

BOUNCE BACK 4 KIDS: RANDOMISED CONTROLLED TRIAL

Intervention protocol

Preferred citation

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Version control

Version	Date of publication	Summary of changes
V1	August 2024	Intervention protocol for the Bounce Back 4 Kids pilot randomised controlled trial published
V2	May 2026	Updated intervention protocol for the Bounce Back 4 Kids full-scale randomised controlled trial published

This intervention protocol outlines the background to Bounce Back 4 Kids (BB4K), provides a detailed description of the intervention, and sets out the context for implementation and roll-out. It also includes an overview of existing evidence and the theory of change. The table below summarises the key points.

Background	
Development, aims and policy context	Bounce Back 4 Kids (BB4K) was developed and is delivered by Parents and Children Together (PACT), an adoption charity and family support provider.



	<p>As recognised in the Domestic Abuse Acts 2021, children who experience, witness or are otherwise exposed to domestic abuse are recognised as victims in their own right and are entitled to access to appropriate support. However, across the UK there are significant gaps and inconsistencies in the availability of recovery-focused services for children and families affected by domestic abuse.</p> <p>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 that they worked with. BB4K was further shaped by consultation with young people who highlighted the importance of groupwork and peer support in reducing isolation and supporting recovery.</p> <p>BB4K aims to address these needs by providing 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 re-victimisation.</p>
Intervention description	
Why	<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>A full-scale randomised controlled trial (RCT) of BB4K is needed to build on promising pilot results and provide robust evidence of BB4K’s effectiveness. Scaling up will increase statistical power to detect any small or moderate effects of BB4K with statistical confidence, for which the pilot was not designed to be powered.</p>
Who (recipients)	<p>Bounce Back 4 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>What (activities)</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 resilience in peers who have had similar experiences and provides a sense of hope and confidence, and their support helps normalise each other’s situations.</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. Families can also access support from the Triage and Assessment Officer who can offer low level support including signposting to online support services. And some children access external support provided through schools (such as ELSA sessions) or other agencies (such as CAMHS).</p>
<p>What (materials)</p>	<p>To deliver the sessions, craft materials, videos, and games are used. Additionally, staff discuss the content of sessions each week and receive an overview of how to work therapeutically with children, including details of how to use the different techniques that are delivered by the Play Therapist.</p>
<p>Who (provider)</p>	<p>PACT (Parents and Children Together), is an adoption charity and family support provider. BB4K is delivered by two Service Leads, one Manager, ~12 Support Workers (7.2 FTE), one Triage and Assessment Officer, one Administrator, one Database Officer, and access to a Play Therapist when required. Student placements and volunteers offer support with administration and preparatory work.</p>
<p>How (format) and where (location)</p>	<p>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.</p> <ol style="list-style-type: none"> 1. Continue to deliver in the three sites used for the 2023/24 pilot evaluation: Reading, West Berkshire, and Vale of the White Horse. 2. Expand delivery to three sites that PACT already delivers BB4K support in: Wokingham, South Oxfordshire, and Oxford City. 3. Expand delivery to two sites that PACT does not currently deliver BB4K in: Cherwell and West Oxfordshire



	An additional site (Slough) has been identified as a suitable ‘back-up’ site if referral numbers from the desired demographic groups are below target.
When and how much	April 2026 – April 2029
Tailoring	BB4K is tailored for family needs through flexible delivery, age-specific programmes, accessible venues and various adjustments (such as working with interpreters, adapting materials, and introducing additional staff) made in response to needs identified during assessment.
Context of implementation and rollout	
Roll out	Referrals are accepted for eligible families living in Reading, West Berkshire, Vale of the White Horse, Wokingham, South Oxfordshire, Oxford City, Cherwell and West Oxfordshire.
Scalability	BB4K is currently being delivered across Berkshire and Oxfordshire and is designed to be scalable to additional local authority areas where referral pathways, venues and trained staff can be established.
Business as Usual	In the absence of BB4K, children and parents access services such as CAMHS, school-based support, play therapy or counselling, charity-based support, and commissioned domestic abuse service support. Availability and format vary by area.
Overview of existing evidence	
Impact, implementation and value for money evaluation	In 2025, Foundations published findings from a pilot evaluation of BB4K, which addressed impact, implementation and value for money. The pilot revealed promising results for the primary outcomes (parental self-efficacy, measured via TOPSE), with a statistically significant improvement at midline, supported by positive qualitative findings. At endline (6 months post-randomisation), the effect remained positive but was not statistically significant, suggesting a larger sample would be needed to confirm impact. Secondary outcomes included child behaviour



