I understand that myself and my child/the child in my care are free to withdraw from an interview at any point.**	
Name of child	
Name of parent	
Date	
I agree I can take part in this study, including participating in an interview.	Yes ☐ No ☐
I agree my child/the child in my care can take part in this study, including participating in an interview.	Yes ☐ No ☐
Signature of parent/carer	
Date	

Please return this form to your family support worker.

Thank you.

2. Interview information and consent forms: children and young people aged 6-10

Information about an interview for the Emotion Coaching Programme

	You are staying in a **refuge**.
	Your **refuge** is run by Solace Women's Aid staff. They are here to **help** you.
	Solace Women's Aid has a programme called the **Emotion Coaching programme**. We would like to **talk to you** about the Emotion Coaching programme.
	We are studying how the programme works.

	Researchers from Cordis Bright are helping. Their names are Kam, Angela and Louise. **Researchers** are the people who will ask you questions.
	You **do not** have to take part in this research if you do not want to. You can ask us to stop.
	If you say yes, a researcher will chat with you for 30 minutes. The interview will be recorded **if that is okay with you.**

	You can ask somebody to be with you during the interview. But they should not tell you what to say.
	What you tell us is **confidential**. This means that we will not use your name when we talk about this study.
	But if you tell a researcher something that makes them worried about you or someone else, **they might need to tell someone to get help.**
	Cordis Bright will keep your information in a safe place. They will get rid of it six years after the study has finished. They will **not** give your information to anyone outside of Cordis Bright without your consent unless they have to by law.

	We want to talk to 10 children and parents. Cordis Bright will put what everyone says together and **write a report.**
	If you want to ask a question, you can contact the researchers. Email: louiseashwell@cordisbright.co.uk Phone: 07919 483 968

Consent form

Please tick each box to tell us you have read and agree with the sentences below.

Please give it to a Solace Women's Aid staff member when you are done.

 ☐ I understand the 'information about this interview'.
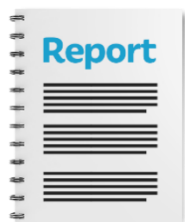
 ☐ I understand that what I say will be used in a report about the Emotion Coaching programme

 ☐ I understand that what I say will be confidential and will be kept in a safe place for 6 years.

 ☐ I know that I do not have to answer any questions if I do not want to.

 ☐ I agree to take part in an interview.

About you

Your name:
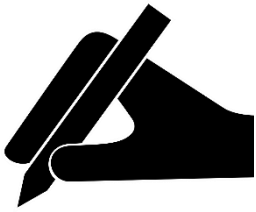
Sign your name:

Today's date:

3. Interview information and consent forms: children and young people aged 11-14

Evaluation of the Emotion Coaching Programme

Interview information sheet for young people

What are we doing?

We would like to talk with you and ask some questions about your experience taking part in the Emotion Coaching programme. We are interested in what you think about the Emotion Coaching programme and whether or not it has made a difference for you.

We will also talk about this with your parent or the person who cares for you. They also need to agree for you to take part in the discussion.

Who are we?

We are Louise, Angela and Hannah and we work for a research organisation called Cordis Bright.

We are working with the Youth Endowment Fund (YEF), the funders of the Emotion Coaching study, and Solace Women's Aid to learn more about the Emotion Coaching programme.

Contact

Louise Ashwell
Email: louiseashwell@cordisbright.co.uk **Tel:** 07919 483 968

Angela Collins
Email: angelacollins@cordisbright.co.uk **Tel:** 02073 309 170

Hannah Nickson
Email: hannahnickson@cordisbright.co.uk **Tel:** 07867 387 534

What would I need to do?

If you agree to take part, you will talk to either Louise, Angela or Kam in person, on the telephone or via a video call. You and your family support worker can decide how you would prefer to talk to us.
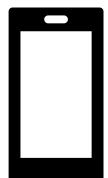
The interview will take around 30-60 minutes.

If it is okay with you, we would like to audio record the interview. The recording and transcript will only be seen by the Cordis Bright research team. The recording and transcript will be saved on Cordis Bright's secure server and will be destroyed within six years after the study has been completed.

You will be offered a £10 voucher for taking part.

Do I have to take part?

You do not have to talk with us if you don't want to – it is up to you. If you decide not to talk with us, you can still get all the support you would normally have received from Solace Women's Aid.

You can talk about anything in this form with anyone you would like to speak to. You can decide whether you would like to take part or not after you have talked it over. You do not have to decide straight away.

Who is going to know about this?

The only people who will know that you have taken part are:

- you,
- your parent or carer,
- staff from Solace Women's Aid staff,
- your family support worker and
- the researchers from Cordis Bright.

The answers you give will be kept confidential, meaning we won't tell anyone what you said, unless we think that you or someone else might be at risk of harm. If this happens, then we will try to talk to you first about why we want to tell another person about what you told us.

What will happen afterwards?

After we have spoken with you, we will use the information you and other young people, children and parents/carers tell us to find out how well the Emotion Coaching programme has helped people. We will write a report about what we find. The report will not include your name or any other information that could identify you.

The report will go on YEF's website and anyone will be able to read it. We might also put it on our website or in articles and presentations.

What happens if I change my mind?

You can change your mind about talking with us at any time. You can tell your family support worker if you change your mind.

If you change your mind part way through talking with one of the researchers and you want to stop, that's also fine. You can tell the researcher and they will delete any notes they have taken.

Who can I talk to or ask question to?

If you have any questions, then please ask your family support worker.

You could also email or call Louise, who is one of the Cordis Bright researchers. Her email address is **louiseashwell@cordisbright.co.uk** and her phone number is **07919 483 968.**

What happens next?

If you are happy to talk with us, please fill in the form on the next page. Your family support worker can help you with this.

If you do not want to take part, then that is OK. You will still be able to participate in other Solace Women's Aid activities you are part of.

Agreement

I confirm that:	
• **I have read and understand the information sheet.** • **I have had an opportunity to ask questions about the interview.** • **I have enough information to make a decision about taking part in the interview.** • **I understand that I can change my mind at any point.** • **I agree to take part in the interview.**	
Name of young person	
Date	
I agree to take part in the interview.	Yes ☐ No ☐

Please return this form to your family support worker.

Thank you.

Appendix 4: Research tools

1. Emotion Coaching programme fidelity form

Solace Women's Aid – Emotion Coaching Programme fidelity form

Session number: Date:

1. How did today's session go?

What went well today?
Were there any challenges?

2. What are your feelings on how participants engaged with the material in today's session?

3. Was there anything going on in the refuge that may have affected how they engaged?

4. Did you end up varying from the Emotion Coaching manual at all? If so, it would be helpful to know where (e.g., if you skipped any activities within the session – and if so, which) and why (e.g., because you ran out of time).

5. How long was today's session? If the session was under or over two hours, it would be helpful if you could tell us why.

Under two hours ☐   Two hours ☐   Over two hours ☐

Is there anything else you would like to add?

Thank you for your help with completing this form. Please return the completed form to Courtney Gray at c.gray@solacewomensaid.org. If you would like to talk about anything further that came out of today's session, please do get in touch with Courtney or Louise at Cordis Bright on louiseashwell@cordisbright.co.uk.

2. Workshop observation tool

Youth Endowment Fund and Solace Women's Aid

Emotion Coaching Intervention workshop: Observation tool

May 2024

Name of person completing this tool: ………………………………………………………………..

Refuge site:……………………………………

Date session was delivered:……………………

Number of parents attending this session:……………...   Expected number:……

Time session began and ended: Start time…………….   Finish time…………

Total timed length of session (minus break time)………….

Is this within 10% of expected time (2 hours)? **Y/N**

<u>Introducing yourself:</u>

Feel free to draw on the following text when introducing yourself to workshop beneficiaries: Hello, I'm [First Name]. I work for an independent research organisation called Cordis Bright. You may remember reading about Cordis Bright in an information sheet you received when giving your consent to participate in the Emotion Coaching programme. We are doing a study about the Emotion Coaching programme you are participating in. I'll be watching the session today to learn about what the programme involves. I'll be making some notes but nothing I write

today will include your name or your child's name – and I won't be recording anything with a camera or microphone. If you've got any questions for me, I'll be happy to answer them after the session. Thank you!

Part 1: General Observations

Schedule

Where is the workshop being held? What kind of setting?

Reach

Roughly how many people are attending? How many staff, and what are their roles? Is there any issue with attendance on the day?

<u>Engagement</u>

How are beneficiaries engaged in the activity? What kind of direct and indirect ways are staff engaging them? Does it change or develop during the workshop?

<u>Content</u>

What types of topics are covered by the activities, discussions or information provided? Is there any evidence that the workshop is being implemented differently to the manual?

<u>Successes</u>

What is working particularly well about the workshop content and how it is delivered?

<u>Potential further adaptations</u>

Is there anything about the model or its implementation which indicates further adaptations may be needed to accommodate context and need?

Outcomes

What evidence is there of activities focused on intended outcomes, or potentially progress towards intended outcomes (see Figure 3)? Is there evidence of any activities focused on unintended or unexpected outcomes?

Logistics

Administration of midpoint questionnaires: are the midpoint questionnaires distributed during the session? If so, when? What is the process like for completing the questionnaires for the beneficiaries?

Interpreters: are any interpreters present in the session? If so, how many? What are your impressions of how having interpreters present affects the beneficiary or beneficiaries receiving interpretation, the Family Support Worker and/or other beneficiaries?

