



**Women's Experiences of Recovery
from Substance Misuse**

*A review of women's only group
therapy*

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1. INTRODUCTION

1.1. Background

- 1.1.1. EACH Counselling and Support (EACH) works with diverse communities across West London providing specialist services to individuals and families to address their alcohol, drug, mental health and domestic violence concerns.
- 1.1.2. EACH commissioned Cambridge Policy Consultants (CPC) to collect and review participant experiences of the Women's Group, which EACH has developed and delivers under RISE (Recovery Intervention Services Ealing) a borough-wide drug and alcohol recovery service.
- 1.1.3. The Women's Group was set up in July 2013 to help women access and engage in treatment by providing a safe environment where could explore sensitive issues, such as domestic violence and mental health concerns, safeguarding, body image, eating disorders an general health and wellbeing issues specific to women.
- 1.1.4. The Women's Group is run as a rolling twelve-week-programme that explores gender specific and sensitive concerns that women may feel unable to disclose in mixed gender groups which impacts on their substance misuse.
- 1.1.5. The overall goal of this programme is to instil hope and promote contagious recovery among a group of women participants at different points in their recovery journey - those contemplating abstinence (currently using); those working towards abstinence as a goal (harm reduction); and those women who have achieved and maintained abstinence, the latter acting as positive role models.
- 1.1.6. The women attending the group also had access to other support services such as 1:1 counselling, open groups and EACH's twelve week abstinence-based group programme (SDP) within the Abstinence based hub.

Approach and methodology

1.1.7. The overall objective of this qualitative review was to assess ‘what works’ with the service and how have the participants benefited from attending the group. The evaluation methodology included:

- Review and analysis of the monitoring and feedback data;
- Discussions with the Abstinence Based Hub Team Leader and Group Worker/Counsellor who facilitated the sessions;
- Attendance in two Women’s Group sessions as an observer; and
- A focus group with 10 current service users and qualitative case-study interviews with 8 current and past service users.

2. INTRODUCTION

2.1. Rationale and objectives

2.1.1. EACH launched the Women's Group in July 2013. The Women's Group programme aims to address a gap by providing a women's only environment and a safe space for recovery. Although there have been several support groups and psycho-educational groups on offer within the RISE partnership, EACH identified a gap in the treatment offer for an intervention that solely focuses on women's needs. It was identified that women experienced additional challenges to engage in the treatment of drug and alcohol misuse due to various gender-specific barriers, including:

- Caring responsibilities;
- Fear of safeguarding and social services involvement;
- Concerns about engaging in group work with male service users (in particular for women who have experienced domestic and sexual violence and abuse);
- Cultural stigma and shame around substance misuse and mental health (dual diagnosis); and
- Gender socialisation and values around the expected role of a woman.

2.1.2. The Women's Group was set up to empower and support women's needs in a safe environment to alleviate and/or overcome these gender-specific barriers. The Group meets weekly at a Community Centre which is separate from but in close proximity to EACH Abstinent Hub. The women-only space fosters and enables service users to build trust, feel safer, and more confident in accessing treatment.

2.1.3. The Group is facilitated by an experienced therapist and group worker from EACH with in-depth experience of substance misuse, domestic violence and mental health and safeguarding vulnerable women. This was viewed as vital in their ability to contain and work ethically, compassionately and empathetically with women's issues.

2.2. Activities

2.2.1. The referral process into the Women's group is designed to be easy for the service user. Once a referral is received the Women's Group worker

contacts the service user to welcome them and explain the purpose of the group, times and venue.

- 2.2.2. The Group meets every Friday morning 10am to 12pm. The first 30 minutes provides an opportunity for women to have a cup of coffee or tea and an informal chat with their peers. The facilitated session starts at 10.30am with a 'check-in' where attendees on their turn can introduce themselves and how they feel. This provides also an opportunity for women to discuss any issues or incidents that have taken place and may have impact on their recovery. Sometimes the Group has outside speakers or use role-play to explore different issues around substance misuse and recovery (such as relapse prevention, domestic violence, exploitation, sexual health and 'sober sex'). The session ends with 'check-out' where each participant has an opportunity to reflect on what they have taken away from the session.
- 2.2.3. The Group facilitator has established a set of boundaries that are in place to respect each other's recovery and covered in each session. These include 'no interruption' (no entry for those who arrive late or are under the influence of alcohol or drugs on the day); allowing everyone to have their say and confidentiality 'what is spoken in the room stays in the room'.

2.3. Project Outputs

- 2.3.1. In total, 121 women have accessed the Women's Group since July 2013; 52 women in year one and a further 69 women in year two. The table below provides a breakdown of participants' ethnicity.
- Nearly half were white British;
 - Around one quarter were white but not British; 14 percent were white 'other' (typically from other European countries) and 9% Irish.
 - More than one in ten were Indian and another 16% were Black or Caribbean (12% Black and 4% Caribbean).

Ethnicity

	2013-14	2014-15	Total	%
White British	26	32	58	48%
White Other	8	9	17	14%
Black British	7	8	15	13%
Indian	6	9	15	12%
Irish	4	7	11	9%

Caribbean	1	4	5	4%
Total	52	69	121	100%

Source: EACH Monitoring data 2015

- 2.3.2. Most service users accessed the Group to address their alcohol misuse (60%). The table below provides a breakdown of primary presenting substances.

Primary Presenting Substance

	2013-14	2014-15	Total	Total %
Alcohol	33	39	72	60%
Heroin	6	9	15	12%
Crack	6	7	13	11%
Cannabis	3	8	11	9%
Cocaine	4	6	10	8%
Total	52	69	121	100%

Source: EACH Monitoring data 2015

- 2.3.3. During year one, about half (48%) of the women were care co-ordinated within the EACH abstinent hub, which gave a balanced contagious recovery environment for those women who were engaging at one of the other two non-abstinent hubs under the RISE partnership. The second year saw a slightly higher proportion of women from the abstinent based hub (52%).
- 2.3.4. Service users interviewed had typically misused substances for a number of years. For women with alcohol misuse this tended to have escalated in the past few years before they had been referred by their GP or by social services after an incident of child neglect.
- 2.3.5. About half of the women interviewed were participating (or had participated in the past) in EACH's twelve week abstinence based programme (SDP). Other women were at earlier stages of recovery. This included both those who were new to the service and those that had been service users for some time, but not totally abstinent.

