



# Insights from the WeMatter pilot

Keith Chappell  
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[www.victimsupport.org.uk](http://www.victimsupport.org.uk)

# Acknowledgements

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# Introduction

## Victim Support

Victim Support is the leading independent charity in England and Wales for people who have been affected by crime and traumatic incidents. We run a variety of domestic abuse (DA) services across England and Wales, providing support to standard, medium and high-risk victims and survivors.

Our services include individual support for victims and survivors of DA through our network of over 130 independent domestic violence advocates (IDVAs) who are trained to the SafeLives standard. To give DA victims and survivors an opportunity to access our services, Victim Support's IDVAs are based and work in a wide range of locations, providing vital support, training and guidance to other professionals in the health service, police, children's services and substance misuse services. This approach enhances a co-ordinated community response to DA. Victim Support provides educational support services for victims and survivors of DA through the iMatter programme for adults, which provides a trauma-informed approach for feelings, self-esteem and relationships.

We have a growing number of services providing specialist support to children and young people (CYP) who have experienced crime or a traumatic event: 55 during this past financial year. With a mix of crime-specific CYP services and multi-crime CYP services, support is delivered both in person and through the use of technology, offering CYP one-to-one support, access to group work programmes and peer support opportunities, as well as universal prevention and awareness sessions. These services provide high-quality support, designed to identify and reduce risks, recognise and increase protective factors, and develop coping strategies to increase levels of resilience.

Alongside support for adult victims and survivors of DA, Victim Support also provides support for CYP impacted by DA in their families or elsewhere in their lives. This includes individual and group support and a similar educational programme to iMatter which, for CYP, is called WeMatter.

Victim Support strongly believes in the importance of listening to victims and survivors of crime. We are constantly trying to learn and improve our services based on research and knowledge gathered from practitioners as well as service users. This report is part of our commitment to continuous improvement.

## Rock Pool

Rock Pool support organisations that want to improve practice, share knowledge and expertise, and enable their workforce to inspire hope, promote resilience and aid recovery for people affected by trauma. Their innovative, practical solutions and training opportunities are informed by lived experience and what is known to work. Their services include programmes for adult victims and survivors and a DA recovery toolkit designed specifically for CYP that was adopted by WeMatter as the programme delivered in this project.



## WeMatter

WeMatter is one of Victim Support's specialist services for CYP which delivers group work via an online platform. By delivering the CYP Recovery Toolkit, it provides support and information to CYP aged between 8 and 17 years who have experienced DA. This experience of DA may include observing abuse of a parent or carer, physical assault or being directly subject to abuse through coercive and controlling behaviours as part of wider abuse in the family. Evidence indicates that witnessing and experiencing DA can have a significant emotional and psychological impact on CYP. This may affect relationships with family and friends, and school performance, and can result in behavioural changes.<sup>1</sup> Central to WeMatter is the recognition of the trauma experienced by CYP in families where DA is present.

The WeMatter Service chose to use the Recovery Toolkit for CYP affected by DA. The material is written by Sue Penna, CEO of Rock Pool and is informed by trauma-informed cognitive behavioural therapy. Rock Pool's Domestic Abuse Recovery Toolkits are the UK's leading trauma-informed recovery programmes for children and young people that have experienced or witnessed DA. Since 2018 Rock Pool have trained 600 people to become programme facilitators, including the WeMatter team.

The sessions include a range of activities, games and discussions to help CYP come to terms with their experiences, develop coping strategies and achieve positive future relationships with family members and peers. The activities within this programme cover a range of topics including negative automatic thinking, self-esteem, gender roles, safety planning; and healthy relationships. A summary of the content of the programme can be seen in the [appendix](#) to this report.

The programme is delivered by Rock Pool trained Victim Support CYP staff to groups typically comprising six to eight CYP.

## Development of the service and the move to online provision

The Recovery Toolkit for CYP was developed and launched in 2009. It does not seek to be therapeutic but is, rather, psychoeducational. It provides knowledge and skills to CYP impacted by DA as an early intervention to reduce potentially more serious emotional and psychological impacts. As such, its aims are practical, helping CYP to feel safe psychologically, manage their own behaviour and develop healthy relationships. As a trauma-informed approach, there is no attempt to talk about incidents or events that have brought the CYP to the programme. It is felt that this could be potentially triggering and counterproductive.

1. [https://www.victimsupport.org.uk/wp-content/uploads/2021/10/Restoring\\_Trust\\_external-report.pdf](https://www.victimsupport.org.uk/wp-content/uploads/2021/10/Restoring_Trust_external-report.pdf)

The CYP Recovery Toolkit was delivered in person at several locations until Covid-19 restrictions in 2020 created a need to transition provision into digital support. Victim Support worked in close collaboration with Rock Pool to develop and deliver the group programme safely and effectively online. The content of the programme was readily adapted with only minor adjustments to activities required.

The primary concern for both teams in moving online was the issue of safety for CYP during delivery. Safety in this context included both physical and emotional safety for CYP due to the potential presence of others, including alleged perpetrators, while engaging via online platforms. Considerable planning and design ensured that initial assessments took place for each child and appropriate venues were used for their participation. For many CYP this was in school, but for others, where considered appropriate, this could be at home. In both situations, the presence of support in the form of a safe adult, such as a teacher, pastoral worker or safe parent, was required for all participants. The adult was there to help with technology or emotionally if required, but CYP were allowed to engage with the programme unobserved. Supporting adults were not present during group sessions with CYP. All sessions were run with two facilitators to allow for individual support through break-out rooms should a participant require it.