Figure 4: Intended programme outcomes

Outcome
Intended short-term outcomes for children
Reduction in externalising behaviours.
Improvements in recognition of own emotions.
Improvements in emotion regulation.
Intended short-term outcomes for mothers
Improvements in emotional awareness and acceptance of own and child's emotions.
Improvements in emotion coaching behaviours.
Improvements in emotional regulation.
Increase in perception of social support.
Intended medium-term outcomes for children
Improvements in quality of parent-child interactions: decreased negativity
Intended medium-term outcomes for mothers
Improvements in quality of parent-child interactions: increased use of validation.
Improvements in quality of parent-child interactions: decreased use of sermonising/ lecturing/ scolding.
Increase in confidence in own parenting abilities.
Intended long-term outcomes for children
Increased psychological adjustment (internalising and externalising problems)
Intended long-term outcomes for mothers
Increased psychological adjustment.
Intended long-term outcomes for the family unit
Improved emotional connection and parent-child relationship.

Part 2: Parent Programme Implementation Checklist (PPIC): To assess the degree of adherence to the delivery model, quality of facilitator skill, and parent responsiveness when delivering group-based parenting groups.

a) Adherence:

ITEM	1 = not at all	2 = poor	3 = satisfactory	4 = good	5 = excellent	N/A = unable to rate	Score
1. Does the facilitator **present and explain the agenda** at the start of the session?	Not presented either visually nor verbally	Presented visually with no verbal explanation	Presented verbally with no visual aid to refer to throughout the session	Presented both visually with verbal description but facilitator does not check for parent understanding of content	Presented both visually and verbally with detail and facilitator checks for parent understanding of content, e.g. asks if any questions/input	Unable to rate the item/not applicable e.g. if the first session or not appropriate to cover	
2. Does the facilitator **review homework from previous week** and give feedback?	No review or acknowledgement of homework, or effort, by parents	Reviewed homework with *some* parents but rarely gave feedback	Reviewed and gave feedback to *most* parents, e.g. by problem-solving parents' homework difficulties	Reviewed with *most* parents, gave detailed responses including problem-solving, and used parent experiences to highlight key principles	Reviewed *most* parents' homework in a sensitive way, asked for clarification where necessary, modelled problem-solving, drew out positives from negative experiences (if applicable), and opened up to other parents for positive feedback	As above.	

3. Do facilitators **encourage role-play congruent with the session's key concepts** (or as a solution to a homework problem from the previous week)? Role-play refers to either practicing what to say, or do in various contexts.	No – role-play not offered or encouraged	Facilitator is not confident in encouraging role-play/practice, and is unclear on how it relates to the key principles, fails to engage parents in any role play	Facilitator encourages a *few* (minority) of parents to participate in at least one role play/practice congruent with the session	Facilitator is successful in encouraging the *majority* of parents to participate in at least one role-play/practice at some point in the session. Some explanation of the purpose of the role play given and feedback sought	Facilitator skilfully encourages *most* parents to participate in several spontaneous role-plays/practices during the session and makes clear the relation between the role-play and the key principles and asks for feedback from actors and rest of group afterwards. Facilitator is positioned close to the actors and parents appear comfortable with the task	As above.	
4. **Are video clips congruent with the session's key concepts** and used appropriately?	No – no clips used	Facilitator knowledge of clips is poor, e.g. shows clips that are incongruent to the session's key concepts, or appears unsure of how to use effectively in relation to topic	Facilitator shows congruent clips somewhat successfully but may use either too many or too few clips to enable meaningful discussion	Shows congruent clips and stops the clips at regular, appropriate points to encourage discussion, but may not refer to parents' personal goals or learning principles	Facilitator skilfully uses congruent clips to spark discussion by giving a clear explanation of what parents should attend to and pausing the clips at appropriate points, and refers to parents' personal goals or learning principles relating to the clips, does not let the discussion of the clip to go on too long	As above.	
5. Does the facilitator **sum up important points relating to key concepts** from session?	No summing up at all	Attempts to (verbally or visually) sum up key concept points, but does not do so successfully, e.g. summarises only a minority of key points in an inconsistent manner	Briefly (either verbally or visually) sums up all key points made either during the session, or at the end, but not at both time points	Sums up key points, both during the session and at the end both verbally and visually	Sums up key points both verbally and visually, both during the session and at the end, and also checks for parental understanding	As above.	

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6. Is the homework for the following week explained?	No - not at all	Yes, but very poorly, e.g. facilitator demonstrating lack of knowledge/clarity of what homework is about, does not check for parental understanding or fails to get everyone to understand the homework	Explained homework but room for improvement e.g. explained too briefly or in rushed manner at the end of the session, not checked parents' understanding of the homework, parents may ask for clarification	Homework clearly explained, but parental understanding not checked, parents may ask for clarification	Aims and objectives of homework explained clearly and concisely, as is the relationship of homework with the sessions concepts, parents' personal goals may be reiterated, parent understanding of homework is checked until facilitator is happy that everyone understands	As above.	
7. Are weekly session key concepts **covered, in the right sequence, and with no irrelevant content**?	No – none covered	Not all covered and those that are not covered well at all, e.g. half the session spent on one concept with inability to direct the session appropriately. Facilitator uses some content from another session or programme	Not all are covered, but those that are covered well. Facilitator briefly uses content from another session or programme	Yes, all are covered and facilitator only uses content relevant to the session, but may not cover all concepts in depth	Yes, excellent adherence to session and programme content. All concepts are covered skilfully with the facilitator tailoring the concepts to parents' needs and spending more time on those concepts most needed. No irrelevant additional content included	As above.	
8. Are **key programme processes covered** (e.g. collaborative delivery style, principles, rewarding contributions, clear roles, metaphors, all core materials displayed)?	No – not at all	Some attempt at using programme processes but not all covered and those that are attempted are not delivered well	Not all processes are covered but those that are covered well, e.g. parents' contributions are consistently rewarded	Yes, most are covered but some may not be covered consistently, e.g. not *all* parent contributions rewarded or principles drawn out	Yes, excellent adherence to programme processes. All concepts are covered skilfully and consistently with a clear leader and co-leader	As above.	

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b) Quality of facilitator skill:

ITEM	1 = not at all	2 = poor	3 = satisfactory	4 = good	5 = excellent	N/A = unable to rate	Score
9. Does the facilitator **use programme materials/handouts smoothly?**	Failed to use any programme materials	Lack of preparedness, poorly organized e.g. missing materials, wrong paperwork/slides	Uses all programme materials but not fluidly, e.g. hesitantly, slowly, too rushed	Uses all programme materials in a proficient manner	High level of skill demonstrated when using materials and slides, uses materials in a timely, sleek fashion with confidence	Unable to rate the item/not applicable e.g. if the first session or not appropriate to cover	
10. Does the facilitator **encourage all parents to participate?**	Makes no effort to build rapport or encourage participation	Does not notice or encourage the quieter or more nervous, less enthusiastic group members	Makes some attempt to encourage the *majority* of parents to participate but not all	Makes some attempt to encourage *all* parents to participate	Constantly encourages all parents to participate by referring to each parent individually and noticing when a parent has not contributed and treats each parent as equally important and valued. Creates a feeling of safety and atmosphere of parent empowerment	As above	
11. Does the facilitator **model 'open-ended' questions?**	Does not use open-ended questions	Uses open-ended questions unsuccessfully, i.e. does not give time for response	Rarely uses open-ended questions, but does give time to respond	Sometimes uses open-ended questions and gives time to respond	Frequent use of open-ended questions to facilitate discussion and gives opportunity to respond and also acknowledges parental responses	As above	
12. Does the facilitator **model 'problem-solving' questions?**	Does not use problem-solving questions	Uses problem-solving questions unsuccessfully, i.e. does not give time for response	Rarely uses problem-solving questions, but does give time to respond	Sometimes uses problem-solving questions and gives time to respond	Frequent use of problem-solving questions to facilitate discussion and gives opportunity to respond and also acknowledges parental responses	As above	
13. Does the facilitator **model 'acknowledgment'?**	Does not use acknowledgement	Uses verbal acknowledgement inappropriately e.g. before parent has completed what they are saying, suggesting not being an effective listener	Rarely uses acknowledgement, either verbal or physical	Sometimes uses simple methods of acknowledgement - verbal or physical (e.g. nodding)	Frequent use of acknowledgement, both verbal and physical, with some use of more descriptive acknowledgement (e.g. paraphrasing what the parent said)	As above	

14. Does the facilitator **model 'praise'?**	Does not use praise	Uses only unlabeled praise, e.g. 'well done', 'great'	Uses unlabeled praise a lot more than labeled praise	Uses equal proportions of labeled and unlabeled praise	More frequent use of labeled praise, e.g. 'you have done a great job with your homework this week' and gives out IY stickers when praising	As above	
15. Does the facilitator p**revent side-tracking or 'off-task' behaviour?**	Easily and frequently taken off-task for over 5mins, makes no attempt to get back on-task	Goes off-task easily and frequently, but makes unsuccessful attempts to get back on-task within 5 mins	When off-task facilitator is sometimes successful in getting group back on-task within 5 mins	Rarely goes off-task over 5 mins, can easily re-focus to on-task content	Excellent leader skills and checks individuals and group immediately when going off-task, maintains focus on session content.	As above	

c) Parent responsiveness:

