



What Works Centre for Children & Families

A pilot randomised
controlled trial of

BOUNCE BACK 4 KIDS

| Summary report



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

In response to this gap in support, **Parents and Children Together (PACT)** developed **Bounce Back 4 Kids (BB4K)**, a trauma- and therapeutically-informed group programme that supports children and their non-abusive parent in their recovery from the impact of domestic abuse.

In 2024–25, with funding from the Cabinet Office’s Evaluation Accelerator Fund, **Foundations** commissioned the first independent **pilot randomised controlled trial (RCT)** of Bounce Back 4 Kids as part of our ambitious 5-year **REACH Plan**. The programme was delivered by PACT and independently evaluated by IFF Research. **This is one of the first trials of its kind in the UK.**

The pilot showed that BB4K is **promising and worth testing at scale**. It demonstrated that a full trial is feasible with adjustments, and **early findings suggest that the programme has the potential to improve parents’ confidence and children’s behaviour**. Running a larger trial will increase our confidence in the impact that BB4K can have for non-abusive parents and children affected by domestic abuse.

This report summarises the key findings and recommendations from our full report on the pilot randomised controlled trial of Bounce Back 4 Kids.

[READ THE FULL REPORT](#)

WHAT IS BOUNCE BACK 4 KIDS?

Bounce Back 4 Kids (BB4K) is a trauma- and therapeutically-informed programme delivered in person over 8 to 12 weeks. It simultaneously supports children aged 3 to 11 years and their non-abusive parent who have experienced domestic abuse and are no longer living or in a relationship with the perpetrator. The number of weekly sessions depends on the age of the child. Children aged 3 to 5 years receive 12 weekly sessions, while children aged 6 to 11 years receive eight sessions.

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 materials and therapeutic activities (music, drama, puppets, group games, arts and crafts), with regular breaks for discussions and refreshments. For younger children, the programme includes a Play Therapist who supports with understanding the behaviour and non-verbal communication displayed.

By supporting the parent alongside their child, BB4K offers a safe space for parents and children to share their journey of processing, understanding and recovering from the impact of trauma. BB4K aims to teach parents that they aren't to blame while strengthening the healthy attachment between child and parent.

WHAT IS AN RCT?

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

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

WHAT WAS THE PURPOSE OF THE STUDY?

The study aimed to test the effectiveness and suitability of the intervention, and whether it is possible to run a large-scale trial that could tell us more about the programme's impact.

But before expanding the programme, it's helpful to know:

- 1** Are there encouraging findings that BB4K had positive effects for children and their non-abusing parents?
- 2** Are there any unintended consequences or risks of harm?
- 3** Can we run a larger trial to test it more thoroughly?

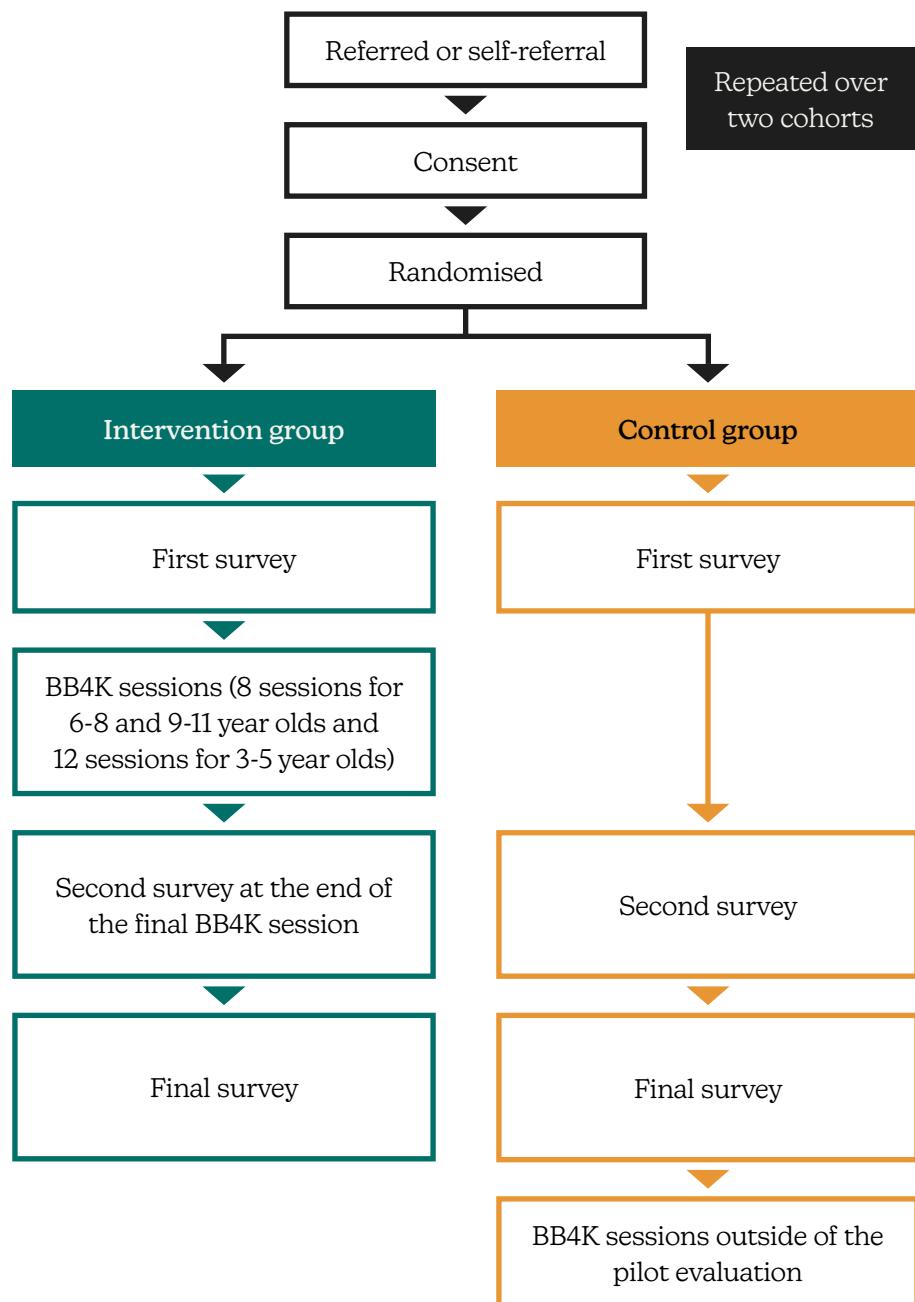
WHAT DID WE DO?

