

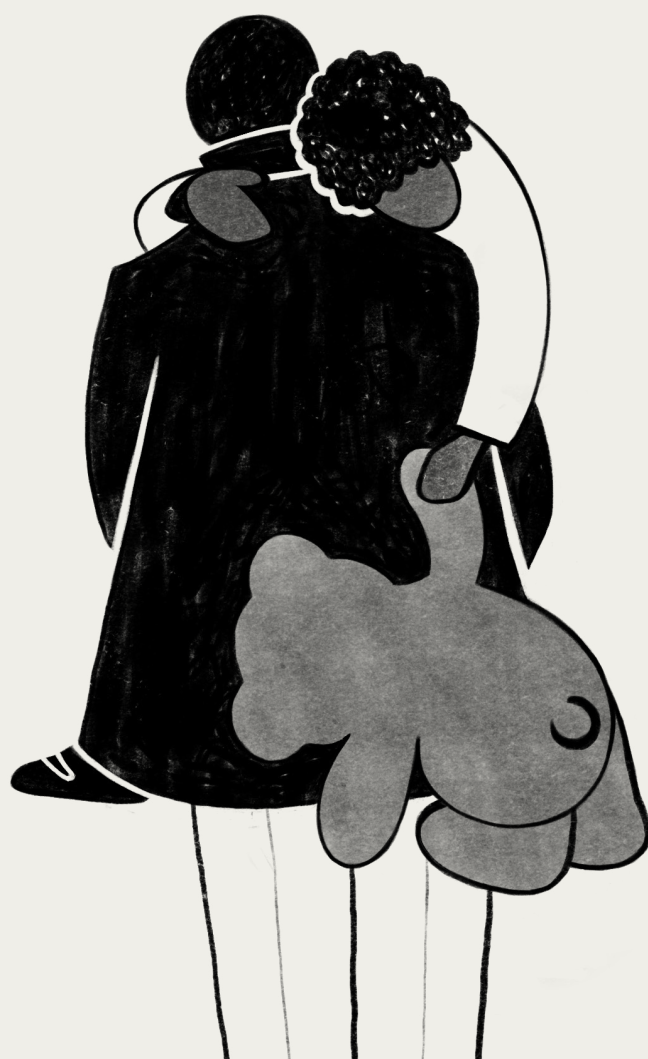
RESEARCHING EFFECTIVE APPROACHES FOR CHILDREN **REACH**

