

BOUNCE BACK FOR KIDS: INTERVENTION PROTOCOL

Summary

<p>For whom</p>	<p>Bounce Back for Kids (BB4K) is a therapeutically informed group recovery programme for children aged 3–11 and their non-perpetrating parents who have experienced domestic abuse, and where the parent is not living with or in a relationship with the perpetrating partner and not receiving other domestic abuse support.</p>
<p>Why</p>	<p>Domestic abuse is a pervasive problem, estimated to affect 1 in 5 children, that can have a devastating impact that can last into adulthood, (NSPCC, 2011). The primary aim of BB4K is to improve outcomes for children and their non-perpetrating parents. These include helping them to recover from the impact of domestic abuse, reducing child and parent repeat victimisation, reducing parental stress, increasing parental agency, improving family functioning, and better attachment between child and parent.</p>
<p>What (programme)</p>	<p>BB4K is a trauma and therapeutically informed group approach that simultaneously supports children (aged 3–11) and their non-perpetrating parents who have experienced domestic abuse. By supporting the parent alongside their child, BB4K uniquely offers the experience of sharing their journey of processing and recovering from trauma while strengthening healthy attachments.</p> <p>The BB4K groups consist of eight (for children aged 6–11) or 12 (for children aged 3–5) weekly sessions lasting up to 90 minutes. Group support helps individuals witness the resilience in peers who have had similar experiences and provides a sense of hope and confidence, and their support helps normalise their own situation.</p>
<p>What (comparator)</p>	<p>While waiting for their BB4K group, families can access the BOUNCE online platform which offers age-appropriate tools and games to support the families. Some children access external support provided through schools (such as ELSA sessions) or other agencies (such as CAMHS).</p>
<p>By whom</p>	<p>PACT (Parents and Children Together), is an adoption charity and family support provider. BB4K is delivered by two Service Leads, one Manager, eight Support Workers, one Administrator, and one Play Therapist. Student</p>



	placements and volunteers offer support with administration and preparatory work.
Where (settings)	BB4K operates an outreach model whereby groups take place in an in-person delivery setting which is easily accessible and close to families. Examples include schools, community centres and PACT-owned venues (such as family therapy rooms). The location and age range of each BB4K group are determined in response to the needs of families on the waitlist.
Where (sites)	Reading and West Berkshire (existing sites), and Vale of the White Horse in Oxfordshire (new), chosen as PACT have strong partnerships with referring organisations in these areas.
When	May 2024 – March 2025
Evaluation Partner	IFF Research



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V1	23 August 2024	[Usually, V1 is published before delivery starts]



Need

1. What does business as usual look like?

In the absence of accessing the BB4K programme, business as usual (BAU) to support children to recover from the trauma of experiencing domestic abuse includes accessing:

- Child and Adolescent Mental Health Services (CAMHS): the NHS services that assess and treat young people with emotional, behavioural, or mental health difficulties
- Emotional Literacy Support Assistant (ELSA) sessions in schools typically held once a week across the length of a term and last between half an hour and an hour: a child could be offered 1:1 or group sessions, depending on need
- Play therapy: usually funded privately, and accessed via self-referrals or professional organisations such as CAMHS, schools, social services, family workers, etc.
- Counselling or outreach services from other charities such as No5 Young People's Counselling Service, a Reading-based young person's counselling and mental health support service for anyone between the ages 11–25
- SAFE!'s individual support services: an independent charity providing support to children and families around the Thames Valley who have been affected by crime or abuse through one-to-one and group sessions, and available to children aged 5–18.

In the absence of accessing the BB4K programme, BAU support for parents to recover from the trauma of experiencing domestic abuse includes:

- Berkshire Women's Aid
- Cranstoun: a charity offering housing, health and social care support to adults, children and young people, including domestic abuse support
- A2Dominion: domestic abuse support services for adults in Oxfordshire.

These commissioned services support families across Reading, West Berkshire, and South Oxford but tend to focus on adults in crisis, at medium/high risk, rather than families who are now safe and ready for recovery.

They also typically provide individual support services, as opposed to groupwork that simultaneously supports parent and child. PACT are unaware of any online or self-directed support available except the Freedom Programme (which incurs a cost) but this is designed for women (not for children or men).

PACT is piloting a new BB4K digital platform ('Bounce') which will be appropriate for families waiting for an intervention, and/or for families during and post-intervention to embed their learning. Bounce is currently most suitable for children aged 5–8 years (but older children can access this if they wish).

2. Why is the programme or intervention needed?

Domestic abuse is considered highly prevalent in the UK (Chandan et al., 2020 and although statistics on this issue do not provide a full picture, due to underreporting (ONS, 2018), they do provide indications that there are a significant number of families affected. Domestic abuse is a



pervasive problem, estimated to affect 1 in 5 children, and ONS 2018 data reports this as being significantly higher for children with disabilities.

It is well established that domestic abuse is harmful to children, and this is reflected in Section 3(2) of the Domestic Abuse Act 2021 which acknowledges children as victims of domestic abuse in their own right. Domestic abuse can have a devastating impact that can last into adulthood. Research shows that experiencing domestic abuse at any age can seriously affect a child's emotional wellbeing, their behavioural, social and physical development, and is considered an Adverse Childhood Experience (ACE).

Each child will respond differently to trauma

They may become anxious, withdrawn, depressed, have difficulty sleeping, experience nightmares/flashbacks, complain of physical symptoms (tummy aches, bed wetting), have difficulty regulating emotions, problems with school, and develop attachment issues. Children may also feel angry, guilty, insecure, alone, frightened, powerless, or confused.

Thames Valley Office of the Police and Crime Commissioner (OPCC) confirms the number of child victims of crime (27% from domestic abuse) has increased by 41% between 2020 and 2022.¹ Local authority Domestic Abuse Coordinators agree recovery services provide vital tools and skills to break the cycle of abuse, but most commissioned services focus on adults in crisis, at medium/high risk, rather than families who are now safe and ready for recovery (Berkshire Women's Aid, Cranstoun, A2Dominion).

Development of the Bounce Back 4 Kids programme

The need for the BB4K programme was identified by PACT staff working in Children's Centres across Oxfordshire in 2010/2012, supporting families and victims of domestic abuse who recognised the impact that the lack of recovery support available had on the people they worked with. This is fundamental to processing trauma, rebuilding parent-child relationships, and reducing the risk of revictimisation by building resilience and recognising the signs of abuse. This was the basis for developing the BB4K programme with outcomes focusing on reducing the negative consequences of experiencing domestic abuse.

The BB4K programme was also influenced by multiple consultation events (SAFE! and Thames Valley OPCC's consultations in 2021 with young victims of crime to design new support services). Young people consistently identified the need for groupwork, telling us they find great support in talking to others with similar experiences. Along with therapy and seeking information, peer support is an important element in healing following a traumatic incident. Witnessing the resilience of peers who have had similar experiences may provide a sense of hope and confidence, and their support helps normalise their situation.

However, pressure on existing services for young people means there is limited capacity to provide trauma-informed recovery groupwork. This view is supported by the recent DA Commissioner's Mapping report finding almost all survivors with children said they would have wanted their

¹ See <https://www.thamesvalley-pcc.gov.uk/wp-content/uploads/2023/05/OPCC-Market-Engagement-Children-and-Young-People-Presentation-24.4.23.pdf>



children to have specific support, but in the Thames Valley just 29% said their children had been able to access this (Domestic Abuse Commissioner, 2023).

PACT used extensive experience and insight into local needs for recovery support services across Berkshire and Oxfordshire and developed a therapeutically informed group recovery programme called Bounce Back 4 Kids (BB4K), and demand continues to grow (in 2022/23 BB4K supported 133 families and in early 2024 there was a waiting list of 56 children which outstrips capacity).

3. How scalable is the programme?

The United Nations confirms domestic abuse can happen to anyone of any race, age, sexual orientation, religion, or gender. “It can occur within a range of relationships including couples who are married, living together or dating. Domestic violence affects people of all socioeconomic backgrounds and education levels.”² Safelives states that in England and Wales over 105,000 children live in homes where there is high-risk domestic abuse.³ The Domestic Abuse Commissioner’s report on domestic abuse highlights gaps in recovery services across the country, it confirmed most victims were not able to access the support they wanted – only 34% of people in the South East found it easy to get help once they heard about what was available. It also confirms there is a large difference in the percentage of organisations who say they provide specialist support for children affected by domestic abuse (85%) compared to the percentage of victims/survivors whose children were able to access this (29%). Given that domestic abuse is estimated to affect 1 in 5 children, and England has a population of c.6.4 million children (aged 0–9 years) there is likely to be well over a million eligible beneficiaries, plus parents, in England. And sadly, there is a postcode lottery for accessing specific types of support. (Domestic Abuse Commissioner, 2023).