The online delivery was then piloted in Devon and Cornwall, Staffordshire and Warwickshire, and Brent in London. The pilot will run from September 2022 to March 2024. Funding for the financial year 2022/23 was provided by the Devon and Cornwall Strategic Partnership with additional funding for 2023/24 coming from Brent legacy funds. The period covered by this report is between September 2022 and July 2023. The aim of the pilot service was to develop a proof of concept for the service model, with the hope of it becoming a national service across England and Wales.

## Managing risk

WeMatter is designed for CYP who have previously experienced abuse and where there are no ongoing incidents of DA within at least three months prior to starting the programme. Where this does not apply, other forms of intervention will be appropriate. During the initial assessment, if CYP are considered at higher risk, WeMatter's Senior Triage and Early Intervention Officer identifies more suitable support (such as one-to-one sessions) and ensures a referral is accepted before ending engagement with the service.

Normally, the CYP will no longer reside with the alleged perpetrator when engaging with the service; however, there are occasional exceptions when factors are present which successfully mitigate any risk. In all circumstances, a risk assessment forms part of the initial assessment for all participants and risks are constantly monitored by facilitators. This process includes initial triage by Victim Support staff in which suitability for attendance on the programme is assessed, including risk elements. Methodology employed at this stage, and throughout, is rooted in considerable learning from initial stages of the implementation and from broader research carried out by members of the team.<sup>2</sup>

*"We deliver a recovery programme. So, it's on the basis that it is helping young people recover from what has stopped happening. So, if there is current or ongoing harm to the child, or to the family, that's where we'd definitely be saying, 'They need that one-to-one intervention.'"*

**Victim Support manager**

2. Donagh, B., Bradbury-Jones, C., and Taylor, J. The use of technology to support children and young people experiencing domestic violence and abuse during the COVID-19 pandemic: a failure modes and effects analysis, *Journal of Gender-Based Violence*, 6 (2): 393–405.

## Governance and collaboration

A governance board consisting of members from Victim Support and Rock Pool continue to have oversight of the development and implementation of WeMatter. This ensures the core aims of the programme are achieved. There is continual learning based on feedback from service users and facilitators, which helps optimise and improve provision.

Victim Support managers and Rock Pool staff report a strong working relationship from the very beginning of the pilot project. This has been maintained throughout. While this has often been based on strong relationships between individuals, both groups believe that the relationship is reproducible on a larger scale should WeMatter be developed beyond the current pilot. Rock Pool believe that the process of implementation was highly effective.

*“VS have looked after the programme and protected its integrity.”*

**Rock Pool senior staff member**

They also identified that central to this success was good communication between both parties, this being open, honest and regular in nature. Any further development of the WeMatter programme would benefit from ensuring this level of communication is embedded in processes.

*“It’s gone well, I think it’s been really good. Victim Support have done an amazing job with it. It’s been nice to be part of the journey.”*

**Rock Pool senior staff member**

## Scope of this brief

This brief summarises an evaluation of the WeMatter pilot, which took place between November 2022 and July 2023. The data used for this evaluation derives from three sources: online surveys with key stakeholders; wellbeing surveys carried out with participants before and after the programme; and insights gained from focus groups an interview with team members.

## Online surveys of key stakeholders

These include:

**82 CYP participating in the programme. Figure 1 overleaf details the age and Figure 2 summarises ethnicity distributions of the CYP.**

- 53 of primary school age (7–11 years).
- 29 secondary school age (12–17 years).

**22 safe parents and guardians.**

- Most were female, with one male. The majority identified as of white origin, with one identifying as Asian. Sixteen mothers, one father, one grandmother and one aunt. The rest did not disclose their relationship.

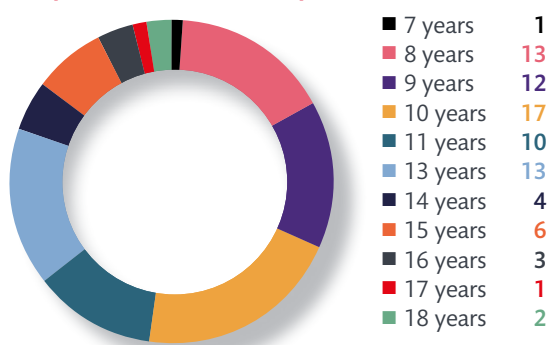
**26 school staff who have supported delivery.**

- Largely family support or pastoral support staff.
- 25% were senior leadership team members.
- One teacher and one teaching assistant.

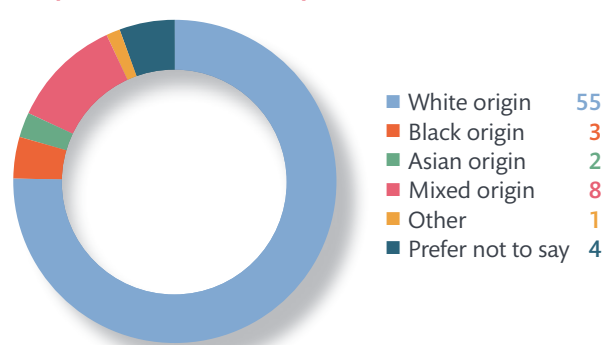
The survey asked about the experience of the CYP and the effect of the programme on the participants.

All questions in the surveys were optional, meaning the number of responses to individual questions varies.