ITEM	1 = not at all	2 = poor	3 = satisfactory	4 = good	5 = excellent	N/A = unable to rate	Score
16. Does each parent **contribute freely to discussion elements?**	Lack of contribution from any parent	Only a *few* (minority) of parents contributed but were unenthusiastic, or had to be drawn in to a response. The majority made no response.	A *few* (minority) of parents contributed enthusiastically and spontaneously	The *majority* of parents contributed enthusiastically and spontaneously	*All* parents contributed enthusiastically and spontaneously, i.e. without having to be encouraged or prompted to participate	Unable to rate the item/not applicable e.g. if the first session or not appropriate to cover	
17. Do parents **participate in role-play?** Role-play refers to either practicing what to say, or do in various contexts.	No-one participated/it was not offered	Only a *few* (minority) of parents contributed when invited, and they were unenthusiastic or appeared uncomfortable. The majority did not participate	A *few* (minority) of parents participated enthusiastically when invited to participate in role-play but the majority did not show enthusiasm	The *majority* of parents that were invited contributed enthusiastically, with a minority of parents who were not enthusiastic	*All* parents that were invited to participate contributed enthusiastically	As above	
18. Do parents **spontaneously ask questions?**	No – not at all	Yes, but rarely and unenthusiastically	Yes, sometimes, but only a *minority* of parents ask questions	Yes, the *majority* of parents appear comfortable to ask questions spontaneously	Yes, *all* parents show an interest and enthusiasm for learning, from the facilitator and each other, and frequently ask questions	As above	

Appendix 5: Outcome data analysis

1. Response patterns for primary outcome: child's externalising behaviour: ECBI

   a. **Intensity scale**

Table: Response patterns for ECBI Intensity at T1 (n=15), T2(n=12) and T3 (n=11) outcomes questionnaire

No	Item	Number of valid responses (%) at T1	Number of missing responses (%) at T1	Number of valid responses (%) at T2	Number of missing responses (%) at T2	Number of valid responses (%) at T3	Number of missing responses (%) at T3
		T1		**T2**		**T3**	
1	Dawdles in getting dressed	14 (93%)	1 (7%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)
2	Dawdles or lingers at mealtime	13 (87%)	2 (13%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)
3	Has poor table manners	12 (80%)	3 (20%)	11 (92%)	1 (8%)	9 (82%)	2 (18%)
4	Refuses to eat food presented	13 (87%)	2 (13%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)
5	Refuses to do chores when asked	13 (87%)	2 (13%)	12 (100%)	0 (0%)	10 (91%)	1 (9%)
6	Slow in getting ready for bed	13 (87%)	2 (13%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)
7	Refuses to go to bed on time	13 (87%)	2 (13%)	11 (92%)	1 (8%)	9 (82%)	2 (18%)
8	Does not obey house rules on own	14 (93%)	1 (7%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)
9	Refuses to obey until threatened with punishment	12 (80%)	3 (20%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)
10	Acts defiant when told to do something	14 (93%)	1 (7%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)
11	Argues with parents about rules	13 (87%)	2 (13%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)
12	Gets angry when doesn't get own way	13 (87%)	2 (13%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)
13	Has temper tantrums	11 (73%)	4 (27%)	11 (92%)	1 (8%)	10 (91%)	1 (9%)

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14	Sasses adults	11 (73%)	4 (27%)		11 (92%)	1 (8%)	11 (100%)	0 (0%)
15	Whines	13 (87%)	2 (13%)		12 (100%)	0 (0%)	10 (91%)	1 (9%)
16	Cries easily	13 (87%)	2 (13%)		12 (100%)	0 (0%)	10 (91%)	1 (9%)
17	Yells or screams	12 (80%)	3 (20%)		11 (92%)	1 (8%)	10 (91%)	1 (9%)
18	Hits parents	13 (87%)	2 (13%)		10 (83%)	2 (17%)	9 (82%)	2 (18%)
19	Destroys toys or other objects	13 (87%)	2 (13%)		10 (83%)	2 (17%)	10 (91%)	1 (9%)
20	Is careless with toys or other objects	13 (87%)	2 (13%)		11 (92%)	1 (8%)	10 (91%)	1 (9%)
21	Steals	13 (87%)	2 (13%)		11 (92%)	1 (8%)	9 (82%)	2 (18%)
22	Lies	13 (87%)	2 (13%)		10 (83%)	2 (17%)	10 (91%)	1 (9%)
23	Teases or provokes other children	13 (87%)	2 (13%)		10 (83%)	2 (17%)	11 (100%)	0 (0%)
24	Verbally fights with friends own age	14 (93%)	1 (7%)		12 (100%)	0 (0%)	10 (91%)	1 (9%)
25	Verbally fights with sisters and brothers	11 (73%)	4 (27%)		10 (83%)	2 (17%)	10 (91%)	1 (9%)
26	Physically fights with friends own age	13 (87%)	2 (13%)		10 (83%)	2 (17%)	10 (91%)	1 (9%)
27	Physically fights with sisters and brothers	11 (73%)	4 (27%)		11 (92%)	1 (8%)	11 (100%)	0 (0%)
28	Constantly seeks attention	14 (93%)	1 (7%)		11 (92%)	1 (8%)	11 (100%)	0 (0%)
29	Interrupts	13 (87%)	2 (13%)		10 (83%)	2 (17%)	10 (91%)	1 (9%)
30	Is easily distracted	13 (87%)	2 (13%)		10 (83%)	2 (17%)	10 (91%)	1 (9%)

31	Has short attention span	13 (87%)	2 (13%)		12 (100%)	0 (0%)	10 (91%)	1 (9%)
32	Fails to finish tasks or projects	12 (80%)	3 (20%)		11 (92%)	1 (8%)	10 (91%)	1 (9%)
33	Has difficulty entertaining self alone	13 (87%)	2 (13%)		10 (83%)	2 (17%)	10 (91%)	1 (9%)
34	Has difficulty concentrating on one thing	14 (93%)	1 (7%)		11 (92%)	1 (8%)	10 (91%)	1 (9%)
35	Is overactive or restless	13 (87%)	2 (13%)		10 (83%)	2 (17%)	10 (91%)	1 (9%)
36	Wets the bed	13 (87%)	2 (13%)		10 (83%)	2 (17%)	10 (91%)	1 (9%)

b. Problem scale

No	Item	Number of valid responses (%) at T1	Number of missing responses (%) at T1	Number of valid responses (%) at T2	Number of missing responses (%) at T2	Number of valid responses (%) at T3	Number of missing responses (%) at T3
		T1		**T2**		**T3**	
1	Dawdles in getting dressed	9 (60%)	6 (40%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
2	Dawdles or lingers at mealtime	9 (60%)	6 (40%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
3	Has poor table manners	9 (60%)	6 (40%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
4	Refuses to eat food presented	9 (60%)	6 (40%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
5	Refuses to do chores when asked	9 (60%)	6 (40%)	9 (75%)	3 (25%)	8 (73%)	3 (27%)
6	Slow in getting ready for bed	9 (60%)	6 (40%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
7	Refuses to go to bed on time	9 (60%)	6 (40%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
8	Does not obey house rules on own	8 (53%)	7 (47%)	9 (75%)	3 (25%)	8 (73%)	3 (27%)
9	Refuses to obey until threatened with punishment	8 (53%)	7 (47%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
10	Acts defiant when told to do something	7 (47%)	8 (53%)	10 (83%)	2 (17%)	7 (64%)	4 (36%)
11	Argues with parents about rules	9 (60%)	6 (40%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
12	Gets angry when doesn't get own way	9 (60%)	6 (40%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
13	Has temper tantrums	8 (53%)	7 (47%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
14	Sasses adults	8 (53%)	7 (47%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
15	Whines	7 (47%)	8 (53%)	9 (75%)	3 (25%)	8 (73%)	3 (27%)
16	Cries easily	9 (60%)	6 (40%)	9 (75%)	3 (25%)	8 (73%)	3 (27%)

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17	Yells or screams	8 (53%)	7 (47%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
18	Hits parents	9 (60%)	6 (40%)	11 (92%)	1 (8%)	9 (82%)	2 (18%)
19	Destroys toys or other objects	9 (60%)	6 (40%)	11 (92%)	1 (8%)	7 (64%)	4 (36%)
20	Is careless with toys or other objects	9 (60%)	6 (40%)	11 (92%)	1 (8%)	8 (73%)	3 (27%)
21	Steals	8 (53%)	7 (47%)	11 (92%)	1 (8%)	8 (73%)	3 (27%)
22	Lies	8 (53%)	7 (47%)	11 (92%)	1 (8%)	8 (73%)	3 (27%)
23	Teases or provokes other children	8 (53%)	7 (47%)	10 (83%)	2 (17%)	6 (55%)	5 (45%)
24	Verbally fights with friends own age	7 (47%)	8 (53%)	9 (75%)	3 (25%)	6 (55%)	5 (45%)
25	Verbally fights with sisters and brothers	6 (40%)	9 (60%)	11 (92%)	1 (8%)	7 (64%)	4 (36%)
26	Physically fights with friends own age	7 (47%)	8 (53%)	10 (83%)	2 (17%)	7 (64%)	4 (36%)
27	Physically fights with sisters and brothers	7 (47%)	8 (53%)	10 (83%)	2 (17%)	9 (82%)	2 (18%)
28	Constantly seeks attention	8 (53%)	7 (47%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
29	Interrupts	9 (60%)	6 (40%)	11 (92%)	1 (8%)	7 (64%)	4 (36%)
30	Is easily distracted	8 (53%)	7 (47%)	11 (92%)	1 (8%)	7 (64%)	4 (36%)
31	Has short attention span	8 (53%)	7 (47%)	9 (75%)	3 (25%)	7 (64%)	4 (36%)
32	Fails to finish tasks or projects	7 (47%)	8 (53%)	10 (83%)	2 (17%)	8 (73%)	3 (27%)
33	Has difficulty entertaining self alone	9 (60%)	6 (40%)	10 (83%)	2 (17%)	7 (64%)	4 (36%)