	<p>(BACC) and parent-child relationship (CPRS). A moderate but non-significant improvement in child behaviour was observed at endline, while no changes were found in parent-child relationships through the impact evaluation, though qualitative findings indicated positive improvements in these areas. Following the success of this pilot evaluation, Foundations has funded a full-scale randomised controlled trial (RCT) of the BB4K programme.</p>
Theory of Change	
Theory of change	<p>The Theory of Change is detailed in the Evaluation Protocol and sets out BB4K’s core activities and the mechanisms through which participants experience change. It explains how and why these mechanisms are expected to produce the short, medium and long-term outcomes set out.</p>
Evaluation	
Evaluation Partner	<p>IFF Research</p>
Evaluation protocol	<p>https://foundations.org.uk/wp-content/uploads/2026/05/bounce-back-4-kids-randomised-controlled-trial-evaluation-protocol.pdf</p>

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Background

This section outlines the background to BB4K, including how it was developed, the aims and the policy context.

Policy context and model development

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

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).

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."¹

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).

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 2022.² 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

¹ See <https://www.un.org/en/coronavirus/what-is-domestic-abuse>

² See <https://www.thamesvalley-pcc.gov.uk/wp-content/uploads/2023/05/OPCC-Market-Engagement-Children-and-Young-People-Presentation-24.4.23.pdf>



risk (Berkshire Women's Aid, Cranstoun, A2Dominion) rather than families who are now safe and ready for recovery.

Development of the Bounce Back 4 Kids programme

BB4K was started in 2010 by Parents and Children Together (PACT), an adoption charity and family support provider helping hundreds of families every year through outstanding adoption and adoption support services and community projects across London and the south of England. Established in 1911, PACT is now one of the UK's leading charities in its field and is dedicated to the placement of children with secure and loving families, continued support through therapeutic services, supporting and empowering women facing multiple disadvantages, and the recovery of children affected by domestic abuse. PACT has experience and insight into local needs for recovery support services across Berkshire and Oxfordshire.

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 support is fundamental to processing trauma, rebuilding parent-child relationships, and reducing the risk of re-victimisation 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 PACT 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 reduce feelings of isolation and instil hope and confidence, while their support offers validation and understanding.

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 Domestic Abuse Commissioner's mapping report, which found that almost all responding survivors with children would have wanted their 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 2024/25 BB4K supported 284 families and in late 2025 there was a waiting list of 162 families which outstrips capacity).



Intervention description

This section provides a description of BB4K, using the TIDieR framework³. This section provides information about how BB4K is intended to be delivered and will therefore support the data collection, analysis and interpretation of the implementation and process evaluation.

Why

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).

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 re-victimisation. Breaking the cycle of abuse is achieved through supporting the child and their non-perpetrating parent to understand the impact of domestic abuse on themselves, to heal, to feel empowered and to be equipped with tools that 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 reducing the prevalence of Violence Against Women and Girls 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. The theory of change (found in the [Evaluation Protocol](#)) outlines a number of short/medium/long-term outcomes as summarised below.

Short-term outcomes

- Parent/child reduced loneliness/isolation
- Parent increased self-efficacy
- Parent/child increased ability to 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.

³ [Better reporting of interventions: template for intervention description and replication \(TIDieR\) checklist and guide | EQUATOR Network](#)



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 feels more able to report domestic abuse related incidents
- Child reduced behavioural issues at home
- Parent/child more and open communication with each other
- Improvement in 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.

Who (recipients)

Target group

Bounce Back 4 Kids supports children between the ages of 3–11 and their non-perpetrating parent who have experienced domestic abuse, and where the parent is no longer in a relationship with the perpetrating partner, and not receiving domestic abuse crisis support

Eligibility criteria

- Child is aged 3–11
- Parent is not living with or in a relationship with the offending parent (ideally for a reasonable time period⁴ before referral)
- Parent or child has not exclusively experienced sexual abuse
- Parent and child speak basic English (for group delivery, otherwise a reasonable adjustment of an interpreter would be provided for 1-2-1 delivery of the BB4K programme)
- Parent and child are not currently receiving domestic abuse crisis support
- Parent and child are ready to engage with support services, acknowledge the hurt and trauma within their family, and demonstrate a readiness to engage and embed learning that creates lasting change and breaks the cycle of domestic abuse.

