



CARING DADS: SAFER CHILDREN LEARNING FROM DELIVERING THE PROGRAMME

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March 2016

NSPCC

Impact and Evidence series

This report is part of the NSPCC's Impact and Evidence series, which presents the findings of the Society's research into its services and interventions. Many of the reports are produced by the NSPCC's Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.

Contents

| | |
|---|----|
| DEFINITIONS | 5 |
| ACKNOWLEDGEMENTS | 6 |
| KEY FINDINGS: YOUNG PEOPLE'S VERSION | 7 |
| KEY FINDINGS | 8 |
| EXECUTIVE SUMMARY | 10 |
| MAIN REPORT | 15 |
| Chapter 1: Background and method | 15 |
| 1.1 The Caring Dads programme | 16 |
| 1.2 Evaluation of outcomes from Caring Dads: Safer Children | 18 |
| 1.3 Aims of the process evaluation | 19 |
| 1.4 Method for process evaluation | 20 |
| Chapter 2: Resources and skills required to deliver the programme | 22 |
| 2.1 What skill set is needed to deliver the programme? | 22 |
| 2.2 Practitioner time spent on different activities | 27 |
| 2.3 Times and venues for delivering group work | 29 |
| 2.4 Conclusion | 31 |
| Chapter 3: Referrers and referrals | 32 |
| 3.1 Setting up referral pathways | 32 |
| 3.2 Working relationship with referrers | 38 |
| 3.3 Suitable referrals | 40 |
| 3.4 Informing referrers when fathers disengaged or did not change | 43 |
| 3.5 Conclusion | 45 |
| Chapter 4: Programme attrition within CDSC | 46 |
| 4.1 Analysis of referrals to CDSC | 46 |
| 4.2 Attrition after fathers had started the programme | 49 |
| 4.3 Encouraging engagement | 51 |
| 4.4 Conclusion | 55 |

| | |
|--|-----|
| Chapter 5: Programme delivery | 56 |
| 5.1 Differing views on practice prior to the group work | 56 |
| 5.2 Involving partners and children | 57 |
| 5.3 Impact of location | 64 |
| 5.4 Delivering CDSC in a prison environment | 67 |
| 5.5 Conclusion | 71 |
| Chapter 6: Barriers and facilitators | 72 |
| 6.1 Barriers | 72 |
| 6.2 Facilitators | 76 |
| 6.3 Areas to improve | 80 |
| 6.4 Conclusion | 83 |
| Chapter 7: Evaluation of the CDSC programme | 84 |
| 7.1 CDSC teams’ involvement in the evaluation | 84 |
| 7.2 Ethical considerations | 85 |
| 7.3 Effect of evaluation on programme delivery | 87 |
| 7.4 Conclusion | 92 |
| Chapter 8: Conclusion | 93 |
| REFERENCES | 95 |
| APPENDICES | 98 |
| Appendix A: Definition of domestic abuse | 98 |
| Appendix B: The Caring Dads Programme | 99 |
| Appendix C: Outcomes and questionnaires used to evaluate CDSC | 102 |
| Appendix D: Qualitative Interviews | 104 |
| Appendix E: Roles and responsibilities within the CDSC evaluation | 111 |
| Appendix F: Tables and Charts | 112 |

DEFINITIONS

In this report, the term **father** refers to birth father, adoptive father, stepfather or any other man involved in the care of children, such as the mother's partner. A father may or may not live with the child.

The terms **mother** and **partner** are used interchangeably. In the context of this report, the father's partner is usually but not always the mother of his child. The term partner includes both the current and former partners of the father attending the programme.

ACKNOWLEDGEMENTS

The authors would like to thank the following people.

- The fathers, mothers and children who participated in the evaluation in order to increase our understanding of the Caring Dads programme;
- The practitioners and managers who participated in face-to-face interviews, webinars, meetings and also gave their insights on the results;
- The practitioners from the service centre that helped to set up interviews with family members;
- The members of the service delivery group for their support throughout the evaluation;
- Katreena Scott, Dermot Brady and Tim Kelly for sharing their knowledge about Caring Dads and previous evaluations of the programme; and
- Matt Barnard for his supervision and advice on the data collection and analysis.

KEY FINDINGS: YOUNG PEOPLE'S VERSION

Caring Dads: Safer Children (CDSC) is a training course that helps fathers who bully or are unkind to their family. Lots of fathers in different parts of the country have taken part in the course.

We wanted to find out what happened and we also wanted to know how to make CDSC better for everyone.

Here are some of the questions we asked:

- How many fathers finish the course?
- What can we do to make fathers want to finish it?
- Who are the best people to teach the course?
- How should we help the fathers' families?
- How can we make it a better course?

We found out that half of the fathers finished the course. We also found out that the people who teach the course need to:

- Be really good at talking to fathers who bully their family.
- Be really good at talking to mothers and children.
- Talk to other social workers to make sure everyone is safe.

KEY FINDINGS

This report shares our learning from process evaluation and delivering the Caring Dads: Safer Children programme. It is hoped that this learning will be of interest to other organisations delivering the Caring Dads programme or similar interventions for abusive fathers. An accompanying report: *Caring Dads: Safer Children: Evaluation Report* (McConnell et al, 2016) describes the evaluation of outcomes from the programme.

The learning summarised below is potentially significant for other organisations interested in the programme:

- Delivering CDSC is complex and potentially high-risk work that requires comprehensive knowledge of domestic abuse, inter-agency working and child development. Practitioners need to be skilled at engaging resistant and violent men, and delivering group work.
- Less than a third of practitioner time was spent delivering the face-to-face group work. The CDSC team needed to spend at least two thirds of practitioner time on referral, assessment, recording, planning and supervision, liaising with other professionals and contacting families.
- Teams without a history of delivering Caring Dads initially found it difficult to generate referrals to the programme. Having good contacts, being persuasive and responding quickly and flexibly to referrals was important to get the programme up and running.
- Maintaining the involvement of referrers during assessment and throughout the time the father attends the programme promoted safe practice and supported fathers' engagement.
- Consistent with similar interventions, around a third of referrals received were not assessed as fathers refused or failed to attend the assessment, or the referral was cancelled.
- Approximately half the men who attended the first session went on to complete the programme. Practitioners were able to identify strategies to successfully engage initially resistant fathers.
- The programme focus on parenting and the impact of domestic abuse on children was the main motivator for fathers to participate in the group work and was also a unifying factor within the group process, enabling the group to become more cohesive before focusing upon the more challenging areas of the programme.
- Practitioners wanted more time to offer a comprehensive, tailored support for the very differing needs of the fathers' families. They also complained that the evaluation process encroached upon the limited time they had available.

- The location and context within which CDSC groups were delivered had a considerable impact upon practice and group planning.
- Areas for improvement in the delivery of the programme included having more supervision and time to reflect as team, greater focus on the couple relationship and further development of the support provided to families.

EXECUTIVE SUMMARY

Background

The evaluation of Caring Dads: Safer Children (CDSC) found promising evidence of sustained change among some fathers who completed the programme (McConnell et al, 2016). This report shares the learning from process evaluation and delivering the programme. It aims to provide greater understanding of the resources and skills required to deliver the programme and the different considerations and perspectives regarding practice and programme delivery. It also shares information about attrition, working with referrers and working with families that can guide those who seek to deliver similar programmes for abusive fathers.

Exposure to domestic abuse is associated with a long-term negative impact on children's development, health and wellbeing. In recent years, there has been greater focus on the impact of domestic abuse on children and also the interventions to prevent it. One approach delivered and evaluated by the NSPCC is Caring Dads: Safer Children, a parenting programme for domestically abusive fathers. It is one of several child protection interventions the NSPCC is evaluating in order to learn how to prevent cruelty to children effectively (NSPCC, 2009). Through CDSC, the NSPCC aimed to deliver Caring Dads as per the original Canadian programme (Scott et al, 2006) within a UK context.

The CDSC programme focuses on the fathering role to motivate men to change their abusive behaviour and reduce the risk of them further harming their children. It includes three elements: group work with fathers, partner engagement and coordinated case management. Eligible fathers attend a two-hour weekly session, usually facilitated by male and female co-workers, for 17 weeks. During this time, the programme sets out to achieve four major goals:

1. To develop sufficient trust and motivation to engage men in the process of examining their fathering;
2. To increase men's awareness of child-centred fathering;
3. To increase men's awareness of, and responsibility for, abusive and neglectful fathering; and
4. To consolidate learning, rebuild trust, and plan for the future.

While the father attends the programme, other workers within the team try to engage with his partner and children to provide them with information about the programme, make referrals for further support and provide immediate safety planning if required. Coordinated case management within CDSC involves ensuring that goals set for the father are consistent with the plans of other agencies working with the family. Referrers are kept informed of the fathers' progress and potential risks throughout the programme.

One of the aims of CDSC was to evaluate the contribution of the Caring Dads programme to ensuring that children are kept safe and to highlight that intervention with domestic abuse perpetrators should be linked to the needs of children within their family. The evaluated CDSC programme was delivered from five sites located in urban and rural areas of Wales, Northern Ireland and England between October 2010 and October 2014. The *Caring Dads: Safer Children: Evaluation Report* (McConnell et al, 2016) describes the evaluation of outcomes from the programme.

Method

This process evaluation aimed to provide learning about the implementation and delivery of CDSC with particular focus on: (1) identifying the resources and skills required to deliver the programme; (2) referrals and the relationship with referrers; (3) understanding programme attrition and how to engage fathers and their families; (4) describing programme delivery and the impact of different contexts and locations; (5) identifying what factors support or hinder successful implementation of the programme; and (6) understanding the impact of the evaluation on programme delivery.

Using a mixed method design, the process evaluation involved a combination of interviews with the CDSC practitioners and managers; analysis of questionnaire data completed by fathers, their children and the children's mothers; and also analysis of management information and case record data. Data was collated and analysed using NVivo, Microsoft Excel and SPSS.

Findings

The process evaluation provided the following learning about the implementation and delivery of the programme.

Resources and skills

Delivering CDSC is complex and potentially high risk work that requires a particular **skill set** from those delivering the programme. Previous experience of working with fathers and families where there was domestic abuse, and of safeguarding and inter-agency working is essential. To deliver the programme content effectively, practitioners working with the fathers had to be good at facilitating groups, engaging resistant fathers, and have a comprehensive knowledge of child development.

Facilitating the group work is only one component of the programme. Organisations need to understand that practitioners will need to spend at least two thirds of **practitioner time** on referral, assessment, recording, planning and supervision, liaising with other professionals and contacting families.

Choosing a **venue** for the group work required consideration of how fathers travelled to the building, the entrance and how fathers were greeted, confidentiality and safety for the fathers and other building users, and then also the equipment and facilities needed to run and record the group work.

Relationship with referrers

Despite the prevalence of domestic abuse cases on local authority social workers' caseloads, it was sometimes difficult for teams without a history of delivering CDSC to **generate referrals** to the programme. Having good contacts, being persuasive and responding quickly and flexibly to referrals was important to get the programme up and running. Ongoing communication with referrers, ensuring that the quality of the work and reporting is high, and contributing to local safeguarding forums helped to maintain referrals once the programme was established within an area.

Maintaining the **involvement of referrers** during assessment and throughout the time the father attends the programme promoted safe practice and supported fathers' engagement. Although teams accepted self-referrals, they preferred to have the additional security of working with fathers who were referred as part of a multi-agency approach to working with the whole family, as there were concerns that only a partial picture of what might be happening would be available when fathers self-referred.

Attrition and engagement

Attrition from CDSC occurred at three different stages: prior to assessment; during assessment; or during the programme. Consistent with similar interventions, around **a third of referrals** received were **not assessed**, as fathers refused or failed to attend the assessment, or the referral was cancelled.

Approximately **half the men** who attended the first session went on to **complete the programme**. Most of the fathers who left mid-programme did so during the first few weeks. If fathers can be sufficiently motivated and engaged prior to and during the first weeks of the programme, the majority will go on to complete it.

Strategies that enable practitioners to successfully **engage resistant fathers** include: increasing opportunities for practitioners to work with fathers so that they become used to communicating with them; having a non-judgemental attitude; using motivational interviewing techniques to encourage fathers to identify their own positive reasons for changing; retaining focus on the child's needs to motivate both the father and also the practitioner to persevere; and recognising whether the father is ready to change at the time he is referred.

Programme delivery

According to practitioners, the programme **focus on parenting** and the impact of domestic abuse on children was the main motivator for fathers to participate in the group work and was also a unifying factor within the group process, enabling the group to become more cohesive before focusing on the more challenging areas of the programme.

Programme engagement of **partners and children**, although welcomed as an opportunity to provide them with information and obtain better insight into what was happening within a family, was often considered lacking. Practitioners wanted more time to offer comprehensive, tailored support for the very differing needs of the fathers' families. They also complained that the evaluation process encroached upon the limited time they had available with the families.

Differences in views on **assessment and reporting** practice between practitioners appeared to be determined by the extent to which they felt it was their role to focus solely upon the father's suitability for and learning from the programme or to provide a more comprehensive assessment of risk.

The **location and context** within which CDSC groups were delivered had a considerable impact upon practice and group planning. The experiences of teams delivering the programme in rural or remote areas, post-conflict communities, and prison settings provided useful learning for organisations wishing to deliver Caring Dads or similar programmes elsewhere.

Areas for improvement in the delivery of the programme included having more supervision and time to reflect as a team, greater focus on the couple relationship and further development of the support provided to families.

Conclusion

Domestic abuse is one of the main reasons why children are on a child protection register or plan within the UK. It is, therefore, vital that we develop ways of working that intervene to prevent children's exposure to domestic abuse.

Implementation of the Caring Dads programme involves complex work that must always prioritise the needs and safety of the father's children and partners, above those of the father perpetrating abuse. This process evaluation has enabled the NSPCC to obtain learning from the delivery of the programme that we hope can inform others with an interest in Caring Dads or other similar programmes.

MAIN REPORT

Chapter 1: Background and method

Exposure to domestic abuse is associated with a long-term negative impact on children's development, health and wellbeing. Domestic abuse is legally recognised as harmful to children in the *Adoption and Children Act 2002* (England and Wales); in the *Family Homes and Domestic Violence (Northern Ireland) Order 1998*, and in the *Family Law (Scotland) Act 2006*. In Wales, measures included in the *Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015* apply equally to children as to adults. The legislation in each jurisdiction recognises that in households where domestic abuse occurs, children are usually present (Walby & Allen, 2004). This not only puts them at risk of physical harm, but also emotional harm through seeing or hearing family members being abused or being used by the perpetrator to threaten or undermine the other parent (see Appendix A for the full definition of domestic abuse).

In recent years, there has been greater focus on the impact of domestic abuse on children and also the interventions to prevent it. One approach delivered and evaluated by the NSPCC is Caring Dads: Safer Children (CDSC), a parenting programme for domestically abusive fathers. Although it is acknowledged that domestic abuse can take place between same-sex couples, and overall rates of abuse are similar between men and women, severe and chronic physical violence tends to be perpetrated by men more than women (Scottish Government, 2008; Richardson-Foster et al, 2012) and, therefore, efforts to reduce the perpetration of domestic abuse are usually focused on men. The *Caring Dads: Safer Children: Evaluation Report* (McConnell et al, 2016) describes the evaluation of outcomes from the programme. This accompanying report shares our learning from process evaluation and delivering the programme. We believe our learning will be useful for practitioners, managers or service commissioners who have an interest in the Caring Dads programme. We also hope that the report is relevant to a wider audience who are interested in working with fathers within child protection or those working with domestic abuse perpetrators.

This background chapter describes the Caring Dads programme, the CDSC evaluation, and the aims and method for the process evaluation.