Between April 2024 and April 2025, 65 child-parent pairs took part in the pilot trial. All parents were mothers, and children were aged between 3 and 11 years. Parents and children attended weekly group sessions together over eight weeks (or 12 weeks for the youngest children). Half of families referred to BB4K were randomly assigned to begin the programme straight away; the other half were placed on a waiting list for a maximum of 8 months before receiving it. The study design mimicked existing waitlists for the programme.

WHAT IS A 'WAITLIST' RCT?

An RCT can be implemented in a few different ways. In this pilot RCT, we opted for a 'waitlist' design. In a waitlist RCT, all eligible families referred to the programme receive BB4K. Whether a family is put on the waitlist ('waitlist control' group) or starts BB4K right away ('intervention' group) is decided entirely at random. This design creates a control group, so that we can make the necessary comparison between families who have participated in BB4K and those who have not.

Bounce Back 4 Kids trial participant journey



Parents completed **self-report questionnaires** to assess three key outcomes:

1. **Parental confidence** – assessed by the Tool to measure Parenting Self-Efficacy (TOPSE)
2. **Children's behaviour at home** – assessed by the Brief Assessment Checklist for Children (BAC-C)
3. **Parents' closeness to their child** – assessed by the Child-Parent Relationship Scale (CPRS)

The TOPSE is a self-report measure of **parents' confidence** in their parenting role. It is based on the Likert scale of 0-10 points where 0 corresponds to completely disagree and 10 completely agree. The questionnaire covers eight domains, including emotion and affection, play and enjoyment, empathy and understanding, control, discipline and boundaries, external pressures on parenting, self-acceptance and learning and knowledge.

The BAC-C measures parents' assessment of their **child's behavioural and emotional difficulties**, with a higher score indicating greater child behavioural difficulties.

The closeness scale from the Child-Parent Relationship Scale (CPRS) was used to assess **perceived closeness between parent and child**, with a high score indicating a higher self-reported bond.

Researchers also carried out **interviews and focus groups** with parents, children, practitioners, and referrers, to capture experiences of the programme. Cost data was gathered from PACT's finance team to calculate how much it cost to deliver.

WHAT DID WE FIND?

The pilot found encouraging preliminary evidence of positive impact for those that took part in BB4K, particularly on parents' confidence and children's behaviour at home. As expected for this pilot, the relatively small sample size and some missing endline data means that we cannot conclude that changes seen in the outcomes were caused by the programme. A larger trial will help us determine the effect of the programme.

Parents' confidence

Parents who took part in BB4K scored, on average, higher on the TOPSE after participating in the programme. In comparison, the waitlist control group's average TOPSE score decreased slightly while they waited to take part in BB4K. Though the direction of change is positive, the individual reports of parental self-confidence were varied.

Children's behaviour at home

On average, the BB4K intervention group reported a reduction in children's behavioural and emotional difficulties, when compared to those in the waitlist control group. However, as with all the outcome measures, the small sample size limits how confident we can be in attributing this change to the BB4K programme.

