Foundations
What Works Centre for Children & Families

Last reviewed: August 2026

Programme website: https://www.innovatingmindsgroup.com/healing-together-support-for-children-affected-by-domestic-abuse

GUIDEBOOK INTERVENTION INFORMATION SHEET

Healing Together

Please note that in the 'Intervention Summary' table below 'child age', 'level of need', and 'Equality, Diversity, Inclusion & Equity (EDIE)' information is **as evaluated in studies**. Information in other fields describes the intervention **as offered/supported** by the intervention provider.

Intervention summary	
Description	Healing Together is a trauma-informed intervention for children aged 5–16 years old who have been affected by domestic abuse. It is delivered by accredited Healing Together practitioners for a period of six weeks.
Evidence rating	2
Cost rating	2
Child outcomes	• Supporting children's mental health and wellbeing - Improved emotional wellbeing. - Improved emotional self-regulation.
Child age (population characteristic)	5–16 years old
Level of need (population characteristic)	Targeted-indicated

Intervention summary	
Equality, Diversity, Inclusion & Equity (EDIE) (population characteristic)	Tested mainly with White British participants; limited evidence for minoritised ethnic groups.
Type (model characteristic)	• Individual • Group.
Setting (model characteristic)	• Home • Primary school • Secondary school • Community centre • Community setting.
Workforce (model characteristic)	Staff from community early help services or school support teams that are accredited facilitators.
UK available?	Yes
UK tested?	Yes

Model description

Healing Together is a targeted trauma-informed intervention for families affected by domestic abuse with a child between 5 to 16 years old, to support improved emotional awareness and regulation through body-based strategies.

The intervention consists of six weekly sessions. Each session lasts approximately one hour. The intervention involves children recognising what happens to their body and brain when they are feeling safe or unsafe, and learning discreet body-based calming strategies (i.e. breathing, shaking, and progressive muscle relaxation exercises) to help their body and brain to feel safe and be calm.

The intervention provides worksheets and video animations in several languages including English, Arabic, Bengali, and Polish, with options for translator support. Visual resources are designed to be representative across disability, ethnicity, and gender. All video content includes British Sign Language (BSL) interpretation and subtitles, so Deaf and hard-of-hearing children can participate fully. The intervention is also designed to support children with learning difficulties and neurodiverse needs.

Healing Together can be delivered on a one-to-one basis, or in a group setting with up to six children, depending on individual child needs. The cost rating is lower for group delivery and is rated 1 – low cost.

Target population

Age of child	5–16 years old
Target population	Children who have been affected by domestic abuse and identified as requiring support

Please note that the information in this section on target population is **as offered/supported** by the intervention provider.

Theory of change

Why		Who	How	What		
Science-based assumption	**Science-based assumption**	**Science-based assumption**	**Intervention**	**Short-term outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Exposure to domestic abuse in childhood is a risk factor for multiple mental health disorders and poor wellbeing.	Trauma-informed, body-based approaches can help children and young people build emotional understanding and develop positive coping strategies by strengthening their awareness of how stress shows up in their body and brain, supporting safer, more regulated responses.	Children and young people who are affected by domestic abuse.	Children learn to understand how their body is feeling and how their brain is responding to the emotions they are experiencing safely through co-regulation with the facilitator. Children are introduced to body-based calming strategies to help their body and brain to feel safe and calm.	• Increased emotional awareness • Increased understanding in children of how their body and brain respond when they feel unsafe.	• Improved self-regulation • Improved help-seeking behaviours.	• Reduced risk of experiencing mental ill health, self-harm, suicide; exclusion from education; entering care; and becoming victims or perpetrators of violence • Improved relational, emotional, and physical health outcomes in adulthood.

Implementation requirements

Who is eligible?	Children and young people aged 5 to 16 years old who are affected by domestic abuse and have been identified by community early help services and/or schools as requiring further support.
How is it delivered?	Healing Together is delivered to children and young people in six weekly, one-hour sessions by one accredited Healing Together practitioner, individually or in a group setting, depending on individual child needs. Group delivery is offered for up to six children per group.
What happens during the intervention?	Children take part in six structured sessions with an accredited practitioner, using video animations, discussion-based exercises, worksheets, and practical demonstrations of body-based calming techniques. Across the sessions, they: • **explore the role of breathing:** understanding how the breathing can be used to calm the body and brain • **explore how the body and brain work together:** understanding what happens in the brain when they feel safe or unsafe • **identify sensory triggers:** learning how their senses influence feelings of safety and stress and recognising sensory items they like or dislike • **recognise and describe feelings:** noticing emotions, locating where they appear in the body, and describing how they feel • **practise body-based regulation strategies:** trying techniques that help calm and regulate their body and emotions • **create a Safe and Well Plan:** developing a personalised plan they can use after the intervention ends.
Who can deliver it?	The practitioner who delivers this intervention is an accredited Healing Together practitioner from community early help services or school-based support teams. This may include roles such as early help practitioners, family support workers, Family Hub practitioners, pastoral support staff, safeguarding leads, children and young people's support workers, or domestic abuse leads.
What are the training requirements?	The practitioners have 17 hours of programme training. Booster training is recommended.

How are practitioners supervised?	It is recommended that practitioners are supervised by one host agency supervisor.
What are the systems for maintaining fidelity?	• Training manual • Other online material • Video or DVD training • Face-to-face training • Fidelity monitoring • Group coaching sessions • One-to-one clinical consultation.
Is there a licensing requirement?	No
Contact details	**Contact person:** Dr Asha Patel **Organisation:** Innovating Minds **Email address:** asha@innovatingmindsgroup.com **Website/s**: https://www.innovatingmindsgroup.com/healing-together-support-for-children-affected-by-domestic-abuse

Evidence summary

Healing Together's most rigorous evidence comes from one study conducted in the United Kingdom consistent with Foundations' Level 2 evidence strength threshold.