1.1 The Caring Dads programme

Originating from Canada, Caring Dads is a parenting programme for abusive fathers. With a primary commitment to the safety and wellbeing of children, the programme uses the men's role as father to motivate them to change their abusive behaviour and reduce the risk of them further harming their children (Scott et al, 2006). Caring Dads is aimed at fathers with abusive parenting behaviours but the programme lends itself particularly to men who have perpetrated domestic abuse. It is distinct from other programmes aimed at domestic abuse perpetrators in a number of ways. First, it is a parenting programme, but it differs from most parenting programmes that usually give precedence to the parents' ability to make the best decisions for their family.

As the fathers attending Caring Dads have already demonstrated that they may put their children at risk of harm (Scott, 2010), an intervention that can help them to change their decision-making and behaviour is required. Second, while Caring Dads seeks to stop partner abuse, it does not purport to be a domestic violence perpetrator programme as understood within a UK context (Respect, 2012), although many of the considerations for service delivery will be similar. Equally, attendance at Caring Dads should not be considered an alternative to the criminal justice sanctions.

The Caring Dads programme includes three elements: group work with fathers, partner engagement and coordinated case management.

Group work with fathers

Fathers referred to Caring Dads are assessed for their suitability for the group. To be eligible, the fathers must:

- have abused or neglected their children, exposed them to domestic abuse, or be deemed to be at high risk for these behaviours;
- currently care for or have contact with their children;
- be sufficiently motivated to attend group sessions; and
- have some, however limited, acknowledgement of their abusive behaviour.

Fathers for whom there is evidence of sexual abuse of children are not considered suitable for the programme.

Eligible fathers attend a two-hour weekly session, usually facilitated by male and female co-workers, for 17 weeks. During this time, the programme sets out to achieve four major goals:

1. To develop sufficient trust and motivation to engage men in the process of examining their fathering;
2. To increase men's awareness of child-centred fathering;
3. To increase men's awareness of, and responsibility for, abusive and neglectful fathering; and
4. To consolidate learning, rebuild trust, and plan for the future.

The sessions and activities that contribute to these goals are presented in Appendix B. They include child-centred fathering; recognising unhealthy, hurtful, abusive and neglectful fathering behaviours; the relationship with the child's mother; and rebuilding trust and healing. Each father's progress is reviewed with him halfway through the programme. At the end of the programme, the group facilitator will write a report on the father's knowledge, comprehension and application of the programme concepts and any recommendation for further services or intervention.

Partner engagement

While the father attends the programme, other workers within the team try to engage with his partner and children to provide them with information about the programme, make referrals for further support and provide immediate safety planning if required. Keeping partners informed about the father's attendance on the programme is a risk management strategy, and it is a condition of his attendance on the programme that he provides details of his partner and children.

When partners are willing, the workers keep regular contact to monitor risk from the father while he attends the programme. The partner engagement workers within CDSC also surveyed the families and administered questionnaires as part of the evaluation of the programme.

Coordinated case management

To ensure that child safety and wellbeing remain paramount, the delivery of Caring Dads is aligned with child protection services, domestic abuse services, family courts and criminal justice systems. Implementation of Caring Dads involves coordinated case management with referrers who are kept informed of the fathers' progress, and potential risks identified during the programme. Caring Dads workers ensure that goals identified for fathers during the programme are consistent with those of professionals working with his family (Scott, 2010).

1.2 Evaluation of outcomes from Caring Dads: Safer Children

CDSC is one of several child protection interventions that the NSPCC is evaluating in order to learn how to prevent cruelty to children effectively (NSPCC, 2009). CDSC aimed to deliver Caring Dads as per the original Canadian programme within a UK context. One of the aims of CDSC was to measure the success of the programme in ensuring that children are kept safe and to reiterate that intervention with domestic abuse perpetrators should be linked to children within their family.

The evaluated CDSC programme was delivered from five sites located in urban and rural areas of Wales, Northern Ireland and England between October 2010 and October 2014. Previous evaluations of the Caring Dads programme had produced promising findings about its effectiveness (Scott & Lishak, 2012; McCracken & Deave, 2012). Two studies within the UK both found that the main mechanism for change was the fathers' ability to identify the impact of their behaviour on their children (Kaur & Frost, 2014; McCracken & Deave, 2012). However, McCracken and Deave (2012) also found that some fathers did not appear to accept responsibility for their actions or aggression towards women.

Studies of programmes aimed at violent fathers or male perpetrators of domestic abuse rarely examine whether outcomes for children improve when their violent father attends a programme (Rayns, 2010; Alderson et al, 2013). The evaluation of CDSC attempted to fill the gap in knowledge about the impact that such programmes have on children and those caring for them.

CDSC was evaluated using a mixed method design that included a pre-test and post-test element to examine the extent to which the programme's intended outcomes for fathers, partners and children improved. It was anticipated that fathers successfully completing the programme would be more child-centred in their fathering and willing to take responsibility for previous abusive fathering behaviour. This would enable them to develop better relationships with their families, thus reducing the risks they posed to children and partners, with consequent improvements in the family's wellbeing.

Where possible, the evaluation participants were followed up six months after the programme to find out if any changes were sustained beyond the end of the programme. The evaluation also aimed to learn more from the perspectives of children and partners, and also from delivering the programme across different settings within a UK context.

Main outcomes findings

Overall, the evaluation of CDSC found evidence of sustained change among some fathers who complete the programme, based on measurements of their parenting stress and their behaviour towards children and partners. This is likely to contribute to the outcome of increased feelings of safety and wellbeing among children and partners, for which there was some promising evidence from partners post-programme and at follow-up. Quantitative data from children was insufficient to draw any conclusions. Case notes, qualitative interviews and also children and partners' survey comments illustrated that CDSC can bring about positive improvements in the father's behaviour. However, they also illustrated that some fathers who complete the programme do not change sufficiently and their contact with their families should continue to be monitored. CDSC was found to be a constructive way of working with abusive fathers, providing opportunities to explain to a father exactly how he needs to change, and also for practitioners and referrers to gain understanding of the current risk he posed to his family. Differences between the perspectives of children and their parents demonstrated the importance of evaluating parenting programmes from the child's perspective where possible, despite the many challenges that this entails. For more information about the background, method and findings of the CDSC outcomes evaluation see *Caring Dads: Safer Children: Evaluation Report* (McConnell et al, 2016).

1.3 Aims of the process evaluation

In addition to evaluating the outcomes and effectiveness of the CDSC, the NSPCC sought to learn from the process of delivering the programme. According to HM Treasury:

"Process evaluation primarily aims to understand the process of how a policy has been implemented and delivered, and identify factors that have helped or hindered its effectiveness"

(HM Treasury, 2011, pp.82)

Therefore, this process evaluation report seeks to provide learning about the implementation and delivery of CDSC within a UK context, with particular focus on: (1) identifying the resources and skills required to deliver the programme; (2) referrals and the relationship with referrers; (3) understanding programme attrition and how to engage fathers and their families; (4) describing programme delivery and the impact of different contexts and locations; (5) identifying what factors support or hinder successful implementation of the programme; and (6) understanding the impact of the evaluation on programme delivery.

1.4 Method for process evaluation

Interviews with the CDSC practitioners aimed to describe the differing ways that the CDSC programme can benefit and reduce risks to children; identify what aspects of the programme contribute to the wellbeing of children, including working with referrers and other agencies; describe the impact of different contexts and locations on the delivery of the programme; and identify what factors support successful implementation of the programme within a UK context. The topic guide for interviews with practitioners can be found in Appendix D. Although used primarily to evaluate outcomes, questionnaire data was also used to assess whether the programme was more effective with some individuals more than others. Fathers, their children and the children's mothers completed questionnaires at three time points: prior to the start of the programme to obtain baseline data; at the end of the programme to observe any changes that had occurred during the programme; and six months after the programme to observe whether the changes were sustained. Table III in Appendix C presents the measures used with each group of respondents. CDSC practitioners also conducted face-to-face surveys with partners and children at the same time points. Data was collated and analysed using Microsoft Excel, SPSS, and NVivo. For more detailed information about the questionnaire, survey and interview data used to evaluate CDSC see *Caring Dads: Safer Children: Evaluation Report* (McConnell et al, 2016).

The final element of the evaluation method was to analyse management information and case record data, including the closing summary statements from the case record system. This routinely gathered data provided information, from the group facilitators' perspective, on each father's progress during the programme or reasons why he may have dropped out. When the closing summary provided insufficient information, the case record would be checked for further information. Two case record exercises were conducted: midway during the evaluation to analyse referrals for reasons for attrition (discussed in Chapter 3 of this report); and at the end of the programme to analyse outcomes for the children of fathers who completed the programme (see Chapter 4 and Appendix G in *Caring Dads: Safer Children: Evaluation Report* [McConnell et al, 2016]).

Limitations

This report is largely based on learning imparted by CDSC practitioners and team managers, and, therefore, largely reflects their perspectives only.

Ethics

The evaluation was approved by the NSPCC Research Ethics committee, which meets the requirements of the Economic and Social Research Council and the Government Social Research Unit. Further discussion of ethical issues can be found in Chapter 6 of this report.

Chapter 2: Resources and skills required to deliver the programme

This chapter shares learning about the resources and skills required to deliver CDSC. This includes consideration of the skills and attributes required within the CDSC team, the number of practitioner hours spent on different programme activities, and practical considerations about the venues for delivering the programme.

2.1 What skill set is needed to deliver the programme?

In consultation with the programme authors, the following criteria for skills and experience were required for all NSPCC practitioners delivering the CDSC programme:

1. A comprehensive understanding of the nature of domestic abuse and the potential effects on women and children.
2. A comprehensive understanding of working with resistant/violent men.
3. An understanding of motivational interviewing.
4. An in-depth knowledge of child development.
5. Experience/knowledge of delivering group work programmes.
6. A comprehensive understanding of working in an inter-agency context addressing domestic abuse in the community.

It is notable that some of the criteria refers to knowledge and understanding rather than direct experience, as it is rare for any one practitioner to have this breadth of experience. Fortunately, many of the CDSC practitioners were already working with abusive fathers and included some whom had received training directly from the programme authors. However, to ensure that there was common knowledge and understanding of each of the criterion across all of the practitioners delivering CDSC, internal training was held for team managers and practitioners prior to delivery.

The interviews with practitioners and managers asked them to reflect on the skills, experience and attributes they believed were needed to deliver the programme. One of the main themes arising from the interviews was that practitioners' **attitude** could be as important as their experience. Having a positive attitude, not writing people off

and retaining the hope that people can change their behaviour was essential to enable the practitioners to remain motivated to work with difficult situations:

“Domestic abuse in itself is scary. It is very challenging work. You have a certain mind set, I think you need to have, and it is a bit of hopefulness around change and trying to effect change with those people who we would class as at the high risk end of the scale of perpetrators.”

(Group facilitator)

Practitioners with a background in social work felt that the value base underpinning their training supports the idea that people have the capacity to change their behaviour if provided with correct support and opportunities:

“I think the underlying value base in all our work in terms of social work is about providing the opportunity for change and facilitating that. And whether it is with the young people or with adults, if the service has those values that we provide we see that people can change and we provide those opportunities. And I think regardless of the client base then that would follow through. I think that’s why the programme does work, is because it does recognise that people can change and the model itself does allow for that.”

(Group facilitator)

It was also important that the practitioners assessing and facilitating groups with fathers actually wanted to do the work. It was much harder for group facilitators to monitor group dynamics and also pick up on comments relating to safeguarding if their co-facilitator was less enthusiastic and the burden of managing the group was not equally shared.

Previous experience

Practitioners’ reflections on the experience required to deliver CDSC mirrored the six criteria identified by the NSPCC in agreement with programme authors. Practical experience of each of the criteria, although not usually held by every individual practitioner, was essential to have within a team delivering the programme as it could often help the team to anticipate and avoid potential problems before they occurred. Practitioners who had previously worked with families where there was **domestic abuse** were more experienced in

identifying the signs and risk factors of ongoing abuse. This expertise was useful, not only for practitioners who met with partners and children who might observe signs and indicators of ongoing abuse while they were talking with families, but also helped the practitioners who assessed the fathers or facilitated the group work, who needed to use their knowledge of domestic abuse so that they could confidently challenge some of the things that the fathers were saying to them:

“But it would be helpful if you had knowledge about domestic abuse, particularly sometimes because of the type of the men you’re working with and sometimes they can be very manipulative. Sometimes they can be very controlling, so you also feel you need to be strong, you need to be able to challenge them, challenge them respectfully, and so knowledge [of domestic abuse] would help, definitely.”

(Group facilitator)

Knowledge of how domestic abuse is strongly correlated with other forms of child abuse was important, as was having knowledge of **inter-agency working** and what to do when additional safeguarding concerns might arise so that they can be responded to quickly:

“I think you really need to have a very good baseline understanding of domestic abuse and what it looks like and the correlation between it and child abuse; whether that be child sexual abuse, child physical abuse, emotional, psychological or whatever... I think that professionals need to understand the entrenched correlation between all of that. And obviously the knowledge of safeguarding and procedures... because of the high level of risk that you are working with in terms of the risk the perpetrators pose.”

(Group facilitator)

The CDSC practitioners thought it was helpful when their team included group facilitators with experience of **working with fathers**. Several of the practitioners had previously worked in environments where a high proportion of the client group were men: for example, probation, mental health or drug and alcohol services. Practitioners with a probation background could also draw upon their experience in talking to men about their offending behaviour and their theoretical knowledge of perpetrator work:

"I've got a different field of experience to a lot of the other facilitators I work with, coming from a probation background, a perpetrator work background as opposed to a social work background, it helps me understand a lot more in terms of theories of perpetrating offences generally and domestic abuse offences...I've got experience...I can draw on...how to engage men, how to talk to them about their offending behaviour and the impact it might have on victims, but these are all things that are bread and butter to probation officers, where it might be something that's perhaps more unusual for a social worker to do, and challenging men around difficult and possibly dangerous behaviours."

(Group facilitator)

Teams with workers who had different professional backgrounds seemed to appreciate and complement each other's skills. Facilitators with a probation background who might be used to delivering a 'pure perpetrator programme' like the IDAP (Integrated Domestic Abuse Programme) valued having their social work colleagues' knowledge of parenting to deliver the Caring Dads content. Although social work knowledge and experience was seen as important to have within the team, it was not necessarily essential for every worker, as this comment from a group facilitator who had trained workers with a family support background suggests:

"From my experience of training people who don't have a social work background...you could see the potential there that they could take the programme and use it appropriately with their target audience. Because I think it takes a range of skills and abilities for the whole programme. I think because we are so encapsulated within the NSPCC and working in partnership with the Trust, that we mainly focus on the social work aspect of everything. But there are so many other people out there who are extremely skilled."

(Group facilitator)

However, other practitioners did have concerns about the programme being delivered when none of the professionals had a social work background or a very robust sense of safeguarding. Group facilitators needed to be very aware of fathers who might try to minimise how abusive behaviour affected their family or use their learning or attendance on the programme to further undermine their partner.

“It’s about making sure that people who do this work have a really robust sense of safeguarding in child protection, because the material can be harnessed and used against women and children...Making sure that we put a really robust kind of health warning into that,...that we don’t just say, ‘Here you go’ and work with these violent men.”

(Team manager)

Ability to engage resistant service users

Fathers referred to CDSC present additional challenges for practitioners as they were often particularly resistant to engaging with services. Practitioners’ attitudes, assessment skills, **non-judgemental** stance, and knowledge of **motivational interviewing techniques** were all seen as important in helping to encourage fathers to become committed to staying on the programme and examining their behaviour. Skills in engaging service users were equally important for practitioners working with the fathers’ families, so that family members felt able to meet with and trust the practitioners and understand the purpose of the programme. Service user engagement is discussed in more detail within Chapter 4 of this report.

Other knowledge and skills needed for programme delivery

Once fathers and their families were engaged, other skills and knowledge were needed to be able to deliver CDSC. Group facilitators needed comprehensive knowledge of **child development** so that they could deliver the programme content and respond to fathers’ questions about their children as they arose:

“Your understanding of child development, I think it’s a big thing because you’re bringing that education and awareness to the dads, you’re helping to build that and focus that, that is part of the programme.”

