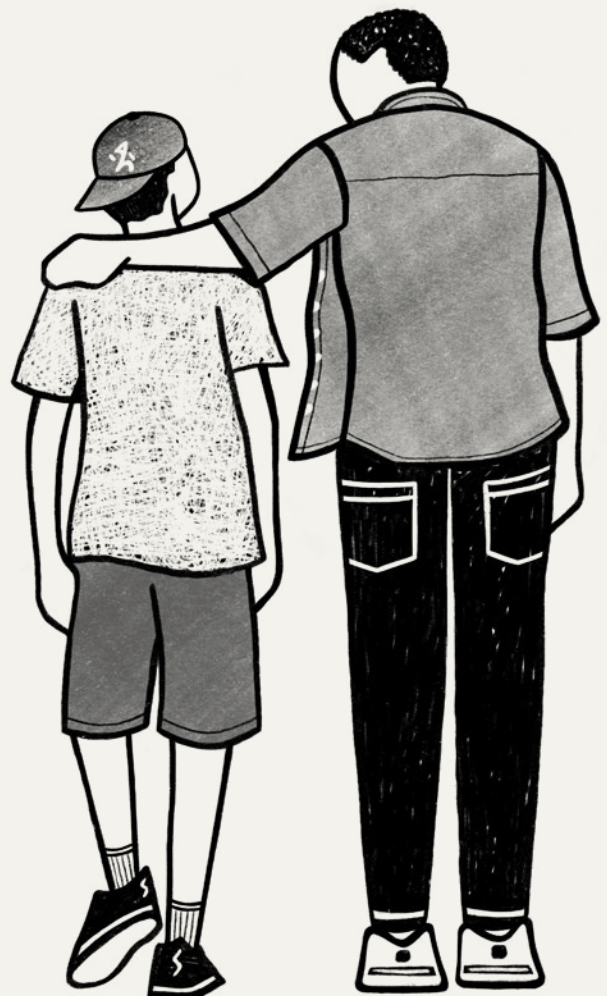


RESEARCHING EFFECTIVE APPROACHES FOR CHILDREN REACH

A five-year plan to find out what works to prevent domestic abuse & support child victims





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WHAT IS THE PROBLEM?

Around one in five children are affected by domestic abuse in the UK. The social and economic cost stands at £74 billion a year.¹ The impact on children is devastating and long-lasting, affecting every aspect of their lives, from their mental and physical health to their ability to form positive and healthy relationships in the future. It is the most common reason why children are referred to children's social care, and a factor in over half of Serious Case Reviews, creating enormous pressure on public services.²

In a critical step forward, the Domestic Abuse Act 2021 recognised children as victims in their own right. However, support for these children is patchy. Research carried out by the Domestic Abuse Commissioner in 2021 showed that just 29 per cent of victims and survivors reported that they were able to access the specialist support they wanted for their children.³ Services that are available depend on precarious and short-term funding.

Alarmingly, we can't yet say with confidence what works to support children affected by domestic abuse, or what works to prevent domestic abuse in the first place. There are no services in this country which have been rigorously evaluated and proven to have an impact on children's outcomes. This doesn't mean they don't work, but it does mean we don't know whether they work. We have identified more than 100 programmes designed to support children affected by domestic abuse. Fewer than a third of these had been evaluated, and even where evaluations had been carried out, they were unable to tell us whether the programme worked.⁴

This needs to change. Good evaluation gives us answers about whether programmes work, how they work, and who they work for. We need these answers to ensure that children who suffer domestic abuse can access the best possible support to help them recover and go on to live happy and healthy lives. We need to know how to respond effectively to the problem of domestic abuse and reduce the enormous burden it is placing on public services already under acute funding pressures. Once we know which approaches work best, we need to make sure these are widely delivered, both locally and as part of a nationwide plan to drive down the prevalence of this pervasive and insidious problem.

Many of those working with children are keen to evaluate their programmes but are instead focused on securing year-to-year funding and fighting to ensure their service can continue. Impact evaluation is incredibly challenging when services are constantly evolving in response to the latest funding round. This lack of robust evaluation prevents service providers being able to demonstrate that they improve outcomes for children and offer value for money, and so they continue to be seen as a non-essential 'nice to have' service for local authorities under intense financial pressure.