The study observed statistically significant improvements in child-reported outcomes of not hiding emotions, verbal sharing of emotions, and differentiating emotions.

Healing Together has preliminary evidence of improving a child outcome, but we cannot be confident that the intervention caused the improvement.

Search and review

	Number of studies
Identified in search	4
Studies reviewed	2
Quantitative studies meeting the L2 threshold	2

	Number of studies
Quantitative studies meeting the L3 threshold	0
Quantitative studies meeting the L4 threshold	0
Qualitative studies	1
Ineligible	2

Equality, Diversity, Inclusion & Equity (EDIE) summary

Representation across the evidence base

The available evidence for Healing Together includes studies conducted with a majority White British sample, with smaller proportions from other ethnic groups. Across the evidence base, participants were primarily White British, with lower representation of Asian and Black groups and 10.7% of participants not reporting ethnicity. Reporting on characteristics such as religion, socioeconomic status and disability was limited.

Overall, there was insufficient demographic information reported across the studies to assess representation or diversity within the evidence base.

EDIE insights from quantitative studies

No subgroup analyses or equity-relevant quantitative data were reported in the available studies.

EDIE insights from qualitative studies

Available qualitative studies did not explore equity-related participant experiences or other relevant barriers and enablers.

Individual study summaries

Study 1	
Study design	Pre–post study
Country	United Kingdom
Sample characteristics	1,097 children aged 5 to 16 years old in the UK who were affected by domestic abuse and were identified by the referral agency as requiring additional support.
Ethnicities	• White British (69.9%) • Not stated (10.7%) • White Other (5.7%) • Dual Heritage (4.6%) • Black/Black British/African (3.4%) • Asian/Asian British (3%) • White Irish (1.7%) • Middle Eastern/Arab (0.9%).
Population risk factors	Children were affected by domestic abuse.
Timing	• Baseline • Post-intervention (6 weeks post-intervention).
Child outcomes	*Post-intervention* • Not hiding emotions (child report) • Verbal sharing of emotions (child report) • Differentiating emotions (child report).
Other outcomes	None
Study Rating	2
Citation/s	Cunneen, K., Patel, A. & Fox, C. (2026). *Evaluation of the Healing Together Programme Supporting Children and Young People Affected by Domestic Abuse*. Pre-print.

Brief summary

Population characteristics

This study involved 1,097 families living in the UK, with a child aged 5 to 16 years old who were affected by domestic abuse. 48.9% were boys, 50.9% were girls, and 0.3% were non-binary or transgender.

Most participants identified as White British (69.9%). Other ethnicities represented included White Other (5.7%), Dual Heritage (4.6%), Black/Black British/African (3.4%), Asian/Asian British (3%), White Irish (1.7%), and Middle Eastern/Arab (0.9%). Ethnicity was not reported for 10.7% of the sample.

Study design

Pre–post study. This is a method that measures participants outcomes before and after an intervention has been delivered to see if there are any changes.

Measurement

Measures were assessed at baseline (before the intervention began) and again immediately post-intervention.

- **Child-report** measures included the Emotion Awareness Questionnaire (EAQ) subscales: not hiding emotions, differentiating emotions, and verbal sharing of emotions.

Study retention

Post-intervention

At post-intervention, 92.7% of the baseline sample was retained, representing 1,097 of the original 1,183 children. Of these, 86 participants were excluded due to incomplete data.

Results

Data-analytic strategy

Data was analysed using a 2 × 2 × 2 mixed-design MANOVA examining differences by delivery method (group vs one-to-one), age group (5–10 years old vs 11–16 years old), and time (pre- vs post-intervention). Cases with missing data on key grouping variables (delivery method or age group) and pre- or post-outcome measures were excluded prior to analysis.

Findings

The study found statistically significant differences in child-reported outcomes in emotional awareness, including: not hiding emotions, differentiating emotions, and verbal sharing of emotions at post-intervention assessment.

Limitations

The conclusions that can be drawn from this study are limited by methodological issues relating to a lack of comparison group, which is why a higher evidence rating has not been achieved.

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Emotional wellbeing	Emotion Awareness Questionnaire (EAQ) – Not hiding emotions (child report)	Not reported	Yes	1,097	Post-intervention
Emotional wellbeing	Emotion Awareness Questionnaire (EAQ) – Differentiating emotions (child report)	Not reported	Yes	1,097	Post-intervention
Emotional wellbeing	Emotion Awareness Questionnaire (EAQ) – Verbal sharing of emotions (child report)	Not reported	Yes	1,097	Post-intervention

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

- Patel, A., Cunneen, K. and Barsby, T. (2023a) *Healing Together Evaluation: Trauma informed approach & practice to supporting children & young people affected by domestic abuse*. Innovating Minds.
- Cunneen, K., Patel, A. & Fox, C. (2025) The impact of the healing together programme for children and young people affected by domestic abuse. *Children and Youth Services Review*, 173.
  Note: The 2023 and 2025 papers report on the same study and were assessed to be L2 but not reported in full, as they do not affect the overall strength of evidence rating.
- Agius, C., Corcoran, S.L., McGahan, J. & Wicker, K. (2024) *Independent evaluation of the Healing Together programme: Report for Innovating Minds and Salutem Care and*

Education. Manchester Metropolitan University
Note: This paper was excluded as it evaluated a different intervention.

- Patel, A., Cunneen, K. and Barsby (2023b) *Domestic Abuse Trauma Informed Training Evaluation: A trauma sensitive practitioner led approach to support children and young people affected by domestic abuse*. Innovating Minds.
Note: This paper was excluded as it used qualitative methods.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference, and the assessment has been conducted and published with the full cooperation of the intervention provider.