⁴ Please note no set time is defined as 'reasonable time period', this is case specific and determined by the Key Worker during assessment period based on factors including; safeguarding, risk, levels of contact, living arrangements etc.



- Family lives in Reading, West Berkshire, Vale of the White Horse, Wokingham, Oxford City, South Oxfordshire, or Cherwell or West Oxfordshire.

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 may 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 within the family needing support, following discussions with staff to identify the most beneficial way forward, the parent and one child will attend a group with the remaining children accessing one-to-one support (the parent can select a child they feel will 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 group programme. PACT will offer one-to-one support to the other children in the family typically after the BB4K group has ended, and over the same timeframe i.e. 8 weekly themed sessions.

Referral process

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 2024/25 BB4K received 269 referrals for children: The top three sources of referrals were self-referrals, schools and Reading children services. 27% of referrals came from West Berkshire, 25% from Reading, 17% from South Oxfordshire, 14% from Vale of White Horse and 8% from Wokingham. PACT have prior experience in generating referrals from new geographical locations and have already undertaken a number of outreach activities including; meetings with Community Safety Partnerships across all local authority areas, presenting at the Thames Valley Police DA conference (January 26) attended by 300 delegates with an interest in domestic abuse (charities, community safety leads etc), meeting charities such as the Sundial Centre who deliver education on harmful practices and are dedicated to ending abuse to girls and women including honour based abuse/FGM, to raise awareness and outline referral pathways. PACT also plan to contact schools across Oxfordshire to explain BB4K and how to make referrals.

Recruiting beneficiaries from a diverse range of backgrounds

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. Other training providers such as Local Safeguarding Children Partnerships often run training on supporting children with additional needs, or Child and Adolescent Mental Health



Services (CAMHS) and 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 minoritised groups when compared to census data. In the pilot RCT, representation of families from minoritised ethnic communities (defined as families from ethnic communities that do not identify as White British) was low, despite known prevalence of DA and non-evaluation referral numbers. Therefore, to maximise the generalisability of findings of a full-scale RCT, it is crucial that the sample is more diverse and reflective of the general population.

BB4K can be delivered in a group setting or individually, and is inclusive of all victim/survivors regardless of gender, ethnicity, sexuality and disability. PACT are experienced in supporting children with additional learning, SEND and communication needs (through additional staff/volunteers, providing language interpreters/signers, etc.), as well as physical disabilities (by providing accessible venues).

To support exploratory analysis of outcome data, and to understand how families from minoritised ethnic communities experience BB4K, at least 60 of the 384 participating families in BB4K should be from minoritised ethnic communities. PACT aims to achieve this by:

- Where possible, recruiting new Support Workers and volunteers from minoritised ethnic communities and/or those who speak multiple languages
- Including options in BB4K delivery plans for delivering BB4K on an individual basis for any referrals from families who speak English as an additional language and feel more comfortable to take part one-to-one
- Providing accessibility funding for translation services if needed
- Establishing and/or strengthening referral partnerships with EDIE partners such as: Sunrise Multicultural Centre, the Sundial Centre, AFIUK (Oxfordshire), and Project Salama (Berkshire)
- The pilot evaluation included an Accessibility Fund which allowed the BB4K team to address any barriers to families accessing the groups. This included transportation and childcare costs. We anticipate continuing for the full-scale evaluation and PACT intend to offer different BB4K group times in response to need (such as evenings for working parents).

Risks and mitigations to diverse recruitment

The table below outlines the risks, potential impact and mitigations relating to diverse recruitment onto the BB4K programme. The impact of the risk is measured on a scale of 1 (low) to 3 (high).