1 IN 5

children are affected
by domestic abuse

1 Home Office, 'Tackling violence against women & girls': July 2021. Available at: <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy>

2 Children in Need Official Statistics, Reporting year 2023. Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need>

3 'A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales', Domestic Abuse Commissioner 2021. Available at: https://assets.publishing.service.gov.uk/media/6385d76ae90e07789d0206fd/E02828098_A_Patchwork_of_Provision_Accessible.pdf

4 EIF, 'Improving services for children affected by domestic abuse' (2021). Available at: [Improving services for children affected by domestic abuse | Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk/improving-services-for-children-affected-by-domestic-abuse)

WHAT DO WE NEED?

We urgently need to establish what works to prevent domestic abuse, and to support the recovery of children who are victims of it.

This needs significant and sustained investment into high quality impact evaluation. Right now, there are very few programmes that are ready to be evaluated in the domestic abuse sector. Many existing programmes have evolved over time or in response to funding criteria. They do not have a clearly defined theory of change which sets out precisely what they do and how that activity will lead to the outcomes they want to see for children. They do not routinely collect the data needed to demonstrate outcomes. These are all things that need to be in place to make evaluation possible.



An ambitious five-year plan to become the first country in the world to identify proven approaches to preventing domestic abuse and supporting child victims.

Our plan is underpinned by four principles:

Principle 1:

We will work alongside services to prepare for impact evaluation and will not evaluate services before they are ready.

Our plan includes intensive work with providers to develop their services and interventions so they can be evaluated. This will involve ensuring services have a science-based theory of change and are clear about the target population and the outcomes that they are seeking to improve, as well as establishing the potential for impact evaluation and the best ways to evaluate.

We know that rushing to impact evaluation before services are ready is a mistake. If we try to evaluate for impact too soon, we are unlikely to find positive results. Expensive impact studies which are inconclusive and fail to find an effect are not helpful for anybody.

Principle 2:

Rigorous impact evaluation is the only way to prove that something works to improve outcomes for children.

Testing for impact using rigorous methods is the only way to establish that something ‘works’ and that the service has directly led to improved outcomes for children. The impact evaluation will typically be a randomised controlled trial (RCT), although other evaluation designs may be appropriate in some cases, notably where we are considering system-level interventions. We will work closely with programme providers to decide on the best approach.



Principle 3:

We will have the most impact if we test approaches across the spectrum, from prevention through to helping children recover.

Domestic abuse is not a problem that will be solved by a single service or intervention. To break cycles of domestic abuse and keep children safe, we need to identify a set of evidence-based services that can be made available in local areas and are suitable for a range of child and family needs, as part of ‘whole place’ approaches.

We are interested in evaluation of approaches that already have some evidence of promise, and will focus on the following:

- **Prevention and identification services** to reduce the risk that children will suffer from the harm caused by domestic abuse. These include interventions which identify families during key periods of risk, such as pregnancy, being first time parents, and relationships in early adulthood. International evidence shows significant promise for these approaches to reduce social care involvement and improve outcomes.⁵ We are also interested in schools-based healthy relationship programmes, which can be effective in reducing the risk of children becoming victims or perpetrators in later life.⁶
- **Family-based programmes** which work with families where domestic abuse is already a problem. These interventions include those that work with child and parent victims, either together or individually, as part of the same intervention. Some also include an element of work with the perpetrator, focused on behaviour change. There is some evidence that practice models, such as systemic family interventions, can reduce the need for social care, with reported improvements in children’s emotional and behavioural outcomes, and family functioning.⁷
- **Recovery services and therapeutic programmes for children and young people**, which can support children’s recovery and improve their life chances if they have experienced domestic abuse. There is promising evidence from the US for approaches based on Cognitive Behavioural Therapy (CBT) or Parent-Infant Psychotherapy, but much less evidence for other therapeutic approaches like Person-Centred Therapy, which are widely delivered.⁸
- **System-level interventions**, from workforce training to more complex, ‘multi-agency’ or ‘whole system’ approaches. These approaches are the hardest to evaluate but they may hold the most promise in terms of finding out what works and using this to shape local approaches across the country.

