



What Works Centre for Children & Families

A pilot randomised
controlled trial of

WEMATTER

| Summary report



Domestic abuse affects an estimated one in five children in England, and can have devastating, long-lasting effects on every aspect of their lives. Many children affected by domestic abuse need help to feel safe, manage their emotions, and build healthy relationships, however access to this support is not always guaranteed.

In response to this urgent need, the charity Victim Support developed **WeMatter**, a digital group programme informed by Rock Pool's Children and Young People Domestic Abuse Recovery Toolkit. WeMatter provides support for children and young people who have experienced domestic abuse but are not currently at high risk of harm.

In 2024–25, with funding from the Cabinet Office's Evaluation Accelerator Fund, Foundations commissioned the first independent **pilot randomised controlled trial (RCT)** of WeMatter. The programme was delivered by Victim Support and independently evaluated by Verian. This is one of the first trials of its kind in the UK.

The pilot showed that WeMatter is **promising and worth testing at scale**. It demonstrated that a full trial is feasible with adjustments, and early findings suggest that the programme has the potential to improve children's mental wellbeing. Running a larger trial will increase our confidence in the impact that WeMatter can have for children and young people affected by domestic abuse.

This report summarises the key findings and recommendations from our full report on the pilot randomised controlled trial of WeMatter.

[READ THE FULL REPORT ➔](#)

WHAT IS WEMATTER?

WeMatter is an online group recovery programme, run by Victim Support, for children and young people aged 8 to 17 years old who have experienced domestic abuse. It is designed for children who are no longer at immediate risk and are not living with the perpetrator. WeMatter aims to help these children and young people to process and recover from their experiences of domestic abuse and equips them with tools to develop healthy coping strategies and keep them safe in the future.

WHAT IS AN RCT?

A randomised controlled trial (RCT) compares outcomes between an 'intervention' group (those receiving the intervention) and a 'control' group (those not receiving the intervention). People must be randomly assigned to either group. This random assignment means these groups differ only in terms of whether or not they received the intervention.

Key outcomes are measured before ('baseline') and after ('endline') the intervention is delivered, allowing us to see whether outcomes are different in the intervention group compared to the control group. If we observe a large difference and there are no major issues with the trial, we can be confident that the intervention itself is driving a change in outcomes.

WHAT WAS THE PURPOSE OF THE STUDY?

Timely and effective support can make a significant difference in addressing the impact of domestic abuse on children and young people, but existing services are often under extreme pressure, demand is high, and access varies across the country. In addition, many children not classified as 'high risk' may find it hard to access help. WeMatter was developed to address this gap and give children safe, structured support in small groups, delivered online to improve accessibility.

This study aimed to look at the effectiveness and suitability of the intervention, as well as whether it is possible to run a large scale trial that could tell us more about the programme's impact.

Before expanding the programme, it's helpful to know:

- 1** Are there encouraging findings that WeMatter helps children and young people?
- 2** Are there any unintended consequences or risks of harm?
- 3** Can we run a larger trial to test it more thoroughly?

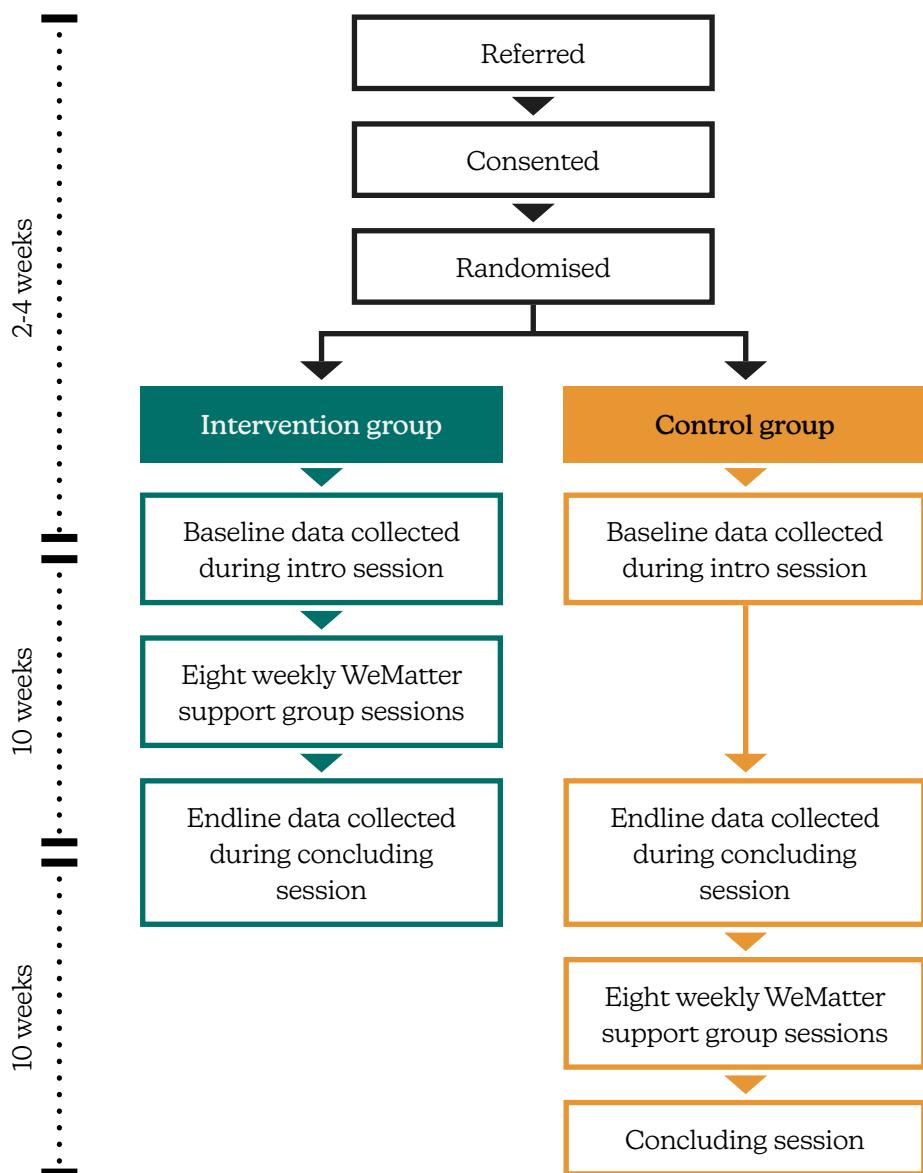
WHAT DID WE DO?