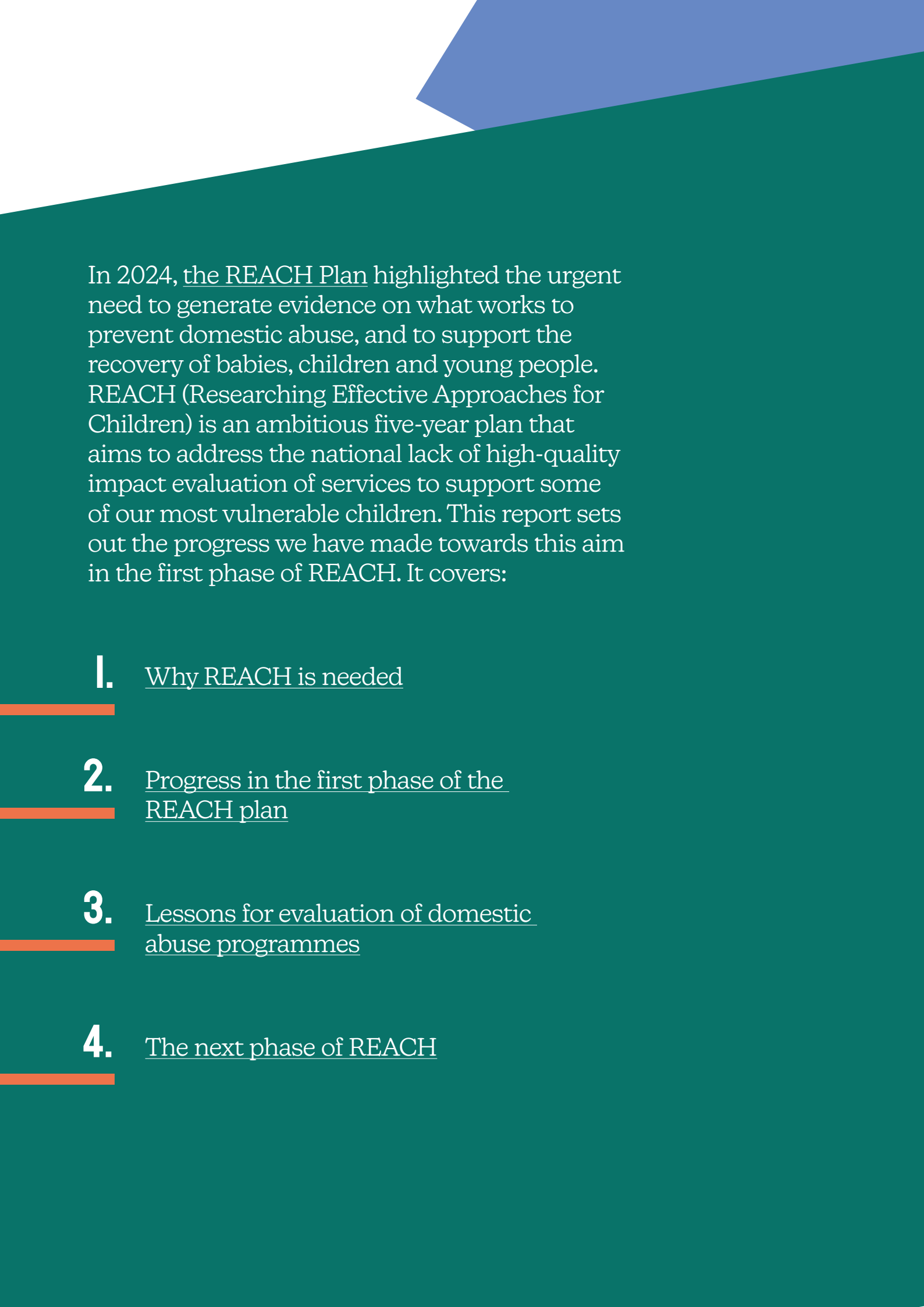
An update on our
five-year plan to
find out what works
to prevent domestic
abuse & support
child victims

 **Foundations**

What Works Centre for Children & Families

foundations.org.uk





In 2024, the REACH Plan highlighted the urgent need to generate evidence on what works to prevent domestic abuse, and to support the recovery of babies, children and young people. REACH (Researching Effective Approaches for Children) is an ambitious five-year plan that aims to address the national lack of high-quality impact evaluation of services to support some of our most vulnerable children. This report sets out the progress we have made towards this aim in the first phase of REACH. It covers:

- 1.** Why REACH is needed
- 2.** Progress in the first phase of the REACH plan
- 3.** Lessons for evaluation of domestic abuse programmes
- 4.** The next phase of REACH

WHY REACH IS NEEDED

The problem

One in five children in the UK are affected by domestic abuse.

The consequences can be profound and enduring, potentially impacting every aspect of a baby, child, or young person's life, from their mental and physical wellbeing to their ability to build healthy relationships in the future. Domestic abuse is consistently among the most common reasons for referrals to children's social care and is a factor in over half of Serious Case Reviews.

The Domestic Abuse Act 2021 marked a critical step forward by recognising that children who witness domestic abuse are victims in their own right. Yet, support for child victims remains inconsistent. Research by the Domestic Abuse Commissioner in 2021 found that only 29% of adult victim-survivors were able to access the specialist support they sought for their children. Families from minoritised backgrounds can face additional barriers to accessing support.

Domestic abuse services are chronically underfunded, often operating with minimal resources while demand continues to grow. This is especially true for services supporting child victim-survivors and by-and-for organisations serving marginalised communities.



In this precarious funding landscape, robust impact evaluation is limited. Many of those working in domestic abuse services are keen to have their programmes evaluated but are rightly focused on supporting victim-survivors and securing funding for service delivery. However, the absence of robust evaluation can make it even harder to secure funding and provide stable services, as few impact studies exist to support business cases for investment. Ultimately, we need to be able to understand if and how programmes are making a meaningful positive difference to babies, children, and young people's lives.