5 Early Intervention Foundation (2022), ‘What works to improve the lives of England’s most vulnerable children: A review of interventions for a local family help offer’. Available at: [What works to improve the lives of England’s most vulnerable children: A review of interventions for a local family help offer | Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk/what-works-to-improve-the-lives-of-englands-most-vulnerable-children-a-review-of-interventions-for-a-local-family-help-offer)

6 Niolon, P.H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., Gilbert, L. (2017), ‘Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies and Practices’ Available at: <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

7 Barlow, J., & MacMillan, A. (2023), ‘Improving outcomes for children with child protection concerns who have been exposed to domestic abuse’. Available at [improving-outcomes-for-children-with-child-protection-concerns-who-have-been-exposed-to-domestic-abuse.pdf \(foundations.org.uk\)](https://www.foundationsofchange.org.uk/improving-outcomes-for-children-with-child-protection-concerns-who-have-been-exposed-to-domestic-abuse)

8 Diehle, J., Doreleijers, T.A., Jansma, E.P., & Lindauer, R.J. (2013), ‘Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: a systematic review’, *European child & adolescent psychiatry*. Available at <https://pubmed.ncbi.nlm.nih.gov/23266844/>

Principle 4:

It is crucial to ensure that victims and survivors are fully engaged in REACH.

The experiences and views of people who have experienced domestic abuse – either as children or as adults who have sought help for their children – will be critical to the success of this plan. We will work with partners who have experience of engaging victims and survivors to harness the power of existing survivor networks. We are committed to ensuring that victims and survivors inform our work and are given power in decision making. They will be heavily involved in selecting the services we work with at the first stage of this plan so that we can be sure the services that we evaluate are the ones that victims and survivors want to be available for families.

Understanding the experiences and harnessing the expertise of victims and survivors will also be a critical part of the evaluation process. The views of victims and survivors should shape how services are delivered and inform evaluation questions and methods, including approaches to data collection.