34	Has difficulty concentrating on one thing	7 (47%)	8 (53%)	9 (75%)	3 (25%)	7 (64%)	4 (36%)
35	Is overactive or restless	7 (47%)	8 (53%)	10 (83%)	2 (17%)	7 (64%)	4 (36%)
36	Wets the bed	8 (53%)	7 (47%)	10 (83%)	2 (17%)	7 (64%)	4 (36%)

2. Response patterns for secondary outcome: child's emotion regulation: EDI reactivity scale

Table 11: Response patterns for EDI at T1 (n=15), T2(n=12) and T3 (n=11) outcomes questionnaire

No	Item	Number of valid responses (%) at T1	Number of missing responses (%) at T1	Number of valid responses (%) at T2	Number of missing responses (%) at T2	Number of valid responses (%) at T3	Number of missing responses (%) at T3
		T1		T2		T3	
1	Appears angry or irritable	15 (100%)	0 (0%)	12 (100%)	0 (0%)	10 (91%)	1 (9%)
2	Has explosive outbursts	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
3	Cries or stays angry for 5 minutes or longer	14 (93%)	1 (7%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
4	Cannot calm down without help from someone else	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
5	Suddenly switches to an opposite emotion (e.g., from sad to happy)	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
6	Frustrates easily	15 (100%)	0 (0%)	12 (100%)	0 (0%)	10 (91%)	1 (9%)
7	Destroys property on purpose	15 (100%)	0 (0%)	11 (92%)	1 (8%)	11 (100%)	0 (0%)
8	Breaks down (crying, screaming) if told they can't do something	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
9	Has extreme or intense emotional reactions	14 (93%)	1 (7%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
10	Hard to calm them down when they are mad or upset	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
11	Reactions are so intense that they have had to be removed from an activity or place	14 (93%)	1 (7%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
12	Physically attacks people	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
13	Seems on edge	14 (93%)	1 (7%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
14	When upset or angry, they stay that way for a long time	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
15	Emotions go from 0 to 100 instantly	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
16	Has trouble calming themselves down	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
17	Tense or agitated and unable to relax	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
18	Seems to be in a rage	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)

19	Reactions are usually more severe than the situation calls for	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
20	Becomes upset without a clear reason	14 (93%)	1 (7%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
21	Has mood swings	13 (87%)	2 (13%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
22	Difficult to distract if they are frustrated or upset	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
23	Cannot change their mood even with your best efforts	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
24	Easily triggered/upset (you have to walk on eggshells around them)	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)

3. Response patterns for secondary outcome: child's depression: SDQ emotional problems scale.

Table 12: Response patterns for SDQ at T1 (n=15), T2(n=12) and T3 (n=11) outcomes questionnaire

No	Item	Number of valid responses (%) at T1	Number of missing responses (%) at T1	Number of valid responses (%) at T2	Number of missing responses (%) at T2	Number of valid responses (%) at T3	Number of missing responses (%) at T3
		T1		T2		T3	
1	Often complains of headaches, stomach-aches or sickness	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
2	Many worries, often seems worried	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
3	Often unhappy, down-hearted or tearful	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
4	Nervous or clingy in new situations, easily loses confidence	14 (93%)	1 (7%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
5	Many fears, easily scared	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)

4. Response patterns for secondary outcome: mother's emotion regulation: ERQ

Table 13: Response patterns for ERQ at T1 (n=15), T2(n=12) and T3 (n=11) outcomes questionnaire

No	Item	Number of valid responses (%) at T1	Number of missing responses (%) at T1	Number of valid responses (%) at T2	Number of missing responses (%) at T2	Number of valid responses (%) at T3	Number of missing responses (%) at T3
		T1		T2		T3	
1	When I want to feel more *positive* emotion (such as joy or amusement), I *change what I'm thinking about.*	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
2	I keep my emotions to myself	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
3	When I want to feel less *negative* emotion, (such as sadness or anger), I *change what I'm thinking about.*	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
4	When I am feeling *positive* emotions, I am careful not to express them	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
5	When I am faced with a stressful situation, I make myself *think about it* in a way that helps me stay calm	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
6	I control my emotions by *not expressing them*	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
7	When I want to feel more positive emotion, *I change the way I'm thinking about the situation*	15 (100%)	0 (0%)	12 (100%)	0 (0%)	10 (91%)	1 (9%)
8	I control my emotions by *changing the way I think* about the situation I'm in.	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
9	When I am feeling negative emotions, I make sure not to express them	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)
10	When I want to feel less *negative* emotion, I *change the way I'm thinking* about the situation	15 (100%)	0 (0%)	12 (100%)	0 (0%)	11 (100%)	0 (0%)

5. Response patterns for secondary outcome: mother's parenting confidence: PSOC scale

Table 14: Response patterns for PSOC at T1 (n=15), T2(n=12) and T3 (n=11) outcomes questionnaire

No	Item	Number of valid responses (%) at T1	Number of missing responses (%) at T1	Number of valid responses (%) at T2	Number of missing responses (%) at T2	Number of valid responses (%) at T3	Number of missing responses (%) at T3
		T1		T2		T3	
1	The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired	15 (100%)	0 (0%)	10 (83%)	2 (17%)	11 (100%)	0 (0%)
2	I would make a fine model for a new parent to follow in order to learn how to become a good parent	15 (100%)	0 (0%)	10 (83%)	2 (17%)	11 (100%)	0 (0%)
3	Being a parent is manageable, and any problems are easily solved	14 (93%)	1 (7%)	10 (83%)	2 (17%)	11 (100%)	0 (0%)
4	I meet my own personal expectations for expertise in caring for my child	15 (100%)	0 (0%)	10 (83%)	2 (17%)	11 (100%)	0 (0%)
5	If anyone can find the answer to what is troubling my child, I am the one	15 (100%)	0 (0%)	10 (83%)	2 (17%)	11 (100%)	0 (0%)
6	Considering how long I've been a parent, I feel thoroughly familiar with this role	15 (100%)	0 (0%)	10 (83%)	2 (17%)	11 (100%)	0 (0%)
7	I honestly believe I have all the skills necessary to be a good parent to my child	15 (100%)	0 (0%)	10 (83%)	2 (17%)	11 (100%)	0 (0%)
8	Being a good parent is a reward in itself	15 (100%)	0 (0%)	10 (83%)	2 (17%)	11 (100%)	0 (0%)

6. Demographic details of mothers and children and young people

Figure 1: Demographic details of mothers

Age		
Age	**Number**	**%**
23	1	7%
28	1	7%
29	1	7%
31	1	7%
33	2	13%
37	1	7%
39	1	7%
40	1	7%
41	3	20%
42	2	13%
47	1	7%
Total	**15**	**100%**

Religion		
Religion	**Number**	**%**
Christian	7	47%
Muslim	6	40%
No religion	2	13%
Missing	0	0
Total	**15**	**100%**

Primary Language		
Primary Language	**Number**	**%**
Bengali	2	13%
English	5	33%
Persian (Farsi)	1	7%
Polish	1	7%
Portuguese	2	13%
Romanian	1	7%
Sylheti	1	7%
Tagalog/Filipino	1	7%
Urdu	1	7%
Total	**15**	**100%**

Client's Interpreter needs

Interpreter needs	Number	%
Yes	7	47%
No	8	53%
Total	**15**	**100%**

Client's Disability

Disability	Number	%
No	13	87%
Yes	2	13%
Not asked	0	0%
Don't Know	0	0%
Missing	0	0%
Total	**15**	**100%**

Client Disability Type

Disability type	Number	%
None	13	87%
Physical Disability	1	7%
Mental Health disability	1	7%
Don't Know	0	0
Missing	0	0
Total	**15**	**100%**

Clients Mental Health Needs

Mental Health Support Needs	Number	%
No	10	77%
Yes	5	33%
Not asked	0	0
Don't Know	0	0
Missing	0	0
Total	**15**	**100%**

Clients Physical Health Needs

Physical Health Support Needs	Number	%
No	14	93%
Yes	1	7%
Not asked	0	0
Don't Know	0	0
Missing	0	0
Total	**15**	**100%**

Figure 2: Minority ethnic backgrounds of mothers

Minority ethnic background	Number	%	Minority ethnic background	Number	%
White British	2	14%	Gypsy/Romany/Irish Traveller	0	0
White-Irish	1	7%	Mixed – Other	0	0
White – Eastern European	1	7%	Mixed – White and Asian	0	0
White Other	1	7%	Mixed – White and Black African	1	7%
Chinese	0	0	Mixed – White and Black Caribbean	0	0
Asian or Asian British – Bangladeshi	3	20%	Other ethnic group	1	7%
Asian or Asian British – Indian	1	7%	Arab	1	7%
Asia or Asian British – Other	1	7%	Not asked	0	0
Asian or Asian British – Pakistani	1	7%	Prefer not to say	0	0
Black or Black British – African	1	7%			
Black or Black British – Caribbean	0	0			
Black or Black British – Other	0	0			
			Total	**15**	**100%**

Figure 3: Demographic details of children/young people

Gender		
Gender	**Number**	**%**
Female	4	27%
Male	11	79%
Non-binary	0	0
Missing	0	0
Total	**15**	**100%**

Age		
Age	**Number**	**%**
6-10	11	79%
11-14	4	27%
Total	**15**	**100%**

Disability		
Disability	**Number**	**%**
No	11	74%
Yes	2	13%
Not asked	0	0%
Don't Know	2	13%
Missing	0	0%
Total	**15**	**100%**