A recent [National Audit Office \(NAO\) report](#) noted that, despite over a decade of strategic efforts, there is still a lack of understanding of what works to prevent and respond to domestic abuse. The NAO found that previous Violence Against Women and Girls (VAWG) strategies have not been informed by robust evaluation, and learning from earlier initiatives has not been consistently implemented. These views were reinforced by the [Home Affairs Committee report](#) published in July which reiterated messaging about the lack of what works evidence.

The current system has created an unacceptable evidence gap that must be addressed.

The REACH plan

The [REACH Plan](#) calls for a decisive shift in the evaluation of support for children affected by domestic abuse. Without impact evaluation, government, commissioners and delivery organisations cannot fully determine whether their programmes are improving outcomes. We are not calling for funding to be diverted away from delivery, but for increased investment in and focus on delivery *and* evaluation, so that children, young people and families receive support that has been shown to work.



High-quality evaluation is the best tool we have to determine whether programmes make a meaningful difference to outcomes and can provide busy decision-makers with clear, actionable evidence about what difference a service makes and why. This information is a critical part of making good commissioning or funding decisions. We want to support organisations in their journey to achieve this, and ultimately make a tangible difference to the lives of babies, children, young people and families affected by domestic abuse.

REACH presents a vital opportunity to partner with the domestic abuse sector — to learn from them and help build the evidence that will transform support for babies, children, young people and their families. Our aim is for the programmes we identify as positively influencing outcomes to be widely delivered as part of a coordinated effort to recognise and support them as victims in their own right.

The REACH Plan is guided by four principles:

PRINCIPLE 1

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

PRINCIPLE 2

Rigorous impact evaluation is essential to determine whether programmes make a meaningful difference to the outcomes of children and families.

PRINCIPLE 3

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

PRINCIPLE 4

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

PROGRESS IN THE FIRST PHASE OF REACH

Despite operating under immense pressure, services across the country show extraordinary dedication in supporting children and families affected by domestic abuse. We are committed to strengthening and empowering the sector by helping demonstrate its impact — improving outcomes for babies, children and young people and supporting families more effectively.

THE PROJECTS WE FUNDED IN THE FIRST PHASE OF REACH, FROM PREVENTION TO RECOVERY:

Action for Children's **Breaking the Cycle** team was supported by the Behavioural Insights Team carry out early stage evaluation activities, including developing a theory of change.

We commissioned Cordis Bright to conduct a feasibility study of the **Restart programme**, delivered by SafeLives, Respect, and Cranstoun. We published a [report](#) on this work in October 2025.

RAND started work to evaluate the **For Baby's Sake** programme with a pilot RCT, but we faced challenges and changed approach. Building on the lessons learnt from this work, we are exploring how to conduct a robust impact evaluation of the programme.

The Fatherhood Institute was supported by the Behavioural Insights Team to adapt **Fathers 4 Change** from a US programme to the UK context, including meeting Home Office standards for perpetrator programmes.

We commissioned IFF Research to conduct an impact evaluation and implementation and process evaluation of **Bounce Back 4 Kids**. You can read the [report here](#).

We commissioned Verian to conduct an impact evaluation and implementation and process evaluation of **WeMatter**. You can read the [report here](#).

Working in close partnership with delivery and evaluation partners, academics, and children and families with lived experience, we have made significant progress in the first phase of REACH:

1. We have generated evidence about programmes that improve children's outcomes.
2. We have grown our understanding of how best to design and conduct robust evaluations of domestic abuse support services.
3. We have learnt that randomised controlled trials are possible, with the right conditions, relationships, and systems in place to ensure ethical, sensitive delivery.
4. We have started to develop a 'pipeline' of programmes that can be evaluated, identifying programmes with promise and getting them ready for evaluation.

Generating fresh insights: preparation for evaluation

The first of the REACH Plan's four principles is to work alongside services to prepare them for impact evaluation. We know that rushing to impact evaluation before a programme is ready risks inconclusive results and wasted resources. By contrast, investing time in building strong foundations - clear goals, consistent delivery, reliable data - sets services up to show real impact.

In Phase 1 we worked with service providers to increase their evaluation capacity and readiness. This involved working with them to develop a theory of change, consider how to collect data needed to demonstrate impact, and explore feasible evaluation designs - essential elements to make evaluation possible. This has been a two-way learning process for us, and we have learned a lot from the service providers we have partnered with.