**Figure 1: Age distribution of CYP respondents to survey**



**Figure 2: Ethnicity of CYP respondents to survey**



## Wellbeing surveys carried out with participants before and after the programme

Pre- and post-intervention wellbeing surveys with CYP were carried out both before and after the sessions. These surveys were based on the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) with the addition of one question relating to safety. The SWEMWBS is a well-established tool for measuring outcomes of wellbeing interventions. It has been widely used in the evaluation of a range of projects, programmes and policies. CYP were asked about their feelings and thoughts in relation to each question over the preceding two weeks. Each question was scored on a five-point scale ranging from 'None of the time' to 'All of the time'. In total, 115 CYP completed both the pre- and post-programme surveys.

## Insights gained from focus groups and interview with team members

There were three focus groups. These included representatives from Rock Pool (two participants), programme managers from Victim Support (two participants) and facilitators on the WeMatter programme (five participants). An additional interview was carried out with one Victim Support area manager to consider the experience of a service in delivering WeMatter and how it fitted with existing provision in the area of DA.

## Structure of this report

This brief is divided into two main sections. The first is 'Outcomes and experience', which considers the evidence on the efficacy and impact of the service. Contained within this section is analysis of the experience of CYP, as well as their supporting adults and schools, regarding how they felt about the sessions and also the pre- and post-programme wellbeing survey. For CYP, the data has been broken down into younger (7-11 years) and older (12-17 years) age groups to aid analysis.

The second section on 'Delivery' considers aspects of the implementation of the WeMatter service. It looks at what worked well and the challenges faced by CYP, schools and safe parents/guardians. Also contained within this section are the insights from facilitators, managers and Rock Pool on the development and implementation process. A central part of this is the insight gained for widening the implementation of WeMatter. This is followed by analysis of the service's strengths and suggestions for possible improvements.





## Outcomes and experience

While the pilot of WeMatter is ongoing, the findings so far, after nine months of data gathering, indicate that the service's digital delivery of the CYP Recovery Toolkit programme is having a positive impact on CYP.

When asked whether they would recommend the support to a friend in a similar situation to themselves, 93% of CYP in both the younger and older groups indicated that they would recommend the course.

*"It was a lovely experience I would defo recommend."*

### WeMatter participant, aged 13

This level of satisfaction with the course is also reflected in other responses from CYP, with 93% of those in the younger group and 81% of those in the older group feeling that the sessions had helped them.

### Overall, the sessions helped me (age group 7–11 years)



(47 responses, weighted average 4.7 out of 5)

Similarly, 97% of the younger group indicated that they had enjoyed the sessions. In the older group, 82% stated that they had enjoyed the programme.

### Have you enjoyed the sessions?

#### Younger CYP



(47 responses, weighted average 4.83 out of 5)

#### Older CYP



(28 responses, weighted average 4.11 out of 5)

*"It was very helpful and it was nice to tell somebody how I feel. And learning techniques to help me when I'm stressed."*

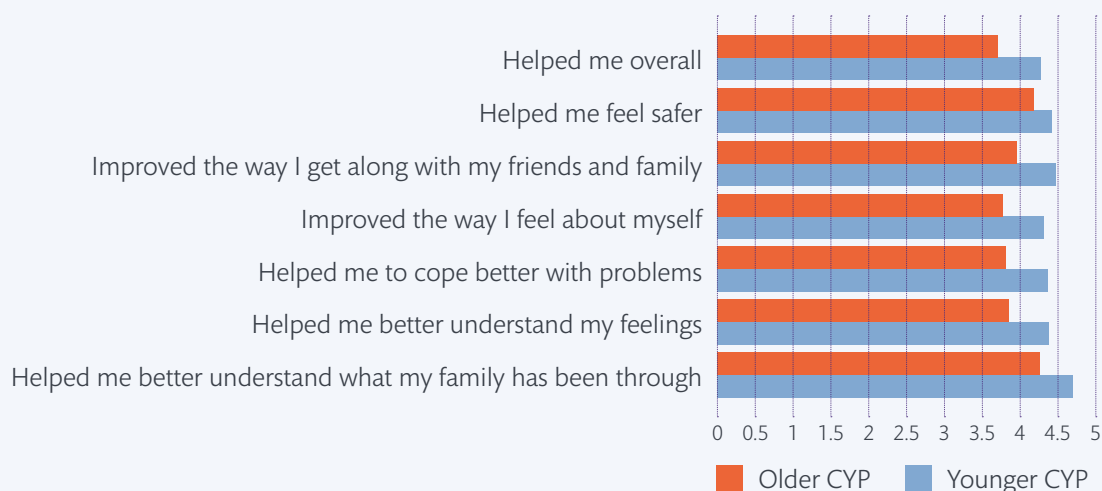
### WeMatter participant, aged 11

## Feelings and relationships

As part of the evaluation, CYP were given a set of questions to evaluate the perceived effect of the WeMatter service on their feelings and relationships. In general, the responses were highly positive (see Figure 3). There were some differences in responses between the younger and older age groups, which is explored further in the section below on age differences. However, the overall pattern was similar, with both groups providing high scores in relation to feelings and relationships.