(Group facilitator)

The child development and parenting elements of the programme were considered to be particularly useful, providing a lot of learning for the fathers. Group facilitators capable of reflection about their own interactions or work with children were able to pass on what they had learnt.

Practitioners and managers identified practical experience and theoretical knowledge of **group work** as key to helping group facilitators to run the groups effectively. Facilitators needed good group work skills, not only to engage fathers and retain them on the group but also to encourage them to participate and get the most out of the group process:

“I think a lot of the time that men would drop off the group was down to inexperience really of how to engage men, how to pull them in. Because [the facilitators] would come back and say ‘Oh, Mr Jones is really quiet, he doesn’t say a lot’, well that’s up to [facilitators] then to be able to make sure he’s not sat there.”

(Team manager)

Team managers supervised the group facilitators and watched recording of the group work so that they could feedback on what worked well and what could be improved. Managers noticed that the facilitators’ level of skill in being able to engage and retain fathers on the group varied. Rather than teaching, more experienced group facilitators were able to get the fathers to speak and describe situations that eventually provided the facilitator with more evidence of how he was parenting his children and what he had learnt from the group:

“It’s all about building that relationship up. And I think when I looked at some of the tapes it was a lot of talking at men and that’s not what group work is for, you’re not teaching them, you’re trying to pull it through. So I think all of this leads to having a better informed assessment of that guy at the end and to see what strategies he’s picked up to implement with the children, it’s not enough to write the report to say he’s attended, and he did this and he did that, it’s putting evidence in it.”

(Group facilitator)

2.2 Practitioner time spent on different activities

Service managers were asked to estimate the number of practitioner hours spent on the different activities required to deliver the CDSC programme. The estimates were based on average figures and experience of the teams they managed and may not accurately reflect practice in all of the CDSC teams. Table 1 presents the number of practitioner hours required per person and per group. It is intended to

provide a basis for developing costings for practitioner hours based on the NSPCC's experience of delivering the programme.

Table 1: Number of practitioner hours spent on different CDSC activities

| Activities and assumptions | Hours per group | Hours per person |
|--|------------------------|-------------------------|
| Activities relating to the father (assuming 6 fathers) | | |
| <i>Prior to group work</i> | | |
| Referral (including recording) 1.5 hrs x 12 men/6 men | 18.00 | 3.00 |
| Assessment (including recording) 3 hrs x 10 men/6 men | 30.00 | 5.00 |
| <i>Group delivery</i> | | |
| Share of group delivery (2 workers x 17 sessions x 2.5 hrs)/6 | 85.00 | 14.17 |
| Share of group and individual recording (17 x 2 hrs) for 6 men | 34.00 | 5.67 |
| Planning and debriefing per case | 34.02 | 5.67 |
| <i>Coordinated case management</i> | | |
| Group supervision, including partner engagement workers | 12.00 | 2.00 |
| Professional liaison | 36.00 | 6.00 |
| <i>Reporting</i> | | |
| Mid programme review (including recording) | 9.00 | 1.50 |
| Programme completion report (including recording) | 21.00 | 3.50 |
| Fathers group total | 245.00 | 46.51 |
| Partner/children engagement (assuming 5 partners) | | |
| Partners (average 5 x 3 hrs) | 15.00 | 3.00 |
| Children (average 5 x 1hr) | 5.00 | 1.00 |
| Travelling for home visits | 25.00 | 5.00 |
| Partner/children engagement total | 45.00 | 9.00 |
| Total practitioner time per father/case | 290.00 | |

The number of practitioner hours estimated was based on the CDSC average of six fathers participating in a group and the following two assumptions. First, as fathers dropped out of the programme prior to and during the group work, to create a group of six fathers the CDSC team would need to process twelve referrals and assess ten fathers. Second, assuming six men attended the group, the team would need the staffing capacity to be able to engage with approximately five partners; although it should be noted that the numbers of partners engaged with the programme varied considerably between teams and between groups. Table 1 provides an indication of practitioners' hours only and does not include hours for administrative support, team manager time supervising the practitioners or other senior management, evaluation, development and organisational costs.

Although the largest proportion of practitioner time was spent delivering face-to-face group work to the fathers, it constituted less than a third of the total time spent on delivering different programme activities. One sixth of practitioners' time was spent before the group work began, on liaising with referrers and associated referral processes, and, of course, assessing whether fathers were suitable to participate in the group. Assessment represented 10 per cent of the practitioners' time, as did reporting the fathers' progress, which was done both at mid-programme and on programme completion. Approximately 15 per cent of the CDSC team's time was spent on engaging the fathers' families. One sixth of the time was also spent on case management. This would include liaison with other professionals working with the father and his family, and group supervision involving the partner engagement workers and the group facilitators. Views on the amount of time allocated to assessment are discussed in Chapter 5 of this report.

“face-to-face group work...constituted less than a third of the total time spent”

2.3 Times and venues for delivering group work

CDSC teams held groups for fathers during the daytime and in the evening. The evening groups were usually considered more convenient for fathers who worked during the daytime or who had to travel longer distances to attend. One practitioner commented that: “it's not about prioritising men but it is about acknowledging that lifestyles can be different for men than they are for women”. Most teams took referrals from a wide geographical area so it was not unusual for some of the fathers to travel for over an hour to attend a group. Even when fathers had a choice about whether to attend an evening or daytime group, other commitments or contact time with their children could affect whether they were able to attend.

Most groups were held at the service centre where the CDSC practitioners were based. The service centre buildings are designed or adapted to provide a range of services and interventions for children and families to help prevent child abuse or support children recovering from abuse. Most service centres are easily accessible, although one was located on the edge of a city so the fathers usually needed to get a taxi to attend if they did not have access to a car. Some centres had several different groups and services taking place during the week, which meant there was sometimes competition for the larger rooms where practitioners could run groups. As many of the groups were for children, service centre staff had to ensure careful timetabling of the groups and additional arrangements were in place to ensure confidentiality and safety. For example, at one location fathers would be asked to meet in the reception and were collected by the group facilitators before they could enter the main building.

Although most groups were run from the service centres, a few groups were run from different locations so that fathers referred from a particular area would not have so far to travel. This sometimes proved to be more challenging than anticipated as it was not until the teams tried to deliver the group work from a different location that they recognised how many additional things they needed to consider about the physical building and their control over the environment that were already in place at the service centre. Managers and practitioners needed to think about the following: how fathers travelled to the building; the entrance and how the fathers were greeted; confidentiality and safety for the fathers and other building users; and then also the equipment and facilities need to run and record the group work:

“You can't disclose any information about the men [when working from a different venue]. There needs to be a receptionist. We need to be there at the beginning to be there to set up and to welcome them. There needs to be an entrance in and out. There were already cameras on the ceiling fortunately. We had to ensure that there was transport, somewhere for the men to smoke. The building was actually very good. You would not think that any of the men were going there to attend a group. Then of course there is the DVD and the getting a TV and things like tea and coffee. What I didn't want is for anything to go missing and then for any of the men to get the blame – [fortunately] that did not happen. What you need is an environment that is friendly but also one that our partner agencies would feel is safe.”

(Team manager)

Practitioners said that they had some feedback from fathers that they felt judged by other users of the building, even though they probably did not know why they were there. So the practitioners being there to greet fathers arriving for evening groups at other venues was important, particularly evening groups held at times when it would be unusual to attend a meeting within the building.

The importance of having control over the environment in which the group was delivered was experienced at its most extreme for the practitioners who delivered groups within the local prison, where the competing needs of worker safety and father's privacy meant that none of the rooms provided were ideal for the group work, as will be discussed later in Chapter 5.

2.4 Conclusion

It was recognised that CDSC was complex and potentially high-risk work that required a particular skill set from those delivering the programme. It was essential to have previous experience of working with fathers and families where there was domestic abuse, and of safeguarding and inter-agency working so that any increased risks could be quickly identified and addressed within the team delivering the programme to run it safely. To deliver the programme content effectively, the practitioners had to be good at facilitating groups, engaging resistant fathers, and have a comprehensive knowledge of child development. Less than a third of the practitioners' time was spent actually facilitating the group work with the fathers. Other time was spent on referral, assessment, recording, planning and supervision, liaising with other professionals and contacting families. Teams delivering the programme also had to give careful consideration to the venues where the group was held.

Chapter 3: Referrers and referrals

Over three quarters of referrals to CDSC came from social services; other referrals came from the Children and Family Court Advisory and Support Service (CAFCASS), probation and health services. Five per cent of fathers had self-referred. One team held two groups within the local category B prison. The majority of partners had social services or other agencies working with them. This chapter discusses how the CDSC teams set up their referral pathways, how they managed referrals, and the working relationship with referrers.

3.1 Setting up referral pathways

Group work interventions are potentially more difficult to set up than services that involve individual work as the intervention cannot begin until there are sufficient referrals to create a group. The teams that found it easiest to get their referral pathways for CDSC established were those who had delivered Caring dads previously. Local referring agencies were more aware of what they were doing and which men the programme was most appropriate for. This meant that these teams soon received enough referrals to create their first CDSC groups and start delivering the programme.

Most of the teams asked to deliver CDSC had either previously delivered Caring Dads or were already known locally for domestic abuse work. This proved to be advantageous or disadvantageous to setting up referrals for CDSC, depending on what had happened in their local area. One team described how their referrals pathways were in place from the outset because they were already known for their domestic abuse work. They also thought that it helped that the local authority had a team that worked specifically with domestic abuse, so a lot of referrals came from them. Another team manager estimated that 40 per cent of referrals came from one dedicated domestic violence team; the other 60 per cent were referred by four or five social work teams that were not specifically focused on domestic violence.

Another team, who were also known for their domestic abuse work with mothers and children, talked about how they had had to rebuild their relationship with their referring local authority who were very disappointed that the previous domestic abuse service was withdrawn and was replaced by CDSC. It took several months to generate sufficient referrals to run the group and the team estimated that it took approximately 18 months to get established and known for delivering CDSC to the extent that referrers were seeing the benefit of the intervention and were willing to recommend it to colleagues.

“The intention [was] that we’d get to a position where we’d be able to get constant referrals so we’d be doing one group and assessing participants for the next group at the same time so we’d be in that position where nobody would have to wait that long but we just never ever got sufficient numbers...the last group was the first time we got sufficient numbers to get a group going.”

(Team manager)

Unfortunately, by the time the team were receiving sufficient referrals to run groups and assess for the next group, concurrently the NSPCC had already decided to withdraw the service due to the previously low numbers of referrals. Demand for CDSC is dependent on the priorities of the local authority and also what other domestic abuse services are available in the local area.

The local authority where the CDSC service was withdrawn subsequently made domestic abuse cases a higher priority across the authority following an inspection:

“...and then the [local authority] plan changed...the local authority was suddenly, what’s the phrase, picked up on domestic abuse through inspections and then the phone started...this was after we’d finished, the phone started going, sort of saying, ‘It’s part of our plan, we want you to deliver this’.”

(CDSC practitioner)

The lesson from this sequence of events seems to be that service providers should recognise that it can take a long time to explain a new service and set up referral pathways, particularly if some relationships required rebuilding after a previously established service has been withdrawn and the new service offered has not been prioritised locally.

One of the established CDSC teams generated similar numbers of referrals to all of the other CDSC service centres sites combined. The team manager was asked what they had done to establish their referral pathways. She said that at the beginning it was very important to be flexible and to respond quickly to referrals. Once the service was established, it was easier to maintain referrals and credibility through word of mouth and participation in case conferences and meetings:

“It is all to do with the set up and the way you run the group. The people we are dealing with, their situations are very volatile – it is very much day to day and being able to respond quickly. So for setting up the service it is about maintaining momentum and continuity, being able to carry out the assessment quickly and get them onto the programme. Also social workers don’t always stay in place for long so you need to respond quickly. Once it is established then it is easy to get known through word of mouth among the social work teams...Going to case conferences and meetings also helps to gain credibility. And it’s a brilliant programme, it fits well with social care.”

(Team manager)

The manager also stressed the importance of being flexible and trying to help get fathers onto the programme, recognising that the referrers were often under a lot of pressure:

“I also learnt that it is important to be flexible, not to think you are a cut above. They [the referring social workers] are under a lot of pressure and if occasionally they had forgotten to refer someone I would try to help them. Still do a proper assessment and ensure programme fidelity, but if I was able to push a man through so that he could attend the next group and it was going to work I would try to help them.”

(Team manager)

Existing relationships and reputation also helped other CDSC teams to maintain regular referrals. There were several examples given for how the CDSC teams’ relationships with their local referrers were enhanced. One practitioner was seconded from the local trust and, therefore, had good contact with her former colleagues. Most teams tried to participate in external forums for domestic abuse, for example most of the referrals for some groups were from the local MARAC (multi-agency risk assessment conference).

One practitioner also emphasised the importance of local recognition of the quality of the work delivered by team, evidenced by the reports they produced and their contribution to the process of protecting children:

“And I think the quality of the service that we provide in terms of our recording and our minutes of meetings and discussions or attendance at case conferences...there's written reports for reviews, attendance at core group meetings. So it's very visible, you're present, it would be extremely rare for something to happen, for a meeting to be called, and the [practitioner] involved wouldn't be there providing a written report and talking to that and giving an opinion, contributing to the decision-making, and I think that's really valued.”

(CDSC practitioner)

Having similar programmes in the local area can also have a good or a bad effect on numbers of referrals. Ideally, programmes with a slightly different focus can coexist and be complementary. One practitioner described how a similar non-mandated perpetrator programme in their area had not had a great impact on referrals. Some fathers had attended and benefitted from both programmes:

“But that [programme] hasn't actually had any impact [on referrals], and if anything we've had a couple of men who have done that programme and then come to the Caring Dads. It's actually quite interesting to see that they're so much further ahead in grasping and processing the stuff, and have been a really good influence within the group in terms of making comments and suggestions to other participants in the group.”

Usually, other similar programmes had a different focus. For example, in one area there was a local group ran by Relate:

“The Relate group is a pure domestic violence intervention, whereas we're much more saying we are a parenting intervention that does address issues on domestic abuse. So we're going for a slightly different target audience.”

(Team manager)

This practitioner felt that the two programmes could work well together; the CDSC team could cover parenting and child development work with lower risk fathers and signpost higher risk fathers to a programme that focused purely on domestic abuse. However, most of the practitioners acknowledged that without effective communication about whom a programme was most appropriate for, the number of referrals reduced if there was another

similar programme in the local area. Perhaps surprisingly, some teams had very few referrals from the probation service who might want to refer men who would benefit from further input after a probation-led perpetrator programme:

“I don’t think I have ever processed one to be honest. Now in fairness because we’re being so well fed by Social Services, I probably haven’t gone out to actually push that referral route. I know that we offered to go and do a presentation in one of the Probation Offices but they didn’t feel it would be of any use to them.”

(Group facilitator)

Teams tried to maintain regular contact with potential referrers and also key people within the referring organisation who would be able to promote the service to colleagues and their direct reports. Often, when the team met with potential referrers they would appear enthusiastic about the programme but it would not translate into referrals:

“Every single time we went to a team meeting, every time it would be sort of like, ‘I’ve got more than enough to fill up your whole group by myself’. [But] that never translated into referrals.”

(Group facilitator)

Staff turnover in some areas was high, so contact with different referring teams needed to be made regularly. Practitioners tried working from the local area office so that they could sit alongside referrers, and discuss cases that might be suitable referrals; however, they found that often the referrer social workers were under such pressure that they did not have time to think about making a referral:

“[The referrers] could say to you, ‘Yeah I’ve got loads’, but they just didn’t have time to sit down and fill the form in. So we even went round but they were all so busy no one even came into the room. So we went round to desks and it’s like, ‘Oh, later on’.”