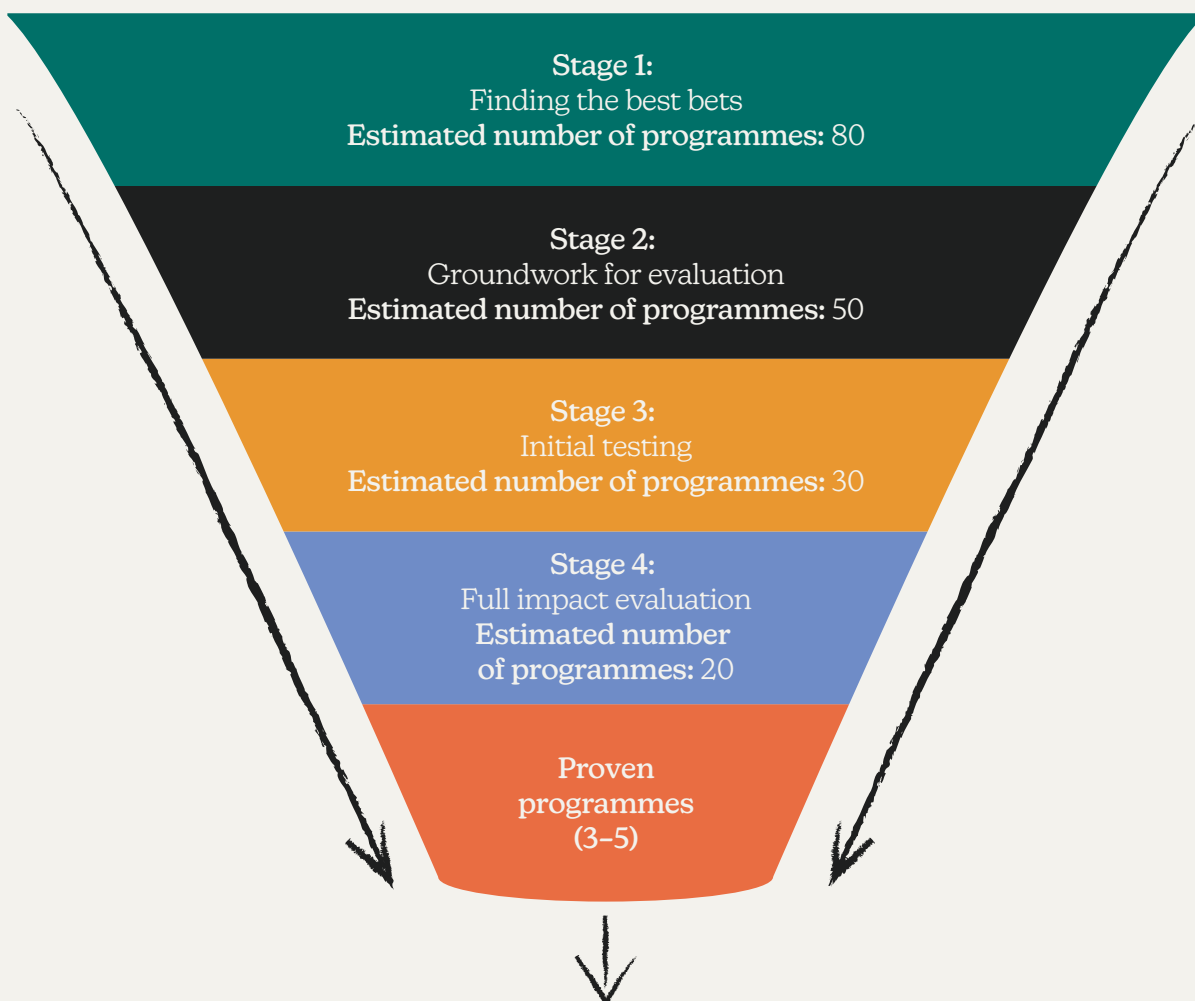
THE REACH PLAN

This plan is tightly focused on the end goal of finding results from robust impact evaluation and sets out the four stages that will get us there.

It is helpful to think of these stages as a funnel. We will need to work with a wide range of service providers in the early stages to identify enough promising programmes that can be evaluated. We are committed to ensuring that we do not exclude small, grassroots organisations from this process, including those delivered by and for minoritised ethnic groups, even though there can be additional challenges in evaluating these services (for example, in achieving sufficient scale and sample size). Each stage of this plan will help the service providers we work with to strengthen their services and increase their readiness for evaluation, as well as enable us to identify the strongest delivery models that are ready to be evaluated for impact.

Our plan is to take around 20 programmes through to full-scale impact evaluation, and we expect that between 3 and 5 of these will find a positive effect. We are confident that this is possible through concerted work and effort at the earlier stages of the funnel.

Fig. 1: The evaluation 'funnel'



As part of this plan, we need to tackle some of the long-standing barriers to impact evaluation in this space. We need a standard set of outcomes for programmes or services (the changes we expect to see for the individual child or the family) and agreed ways to measure these. We need to solve problems relating to data availability and data collection methods: supporting service providers and local authorities to routinely collect more, and more consistent, data about families and children affected by domestic abuse, to enable service improvement and evaluations. In all this work, we need to make sure that smaller, local services and those delivered 'by and for' minoritised ethnic groups are included and supported on the journey to impact evaluation.



Stage 1: Finding the best bets

Finding the very best programmes to develop and evaluate is essential and we have already started this work. We are casting the net wide and undertaking a comprehensive review of what is being delivered in England, drawing on the extensive mapping work being led by the Domestic Abuse Commissioner. We will scour for international examples of the most promising interventions and find the most promising delivery partners. We will also find ways to include grassroots, community-based services and programmes that specifically work with minoritised ethnic families, and will give victims and survivors decision making power in this process. Our plan is to identify at least 80 programmes that have a promising delivery model and the potential to work with us and progress through the ‘funnel’ towards impact evaluation.

Stage 2: Laying the groundwork for impact evaluation

We will take around half of the services identified in stage 1 through to stage 2, funding them and working with them to support delivery and lay the foundations for robust evaluation. This will involve intensive work with service providers, evaluation experts, and families to develop strong, science-based theories of change that describe how the service will lead to positive outcomes for the child and/or family.

We know that there are programmes that have done this work already and which will be ready to progress straight to stage 3. Many others will have more work to do, and this stage will vary in length from 3 months to as long as 18 months. We only want to invest in impact evaluation when we know that the service model is strong, evaluation at this level is viable, and that there is a good chance of finding a positive effect.

This stage has value for all the service providers we work with, whether they progress to stage 3 or not. These providers will benefit from support to strengthen their delivery models and will be clearer about the outcomes they are seeking and the ways in which they might measure these outcomes. This should ensure that all participating programmes will be easier to evaluate in the future.