A high proportion reported feelings of isolation and loneliness, and nearly half of the women participants had a diagnosed mental health issue (41%). One in four women reported current or previous experiences of domestic violence and abuse.

Ages ranged from mid- twenties to late sixties.

- 2.3.6. A high proportion had caring responsibilities; all but one service user interviewed were mothers and two were carers of partners with long-term illness or disability. Many of the participating women were mothers with open and active child safeguarding cases.
- 2.3.7. One in five women reported the 'toxic trio' (21%) of substance misuse, domestic violence and mental health.

History of domestic violence, mental health, safeguarding issues

Women with current or previous experiences of domestic violence	30	25%
Women with dual diagnosis (substance misuse and mental health issues)	49	41%
Women with 'Toxic trio' (combination of substance misuse, domestic violence and mental health)	25	21%
Women with active safeguarding concerns	46	38%

Source: EACH Monitoring data 2015

- 2.3.8. Nearly two thirds of Women's Group participants have progressed into positive outcomes. 46 women (38%) had progressed into EACH's abstinence based SDP. Nine women (8%) had returned to paid employment, seventeen women (14%) engaged in voluntary work and thirteen women (11%) returned to education and training.
- 2.3.9. 81% (98 women) achieved and/or maintained abstinence whilst attending the women's only group and self-reported a significant improvement in their emotional health and well-being. 23 women who did not achieve abstinence continued accessing treatment interventions post women's group to meet their ongoing needs.

Outcomes over two years since launching:

	No.	%
Achieved their care plan goals (6 - 12 sessions.(38 achieved abstinence and 60 maintained abstinence)	98	81%
Returned to Paid Employment	9	8%
Returned to Education and training	13	11%
Engaged in Voluntary work	17	14%

Source: EACH Monitoring data 2015

3. FINDINGS

3.1. The analysis in this section is based on feedback from two focus group sessions, nine in-depth case study interview responses and written feedback from 13 women (approximately 20% of the two-year cohort). The sample of respondents is broadly representative of the overall cohort, representing different ethnicities, ages and presenting substance at different stages of recovery.

3.1. Benefits of Women-only support

3.1.1. *Improved women's general wellbeing and their process of recovery*

Overall, all service users interviewed felt that the women's-only group has played a vital part in their recovery. Women stated that attendance in the Group has greatly improved their general wellbeing and quality of recovery. A small proportion of women felt participation accelerated their recovery because they were able to open up sooner than what would have been a case in a mixed group.

3.1.2. *Non-judgemental environment*

Crucially, it has been the single-gender aspect that was identified as a key in making the difference. Many stated that sessions allowed them for the first time to share how they feel and be really listened to. For some this has been a real turning point in their recovery. The **non-judgemental** atmosphere meant that women felt *'they didn't have to hold back'* and were *'free to talk about anything'*.

"I left things out in my life story in the structured group programme [mixed-gender group], as I felt very vulnerable. I would not share that I have been celibate for sixteen years and live in an unhappy marriage, but I was able to talk about it in the Women's Group. Some guys have an agenda in mixed-group, I felt pressured at times."

"Women are not judging you. Sometimes I chat quite a bit, but sometimes I listen and hear how others have found ways of coping. It has been good to talk about things like depression the way you simply couldn't talk to your doctor, as they would just write you a prescription. In here, women come together and help each other."

3.1.3. **Disclosure**

There was a general consensus that women would not have disclosed their feelings and/or life stories so freely in the mixed group. Topics that they felt could only be discussed in single-gender group included experiences of sexual and domestic violence, trauma and mental health, child abuse, expectations of their role as a woman, mother and carer and intimacy issues (such as ‘sober sex’).

“We have all been through the same and this makes it special. I like the positivity about being around other women. Sometimes I may not be feeling brilliant but I still attend as I am not going to be judged and can open up. I can be more honest than in an open group, like able to talk about being raped or childhood abuse. I did not feel comfortable to talk about these issues in the mixed group so left them out of my life story.”

“It was good to discuss intimacy without children being present. My son is seven, but he is aware [of sex]. It was good to learn how to teach kids to protect themselves, where to touch and where not. I found that really useful as it is a very difficult subject to deliver.”

3.1.4. **Feeling empowered**

I felt that shared experiences, empathy and support by their peers (identified as **‘female energy’**) in the group made them feel energised and **empowered**. Many stated that they have become better at recognising how they feel and who they are as a person through discussions in the group, which in turn has increased their confidence.

“I have got my life back. I feel I am not on my own; I don’t have to smile and pretend everything is fine. The group has provided me with that safe haven for exploring and challenging your own thinking. Somehow the shame goes. I cried in first sessions but didn’t feel judged at all. I have become more honest with myself and with others. I have looked forward to going to the group, to have that mix of support and guidance. You are challenged personally. [Attending the Group] has made me realise that I have been playing a role so many years. It is for the first time in years that I wake up and don’t want to give up.”

3.1.5. **Safe space to problem solve**

Service users felt the Women’s Group was a **comfortable** place where they could have a **laugh** as well as discuss sensitive issues in a **safe** setting.

“[The Group provides you] a time when you can let out all your feelings and talk to women who understand what you are going through and giving advice and support to you. There is nothing what’s not useful. Really!”

“The group is absolutely brilliant. It is so nice that you can open up and have a laugh. Girls [attending the group] are absolutely lovely. We get a lot from each other. I am lucky to have an opportunity to go through this process. I cannot think what I haven’t found useful. Sometimes I have to drag myself there but when I arrive, it is such a relief. It is safe and so nice to catch up and have a cup of coffee.”

3.1.6. **Equality and Trust**

Service users felt that unlike a mixed-gender group, there was no sense of competition amongst group members and the Women’s Group was generally viewed as a place where they felt **equal** and **respected** (and importantly not judged). **Trust** was considered as paramount.

“There is no competition. Women are much more empathetic. You always get something out of [the conversations], including joy of supporting someone who might be struggling.”

“In other groups to do with misuse, men dominate. It feels that the society tolerate men misusing more than women.”