Table 1. Risks, potential impacts & mitigations

Risk	Impact	Mitigations
Mixed-gendered groups causing other participants to withdraw from accessing the BB4K group	3	<p>Consider whether male victim/survivors can access individual support, or an alternative gender-specific group.</p> <p>Discuss operating model at initial contact, gain informed consent from all participants before commencing sessions.</p>
Participants with ASD or learning difficulties	3	<p>Consider whether appropriate adjustments can be made to accommodate needs. Alternatively offer individual support.</p>
English as an additional language / varying levels of ability to communicate in English	3	<p>Consider whether translating services can be provided to accommodate needs (individual support only).</p>
Participants from diverse backgrounds and/or work commitments struggle to access the group/content	2	<p>The team have created an EDIE action plan outlining ways to ensure BB4K is inclusive to all.</p> <p>Examples of mitigating actions from the plan include; recruiting staff and volunteers from a diverse range of backgrounds, providing language interpreters (see above), offering flexible session times/days to accommodate work commitments, strengthening partnerships with specialist community organisations, co-designing materials and processes with Experience By Experts, making reasonable adaptations to</p>



Risk	Impact	Mitigations
		accommodate needs including children with special educational needs etc.

Recruitment and retention projections

An intervention of this size across eight sites is expected to reach 384 families who have experienced domestic abuse in 36 months. PACT commissioned research services to undertake a mapping exercise to identify gaps in provision across the country. Sonnet consultancy's research (see Appendix A) confirmed significant unmet need across Thames Valley, with prevalence rates mapped against population data and service gaps. The following table was produced by Sonnet research into eligible population size by geographical area. Once the delivery has started, more accurate estimates of reach will be calculated.

Table 2. Eligible population size by geographical area

Geographic area	Estimated no. children exposed to DA [1]	No. of potential families with eligible children exposed to DA [2]	PACT BB4K rates applied – no. families in area who complete BB4K program
Berkshire	16,400	8,770	5,636
Oxfordshire	Between 3,907 ^[3] and 11,870	Between 2,300 and 6,980	4,485 ^[4]
Buckinghamshire	17,540	10,310	6,625

(1) Estimated size of the eligible population (children exposed to DA across Berkshire, Oxfordshire and Buckinghamshire)	Between 37,847-45,810 families
(2) Estimated number of potential families with eligible children exposed to DA	Between 21,380-26,060 families



(3) Estimated number of referrals	600 families
(4) Estimated number of take-ups/consent	496 dyads who are eligible from referrals received
(5) Estimated number of people completing the intervention	148 dyads
(6) Estimated number of people for whom we have outcome data	384 dyads (based on 30% attrition rate between randomisation and final outcome data experienced in pilot RCT)

What (activities)

Referral stage

Each referral will be reviewed by the Triage and Assessment Officer who will ensure eligibility, conduct assessment calls (ensure suitability/readiness for recovery), and capture informed consent to participate in the evaluation. Informed consent is obtained from parent and child as engagement is voluntary.

Following referral, each family will liaise with a Support Worker to conduct needs and risk assessments, 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 with their consent 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.

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 of attending a group if they are uncomfortable. If they were to do this, PACT 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 the 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, a family will be added to a waiting list until a suitable group (according to age and location) is available.

Group delivery (weekly themed sessions)

Each family has a pre-course meeting (home visit) 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. PACT operate an outreach model whereby groups take place in a setting which is easily accessible by, and close to, families.

Each BB4K group supports up to eight adults and eight children and includes eight weekly themed sessions (six adults and six children over 12 weekly sessions for age 3–5s). 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, following 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 PACT 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 can include 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 in the Evaluation Protocol, alongside an exploration of the assumptions and mechanisms that lead to outcomes for families.

1. Support networks and reducing isolation
2. Accepting they are not to blame for the abuse
3. Learning 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 PACT will respond to and adapt the approach and practice to recognise the impact trauma can have on people. For example, PACT never require anyone to share any details of their story or journey with us that they aren't comfortable sharing. PACT will hold sessions in environments that are safe and welcoming, 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. PACT are consent based and will not work with anyone who does not explicitly want to work with us, and will offer choice where



practicable to enable our service users to make informed decisions about their own lives. PACT will look to include the voices of the children and parents they support in what they do, and will consult with their 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 they exist to support. PACT 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 they offer to individual needs, respecting that a one-size-fits-all approach is not appropriate.

Optional access to the digital platform ‘Bounce’

Participants also have the option to access ‘Bounce’, the 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.

What (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.

In order to deliver the sessions, materials including craft equipment, games and videos are used.

Who (provider)

To facilitate delivery of the BB4K programme (full scale RCT), PACT employs two Service Leads, one Manager, ~12 Support Workers (7.2 FTE), one Triage and Assessment Officer, one Administrator, one Database Officer, and access to a Play Therapist when required. Student placements and volunteers offer support with administration, preparatory work and group delivery (volunteer support is not compulsory and there is a maximum of 2 volunteers per group, most groups have 1 volunteer).