Breaking new ground: pilot randomised controlled trials (RCTs)

In the first phase of REACH we successfully completed two pilot impact evaluations of WeMatter, delivered by Victim Support, and Bounce Back 4 Kids, delivered by PACT. These pilots were designed to understand whether RCTs can be done ethically and effectively with this cohort of children and young people. Our findings demonstrate that this is possible, which sets an important precedent for future work. The pilot RCT was complemented by rigorous implementation, process and cost evaluations. The pilots generated substantial learning about programme delivery in the context of an evaluation and how to evaluate domestic abuse programmes.

The next step is to conduct full-scale RCTs of both programmes – these will be the first of their kind in the UK.

WEMATTER

WeMatter is a digital, group-based support service for children aged 8-17 years old, who have been affected by domestic abuse, developed by Victim Support. It utilises the Rock Pool Children and Young People Domestic Abuse Recovery Toolkit, a trauma-informed recovery service for affected adults, children and young people. WeMatter incorporates activities, games and discussions; and allows children and young people to access peer support across 10 weeks at home or at school.

BOUNCE BACK 4 KIDS

BB4K is an in-person group-based recovery programme for children aged 3-11 years old and their non-perpetrating parent, delivered by PACT, an organisation that specialises in supporting families through adoption and community projects. Parents and children attend separate group sessions simultaneously. BB4K uses a trauma and therapeutically-informed approach to help families recover from the impact of domestic abuse and equip children and parents with the knowledge, confidence, and tools needed to keep safe.

Preliminary evidence of impact on child outcomes

Findings from the pilots indicate that the programmes are delivering meaningful benefits to children, supported by preliminary evidence of impact on child outcomes.

- a. Both evaluations showed promise of improving the emotional health and wellbeing of children and young people. Parents of children across both programmes reported benefits from their children's engagement and many referenced improved relationships and emotional regulation.
- b. Peer support appears to be a potential positive mechanism in recovery programmes for children and young people, and adult victim-survivors. The group-based approaches employed by both programmes provided positive benefits to children and young people, with this being cited as an important element of the programme's success.
- c. Children, young people and their families found the programme facilitators to be approachable and were able to form trusting relationships. Trust built before or early in delivery, for example by home visits and predictable facilitation was pivotal for attendance and retention. This highlights the importance of a skilled and supported workforce to ensure the success of recovery programmes.

There is more to learn from these programmes, including how long the benefits last, what cohorts of children and young people benefit the most, and the inclusivity of the programmes, for example across cultures, languages, neurodiversity and work/childcare constraints.

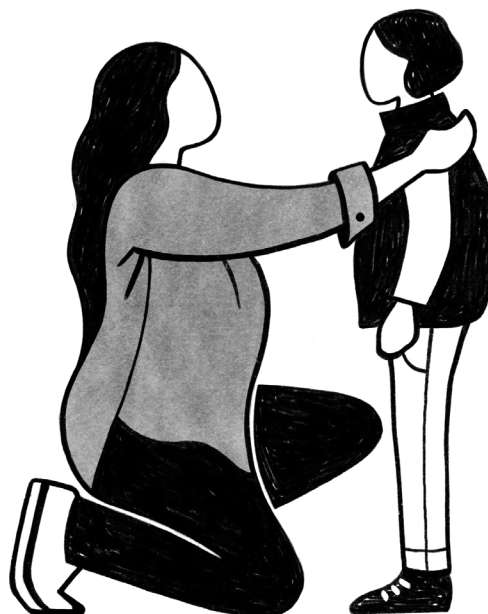


Shifting the dial: meaningful impact measurement

One of the long-standing barriers to impact evaluation of domestic abuse services is the lack of a standard set of outcomes (the changes we expect to see for the individual child or the family) for programmes or services and agreed ways to measure these. Identifying appropriate outcome measures for domestic abuse programmes is complex. Tools must be trauma-informed, culturally appropriate, and suitable for use with children and young people, capable of capturing meaningful change over time and reflecting the lived experience of children and families.

Our two pilot RCTs reinforced the need for reliable ('validated'), consistent outcome measures. Both projects encountered challenges in identifying measures that were validated and appropriate for UK families affected by domestic abuse. Capturing the voice of younger children proved particularly difficult.