BB4K referrals are received for families from a diverse range of socio-economic, and ethnic backgrounds, overrepresenting minority groups when compared to census data.⁴ For example, Reading population comprises 33% of minority ethnic groups, compared to BB4K Q4 23/24 referrals from Reading as 62% of minority ethnic groups. BB4K can be delivered in a group setting, or individually, and is inclusive of all victim/survivors regardless of gender, ethnicity, sexuality, and disability. Examples of adjustments made to ensure inclusivity include: additional staff/volunteers to support children with learning or behaviour needs, accessible venues for participants with physical disabilities, interpreters for non-English speaking participants, and using signers for participants who are hard of hearing. BB4K is delivered in English so to scale to areas with service users with low English language fluency would require translating materials and using interpreters or hiring support workers to deliver BB4K in priority languages.

² See <https://www.un.org/en/coronavirus/what-is-domestic-abuse>

³ See <https://safelives.org.uk/policy-evidence/about-domestic-abuse>

⁴ 2021 census data confirms West Berkshire borough non-white ethnicity 8% population, BB4K referrals from non-white ethnicity 13% (23/24 Q3). Wokingham borough non-white ethnicity 20% population, BB4K referrals from non-white ethnicity 43% (23/24 Q3). Reading borough non-white ethnicity 33% population, BB4K referrals from non-white ethnicity 37% (23/24 Q3). See <https://www.ons.gov.uk/census>



PACT has a history of quickly mobilising services into new areas, successfully establishing referral partnerships and pathways in every new location (recent examples include launching BB4K into parts of Oxfordshire in 2022 and Wokingham in 2023 supported by funding from Ministry of Justice and OPCC). PACT have undertaken a mapping exercise to identify gaps in provision across the Thames Valley region. This has highlighted that many areas do not have access to recovery services. There is no reason to believe this would not be the case in any new location across the country, and once connections with referral partners have been established, given the high prevalence of children who have experienced domestic abuse across the country (estimated to be 1 in 5 children) with approximately 14 million children in the UK, assuming 40% are in the BB4K age range, this BB4K programme would be in high demand regardless of geography. When networking and meeting other professionals who operate outside of the current delivered geography, requests are frequently made to expand to their area and how needed recovery support is for families.

There are a number of enablers and barriers to scaling BB4K:

- The programme is delivered in-person, but suitable venues can be easily sourced from existing early help/family support properties.
- The programme relies on PACT developing good links and partnerships with local authorities and independent charities such as Women's Aid.
- The programme can be delivered in a group or individual setting; however, the latter is more resource-intensive.
- Scaling BB4K requires recruitment and training of delivery staff with relevant qualifications and expertise.

In addition to the BB4K programme, the Bounce digital platform could be quickly rolled out nationally to offer low-level support services whilst families wait for the trauma and therapeutically informed support whether this is BB4K or other similar evidenced-based support programme.



Intervention

4. What does the programme or intervention aim to achieve?

BB4K aims to provide trauma-informed, holistic individual and group support services to children and their non-perpetrating parent, allowing both to recover from the impact of domestic abuse, whilst improving their outcomes and reducing the likelihood of future revictimisation. Breaking the cycle of abuse is achieved through supporting the child and their non-perpetrating parent to understand, heal, be empowered and be equipped with tools which leads to the strengthened relationships they need to keep safe. The programme contributes to reducing the risk of children perpetrating and experiencing abusive behaviours in future relationships and reduce Violence Against Women and Girls prevalence in society.

By reducing a family's source of stress, strengthening children and adults' relationships, and learning core life skills including emotional resilience, we can prevent lasting harm.

- Short-term outcomes:
 - Parent/child reduced loneliness/isolation
 - Parent increased self-efficacy
 - Parent/child identify healthy, and unhealthy/abusive behaviours in others
 - Parent/child are more able to emotionally regulate
 - Parent/child more clearly understand the responsibilities between child/parent in a family
 - Parent/child avoid or challenge unhealthy/abusive behaviours in others
 - Parent/child know who to report abuse to/seek support form.
- Medium-term outcomes:
 - Parent better able to understand and advocate for their child's needs
 - Parent/child have healthier relationships (peer to peer, family, future intimate partners)
 - Parent increased DA reporting
 - Child reduced behavioural issues at home
 - Parent/child more and open communication with each other
 - Improve parent/child relationship.
- Long-term impact
 - Parent reduced stress and increased agency
 - Parent/child reduced repeat victimisation
 - Parent/child repair attachment patterns
 - Improved family functioning.

Ultimately, supporting children to understand and heal from the trauma of domestic abuse, and empowering and equipping them with the tools and strengthened relationships they need to keep them safe, is the key to breaking the cycle of abuse.



5. Who is expected to benefit from this programme?

Bounce Back 4 Kids is an innovative trauma and therapeutically informed group recovery programme for children (3–11-year-olds) and their non-perpetrating parents who have experienced domestic abuse, and where the parent is no longer in a relationship with the perpetrating partner, and not receiving other domestic abuse support. It is available to families who live in Reading, West Berkshire, Wokingham, Oxford City, South Oxfordshire, or Vale of the White Horse.

Eligibility criteria includes:

- Child's age (3–11)
- Parent not living with or in a relationship with the offending parent (ideally for a reasonable time period before referral) parent or child has not exclusively experienced sexual abuse
- Parent and child speak English
- Parent and child not currently receiving other domestic abuse support
- Parent and child's readiness to engage and access support services and acknowledge the hurt and trauma experienced in their family
- Parents' willingness to embed learning to make lasting change in order to break the cycle of domestic abuse
- Families who live in Reading, West Berkshire, Wokingham, Oxford City, South Oxfordshire, or Vale of White Horse.

BB4K is inclusive and can be accessed by any child impacted by domestic abuse who meets the above criteria. If the needs/risk assessments conclude that PACT are unable to provide a suitable group that meets their needs and circumstances (for example if the child has a history of displaying aggressive behaviour towards other children, additional needs meaning they struggle in social settings, lack the ability to get to a group location) they will be offered individual support from a Support Worker which follows the same BB4K modules, or offered support to access alternative services.

If there is more than one child between 3 and 11 years old, then the parent can select a child that can benefit the most from the group element. We expect the programme to improve outcomes for all children of the non-perpetrating parent, and not just the child who joins the programme. PACT will offer one to one support to the other children in the family.

BB4K accepts referrals into the service from local authorities (primarily children's services, adult social care, and housing), schools, community partners, counselling services and other charities. BB4K also accept self-referrals from parents. Referrals are submitted through a form on the PACT website. In 2022/23 BB4K received 137 referrals for children (14% increase from the previous year): 37 referrals were from schools, 38 from local authorities, 27 from partners and other charities, 17 from other professionals, and 15 self-referrals (3 from 'other').

All PACT staff abide by PACT's Equal Opportunities and Diversity policy. We always seek to understand the individual needs of families during assessment stage to consider how best to support each family. All support workers engage in training to ensure they are aware of how best to provide inclusive support. Training includes trauma informed practice; cultural sensitivity and diversity and could include bespoke training from other charities and organisations who are



specialists in the field such as Parenting Special Children, with whom we have a history of cooperation, or other training providers such as Local Safeguarding Children Partnerships which often run training on supporting children with additional needs, or Child and Adolescent Mental Health Services (CAMHS) who have provided workshops and events for professionals to better support children. BB4K referrals are received for families from a diverse range of socio-economic, and ethnic backgrounds, overrepresenting minority groups when compared to census data. BB4K can be delivered in a group setting or individually, and is inclusive of all victim/survivors regardless of gender, ethnicity, sexuality and disability. We are experienced in supporting children with additional learning, SEND and communication needs (overcome with additional staff/volunteers, providing language interpreters/signers, etc.), as well as physical disabilities (by providing accessible venues).

6. What is the programme or intervention?

Bounce Back 4 Kids is a therapeutically informed group recovery programme for children (3–11-year-olds) and their non-perpetrating parents who have experienced domestic abuse.

Examples of the programme being trauma informed to domestic abuse victims/survivors includes: being aware of specific triggers, appropriate language, giving back power, control and choice to survivors, and flexibility in the session delivery.

Referral stage

Following referral, each family will liaise with a Support Worker to conduct needs and risk assessments, assess suitability/readiness for recovery, begin to build trust with programme facilitators, and manage expectations. If any additional needs are identified, such as financial difficulties, poor mental health, family or civil court experiences, then PACT makes direct referrals on behalf of the service user to other specialist agencies. These could be a foodbank referral, support from legal advice charities, or referrals to mental health/counselling services, as appropriate.