All staff receive regular line management supervision (minimum of every 4 weeks for full time staff). This allows time to discuss individual cases, work practice, raise any safeguarding concerns, learning and development needs, personal wellbeing, annual leave/expenses etc.

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.

How (format)

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. PACT have experience of identifying new venues to deliver BB4K from in new areas using PEST analysis techniques to assess suitability and safety (for example the Pilot RCT April 2024 to July 2025 evidenced successfully launching BB4K into a new area; Vale of the White Horse in Oxfordshire).

Each BB4K session is facilitated in person by 2–3 trained Support Workers and volunteers (and a Play Therapist for children aged 3–5 if available bringing additional knowledge and expertise to the group). 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 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 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 hurt 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 the activities 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 6 or 7 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. There may also be occasions when a 9-year-old is invited to a 6–8-year group, or an 8-year-old is invited to a 9–11-year group. These are small adjustments to ensure participants in a group delivery are maximised and only when the child is considered as suitable for this.



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.

After the final session, the BB4K team review each family. If there are any ongoing needs identified, they are supported to access services to meet these needs. Each family will receive a personalised report looking at their feedback and outcomes, which is also sent to child's school. If there are other siblings in a family, the parent will stay 'Open' on the Case Management System, but the child who completed the group will be 'Closed'. In some cases, a family may remain 'Open' for a few weeks to support them on an individual basis, to help them settle back into a new routine and in case any needs present during this period. If families consent, they can join a WhatsApp group for peer support (BB4K staff will explain purpose of this support and that it is peer led).

Routine 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. 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.

Where (location)

BB4K groups will be delivered in the following locations which represents a broad coverage of established delivery sites, new sites from the pilot RCT, new sites for the full scale RCT (demonstrating scalability) and a back-up site (Slough) if low referral numbers or diversity of demographics require (see Appendix A for summary of research by Sonnet justifying site choices);

- Continue to deliver in the three sites used for the 2023/24 pilot evaluation: Reading, West Berkshire, and Vale of the White Horse.
- 6. Expand evaluation of delivery to three sites that PACT already delivers BB4K support in: Wokingham, South Oxfordshire, and Oxford City.
- 7. Expand delivery to two sites that PACT does not currently deliver BB4K in: Cherwell and West Oxfordshire
- 8. An additional site (Slough) has been identified as a suitable 'back-up' site if referral numbers from the desired demographic groups are below target.

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.



Venues for delivering BB4K groups are deemed suitable based on them being accessible by public transport, wheelchair accessible, and are psychologically safe and private. Religious settings aren't preferable due to possible feelings of exclusion but would be considered if they were the only option.

When and how much

BB4K consists of eight weekly one and half-hour group sessions (12 weekly sessions for families where children are aged 3-5), delivered simultaneously to children and their parents. Each group supports up to eight adults and eight children. 2-3 trained Support Workers and volunteers facilitate the sessions (as well as a Play Therapist for children aged 3-5, if available).

Prior to starting the group, each family has a home visit to share information about the group and help the family prepare. This is also a space for parents to share their children's needs with PACT staff, to ensure full accessibility of the BB4K programme.

Additionally, participants have the option to access 'Bounce'; which is the digital platform co-developed with ex-service users, both whilst they are waiting for the programme to start, and whilst engaging with the programme.

Families can miss a maximum of 2 sessions and still be considered as having completed BB4K. Where families miss sessions (for example, due to illness), PACT arranges a one-to-one catch-up session. If absence is persistent, they may be switched onto one-to-one support for the remainder of the programme.

Tailoring

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.). A recent example includes replacing wording with images to accommodate low literacy skills of one parent in a group.

The Accessibility Fund can also be used to ensure cultural inclusion by funding language translators for home visits and group/individual delivery. Ongoing review of BB4K course content and imagery will help ensure cultural inclusion and reduce any families feeling alienated. Suitable adjustments can be made for working parents such as delivering groups in the evening or weekends depending on the needs of the family (otherwise individual delivery will be offered).