**Figure 3: CYP perceived effect of the WeMatter service on their feelings and relationships**

Average scores out of 5 – Feelings and relationship questions (CYP)

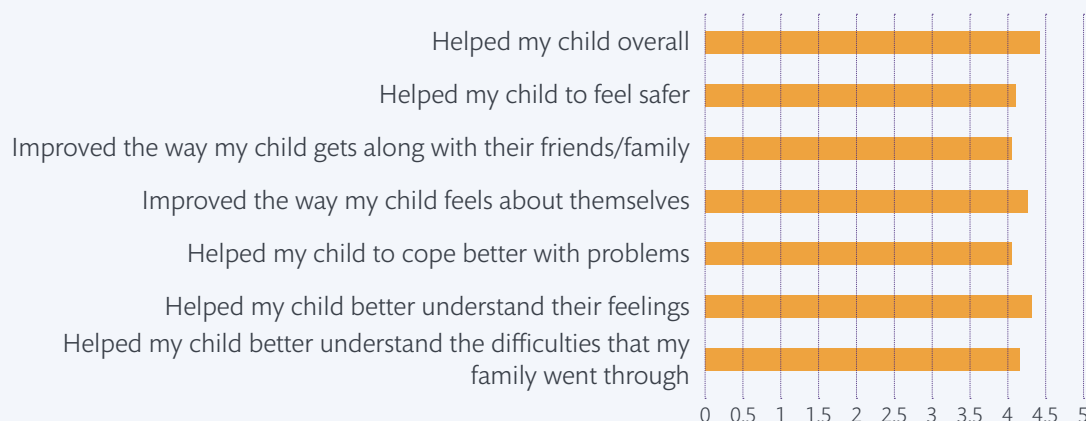


For both groups, the highest responses were in relation to questions about whether they had been helped overall and whether the support had helped them better understand their own feelings. Scores averaged over 4 out of 5 in both cases. The CYP also perceived the effect of the support on their ability to cope with problems and feeling safer as high.

When safe parents and guardians were asked about feelings and relationships, they provided similar responses (Figure 4). Ninety-five per cent of safe parents and guardians felt that the sessions had helped their child overall (percentage of scores 4 and above). The vast majority (89%) indicated that the support had helped their child with their feelings and that their child’s relationships had improved (73%).

**Figure 4: Safe parent/guardian views on the effect of the WeMatter service on CYP feelings and relationships**

Average scores out of 5 – Feelings and relationship questions (Parents)

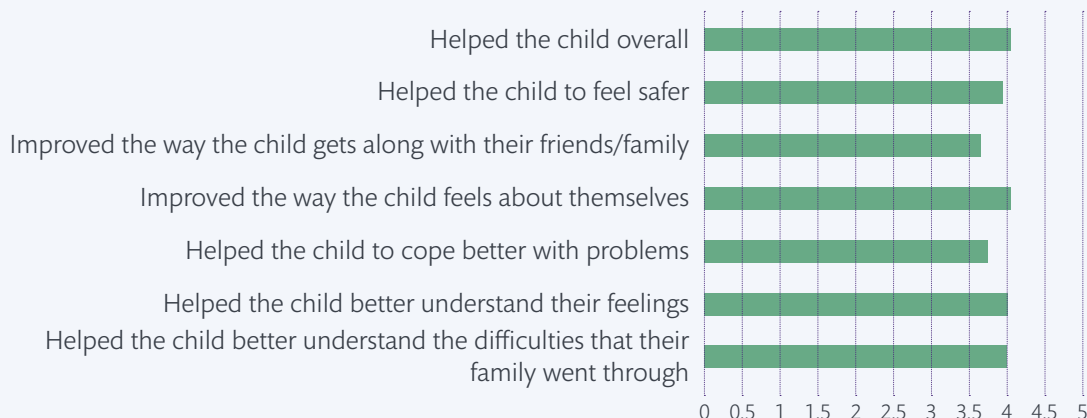


The majority of safe parents and guardians reported that their child felt safer following the support, with 84% of responses indicating agreement or strong agreement.

Similarly, 80% of responses from schools indicated that they felt the support was helpful overall and had achieved positive impacts on the child's feelings about themselves and their understanding of those feelings (Figure 5).

**Figure 5: School staff views on the effect of the WeMatter service on CYP feelings and relationships**

**Average scores out of 5 – Feelings and relationship questions (Schools)**



*“Very impressed with the service. I hope to refer again.”*

#### **School staff member**

It is interesting to note that responses from the safe parent/guardian and from schools seem inconclusive with regard to the question of an improvement in how the CYP get on with friends and family. However, levels of improvement around relationships with family and friends were more certain in the responses of CYP (see Figure 3). When asked for open comment, one CYP gave the following feedback:

*“I rated it 2 because I’ve been able to cut off friends that I know have been using me and not had my best intentions at heart, so it’s a good though the rating has gone down.”*

#### **WeMatter participant, aged 13**

The findings suggest relationships can manifest in multiple ways. What might feel like a positive development for CYP may be perceived differently by supporting adults. An evaluation of a more qualitative nature may be needed to explore this further.



## Pre- and post-intervention wellbeing survey

The results of the SWEMWBS wellbeing survey confirm that the WeMatter service has helped CYP. The survey of the 115 participants who completed the CYP Recovery Toolkit indicates significant improvement in relation to total scores (the sum of all seven question responses). These improve from an average of 23.4 before the course to 25.8 after. An increase in scores of this level is regarded as statistically important in terms of wellbeing.<sup>3</sup>

Using SPSS (Statistical Package for the Social Sciences), a set of paired-sample t-tests was conducted for each pair of before and after measures. There were significant differences between the before and after scores of the overall SWEMWBS score, with the measures following the completion of support being significantly higher.<sup>4</sup> These findings indicate that the programme effectively improved the participant's sense of wellbeing. The effect size for the difference between the before and after measures was calculated using Cohen's d and showed a strong effect.