Between April 2024 and June 2025, **312 children and young people** took part in the pilot trial. Half joined WeMatter groups straight away; the other half were placed on a waiting list for a maximum of 14 weeks before joining their WeMatter group.

WHAT IS A 'WAITLIST' RCT?

An RCT can be implemented in a few different ways. In this pilot RCT, we opted for a 'waitlist' design. In a waitlist RCT, all eligible children referred to the programme receive WeMatter. However, some children receive WeMatter slightly later than others. Whether a child is put on the waitlist ('control' group) or starts WeMatter right away ('intervention' group) is decided entirely at random. This design creates a control group, so that we can make the necessary comparison between children and young people who have participated in WeMatter and those who have not.

WeMatter trial participant journey



Children's **mental wellbeing** was measured using the Stirling Children's Wellbeing Scale which is made up of 12 self-report items answered on a 5-point scale. The areas covered by the scale include optimism, cheerfulness and relaxation, satisfying interpersonal relationships, and positive functioning, including clear thinking and competence. Children and young people completed the measure before starting the programme and again at the end of the programme, during their concluding session.

We also explored whether children and young people experienced any changes in how supported they felt by those around them. We call this outcome **perceived social support**.

Researchers carried out interviews with children, parents, and staff to understand their experiences and how the programme was delivered. We also looked at the costs of delivery.

WHAT DID WE FIND?

The pilot found encouraging preliminary evidence of positive impact for those that took part in WeMatter, particularly on children's mental wellbeing. As expected for this pilot, the relatively small sample size and some data quality issues with the endline data means that we cannot conclude that changes seen in the outcomes were caused by the programme. A larger trial will help us determine the effect of the programme.

Children's mental wellbeing

Children who took part in WeMatter scored, on average, four points higher on wellbeing than those in the waitlist group. This means that the group of children who took part in the programme reported a more positive emotional state and outlook than those who did not. This was observed in both school-based and home-based groups, with schools proving the more popular and practical setting.

The difference we found was moderate in size, suggesting WeMatter may have a positive impact on mental wellbeing. However, because the study involved a small number of participants and some data was missing at follow-up, this result should be seen as an early indication of impact, rather than a precise estimate. To draw confident conclusions about WeMatter's impact on children's wellbeing, we need to run a larger trial with some design improvements.

Perceived social support

We weren't able to use a validated scale to measure perceived social support in the pilot, which means we don't have the best quantitative data for this outcome. However, during interviews, children reported feeling more supported because of the safe space WeMatter provided to discuss their experiences and feelings. In a larger trial, we will introduce a validated measure of social support which will provide a more reliable estimate and strengthen our understanding of how WeMatter affects this outcome.

WHAT IS A VALIDATED MEASURE AND HOW WOULD IT HELP?

Measures are the tools, surveys, scales, or instruments that are used to collect information on outcomes. For example, the Warwick-Edinburgh Mental Wellbeing Scale is a measure that can be used to evaluate changes in mental wellbeing (outcome).