“Men want to fix it all, while women are more realistic, understanding and inspiring. It would be more difficult to talk about being in a relationship and about feelings – men don’t think that way.”

“[The Group has helped me in] building sufficient trust in order to feel safe and confidently share private or personal stuff. Sharing stuff is always of great therapeutic value.”

3.1.7. **Contagious recovery**

Participants felt that the group provided them with an opportunity to **identify with other women** and **‘watch people grow and flourish’**.

This was seen as very important element in supporting their recovery. Contagious recovery aspect was important.

“Before I felt like a little girl in adult’s body. Since I started the group, I started growing. I felt that I was becoming a woman. I felt excluded, awkward and weird before. Then I started to feel I am part of this world and it felt nice. I am a mother alongside other mothers. I am part of the society, I don’t feel judged anymore.”

“Other people in the group can relate to me as they feel exactly like what I feel. I used to think ‘I am going mad’, but now know that there are others who feel the same way; ‘not normal’. It gave me a sense of relief, it was the beginning of the end [of my dependency of drugs].”

“Sense of identification and belonging gave me feeling of being valued and loved. I felt listened to and believed.”

Jennifer (not her real name)

Jennifer is in her late thirties. She is a divorcee and has three children. The oldest child is sixteen and is autistic. Jennifer self-referred to EACH after an incident at home meant her children were seen as being at risk by social services. The oldest child reported the incident to the police. He now lives with his father. Jennifer had been using alcohol to self-medicate.

She was born in Tanzania and arrived to the UK about 15 years ago to work as a nurse. She had a very traumatic childhood. Jennifer saw her mother being killed with acid when she was five years old. She went to live with her older sister’s family but was neglected by her family and sexually abused by her brother-in-law and other men. Jennifer had attempted suicide twice, once when she was a teenager and about ten years ago.

Jennifer attended the Women’s Group over a period of five months. She recently completed the abstinence based SDP (at EACH) and has started to attend the Women and Girls’ Network, which is supporting women with background of child abuse. She learnt about the Network through Women’s Group.

Jennifer likes the Women’s Group because there is no judging and she feels equal with other participants. This was the first time she felt she was able to share her background and how she felt inside.

Everyone is equal. I’m not the only one with substance abuse and children. It was such a relief to find out I was not alone. When [her experience] is shared with women, it doesn’t become ammunition. Before I didn’t have boundaries, I didn’t know how to say no. I was a people pleaser. I had this otherness feeling. I never get to bereave for my mother or about what happened when I was a child.

The group has given her something to look forward to. She has made friends and got encouragement from others. Her perceptions have changed. It has also been encouraging to see how other people have changed. Jennifer feels accepted and this has greatly helped with her recovery. She feels privileged that someone cared. If she had not participated in the Women’s Group Jennifer thinks she would still be in the cycle of shame and feel isolated. Her outlook of life has now changed. She is able to take compliments and feel validated. Jennifer no longer feels invisible or ashamed.

This was the first time I was believed. Before, people would just say I was making things up. I realised that I was not crazy. There was stigma and shame but other

women [in the group] were in the same place. I was not alone. I was able to express myself. It made me realise] I am okay, I am not that bad. I fit now, I matter.

3.1.8. **Improved Access and engagement into Drug and Alcohol treatment**

For more than a third of women (46) the women’s group provided an entry point into group treatment. Many women experience high levels of anxiety and are resistant to engaging in group based treatment including in a mixed gender environment. Due to the positive experience women had in the women’s only group they were able to overcome their fears and anxiety and 54 (45%) transitioned to the twelve week abstinence based group programme and open groups at EACH.

3.1.9. **Access to additional support and information**

The Group has been an important source of **information**, particularly where to access additional support and learning approaches to cope with different situations (e.g. role-play tricky situations or coping with bereavement). Many found a recent session about intimacy and sexual health as particularly useful.

“This was a particularly powerful group. At the onset the atmosphere was warm. The content was expansive covering legal, self-rights, relationships (in wider sense) but also truly responsive to needs of an individual or the group as a whole. Great balance of information giving and highly participatory elements.”

“To be honest, I find everything useful. There’s always things or issues that come up whether it be me or another lady say it. I can relate to everything. Also to have a gender specific group like this is brilliant, it’s so useful as there are things sometimes you can’t or don’t want to discuss in front of men. Also there are issues that I find us as women are understanding and are supportive of them more than men.”

3.1.10. **Diversity**

Women also liked the **diversity** of the group in terms of women of different ages, ethnic and cultural backgrounds, life experiences and stages of recovery.

“We are all very different but what we have in common is misuse. The variety is amazing; I am not even the oldest in the group! It makes it totally irrelevant that you don’t know each other or have much in common. We are all women in recovery. Every new person coming in would feel the atmosphere; that it is about listening and sharing.”

“It is useful to have a group of such varied age, experience and faith – but with the common experience of being a woman.”

3.1.11. **Extended Support network**

Women felt the Group has provided them with an extended **support network**. Some have made friends and meet up for a coffee outside of the group. It has been the realisation that they are not alone, that has helped women with their recovery. The fact that there are other women and mothers with similar experiences and feelings was seen as **comforting and motivating**; learning how others had coped with situations was again viewed as paramount to their recovery.

“It has been useful having somewhere to come and not to be judged. Being here has made me see that I am not alone. I am very grateful of that this place is here for us women.”

“This group has been great as people are not judging or annoying. It made me realise that anyone can have issues and have different experiences. I have opened up to talk about not so nice things; I had never done that before. I used to cry in the group a lot and it was a good feeling that no one judged me. It is a release, I feel so much better and stronger as a result.”

“There is comradeship between women attending the group. We might meet for a cup of coffee outside of the group, for example if someone wants to talk through things and need extra support.”

3.1.12. **Respect and inspiration**

The fact that women are at different stages of recovery was identified as important as participants were able to both be **inspired by** others and **be an inspiration** for those at the earlier stages of recovery . Service users felt **respected** and **valued**. This has made them more assertive.