(Group facilitator)

It was difficult for new CDSC teams to demonstrate the benefits of taking the time to refer to their service without a previous track record of successful intervention. Once they had this, teams could strategically pitch the programme in the right places by speaking to senior managers, supervisors, and, perhaps most importantly, speaking to ground level social workers.

“Ground level social workers talk to each other, once you talked to them and explained how the programme can help them with a family [they will start to refer].”

Managing a high volume of referrals

Given the prevalence of domestic abuse, there is potentially huge demand for services like CDSC, particularly among fathers who presented with mid to lower end of risk and behaviours. Teams with established referral pathways eventually had to find ways of managing the high volume of referrals that they were receiving. In the following quote, a team manager describes a process to manage referrals so that the number of assessments is balanced in order to obtain a sufficient number of fathers to run a group:

“There’s a spreadsheet for each group with the facilitators and a start date identified ahead of time. There are 20 slots on that spreadsheet, and as men are referred in, [practitioners] will put their names on to the group on a first come first served basis, and once there are 20 names on that list, that group is closed, and then you would then go on to the next group which is due to start and they’re roughly two month intervals...Approximately four to five weeks before the group is due to start, we divvy out the 20 assessments to be done between all of the Caring Dads’ facilitators. So basically what you’re doing, as a facilitator, you’re only ever going to assess 20 men in any two-month period...If a social worker phones us up and says, ‘I’ve got Joe Bloggs, I want to refer him to Caring Dads, can you put him on your next group please?’, what we do is we open up the group planner and we say, ‘Sorry, the April group is full. The next available group for this man is going to be June,’ and then that social worker can make a choice, ‘Well yes, okay I will refer him’, or ‘It’s going to be a four-month wait now, I won’t refer him, I’ll try and find a different intervention’. So it’s a way of us managing how much work we’re doing at any one period of time.”

(Team manager)

The manager’s previous experience of running groups was that, from 20 referrals, between one third and one half of the fathers would not start the group, meaning between 10 and 13 fathers attended on the first day of the group. The team would expect between a quarter to a third of those fathers to not complete the group: this would provide more manageable numbers but still a good sized number of fathers for group work.

3.2 Working relationship with referrers

The case note reviews suggested that some teams encountered more difficulties making the initial contact with fathers and partners. It was not clear why this was the case. It is possible that this was because of differences in recording or the quality of information the referrers provided. It might also have been due to the length of time between when the referral was received and inviting the father to attend an assessment meeting. For some fathers, anything more than a very short period of time often meant his telephone numbers and living circumstances would change. It might also be affected by whether the referrer had attempted to motivate the father to participate in CDSC before the referral was made or to what extent the CDSC team followed up details if they could not get a response. What is clear is that, regardless of any of these possibilities, it was important for the CDSC team to have a close working relationship with their referrers.

There are a number of different points at which the CDSC team connect with referrers to discuss the father they have referred: receiving the referral; during assessment; during the mid-point review; and via the final report. Core group meetings, case conferences or Looked After Children reviews were formal points at which the CDSC team would also meet with referrers, plus ongoing emails and telephone calls regarding the father's attendance or issues arising from either the group work or partner engagement work.

Practitioners recommended having the involvement of the referring social worker during the assessment, as least for the first half hour, as they could provide a more accurate background and prevent fathers from minimising previous incidents. These practitioners described a case where they knew that the father had minimised really serious incidents because they had previously worked directly with his children – so they arranged his subsequent session with the referrer present. It was important to maintain relationships and the interest of the referrer throughout the programme. This was done by keeping the referrer informed and up to date:

“...giving updates to a social worker on how the guys are getting on, whether there's any issues or just general feedback, are things going well. We do keep the referrers closely involved in terms of giving updates and the whole process through from the referral meeting to review meetings to sharing of reports. So I think they feel valued then, they feel that you just don't forget about them.”

(CDSC practitioner)

“involvement of the referring social worker during the assessment...could provide a more accurate background”

Referrers sometimes needed guidance about how the father should be monitored while he attended the programme. There were concerns that some referrers regarded the programme as the last thing that needed to happen before a father returned home, without paying much regard to whether he was fully engaged or even considering changing his behaviour.

“I think for some social workers, and...this might be reflective of their pressures in their roles, maybe there can be a sense of relief, ‘Somebody else is working with him, that takes the pressure off me, I don’t need to do so much, I don’t need to be as involved,’ which I think is a dangerous position for them to be in and it’s not helpful for us.”

(Group facilitator)

Although the CDSC team had no control over local authority systems and decisions, they tried to influence practice by encouraging social services to stay involved while a father was on the programme and to be cautious about changing the child protection plan too early. Occasionally, when the social worker managing a case has intended to deregister a child and move them onto a Child in Need framework because the father is attending a programme to address the highlighted concerns, the CDSC team have urged caution:

“They’re the lead professionals, so in some respects you have to respect their judgement on it, but I think it is our role to be the checks and the balances to that and say, ‘Well, is this really appropriate? Yes, we are doing an intervention, but it is only part-way through and we haven’t got any kind of evidence that it’s been successful’. And are you giving the right message to this man if you say, ‘Right, we’re reducing the level of scrutiny now’? For some men it might be appropriate if they’ve been on a long journey with the Social Services Department, for other men it might not be.”

(Group facilitator)

Another reason why the CDSC teams were keen for referrers to remain involved is that they believed that fathers were more likely to disengage from the programme if the additional pressure or support from social services was not present. Generally, the working relationships between CDSC teams and referrers appeared to be good. It was not always easy to get hold of referrers so that they

could attend assessments; however, teams tried to get around this by arranging appointments at a time and place that was convenient for both the father and the referrer. Practitioners were usually confident about social services monitoring the father's family while he attended the programme. Occasionally, workers felt that they needed to speak to referrers again to clarify a position and check whether it was appropriate or not, usually because they disagreed with the referrers' thresholds for managing a risk. However, during the four years that the programme was evaluated, none of the interviewees had ever felt the need to use any formal escalation process with another agency to address their different perspectives on a need or risk.

3.3 Suitable referrals

Decisions about fathers' suitability for CDSC are based upon their children's needs. This meant that the most dangerous fathers, with whom further involvement with their children was not in the child's interest, were not suitable for CDSC and should be screened out during the assessment and referred to more appropriate programmes, such as the IDAP (Integrated Domestic Abuse Programme):

"For me, domestic abuse comes in two broad categories: you've got the men who are systematic and very kind of instrumental abusers, they're doing it on purpose and for thought out outcomes. Then you get the other men who react angrily to situations, they can't cope with social situations or alcohol, whatever, but their abuse is not premeditated. Those are the men really that I think Caring Dads has got real, real benefits over something like IDAP."

(Group facilitator)

There appeared to be a role for the CDSC practitioners to provide guidance to referrers about which men were most appropriate to refer to the programme. Some men were ineligible for the programme, either because of a lack of contact or no acknowledgement from him that he was suitable for the programme:

"If you look at those folders there are loads of names of referrals that came in, and then I mean like, I remember one guy didn't have kids even."

(Group facilitator)

It was helpful if the referring social worker had spoken with the father and obtained some acknowledgement, however minimal, that he had been or was a high risk of being abusive. Occasionally, during the assessment, a father would say he was the victim rather than the perpetrator of abuse, in which case the referral would be considered unsuitable:

“The social worker will say ‘Well we actually feel that you’re the perpetrator’. He says ‘No you’ve got it all wrong’ and we’re getting into who’s right and who’s wrong. So they just sort of say ‘We can’t take this [referral] ‘cos either you’re a victim, which [means] this group isn’t suitable for you, or you’re a perpetrator but you’re not able to kind of accept those [ideas] and this group’s not suitable for you then until that happens. So some work needs to be done to work [out] which one of those two you fit in’ [...laughs...] and that’s the social worker’s role because in the middle of this you’ve got children.”

(CDSC practitioner)

It was unhelpful when fathers whom the referrer did not expect to engage were referred to the programme. Practitioners believed that some referrals were made to provide further evidence that the father was not willing or able to change his behaviour. This meant that time that could have been spent on a more motivated father was wasted:

“That was the biggest problem...The local authority were referring men as part of a process to prove that they weren’t willing to change or engage, and they would quite often be set up to fail.”

(Group facilitator)

There were good examples of long-established relationships with referrers leading to improved practice and more suitable referrals. Established teams began to accept increasingly more complex cases and one team noticed that, over time, the fathers referred appeared to be younger men and there were more referrals involving pregnancies. The team thought this was because domestic abuse is increasingly taken more seriously so intervention with families was happening at an earlier stage.

The proportion of fathers who had self-referred decreased across all centres by the final year of the evaluation.

Concerns about self-referrals

Managers and practitioners were often wary of working with fathers who had self-referred to the programme, or had been encouraged to do so by his solicitor. During the assessment, it was important to question the father about his motivation and check that his self-referral was not merely an attempt to strengthen his position in a dispute over contact. As the involvement with the family via CDSC partner engagement was relatively limited, most practitioners preferred to have the additional security of social services or CAFCASS involvement so that information about the father and his behaviour towards his family was coming in from other sources and providing a more holistic picture.

“It is not a multi-agency approach when they self-refer and the programme was not set up to work with these men alone. Social services or CAFCASS involvement provides a balance. Without that check I will always question his motivation. We write the report, but nobody else is involved and I don't feel comfortable with that – the report might be used to support his case against his partner.”

(Team manager)

However, most of the practitioners did not feel that the challenge was so big that they should refuse all self-referrals. One balance was that fathers had to agree that the CDSC team would inform his partner and social services about his participation. Sometimes, a father was categorised as a ‘self-referral’ but this was not really the case.

“I remember one guy that actually completed the referral form himself but it was the social worker who was trying to test his motivation and was saying ‘I'm not doing this for you, I'm telling you, you know this service is there, you need to do it'... Now having said that, once he had done that, the referrer was totally on board and came to the referral meeting. But it was like ‘I'm not messing about anymore, you have to actually do this for yourself’.”

(Group facilitator)

Other fathers had self-referred but the team already knew the details of his circumstances, having previously worked with his family. It is good practice to share children's assessments with both parents. Some fathers self-referred to make amends after hearing about the impact of his behaviour on his child.

“What tends to happen in the ones that we have had self-referrals is that we have done a [domestic abuse] assessment and we're sharing it with the dad...or what the child has felt and seen. They usually (a) feel quite surprised and shocked and (b) quite remorseful and usually quite guilty and then feel like ‘Well what can I do?’ and we will say ‘Well we can offer you support through the Caring Dads’ and that's when they said ‘Ah I really want to do that’.”

(CDSC practitioner)

3.4 Informing referrers when fathers disengaged or did not change

Practitioners were asked what they did when fathers disengaged from the programme. The first action would be to inform the referrer if the father failed to attend or could not be contacted. Usually, this news was unlikely to be a surprise to the referrer as “quite often, if he's disengaging from this, he's disengaging from everything”.

Similarly, when practitioners had concerns about fathers who had completed the programme, the referrer should already be aware, as it was the role of the CDSC team to highlight their concerns to both the father and the referrer throughout the programme.

“If we were concerned about his contact with the children, that would be something that would have been highlighted throughout, it wouldn't be something that's...at the end we'd be thinking, ‘Oh we're concerned’. So it would be something that was already out there. So in terms of our end report...it would probably be saying that we're not seeing a shift or a change or these things are still being said, or whatever. So it would be quite explicit I suppose and just be supporting the original concerns.”

(Group facilitator)

One team discussed an example where a father was asked to leave the group because of his attitude. The practitioner's role was to hold the father accountable for his behaviour and emphasise to both the father and referrer that the father had not completed work so nothing in his current situation should change.

“So it's about holding them accountable for their behaviour...For the guy that was asked to leave because of his attitude...what is emphasised then to the referrer is that he hasn't done this work, that he has a history of domestic abuse that we consider him to be eligible [to attend CDSC] and to need to do this work. So that we are highlighting that there are still risks for the children within this family and that is our professional opinion, that he needs to undergo work and that there should be no, in our opinion, no changes should be made to contact or decisions about his children until there is more evidence gained to suggest that this man has made any changes; it's not sufficient to be trundling along there.”

(CDSC practitioner)

Practitioners felt that their recommendation should be taken seriously as there were examples of men completing the programme that did not change their behaviour or only temporarily changed their behaviour, which had damaging consequences for their children and partners. The practitioners' ongoing relationship with referrers meant that they continued to hear what had happened with fathers several months after they had left the programme.

“Obviously there have been a few very disappointing stories, one we know ended up back in prison. That was for car related crimes. But still in terms of good fathering and good parenting he obviously didn't translate his learning into practice from the Caring Dads because regardless of what offence it was that took him back, he is now an absent father again. So we know about him and we know there were two that have definitely reoffended. Again that's anecdotally through their social worker, so it would have been after the six month follow-up, but we know there have been incidents, one of them with the partner that came through partner engagement, which was very disappointing, and one with a new partner, and they were quite serious.”

(Group facilitator)

Fathers who dropped out were sometimes re-referred; the case notes suggested that approximately half of the fathers who were re-referred went on to complete the programme. One learning point that a manager suggested was that fathers who dropped out of the programme should not be allowed to automatically join the next group. They should be required to demonstrate how their motivation has changed since the previous occasion.

“What I would change is that if somebody dropped out I would not put them straight onto the next group anymore. I would give them a period to wait – say three months in between, which allows you to close the case and see if their motivation has changed; get a bit more reassurance about that. It is important for the culture of the programme too: if you miss a group you can come onto the next programme – that is not a good message for the men or for their families.”

(Team manager)

3.5 Conclusion

Domestic abuse is one of the main reasons why children within the UK are on a child protection register or plan (Jütte et al, 2015; Scottish Government, 2015). Established CDSC teams received more referrals to the programme than they had the capacity to work with. However, setting up the service can be difficult and CDSC teams had to work hard to become established within an area before potential referrers regularly considered using the intervention with families on their caseload. Regular communication, consultation and team working with local referrers and other similar services helped maintain referral pathways. It was particularly difficult for teams who had to repair relationships and encourage referrals to CDSC when the previous domestic abuse service they delivered was withdrawn, or if work with perpetrators was not a local priority. Having a close working relationship with a referrer prior to and during a father’s attendance provided additional oversight and motivation, and encouraged further suitable referrals from the referrer.

Chapter 4: Programme attrition within CDSC

This chapter explores programme attrition by discussing when referred fathers leave the programme and their reasons for doing so. It also looks at when fathers who start the programme are likely to leave and the strategies used by practitioners to engage and retain the fathers and their families on the programme.

4.1 Analysis of referrals to CDSC

A high level of attrition is one of the main problems encountered when trying to evaluate a programme like CDSC (NICE, 2014). It took four years to gather sufficient evaluation data from adults involved in the programme for meaningful analysis and that time was still insufficient to obtain enough data from children. Concerns midway through the evaluation about the numbers of fathers completing CDSC compared with the number of fathers referred to the programme led to a case note review to explore at what stages of the process the fathers dropped out of the programme and the reasons why. This was a separate exercise undertaken prior to the analysis of outcomes recorded for children of fathers who completed CDSC reported in the outcomes evaluation report (see Appendix G in McConnell et al, 2016).

Evaluation of attrition within programmes is useful in that it helps service providers anticipate likely patterns of attrition, how this will affect programme resources and also what areas of programme delivery might require further attention or improvement in order to minimise attrition. Other evaluations of Caring Dads or similar services have recorded what happened to those referred to the programme (Donovan & Griffiths, 2015; Hood et al, 2014; Kaur & Frost, 2014; Stanley et al, 2011). Common issues include failure to attend assessment appointments, being assessed as unsuitable, and being accepted onto the programme but failing to attend any sessions. Unlike CDSC, where all fathers are required to attend the first session (or attend a catch up before joining the second session), some programmes continued to accept men for the first few sessions before the group was closed.