Client's Refuge Centre		
Refuge centre	**Number**	**%**
Bexley	5	33%
Enfield	6	40%
Islington	4	27%
Total	**15**	**100%**

Client's Religion		
Religion	**Number**	**%**
Christian	5	33%
Muslim	7	47%
No religion	2	13%
Not asked	1	7%
Total	**15**	**100%**

Client Interpreter requirements		
Interpreter needs	**Number**	**%**
Yes	2	13%
No	13	87%
Missing	0	0
Total	**15**	**100%**

Client's Primary Language			Clients Mental Health Needs			Clients Physical Health Needs		

Client's Primary Language

Primary Language	Number	%
Bengali	1	7%
English	10	77%
Persian (Farsi)	1	7%
Polish	0	0
Portuguese	1	7%
Romanian	1	7%
Sylheti	0	0
Tagalog/Filipino	0	0
Urdu	1	7%
Missing	0	0
Total	**15**	**100%**

Clients Mental Health Needs

Mental Health Support Needs	Number	%
No	10	77%
Yes	5	33%
Not asked	0	
Don't Know	0	
Missing		7%
Total	**15**	**100%**

Clients Physical Health Needs

Physical Health Support Needs	Number	%
No	12	80%
Yes	1	7%
Not asked	0	0
Don't Know	2	13%
Missing	0	
Total	**15**	**100%**

Physical Health disability

Physical Health Disability	Number	%
No	13	87%
Yes	2	13%
Not asked	0	0
Don't Know	0	0
Missing	0	0
Total	**15**	**100%**

Mental Health disability

Mental Health Disability	Number	%
No	14	93%
Yes	1	7%
Not asked	0	0
Don't Know	0	0
Missing	0	0
Total	**15**	**100%**

Learning disability

Learning Disability	Number	%
No	12	80%
Yes	3	20%
Not asked	0	0
Don't Know	0	0
Missing	0	0
Total	**15**	**100%**

Safeguarding Involvement

Safeguarding Involvement	Number	%
No	10	77%
Yes	5	33%
Not asked	0	0
Don't Know	0	0
Missing	0	0
Total	**15**	**100%**

Safeguarding – Type of Involvement

Safeguarding – Type of Involvement	Number	%
Child in Need	3	21%
Supervision Order	1	7%
Missing	0	0
Unknown	1	7%
	0	0
Total	**5**	**100%**

Figure 4: Minority ethnic backgrounds of children/young people

Minority ethnic background	Number	%	Minority ethnic background	Number	%
White British	2	13%	Gypsy/Romany/Irish Traveller	0	0
White Irish	0	0	Mixed – Other	0	0
White – Eastern European	1	7%	Mixed – White and Asian	1	7%
White Other	0	0	Mixed – White and Black African	0	0
Chinese	0	0	Mixed – White and Black Caribbean	0	0
Asian or Asian British - Bangladeshi	3	20%	Other ethnic group	3	20%
Asian or Asian British – Indian	0	0	Arab	1	7%
Asia or Asian British – Other	0	0	Not asked	0	0
Asian or Asian British – Pakistani	2	13%	Prefer not to say	0	0
Black or Black British – African	1	7%			
Black or Black British – Caribbean	0	0			
Black or Black British – Other	1	7%			
			Total	**15**	**100%**

Appendix 6: Data governance

1. Data sharing agreement

Cordis Bright | Information Sharing Agreement with Solace Women's Aid

Partners to the agreement

Discloser and Data Controller	
Name of organisation:	Solace Women's Aid
Address:	
Registration number:	
Contact name and role:	
Contact details:	Address as above
	Telephone:
	Email:

Recipient and Data Controller	
Name of organisation:	Cordis Bright Ltd
Address:	23-24 Smithfield Street, London EC1A 9LF
Registration number:	3620136
Contact name and role:	Colin Horswell, Managing Director
Contact details:	Address as above
	Telephone: 020 73309170. Email: colinhorswell@cordisbright.co.uk.

Purpose

1. This agreement creates a framework for the formal exchange of personal and sensitive data between Solace Women's Aid and Cordis Bright to enable Cordis Bright to evaluate the impact of Solace Women's Aid's Emotion Coaching programme on improving emotion regulation in both parents and children, supporting development of emotion coaching behaviours, minimising harsh parenting, and encouraging a stronger emotional connection between parent and child in intimate partner violence (IPV) relationship exposed mothers and their children. This evaluation will run from February 2024 to October 2024 to test the programme's impact on mothers and their children's outcomes.

2. Information provided may not be used for any other purpose.

Legal basis

3. The Discloser and Data Controller confirms that the legal basis for sharing information between Solace Women's Aid and Cordis Bright is informed consent.

4. Service users accessing the Emotion Coaching programme have consented to having their data shared with the evaluator. This consent is recorded in informed consent forms held by the Emotion Coaching programme and uploaded to the secure case management system. Electronic copies of these forms will be stored securely in Solace Women Aid's servers at Solace Women Aid's premises and then destroyed by secure methods once they have been shared securely with Cordis Bright for their records. The data will feed into the evaluation of the

Emotion Coaching Programme. The programme and the evaluation are being funded by the Youth Endowment Fund (YEF).

5. Personal information will be shared and processed in accordance with the Data Protection Act 2018.

Recipient

6. The recipient of the data is Cordis Bright. They will have access to the data as and when needed as part of the evaluation of the Emotion Coaching programme.

Data Controller and Data Processor

7. The joint data controllers are Cordis Bright and Solace Women's Aid.

8. As well as being a data controller Cordis Bright is also a data processor.

9. The Discloser and Data Controller confirms that it has followed all relevant protocols and procedures in relation to data sharing. This includes completing a Data Protection Impact Assessment.

10. The Data Processor confirms that it will adhere to its Information Governance and Data Protection Policy – and the requirements specified here – in the storage, handling, analysis and deletion of this data.

Data to be shared

11. The following data is being shared:
    - Personal identifiable data, for example, racial/minority ethnic origin, date of birth.
    - Demographic information including gender, English as an additional language and disability.
    - Referral data, including referral date, referral source, referral reason, and confirmation of eligibility.
    - Evaluation data collection including information on informed consent, and collection of outcomes data.
    - Questionnaire responses from women about their child (including Emotion Dysregulation Inventory, Strengths and Difficulties Questionnaire, and Child Behaviour Checklist).
    - Questionnaire responses from women about themselves (including Emotion Regulation Questionnaire, and Parenting Sense of Competence Scale).
    - Monitoring data including data collected by Solace Women's Aid concerning activities and dosage of Emotion Coaching. This monitoring data will be delivered in the form of a test dataset partway through the intervention delivery period, and final dataset at the end of the delivery period.
12. The following fields will be provided:

Demographic data (mother)	Fields
Date of birth	
Refuge location	(i.e., whether the mother and child are resident at the Bexley, Enfield or Islington refuge)
Gender	- Male - Female - Trans - Other - Prefer not to say
Racial/minority ethnic background	- white British - white-Irish - white Other - Chinese - Asian or Asian British – Bangladeshi

	• Asian or Asian British – Indian • Asia or Asian British – Other • Asian or Asian British – Pakistani • Black or Black British – African • Back or Black British – Caribbean • Black or Black British – Other • Gypsy/Romany/Irish Traveller • Mixed – Other • Mixed – white and Asian • Mixed – white and Black African • Mixed – white and Black Caribbean • Other ethnic group • Prefer not to say
Religion	• No religion • Christian (all denominations) • Buddhist • Hindu • Jewish • Muslim • Sikh • Any other religion • Do not wish to disclose
English as an additional language – yes/no	• Yes • No • Don't know
Preferred language	
Disability	• None • Mobility impairment • Visual impairment • Hearing impairment • Learning disability • Progressive disability • Chronic illness • Other – please state • Prefer not to say
Number of children	•
Demographic data (child)	**Fields**
Date of birth	Date of birth
Gender	• Male • Female • Trans • Other • Prefer not to say
Racial/minority ethnic background	• white British • white-Irish • white Other • Chinese • Asian or Asian British – Bangladeshi • Asian or Asian British – Indian

	• Asia or Asian British – Other • Asian or Asian British – Pakistani • Black or Black British – African • Back or Black British – Caribbean • Black or Black British – Other • Gypsy/Romany/Irish Traveller • Mixed – Other • Mixed – white and Asian • Mixed – white and Black African • Mixed – white and Black Caribbean • Other ethnic group • Prefer not to say
Disability	• None • Mobility impairment • Visual impairment • Hearing impairment • Learning disability • Progressive disability • Chronic illness • Other – please state • Prefer not to say
External services working with the young person	

Referral information	Fields
Referral date	• Referral date
Referral source	• Self-referral • Referred by refuge worker

Evaluation data collection information	Fields
Date of meeting with Family Support Worker	• Date of evaluation meeting with Family Support Worker
Confirmation that mother meets eligibility thresholds.	• Yes • No
If mother does not meet eligibility thresholds, why?	
Confirmation of mother's consent to participate in evaluation.	• Yes • No
If mother does not consent, why?	
Confirmation of child's consent to participate in evaluation.	• Yes • No

If child does not consent, why?	
Confirmation of baseline questionnaire completion	• Yes • No
Completion of midpoint questionnaire completion	• Yes • No
Completion of endpoint questionnaire completion	• Yes • No
Monitoring data collection	**Fields**
For each Emotion Coaching session, session date	Date
For each Emotion Coaching session, whether mother attended	• Yes • No
If mother did not attend a session, why?	
Per mother, total number of sessions received	
Case closure date – to complete if mother pulls out of the programme	
Case closure reason – to complete if mother pulls out of the programme	

13. The personal information shared under this agreement must be relevant and proportionate to achieve the purposes identified above. Only the minimum necessary personal information will be shared and where possible aggregated non-personal information will be used.