We funded the University of Sussex to identify and validate measures for the Domestic Violence and Abuse Core Outcomes Set (DVA-COS) developed by UCL. The research identified tools to measure the impact of services on the outcomes of children and their families who experience domestic abuse, working alongside victim-survivors. For the first time, programmes can now use consistent measures of mental wellbeing.



WHAT HAVE WE LEARNT ABOUT HOW TO EVALUATE DOMESTIC ABUSE PROGRAMMES?

Five years is an ambitious timeframe for finding out what works. There are significant barriers to conducting an impact evaluation using RCT methods, including valid concerns about the ethics of randomising who receives the programme and who doesn't. In the first phase of REACH, we have made significant progress in showing that **it is possible to robustly and ethically evaluate the impact of domestic abuse programmes, incorporating RCTs within wider evaluation methods.**

We have learned three key lessons about what is needed to make this possible:

I. Programme delivery should be funded and implemented in such a way that an impact evaluation is feasible.

Impact evaluations depend on stable and sufficient funding for service delivery. When funding is uncertain, delivery teams can lack the time and capacity to support evaluation activities which can make evaluation unviable.

Service providers often need to adjust their usual ways of delivering programmes to support an evaluation. This might include assigning participants to receive the programme or be in a comparison group, collecting baseline and endline data accurately, and monitoring the fidelity of delivery more closely than they would during routine implementation. These changes require time, guidance, and capacity-building. Funding dedicated staff within the delivery team to manage evaluation tasks helps ensure consistency and reduces the burden on practitioners.

EXPERIENCE OF A SERVICE PROVIDER: BOUNCE BACK 4 KIDS

At PACT, we quickly realised that successful evaluation required significant changes to our business-as-usual operations. The REACH evaluation demanded time, flexibility, and a whole-organisation commitment.

One of the most important lessons was the time it takes to gain genuine buy-in from the delivery team. Evaluation can feel unfamiliar or even daunting, especially when it involves randomisation and detailed data collection. We needed time to build understanding, answer questions, and create space for staff to engage meaningfully with the process. That early investment in communication and collaboration helped ensure the whole team was on board and ready to support the evaluation.

We underestimated the time and resource needed to embed evaluation into our delivery. Working closely with Foundations and IFF helped us navigate the complexity, but it was a steep learning curve. Our initial expectations didn't match the reality, and it took strong collaboration across all partners to make it work.

One key outcome from the scalability report was the decision to use part of the project budget to recruit a new team member specifically to support survey responses highlighting how evaluation can shape service design and resourcing. Having someone embedded in the team who understands the delivery and could liaise directly with participants would have made a real difference and is something we'll take forward.

2. Evaluation works best as a partnership between delivery partners, evaluators and experts by experience

Successful evaluation happens through working in partnership, with delivery partners, evaluators, children and families with lived experience, and other relevant stakeholders. The fourth principle of the REACH plan underlines the critical importance of engaging with and hearing victim-survivor voice. Partnering with experts by experience must be embedded meaningfully throughout the design, recruitment and evaluation phases of evaluation with adequate resourcing and support.

This type of partnership helps to ensure the evaluation design is robust, yet feasible for delivery partners, for example by making sure evaluation outcome measures are meaningful, possible to collect and validated, and also appropriate for children and families. It is important that the set-up period for an evaluation allows time for planning and problem-solving, especially between pilot and full-scale evaluation phases. Evaluators who bring technical expertise, strong communication skills, and a clear understanding of delivery challenges are essential to building trust and working effectively with partners.

3. Investment in programme development and evaluation capacity-building is critical

Many of those delivering domestic abuse services are keen to have programmes evaluated, but they may require support to do this well. They may lack a clear theory of change, experience with evaluation, or organisational capacity. Supporting service providers to understand what is required for a meaningful evaluation from the beginning helps avoid surprises and lays the groundwork for the co-creation of the evaluation design.

This stage is also important for building trust between evaluators and delivery teams. Funding early-stage evaluation activities, particularly through cohort approaches where multiple programmes work with the same evaluator, can offer good value and help build communities of practice.