Attrition from CDSC occurred at three different stages: prior to assessment; during assessment; or during the programme. Around a third of fathers referred, refused or failed to attend the assessment, or the appointment was cancelled when further information or developments meant they were no longer eligible or able to attend (for example, no contact with their child, imprisonment or evidence of sexual abuse). Similarly, new information disclosed during the assessment could mean that the father was no longer eligible for the programme, or practitioners' assessment concluded that he was insufficiently motivated to begin the programme at that time.

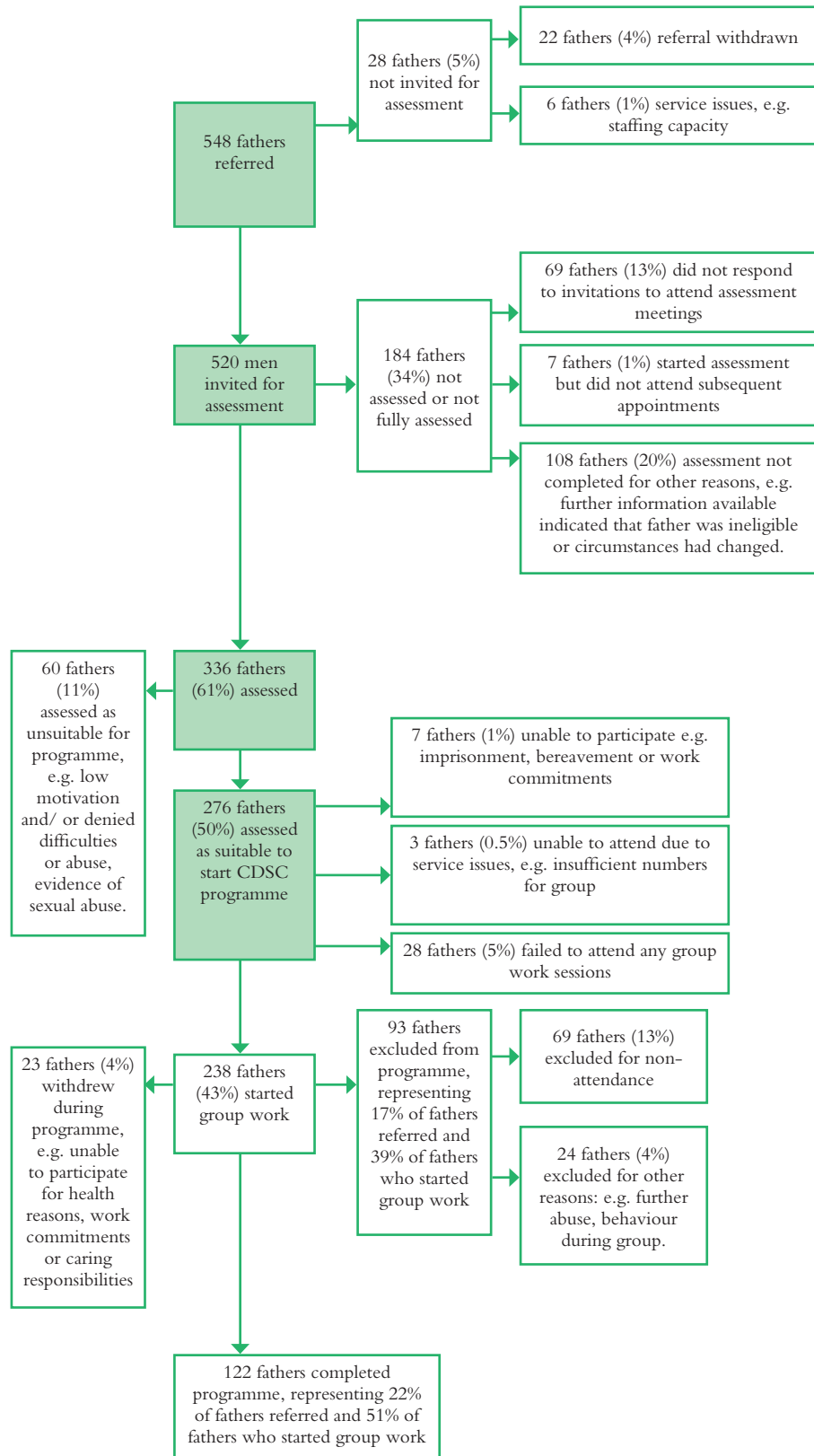
Unsuccessful referrals to CDSC provided an opportunity for agencies to learn more about the risks posed by fathers. As the CDSC teams would inform referrers if fathers failed to attend appointments or were assessed as unsuitable, the referrer, therefore, acquired information about his eligibility or motivation that could inform their decision making about his children. This was particularly useful in circumstances when there were concerns about both parents, or when the parents were in dispute over access to their children. Unusually within social care, CDSC offers a violent and abusive father a chance to attend a specific intervention that can help him change and improve his relationship with his children. If the father is not taking this opportunity, then that is useful information for a referrer to know.

Although the programme was not mandatory, the fathers referred may not feel it is entirely voluntary, particularly if they have been referred by the family court or if they have been informed that further access to their children is dependent on completing the programme. If in such circumstances, the father is refusing to cooperate then again that is useful information to help social services or CAFCASS make decisions about his children.

Figure 1 illustrates the number and percentage of fathers who left the programme at each stage and the different reasons why they left the programme.

“Unsuccessful referrals to CDSC provided an opportunity for agencies to learn more about the risks posed by fathers”

Figure 1: Analysis of referrals (n=548)



Approximately half the men who attended the first session went on to complete the programme. Fathers were excluded during the programme if they breached the no-abuse contract, failed to attend, or failed to participate or progress. Again, this was vital information to pass onto referrers as research suggests that the risk of further abuse increases for men who drop out of domestic abuse interventions (Scott, 2010). Making judgements about when a father should be excluded was a professional challenge. Teams tried to be consistent about asking fathers to leave the programme if their attendance was erratic, even if the father was very remorseful, as described in this example:

“We had to make a decision. And he was gutted, he really was. I do generally believe that he wanted to come back, but rules are rules, and if we stop [one] man from doing it we can’t let someone else go on, it’s not fair on everybody else.”

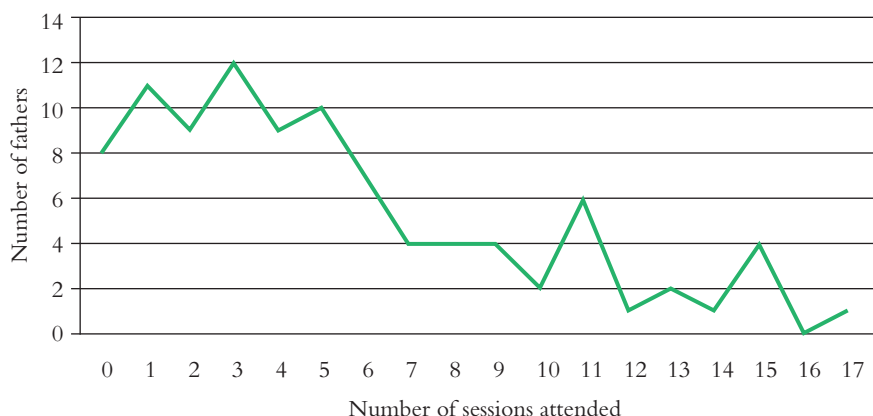
(Group facilitator)

A small number of men (4 per cent) had to withdraw from the programme for reasons unrelated to their conduct or attendance. Factors like illness, a change of work pattern or family responsibilities also meant that fathers had to unavoidably withdraw from the programme.

4.2 Attrition after fathers had started the programme

To further understand attrition after the father had started attending the programme, practitioners were asked to record the number of sessions a father attended before he dropped out. Data on the number of sessions attended was provided for two thirds of the fathers who dropped out of the programme; this is presented in Chart 1 below.

Chart 1: Number of sessions attended before father dropped out of the programme (n=95)



“if fathers can be sufficiently motivated and engaged prior to and during the first weeks of the programme, the majority will go on to complete”

Over 40 per cent of fathers who dropped out of the programme did so during the first few weeks. It is during this period that the programme facilitators are trying to develop sufficient trust and motivation within the group of fathers so that they can begin the process of examining their fathering. Attrition appeared to tail off by the sixth session, with approximately 70 per cent of those fathers who would eventually drop out having already done so. By this time, the fathers attending the programme should be becoming more aware of child-centred parenting, before they move onto the potentially more challenging sessions of the programme that require them to examine and take responsibility for their own abusive behaviour. The data suggests that if fathers can be sufficiently motivated and engaged prior to and during the first weeks of the programme, the majority will go on to complete it – the key is for them to see the value of the programme early on. Prioritising the motivation and engagement of fathers at the beginning of an intervention is consistent with findings from other research (Donovan & Griffiths, 2015; Lambert, 2013). Within psychotherapy, when an individual’s progress is monitored session by session, it has been found that those who respond early to treatment are the most likely to recover (Lambert, 2013). This reinforces messages from the previous chapter about the importance of having workers who are personable, non-judgemental and skilled at being able to engage resistant fathers.

Pre-programme measures for fathers who completed and dropped out of the programme were compared to look for differences between the two groups. Fathers exhibiting higher levels of commitment at the beginning of the programme, according to the group facilitators’ assessment, were more likely to complete the programme. None of the other factors measured within the evaluation appeared to have any bearing on whether fathers completed the programme (Appendix C lists the standardised measures used with fathers attending CDSC). Fathers who completed the programme reported similar scores at the beginning of the programme for parenting stress, parenting behaviour and controlling behaviour towards partners as the fathers who dropped out of the programme. It would have been interesting to test whether the nature of the main concern about the father or the referrer’s assessment of the level of risk he presented had any effect on whether he was likely to complete the programme; however, this information was not collated in a way that enabled this to be tested.

4.3 Encouraging engagement

Feedback from the partners and practitioners suggested that many of the fathers were initially reluctant to attend the programme. Attitudes and motivation often changed as rapport between group members and facilitators increased and fathers began to understand the benefits of improving their parenting. Practitioners tried to be honest and respectful with the fathers and flexible about appointments where possible. Managers felt that for staff members who were not experienced in working with domestic abuse perpetrators, developing the skills needed to engage with this group of men was the main priority, as for a variety of reasons they were likely to be more difficult to engage than service users that the practitioner may have encountered in their previous work.

“The biggest amount of time I used in the development process was about engagement and engaging with particularly...this group of service users that are very resistant, that are very frightened, they're very defensive, they're very manipulative. They're a very challenging group of service users. For any of my staff...coming in, I would spend a significant amount of time getting them to read up about working with men generally, working with men and the child protection system, and then working with men trying to engage them in this kind of group work programme.”

(Team manager)

Practitioners were asked what skills and experience they thought helped to engage fathers attending CDSC.

Working with resistant fathers

In addition to those who had previously delivered Caring Dads practitioners in Northern Ireland had worked with abusive fathers through the NSPCC's Domestic Abuse Recovery and Support service. Through working within this model, it became more common for the team to regularly contact fathers. One practitioner explained that the more frequently she had tried to work with the fathers within families where there was domestic abuse, the better she became at engaging them:

“I suppose it was experience of talking to them on the phone, gauging, listening to what their fears were. So, if I got a few men that moaned about ‘the woman’s just putting words in her mouth’ then I think I probably just got better at how I came across, how I put it: the sentences that I used and the language that I used and the reassurance possibly. I think I just got to know what they were worried about and what was annoying them.”

(CDSC group facilitator)

Motivational interviewing

Practitioners thought that their knowledge of motivational interviewing techniques helped them to engage with fathers and reframe issues for them both before and during the group. Motivational interviewing helps practitioners to guide a conversation with a father so that he will become more committed to changing his behaviour because he can identify his own interests and reasons for changing (Miller & Rollnick, 2012).

Non-judgemental

Previous experience of working with individuals who had been exposed to abuse reinforced the importance of retaining a non-judgemental approach to working with the fathers. One practitioner described how his work with looked after young people made him aware that it was important to consider the whole person that you are working with and not just particular behaviour:

“Some of them were offenders, some of them were perpetrators of sexual abuse and physical abuse and stuff like that, and for me, it helped me realise that you’re working with the person and the behaviours don’t make the person. It might be part of what they do, but it’s not them fully. I’ve also been trained in systemic family therapy and that’s where I sort of come from in my mind-set, and that influences how I work and behave within Caring Dads. I’m also very heavily influenced with the solution focused stuff that we do...that sort of mind-set and attitude where you’re not being judgemental, trying to see the bigger picture.”

(Group facilitator)

Practitioners aimed to be open-minded and non-judgemental, reassuring fathers and allowing a working relationship to build that would enable the practitioner to help the father and ultimately his children.

“You have to be open-minded, which is very, very difficult because you do have perpetrators of domestic abuse who hurt children and hurt their partners, but for me, you need to have an awareness of that, but that awareness shouldn't [affect] how you work with them and it's always key to keep the focus that you're working with the child invariably through the father, and if you can help him to behave more appropriately it will be a better outcome then for the child. So no matter what, all the work that we do is child-focused and child-centred.”

(Group facilitator)

This quote alludes to the balancing act that must be maintained during the assessment and group work. The practitioners need to engage with and demonstrate that they understand the father but not excuse or collude with his abusive behaviour.

Retaining focus on the child

Practitioners said that keeping their focus on the father's children helps them to retain a neutral stance that encourages change. Knowledge of the experiences of children living with domestic abuse helped practitioners to challenge fathers who tried to minimise the effect their behaviour had on their children.

“And they say, ‘The children were up the stairs’, and this and that, and we can get back with our own evidence and our own experience, and say ‘Hold on a minute, we know what the impact is on the children who are up the stairs, who mightn't have heard anything’, again trying to make it more child-focused...The impact on the mother if a physical assault happens, and seeing the aftermath of that...the child may not see it happen to the mother but sees the black eye the next day, and what is the child thinking after that?”

(Group facilitator)

Assessing readiness for change

Practitioners also needed to be skilled in recognising and assessing whether the father was mentally ready to participate in the group at that particular time. Some referred to fathers' stages within a change process and whether he was at the right stage to start reflecting on his behaviour.

"Where people are and what they need at specific points in their lives in terms of, kind of, their readiness for a group if other things are going on in their lives in terms of drug and alcohol issues, it's about seeing the person as a whole and really looking at the impact that other things in terms of assessing where they are, are they ready to be able to engage in this at this point?"

(Group facilitator)

Generally, the CDSC teams were good at assessing fathers' readiness for the group. Group facilitators recorded their opinion on each father's commitment to the programme when he started and finished the group as part of the evaluation process. Three quarters of the fathers judged to have high levels of commitment from the beginning completed the programme, whereas a similar proportion of fathers whose commitment was considered low or lower than average at the beginning eventually dropped out.

Engaging partners

Being personable and able to engage with service users was also important for the practitioners who worked with the partners and children, who understandably were often wary of being involved with the programme.

"I think you really have to engage well, communicate well, you have to be open and honest with ladies that you're engaging with and the children, non-judgemental. And I think having the ability to build a relationship because you're only meeting these ladies once in the initial visit so it's a very short space of time that you have to make an impression on them that they can start to trust you."

(Partner engagement worker)

Arranging a face-to-face visit at the earliest opportunity was found to be more effective at engaging partners than sending letters or phone calls.

“I prefer now to do a phone call and make a home visit [appointment] and go out and do that home visit for a face-to-face, rather than send a letter out saying, ‘My name is [name] and I am a social worker with the NSPCC. Your ex-partner has been invited onto this programme, we are offering you...’ – and they don’t even read the letter because they’ve half a dozen letters from other places.”

(CDSC practitioner)

A face-to-face visit provided an opportunity to put the partner at ease and get a sense of how things were by spending time with her, by reading her body language, as the practitioner felt it was easier for partners who were having difficulties to ‘put on a mask’ over the telephone. However, face-to-face visits, along with the associated travelling time, could take up a large proportion of the practitioner time, which teams felt there should have been more allowance for. It should be noted that many partners were reluctant or refused to engage with the programme. However, the majority of partners who did agree to meet with the practitioners were satisfied with the contact and the information they received.