3.1.13. **Improved self-esteem, confidence and relationships**

Women's Group has **improved participants' relationship with their family** and a number of aspects were identified that had contributed to this. Opportunity to discuss their problems frankly and openly and importantly learning there are other women and mothers who are undergoing similar issues, allowed women to **recover their confidence and self-esteem** as mothers and/or partners. Several women felt that the group has made them appreciate their family more and improved relationships with their children and partner.

“Before I took everything for granted. Now I admire my son and have noticed the difference in the way I interact with him. I have become better at communicating with my son and my husband. Before clothes used to pile up in the dirty laundry, now I feel supported in how I feel. My family told me that I have become stronger. The group allowed me to be myself and learn how to deal with my emotions or approach people. I feel accepted.”

3.1.14. **Impact on women's perception and attitudes to statutory services**

As identified early, many of the participating women were mothers with open and active child safeguarding cases. There were also several cases where children were taken into care or adopted. Peer support has been particularly important for these participants, and helped them to cope with the situation. The two case studies below describe recovery stories of two mothers. Further case studies of Women's Group participants can be found in the annex.

Jane (not her real name)

Jane is 32 years old and had a long history of substance misuse. She had experienced a vulnerable childhood with an abusive and alcoholic father and mother. Jane was introduced to heroin when she was 15 years old and left school without any qualifications. She is a mother of two children, a six-year-old who is adopted, and a six-month-old who lives with her.

She learnt about the Women's Group from EACH when she started a six-month residential rehabilitation course nearly two years ago. She started attending the abstinence based SDP and Women's Group about 12 months ago. She feels that the women's group has been very beneficial:

If the detox was the foundation for my recovery, the Women's Group helped me to get out in the community and to find myself. I had done many groups over years. This was something different.

Jane feels that the women-only aspect is a crucial part of her recovery. The group is special because it deals with women-specific issues that they don't want to discuss in front of men. She appreciates the help and support from the facilitator and her peers in the group.

Every week has been helpful. For example, once I was telling how I was stressed because my dad, who is an alcoholic, keeps phoning me drunk and asking to see his grandson when I have told him that I don't want to give access when he is drunk. It was pointed out [by others in the group] that I had not kept my boundaries because I picked up the phone. So even if I thought I had established clear boundaries, I had not. That session was really useful.

Jane feels the group provided her with confidence as a new mother that she would not have got from elsewhere. Without the group support, she would feel more self-conscious about her past. She used to cover her arms and legs before and was very body conscious, but is now happy to wear a t-shirt. She feels the impact of the group has been 'massive'.

I had been using drugs for a long time. I never had a job or finished school. I have been off drugs now for two years and am now a mum. I am proud of myself. I feel so different. I used to feel anxious and looked for reassurance from everyone. I am not looking for that anymore, I now know that what I am doing is working and is right.

Jane feels it is great that the Women's Group is attended by women at different stages of recovery because those on the early stages of recovery can get encouragement and assurance from their peers that they are on the right path and can do it.

It is good to have a mix of people on their journey of recovery. Some have been off 18 months, others four weeks. Those who are new to recovery feel lost and then reassured as others will 'get' where they are. Those who have been off for longer can give advice and show they totally understand; 'I felt like this'. I like to give my advice and share my experience as I remember how it was. The new people help as well, for example understanding emotional issues [to do with having a child which has been adopted]. It is amazing support.

Jane has nearly finished her 12 sessions of Women's Group and feels confident about her future. She is planning to start a course to get her Maths and English qualifications in September in a local college.

Silvie (not her real name)

Silvie is a single mother in her early thirties with two children. She arrived to London from Slovakia more than ten years ago. She worked in a hair salon and rented a room from her employer who became a friend. When she got pregnant with her second child, her employer 'kicked her out' and she lost her job and her home. Silvie lived with another friend for a while but felt she was being pushed away. She contacted the Council for help but there were no permanent homes available.

I was feeling so low. I had paid all my bills for twelve years. I had no friends or anyone to support me. It was cold and raining and I was feeling very lonely. Social services put us in bed and breakfast. I never knew where we would stay next week. It was constant packing and living in small rooms.

She started to drink heavily but wanted to be a good mother. She cooked warm dinners and made sure children were clean. About eighteen months ago Silvie had failed to pick up her

daughter from school. When police arrived to the house she was living in, they found her passed out from drinking. Her children were taken in care and she was referred to EACH.

Silvie started attending the Women's Group to prove she wanted to stop drinking. She got her children back after nine weeks. She felt she needed to continue attending the Women's Group to support her recovery, but could not attend because she had no access to childcare. After four weeks she relapsed and children were taken away from her again. This time she was trialled and put on probation due to child neglect. This made her very upset.

Silvie started attending the Women's Group again. She also started the twelve-week abstinence based SDP. Silvie feels very happy she was able to start the Women's Group again. She feels other people in the group are understanding and not judging her. She can tell exactly how she feels and they have all been through similar emotions.

It was only after the second incident that for the first time I told the group what I had gone through. I was so down after the second incident. I didn't know what to do. I felt it was wrong that I was prosecuted. Then I spoke to one lady [attending the Women's Group] who had gone through the same and she gave me some really good advice. She told her story and how she ended up in prison for eighteen months and lost her children. I found strength in that story; it was really life changing for me. I decided not to fight against the charges. If I would go to prison, I would lose my children. It was difficult but the best way out of the situation.

Silvie feels that the support in the group and being with other women has really helped her. She likes the fact that there is freedom to talk about anything. She felt always happy when she attended the group, where everyone is really friendly. It has been an important element in her journey to recovery.

First you cry and you have bad days but afterwards you feel happier. We help and listen [each other] and have become friends. You can be frank and tell exactly how you feel.

She feels she has become more assertive. Before, she didn't express her feelings but kept everything inside to please other people, but it was making her unhappy. Silvie has learnt a lot. They have used role-play to consider how to tell your family and friends about your problem.

When you stop drinking, it is difficult, it makes you feel anxious. But then you see them welcoming and smiling and they care about you, you can feel it. It changed my life, gave me strength. I am not here just by myself. I am not an alien.

Silvie has also attended the mixed-gender group as part of the 12 week abstinence based group programme, but feels it is more difficult to talk about your emotions in the mixed-gender group.