THE VIEWS OF AN EXPERT BY EXPERIENCE, RESTART ELLIE, A CHANGEMAKER AT SAFELIVES

“Being involved in the Restart evaluation has opened my brain to a whole new world of possibilities...now I know that this work can make a huge difference to the lives of survivors. It’s a full circle effect, by helping the people who harm, we are helping the survivors. I’d never been involved in a project focused on working with those that harm and I was keen to have the opportunity to speak to professionals who are involved....”

Evaluators with experience in capacity-building can support delivery organisations to develop the skills and confidence needed for successful evaluation – not only at the start, but throughout. All partners need to work together to make adjustments as the evaluation progresses.

Actioning lessons 1, 2 and 3, along with an iterative and collaborative approach to problem-solving, provides the best conditions to conduct an RCT that is acceptable and ethical.

In summary, over the past year, we have shown that robust evaluations, including RCTs, can be implemented successfully when programmes are well-developed, delivery teams are supported, and evaluation is co-designed. RCT designs can be adapted to address ethical concerns while maintaining rigour, for example, by using ‘waitlist control’ designs. This approach won’t be right for every evaluation, but for the programmes we worked with, a waitlist RCT was an ethical and acceptable method for evaluating recovery programmes for children and young people affected by domestic abuse (but no longer at risk). All participants receive the programme and indeed some families reported accessing support faster through the trial than they would have otherwise. The approach was well-received by both parents/carers and practitioners.

WHAT IS A ‘WAITLIST’ RCT?

An RCT can be implemented in different ways. For our pilot RCTs of WeMatter and Bounce Back 4 Kids, we opted for a ‘waitlist control’ design. This type of RCT will not be appropriate for all projects, but for these was deemed ethical and acceptable. With this design, all eligible children, young people or adults who are referred to the programme will receive it. However, some people will start the programme slightly later than others. Whether someone is put on the waiting list (‘waitlist control’ group) or starts their programme right away (‘intervention’ group) is decided entirely at random. This design creates a control group without denying anyone access to the programme. It also maintains rigour because we’re able to measure outcomes at selected points in time, enabling us to compare outcomes for those who have taken part in the programme and those who have not.

THE NEXT PHASE OF REACH

What Foundations will do next

Together with partners, we have made real progress in the first phase of our REACH Plan, but there is still a huge amount to do. In the second phase of REACH, we will:

- Increase robust impact evaluation of domestic abuse services by conducting **the first full-scale impact evaluation of recovery programmes in the UK**. These will tell us whether a programme works, for who, how, in what context and at what cost.
- Identify further programmes that can progress to full-scale impact evaluation and continue to build capacity of service providers to prepare for evaluation.
- Invest in evaluating approaches to equip the children's and families workforce to spot and respond to domestic abuse more effectively.
- Develop and strengthen infrastructure and culture for evidence generation, including data sources, tools for innovation, programme development and evaluation, guidance for services about how to use the Core Outcomes Set, and sharing learning with the domestic abuse sector, children's sector, and other evaluators.
- Begin new work to make evaluation feasible for more organisations. In 2026 we will host a UKRI Policy Fellow to lead work to overcome barriers to domestic abuse evaluation, prioritising the specific barriers facing "by and for" organisations.

A collective effort is needed

Our ambition is for children and young people affected by domestic abuse to be able to access evidence-based support at whatever stage it is needed – from early intervention to recovery. We know we cannot achieve this alone – the right conditions need to be in place to enable access to evidence-based support, including joined-up services, informed commissioners, and a well-equipped workforce. Tackling domestic abuse requires a strategic cross-government approach, strong leadership, and investment – in both delivery and evaluation.

The first phase of the REACH programme has coincided with an increased national focus on preventing and tackling domestic abuse. The Government is committed to halving the rates of violence against women and girls within a decade – this provides a critical opportunity to prevent domestic abuse and ensure children have access to evidence-based support. As the What Works Centre for Children and Families, we are committed to working with the Government and the sector on this journey.

Stay in touch

For all the latest news and developments from Foundations, sign up to receive our monthly newsletter or stay in touch on social media:

 www.foundations.org.uk

 info@foundations.org.uk

 @FoundationsWW

 @FoundationsWW

 Foundations – What Works
Centre for Children & Families



Foundations is a member of



Foundations, the national What Works Centre for Children & Families is a registered charity (1188350) and a company limited by guarantee (12136703).