4.4 Conclusion

Attrition from services aimed at domestic abuse perpetrators tends to be high (NICE, 2014); therefore, being able to engage the fathers referred to the programme is an essential part of getting the programme up and running. Many practitioners within social work lack the confidence and skills to engage effectively with fathers (Donovan & Griffiths, 2015). This is a skills deficit that can increase risks for the children of ‘hidden men’ if practitioners fail to engage them (Brandon et al, 2011). Strategies that enable practitioners to successfully engage resistant fathers include: (1) increasing opportunities for practitioners to work with fathers so that they become used to communicating with them; (2) having a non-judgemental attitude towards the fathers; (3) using motivational interviewing techniques to encourage them to identify their own positive reasons for changing; (4) retaining focus on the father’s child’s needs to motivate both the father and also the practitioner to persevere; and (5) recognising whether the father is ready to change at the time he is referred.

Chapter 5: Programme delivery

This chapter discusses practitioners' views on assessment and reporting, and the involvement of partners and children. It also discusses the impacts of location and environment on programme delivery, including delivering the programme within a prison.

5.1 Differing views on practice prior to the group work

Practitioners and managers differed in their views of the purpose and time allocated for assessment. Some viewed the screening of high-risk fathers as insufficient and wanted more time allocated for assessing the fathers, as two sessions was considered not enough.

"We have developed skills in how to elicit information from these men...they come in here with all of their anxieties and suspicions because they've been through the process with social services and they are very anxious and suspicious of what it is we are trying to achieve...a couple of sessions for assessment just isn't enough because sometimes you need two sessions just to get that man to get relaxed enough so that he is going to talk to you."

To ensure the safety of the families while fathers attended the programme, partners (including ex-partners) and children were contacted to gather their views on the impact of the intervention. It was, therefore, a condition of their attendance the fathers provided the relevant contact details. There were differing views on when exactly was the best time to contact partners, particularly as so many fathers would drop out of the programme between referral and starting the group work. Some practitioners felt strongly that contact with families should happen at the earliest stage so that information from families that might contradict what the fathers had said could contribute to the assessment.

"The assessment process is very much based on the dad's information...Family support ...doesn't kick in until the dads are already accepted for the group. But actually a lot of that information is quite critical and might need challenging. So, I felt maybe the process of assessment, the timing of [partner engagement] maybe needs to be a bit earlier and engaging them much sooner."

(Partner engagement practitioner)

In contrast, others emphasised that the role of CDSC assessment was to assess the father's suitability for the programme only and it should not become a risk assessment. For these practitioners, it was also important to be clear about the purpose of reports that they shared with other agencies: that they were only reporting on what happened during the programme and, therefore, only providing a partial picture of what was happening.

"You have to be clear about the purpose. You have to be careful about a group work report – it is not a risk assessment; it is just about what happened in the group. It is only part of the jigsaw."

(Team manager)

There were also differing views on whether it was useful for fathers to have to wait to start the group after being assessed as suitable. While some practitioners did not want the father to wait too long after assessment, wanting to retain momentum if the father had engaged well during the assessment, others thought it was quite useful for the men to wait a short period to start the group after they had been assessed, providing a chance for them to reflect and prepare to change:

"The men will say what does go through the mind is this non-abuse contract and they hold on to that even if it's a long time for them, if they have to wait for the actual start of the group, that that is on their minds and I think that does show that they are where they need to be in terms of the cycle of change...I suppose it's that external motivator, until they get on to the course and then we start to internalise those motivating factors."

(CDSC practitioner)

5.2 Involving partners and children

Despite often having very different needs and perspectives, partners who engaged with CDSC were usually positive about the programme and valued being provided with information by someone who was easy to talk to and approachable (McConnell et al, 2016). Practitioners felt that the partner engagement element of the programme could give a voice to partners and children: it was not just the father's perspective or his behaviour in the group that was being considered. However, others questioned the extent to which partners were in a position to be fully open, as sharing information about the father's behaviour might result in him being removed from the programme.

Communication between group facilitators and partner engagement practitioners

Practitioners thought that another benefit of partner engagement was that the two sides of the CDSC team – the group facilitators and the practitioners providing partner engagement – could work together to provide a fuller picture of what was happening within the family, which could inform the group work and also other agencies supporting the family. However, this was sometimes difficult to achieve as the two groups of workers were sometimes presented with a very different story.

“[Fathers] could present quite well in the group; we’re dealing with men that can be quite manipulative...yet actually there were still indicators happening that we were picking up on from family support. But it was quite hard to merge that. I suppose because they are very separate pieces of work, separate workers, and obviously you want self-reporting from them, but...there were still some indicators that actually things weren’t still okay.”

(Partner engagement worker)

It was, therefore, very important to have a common understanding and a close working relationship between the two sets of practitioners within the CDSC team, through joint supervision and team working. One practitioner described how at the start of each programme he would agree a set time that he would meet weekly with the partner engagement practitioner, his preference being shortly after the debrief from the group:

“I prefer as soon as the Caring Dads is over and the debrief is done, go and get in the partner engagement at that point but if you’d got a practitioner that wasn’t available that day, you might say, ‘Right, well can we do it first thing the following morning then?’ ...If you have that weekly conversation then the partner engagement worker might be more likely to say, ‘Oh I met with the child last week and forgot to tell you A, B, C’.”

(Group facilitator)

When this worked well, practitioners described how group facilitators would use information provided by their colleagues to discuss a parenting concern within the group in a general way so that all the fathers could talk about the problem and no individual would think that it was based on an issue specifically to do with them or their family.

“Getting information from partners is really important – to get a different view and test theories out in a safe way. You can elicit information from dad without ever putting the partner at risk – you can let dad think that your questions are based on something that he has already told you.”

(Group facilitator)

Some of the CSDC teams were able to swap the roles of group facilitators and partner engagement for different groups so that the practitioners would get experience and understanding in both roles within the programme.

Including partners' perspectives

Visits to partners enabled practitioners to keep detailed notes of what the partner said, what was seen and how things were at the time of the visit; however, partners' perspectives could not be included at all if they chose not to engage with the programme, and this would be reflected in programme reports.

“It's been really difficult for practitioners to write reports where there has been no partner engagement, where the ex-partners have...refused to engage...all you're doing is writing to what this man had done and present it within the group and you can't verify it but I think we've been very clear in the report to state that.”

(CDSC practitioner)

The extent of partner engagement within CDSC varied by group and by team. For example, the case notes from one team indicated the proportion of partners contacted who were recorded as having “declined partner engagement” was much higher than the other service centres, suggesting a systematic difference in either practice or recording. On the other hand, even the CDSC teams who frequently met with partners occasionally had groups where none of the partners chose to meet a practitioner. This was often determined by the status of the partner's relationship with the father.

“In the [current group]...we had seven women who were partners of the seven men. In other groups you've got men who have no partners or haven't seen their partners for five years or they're with a very new partner who actually knows nothing about the stuff before.”

(Group facilitator)

Another concern about reporting when partners did not engage is that any court reports produced might understate the extent of the abuse that had occurred. The reports have to be clear about sources of information and what can and cannot be verified. Even though reports included statements acknowledging that there may be incidents of which the CDSC team were unaware, practitioners were concerned that partners might feel that their experience was being ignored or minimised.

“What we’re reporting to is the number of domestic abuse incidents that has been given to us...we would think that he probably did more than that...but our report is not for the purpose of proving that. So again we were mindful of that and managed to put in a statement to clarify that these are incidents based on his account and does not take away that there could have been other incidents that we’ve not been made aware of. You know I would hate for a woman sitting in court reading [a report] feeling like she’s just being completely forgotten and undermined. But at the same time we can’t say that there has been if we don’t know.”

(CDSC practitioner)

To protect different family member’s confidentiality, CDSC teams had to carefully consider what information could be included within reports and with whom the report could be shared. Reports that were sent to court were likely to be shared with the other party to the case, usually an ex-partner who did not need to know confidential details about the father’s other children or partners. A team manager explained that the report contents had to be decided on a case-by-case basis as it would depend on the different circumstances of each father and his partners:

“It’s really a case-by-case decision that I would make a decision on in terms of how it’s formulated, who it’s shared with, where it’s passed onto, because sometimes the ex-partner – hers it’s a standalone report, but the current partner - hers is amalgamated in for a case conference. It’s very hard to be prescriptive about that.”

(Team manager)

Support for families

Practitioners thought that it was good to be able to provide families with a link to further support if they needed it, and that the programme also provided workers who were “there for them”. However, practitioners felt uneasy that this support was only because of the father’s participation on the programme and would cease if and when he stopped attending the programme.

“What annoys me is, I may be engaging with the woman, who is beginning to work very well with me and...the man doesn’t engage...I have to go out and say, ‘Sorry, finished.’ But I always say to them, ‘Look, I am here if you need me. Don’t let it be that you think you’re left on your own, but in terms of me coming out, I’ll not be out to see you.’ But I leave them contact numbers and I do all that safety planning stuff with them but...they feel aggrieved because what they are saying to you is, ‘It’s because of what he’s done you’re coming now to see me and then now because he decided not to do the group any more, now you’re saying you can’t see me’.”

(Partner engagement worker)

This was particularly difficult if the practitioners had started working with the children, as it meant that the children were being let down once again. Unsurprisingly, practitioners in some teams felt that the family engagement element of the programme could have been more “thought through” with more consideration given to what additional support could have been offered to the father’s children or linking CDSC with other interventions for both parents, for example the Triple P¹ programme.

There was real frustration in not being able to provide more help to partners and children. Practitioners described how, even when the couple had separated, the partner was often still in a very difficult situation.

“...and they are left with children to bring up and no support financially, no emotional support and issues going on through the courts with contact, which are quite harrowing for families.”

(Partner engagement practitioner)

1 The Positive Parenting Program: <http://www.triplep.net/glo-en/home/>

Practitioners had to manage partners' expectations. Some partners thought that the visit would lead to therapeutic intervention for their children or that the practitioners would provide them with weekly updates on the fathers' progress. It was useful when teams delivered parenting interventions or post-abuse recovery services from their centre as they could refer some partners and children to those services if appropriate. It was also good if the team had really strong links with Women's Aid or other support services within their area.

Practitioners in some CDSC teams felt that they had to emphasise the importance of the partner engagement element of the programme to managers and other colleagues, to ensure that the whole intervention was safe and benefitting the family's needs, rather than just being focused on the father. There were concerns that partner engagement "could easily get lost" even though "it was actually more risky than some of the work with the dads".

Negotiating complex relationships

Engaging the father's families could be complicated and not without risk. Unlike the group facilitators who usually just met the father and other professionals involved, the partner engagement practitioners would have to negotiate sometimes complex dynamics between different family members. Notwithstanding the father, practitioners needed to be aware of the relationships between current and former partners of the father or within families where the mother and children might have very different feelings about him.

"Some kids can be quite angry with Mummy because they still love their Daddy. And it's hard for Mummy's to hear that because they are so caught up with all of the issues they are dealing with and the kid is saying to you, 'I really love my Daddy'. Because [children] see two sides to Daddy, they see the good side and the not so good. And we would work through that [individually] with them, helping them to see that it's okay to say that you love your Daddy, it's okay to say you recognise the things he did were wrong but we're here to support you through that."

(Partner engagement worker)

Partners could have very different perspectives about the father's behaviour and whether the programme would help.

“The ex-partner, who was the victim of the domestic abuse and quite significant incidents of domestic abuse, was quite scathing in her comments about how she perceived he might progress through this programme. The current partner, who was in her response to the qualitative questions saying very clearly she didn’t understand why this man was being asked to do this programme, that in her opinion he didn’t need to do it and if he did do it, it would only serve to make him a much better person than he already is.”

(CDSC practitioner)

Current and ex-partners might need support in making the best decisions for their children. For some ex-partners, it was about making it easier for the children to have contact with the father if that was what the children wanted and it was safe and appropriate to so.

“Sometimes it ends up in floods of tears, but it’s done in a very sensible and professional way, that we need to be adults when we’re dealing with issues in terms of contact. That we need to be looking at what’s best for the children and that most children will want to have some form of contact if they can with their Daddy and that we need to be mindful that we’re not influencing their decisions in that. And that’s why I think sometimes maybe mediation might help in the early stages before solicitors get involved.”

(CDSC practitioner)

On the other hand, current partners may have limited knowledge of the father’s history of domestic abuse, and she and her children may not be known to social services. For these mothers, the practitioner’s visits provided an opportunity to talk to her about protecting her own children from a man whose history of abuse she may not be aware of.

“I am very clearly saying to these women, even though they are being positive [about him], ‘Whilst I still can’t go into details in terms of why this man is coming to see us, you are aware that in the past he has been domestically abusive and whilst he may have disclosed some information to you, I have to remind you of your responsibility as a parent to protect your children’.”

(CDSC practitioner)

Ex-partners had often moved on and were suspicious about partner engagement or a programme that was helping the perpetrator of their abuse. Practitioners were able to help partners who did not want to resume their relationship, by linking her with other agencies, and helping reinforce her decision to end the relationship. When partners said they were not interested in the programme, the practitioner would inform them that they could always contact the team while the father was attending the programme if they had concerns; for example, noticing any changes with the children after they had contact with their father.

5.3 Impact of location

Acknowledging that in some **rural or isolated communities**, transport links were poor and expensive, the CDSC teams occasionally held groups away from the service centre to make it easier for fathers from the area to attend the service, as described previously in Chapter 2. Taking referrals for a group from a smaller geographical area meant that the fathers were more likely to be aware of each other or have a connection, which could potentially cause difficulties within the group or in maintaining confidentiality; for example, within one group two of the fathers had dated the same woman.

“For one of the men it was a significant partner, for the other it was somebody that he had dated a long time ago, was a short-term relationship. It was only during group sessions and conversations where the two men twigged that they had a partner in common, but they just laughed about it, but potentially that could have been really awkward and difficult.”

(Group facilitator)

Fortunately, in the above instance it was not a problem, and the group facilitator also thought it helped that fathers living in a small community were more used to encountering people they knew than fathers who came from a city.

“It didn’t seem to be a problem. People from that kind of community...they’re used to it being quite interlinked and everybody knowing everybody else, so it’s not something that’s really new for them. It might be more peculiar for somebody perhaps from London...where there’s a massive population, [if they] end up knowing each other on a group, that might feel a lot more awkward for them.”

(Group facilitator)

Even so, this type of situation still needed managing. Another example was when the practitioners already knew the father or members of his family. Practitioners talked about judging each situation on its merits, talking to the fathers involved to find out whether it was a problem for them, whether they were happy to continue on the group, and being open and clear about agreeing boundaries for discussion and behaviour. Equally, when teams took referrals from large geographical areas, they potentially had different issues to overcome when putting together groups with fathers from very different populations and cultures.

“That can be a challenge in itself, putting together a group that might have a number of people from [area] who might hold certain attitudes that are unhelpful, and then they come to [city] and there are perhaps people from minority ethnic backgrounds coming to the group, possibly people with different religions, and you’re trying to manage that diverse experience for everybody, make sure everybody maximises their learning.”

(Group facilitator)

Although the programme was intended for any father who met the referral criteria, undoubtedly, the CDSC teams were unable to meet the needs of some fathers referred to the service. Issues of diversity are also discussed later in Chapter 6 of this report.

With Northern Ireland increasingly described as a post-conflict society, the two CDSC teams based there encountered very different influences of the conflict on the fathers referred to them. While one team had not observed any impacts of the conflict upon the fathers that they worked with, practitioners within the other team described working with fathers who were directly involved, either as paramilitaries or as members of the armed forces, plus a significant number of men who were exposed indirectly.

Practitioners referred to the fathers’ relationships with their own fathers, who might have been absent because of imprisonment or because of involvement in or avoidance of sectarian activity. There were also men whose fathers were domestically abusive and may have had a higher tolerance of exposure to violence.