Data quality

14. Solace Women's Aid agree to provide high quality, accurate data, using the fields detailed above. Solace Women's Aid and Cordis Bright confirms that it has received consent from individuals for this information to be shared for the purposes of evaluating the Emotion Coaching programme.

Data security

15. Data will be provided in electronic format. Solace Women's Aid will supply the data in line with its policy on handling personal and sensitive data. This includes, as a minimum:
    • Data provided will only be that needed to administer the evaluation.
    • Data will be password protected.
    • Data will be sent to Cordis Bright via a secure mechanism (e.g., Switch Egress)
    • Passwords will be sent via a different medium.

16. On receipt of the data, Cordis Bright will handle the data in line with its policy on handling personal and sensitive data. This includes:
    • Cordis Bright will save data on Cordis Bright's secure server. Cordis Bright stores data on a Microsoft SharePoint server. SharePoint is a web-based collaborative platform that integrates closely with Microsoft Office 365. Apart from the advantages it brings to companies operationally in terms of sharing files and working together, it also delivers a very secure working environment, reducing the risk of cyber-attacks and hacks that can be experienced by traditional land-based file servers. Using

SharePoint means that our data is hosted on Microsoft servers. Data is always encrypted, whether just being stored or being transmitted between a user and the servers, and there are multiple backups. We're able to specify the geographical location we want our data stored in. User logons require complex passwords, and include 2 factor authentication when a logon is required on a new device. This security is reinforced by the level of access control and privacy offered by SharePoint – we can control who can see what, down to a user by user, file by file level if necessary. Microsoft's Office 365 services adhere to globally recognised security standards including ISO 27001 and 27018.

- The data will not be saved on any other devices.
- The data will be password protected.
- Access will be restricted to those individuals who require access.
- Any relevantly qualified and experienced people will have access to and be able to utilise the data.
- Personal data will be saved and stored separately from interview, questionnaire, and observation data.
- The data will only be used for the purposes of the evaluation of the Emotion Coaching programme.

Retention of shared data

17. Cordis Bright will anonymise all data and hold it on the Cordis Bright server until six years after the final report has been submitted to the YEF, i.e., in October 2030.
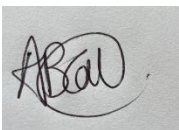
Individuals' rights

18. The Data Protection Notification and Privacy Notice of each partner must reflect the processing of personal information under this agreement, to ensure that data subjects are fully informed about the information that is recorded about them and their rights to gain access to information held about them and to correct any factual errors that may have been made. If there are statutory grounds for restricting a data subject's access to the information held about them, they will be told that such information is held and the grounds on which it is restricted. Where opinion about a data subject is recorded and they feel the opinion is based on incorrect factual information, they will be given the opportunity to correct the factual error and / or record their disagreement with the recorded opinion.

19. Subject Access Requests will be handled in accordance with the standard procedures of the partner who receives the request.

20. Complaints will be handled in accordance with the standard procedures of the partner who receives the complaint.

Review of effectiveness/termination of the sharing agreement; and

21. This agreement will be reviewed annually, until the conclusion of the evaluation.

22. This agreement can be suspended by either party in the event of a serious security breach.

23. Termination of this agreement must be in writing giving at least 30 days' notice to the other partners.

24. Each partner organisation will keep each of the other partners fully indemnified against any and all costs, expenses and claims arising out of any breach of this agreement and in particular, but without limitation, the unauthorised or unlawful access, loss, theft, use, destruction or disclosure by the offending partner or its subcontractors, employees, agents or any other person within the control of the offending partner of any personal data obtained in connection with this agreement.

Signatories

25. By signing this agreement all signatories accept responsibility for its execution and agree to ensure all staff are trained so that requests for information and the process of sharing information itself is sufficient to meet the purposes of this agreement.

26. Signatories must all ensure that they comply with all relevant legislation in the processing of personal information.

Signed on behalf of...	
Name of organisation:	Cordis Bright
Name:	Angela Collins
Position:	Principal Consultant
Signature:	
Date:	31/01/2024

Signed on behalf of...	
Name of organisation:	Solace Women's Aid
Name:	Javiera Mandiola
Position:	Deputy Director of Services & Data Protection Officer
Signature:	
Date:	14/02/2024

2. Data Protection Impact Assessment

Cordis Bright | Data Protection Impact Assessment Template

Project summary	
Project Name	Evaluation of the Emotion Coaching programme
Description of Project	Intervention: Solace Women's Aid's Emotion Coaching programme aims to foster emotion regulation in both parents and children, support development of emotion coaching behaviours, minimise harsh parenting, and encourage a stronger emotional connection between parent and child in intimate partner violence (IPV) relationship exposed mothers and their children. Evaluation: The evaluation will be a feasibility study, which will take place from February 2024 to October 2024. It will seek to address the overarching research question: *Has it proved feasible to adapt and implement Emotion Coaching (an intervention created for women living in community settings) in refuge settings?* Both the Solace Women's Aid's Emotion Coaching programme and the evaluation of the programme are funded by the Youth Endowment Fund (YEF). More about YEF can be seen here: https://youthendowmentfund.org.uk/ . More about YEF's approach to feasibility studies can be seen here: https://youthendowmentfund.org.uk/resources-for-evaluators/
Key Stakeholders Names & Roles	Colin Horswell: Managing Director and Data Protection Officer, Cordis Bright Angela Collins: Project Director, Cordis Bright Louise Ashwell: Project Manager, Cordis Bright Prof. Darrick Jolliffe: Senior Advisor in Quantitative Methods, University of Royal Holloway Hannah Nickson: Director, Cordis Bright Kam Kaur: Director and Safeguarding Lead, Cordis Bright Siah Lesher: Researcher, Cordis Bright
Date	11/12/2023

Screening Questions	Yes or No
Will the project involve the collection of information about individuals?	Yes

Does the project introduce new or additional information technologies that can substantially reveal business sensitive information, specifically: have a high impact on the business, whether within a single function or across the whole business?	No
Will the project compel individuals to provide information about themselves?	Yes
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	Yes
Are you using information about individuals for a new purpose or in a new way that is different from any existing use?	Yes
Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of data to make a decision about care that's automated.	No
Will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g., service planning, commissioning of new services	No
Will the project result in you making decisions about individuals in ways which may have a significant impact on identifiable individuals? i.e., does the project change the delivery of direct care.

N.B. If the project is using anonymised/pseudonymised data only, the response to this question is "No". | No |
Will the project require you to contact individuals in ways which they may find intrusive?	No
Does the project involve multiple organisations, whether they are public sector agencies i.e., joined up government initiatives or private sector organisations e.g., outsourced service providers or business partners?	Yes
Does the project involve new or significantly changed handling of a considerable amount of personal and/or business sensitive data about each individual in a database?	Yes
Does the project involve new or significantly changed consolidation, inter-linking, cross referencing or matching of personal and/or business sensitive data from multiple sources?	No

If any of the screening questions have been answered "YES", then please continue with the Data Protection Impact Assessment Questionnaire (below).

If all questions are "NO" there is no need to proceed.

Use of Personal Information Data flows containing personal and identifiable personal information			
Personal Data	Please tick all that apply	**Special Category Data**	**Please tick all that apply**
Name		Racial / ethnic origin	✓
Address (home or business)		Political opinions	
Postcode		Religious beliefs	✓
NHS No		Trade union membership	
Email address		Physical or mental health	✓
Date of Birth		Sexual life	
Payroll number		Criminal offences	
Driving Licence (shows date of birth and first part of surname)		Biometrics; DNA profile, fingerprints	

	Bank, financial or credit card details	
	Mother's maiden name	
	National Insurance number	
	Tax, benefit or pension Records	
	Health, adoption, employment, school, Social Services, housing records	
	Child Protection	✓
	Safeguarding Adults	✓
Additional data types (if relevant)	Refuge location (i.e., which of the three Solace Women's Aid refuges where the programme is being implemented the individual(s) reside(s) at).	
	English as an additional language (yes/no) and if yes, preferred language	
	Disability (including SEND)	
	Referral data including referral date, referral source and confirmation of eligibility.	
	Evaluation data collection including information on informed consent, evaluation meeting date and confirmation of outcomes data collection.	
	Completed evaluation tools (including questionnaires completed by the women about themselves and their children)	
	Monitoring data including data collected by Solace Women's Aid concerning activities and dosage of Emotion Coaching.	