Stage 3: Initial testing

When we are confident that the delivery model is strong and that evaluation is possible, we will run an initial impact evaluation. We expect to be able to take up to 30 programmes through to this stage. We will first undertake a small pilot study to make sure that the service and evaluation design can be implemented well, that participants can be recruited, and that data collection is feasible. When we are satisfied that an impact evaluation is achievable, the pilot study will then be expanded to an efficacy study. An efficacy study will tell us what the impact of the programme is under tightly controlled conditions, as well as how and why it works, and who it works for.

Stage 4: Full impact evaluation

The initial impact evaluation gives us preliminary evidence about whether something works. But we then need to test to see if the service works in a messy, 'real-world' environment. This will involve testing the programme with a large-scale impact evaluation. If it is delivered well and the evaluation concludes that it works, then we can have confidence that it is likely to work in other places. These are the services that we would recommend for wider delivery. We expect to take up to 20 services through to full-scale impact evaluation, with the ambition of finding a positive effect for between 3 and 5. This may sound modest, but would be a huge achievement within five years, positioning the UK as a world leader in understanding what works to prevent domestic abuse and support child victims.

Foundations is committed to championing the expansion of approaches found to have a positive impact to all eligible children and families.



TIMELINE

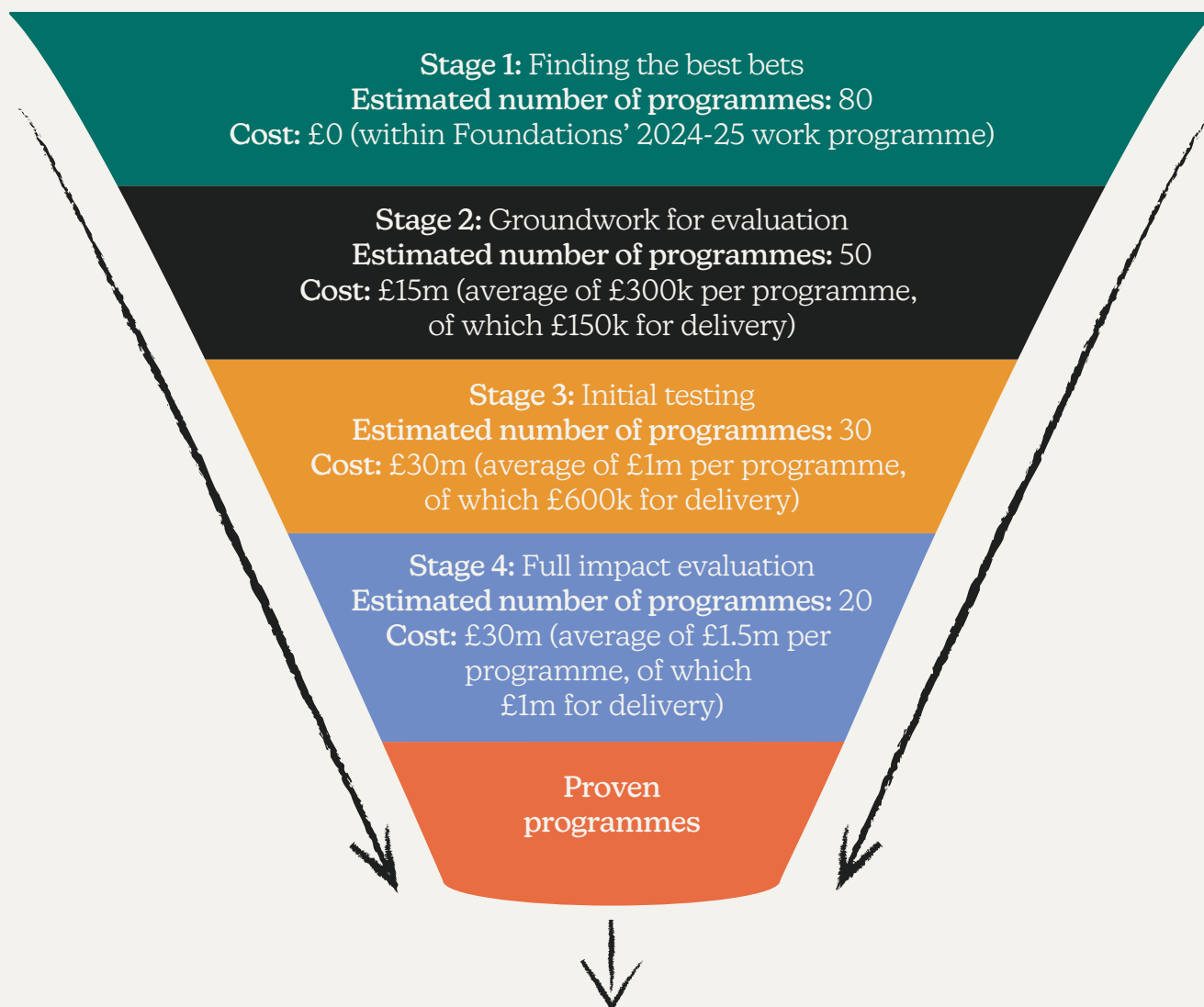
Five years is an ambitious timeframe, as anybody involved in conducting impact evaluations will know. We are not naïve about this but think it is possible with the right investment, the right amount of work upfront, and with careful selection of service providers in the early stages.