Staff are also able to support parents of all genders. Male victim/survivors are less common and so may prefer to access the individual BB4K support; however, PACT have successfully integrated male victim/survivors into BB4K groups with adult females (who were all consulted and gave consent to attending a mixed gendered group). In order to mitigate the risk that mixed-gender adult groups have of causing other participants to withdraw from accessing the BB4K group; a discussion will be had at initial contact with participants, stating that a mixed gender 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.

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. 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. Delivery comprises 12 weekly sessions (shorter sessions) and may include a Play Therapist and 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.

Context of implementation and roll out

This section explores the extent of roll-out so far, the potential for scalability and what happens in the absence of BB4K. Together, these elements provide essential context for the design of the evaluation and the interpretation of its findings.

Roll out of the intervention

PACT has delivered BB4K since 2010. Course content, format and evaluation measures have evolved over this time period.

The delivery of this project runs from January 2026 until April 2029. The set-up phase (January 2026 to March 2026) includes staff recruitment and training, finalising policies, 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 BB4K research/treatment groups (location and age determined once randomisation is completed) will run from Apr 26 until Nov 28 (32 groups). 32 non-research/waitlist groups will also run after each research group delivery.

Table 3. Timelines for intervention roll out, by cohort

	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6
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	Treatment (5 groups), Waitlist (5 groups)	Treatment (5 groups), Waitlist (5 groups)	Treatment (5 groups), Waitlist (5 groups)	Treatment (6 groups), Waitlist (6 groups)	Treatment (6 groups), Waitlist (6 groups)	Treatment (5 groups), Waitlist (5 groups) - no 3-5s
Baseline Survey	Mar-Apr 26	Aug-Sept 26	Dec-26	Aug-Sept 27	Mar-28	Aug-Sept 28
Delivery	Apr-July 26	Sept-Dec 26	Jan-Apr 27	Sept-Dec 27	Apr-Sept 28	Sept-Nov 28
Midline Survey	June-Aug 26	Nov-Dec 26	Apr-27	Nov-Dec 27	June-Jul 28	Oct-Nov 28
Endline Survey	Aug-Sept 26	Feb-27	May-Jun 27	Jan-28	Aug-28	Feb-29
Waitlist delivery	Sept-Dec 26	Apr-Jul 27	Sept-Dec 27	Jan-Apr 28	Sept-Dec 28	Feb-Apr 29

Scalability

This section considers the potential for further scalability of the BB4k.

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, using sign language translation for participants who are hard of hearing, and interpreters for non-English speaking participants (individual delivery only). BB4K is delivered in English however the Accessibility Fund supports the use of interpreters if required. The Accessibility Fund is budgeted at £6489 for 26/27, increasing by 3% each year in line with inflation. Funding is used in response to each family's individual needs, not equally allocated to all participating families.

BB4K referrals are received for families from a diverse range of socio-economic, and ethnic backgrounds, overrepresenting minoritised groups when compared to census data. For example, the table below provides a detailed comparison of the ethnicities of families referred to BB4K in 2024/25 from Reading borough, which shows that referrals from most minoritised ethnicities are overrepresented when compared to census data.



Table 4. BB4K referrals in Reading borough, by ethnicity

Ethnicity of BB4K referrals from Reading borough	BB4K referrals received 24/25 (Reading)	Office for National Statistics census 2021 (Reading)
Asian or Asian British - Bangladeshi	0%	0.60%
Asian or Asian British - Chinese	0%	1.50%
Asian or Asian British - Indian	0%	6.20%
Asian or Asian British - Other	0%	4.60%
Asian or Asian British - Pakistani	7.46%	4.80%
Black or Black British - African	4.48%	4.40%
Black or Black British - Caribbean	1.49%	1.90%
Black or Black British - Other	1.49%	0.90%
Mixed/Multiple - Other	2.99%	1.20%
Mixed/Multiple - White & Asian	4.48%	1.20%
Mixed/Multiple - White & Black African	2.99%	0.70%
Mixed/Multiple - White & Black Caribbean	14.93%	2.00%
Other ethnic group	4.48%	2.80%



Ethnicity of BB4K referrals from Reading borough	BB4K referrals received 24/25 (Reading)	Office for National Statistics census 2021 (Reading)
White – English, Welsh, Scottish, Northern Irish or British	47.76%	54.70%
White - Other	7.46%	12.50%

PACT has a history of quickly mobilising services into new areas, successfully establishing referral partnerships and pathways in new locations (for example the Pilot RCT April 2024 to July 2025 evidenced successfully launching BB4K into a new area, Vale of the White Horse in Oxfordshire).