Men take over. They are less understanding. I am a single mum whose kids went to care. One man commented how women always say that men leave. The comment made you feel that it was men who were the victims. They have no same understanding.

She got her children back about six weeks ago and is extremely grateful for the support provided by EACH and her peers in the Women's Group. EACH worker wrote a letter of support for social services to request for childcare so that she can continue to attend the Women's Group. They had three-way meetings with a social worker and EACH and agreed that Silvie should be offered childcare.

They also apologised that they had not provided childcare earlier. That felt good. If I had not had a sensible key worker, I would have lost my children.

She does not think that she would be in the same place without the support provided by EACH. Without the support she might have lost her children. In the future, Silvie plans to train as a counsellor to support those with substance misuse issues once her younger child starts school.

3.2. Key Best Practice Elements

3.2.1. This review aimed to explore what has been the added value of the Women's Group in supporting service users' recovery. As illustrated in participant quotes and case studies, the Women's Group model is a successful one, and the evidence available suggests that the single-gender emotional support has speeded up participants' recovery. In terms of 'what works' and elements that participants particularly like, the responses tended to describe the atmosphere of the group, information they have received and how the sessions make them feel. The bullets below summarise service user responses:

- **Describing atmosphere of the group:** open, safe, trust, lack of competition, laughter, comforting, patience, diversity, mindful and boundaries;
- **How the sessions make them feel:** safe, not judged, not measured against others, not vulnerable, identification/association with others in the group, feeling equal, respected, being listened to;
- **What participants get out of the sessions:** inspiration, empowerment, support, empathy, energy, respect, confidence, and information and skills (around sex and intimacy, parenting, identification of triggers and coping strategies).

3.2.2. Participants were strongly supporting the current model as it is; "don't fix something that works". Key success elements include:

- **Contagious recovery** model where service users can identify with each other as women and/or carers with substance misuse issues, support each other and '*watch people grow and flourish*';
- **Diversity** in the group in terms of ethnicity, age, social and cultural background but where all participants are women;
- **A comfortable 'safe' setting** where women feel relaxed and safe, with opportunities for informal chats with a cup of coffee followed by more formal sessions to provide information and explore service users' feelings and emotions linked to their substance abuse, mental health and domestic violence.
- **The structure of the sessions** with a 30 min informal coffee break at the start, followed by a check-in. The facilitator picked subjects such as communication skills, boundaries, self-esteem, confidence, life skills, body image, domestic violence – power and control,

health issues that women wanted to explore from check-in sessions, which resonate with participants. A mixture of interactive role-play and informative sessions was seen as working well. It was also felt important to provide an opportunity to reflect and process what had been covered in the session at the end ('check-out');

- **Highly skilled facilitator** helped women process difficult issues, facilitated discussion and exploration within a therapeutic non-judgemental and empathetic environment. The facilitator was identified as having great skills in ensuring everyone feels comfortable and included giving time for those who need it and addressing complex issues in a safe space.
- **Clear boundaries** that everyone was aware of including respecting one another and providing the opportunity to be listened to. All women felt boundaries were important as they helped to provide a safe and comfortable setting. *"Firm boundaries made me feel safe"*;
- **A rolling programme** which is open to those accessing EACH's twelve week abstinence based group programme. This can further speed up recovery of those in the abstinence based programme and facilitate the process of recovery.

3.2.3. Areas that participants would like to explore in greater depth in future sessions included:

- Assertiveness skills and building resilience including relapse prevention and refusal skills through role play
- Parenting skills and family dynamics
- Domestic violence education
- Sessions to explore and build self-acceptance and self-awareness
- Communication skills
- Information about sober sex, intimacy and sexual health
- Relationships
- Volunteering, education and employment
- Information and Advice

Participants reiterated the sessions should be kept as they are and not to forget the fun element.

3.2.4. Main gap in the service identified by participants was the **lack of childcare**. Participants felt it was not appropriate to bring children to the group but lack of childcare meant that those with smaller children or older children during school holidays were not able to attend the group.

3.3. Learning for EACH

3.3.1. Discussions with staff delivering the project highlighted key learning:

3.3.2. ***A 'bridge'***

The women's group provided a 'bridge' from less structured services into an abstinence based service and prepared participants for more structured work, as demonstrated by the number of women (54) who go on to participate on the abstinence based SDP.

3.3.3. ***A 'safety net'***

The group also helped to facilitate women through their recovery by providing a safety net, thus adding to their experiences of contagious recovery. As a safety net, the group provided space for women to talk about their concerns and issues that they felt could not be addressed within the abstinence based SDP or which they themselves did not want to raise (as demonstrated from the qualitative responses).

3.3.4. ***A holistic response to women's complex needs***

The group has allowed EACH staff to explore and address inter-related and complex issues in one space, providing a more holistic response. For example, it has enabled EACH to provide a step-in/step-out safe space for women experiencing 'toxic trio' issues and other challenges due to their personal circumstances (e.g. safeguarding and vulnerabilities). This has reduced the risk of women falling into the gaps between different services to meet their needs around substance misuse, mental health (dual diagnosis) and domestic violence. This is demonstrated in their engagement and that they felt they could learn about other overlapping issues and other sources of support. Thus a better, consistent relationship with not only each other but also with EACH enhancing their experiences of recovery that took into account all of these complex needs.