When broken down, there is a significant increase in scores for six of the seven questions in the SWEMWBS as well as for the question relating to feeling safer.<sup>5</sup> The remaining statement – 'I've been dealing with problems well' – showed no significant change. The highest level of improvement was in response to the statements 'I've been thinking clearly', 'I've been feeling useful' and 'I've been feeling optimistic about the future'.

## Age differences

As can be seen in Figure 3, the average responses to the perceived evaluation outcomes regarding feelings and relationships are consistently lower for the older group (12–17 years) than for the younger group (7–11 years). This could be due to many reasons related to age, experiences and trends in how younger and older CYP rate their lives.

One possible reason is that the older group may have had a less positive experience of the WeMatter service. This interpretation is, however, contradicted by the data from the pre- and post-programme wellbeing surveys (Figure 6). Here, the average responses given by the older group (22.7 before and 25.24 after) are consistently lower than for the younger group (23.93 before and 26.23 after). This suggests that the difference between the groups is not an effect of the support itself but something inherent in the group prior to the programme. This perhaps reflects a tendency for older CYP to rate their lives more critically.

A repeated measures ANOVA, which was performed using SPSS, also confirms that the differences between the groups should not be attributed to the programme. The total scores for all seven SWEMWBS answers and the scores on individual questions indicated no significant differences between the two age groups.

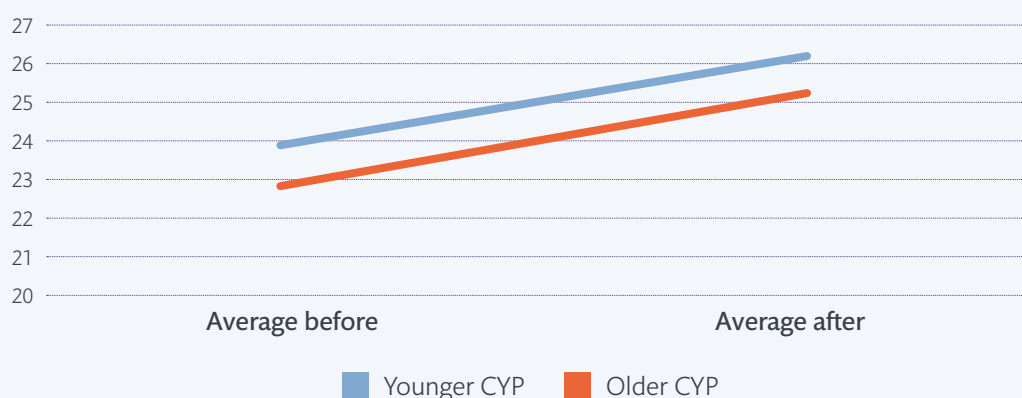


3. Shah, N., Cader, M., Andrews, W. P. et al. (2018) Responsiveness of the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS): evaluation a clinical sample. *Health and Quality of Life Outcomes*, 16, 239. <https://doi.org/10.1186/s12955-018-1060-2>

4. t-statistic = 5.72, df = 114, p<0.001, Cohen's d = 4.49.

5. t-statistic = 3.40, df=91, p<0.001, Cohen's d = 0.89.

**Figure 6: SWEMWBS scores for participants before and after support, by age group**  
Average wellbeing scores before and after programme



## Experience of taking part in WeMatter

CYP, safe parents, guardians and school staff were asked about their experiences in participating or supporting CYP during the programme. Overall, this experience was highly positive for all groups.

When asked to 'Name three things you like about the sessions', the highlights for CYP were predominantly: games/fun, meeting new people and the facilitators. This suggests that the content and the facilitators were engaging, providing a positive learning experience.

When asked if the facilitators were able to support them if they got upset during sessions, most of the younger group answered positively (93%). For the older group, 82% answered that they felt supported.

This also reflects the parent experience. Here, 16 out of 19 responses indicated that the facilitators were able to provide support, the remaining three responses indicating that they did not know.

*"The facilitators were brilliant. They were so approachable for the children. The activities were interesting, relevant and engaging. The resources were always easy to access and for him to use."*

### School staff member

Following completion of the sessions, facilitators contacted each participant individually. Both groups of CYP found this follow-up call positive, with 89% of older children and 91% of younger children indicating it was helpful. Similarly, 100% of safe parent and guardian responses indicated that the follow-up call was useful or extremely useful.

WeMatter managers and facilitators both identified the relationship with facilitators as a key part of delivery and the experience for CYP. Building and maintaining relationships formed an important part of the success of the WeMatter service. Facilitators were also aware of their position as role models and modelled healthy communication and collaboration at all times.

In interviews with facilitators, the presence of a male facilitator was identified as extremely valuable in terms of gender diversity. More specifically, it was important for representing healthy male role models among a cohort in which most perpetrators were male.

## Delivery

All three groups (CYP, safe parents and guardians, and schools) were surveyed to assess their experience of the WeMatter digital delivery of the CYP Recovery Toolkit. Questions considered issues relating to timing, online delivery, the role of facilitators, support and communication.

### Group size and allocation

The number of CYP in groups varied from two to nine, with the most common group size being four or seven. Initial course developers and facilitators indicated an optimum group size of between six and eight (and a maximum of 12), but this was difficult to consistently achieve. Of central importance was the speed at which CYP could be offered sessions, therefore delivery was not delayed in order to maximise group sizes. Group sizes tended to be somewhat smaller for older ages and also for those participating from home. This was a result of the overall size of the cohorts and the need to avoid delay in delivery. When asked about group sizes, most CYP (80%) indicated that they felt their group size was just right.