Informed consent is obtained from parent and child as engagement is voluntary. The adults will also be informed that, as PACT both supports all survivors of domestic abuse and employs people of different genders, the groups may be mixed gender, enabling adults to opt out attending a group if they are uncomfortable. If they were to do this, we would either offer them individual support or offer them to chance to wait until a group of single gender was running that was appropriate for them. Once a family is assigned to a group the adult will receive confirmation from BB4K team as to whether it will be a mixed gender group.

The programme is suitable for families in recovery (or in a position to start recovery) and able to access support. As a 'closed group', once the group commences no other families will join, thus families know once they start, they should attend all sessions whenever possible. After the assessments during the home visit at the triage stage have concluded a family is ready for BB4K, they are added to a waiting list until a suitable group (according to age and location) is available.

Group delivery (weekly themed sessions)

We operate an outreach model whereby groups take place in a setting which is easily accessible by, and close to, families. Each family has a pre-course meeting to share information about the group,



reinforce the benefits to children when their parents participate, and help parents prepare their children for the group. To ensure full accessibility, staff also ask parents to share their children's needs (such as learning, behavioural, sensory, and communication) so that suitable adjustments can be made.

Each BB4K group supports up to eight adults and eight children and includes eight weekly themed sessions (12 sessions for 3–5's). Each parents' session (1.5 hours) takes place simultaneously with the children's session. If resources do not allow for simultaneous delivery, PACT would aim for the same day so that parents are aware of and can support their child with the content of that week's session. This is invaluable towards parents supporting their children through their recovery journey. If the needs/risk assessments conclude that PACT are unable to provide a suitable group that meets their needs and circumstances, they will be offered individual support from a Support Worker which follows the same BB4K modules. This could be the case where a family has a high level of social anxiety, has work/other commitments that mean accessing a group is problematic, has a specific language need that requires the use of a translator or has other specific physical, emotional or mental health needs that mean a group setting is not likely to be beneficial for that family. This variation allows us to flex the delivery of the programme to still achieve the aims and objectives, while remaining responsive to the individual receiving support, and recognising that no one option will work for everyone.

Sessions are facilitated by expert staff who use trauma-informed activities and therapeutically informed techniques to simultaneously support parent and child to express their feelings and experiences, learn they aren't to blame, and understand the impact of trauma. Key focuses throughout the sessions are 'thinking through the eyes of our children', and 'rebuilding the bond between parent and child to help healing'. Participants are encouraged to complete 'homework' after each session to reinforce learnings and encourage shared experiences in their recovery journey. For younger children (3–5's) the programme includes a Play Therapist for the children's elements to better understand the behaviour and non-verbal communication displayed.

BB4K's weekly modules revolve around five key themes. These are explored below alongside an exploration of the assumptions and mechanisms that lead to outcomes for families.

1. Support networks and reducing isolation
2. Accept they are not to blame for the abuse
3. Learn about types of abuse and the right to feeling safe in relationships
4. Understanding emotions and how to manage them
5. 'Thinking through the eyes of our children' and rebuilding bond.

Trauma and therapeutically informed content

Being trauma and therapeutically informed for BB4K means that we will respond to and adapt our approach and practice to recognise the impact trauma can have on people. For example, we never require anyone to share any details of their story or journey with us that they aren't comfortable sharing. We will hold sessions in environments that are safe and welcoming, we will communicate clearly, concisely and promptly with our service users and wherever possible avoid cancellation of any planned interventions be they in person or remote. We are consent based and will not work with anyone who does not explicitly want to work with us, and we will offer choice where practicable to enable our service users to make informed decisions about their own lives. We will



look to include the voices of the children and parents we support in what we do, and we will consult with our lived-experience group when enacting new policies or changing any fundamental principle of our work to make sure it is aligned with the needs of the people we exist to support. We work to a strengths-based approach and our interventions include general principles from therapy such as rapport building, active listening, non-judgemental approaches and where possible tailoring what we offer to individual needs, respecting that a one-size-fits-all approach is not appropriate.

The inclusion of a Play Therapist for work with 3–5s are part of the programme being therapeutically informed.

Optional access to the digital platform ‘Bounce’

Participants also have the option to access ‘Bounce’; the new digital platform co-developed with ex-service users offering a range of tools, age-appropriate games, and e-learning to support children and parents before, during and after accessing BB4K to embed learning and sustain outcomes. Currently, Bounce is most suitable for children aged 5–8 years (but older children can access this if they wish), and parents of children across all age groups covered by BB4K can use this with relevant content for them specifically.

7. How will the programme be delivered?

BB4K Implementers/facilitators

To facilitate delivery of the current BB4K programme, PACT employs two Service Leads, one Manager, eight Support Workers, one Administrator and one Play Therapist. PACT employs student placements and volunteers who support by attending groups and assisting with administration, set-up and preparatory work.

All Support Workers and Play Therapists receive training including observation of facilitating a full group. All Support Workers receive intensive inductions including specialist training in domestic abuse, the impact of ACE’s and trauma, attachment, safeguarding/child protection, children and parent violence and abuse, and GDPR. They have all completed the following teaching or professional qualifications:

- EduCare – Adverse Childhood Experiences Level 2
- EduCare – Domestic Abuse: Children and Young People
- West Berks Domestic Abuse Champion training
- Training for delivering Healing Trauma
- SEN training e.g. Autism Spectrum Disorder Course, Dyslexia Course, etc.
- Keep Them Safe – Protecting children from child sexual exploitation.

Information and materials

The content of sessions is discussed at the beginning of every week to ensure staff are familiar and comfortable with the programme they are delivering. All staff also receive an overview of how to work therapeutically with children including details of how to use different techniques delivered by the Play Therapist. This training builds the skills of Support Workers and helps them build children and parents’ trust.



Data collection and evaluation

PACT staff routinely collect data from all participants. This includes personal data, as well as needs and risks captured using assessment forms developed by PACT. All participants consent to the data being collected and it is stored in line with PACT's GDPR policy.

Support Workers complete weekly registers and notes identifying any difficulties or extra support needed, and end-of-course evaluations to measure learnings and impact. This includes administering TOPSE, a parental self-efficacy measure, at the pre-course meeting and after the final session. Support Workers continuously review feedback, adapt materials/activities in order to meet the group's needs, and help participants complete surveys before and after each course so that the impact of the intervention can be measured. This data is for PACT's internal monitoring and evaluation purposes, with the exception of TOPSE data which is required by IFF's independent evaluation.

How the programme is delivered

Support Workers choose suitable venues which consider accessibility for the families, and will liaise with schools to confirm attendance, facilitate transport, keep them informed about the purpose and progress of the group, ask if they can support the children as they experience difficult emotions, and seek feedback on changes witnessed at school.

Each BB4K session is facilitated in person by 2–3 trained Support Workers and volunteers (and a Play Therapist for children aged 3–5). Their role is to share session information, facilitate activities, guide problem-solving, manage conflicts and help maintain a positive, safe environment for working together and safely expressing feelings.

Support Workers arrange pre-course meetings/calls to reinforce the benefits, help participants prepare for the group, and discuss individual needs/concerns. Support Workers are able to cope with a wide range of needs and behaviours and can make small adjustments to incorporate challenging behaviours and different needs.

Support Workers deliver the eight themed sessions (12 sessions for 3–5's) delivered weekly in-person to small groups (8 children/8 adults). Each parents' session (up to 1.5 hours) takes place simultaneously to the children's session. Support workers follow session plans with clear learning objectives that follow the same structure to create a safe, predictable space for children to share experiences of the hurting that has happened in their families. Support Workers use bespoke age-appropriate BB4K materials and therapeutic activities (music, drama, puppets, group games, arts and crafts) all learned in training, with regular breaks for discussions and refreshments. Where possible, activities are kept the same between the different age groups. On occasion they may be varied to meet the needs of a particular age cohort, the group sessions are delivered in age bandings and wouldn't normally have a child aged 5 or 6 in the same group as one aged 10 and 11. This is so that the language used and materials can be adapted to meet the needs of younger or older children as appropriate. For example, a video focusing on the same content but delivered using more age-appropriate language would be varied between different groups depending on the need. The remainder of the activities themselves remain the same regardless of age in the 6–11-year-old regular BB4K group, but how children choose to complete them may change as for example younger children may choose to draw rather than write out any answers.



The 3–5-year-old group is by design different from the regular 6–11-year-old programme, and so the materials and activities used are only designed for use with younger children. This is a combination of non-directed play therapy using things like sand trays, messy play, toys and dolls to process emotions through their play, and some directed activities with a view to increase self-awareness and the concept of feelings, as well as their relationship with their parent.

8. What is the schedule for set-up and delivery of the programme?

PACT has delivered BB4K since 2015. Course content, format and evaluation measures have evolved over this time period.