Validated measures have been thoroughly tested to ensure they are valid (accurately measure what they intend to measure) and reliable (provide consistent, repeatable results). They are important because they reduce the risk of bias and help ensure we can be more confident in our results and conclusions. If a study uses non-validated measures, we cannot be confident in the accuracy and reliability of the data being collected.

Programme delivery

WeMatter was delivered largely as planned, with sessions covering the intended content and activities. Challenges included staff turnover, digital access issues for some families, and difficulties running groups during school holidays, which meant some groups were smaller than intended or had different facilitators. More children and young people dropped out than we would have liked, which reduces the quality of follow-up data and the overall sample size.

We will address these challenges in a larger trial by introducing structured catch-up sessions and more term-time availability to support more children and young people to complete the full programme and provide follow-up data. We will also ensure that Victim Support are able to recruit more facilitators and administrative support to make sure that the evaluation can be delivered as intended without compromising the quality of programme delivery.

Cost of programme delivery

The total cost of delivering WeMatter for a year during the pilot was estimated at £329,075, excluding the costs of evaluation. This equated to around £1,055 per child supported during the trial — higher than originally expected, largely because of slower recruitment and the additional workload linked to the trial. The cost of setting up WeMatter in a new local area was estimated at £22,000.

How was the programme experienced?

We asked children, parents and facilitators about their experiences. Their voices help us understand what worked well and what could be improved.

Participants, parents, and facilitators consistently reported positive changes, including better understanding of healthy relationships, improved ability to manage emotions, stronger feelings of support, and overall improvements in wellbeing.

INCORPORATING CHILDREN'S VOICES

To ensure that the study was grounded in the views and experiences of the children and young people involved, Verian conducted 12 trauma-informed, in-depth interviews with children and young people who took part in WeMatter, as well as 4 interviews with children and young people on the waitlist.

Topic guides were adapted based on the age and preferences of the child or young person.

In addition, Victim Support tested the primary outcome measure and materials with the WeMatter youth advisory group prior to kick off, to ensure that measures were sensible and could be delivered via Zoom.

Children said the sessions helped them talk more openly, feel less alone, and learn how to handle difficult emotions.

“I made loads of friends, that was favourite thing.” – Participant

“I’m just a very anxious person. I overthink a lot. And WeMatter made me realise that for one, it’s okay to be in your head, but you can also talk about it.” – Participant

“Before I started We Matter, I was very angry, and I was taking my anger out on people that I loved. And I don’t do that now.” – Participant

“I felt very comfortable, and I think it’s a very open space. It’s easy to talk, in a way that I normally wouldn’t.” – Participant

Parents and carers reported that their children seemed more confident and better able to understand healthy relationships.

“Before, one of my concerns was that he was constantly in and out of relationships and felt a need to be with someone, and now he seems more content in himself, like he doesn’t need to fill the gap as such.” – Parent/carer

“It has definitely helped improve [CYP’s] understanding of healthy relationships. There’s been a couple of things that happened between me and his mum, conversations that weren’t right, and he’s been able to call bad behaviour out and recognise that now. He said a few things to me that he wouldn’t have said six months ago. So, I think it’s definitely helped, and he’s been able to stick up for himself more than he was in the past.” – Parent/carer

Facilitators observed that many children enjoyed the group setting, which gave them a safe space to share experiences and learn from each other.

“I think there’s a lot being said about those children feeling very alone and very much that no one understands the situation that they’re experiencing and I think there might be an element of shame around those situations, especially for boys. So, being in a group with younger people who all have those similar interests and they might seem super cool, but actually they’ve also experienced the same things.” – Facilitator

“I had one little girl, she said she doesn’t want her friends to know what she’s been through. She doesn’t talk to them about it because they don’t understand, so she’s looking forward to joining a group of other children who understand that.” – Facilitator

These first-hand perspectives strengthen the evidence that WeMatter can make a meaningful difference to families affected by domestic abuse.

NEXT STEPS

The pilot shows that WeMatter is promising and worth testing with a larger sample size. However, to make a larger trial successful, several changes are needed:

- Build referral networks earlier and give more time to recruit children
- Simplify trial processes to reduce the burden on staff
- Hire more staff members on the delivery side
- Ensure WeMatter groups are large enough and delivery staff are consistent
- Use independent researchers to collect outcomes data and consider offering small rewards to encourage completion.

WHY IS THIS IMPORTANT?

This pilot is one of the first of its kind in the UK. It shows that it is possible to conduct a robust evaluation of domestic abuse services for children in the UK. The findings from this pilot provide programme developers and funders with confidence that investing in a larger trial is the best next step.

A larger trial will help us confirm whether the effects that we have observed in this study could be sustained at scale, ultimately providing stronger evidence on how best to support children affected by domestic abuse. If the results are confirmed, WeMatter could become a scalable, cost-effective, and evidence-based programme available nationwide. This would help ensure that children receive the support they need while reducing pressure on already stretched services.