Child-parent relationship

Both the BB4K intervention group and the waitlist control group reported high levels of closeness between parent and child at the start and end of the pilot. As both groups started the pilot reporting a high score, the outcome measure may not have been sufficiently sensitive to detect changes, and the sample size is likely to have been too small to pick up on more subtle improvements. This outcome will be further explored in the full-scale trial.

Programme delivery

BB4K was delivered as planned in three sites: Reading, West Berkshire, and Vale of the White Horse in Oxfordshire. Two-thirds of families in the BB4K intervention group attended all their sessions, and only one-in-five missed more than one session. Practitioners and parents noted that some families missed sessions occasionally due to issues like illness or childcare for other children. In these cases, practitioners offered one-to-one sessions to help families catch up. Parents with younger children not yet in school, and those working during the day, also faced challenges with consistent attendance.

Recruiting suitably experienced staff to deliver BB4K was a challenge during the pilot evaluation. This was compounded by a short set-up period, which led to condensed training and limited time for staff to shadow sessions before facilitating their own. While there was no evidence to suggest poor session quality, more time will be planned to recruit and train staff for the full-scale trial.

Cost of programme delivery

Considering start up, prerequisite and recurring delivery costs, the total cost of delivering BB4K for a year during the pilot was estimated at £119,089. This equates to around £3,608 per family (made up of one child and one parent) supported during the trial.

This estimate covers the costs of running BB4K from 1 January to 31 July 2024 and 19 September to 12 December 2024, as the programme does not run over the school summer holidays, and does not include the costs of evaluation-related activities.

These averages are higher than the costs of typical delivery, due to delays in the recruitment of new practitioners at the beginning of the pilot trial which resulted in the Team Manager delivering some of the programme at a higher cost. Additionally, some delivery took place in a new site (Vale of the White Horse) which increased the set-up costs compared to delivery in existing sites. The full-scale trial will gather more detailed data to explore value for money at scale.

How was the programme experienced?

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

Parents' experiences of BB4K were very positive. Many described the programme as a safe space where they felt listened to, supported and able to share their experiences with others. Home visits before the start of sessions were particularly important as they built trust between families and facilitators and encouraged children to attend.

“[The home visit] was very nerve wracking because I thought they might be judgmental. But I couldn’t have had a better first approach. They both came into my home and said ‘wow, your home is lovely’. I just thought, thank God for that. It’s that positive first impression ... It was a very nice approach.” – Parent

“I think it’s really helpful to meet the child in advance and then when they come into a new environment, then there is at least a familiar face to them. And you have seen them in their home environment where they are most relaxed, and the parents can have your one-to-one attention as well.” – Practitioner

Peer support also emerged as one of the most powerful aspects of BB4K. Parents said that meeting others who had lived through similar experiences was invaluable, giving them a sense of validation and connection. In some cases, these supportive relationships continued after the end of the programme, outside of PACT's involvement.

“It’s been nice having it to look forward to. If something happens to you in your week, because it’s weekly, you might think I can’t come unravelled now, I can’t really talk to anyone, but I know on Thursday I’ll be able to come and talk about it. It’s just nice to have that to look forward to, to know you can come and let it out amongst people who get that.” – Parent

“We do have parents and children that, although they’re with us for eight weeks for the course and the bit before and afterwards, you know, they really rely on that support and they bond with other parents and other children and staff members.” – Manager

Parents who spoke to researchers reported that they and/or their child had improved emotional regulation and were better able to express their feelings.

“Now she can say how she is feeling, she doesn’t need to shout to make me understand. I think it’s positive for her.” – Parent

“Once you know about something you can start dealing with it in your mind, because you can make sense of it. It’s not just the group, it’s like when you go away and you can process it, it calms you down... it helps you to be a better parent” – Parent

NEXT STEPS

The pilot shows that BB4K is promising and worth testing with a larger sample size. However, to make a larger trial successful, several changes are needed:

- Increase the number of delivery sites to ensure a larger sample can be achieved
- Increase the delivery timeline to maximise term-time delivery windows and allow sufficient time to embed BB4K in the new sites
- Take proactive steps to ensure a more diverse and inclusive sample, including more families from minoritised ethnic backgrounds, parents who do not speak English as a first language, parents who work during school hours, and those with additional needs such as neurodivergence
- Capture and centre children’s voices directly
- Reduce the burden on frontline practitioners by recruiting delivery staff who are responsible for all evaluation-related activities.

WHY IS THE BB4K PILOT SIGNIFICANT?

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

A larger trial will provide stronger evidence about the impact of BB4K and help us to understand more about how best to support children and parents recovering from domestic abuse. If the next trial supports positive impact, BB4K could become a scalable, cost-effective, and evidence-based programme available nationwide. This would help ensure that children receive the support they need while reducing pressure on already stretched services.

With further refinement and testing at scale, BB4K could play a significant role in supporting children and their parents to rebuild their lives together after domestic abuse.