3.3.5. ***Effective model of working with women to achieve abstinence***

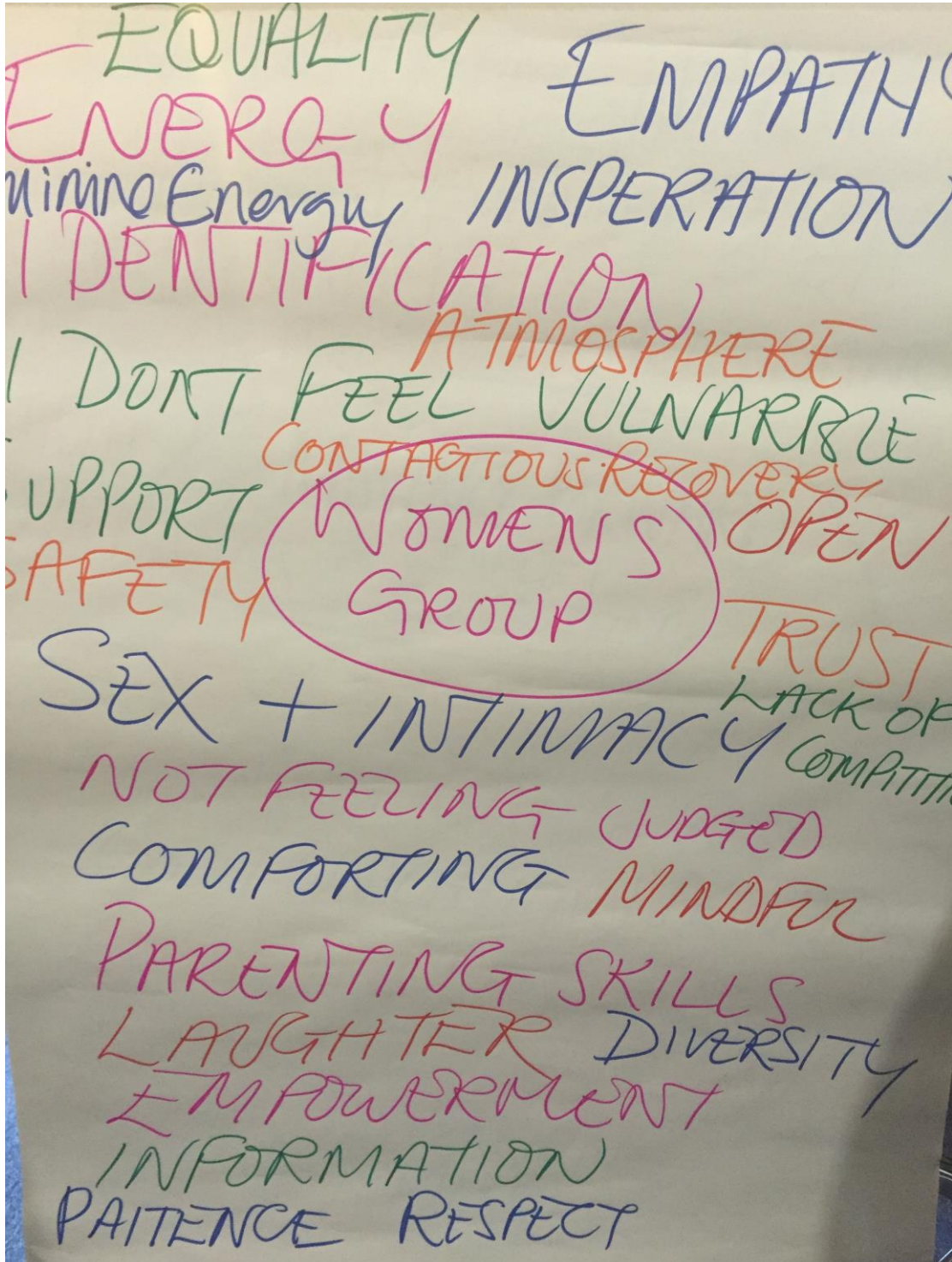
The proportion of women participating in EACH's abstinence based programme has increased since the launch of the women's group. The high level engagement of women (44% over the 2 years in the abstinence based SDP) clearly demonstrates that this model is seen as relevant by women and effective in helping them to sustain meaningful outcomes related to their health and social well-being in the long term.

ACKNOWLEDGEMENTS

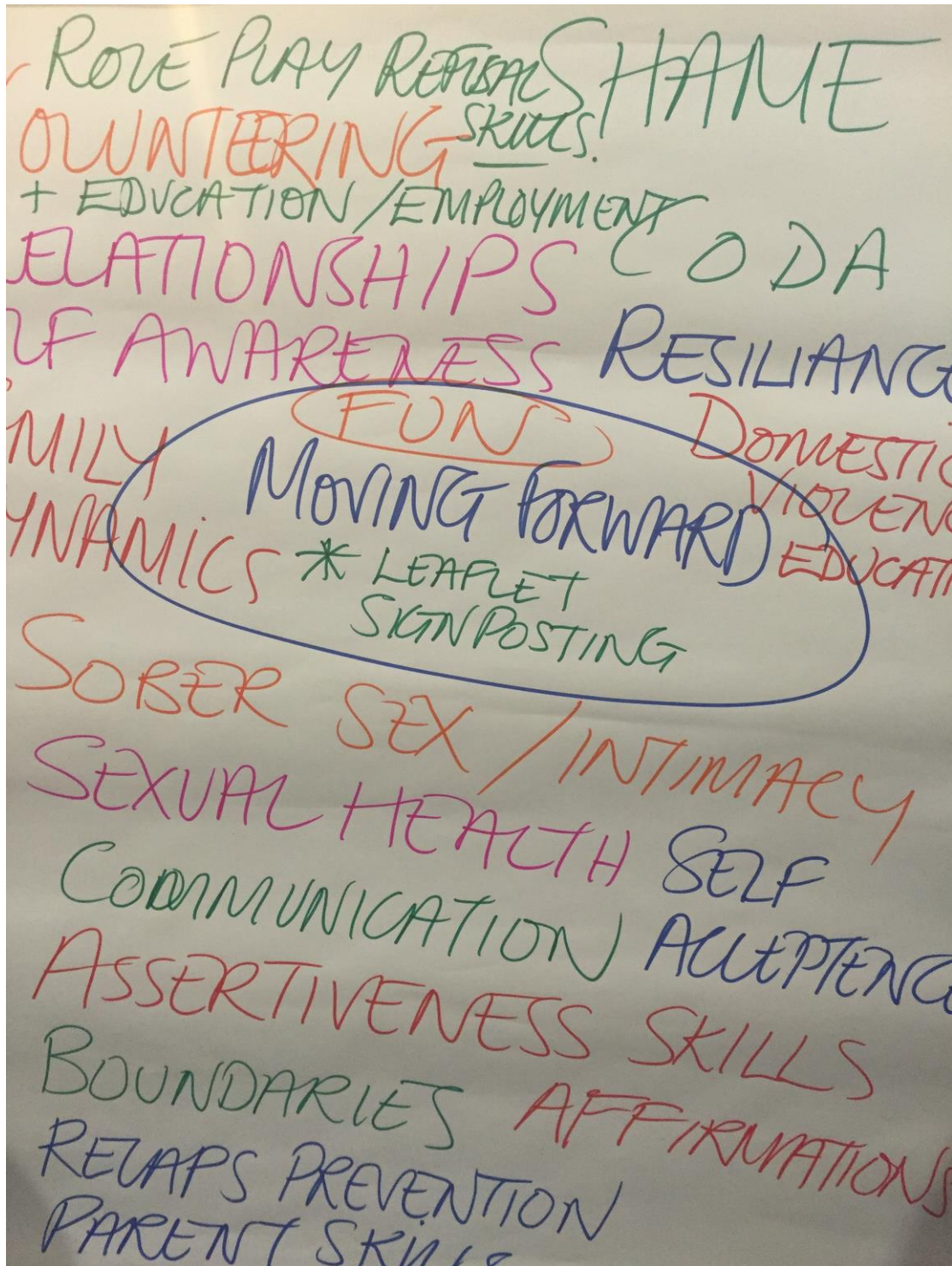
The author would like to thank all the women who agreed to participate in this research, in particular the eight women who shared their life stories and consented to be included in the research as a case study. We would also like to acknowledge support by EACH staff, in particular by Sandra Machado (EACH Director), Lakhvir Randhawa (EACH Deputy Director), Lindsay Canham (EACH Project Manager Ealing RISE Abstinence based Hub), and Gail Ferguson (Women's Group facilitator, EACH RISE), for their participation in meetings, engaging with service users to participate in the research, and for giving advice and practical support to the research team.