The delivery of this project runs from January 2024 until March 2025. The set-up phase (January 2024 to April 2024) includes finalising the Policies and protocols, theory of change, evaluation and data collection tools and methods, intervention and evaluation protocols, service-user workshop, delivery plan, and the ethical approval of the evaluation.

The provisional date for the first two BB4K research groups (location and age determined once randomisation is completed) will run from w/c 13 May 2024 until w/c 8 July 2024 (or w/c 15th if extra week required).

The two BB4K non-research groups will run from w/c 6 Jan 2025 until w/c 3 March 2025.

A further three BB4K research groups will run from w/c 16 Sept 2024 until w/c 9 December 2024 (12 weekly sessions for the 3–5's group. Eight weekly sessions for the two 5–11 age groups).

The three BB4K non-research groups will run after March 2025 (outside scope of this project).

	Cohort 1		Cohort 2	
	Treatment (2 groups)	Waitlist control (2 groups)	Treatment (3 groups)	Waitlist control (2 groups)
Baseline survey	Apr–May 24	Apr–May 24	Sep 24	Sep 24
Delivery	May–Jul 24 (2 groups)	Jan–Mar 25 (2 groups)	Sep–Dec 24 (3 groups)	Mar–May 25 (2 groups)
Endline survey	Jul–Aug 24	Jul–Aug 24	Dec 24–Jan 25	Dec 24–Jan 25
Follow-up survey	Sep–Oct 24	Sep–Oct 24	Feb–Mar 25	Feb–Mar 25



9. Where will the programme be delivered?

BB4K groups will be delivered in Reading, West Berkshire, and Vale of the White Horse in Oxfordshire. The programme has previously been delivered in the first two locations, thus achieving swift implementation due to established buy-in from local authorities and other referral partners, the identification of suitable venues, and being accessible for existing trained staff and volunteers. In addition to these locations, and in order to demonstrate scalability, we are planning a third delivery location new to BB4K which will be Vale of the White Horse in Oxfordshire, chosen as a number of referrals have been received from operational partners in this area.

PACT has a history of quickly mobilising services into new areas which requires close partnership with referral partners to share learnings and barriers, and with complementary/alternative service providers.

Outside of the scope of this project, BB4K groups are also delivered in Wokingham, Oxford City, and South Oxfordshire.

After the pilot evaluation ends, PACT intends to continue to deliver the BB4K programme. The quantity and location of groups will continue to be determined by funding secured by PACT's in-house fundraising team which includes aspirations for a full-scale evaluation subject to the pilot evaluation's findings and funding, etc.

10. What variations from the core model, if any, are planned?

The BB4K model has no local variations as it follows the same modules regardless of location.

The BB4K programme is designed to be delivered in a group setting. However, if PACT is unable to provide a suitable group that meets their needs and circumstances, participants will be offered the BB4K programme on an individual basis which follows the same themed modules and would be expected to achieve the same outcomes. This may also be preferable to families living in more rural locations who may struggle with transportation to the venue.

Delivering the BB4K programme on an individual basis is not anticipated to happen often, as PACT's expert delivery staff are trauma-informed, and are therefore responsive to the needs and sensitivities of all participants, and can make small adjustments to maintain accessibility towards challenging behaviours and different needs (such as providing interpreters/signers/accessible buildings/increasing volunteers, etc.). Staff are also able to support parents of all genders. Male victims are less common and so may prefer to access the individual BB4K support; however, we have successfully integrated male victims into BB4K groups with adult females (who were all consulted with and gave approval for the male attending).

There are no variations in activities for 6–11-year-olds; however, the facilitator may adapt how they complete them depending on the ability of the child. For younger aged children (3–5-year-olds), the BB4K programme has a variation in that the delivery staff includes a Play Therapist and the materials and format are adapted to be age appropriate (such as 12 shorter sessions). BB4K for children aged 3–5 years old involves joint parent and child sessions after each separate session. The group starts together, separates and then return to do joint work in each session, finishing every week with parent and child dyad work. BB4K for children aged 6–11 involves one joint parent and child session during the final group session.



11. What quality assurance systems are in place?

Quality Assurance is the responsibility of the BB4K Manager, who regularly attends group delivery and training, and scrutinises participant feedback, group outcomes/quarterly service reports, and waiting list demographics. They hold regular supervision with the BB4K Service lead (who undertakes regular supervision with all the BB4K Support Workers). They manage the risk register and agree mitigating actions. Governance includes accountability to the Executive Leadership Team, Board of Trustees as well as the BB4K Steering Group, and BB4K Advisory group (Bounce Back Buddies) comprising of ex-service users and volunteers.

PACT's Head of Communities (MSW, BSc Psychology, Sociology, and Social Anthropology, with 30+ years' experience working with children and families) will provide strategic oversight of the programme through direct line management of the BB4K Manager and attending the quarterly BB4K Steering groups. PACT's cyclical governance meetings comprise the Trustee Board who meet four times a year to review progress and hold the Executive Leadership Team to account on performance through written and verbal updates provided by the Head of Communities.

PACT's Executive Leadership Team comprises all Department Heads that share responsibility in implementing successful interventions (including Finance, HR, etc.).

Governance also includes BB4K staff attending DA Board meetings (chaired by statutory partners in Oxfordshire, West Berks, and Reading) and providing data and updates, and Bounce Back Buddies (Advisory Group) comprising ex-service users and volunteers who experienced domestic abuse as a child (or as adults with children).

All BB4K staff have completed BB4K training, and safeguarding training, with expertise in child development and domestic abuse. This ensures all delivery staff are familiar with the bespoke BB4K materials and weekly themes, and that activities for each theme are consistent, and delivered to a high standard. During training, staff receive a training booklet which includes guidance on inclusivity (establishing individual needs, how to make small adjustments to accommodate these), and managing challenging behaviours. Our high adult-to-child ratios for groupwork enables children to be fully supported and minimises disruption to ensure delivery is as intended and the group feels safe. If delivery is found to be disrupted, staff would divert to individual support for that family.

PACT has a culture of continuous feedback and improvements, seeking feedback from service-users at every stage which is reviewed by the BB4K team and used to amend/plan future services. This includes our robust Complaints procedure (reviewed annually) on PACT's website and Feedback Leaflet. To date, the BB4K programme hasn't received any formal complaints. PACT also has a Whistleblowing policy.

Recruit beneficiaries from a diverse range of backgrounds

BB4K is delivered in response to need – open to anyone who has experienced domestic abuse.

BB4K referrals are received for families from a diverse range of socio-economic, and ethnic backgrounds, overrepresenting minority groups when compared to census data. BB4K can also support male victims (often individually).

The following risks and mitigations are in place to recruit the required number of beneficiaries:



Risk	Mitigation
<p>Possibility of not recruiting enough families</p>	<p>The BB4K programme received referrals from 300 children last year (23/24) an increase from previous years, therefore this risk is low. However, the BB4K Manager will continue to maintain strong links with local DA forums/Boards and Children’s Services and close partnership working with referral partners including schools.</p>
<p>Insufficient suitable referrals received</p>	<p>PACT has a history of quickly mobilising services into new areas, thus for the proposed new location we will use the set-up period to establish referral partners including the Local Authority, local schools, charities, and community groups, and identify any families on the BB4K waiting list living in this area. If insufficient suitable referrals are received after two months, an alternative location will be considered based on locations of families on the waiting list. BB4K will also be operating in Wokingham, South Oxfordshire, and Oxford City while this project is ongoing so will have access to families in those areas should the need arise.</p>
<p>Inability to recruit required BB4K delivery staff/loss of BB4K delivery staff</p>	<p>Our project benefits from existing BB4K delivery staff in Reading and West Berkshire. Recruiting and training the two new staff members will take place during set-up period. If there are any delays in recruitment, use BB4K Manager/volunteers/students to support groups. Consider employing temporary workers if period of absence is placing staff under excessive pressure. If Admin staff lost, consider using Alana House admin role to cover.</p>
<p>Staff sickness</p>	<p>BB4K Manager or wider team can cover across service to ensure programme delivery is uninterrupted.</p>
<p>Vicarious trauma of staff</p>	<p>All delivery staff will receive monthly individual reflective supervision and monthly group clinical supervision to discuss experiences and how these have affected them.</p> <p>PACT staff also have access to PACT Wellbeing Champions and Employee Assistance Programme which includes access to Mental Health First Aiders and other resources on PACT’s intranet.</p> <p>All PACT Managers are trained in trauma awareness.</p> <p>PACT provides generous leave entitlement so that staff can use to safeguard their own mental health.</p>
<p>Participants don’t engage/ complete BB4K programme</p>	<p>Expert staff, providing multiple service options.</p> <p>Staff are independent from statutory services which aids engagement due to feelings of empowerment by participants as they choose to participate in BB4K, give informed consent, and are free to withdraw at any stage which strengthens the likelihood of positive engagement and maintaining attendance at groups. Engagement is also helped by feelings of distrust of statutory services from some referred families.</p>



	Offering a flexible approach by offering individual support.
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Reach

12. How many people are expected to benefit from this programme?

A pilot of this size across three sites is expected to reach 75 children (3–11-year-olds) and their non-perpetrating parents (male and female) who have experienced domestic abuse. Once the delivery has started, more accurate estimates of reach will be calculated.