BUDGET

At Foundations, we have already begun initial work to deliver this plan. We are investing £2.6 million in 2023-25 and are conducting initial testing (pilot RCTs) of **For Baby's Sake**, **WeMatter** and **Bounce Back 4 Kids**.⁹ We are also laying the groundwork for impact evaluation of **Restart** and **Breaking the Cycle**. In addition, we are considering ways to transport **Fathers for Change**, a programme with promising evidence currently being delivered in the US, and tailor it for the UK context. We are continuously searching for other best bets but we need to go much further. This work needs rapid expansion and acceleration.

Implementing this plan will need an overall investment of **£75 million over five years**. This is around 0.1% of the estimated £74 billion annual social and economic cost of domestic abuse.¹⁰ Over £45 million of this will be for service delivery.

Fig. 2: Estimated costs per stage



⁹ Funding for the For Baby's Sake, Bounce Back 4 Kids, and WeMatter evaluations includes £736k funding via the Evaluation Accelerator Fund run by the Evaluation Task Force, a joint Cabinet Office-HM Treasury unit providing specialist support to ensure evidence and evaluation sits at the heart of spending decisions.

¹⁰ Home Office, 'Tackling violence against women & girls': July 2021. Available at: <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy>

The 'per programme' costs are average estimated costs and will vary considerably in practice. To give an example, a practitioner training programme, delivering standard content, may have a per participant cost of £1,000. A therapeutic intervention working with the whole family intensively over a long period of time may have a per participant cost of £13,000.

This level of investment is broadly comparable to government investment in other programmes of delivery and evaluation to support children. The Children's Social Care Innovation Fund invested over £300 million in the delivery and evaluation (mostly at stage 2 of our funnel) of around 150 programmes, giving an average cost of £2 million per programme. The latest round of the Home Office Children Affected by Domestic Abuse (CADA) fund (2023-25) – for organisations working with children affected by domestic abuse – has allocated over £10 million to eight projects, and it is unlikely that any of these projects will be ready for impact evaluation in the funding period.

The REACH Plan will require investment and collaboration from a range of partners. We are proposing that £50 million over five years should come from government investment via the next Spending Review. As Foundations, we will commit £10 million of funding over the next five years. We believe the remaining £15 million can be found through investment from research funders, and trusts and foundations.



TAKING ACTION TOGETHER

We cannot go on as we are – despite the tireless efforts of those delivering services, we are operating in the dark about how best to support children and relying on a 'something is better than nothing' approach to providing services.

At Foundations, as the What Works Centre for Children & Families, we want to play our part by investing our own funding, brokering sustained investment in the sector to enable impact evaluation, and assembling the collaborations needed to prevent domestic abuse and support child victims. With the backing of politicians, civil servants, research funders and, critically, those delivering services, we can get there.

It's worth it – children who are at risk of domestic abuse or who suffer domestic abuse deserve the best possible support to go on and thrive in life. This will come from evidence-based services. Leaving issues unresolved in childhood is not an option, either for our society or economy. Public services are increasingly overwhelmed by struggling to deal with the consequences of domestic abuse. We need greater certainty about how best to prevent and tackle this huge societal issue.

Let's commit to this plan, rise to the challenge, and become the first country in the world to identify a set of proven approaches to preventing domestic abuse and supporting child victims.

// Foundations

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