Lawfulness of the processing: Conditions for processing for special categories - to be identified as whether they apply			
Condition		**Please tick all that apply**	
Explicit consent unless or allowed by other legal route	✓	Other legal route	
Processing is required by law			
Processing is required to protect the vital interests of the person			
Is any processing going to be by a not for profit organisation, e.g. a Charity			
Would any processing use data already in the public domain?			
Could the data being processed be required for the defence of a legal claim?			
Would the data be made available publicly, subject to ensuring no-one can be identified from the data?			
Is the processing for a medical purpose?			
Would the data be made available publicly, for public health reasons?			
Will any of the data being processed be made available for research purposes?		✓	

Answer all the questions below for the processing of Personal Confidential Data	
What is the justification for the inclusion of identifiable data rather than using de-identified/anonymised data?	We are not asking for personal data such as name, and/or post code. However, given that we are asking for several types of special category data which, in combination, could be identifiable within a small sample, there is a small chance of identification. Data will be pseudonymised. Solace Women's Aid staff will pseudonymise data by removing the name or identifiable information and substituting it with a reference number. Only Solace Women's Aid staff will have access to the key to link service users' names to the reference numbers.
Will the information be new information as opposed to using existing information in different ways?	Yes – it will be a combination of new and existing data which will be linked. The existing data will information collected by Solace Women's Aid as part of their monitoring and case management processes.
What is the legal basis for the processing of identifiable data? E.g. Conditions under the Data Protection Act 2018, GDPR, the Section 251 under the NHS Act 2006 etc. **(See Appendix 1 for Lawfulness Conditions under the Data Protection Legislation)** **If consent, when and how will this be obtained and recorded?**	The legal basis for sharing the data will be explicit consent. Consent for participating in the evaluation and sharing data with Cordis Bright will be collected from participants via a consent form completed with a Solace Women's Aid Family Support Worker. This will be recorded on the consent form and stored within participants' case files digitally.
Where and how will this data be stored?	**Solace Women's Aid:** Personal data is stored only in the UK. Data is stored both electronically on a database and in paper format in secure and lockable files. Database storage is managed by a third party called XXX, contracted by Solace Women's Aid – further details are available. Cordis Bright: Data will be stored securely on Cordis Bright's server, located in the UK. Cordis Bright systems include BitLocker Encryption, LastPass secure password management and Microsoft 365 with a set-up that complies with HM Government and NHS requirements on storage, transfer and use of data in the Cloud. As part of this, access to Cordis Bright servers is limited to known, authorised individuals and are password protected. When the data gets shared with Cordis Bright it will be saved on Cordis Bright's secure cloud-based Microsoft SharePoint server. As a result, data is always encrypted, whether just being stored or

	being transmitted between a user and the servers. User logons require complex passwords and include 2 factor authentications when a logon is required on a new device. The data will also be password protected and the data will only be accessible to those who require it for the purposes of the evaluation. Pseudo-anonymisation will take place where possible, and personal data will be stored separately from questionnaire data and other monitoring data.
Who will be able to access identifiable data?	Only Solace Women's Aid will have access to identifiable data. For Cordis Bright, access to pseudonymised data will be restricted to members of staff with a requirement to process the data.
Will the data be linked with any other data collections?	Data will not be linked with any other data sets.
How will this linkage be achieved?	N/A
Is there a lawfulness condition for these linkages?	N/A
How have you ensured that the right to data portability can be respected? i.e. Data relating to particular people can be extracted for transfer to another Controller, at the request of the person to which it relates, subject to: • **Receipt of written instructions from the person to which the data relates.** • **Including data used for any automated processing,** **And** **The transfer of the data has been made technically feasible. N.B. Transferable data does not include any data that is in the public domain at the time of the request. No data that may affect the rights of someone other than the person making the request can be included.**	The data management systems used allow data to be downloaded in a structured, machine readable form (CSV). **During the evaluation**, once data has been shared with Cordis Bright there will be no further data portability. In transferring the data, Solace Women's Aid will be responsible for ensuring that the transfer is technically feasible and only includes information for those women and children who have participated in the Emotion Coaching evaluation.
What security measures will be used to transfer the data?	Data will be transferred securely using an encrypted service such as CJMS or Egress. Password to be shared via a different medium. Cordis Bright stores data on a Microsoft SharePoint server. As a result, data is always encrypted, whether just being stored or being transmitted between a user and the servers. User logons

	require complex passwords and include 2 factor authentications when a logon is required on a new device.
What confidentiality and security measures will be used to store the data?	Data will be pseudo-anonymised by Solace Women's Aid before transfer to Cordis Bright. Cordis Bright stores data on a Microsoft SharePoint server. As a result, data is always encrypted, whether just being stored or being transmitted between a user and the servers. User logons require complex passwords and include two-factor authentications when a logon is required on a new device. In addition, data when saved on Cordis Bright's secure server will be stored in restricted access folders, accessible only to nominated members of the project team, and passwords will be assigned to the spreadsheets as an additional security measure.
How long will the data be retained in identifiable form? And how will it be de-identified? Or destroyed?	Data will be pseudonymised before transferring to Cordis Bright. Cordis Bright will hold data for six years after the end of the evaluation (i.e., after the final report has been submitted to YEF), after which point it will be destroyed. Cordis Bright will delete all records from its servers at the end of the specified retention period.
What governance measures are in place to oversee the confidentiality, security and appropriate use of the data and manage disclosures of data extracts to third parties to ensure identifiable data is not disclosed or is only disclosed with consent or another legal basis?	We will deliver in line with Cordis Bright's information governance procedures and policies. All Cordis Bright receive training on this as part of induction. In addition, all Cordis Bright staff complete NHS Digital Data Security Awareness Training – Level 1 annually. Only the research team will have access to the data which will be securely stored on Cordis Bright's servers. The data will only be used for the purpose of this evaluation and will not be disclosed to third parties during the course of the evaluation. Prior to participation in the intervention and the evaluation informed consent will be gained from both the women and their children for the data to be transferred to Cordis Bright for the evaluation.
If holding personal i.e. identifiable data, are procedures in place to provide access to records under the subject access provisions of Data Protection Laws? **Is there functionality to respect objections/ withdrawals of consent?**	All participants, including women and their children, have the right to: - ask for access to the personal information that we hold about them; - ask us to correct any personal information that we hold about them which is incorrect, incomplete or inaccurate. In certain circumstances, they also have the right to: - ask us to erase the personal information where there is no good reason for us continuing to hold it;

	• ask us to restrict or suspend the use of the personal information, for example, if they want us to establish its accuracy or our reasons for using it.
	They will be informed of these rights and how to do any of the above as part of consenting to be involved in the intervention and the evaluation. Individuals may revoke their consent prior to the data being transferred and processed. If an individual wishes to withdraw consent they may inform a member of Solace Women's Aid staff.
Are there any plans to allow the information to be used by a third party?	There are no plans to allow the information to be used by a third party.
Please confirm that the data will be easily separated from other datasets to enable data portability (see previous questions), audit of data relating to specific organisations and to facilitate any requirements for service transitions.	Each dataset received will be saved separately in its original form, and a collated version will be saved before analysis takes place.

Understanding reporting requirements
Which staff roles will have access to the data and be able to analyse it?
Colin Horswell: Managing Director and Data Protection Officer, Cordis Bright **Angela Collins: Project Director, Cordis Bright** **Louise Ashwell: Project Manager, Cordis Bright** **Prof. Darrick Jolliffe: Senior Advisor in Quantitative Methods, University of Royal Holloway** **Hannah Nickson: Director, Cordis Bright** **Kam Kaur: Director and Safeguarding Lead, Cordis Bright** **Siah Lesher: Researcher, Cordis Bright**
Who will receive the report or where will it be published?
YEF **Solace Women's Aid**   **Reports will be published on the YEF's website. Cordis Bright may also include findings from the reports in articles that we write or in presentations. We may also share reports on our website and via social media channels.**
Will the reports be in person-identifiable, pseudonymised or anonymised format?
The report will be fully anonymised. Only aggregated data will be presented.

Will the reports be in business sensitive or redacted format (removing anything which is sensitive) format?
No

If this new/revised function should stop, are there plans in place for how the information will be retained / archived/ transferred or disposed of?
Data will be put beyond use after 6 years.

Are multiple organisations involved in processing the data? If yes, list below	
Name	**Controller or Processor?**
Cordis Bright	Controller (during the evaluation period)
Solace Women's Aid	Controller (of any participant personal data collected by Solace Women's Aid, and joint controller with Cordis Bright during the evaluation period)

Has a data flow mapping exercise been undertaken? If yes, please provide a copy.	Yes/No
	No

Describe the Information Flows

The collection, use and deletion of personal data should be described here and it may also be useful to refer to a flow diagram or another way of explaining data flows.

Does any data flow in identifiable form? If so, from where, and to where?	Data will flow in an identifiable form between Solace Women's Aid and Cordis Bright. Solace Women's Aid staff will pseudonymise data by removing the name or identifiable information, and substituting it with a reference number. Only Solace Women's Aid will have access to the key to link service users' names to the reference numbers. Solace Women's Aid will transfer pseudonymised personal level data to Cordis Bright using a secure encryption transfer method (e.g., Egress)
Media used for data flow?	Encrypted email between Solace Women's Aid and Cordis Bright; for instance, CJMS or Egress.

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(e.g., email, fax, post, courier, other – please specify all that will be used)	

Data Protection Risks (see Appendix 2)

List any identified risks to Data Protection and personal information of which the project is currently aware.

Risks should also be included on the project risk register.

Risk Description (to individuals, clients or Cordis Bright)	Current Impact	Current Likelihood	Risk Score (I x L)	Proposed Risk solution (Mitigation)	Is the risk reduced, transferred, or accepted? Please specify.	Evaluation: is the final impact on individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project?
Data protection breach	5	2	10	Cordis Bright staff receive data protection training and have a good understanding of information governance protocols. Solace Women's Aid also receive data protection training and will ensure that only qualified, trained individuals are involved in data transfer.	Accepted	Yes
Service user: if non-pseudonymised data or non-necessary personal information (e.g., address) is shared in error	5	1	5	Clear explanation of process to data controller and processors. We will support Solace Women's Aid colleagues with their data collection system and explore methods of extracting and sharing only necessary data with Cordis Bright in a pseudonymised format where possible. Any data sent in error deleted by processor from servers.	Accepted	Yes

Consultation requirements

Part of any project is consultation with stakeholders and other parties. In addition to those indicated "Key information, above", please list other groups or individuals with whom consultation should take place in relation to the use of person identifiable information.