“The next generation coming through, the experience that their fathers had and the links with paramilitaries and all of that is filtering down and impacting on them.”

“Quite a number of the men...are becoming aware of the impact of that, the loss and the traumas that these men have suffered and the impact that that has had on their development and their functioning. And whilst that isn't addressed within the group, it is...about looking at has that started to be addressed? Where are they within that? Or giving them information about that needing to be something that is looked at.”

(Group facilitators)

“all the CDSC teams encountered fathers who had symptoms of post-traumatic stress disorder”

Practitioners also talked about how growing up within a community where there is conflict and violence can affect children's understanding of masculinity, their expectations about the use of or threat of violence, and their trust in authorities: all factors that can influence the prevalence and prevention of domestic abuse within a community. The interviews suggest that all the CDSC teams encountered fathers who had symptoms of post-traumatic stress disorder. Practitioners referred to fathers who had witnessed violent incidents in their own childhood or while serving in the armed forces. Awareness of these issues and their impacts on fatherhood and parenting can usefully inform intervention with other groups of fathers; for example, fathers who are refugees from areas of conflict or fathers who grew up in areas with high levels of criminal gang activity.

“It makes us aware that there are a lot of families...who are still dealing with the aftermath of things that have gone before and because now it's no longer of interest to the media, people tend to put it away and also people who maybe aren't of a generation who were aware of what went on at those times, wouldn't be looking for those types of things as explanations of maybe why they might be behaving in a certain way.”

Practitioners were asked how they managed potential difficulties within the group because the fathers came from different communities.

“We haven't had that but we do stipulate that whenever we're doing our rules and our agreement that it's important to be respectful of each other, of everyone's culture and to be conscious of what you're wearing and how you dress etc.”

(Group facilitator)

Thus, rather than focusing on religion or sectarianism directly, the team asked fathers to be respectful of each other generally, and the fathers would understand that the reference to clothing would include not wearing clothing that would affiliate them with a particular community or might be seen as disrespectful to others in the group.

5.4 Delivering CDSC in a prison environment

Practitioners delivering CDSC within a prison environment had far less control over the physical environment and access to the room and facilities. Security procedures meant that the process of entering the prison could take a long time, and if the prison was in ‘lock down’ the group would have to be cancelled.

“The advantage of being here [at the service centre] is obviously we could set up the room, the boundaries and our relationships with the men, even refreshment breaks. Or we could set up group rules together...In the prison that’s not the case. You can do a part of that and you can make requests for that; but obviously we don’t have the keys to go and get the coffee if it’s not available. Or if there’s a lock down, there’s a lock down and that’s it, no group. We couldn’t control the environment in the same way that we can in the community.”

(Group facilitator)

Even though the workers were given a choice of rooms to use within the prison, neither was completely suitable. One room was more closed and inaccessible, which presented safety issues for the practitioners delivering the group. Another room had a large glass wall or window, which meant that the fathers attending could not have complete privacy – other prisoners would be aware they were attending a group even if they did not know what it was about. Another very practical consideration was that the female practitioner had no access to a toilet as the only toilets available within the all-male prison wing had saloon doors.

Within the prison, there were additional cultural or environmental factors for the facilitators to manage that could potentially affect the group dynamic that were not present within a community group. The practitioners needed to be mindful of not only safeguarding families, but also, within a prison environment, the fathers themselves. Fathers referred to or attending the programme did not want any reference to the ‘NSPCC ‘or ‘domestic abuse’ to be mentioned in relation to the

group, as any associations with child abuse could lead to them being targeted by other prisoners.

“We had to work quite hard to make sure that it was clear that that group was not about that, it was about being a good dad and not about hurting children.”

(Group facilitator)

Group participants were torn between conforming to prison culture and the required behaviours for participating in a CDSC group: for example, being respectful to the female group facilitator; being respectful to other participants; being honest and open to change. The group facilitators recognised that the fathers needed to be quite brave to share personal information in a prison group or show willingness to change, both of which would normally be interpreted as a sign of weakness within prison culture.

“It’s easier in the community to show how you’ve changed and you’re willing to change, whereas that same demonstration of willingness to change in prison can be seen as a sign of weakness. And if you don’t respond in a particular way, you’re seen as a weak person as well.”

(Group facilitator)

Another difference observed was that, while it would be normal to provide refreshments for the group participants in a community group, the refreshments presented a potential challenge for the facilitators within a prison environment, where tea, coffee, biscuits can be considered currency. The group facilitators had to think about how they managed the situation and the group members’ behaviour.

“Teas, coffees and biscuit, became a challenge to you, in terms of your authority. In terms of taking things, stealing things, and filling their pockets with stuff.”

(Group facilitators)

Compared with the fathers they had worked with in the community groups, the practitioners were less confident about the prison father’s motivations for attending the programme. The way some prison staff described the programme to fathers was unhelpful, resulting in the practitioners having to tell one father who had been told the programme “will help him to see his children” that he was not suitable. The team also wondered whether fathers attending wanted to be better parents or merely wanted to escape the prison routine

for a couple of hours. However, the practitioners also recognised that, after the first few sessions, the programme would become quite challenging for participants who were locked up most of the time and less able to escape their environment to distract their thoughts. This was one of the reasons why the team decided to run the programme twice weekly so that there was a shorter period of time between each session for fathers to dwell on the course content without being able to ask questions.

“One of the fears initially [was] that it was seen as an easy option to get out of our cell to do something and then once you got into the group itself, once you got past the first phase of the group with your instructions and scene setting it was much more challenging and, therefore, much more challenging for the men because they were in that environment all the time, they couldn’t leave it like they could in the community.”

(Group facilitator)

Despite being imprisoned, fathers’ attendance within the prison groups could be just as erratic as fathers on the outside attending the community groups. Other meetings, events or even being transferred to different prisons meant that fathers missed sessions or had to drop out of the group.

“I had a naïve view that...I didn’t think we’d have an issue about attendance...because they’re in prison, they’re contained. But actually there were issues about attendance even within that environment...if their solicitor had visited or they were in the hospital or whatever.”

(Group facilitator)

One of the main barriers to the effectiveness of a parenting programme delivered within a prison was the limited contact the fathers had with their children. Although there was contact with their children via visits, letters and phone calls, unlike fathers within the community groups, the prison fathers had little opportunity to implement what they were learning about parenting or see the benefits of a change in their approach. Part of the theory of change for the CDSC evaluation was that fathers who successfully completed the programme would report lower measurements of parenting stress than when they began the programme. It was possible to compare the mean scores for the Parenting Stress Index of fathers within the community with those of the fathers within prison. Both groups were delivered by the same facilitators. The differences between the before

“the prison fathers had little opportunity to implement what they were learning”

and after scores of fathers within the community and prison groups are presented in Chart II in Appendix F.

While both groups experienced a reduction in parenting stress during the programme, a far greater reduction occurred within the community group. Notably the community group, who had more opportunity to do tasks between sessions and interact with their children during the programme, were less likely to perceive their child as difficult after the intervention. This suggests that delivery of the CDSC programme might be more effective within a community setting than within a prison; however, a larger sample and more robust statistical tests are needed to be more certain. Some research with offender populations suggests that longer time periods are needed to achieve behaviour change. The reasons for running the group twice weekly were sensible given the amount of time the fathers spent locked up and also the frequency of prisoners being required to move prisons. However, it is possible that the overall length of the compressed intervention, combined with the limited contact with children may have affected the amount of change possible to achieve.

The team struggled to engage the families of fathers attending the prison groups. Only one partner engaged with the programme and the practitioners questioned whether the partner engagement element of the programme could be of much benefit to families when the father was in prison.

“There was less in it for them...it's just another hassle that I don't really need because the children aren't seeing him, or they're seeing him but we're all safe'.”

(Partner engagement practitioner)

However, the practitioners working with the prison groups also learnt that they could not make any assumptions about the situations of families when the fathers are in prison, as even when a father was locked up he could continue to control members of his family, which may very well have affected their willingness to engage with the programme.

“Although they were separated and he had this positive relationship with his child who came to visit, [we got reports] that he was somehow moving people around on the outside... to threaten his ex-partner...she wouldn't engage at all with family support.”

(Group facilitators)

5.5 Conclusion

Differences in assessment and reporting practice between CDSC practitioners appeared to be determined by the extent to which they felt it was their role to focus solely upon the father's suitability for and learning from the programme, or to provide a more comprehensive assessment of risk. Engagement of partners and children, although welcomed as an opportunity to provide them with information and obtain better insight into what was happening within a family, was sometimes considered lacking. Practitioners wanted to offer more comprehensive, tailored support to families, particularly as many of the issues they were presented with were complex. The location and context within which CDSC groups were delivered had a considerable impact upon practice and group planning.

Chapter 6: Barriers and facilitators

This chapter describes the factors that acted as barriers and facilitators for effective delivery of the programme and achieving positive change for children. It also includes suggestions for improvement based on our learning.

6.1 Barriers

Barriers tended to be factors to do with the father and his circumstances or issues to do with programme delivery.

Factors to do with the father

Factors that prevented fathers from successfully completing the programme included issues intrinsic to him that affected his ability to engage with the programme. For example, the father's state of mind or his readiness to change; or sometimes connected with this, any substance, drug or alcohol problems that prevented him from participating. Practical reasons also prevented fathers from attending sessions. Where the father lived, his access to transport, his income, working hours or whether he was looking for work could all get in the way of whether he was able to attend every session (see Chapter 4). Mental health problems or a learning disability sometimes meant that it was difficult for fathers to participate in group work. Practitioners described cases when it became apparent that the father was on the autistic spectrum, but this had not previously been identified. These fathers found it particularly difficult to apply their learning from the group to other situations.

The eighth session in the CDSC programme tries to increase fathers' awareness of the connections between their thoughts, feelings and actions, and how becoming more aware of negative feelings increases your ability to control your actions. This was seen as one of the most pertinent sessions if the fathers were able to grasp it:

“The most difficult session in Caring Dads I think to watch and for people to run...is the triangle...Unless men can link their thoughts and feelings together there's not much change... But it's the most pertinent session...In one group...it was clear that for three or four of the men the penny dropped straight away, but... for some they struggled...for violent men...feelings is the most difficult bit to identify and work through...if we could get men to do that, you could stop that behaviour at the end, because dealing with those feelings will stop that action, nothing else.”

(Group facilitator)

Sometimes, a father's expectations of the programme were unrealistic, believing that his attendance on the programme would help him to get custody of his children. Or that once he started the programme, his relationship with his children would improve, overlooking that this would take time and his children might not want to develop the relationship after what had happened. These fathers could become increasingly disillusioned during the programme. Even though practitioners could sometimes anticipate that this might happen, with some fathers it was not possible to motivate them to stay on the programme and focus on more child-centred, achievable goals.

Factors to do with the fathers' current circumstances

Fathers who wanted more contact with their children often found the court process difficult. There were differences in views between practitioners as to whether it was helpful for the father to start on the programme prior to court decisions being made. Was it better to wait until a court decision had been resolved before the father started the programme? This would allow him to focus on his parenting and any progress would not be interrupted by a court decision where the father was disappointed. Or was it useful for the father to attend the programme while the case was going through the court as it was an opportunity to advise and support him through the process? Practitioners who held the latter view believed that if the father could be encouraged to be more accommodating and less combative during the court process, it was likely to result in a better outcome for his children. There was less certainty about including fathers whose children were being adopted – although they may have contact with other children, it would be a difficult time to participate in the group.

“[his] children were being totally removed and they were going to be adopted and I felt it was almost like a slow torture for him to be here.”

(Team manager)

“the number of fathers within the group influenced the quality of the fathers’ learning experience”

As discussed previously in Chapter 3, for fathers of children on a child protection register or plan, maintaining the involvement of the referrer was helpful encouragement for fathers to stay on the programme. Fathers who wanted less scrutiny from social services could lose interest if their child was deregistered at an early stage of the programme, before they had time to appreciate how the programme could help with parenting. Fathers also needed cooperation and support from their partner and family to be able to change. In some cases, the father’s attempts to change were hampered by a lack of cooperation between him and his current partner. Attempts to implement more child-centred parenting strategies could be undermined if not explained to or supported by a partner, particularly if she too could also have benefitted from help with her parenting.

Factors to do with service delivery

Any service factors that prevented fathers attending or engaging with the programme were potential barriers to success. Previous chapters of this report have referred to service barriers, including insufficient numbers of suitable referrals to create viable groups (Chapter 3); the times and venue of the group preventing some fathers attending (Chapter 2); inability to engage fathers at the beginning of the group (Chapter 4); and the evaluation process hindering the setting of the right tone and building a good working relationship (Chapter 6).

The number of fathers within the group influenced the quality of the fathers’ learning experience; too many fathers or too few fathers within the group affected group process and dynamics. While a group made up of six to eight fathers was seen as ideal, practitioners facilitating larger groups struggled to prevent their input being didactic.

“In the past we’ve had big groups, twelve or thirteen, it’s become quite hard to manage, even with three facilitators. [So] by the time you get through everything...it becomes more educative rather than therapeutic – you’re just sort of going through the book.”

(Group facilitator)

Practitioners facilitating small groups often had to provide a lot of additional support to less committed fathers in order to keep the group going.

“We’re left with very few men who have multiple needs and we’re trying to be accommodating to some of their needs...to help them to complete the programme. If they were in a bigger group where there were men who were committed and who were attending regularly then we would have said to them, ‘I’m sorry you’re clearly not able to be here for this’, and...they would have been referred elsewhere or their involvement in the group would have ended.”

(Group facilitator)

“fathers from minority ethnic groups were less likely to be referred to or attend CDSC”

Overly negative or intimidating individuals could unsettle other members of the group, particularly if the group facilitators were not confident and skilled at respectfully confronting unhelpful behaviour or deciding when it was necessary to exclude an individual.

Another service barrier was the inability of the programme to meet all of the diverse needs of fathers who could potentially benefit. Programme data suggests that CDSC was more accessible to some fathers than others. Data about the fathers’ ethnicity was similar to that of the UK population (ONS, 2013) but less diverse than the relevant populations for children in need or on a child protection plan or register (Welsh Government, 2015; DHSSPS, 2014; Department for Education, 2014), which we might expect to be similar. This suggests that fathers from minority ethnic groups were less likely to be referred to or attend CDSC. Language was certainly a barrier to participating in the programme, as the group facilitators spoke only in English or Welsh. The CDSC teams received referrals for fathers for whom English was not their first language, including Portuguese and Polish speakers. Although there were a few accommodations for language (for example, bilingual group facilitators in Wales and a few materials like the Strengths and Difficulties Questionnaire potentially available in other languages), if the fathers were unable to understand and speak English they were unable to participate in the groups.

There were no records of any gay, bisexual or transgender fathers referred or attending the programme, although it is likely that recording about sexuality was probably not reliable. Similarly, recording on religion and disability was incomplete. Although the service centres were accessible for fathers with physical disabilities, it was difficult for fathers with learning disabilities to participate in group work. Occasionally, practitioners did individual work with a father when it became clear during the assessment that his learning disabilities meant that he would be unable to learn effectively within a group work setting.

6.2 Facilitators

Any factors that supported fathers' engagement and motivation within the programme facilitated success, as did the sharing of ideas between the CDSC teams.

Familiar practitioners

As the practitioners' relationship with fathers was key to engagement (see Chapter 4), the CDSC teams tried to ensure consistency in who delivered a particular programme. Although it was usually two practitioners who facilitated the group, there was also another practitioner on standby if there was illness or if one of the workers had to take leave. Usually, this person would be introduced at the beginning so they would not then be a stranger to the group if they had to help out part-way through the programme. Ideally, the same practitioners who carried out assessments also facilitated the group, as then the fathers would be less anxious about the personal information that they had disclosed and they would have already started to build a connection with the assessing practitioner.

"You do your best but I've a feeling you can't beat actually doing the assessment, connecting with the man from referral stage right through to group work. I think that connection is essential and whilst we are very good being flexible and connecting with people...realistically if you are looking at achieving maximum change, that connection in the professional relationship should be from referral straight through to intervention ending."