Recruitment and retention projections

(1) Estimated size of the eligible population	Over 100,000 families across Thames Valley (See Note 1 below)
➡ (2) Of those, estimated number of people with protected characteristics	Over 70,000 families (See Note 2)
(3) Estimated number of referrals	200 families (See Note 3)
➡ (4) Of those, estimated number of people with protected characteristics	140 families (See Note 4)
(5) Estimated number of take-ups	158 families (See Note 5)
➡ (6) Of those, estimated number of people with protected characteristics	111 families (See Note 6)
(7) Estimated number of people completing the intervention	150 families (See Note 7)
➡ (8) Of those, estimated number of people with protected characteristics	105 families (See Note 8)
(9) Estimated number of people for whom we have outcome data	75% (See Note 9)
➡ (10) Of those, estimated number of people with protected characteristics	55 families (See Note 10)

Evidence or assumptions

1. Home Office data shows 30,375 domestic abuse related crimes were recorded by Thames Valley Police in the year to March 2023 (an increase from 27,469 offences the year before and the highest on record). But domestic abuse is a largely hidden crime – it is estimated



that less than 24% of domestic abuse crime is reported to the police.⁵ Please note, these statistics do not represent 'unique' families, and represent the population across the Thames Valley which is larger than Reading, West Berkshire, and Valley of the White Horse.

2. Office for National Statistics data suggests 70% of the population have protected characteristics.⁶
3. 200 referrals received from referral partners across the three sites. We would anticipate the number of referrals to be lower in the new area (Vale of the White Horse) with more referrals from the areas we already deliver BB4K (Reading and West Berkshire). This number is for individual participants (parents and children) not the number of families.
4. Office for National Statistics data suggests 70% of the population have protected characteristics.
5. Of the 200 referrals received, its estimated 175 will reach the triage stage/classed as suitable for BB4K. Of these 175 who complete triage, its estimated 158 will progress to the BB4K programme. These figures are based on PACT's previous experience of attrition when delivering BB4K over the previous five years.
6. Office for National Statistics data suggests 70% of the population have protected characteristics.
7. PACT's experience of delivering BB4K evidences a high extenuated number of c.95% participants completing the programme Evidence/assumption, thus 144 individuals will complete the BB4K group programme. This assumes we will run 9 BB4K groups (4 in Cohort 1, and 5 in Cohort 2 (2 of which will take place after March 2025)) which will each include 8 adults and 8 children (72 pairs; 144 individuals) as well as delivering BB4K on an individual basis to at least 6 adults and children: 150 participants completing the intervention in total.
8. Office for National Statistics data suggests 70% of the population have protected characteristics.
9. This is an estimated figure as we will be using new measures in addition to existing ones we can predict more accurately (TOPSE).
10. Office for National Statistics data suggests 70% of the population have protected characteristics.

⁵ See www.ncdv.org.uk/domestic-abuse-statistics-uk

⁶ For ONS protected characteristics statistics see <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/11398protectedcharacteristicspopulationsuk2018>



Theory of change/Evaluation questions

13. Does the intervention work?

Domestic abuse can directly and indirectly disrupt the relationship between a parent and their child (Buchanan, 2018). Domestic abuse can also have a significant impact on a child's development, education outcomes and physical and mental health (Holt et al., 2008; Stanley, 2011). Kernic et al. (2003) found children who experience domestic abuse are more likely to have both externalising (e.g. aggression) and internalising (e.g. anxiety) behaviour problems than controls. Supporting parents and their children to rebuild their relationship is critical in helping both to recover from and overcome their experiences (Humphreys et al., 2006).

Past evaluation

There have not been any previous external evaluations of the Bounce Back for Kids Programme. PACT has delivered BB4K groups since 2015. Course content, format and evaluation measures have evolved over this time period; however, in all cases each BB4K group has had an internal evaluation completed including progress against outcomes measures, most recently using the TOPSE tool. TOPSE results for parents showed improvements in scores between the baseline score and score taken at the end of BB4K.

Recent evaluations of similar programmes to BB4K suggest group based therapeutic interventions benefit families in a range of ways. For example, the NSPPC's Domestic Abuse, Recovering Together (DART) programme impact evaluation found statistically significant improvements to mothers' self-esteem and mother-child relationship, and reduced emotional and behavioural difficulties in children.⁷ This project is open to all genders which might add additional learning due to the possibilities that mixed-gender groups bring. It should be added that the likelihood for mixed-gender groups are low, and conversations are held with the families in triage stage to provide them the opportunity to opt out or wait until a group of single gender is available if they are not comfortable with the mixed-gender group setting.

Research questions

The impact evaluation is designed to assess the following primary research question:

RQ1: To what extent do parents taking part in BB4K's group sessions have improved self-efficacy measured by the Tool of Parental Self Efficacy (TOPSE) at five months post-randomisation compared to parents who do not receive the intervention? (Primary, short- and medium-term outcome)

The BB4K Programme theory of change (ToC) also outlines expectations to see changes in secondary outcomes, such as reduction in children experiencing behavioural issues at home or improved parent-child relationship and bonding. [View the theory of change here.](#)

⁷ See <https://learning.nspcc.org.uk/services-children-families/dart>



The pilot evaluation, will address the following secondary research questions:

RQ2: To what extent do children taking part in BB4K’s group sessions have reduced behavioural issues at home measured by the Brief Assessment Checklist for Children at five months post-randomisation, compared to children who do not receive the intervention? (Secondary outcome, medium-term)

RQ3: To what extent do parents and children taking part in BB4K’s group sessions have improved parent–child relationship and bonding measured by the closeness scale of the Child Parent Relationship Scale at five months post-randomisation, compared to parents and children who do not receive the intervention? (Secondary outcome, medium-term)

RQ4: To what extent the BB4K’s group sessions lead to improvements in all above areas at five months post-randomisation for certain groups of parents and children (including: children in the following age bands: 3–5; 6–8; 9–11; and children’s gender) taking part in BB4K compared to the same groups of parent and children who do not receive the intervention? (Subgroup analysis)

Outcome measures

Trial type and number of arms		Two-arm, cohort, randomised waitlist trial
Unit of randomisation		Parent-child pairs (family level)
Block (stratification) variables		Delivery site (age ⁸)
Primary outcome	variable	Parents’ self-efficacy
	measure (instrument, scale)	Tool of Parental Self Efficacy (A multi-dimensional parent self-report of 48 statements within 8 scales measuring parental self-efficacy. The score ranges between 0 and 60.)
Secondary outcome(s)	variable(s)	Children’s behavioural issues at home Parent–child relationship and bonding
	measure(s) (instrument, scale)	Children’s behavioural issues at home measured with the Brief Assessment Checklist for Children (BAC-C) Child Parent relationship and bonding measured with the closeness scale from the Child Parent Relationship Scale (CPRS)

⁸ Relevant for Cohort 2 only, as only children between 6 and 11 will take part in Cohort 1.



14. Does the intervention work as intended?

Intervention evidence

There is a lack of clear evidence base for the effectiveness of domestic abuse interventions because few rigorous trials have been conducted (Howarth et al., 2016). The limited evidence suggests that good quality, group-based interventions can make a difference in children's resilience and wellbeing after domestic abuse (Jenney & Alaggia, 2012). Group interventions that are available focus on children's relationships with non-violent parents (Bunston et al., 2016; Smith, 2016), emotional literacy (Lacasa et al., 2016), disrupted attachments and trauma (Bunston et al., 2016), and the prevention of involvement in future violence and abuse (Cornelius & Resseguie, 2007; Siegel, 2013).

The most widely used group-based interventions are mother-and-child based. For example, the CEDAR (Children Experiencing Domestic Abuse Recovery) programme in Scotland (Sharp et al., 2011), the DART programme (Domestic Abuse Recovery Together) in England and Wales (Smith, 2016), and Talking to My Mum (Humphreys et al., 2006) are psychoeducational group-based programmes that focus on rebuilding the mother-child relationship, helping mothers and children understand the impact of domestic abuse, support children in appropriate emotional expression, safety planning, and building self-esteem. A less common intervention is those taking a broader relational focus and exploring the impact of domestic abuse on children's wider social network, such as the MPOWER programme (Callaghan et al., 2018).