It is the project's responsibility to ensure consultations take place, but IG will advise and guide on any outcomes from such consultations.

Colleagues from:

Solace Women's Aid

YEF

Further information/Attachments (e.g. project proposal)

Managing Director comments:

Information Asset Owner (IAO) approval (for low to medium risk processing)

IAO name:

Signature:

Date:

Caldicott Guardian approval

Caldicott Guardian's name:

Signature:

Date:

Template approved by the Board: July 2021

Definition of Personal Data and Special Category Data

Data:

- The Data Protection Act defines data as:
    – Information which is being processed automatically in response to instruction
    – Information recorded as part of a highly structured filing system (e.g. an individual with limited knowledge of the filing structure could logically retrieve relevant information)
    – Recorded information held by a public authority
    – Information that forms part of an accessible record (health, educational, public record)

Personal Data:

- Personal data means data which relates to a living person who can be identified from that set of data or who could be identified if that data was combined with other information either available or likely to become available.
- This definition provides for a wide range of personal identifiers to constitute personal data, including name, identification number, location data or online identifier, reflecting changes in technology and the way organisations collect information about people.

Special Category Data

The GDPR refers to sensitive personal data as "special categories of personal data" (see Article 9).

The special categories specifically include genetic data, and biometric data where processed to uniquely identify an individual.

Personal data relating to criminal convictions and offences are not included, but similar extra safeguards apply to its processing (see Article 10).

Special Categories of personal data includes Information relating to the data subjects':

- racial or ethnic origin,
- political opinions,
- religious beliefs or other beliefs of a similar nature,
- trade union membership,
- physical or mental health or condition,
- sexual life,
- the commission or alleged commission by him of any offence, or
- any proceedings for any offence committed or alleged to have been committed, the disposal of such proceedings or the sentence of any court in such proceedings.

The conditions for processing Personal Data and Sensitive Personal Data the Data Protection Legislation, Data Protection Act 2018 and General Data Protection Regulation (EU) 2016/679 as referenced in this Act – identified in this documentation as the Data Protection Legislation.

The Data Protection Act (DPA) outlines 6 principles for handling Personal Confidential Data (PCD), with 2 additional safeguards:

1. Data must be processed fairly and lawfully

2. Data must be obtained and processed only for one or more specified and lawful purposes

3. Date must be adequate, relevant and not excessive in relation to the purpose

4. Data must be accurate and kept up to date

5. Data must not be kept for longer than is necessary

6. Appropriate technical and organisational security measures for the data must be in place

Safeguards:

1. Data must be processed in accordance with the rights of data subjects

2. Sensitive Data must only be processed with legal compliance to the Act, referenced to a current policy. e.g. Can only be processed in a country or territory outside the United Kingdom unless adequate levels of protection are in place, within statutory functions.

Supporting Guidance for Completion of the Data Protection Impact Assessment	
1.	Information Asset E.g. Operating systems, infrastructure, business applications, off-the-shelf products, services, user-developed applications, devices/equipment, records and information (extensive list).
2.	Person Confidential Data
	Key identifiable information includes: • patient's name, address, full post code, date of birth; • pictures, photographs, videos, audio-tapes or other images of patients; • NHS number and local patient identifiable codes; • Anything else that may be used to identify a patient directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.
3.	New use of information could include: - consistent with DPIA Introduction
	Setting up of a new service. The Commissioning of a new service Data Extracts Setting up a database or independent Patient System Reports
	Examples of changes to use of information could include:

	Moving paper files to electronic systems Collecting more data than before Using Data Extracts for a different purpose Additional organisations involved in information process Revisions to systems, databases (including merges) or spread sheet reports
4.	Data Flow Mapping
	A Data Flow Map is a graphical representation of the data flow. This should include: - Incoming and outgoing data - Organisations and/or people sending/receiving information - Storage for the 'Data at Rest' i.e. system, filing cabinet - Methods of transfer
5.	Examples of additional documentation which may be required (copies):
	- Contracts - Confidentiality Agreements - Project Specification - System Specifications (including Access Controls) - Local Access Controls Applications - Information provided to patients - Consent forms

Appendix 2 – Risk Matrix

For use in conjunction with the NCL Data Protection Impact Assessment Template

Risk scoring key

This document sets out the key scoring methodology for risks and risk management.

1. Overall Strength of Controls in Place

There are four levels of effectiveness:

Level	Criteria
Zero	The controls have no effect on controlling the risk.
Weak	The controls have a 1- 60% chance of successfully controlling the risk.
Average	The controls have a 61 – 79% chance of successfully controlling the risk
Strong	The controls have a 80%+ chance or higher of successfully controlling the risk

2. Risk Scoring – This is separated into Consequence and likelihood

Consequence scale

Level of Impact on the Objective	Descriptor of Level of Impact on the Objective	Consequence for the Objective	Consequence Score
0-5%	Very low impact	Very Low	1
6-25%	Low impact	Low	2
26-50%	Moderate impact	Medium	3
51-75%	High impact	High	4
76%+	Very high impact	Very High	5

Likelihood scale

Level of Likelihood the Risk will Occur	Descriptor of Level of Likelihood the Risk will Occur	Likelihood the Risk will Occur	Likelihood Score
0-5%	Highly unlikely to occur	Very Low	1
6-25%	Unlikely to occur	Low	2
26-50%	Fairly likely to occur	Medium	3
51-75%	More likely to occur than not	High	4
76%+	Almost certainly will occur	Very High	5

Appendix 7: Safeguarding

1. Safeguarding protocol for Emotion Coaching

Youth Endowment Fund & Solace

Women's Aid

Safeguarding protocol for Emotion Coaching

This document sets out a process agreed between Cordis Bright and Solace Women's Aid should any safeguarding issues arise during data collection for the Emotion Coaching programme. Any safeguarding issues which arise during the Emotion Coaching programme outside of data collection should be managed by Solace Women's Aid staff with reference to their safeguarding policies and procedures.

Questionnaire completion

Solace Women's Aid staff will administer questionnaires to all mothers taking part in the Emotion Coaching programme. This will consist of three questionnaires, which will be completed two weeks before the programme starts at a meeting with a Solace Women's Aid Family Support Worker (baseline); after the fifth workshop (midpoint) and after the twelfth workshop (final).

If completing self-report questionnaires is perceived to be upsetting or to trigger welfare issues, the Solace Women's Aid Family Support Worker will do the following:

1. They will follow their internal safeguarding policies, refer the individual to Solace Women's Aid's safeguarding lead if required and refer to other support as required.
2. They will also provide details about this incident to the Solace Women's Aid Emotion Coaching Project Manager Courtney Gray, who in turn will update the Cordis Bright Emotion Coaching Project Manager Louise Ashwell.

Interviews with Solace Women's Aid service users

Cordis Bright staff will conduct in-depth, semi-structured interviews with 10 mothers and 10 children and young people receiving support as part of the Emotion Coaching programme towards the end of the evaluation. These interviews will be used to help understand participants' experiences of being part of the Emotion Coaching programme.

We will gain informed consent from both mothers and young people to take part in the interviews. Cordis Bright interviewers will ensure that interviewees understand that their responses during consultation are confidential unless we have safeguarding concerns.

All interviews will take 30-60 minutes and will be conducted face to face in refuges. We will work with Solace Women's Aid staff to arrange the most practical method of conducting these. Solace Women's Aid staff will not be present while the interview takes place, although they will be on hand in the refuge building should issues arise throughout the conversation.

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If any safeguarding issues or wellbeing concerns arise in these interviews, Cordis Bright staff will follow the procedure for reporting concerns set out in Cordis Bright's safeguarding policy. This includes the following steps:

1. In the event of a possible disclosure, the Cordis Bright interviewer will follow the steps set out in 11.1 of Cordis Bright's procedure for reporting concerns.
2. If the person is in immediate danger, the Cordis Bright interviewer will phone the police and follow the remainder of the procedure for reporting concerns. They will also phone the Cordis Bright Designated Safeguarding Lead Kam Kaur (contact details below).
3. The Cordis Bright interviewer will escalate concerns to a Solace Women's Aid staff member on site directly after the interview.
4. The Cordis Bright interviewer will report their concerns as soon as possible and within 24 hours to Kam Kaur and the Project Director for the Emotion Coaching feasibility study (Angela Collins).
5. Solace Women's Aid staff will follow up with the service user in question to ensure they are able to access immediate support. Solace Women's Aid staff will follow the steps set out in their 'Safeguarding Adults' policy and procedure and 'Safeguarding Children and Young People' policy and procedure.
6. The Cordis Bright interviewer will produce a concise written report which highlights their concerns, following the steps set out in 11.4 of Cordis Bright's procedure for reporting concerns.
7. The Cordis Bright interviewer will contact the Solace Women Aid Project Manager Courtney Gray and the Solace Women Aid Designated Safeguarding Lead(s) (contact details below).

The relevant Designated Safeguarding Leads (DSL) are:

Cordis Bright:

Kam Kaur (Director and Lead for Safeguarding)

- Email: kamkaur@cordisbright.co.uk
- Tel: 07909 649870

Colin Howell (Managing Director)

- Email: colinhorswell@cordisbright.co.uk
- Tel: 07919 483710

Solace Women's Aid:
DSL for Adults: Jennifer Cirone (Director of Services)

- Email: j.cirone@solacewomensaid.org
- Tel: 07483 025173

DSL for Children & Young People (CYP): Sasa Onyango (Deputy Head of CYP Services)

- Email: s.onyango@solacewomensaid.org
- Tel: 07500 115761