PACT commissioned research services to undertake a mapping exercise to identify gaps in provision across the country. Sonnet consultancy’s research (see Appendix A) confirmed significant unmet need across Thames Valley, with prevalence rates mapped against population data and service gaps. 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 Berkshire Women’s Aid and SAFE!.
- 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.

Business as usual

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, Wokingham and Oxfordshire 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).



Overview of existing 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).

PACT has delivered BB4K groups since 2015. Course content, format and internal 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 pre/post improvements in scores between the baseline score and score taken at the end of BB4K, yet experimental or causal evidence to show the impact of the programme on target outcomes had not been conducted before

PACT successfully completed a pilot randomised controlled trial (RCT) evaluation with accompanying implementation and process evaluation (IPE) and cost analysis of BB4K between April 2024 and July 2025. This evaluation was completed by external evaluators, IFF research. Prior to this evaluation, there had not been any previous external evaluations of BB4K. The pilot RCT recruited 65 parent-child pairs, of which 46 provided outcome data at baseline and endline. IFF Research concluded that results across all strands of the pilot evaluation demonstrated sufficient promise to warrant scaling BB4K to a full-scale evaluation including an RCT with an increased sample size across more sites.

Recent evaluations of similar programmes to BB4K suggest group based therapeutic interventions benefit families in a range of ways. For example, the NSPCC'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.⁵ 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

⁵ See <https://learning.nspcc.org.uk/services-children-families/dart>



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.



Theory of Change

The BB4K Theory of Change (ToC) was initially developed during the pilot evaluation, and updated through discussions between PACT, IFF and Foundations, as well as through a ToC workshop, in the period between the pilot and full-scale evaluations. It begins with a narrative description, followed by the theory of change diagram, which illustrates the causal links between activities, mechanisms, and outcomes. The ToC is detailed in the Intervention and Theory of Change section of the Evaluation Protocol.



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Appendix A – Population figures in shortlisted sites

The tables below present detailed research—sourced from Sonnet—into the most suitable new locations for expanding BB4K delivery. Following an initial review, London, Brighton, and Milton Keynes were excluded due to factors such as travel distance, limited local knowledge (including Commissioners and referral pathways), absence of established partnerships, and the increased risk to fidelity associated with a licensing model, which would likely be required in these areas rather than delivery by PACT staff. As a result, Slough was identified for further exploration as a potential delivery site.

Cherwell

Our workings	<ul style="list-style-type: none">• Population: 161,000 (Oxfordshire JSNA, 2023)• Estimate of 10% of the population aged 0-10: 16,100 children• Estimate no. of children 3-11yrs 13,170• Children exposed to DA: ~2,635 (being families exposed to DA ~1,550)
Why we have selected this area	PACT and BB4K already operates in Oxford. Cherwell had the highest number of victims of domestic abuse (16+) in Oxfordshire in 2023 (Oxfordshire’s Domestic Abuse Strategic Board)
Why this could be a good fit for BB4K	This is an area where PACT is already well established and there is a high number of potential eligible families due to the rates of domestic abuse. Rural challenges and access barriers are acknowledged for places like West Berkshire or Cherwell.

West Oxfordshire

Our workings	<ul style="list-style-type: none">• Population: 114,200 (Oxfordshire JSNA, 2023)• Estimate of 10% of the population aged 0-10: 11,420 children• Estimate no. of children 3-11yrs 9,340• Children exposed to DA: ~1,870 (being families exposed to DA ~1,100)
Why we have selected this area	PACT and BB4K already operates in Oxford. There were 1,130 victims of domestic abuse in 2021-22, which was the highest percentage increase in Oxfordshire. Domestic Abuse and Violence Against Women and Girls (DAVAWG) was made a priority by the Local Authority (West Oxfordshire Community Safety Partnership Plan 2024 – 2027)



	West Oxfordshire is a rural area, where BB4K could use a “hub and spoke” model to deliver whereby there is a more central hub that delivers to a much wider area.
Why this could be a good fit for BB4K	This is an area where PACT is already well established and there is a high number of potential eligible families due to the rates of domestic abuse. The local authority, having made DA and VAWG a priority, should be open to establishing a service.