As outlined in the ToC figure, BB4K aims to improve the child's and the parent's abilities to identify healthy and unhealthy behaviours, to emotionally regulate, and to have a clearer understanding of each other's responsibilities of in the short term. As a result, it is anticipated that parents and children can avoid unhealthy behaviours and will seek support when needed. The ToC is complex and considers a long list of intended outcomes. However, after consultation and agreement with all parties, this evaluation will focus on three outcomes in order to ensure that data requests are proportionate and to reduce the risk of chance findings. The shortlist of intended outcomes was selected jointly from discussions between PACT, IFF and Foundations based on their centrality to the ToC. When deciding on outcomes, practical and financial limitations were also taken into consideration. The three following outcomes are also highlighted in green in the ToC figure ([found here](#)):

- Parent increased self-efficacy
- Child reduced behavioural issues at home
- Improved parent-child relationship and bonding.

Through the process of developing BB4K's theory of change, the evaluator, delivery partner, and funder identified mechanisms, enablers, and barriers to BB4K's success at bringing about its intended outcomes. These were based on PACT's delivery experiences and informed by the studies cited above. These are:

Mechanisms

- Child and parent active, consistent engagement in BB4K



- Child and parents trust their Support Worker and feel safe and secure in sessions
- Experience connection with other families with experience of DA/peer support (for families accessing group sessions only)
- Parents primed for child sessions by having their session on the same day as the child, and knowing what will be covered in child sessions.

The evaluation of BB4K aims to explore the *promise* of impact of this intervention on parents and child outcomes. There are some uncertainties regarding the BB4K programme which we hope the evaluation will investigate. The evaluation intends to collect a wider set of outcomes than PACT did previously, especially child level outcomes (as PACT previously only collected parental self-efficacy). The evaluation also aims to investigate how the outcome data can be best collected, and when those outcomes would materialise and whether they can be sustained over time by collecting data at multiple time points. Improved child behaviour at home after the support group sessions, quantifying the true cost per child beneficiary, and wider Social Return on Investment (SROI) are examples of some of these uncertainties.

Implementation and process evaluation (IPE)

The table below summarises the implementation and process evaluation (IPE) research questions to explore how BB4K has been implemented, whether that was as intended, how it is working, and the reasons it has/has not worked.

RQ1: Does the intervention work as intended?
RQ1a. What is the proportion of families that attend all scheduled group sessions, and how does attendance vary by family characteristics?
RQ1b. To what extent is the BB4K theory of change validated? (evidence of outcome pathways, including input, activities, outputs, and mechanisms, as detailed in the BB4K theory of change)

15. Does the intervention work differently in certain conditions?

The BB4K programme is designed to be delivered in a group setting, and is inclusive for those who meet the eligibility criteria. PACT's expert delivery staff are able to cope with a wide range of needs and behaviours and can make small adjustments to incorporate challenging behaviours and different needs (such as providing interpreters/signers/accessible buildings/increasing volunteers, etc.). Staff are also able to support both male and female adult victims. Male victims are less common and so may prefer to access the individual BB4K support; however, we recently ran a successful BB4K group with one adult male and five adult females (who were all consulted with, and gave approval for the male attending), and we are planning our first all-male group in January 2024.

However, if for some reason the needs and risk assessments conclude the child or parent is unsuitable for groupwork due to their needs and circumstances which would negatively affect the



experiences and outcomes of their participation, or that of the experiences and outcomes of the other group members, they will be offered individual support which follows the same themed modules, and would be expected to achieve the same outcomes. This may also be preferable to families living in more rural locations who may struggle with transportation to the venue.

For younger aged children (3–5 years old), the programme delivery staff includes a Play Therapist. And the materials and format are adapted to be age appropriate (such as 12 sessions).

Research questions

RQ2: Does the intervention work differently in certain conditions?
2a. Do perceived outcomes (and experiences) vary by the three sites, and if so, reasons?
2b. Do perceived outcomes (and experiences) vary by characteristics of families (child age group, status of abuse, children's social care status, housing situation and duration taking part in intervention), and if so, reasons?

16. To what extent was the intervention implemented as intended?

Research questions

RQ3: To what extent was the intervention implemented as intended?
3a. Fidelity: To what extent was BB4K delivered as intended?
3b. Feasibility: What were the barriers and enablers to implementing BB4K, and how were barriers addressed?
3c. Dosage: How much 1) group work, 2) one-to-one work, and 3) use of Bounce (the digital tool) do families receive, compared with the intended dosage?
3d. Quality/responsiveness/acceptability: How acceptable do children and parents find BB4K? (content, number/duration of sessions, group size, ratio of worker/family, format of materials)
3e. Adaptations: What adaptations have been made to make BB4K more acceptable to families and referring organisations?
RQ4: Can the intervention be improved?



4a. What (if any) changes are recommended to the design, procedures or delivery approach of the BB4K programme before the intervention is rolled out more widely or scaled up?

PACT will monitor for fidelity and dosage in the following ways:

- Dates of referral and first session (for time taken between)
- Reasons for offering one-to-one support instead of group
- Dates of first and last session (for 8/12 weekly sessions)
- Whether assessment call completed
- Whether triage meeting completed
- Whether secondary call completed
- Whether home visit completed
- Whether each post-session parent reflection completed
- Whether dropped out, when and reasons
- Case closure reason
- Attendance at each group session and event for experiment
- Whether used bounce and bounce modules complete and length of time spent on all bounce modules.

The following BB4K delivery enablers and barriers were identified through the theory of change development process. Relevant evidence for these factors is included.

Enablers

- Group-based/peer learning. Callaghan et al. (2018) also notes the importance of group-based programmes, to reduce child and parent sense of isolation and their experience of being 'different'
- Active consent from both children and adults
- Participants' willingness to embed learning; Humphreys et al. (2006) also notes the need for parents to acknowledge that their children have been exposed to and negatively affected by domestic abuse
- Accessibility of groups – a central, easy to access location, transport provided and during school hours
- Theraplay and play therapy techniques employed for the 3–5-year-old and 5–11-year-old groups
- Facilitators training, experience, and high skill levels
- Proactive and collaborative working relationship with delivery areas in Reading, West Berkshire, and Vale of the White Horse in Oxfordshire
- High ratio of practitioners to child or parents in groups.

Barriers

- Participant's lack of English language skills
- Transport and access to groups (hosted in an accessible location, facilitate transport)



- Lack of childcare for non-referred children (conducting during school day provides childcare for siblings who are not involved in BB4K. BB4K have previously provided a creche for under 3-year-olds)
- Sessions being run to time if parents need to take off work to attend
- Cultural barriers, e.g. beliefs about parent/child roles in families; accepted social norms contrary to BB4K ethos
- Family drop-out
- Managing sibling groups
- Re-traumatising families (trauma informed approach; all staff trained)
- Not enough families referred with children of the right ages to deliver age-appropriate groups (established relationships with diverse referrers)
- Parent has relationship with the perpetrator (eligibility criteria is no relationship; assessment explores further; established process for taking action if identified contact during delivery) – there is evidence to suggest that ongoing contact with the perpetrator can affect outcomes for the child(ren) and victim-survivor of DA programmes, depending on the level/nature of contact (see Stanley et al., 2012)
- Staffing capacity: Hiring and training sufficient staff and volunteers on time (Stokes and NSPCC, 2017)
- Complexities of families lives limit/impact outcomes
- Family housing situation: including whether the family are in stable housing or living in temporary accommodation, including a shelter, given DA is the leading driver of homelessness among women and evidence suggesting that lack of safe and affordable housing can impact engagement with DA interventions and long-term recovery⁹
- Families in private law proceedings including contact or custody arrangements involving DA; studies have found higher levels of deprivation, health care use, mental health problems, self-harm, substance use among parents in private law children proceedings (from which contact or custody arrangements involving DA feature) than in the general population. (Cafcass and Women’s Aid, 2017; Cusworth et al, 2022)

17. Does the intervention deliver value for money?

Expected costs

The total cost of the interventions project which consists of 7 BB4K groups (one of which being an under 5’s group) supporting 75 children (3–11-year-olds) and their non-perpetrating parents is £250,984.22. This is broken down into the following cost areas:

⁹ See <https://www.buckinghamshire.gov.uk/health-wellbeing-and-sports/joint-strategic-needs-assessment/director-of-public-health-annual-reports/director-of-public-health-annual-report-2021-domestic-violence-and-abuse/what-are-the-impacts-of-domestic-abuse/#:~:text=and%20sexual%20health,-.Harm%20as%20a%20result%20of%20domestic%20abuse%20can%20have%20lifelong,a%20result%20of%20domestic%20abuse>, https://nnedv.org/spotlight_on/impact-safe-housing-survivors/#:~:text=Lack%20of%20access%20to%20safe,housing%20options%20available%20to%20survivors and <https://www.tnlcommunityfund.org.uk/media/insights/documents/The-Complexity-of-Housing-for-Domestic-Abuse-Victims-2020.pdf?mtime=20220711135323&focal=none>



Frontline delivery staff	£136,056.20
Delivery costs (travel, venue, training, materials, IT equipment)	£18,439.65
Back office support staff (Management, Admin, Finance, Database/IT, HR, Marketing, Digital Hub)	£96,488.37
TOTAL COST	£250,984.22

Expected benefits

BB4K aims to improve child's and parent's ability to identify healthy and unhealthy behaviours, to emotionally regulate and to have clearer understanding on the responsibilities of child and parent in the short term. As a result, parents and children can avoid unhealthy behaviours and will seek support. The theory of change considers those improvements as essential elements for the medium-term (i.e. healthier parent–child relationship; improved child/parent communication; increased parent DA reporting; and child reduced behavioural issues) and long-term outcomes (i.e. parent reduced stress; reduced repeat victimisation; repair attachment patterns between parent and child; and improved family functioning) to be realised.