Interviews with facilitators and managers indicated that programme groups were based roughly on age and aligned with primary and secondary school groups. The allocation of members to groups was, however, more nuanced. Each CYP was assessed prior to joining a group and membership was decided based not only on age but the developmental stage of the individual and, to some extent, on personality. In order to ensure that group dynamics were conducive to learning and overall experience, an attempt was made to maintain a balance of personalities. This was seen as helping to encourage dynamic conversations within the group, while ensuring quieter participants didn't feel overwhelmed. Facilitators used their professional judgement to allocate group members, in discussion with the team and safe parents and guardians.

Group sizes were determined by the need to create a balanced dynamic and also to expedite delivery of sessions. If WeMatter were to be scaled up, it is reasonable to expect that a larger overall cohort would enable greater consistency of group sizes. Nevertheless, the group dynamic and low waiting times should continue to be priorities.

### Mode of delivery

The initial move to online delivery was a result of necessity, but it has brought many advantages. For CYP, the vast majority felt that online delivery worked well for them, with 90% of the younger group and 89% of the older group saying they liked it or liked it very much (weighted averages of 4.55 out of 5 and 4.19 out of 5 respectively).

### Rating of online delivery

#### Younger CYP



(44 responses, weighted average 4.55 out of 5)

#### Older CYP



(27 responses, weighted average 4.19 out of 5)

Safe parents and guardians also had a highly positive view of online delivery, with 15 out of 16 responses indicating that they felt it was the best mode of delivery for their child. The response from schools was less strong, with 65% of responses being positive or very positive (of the remaining 35%, the responses were neutral rather than negative).

Facilitators and managers who were able to compare online with in-person provision felt that the transfer to online delivery had been highly successful. While acknowledging that some individuals may always benefit from in-person provision, they felt **that, for some CYP, the online experience was less intimidating**. They also expressed that online sessions were more easily accessed than those that required travel. In addition, online delivery reduced the potential of CYP being in sessions with peers they knew as the sessions weren't grouped geographically. This is supported by feedback from a Victim Support area manager, indicating that easier access for otherwise marginalised groups was an important benefit of online provision, in particular for those reliant on public transport or living in rural communities.

A number of strengths and weaknesses of the online delivery experience were identified. CYP, safe parents and guardians, and school staff all highlighted that CYP felt more relaxed and less embarrassed. This suggests that, **for some participants, the relative anonymity of the online sessions was a strength**. All groups also saw the CYP's ability to join the sessions from their own environment as an advantage that contributed to them feeling less intimidated and more comfortable.

Although the majority of the participants were in favour of online delivery, some disadvantages were stressed, mainly concerns that online was less personal and inhibited interaction or personal relationships. There were also comments from schools regarding the potential challenges this method might present for special educational needs (SEN) students. There is therefore a need to monitor delivery to students with SEN to ensure inclusivity, making appropriate adjustments if necessary.

Facilitators felt that **the mode of delivery enabled rapid adaptation to individuals' needs**, whether this was due to neurodiversity, personality or cultural needs. Working in pairs enabled facilitators to provide tailored one-to-one support and to adapt sessions to the needs of individuals and groups depending upon mood. Facilitators also felt that the professional freedom given to them enabled rapid adaptation of materials, such as slides and video clips, to meet the needs of particular groups and individuals. In some cases, adaptation could be achieved in real time during sessions. When materials were adapted to meet particular needs and they were considered successful, these were shared between facilitators to ensure best practice was achieved across all groups.

Managers and facilitators both acknowledged the need to embed the evaluation of individual participants' needs within the programme. This was a key part of the initial triage that takes place during the first assessment meeting with CYP. It was also noted that any adaptations and development of resources needed to be captured for quality purposes and to enable good practice to be shared.

Not having to travel was identified as a strength, mainly by the safe parents and guardians and schools. For parents, this was largely linked to the practicalities of transport and was seen as the greatest single advantage. For schools, the fact that **less school time was missed** was highlighted. Again, this advantage is reflected in the observations regarding accessibility highlighted by the Victim Support area manager. The absence of a need to travel was not simply convenient but also **increased accessibility for groups on lower incomes and those in rural areas**. It also means that areas that previously lacked any provision can now offer a programme for CYP affected by DA.

The **biggest challenge with online delivery related to technical problems**. These were almost exclusively connectivity issues and, in particular, local internet connections, rather than issues with the system. Clearly, this is difficult to address as most issues were local, but there may be a need to guide those supporting CYP in terms of finding the most robust connections. This may also influence choice of timings and place. Facilitators indicated that they were alert to these issues and if an individual had problems to the extent that they missed significant parts of the sessions, they were offered one-to-one catch-up sessions. They noted that this will potentially be more difficult to do beyond the pilot phase, but they felt capacity should be built in to allow for this.

When asked if they would prefer a different mode of delivery, the **majority of CYP indicated a preference for online over face to face** (68% of the older group and 54% of the younger group). Similarly, most school staff (62%) also felt that online support was the best option. However, as well as the group programme being delivered online, 87% of school staff also felt that face-to-face, one-to-one support would be beneficial alongside the group work. As noted above, WeMatter can be used in addition to local one-to-one services. The final assessment meeting is, in part, used to determine whether such one-to-one provision is needed and an action plan is produced for each participant in association with their safe parent or guardian. The feedback from the Victim Support area manager also indicated that **the WeMatter service could provide valuable interim support while waiting for one-to-one support**.