ANNEX A FEEDBACK FROM PARTICIPANTS

A1 What has been good about the Women's Group?



A2 What would you like to explore in future sessions?



B1 Case studies to illustrate issues faced by participants and how the Women's Group has contributed to their recovery.

Mukta (not her real name)

Mukta is in her late thirties and learnt about the Women's Group a few months ago when she started attending EACH's twelve week Abstinence based Group Programme. She was born in India and arrived to the UK seven years ago after living in the US.

Mukta has been attending both the mixed group as part of the abstinence based SDP and the Women's Group. She has also been supported by social services for the past 18 months because there had been child protection issues due to her alcohol misuse. Social services got involved when she had taken her son to a hospital after an asthma attack and the hospital staff noticed she was under the influence of alcohol.

Mukta was hospitalised about 12 months ago because she had developed a liver disease and jaundice due to excessive drinking. She had been using alcohol since her late teens but the drinking had escalated in the past five years. Her GP referred her to EACH for support. She relapsed about six months ago and social services got involved

She likes the Women's Group because she is able to be comfortable and honest. The facilitator and service users attending the group are welcoming and supporting, and there are women of all ages. She has missed sessions only when her son was ill and she was not able to arrange childcare and after her mother passed away recently.

I like the fact that you can be honest, have that trust with each other. Hearing each other's stories brings confidence. You start to think, okay, I'm not in such a bad place. You start to consider yourself. You see where they come from and where they are now. You can relate and think 'yes, I've been there' or 'I can be there' [in the future].

She feels that Women's Group has built her confidence and made her more assertive. She feels she now knows where her issues are. Service User also likes the atmosphere and physical surroundings of the Women's Group:

It's great! It is so comfortable and cosy, so relaxing. It is separate from EACH so it does not feel like a recovery service. I love the group leader, but the group is actually run by the women, we are the voice. It's like a domino effect; everyone is comfortable. Some days you don't feel like talking and that's fine.

She feels that she would not be able to access similar support from elsewhere. For example, she is part of the local sewing group but could not share openly about her battle with alcohol.

Harriet (not her real name)

Harriet is a retired teacher in her late 60s. She was also a carer for her husband who had a long-term illness until a month ago, when he passed away. Harriet was referred to EACH six months ago when she had attempted to give up alcohol alone but after seven sober months had a relapse. She was upset that she could not control her drinking and had realised she needed help with her addiction.

Harriet started to attend the Women's Group two months ago. Her key worker suggested Harriet to attend the Women's Group while she was waiting for the next abstinence based SDP to start. Harriet did not really want to attend the group at first. She was worried others would gossip about her or that she would not get along with other women in the group. She describes

herself as a 'bit of a loner', feeling confident and comfortable on her own. She has been pleasantly surprised by the atmosphere and diversity of the group.

I am confident on my own, I didn't think I was going to feel comfortable in a group setting, but I do. I like that everyone listens to you. On the whole if I want to share something in check-in time I can. There is respect that everyone has a story to tell and need time. Sometimes it is you. There is no thinking 'ought I share this?' or 'is this the right place?'; the only thing that matters is what you need.

The only week she has not attended the group was when her husband passed away. When her husband died, she needed to be out of the house but not with her family. The group provides space for herself and people who understand and are dealing with similar issues. Harriet feels still very raw from the experience and finds it incredibly emotional. She now knows she needs to be with people. The group made her feel comfortable and safe. When she is in the group, she is not thinking her daily problems, her day-to-day hurdles.

Harriet feels it is important that the group is for women only because women have different experiences and approach recovery differently; *women don't interrupt or offer solutions but share their experiences*. She also likes the boundaries and structure of the group, in particular the time to check-in and check-out where women can share their thoughts without any obligation or expectations.

No one is obliged to open up if they don't want to. No one asks 'are you sure you are okay?' if you don't feel like opening up. You don't always want to talk until you have internalised [issues around recovering from an addiction], otherwise there would be a tendency to share wrong things.

Harriet felt very uncomfortable to share others in the group that she had recently relapsed. Not because she would be judged but because she would cause disappointment. However, she feels the group support has been powerful.

The other women in the group are the only ones who care about your recovery as they are also going through it. There is an acknowledgement that all are tempted and some relapse but that it is not the end or making you less valued – let's look at the future instead. Others [outside the group] would be finding excuses but not really understand...it is good that you are not pitied but responded with empathy and sympathy – that is important.

Harriet feels she is now much more honest; the group has reinforced what she had learned as part of her detox course. The support has enabled her to be more comfortable, open and honest about things that have happened in the past. She feels that she would not be as confident about sharing her feelings and past in mixed groups.