Research questions

The overall aim of the cost evaluation is to understand the additional costs and, where possible, benefits of the programme compared to if it was not delivered. Our proposed approach is to calculate **the overall cost for BB4K delivery**, and **the unit cost per family and per each of the three sites**.

18. Can the intervention be improved? [Pilot evaluations]

PACT have been delivering BB4K groups for 10 years with the belief that working with a child and parent concurrently will improve attachments. PACT's experience of delivering BB4K evidences a high extenuated number of c.95% participants completing the programme. Various methods have been used internally to measure outcomes, most recently TOPSE, but the programme has never been robustly externally evaluated before. Therefore, our theory of what outcomes BB4K affects has never been robustly tested. We would welcome any recommendations to improve recruitment, retention, and the overall experience of the beneficiaries at this pilot stage. The evaluation can help provide these through consultation with BB4K managers and practitioners, referrers, parents, and children.

Research questions

RQ4: Can the intervention be improved?

4a. What (if any) changes are recommended to the design, procedures or delivery approach of the BB4K programme before the intervention is rolled out more widely or scaled up?



Development process

Beneficiaries

The beneficiaries of the Bounce Back for Kids (BB4K) programme are children aged 3–11 and their non-perpetrating parents who have experienced domestic abuse.

Bounce Back buddies (previous beneficiaries of BB4K) review all changes/adaptations to the Bb4K programme. All BB4K service-users give feedback at the end of each group (feedback can also be provided after each session).

Direct practice staff

Delivery staff meet after every session as a group to discuss any challenges and suggest changes. They also undertake monthly reflection in supervisions with their line manager. All staff also participant in monthly Group Clinical sessions to reflect on challenges/successes and to reduce the risk of vicarious trauma.

Organisations expected to refer beneficiaries to the programme

The BB4K team work collaboratively with local partners across Berkshire (Police, Berkshire Women's Aid, SAFE!), and attend local steering groups including Reading's Community Safety Partnership, and Domestic Abuse Boards across the Thames Valley, to ensure there is no duplication of services and that we understand what's happening locally and emerging needs. Feedback from referral partner organisations identified the need for an under 5's version of the BB4K programme.

Researchers

Team member	Roles, responsibilities, and experience
Kelsey Beninger	Research Director (Co-Principal Investigator) Co-PI contract responsibility, design, and quality assurance.
Sashka Dimova	Research Director (Co-Principal Investigator) Co-PI, lead trial protocol, impact and value for money design, analysis and reporting.
Sophie Elliott	Associate Director Safeguarding and ethics lead, conducting qualitative discussions with children and parents, and contributing to analysis and outputs.
Caitlin Webb	Research Manager



	Trial project manager, contributing to IPE activities, and conducting qualitative discussions with staff, contributing to analysis and outputs.
San Singh	Research Manager IPE Project Manager, conducting qualitative discussions with children and parents, contributing to analysis and outputs.
Sophie Johnston	Research Manager Questionnaire administration Project Manager, quality assurance completion/compliance, conducting qualitative discussions and contributing to analysis and outputs.
Georgia Mealing	Senior Research Executive Contributing to questionnaire administration, and conducting qualitative discussions with staff, contributing to analysis and outputs.
Hanna Hernandez	Research Executive Daily project support, monitor MI/cost data, contribute to analysis and outputs.
Ella Hewavisenti	Research Executive Qualitative discussions contribute to analysis and outputs.
Professor Jane Callaghan	Director of Centre for Child Wellbeing and Protection, University of Stirling Advisory, contributing to ToC, trial protocol and questionnaire development, analysis, and review interim and final report.

Project management

Roles and responsibilities

Team member	Roles, responsibilities, and experience
Kathryn Warner	Head of Communities, PACT Senior Leadership Team member with overall responsibility of the BB4K programme, and Foundations partnership. Includes line management to BB4K Manager, and risk register.
Luke Pepperell	BB4K Manager, PACT



	<p>The BB4K programme will be overseen by the BB4K Manager whose expertise include managing an experienced team to deliver BB4K (individual support, and facilitating play therapy).</p> <p>His role includes supervising the BB4K Service Lead and is also responsible for Quality Assurance, Risk Register and Safeguarding. He will also be the key contact for all referral partners.</p> <p>He will be the key contact for the independent evaluation partner, with expertise in such requirements (Sport England independent evaluator reporting), supported by an Admin and Database/Evaluation roles with a wealth of experience capturing and analysing data and producing bespoke reports for multiple funders.</p>
<p>Panda Phelan</p>	<p>BB4K Service Lead, PACT</p> <p>BB4K Service Lead will be responsible for overseeing service delivery including supervising 4 Support Workers.</p> <p>She also leads the Bounce Back Buddies Advisory Group, and supports the BB4K Manager with Quality Assurance, Risk Register, and Safeguarding.</p> <p>Her role includes an element of delivering BB4K groups and individual support alongside the BB4K Support Workers.</p>
<p>Rachael Grenz</p>	<p>BB4K Administrator, PACT</p> <p>Ensure all data collected is recorded in Lamplight Case Management System/provided to the Database/Evaluator role.</p> <p>Process referrals, liaise with referrers to seek additional information as required.</p> <p>Post-intervention report submission and distribution.</p> <p>Maintenance of data integrity in Case Management System: Lamplight.</p> <p>Respond to enquiries and contact.</p> <p>Plan and administer the BB4K delivery diary and activity programme with the BB4K team.</p> <p>Routinely collate and utilise quantitative data from case notes and other records for purposes of monitoring outputs and outcomes.</p> <p>Order resources and stock for the service delivery.</p> <p>Manage venue bookings.</p> <p>Process invoices.</p> <p>Manage and be a subject matter expert for documentation and internal processes.</p>
<p>Giulia Savini</p>	<p>Database Officer, PACT</p> <p>This role will be the focus for the evaluation piece in terms of collating and reporting on all data. Responsibilities include collecting data such as key demographics and EDIE data (participant numbers, referral source,</p>



	location, age, gender, protected characteristics, ethnicity, service(s) accessed), as well as outputs (services accessed) and outcomes, support needs, disabilities/learning needs, risk assessments, quotes/case studies, observations from delivery staff, feedback from schools and referral partners. They will upload all data captured to the Lamplight Case Management System, ensuring all reporting requirements are fulfilled, and running bespoke reports in line with external Evaluator's requests.
Colin Stevens	Assistant Management Accountant, PACT Responsible for approving the budgets, reporting on expenditure, restricting income, etc.
Steph Ollis	Play Therapist, Contractor to PACT For BB4K groups with children aged 3–5 years only. Lead the children's element of the 3–5-year group.
Kate Ferguson	Senior Bid Writer Responsible for submitting the application and budgets (plus all amends), reporting, and inputting into all set-up tasks including the intervention protocol, theory of change.

External experts or advisory group(s)

The Bounce Back buddies are an Advisory Group comprising ex-service users and volunteers who have experienced domestic abuse as a child (or as adults with children) and have completed the Bounce Back 4 Kids group. PACT staff meet with the group on a regular basis (four times a year in-person and virtually) to seek feedback on improvements to service delivery.