### Where and when delivery took place

Of the younger children responding to the survey, the vast majority (96%) engaged with support during school hours. For the older age group, only 54% attended sessions during school hours. Nevertheless, the majority in both groups (89% of younger children and 75% of older CYP) felt that this was a good time for them. This was also reflected in the responses of safe parents and guardians, where all responses indicated that the timing was good for their child. This suggests that school hours are preferred for younger children and a variety of times are more suitable for older CYP. In both school and home delivery, the levels of satisfaction with timings suggest that for CYP the experience was positive.

Facilitators indicated that they felt the most successful delivery was that provided during school hours. This was in part due to the level of technical support available in schools but also the lack of distractions, which could not be as easily controlled in the home environment. WeMatter managers also felt that the school environment created a mindset in participants where they were ready to learn and engage.

For schools, the picture is a little more complex, although the majority still agreed that the timing of delivery was good. Schools encountered a range of practical challenges associated with delivery during school hours, mainly the availability of resources. The first of these challenges was finding a quiet place for the sessions, with 40% of responses indicating issues. Issues with staffing to provide suitable support for the child, either with technical matters or emotional support, were indicated by 31% of responses. Another area identified was that of timetable clashes, with some responses highlighting that having sessions at the same time each week meant the child kept missing the same lesson. Some children also identified issues with timing but linked this to missing break times rather than lessons. The possibility of varying times if delivered in school hours could help to overcome these issues but would itself bring various practical issues for both schools and facilitators. It is therefore important that schools are communicated with well and are able to support delivery of the WeMatter service.

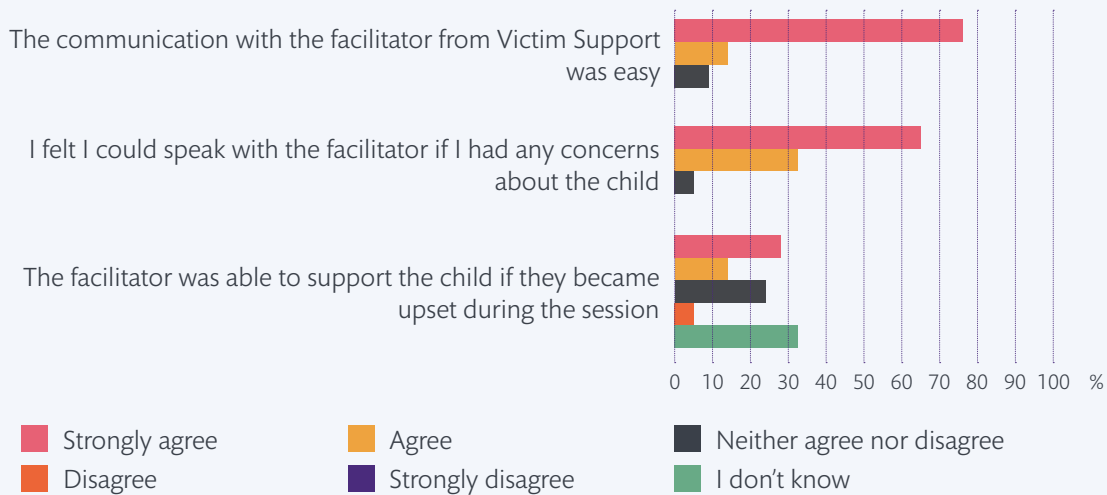
The majority of CYP (72%) felt that the session length was just right, with the remainder of responses spread fairly equally between 'too short' and 'too long'.



## Administration and communication

For safe parents, guardians and school staff, communication appears to have been successful. All safe parents and guardians and the majority of school staff were highly positive about the communication with the facilitator and being able to speak with the facilitator should they have any concerns about a child (see Figure 7).

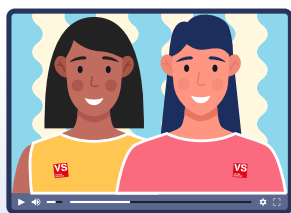
**Figure 7: School staff views on communication and support**



One point of note is with regard to the support of CYP if they got upset during sessions. While safe parents and guardians were highly positive about the ability of the facilitators to support their child during and after the sessions, a third (32%) of school staff responses indicated 'I don't know' or 'Neither agree nor disagree'. This suggests a mix of views and is also reflected in some open responses in which school staff indicated a lack of knowledge regarding how sessions had gone for the child and that this had impacted on their own ability to provide support.

It is recommended that the facilitators provide information to the school prior to the start of the programme about the support provided during and after the sessions. It is also recommended that facilitators make the school aware that any concerns can be discussed during the programme, in line with the CYP's rights to privacy and safeguarding provisions. Similarly, a few school staff felt that more knowledge of the course content would have helped them in supporting CYP. This is another area in which additional information could be supplied by the service.





## How WeMatter fits with broader provision – the experience of a local service

The WeMatter pilot took place in three Victim Support service areas, each providing a range of support to those impacted by DA. The area manager for one of these areas provided insights about how they felt WeMatter fitted with their broader provision. In this area, there are services for adult survivors of DA and individual support is provided for CYP affected by DA, as well as child social care services.