I've found Women's Group to be excellent. My self-esteem and confidence has grown so much! I feel less self-conscious and more assertive. I have put boundaries in place and am sticking to them. Women's Group has done that for me and I will be forever grateful. Thank you!

Angela (not her real name)

Angela first accessed the service six months ago after she split up with her partner. There had been many arguments due to her drinking. She had a well-paid job in a senior position, which she lost ten months earlier due to alcohol. She had gradually started drinking heavily for the past five years to help her cope with panic attacks and other stresses in her life.

Angela accessed detox five months ago but relapsed. She then re-entered detox and successfully completed the course a month ago. Angela decided to come to the Women's Group after she had met some women who had already used the service. She felt a bit anxious about the group setting, but is now glad she attended the group. She has now attended four Women's Group sessions. She likes the fact that everyone in the group speaks openly and learns from each other. It is a very organic approach which she likes as other groups are typically much more structured.

I had tried AA in the past but it was not suitable as I was early on my recovery. Majority of the others had been long-term [sober], while I was still struggling. This was different; I get excited when I get up, they are such lovely people who totally understand where you are.

Angela feels the group support has been fantastic. She has learnt from other people, for example how different cultures or religion affect their approach to life. There have been specific issues they have talked about, like domestic violence and bereavement. Angela had recently lost her grandmother and found the discussion about how to deal with the situation very useful (e.g. think in advance how to avoid drinking).

It has been so useful. It has given me confidence. I love the fact that I can talk about anything. I would not speak about things like my divorce or my anger of the financial situation with my mum, as I don't want to worry her.

Things have already changed in her life because of the support received in the Women's Group. Angela feels more confident and supported. She has found it reassuring there are other people she can talk to. The group has provided her with a place to go, it is reassuring to know it is there. This support network is important. She would feel a lot less confident or balanced without this support. Angela has now started the SDP and is feeling very positive about her future.

Ruby (not her real name)

Ruby is a single mum in her late thirties and lives with her eight-year-old daughter. She had used heroin and crack cocaine in the past but been clean since she had a baby eight years ago. Ruby was referred to EACH by her GP after her alcohol use had spiralled out of control. In a short period of time there had been a lot of turbulence in her personal life; her good friend had died and she had split up with her partner. The relationship with her ex-partner had been very abusive.

Ruby found out about the Women's Group from another service user in EACH and has been attending the Group for the past few months. She tries not to miss the weekly sessions and finds the support in the group 'absolutely brilliant'. Only time she had not been able to attend is when her daughter is out of school, as she has no access to childcare. She particularly enjoys the company of other women in the group.

Ruby attends EACH mixed-gender open group as well as the women's group. She finds both groups useful but feels there are certain things that she would not speak about in a mixed group without feeling vulnerable. She had recently opened 'quite a bit' in one session in the mixed-gender group, which she now regrets as it made her feel judged. This is why Ruby feels it is important to have a women-specific service.

It can be very lonely to be a woman [as a service user]. Because you have to look after your kids, you cannot just walk in [to the rehabilitation centre].

She feels that the service has made her strong and helped her to realise that she can 'do anything'. Ruby likes the fact that women attending the group are at different stages of recovery

and have different backgrounds. The fact that she can see others who are further in their journey of recovery gives her strength and something to aspire for. She no longer feels alone.

Everyone is so different. It has helped me to have that connection with these women who have also been there. I am still a bit nervous but everyone is so relaxed, open and honest. It is rare and I am so lucky to have it...It has given me strength; that I am not going through it alone. It has made me feel lucky when I hear what some other women have gone through of when I hear stories about someone losing their children. I can't see how to get your head around that, but they have. They have accepted it. Realising that is quite powerful.

Ruby finds the peer-to-peer support is a particularly powerful aspect of the service. She feels she would not be feeling as good about moving on with her detox without being able to talk about it with other women in the group.

Ruby feels positive about her future. She is in regular contact with social services and has a good relationship with her key worker.

I see my future where I have stopped drinking and become healthier. Perhaps do some voluntary work, like supporting those with history of domestic violence or substance misuse.

Emma (not her real name)

Emma is in her mid-fifties and has a long professional career in a senior role in education. She is a home-carer of her husband who is disabled. Emma has had episodes of depression, and started to self-medicate with alcohol, which dampened her feelings but also stopped antidepressant from working. Her GP referred her to EACH's abstinence based SDP. A member of staff in EACH suggested her to attend the Women's Group. Emma had accessed talking therapy in the past, which she did not enjoy, so had reservations about the Women's Group. She had run groups herself in the past so was nervous to attend one as a participant.

Emma has really enjoyed the group, in particular that it is a women-only group. This means they can talk about sensitive issues, which would be difficult to have frank conversations in a mixed group, as men do not want to hear or talk about these things. Emma likes the group because everyone attending are open and honest. She enjoys the fluidity of the sessions and how the facilitator can just pick up things from check-ins.

Someone might talk about bullying, or harassment or abuse and it would resonate with you. Role-playing through different scenarios has been useful as it is good to put in practice skills you had learnt. It has been good to learn different techniques to have personal boundaries and learn different ways to say stop.

The support has helped Emma to share how she feels with others in the group. She feels that if she had not attended the group, her recovery would have taken longer. She feels much more confident with herself, much freer and not judged. Emma feels the Group support has made her more assertive and confident. She feels a lot stronger. There is comrade reshaping between women attending the group. They might meet for a cup of coffee outside of the group, when someone wants to talk through things and need extra support, when they have to organise a funeral for a loved one or have a court case coming up, for example.

Emma feels it is important to offer support when someone is struggling but that boundaries are also very important.

People have hiccups but there has never been a time that someone would have come to the group drunk. The group is known for its fixed boundaries that are not negotiable.

There was someone in the group who was struggling after bereavement. She trusted us and we were able to support her as we have struggled too, so know how it's like.

Emma feels she is now halfway to her journey to recovery and committed to keep going. She has completed the 12 week abstinence based group programme and is considering a career change, perhaps training to be a counsellor to support troubled young people. She hopes that the Women's Group will continue, as it is unique and makes a real difference in women's lives.