Timeline

Dates	Activity	Staff responsible/leading
15/1/24–5/4/24	Onboarding and set-up tasks (includes: theory of change, grant agreement, agreeing evaluation methods and experiments, protocols)	Foundations, PACT and IFF
5/2/24–19/4/24	Ethics and data protection (includes: ethics approval)	IFF and Foundations
19/2/24–22/4/24	Research tool development (includes: designing questionnaires, randomisation mechanism, incentives, etc.)	IFF and Foundations



15/4/24–19/7/24	Cohort 1: 2 x research delivery (includes: baseline survey, randomisation, completing assessments, running 2 x BB4K research groups)	PACT (IFF to do baseline survey)
1/7/24–14/10/24	Cohort 1 data collection (interim and end)	IFF
6/1/25–7/3/25	Cohort 1: 2 x non-research delivery (includes: completing assessments, running 2 x BB4K non-research groups)	PACT
19/8/24–20/12/24	Cohort 2: 2 x research delivery (includes: baseline survey, randomisation, completing assessments, running 2 x BB4K research groups – one is 3–5 yrs)	PACT (IFF to do baseline survey)
10/11/24–14/3/25	Cohort 2 data collection (interim and end)	IFF
8/1/25–14/3/25	Interim reports v1-3	IFF and Foundations
TBC (after March 2025)	Cohort 2: 2 x non-research delivery (includes: completing assessments, running 2 x BB4K non-research groups – one is 3–5 yrs)	PACT
8/9/2023	Final report signed off	Foundations

Project risks

The BB4K risk register manages key delivery risks which include Safeguarding risks. Examples of embedding this includes:

- Risk assessing venues to ensure staff and attendees are safe (e.g. CCTV, door code entry, evacuation plan).
- Clear referral criteria, and risk assessments completed prior to attending a group to ensure low risk of perpetrator returning home. Follow standard safeguarding practices including involving police and children’s services if necessary.
- All staff use mobile phones, employ a buddy system, and use Team chats to check in/out of home visits.
- Staff follow PACT’s ‘cause for concern’ process which includes immediately sharing any concerns with line managers and escalating to the Designated Safeguarding Officer for further guidance if required.

Risk	Impact of the risk from 1 (low) to 3 (high)	Mitigation
Loss of BB4K staff	2	Use BB4K Manager/volunteers/students to



		<p>support groups. Employ temp workers if period of absence is placing staff under excessive pressure. If Admin staff lost, consider using Alana House admin role to cover.</p> <p>Employment benefits from HR team (salary, good place to work, positive team environment, regular training and progression).</p>
Unable to attract suitable staff	1	<p>Inform HR team prior to outcome of bid to aid preparation. If bid successful, they create a plan to ensure recruitment campaign, safer recruitment checks, inductions and training all completed in time.</p> <p>Advertise extensively including internally (ex-service users, staff, volunteers, contractors, trustees).</p> <p>If necessary consider approaching recruitment agencies.</p>
Staff sickness	1	<p>BB4K Manager or wider team can cover across service to ensure programme delivery is uninterrupted.</p>
Vicarious trauma of staff	2	<p>Regular supervision (including plans for case supervision).</p> <p>Managers trained in trauma awareness.</p> <p>Access to PACT Wellbeing Champions and Employee Assistance Programme.</p> <p>Mental Health First Aiders and resources on PACT intranet.</p> <p>Generous leave entitlement that staff can use to safeguard their own mental health.</p>
Not achieving KPIs re number of referrals/participants	2	<p>Ensure all KPIs included in monthly and quarterly reports, and regularly review these to</p>



		<p>ensure on track. Review waiting list numbers.</p> <p>BB4K manager maintain strong links with local DA forums and CSC in partnering LA's and ensure close partnership with referral partners.</p>
Too many referrals received	3	<p>Robust criteria at referral stage.</p> <p>Regular review of waiting lists – new monthly waiting list tracker to target highest age/location groups.</p> <p>Triage process implemented to target those most in need.</p>
Too few referrals received (or not enough families referred with right ages of children living in right locations)	2	<p>Ensure PACT establish relationships with diverse referrers.</p>
GDPR/Data breach or disaster recovery	1	<p>Auto-encrypted emails. Reduction in Personal Identifiable Information contained in correspondence. Only BB4K team can access Lamplight (PACT's Case Management System).</p> <p>Ensure email accounts are suspended for ex staff.</p> <p>Plans for tablets and laptops used for visits rather than paper, and Lamplight publishing and emails via system. Lamplight Case Management System recovery protected in contract.</p> <p>PACT remote working enabled and business continuity plans. Staff have mobile devices and laptops with 2 Factor Identification and VPN security.</p>
Participants don't engage/ don't complete BB4K programme	2	<p>Expert staff, providing multiple service options, independent from statutory services.</p>



<p>Attrition rates are higher due to concern over taking part in research</p> <p>Families don't engage in the follow-up resulting in less evidence of medium-term outcomes</p>		<p>Flexible approach by offering individual support.</p> <p>Prior to starting BB4K, informed consent gained from all service users, so is their decision thus strengthening likelihood of positive engagement and maintaining attendance at groups.</p> <p>All participants will be provided with a document explaining the project to both adults and children. Support workers can ensure families understand the process to ensure they are able to give informed consent.</p> <p>Incentives (a celebration event and a monetary gift) will be trialled to assess whether this assists with families engaging in the follow up assessment.</p> <p>Lived experience group 'Bounce Back Buddies' to be consulted to ensure process is refined to meet needs of beneficiaries with the aim of reducing the risk of attrition at any point during the programme.</p>
<p>Participant's lack of English language skills</p>	<p>1</p>	<p>PACT can provider translators</p>
<p>Transport and access to groups</p>	<p>1</p>	<p>Groups are hosted in an accessible location, PACT facilitates transport</p>
<p>Lack of childcare for non-referred children</p>	<p>1</p>	<p>Conducting sessions during school day provides childcare for siblings who are not involved in BB4K. BB4K have previously provided a creche for under 3-year-olds.</p>
<p>Re-traumatising families</p>	<p>2</p>	<p>Adopting a trauma-informed approach; all staff trained.</p> <p>A discussion will be held at triage stage stating that a mixed gender</p>



Mixed-gender adult group may re-traumatise		group may occur as BB4K supports victims of all genders. Concerns will be discussed and adults can decide whether they wish to proceed on this basis. As likelihood of a mixed gender group is very low (due to very low numbers of male victims being referred) further communication will be had just before a group commences to inform adults whether group will be mixed gender so the adults will know what to expect.
Parent has relationship with the perpetrator	3	The eligibility criteria is no relationship; assessment explores further; established process for taking action if identified contact during delivery.
Complexities of family lives limit/impact outcomes	2	Ensure dates and times of sessions are confirmed well in advance, proactively seek any challenges with work/family commitments/travel and resolve these before group starts.

Safeguarding risks

Risk	Impact of the risk from 1 (low) to 3 (high)	Mitigation
Safeguarding incident, including perpetrator returning to family home	3	<p>Ofsted 'Outstanding' Safeguarding procedures which all staff/vols familiar with and follow.</p> <p>Ensure enhanced DBS for all staff/volunteers, and completed safeguarding training level 1&2.</p> <p>Thorough assessments before commencing BB4K to ensure families are safe and suitable, e.g. assessed as low risk of perpetrator returning/self-harm/mental health risks. Ensure participants don't disclose venue location, and that</p>



		venues have suitable security features.
Disclosure from parent or child which may trigger safeguarding procedures, for example around new or historic incidents of abuse	3	Ofsted 'Outstanding' Safeguarding procedures which all staff/vols familiar with and follow. Ensure enhanced DBS for all staff/volunteers, and completed safeguarding training level 1&2.
Perpetrator turning up at venue during the intervention	3	Venue risk assessment (if intervention off site), including security of building, completed prior to commencement of group. If intervention is in PACT buildings – CCTV in operation; access via intercom only; panic alarm system in place; invacuation procedure in place. Information about risk of perpetrator (including stalking) is sought at home visit/triage stage and further steps are implemented if required. All participants requested not to disclose venue location and need for confidentiality.
Risks around re-traumatisation because of the programme	3	Staff trained in trauma informed practice. BB4K model is trauma informed. This includes all activities. Fidelity of programme monitored through quality assurance. Assessments completed at triage and home visit stage to ensure family are ready physically and emotionally to recover from trauma. As service is consent based, families are empowered to withdraw at any point should the programme risk their own recovery.



Risks to inclusivity

The BB4K programme is fully inclusive by being accessible to any child who has been affected by domestic abuse. PACT’s expert delivery staff are able to cope with a wide range of needs and behaviours and can make small adjustments to incorporate challenging behaviours and different needs (such as providing interpreters/signers/accessible buildings/increasing volunteers, etc.). Staff are also able to support both male and female adult victims.

Risk	Potential impact	Mitigations
Mixed-gendered groups causing other participants to withdraw from accessing the BB4K group	3	Consider whether male victims can access individual support, or an alternative gender-specific group. Discuss operating model at initial contact, gain informed consent from all participants before commencing sessions.
Participants with ASD or learning difficulties	3	Consider whether appropriate adjustments can be made to accommodate needs. Alternatively offer individual support.
Low English-speaking skills	3	Consider whether translating services can be provided to accommodate needs. Alternatively offer individual support.



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