- **WeMatter enables services to be provided in areas not currently covered by local provision.** Not all parts of the service area have funding for in-person provision of local services, but WeMatter can be offered in all areas. The area manager felt that **WeMatter helped to “end the postcode lottery”** of provision and that this could apply in all areas not currently receiving funding for in-person provision, meaning that fewer CYP will “fall through the cracks”.
- **WeMatter allows for more rapid support for CYP.** Following triage of CYP, there is typically a 12-week waiting period before individual support services can be provided. Having **WeMatter has allowed some support to be provided immediately** during this waiting period. This does not prevent CYP from accessing locally provided services but means that they are not left unsupported during this period. Most of the key messages and skills covered during individual support for trauma are also covered in WeMatter. At the end of the WeMatter programme, some may feel that they do not need individual support or they may continue with local services.
- **WeMatter helps to enable support for the whole family.** The ability to provide appropriate rapid support for CYP enables better provision for the wider family as support can be provided for CYP and the safe parent/guardian at the same time. This eases some of the pressure on the safe parent/guardian. It also **facilitates communication between the parent/guardian and the CYP** as they are encountering similar concepts and vocabulary but in age-appropriate ways. Feedback from parents and guardians to the local service indicates that this has been highly successful.



## Conclusions

The outcomes from the surveys, wellbeing survey and interview can be considered as highly positive in terms of CYP's overall experience of the programme and delivery.

### Key conclusions

- Significant and meaningful improvements in wellbeing for CYP were found in both the younger and older groups. This indicates that the service and delivery of the CYP Recovery Toolkit effectively improved the participants' sense of wellbeing as well as their sense of safety.
- No significant differences are found between the age groups, indicating that the whole range of ages included benefit from the WeMatter service and participation in the CYP Recovery Toolkit.
- CYP, safe parents and guardians, and schools all report improvement in perceived outcomes across the range measured.
- CYP, safe parents and guardians, and schools all report highly positive experiences of sessions and support.
- Delivery through the online mode has proved successful in terms of practical provision and in terms of outcomes for CYP.
- Provision of options to engage during school hours or at home has allowed flexibility and has enabled diverse needs to be met, in particular those of older and younger CYP.
- Delivery and communication have been very successful. However, there have been some practical issues relating to technology, timing and some adults desiring more information.
- Interpersonal relationships between team members have been key at all levels in ensuring successful delivery and ongoing improvement.
- WeMatter has the potential for considerable expansion as a service in its own right and as a complementary offering for CYP and wider family support.

### Options for potential improvement

- The service should assess whether SEN requirements are being met through online delivery. This may require face-to-face support or additional adult support. There may even be a need to evaluate content in this context.
- Additional support for safe parents and guardians and schools should be provided to help ensure the correct physical and technical environment is available for delivery. This may involve testing connections and changing the place of delivery if technology is insufficient in the first-choice venue.
- When delivering during school hours, the service should try to move the delivery time each week to avoid the same lesson being consistently missed. This creates potential issues regarding routine but may help in some instances.
- Greater provision of additional information to schools and/or safe parents and guardians regarding content of the course and how individuals are coping to ensure the correct support at all stages.

## Considerations for scaling up

The WeMatter programme is currently provided as a pilot in three areas. For scaling up, the following should be considered:

- Current management structures and communication are highly effective and need to be embedded in any larger-scale provision. This would include the ongoing involvement of Rock Pool.
- Communication and peer support between facilitators have helped to ensure good practice. Larger provision should consider the development of sub-group structures and inter-group communication to enable this to be replicated.
- If there is no local provision of one-to-one services, there may be a need to consider what options are available to participants after WeMatter, should additional needs be identified.



# Appendix

A brief outline of the content of the CYP Recovery Toolkit programme:

	CYP Recovery Toolkit: primary school	CYP Recovery Toolkit: secondary school
	An eight-session group work programme for primary-age children (7–11 years) who have experienced DA in the home.	An eight-session group work programme for secondary-age young people (12–14 years and 15–17 years ) who have experienced DA in the home.
<b>Session 1</b>	<b>Introductions</b> During this session, we introduce the CYP to the programme, establish group expectations and take baseline measures by completing the self-portrait activity.	
<b>Session 2</b>	<b>Abuse and early warning signs</b> During this session, we get the CYP to appropriately think back to when things at home were difficult and people were being hurt and begin to consider their hopes and dreams for the future. They will also spend time identifying their early warning signs.	
<b>Session 3</b>	<b>Self-esteem and negative automatic thoughts (NATs)</b> In this session, we explore self-esteem, getting the CYP to identify positive things about themselves and recognise NATs and ways to challenge that thinking process.	
<b>Session 4</b>	<b>Gender roles and relationships with parents/carers</b> In this session, the CYP consider the role of a parent and challenge some gender stereotypes.	
<b>Session 5</b>	<b>Self-affirmations and safety planning</b> In this session, the CYP create their own safety plan and revisit the notion of self-esteem by thinking of self-affirmations.	
<b>Session 6</b>	<b>Exploring anger and other emotions</b> In this session, we get the CYP to explore anger and other emotions they experience. They also identify healthy coping strategies for any negative emotions they may experience, such as relaxation techniques.	
<b>Session 7</b>	<b>Healthy relationships</b> In this session, we get the CYP to consider what makes a healthy relationship or friendship. They begin to imagine what their perfect partner or friend would be like.	
<b>Session 8</b>	<b>Goodbyes and celebrations</b> In our final session, we revisit the self-portraits created in Session 1, create an action plan for the future and conclude with positive affirmations to each other.	







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President: HRH, The Princess Royal  
Victim Support, Ground Floor, Building 3, Eastern Business Park,  
Wern Fawr Lane, Old St Mellons, Cardiff CF3 5EA  
Telephone: 020 7268 0200  
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