Existing sites (Reading, West Berkshire, Wokingham, South Oxfordshire, Oxford city, and Vale of the White Horse)

Our workings	Berkshire and Buckinghamshire: Both have 10,310 estimated families affected by domestic abuse (with children in the 3-11 age group) — among the highest figures.
Why we have selected this area	PACT and BB4K already operates in these areas, established referral partners and pathways, and existing waiting list of referrals. Berkshire has an incredibly high number of child protection (CP) and child in need (CiN) cases, double those of Oxfordshire and Buckinghamshire.
Why this could be a good fit for BB4K	PACT and BB4K already operates in these areas, established referral partners and pathways, and existing waiting list of referrals.

Geographic Area	Estimated no. children exposed to DA^[1]	No. of potential Families with eligible children exposed to DA^[2]	PACT BB4K rates applied - # of families in area who complete BB4K program
Berkshire	16,400	8,770	5,636
Oxfordshire	Between 3,907 ^[3] and 11,870	Between 2,300 and 6,980	4,485 ^[4]
Buckinghamshire	17,540	10,310	6,625

^[1] Unless stated otherwise, calculation approach uses Census and [SafeLives](#) prevalence data (20% of children affected by DA)



^[2] Unless stated otherwise, ONS data of 1.7 children per family is applied to ‘*estimated child-involved DA incidents*’

^[3] [Police recorded DA crimes involving children in Oxfordshire 2023/24](#)

^[4] Highest figure in range used for calculation so consistent with data analysis in other areas

The table below evidences the demographic breakdown by site in terms of ethnicity, English as an additional language, deprivation, SEND status and children on CP/CiN plans.

	No. of families experiencing DA (children 3-11y.o)	Lone parent households	Ethnicity	Primary Language	No. of households in TA per 1000	Deprivation (IMD rank of average score)	SEND status (% of children with EHC Plans)	Children on CP/CiN plans
National average (where app.)		11.1% of households	81% White 9.6% Asian 4.2% Black 3% Mixed ethnicity	91.1% English	5.28	1 being most deprived, 317 being least deprived	5.2%	
Berkshire	10,310	8.6% of households (~3,498 households)	91.9% W 3.7% A 1.3% B 2.4% ME	95% English	Bracknell Forest - 3.13 Reading - 6.19 Slough - 20.69 West Berkshire - 1.78 Windsor and Maidenhead - n/a Wokingham - 0.8	Bracknell Forest - 286 West Berks - 289 Reading - 141 Slough - 103 Windsor and Maidenhead - 304 Wokingham - 316	4.7%	11,506 CP 17,177 CiN
Oxf'dshire	6,980	~24,200 households S. Oxfordshire: 8.2% of households W. Oxfordshire: 8.6% of households	86.9% W 6.4% A 2.1% B 3.1% ME	91% English	Oxford - 4.44 South Oxfordshire - 0.75 West Oxfordshire - 1.79	Oxford - 182 South Oxfordshire - 302 West Oxfordshire - 301	4.8%	6,607 CP 9,065 CiN
Bucks	10,310	9% households (~19,380 households)	79.9% W 12.4% A 2.6% B 3.5% ME	92.7% English	1.8	Aylesbury Vale - 276 Chiltern - 315 South Bucks - 294 Wycombe - 281	5.6%	5,766 CP 9,123 CiN

Considering expanding BB4K into Slough to maximise diversity of families

In the final scalability workshop, Foundations confirmed PACT should investigate the feasibility of expanding into Slough. PACT completed the following work because Sonnet had finished the scope of their work.

2021 census data confirm Slough has 52,423 households. ONS says roughly 13.7% of those are lone parent meaning there are 7,181 single parent households. In 2024, ONS data said that 62.5% of lone-parent families had dependent children (i.e. under 18). Therefore, assumption is that there are 4,488 single parent households with dependent children (7,181 x 62.5%).

Slough Council say there are 43,800 children living there. Applying the ONS data age breakdowns, around 22,596 of those are 3-11 years old (51.6%). 51.6% of the 4,488 single parent households



with dependent children = 2,316. Rounded to 2,300 and applying Sonnet's low conversion rate (0.74%) = 17 families, and high conversion rate (1.74%) = 40 families.

When combining these estimates in Slough with the other two new sites, Cherwell estimates (11-27 families) and West Oxfordshire (8-19 families), this totals 36-86 families being supported