(Group facilitator)

Co-gendered group facilitation

Using male and female co-facilitators, as recommended by the programme authors, enabled the facilitators to model an equal and respectful gender relationship during the group. The presence of a male facilitator reassured some fathers and also provided an alternative role model for behaviour, while the presence of the female facilitator sharing expertise and leading discussions countered fathers' negative expectations of women.

"[the fathers] certainly have assumptions about women that are very demeaning, very negative, very discriminatory. So for us to put a man in the room who role models respectful working relationships, and the female social workers obviously take the lead at times...Also they are challenged on some of their statements and their behaviours by another male, which is very powerful."

(Team manager)

The effect on group culture was noticeable when a female facilitator was not present.

"Yes, it became very 'footbally', very male, and then it was a real uphill struggle and no female personality within the group."

(Group facilitator)

Despite being the preference, it was difficult for some of the CDSC teams to always maintain a gender balance among the facilitators. Although all of the teams had male workers, the NSPCC workforce is predominantly female, so the CDSC teams sometimes struggled to always run each group with a male worker.

Parenting as a motivator

The practitioners described how some fathers had not previously had much involvement with their children, but by gradually carrying out activities required from the programme they began to realise what they had been missing out on. Regardless of whether the fathers were currently in a relationship, they usually had an interest in their children and being a better parent.

"Often they're not bothered if they never, ever see or hear from the ex-partner again. But they're very focused on their sons or their daughters and want to see them: 'I want to be the best dad, I want to be a better parent; I know I've done stuff that has upset them or affected them so I want to focus on that'."

(Group facilitator)

The programme could be enlightening. One of the group facilitators noted that some fathers did not fully understand the impact or damage their behaviour had caused because, within their own upbringing, the exposure to abuse had been similar or worse.

“I’ve learnt that a lot of the dads come in and when you find out how they’ve been parented they just don’t know any different. They see that their dad may have hit them or hit mum when they’ve been young, and they see themselves: ‘I’m not that bad; all I do is this or all I do is that’; my upbringing was much worse’.”

(Group facilitator)

As discussed previously in Chapter 2, the practitioners’ knowledge of child development helped them to provide examples or feedback that was meaningful for each father. For example, the group facilitators needed to explain to one father that his child was probably far too tired to act gratefully after being taken for a long day out. One facilitator described climbing onto a table to physically demonstrate to another father how he might appear to his small daughter:

“He was just like, ‘Oh my God! That’s how I look to her?’ He had no idea of his presence, his physical presence or never mind then the violence and what he might...[mimicking] ‘What about when you look angry? What about if I’m now shouting from up here on this table’.”

(Group facilitator)

Another advantage of the focus on parenting was that it provided learning that the fathers could apply to other areas of their life. Fathers often told practitioners how the programme had changed how they thought through and resolved situations, and how they should speak to other people.

Parenting as a common interest

The focus on parenting and the impact of domestic abuse on children was also a unifying factor, enabling the group to discuss common problems and become more cohesive before focusing upon the more challenging areas of the programme.

“We start off by looking at a lot of parenting behaviours and how to engage with children, it draws men in and it allows them to kind of form a group in perhaps a less challenging environment, and by the time we get on to doing the more heavy-hitting work towards the second half of the group, they’ve already done all that group cohesion work, they’ve already got the buy-in.”

(Group facilitator)

One practitioner made a distinction between the cohesion that the focus on parenting that CDSC could bring compared with “more hard-hitting” programmes where men with very different types of offending might attend and, apart from domestic abuse, had little in common between them. The facilitators also felt that the group process added more than if the programme materials were used to work with an individual. Listening to others describe their situations enabled men to recognise and begin to challenge abusive behaviour of others – the message would often resonate more if it came from other members of the group rather than from the facilitators.

“the group process added more than if the programme materials were used to work with an individual”

“The ones that have had the light bulb moments will then say to the other dads, ‘Well, you don’t want to be doing that mate, do you? Because I used to do that’. Or, ‘I never thought about it like that’.”

(Group facilitator)

Sharing ideas with other CDSC teams

There were good examples of the CDSC teams sharing ideas and suggestions across the different service centres delivering the programme. It was important for group facilitators to reflect on how they could improve their delivery and the content of programme, for example by using different film clips, so that they could maintain their interest and refresh their skills.

“I think I learn something every time I do it. Even though I’ve done it so many times, I still need to test out the book beforehand and check out what we’re doing, and we do still try and bring new materials to it to freshen it up, maybe another DVD, or if somebody’s seen something that could be relevant, because there’s so much Billy Elliot that you can watch as part of the programme!”

(Group facilitator)

Practitioners thought that there could have been better methods for sharing films and resources across the five teams. Speaking to colleagues in other teams about their practice encouraged practitioners to try different approaches, for example by being more protective of their time when fathers missed a session. Whereas previously the facilitators had provided a full catch-up of the two hours with men who had missed a session, they copied other teams’ practice of asking the men to arrive at the next session half an hour earlier.

“If men miss a session, we would have been doing a catch-up of the full two hours...you could have been doing a session in a week plus three or four other sessions for whoever couldn't make it...and it was just getting a bit impossible, a bit resource heavy. Then...having spoken to somewhere else [we had] the idea of bringing men in half an hour early and just doing a briefing, giving them the worksheets and getting them to do their homework.”

(Group facilitator)

The team increasingly spent less time “chasing after men” and put the onus on the fathers to be responsible for communicating with the team and catching up if they could not attend a session: “making sure they ring us as opposed to us ringing them 20 times trying to get hold of them”.

6.3 Areas to improve

The practitioners came up with several suggestions for improving the delivery of CDSC. These included more supervision and time to reflect as a team; greater focus on the couple relationship within some families; and further development of support to families.

More supervision and time to reflect on the group

There were different experiences and views about the extent of time practitioners had to reflect on their practice. Practitioners in some teams described an organisational culture that was more focused on setting up groups than reflecting on the practice within the group and how it could be improved.

“It's very much about the drive towards assessing and setting up of groups and not being able to stop and reflect on practice and reflect on what went well, what could be done differently as practitioners, as a team and as a [service] really.”

Good supervision and support for practitioners was important as the work could be draining; for example, assessing men who were manipulative or oppressive.

“It was hard enough just sitting in a meeting for two hours and nearly coming out thinking ‘maybe I’m wrong?’...you know he was that skilled in twisting and turning things and if we were to have more of those I will be worried about how the impact of that would have on staff because that one person had quite a bit of an impact on everybody.”

(Team manager)

Practitioners were also concerned that they might become desensitised to domestic abuse, which good supervision or having a break from the work can overcome.

“When the referrals come in you think ‘oh, that’s not as bad as that one we had, or that’s not as bad as this one...I think you maybe need to step away from it...otherwise you become used to it.”

(Group facilitator)

Facilitators and managers also thought that facilitators could benefit from more observation of how they ran the groups, so that they could receive feedback to improve their facilitation skills. Regular detailed feedback on how they could have done things differently from experienced supervisors who had watched DVDs of the groups was considered helpful. Practitioners who were new to the programme and had been trained via colleagues said that they would feel more confident in their knowledge and practice if they received formal CDSC training. Practitioners also wanted more regular opportunities for reflection and debriefing.

“Delivering the same material to different groups doesn’t always have the same outcome so there’s always that bit of reflecting after a session about what went well and what could have been done differently but I don’t think as an organisation we’re very good at that.”

(CDSC practitioner)

They felt that more opportunities for reflection within the team collectively would enhance co-working and minimise clashes between facilitators, who might have different styles and preferences for running the group.

More focus on the couple dynamic

The CDSC programme is an unusual intervention within the domestic abuse arena because it is specifically aimed at fathers who have contact with their children. In many of the cases referred, the perpetrator of the abuse was still either living at the family home (see Table VII in Appendix F), or frequently visiting.

“Most agencies won’t work with families when the perpetrator of domestic abuse is still in the family home. So, that’s quite unique in itself.”

(CDSC practitioner)

Although for many families, the practitioners felt that it was probably in the children’s and the partner’s best interests in the long term if the couple separated; as discussed in Chapter 5, sometimes to best protect children, professionals needed to recognise the actual circumstances of the family that they were working with. Indeed, the majority of partners who engaged with the programme were the current partner of the father – this led some practitioners to suggest that group facilitators would benefit from more training on couple dynamics. So rather than focusing solely on the father attending the group, their practice would have greater appreciation of the impact of the intimate couple relationship on his behaviour.

“I think it’s a bit like nurses seeing a patient in a hospital bed; they don’t tend to think as much about the family and I think it’s the same thing that when we’re just seeing the man we know that somebody’s meeting with the partner...but I don’t think we think enough about this man is part of an intimate couple and that has hopes, fears, you know there’s so much about the need to be a couple...And I don’t think we pay a lot of attention to that really.”

(CDSC practitioner)

Recognising that many of the fathers were still part of a couple, it was suggested that the programme content could benefit from more materials on dealing with couple conflict. For example, there could be more guidance on taking time out when couples were having a disagreement, so that the father does not just walk out without any communication and potentially increase concerns for a partner who is left wondering when he will come back and what type of mood he will be in when he does.

Development of support for families

A consistent theme throughout the interviews was that the partner engagement could have been much more comprehensive.

“I think for me I felt that family support was kind of an add-on – or that’s how it felt – that actually priority was given to...the group.”

(Partner engagement practitioner)

Practitioners described ways in which the partner engagement could have been done differently. They referred to practice prior to CDSC when they had carried out an assessment and did individual work with the family alongside the delivery of the Caring Dads group. Practitioners described how partners sometimes thought that the visits would lead to sessions with the children and the practitioners would have liked to have provided this when appropriate. Some of the teams were able to refer families to other services that were available at their centre, for example parenting skills for both of the parents, or post-abuse recovery work for ex-partners and children (see Smith et al, 2015); and all teams referred families to other local services. However, as described previously in Chapter 5, a general theme was that the partner engagement element of the programme could have been “more thought through”.

6.4 Conclusion

Factors to do with the father or his particular circumstances at the time of the referral affected both his motivation and ability to participate in group work. Recognising these factors can help with decision making during referral, assessment and delivery of the programme. Identifying potential barriers within service delivery can help teams to plan how they can change practice to make the service more effective and also accessible for all families who could potentially benefit from the fathers’ participation. Ensuring that the fathers had time to build a connection with the group facilitators, co-gendered group facilitation and the focus on parenting all helped to facilitate fathers’ progress and the smooth running of the group. Sharing ideas with other teams was also helpful.

Areas for improvement included having more supervision and time to reflect as team; greater focus on the couple relationship and further development of the support provided to families.

Chapter 7: Evaluation of the CDSC programme

This chapter describes the CDSC teams' involvement in the evaluation, ethical issues considered and the effect of the evaluation on programme delivery.

7.1 CDSC teams' involvement in the evaluation

Managers, practitioners and administrators within the CDSC teams were integral to the evaluation of the programme, having responsibility for the collection and collation of evaluation data from individuals using their service centres. Appendix E lists the responsibilities of each role within the organisation in relation to the evaluation. CDSC teams received training prior to the start of the programme so that they had a common understanding of the evaluation, the content of the questionnaires and the process for obtaining consent. This proved to be helpful as language, literacy and learning difficulties among the fathers and their families often required practitioners to support them in completing consent forms and questionnaires. Information sheets and consent forms that the practitioners gave to participants stated that receiving a service was not dependent on participating in the evaluation.

Feedback on the evaluation process and findings

Throughout the evaluation, members of the CDSC teams also had a key role in advising the evaluation officer. They regularly provided feedback on evaluation documents and processes so that they could be adapted to fit better with practice. This included helping to create the face-to-face survey questions used with families, and the subsequent inclusion of an additional question asking partners how they felt about the evaluation; practitioners also suggested which would be the best session in which to ask the father to complete the Strengths and Difficulties Questionnaire (SDQ) about their child.

The CDSC teams also participated in presentations and webinars about the interim evaluation results, during which they provided possible interpretations of the early findings; for example, reasons why most of the SDQ data about children who had been exposed to domestic abuse was unexpectedly within the normal range. They also suggested further questions and areas for analysis; for example, whether current partners or ex-partners were more likely to report change in the father's behaviour.

7.2 Ethical considerations

Recruiting fathers and particularly their partners and children to participate in the evaluation of a programme for abusive fathers can be ethically and professionally challenging. Attrition and difficulties in engagement are common and practitioners must carefully balance the need to collect robust data with the priority to ensure vulnerable family members' wellbeing.

Ethical approval from the NSPCC Research Ethics Committee was given on the proviso that there would be a review of the impact of data collection on all evaluation participants after pre-programme data collection had been completed for the first set of programmes (see McConnell & Taylor, 2014). The review led to a reduction in the number of measures used with fathers, and written guidance on the timing of engagement with partners.

Involving children in the evaluation

The review identified several barriers to involving children within the evaluation: many of the children were of pre-school age (see Chart III in Appendix F) and, therefore, standardised measures could not be used. Older children did not participate when their mother did not consent or engage with the service, or when the practitioner felt that it was inappropriate to use a questionnaire with the child. Practitioners also described a reluctance to involve children in the evaluation if they thought that the children might not want to discuss their father, particularly as they were not offering a therapeutic service to the children.

Despite the challenges, the value of involving children within the evaluation was demonstrated when children's reports and fathers' self-reports on his parenting behaviour were compared (see Chart I in Appendix F). The results suggested that the children provided a more realistic appraisal of their father's parenting behaviour, with their average total scores falling within the normal range for the standardised measure. Meanwhile, the fathers' average scores indicated better parenting behaviour that would be found in typically warm and loving families, suggesting response bias, with the fathers either believing or presenting an idealistic view of their parenting.

Interviews with families

During the second year of the evaluation, it became clear that the numbers of partners and children participating in the evaluation through the survey and the completion of questionnaires administered by partner support practitioners would be lower than anticipated and too few to run the statistical tests originally planned. Therefore, to ensure that the programme was explored from children's and partners'

perspectives, in addition to the survey and standardised questionnaires, the evaluation department conducted ten qualitative interviews with eleven family members of fathers attending CDSC.

Interviewees were recruited via the partner engagement practitioners who were in contact with the families while the father attended the programme. The practitioners provided partners with written and verbal information about the purpose of the interviews and the consent process. Partners were reassured that they did not have to participate and choosing not to participate would not affect the service that they received in any way. Where possible, information was given in a staged manner so that the partner had time to reflect on whether they wished to participate. The contact details of partners who had agreed to be interviewed were then passed by the practitioners to the evaluation officer who would telephone them to arrange an interview.

Recruiting family members to participate in the interviews was a time-consuming process that took over a year to complete. While some interviews were very easy to arrange, it was often very difficult to contact the partners who had agreed to have their contact details passed to the interviewer. Several partners, after initially agreeing, subsequently decided they did not want to participate. Others were not at home at the time they agreed to be interviewed. None of this was surprising, given that it was the fathers rather than their partners who were the main focus of the programme.

There were a number of barriers to partners agreeing to be interviewed. Even if the partners had engaged well with the practitioner, they may not have wanted to meet the evaluation officer. There were also the potential risks and sensitivity of the interviews, the same difficulties that partner engagement practitioners had also faced in initially making contact with partners (McConnell & Taylor, 2014) and also what we know about the disruption domestic abuse can bring to families' lives (Stanley, 2011). Given these difficulties, the sampling strategy for recruiting interviewees was somewhat opportunistic but did include three young people aged between 10- and 15-years-old, four current partners and four ex-partners (see Table IV in Appendix D).

Safe and sensitive interviewing

It was essential that the interview process was attentive to the sensitivity of the subject area and avoided undue intrusion. Prior to the qualitative interviews, the evaluation officer conducting the interviews completed training on interviewing vulnerable people and managing the risk of interviews causing distress. Partners and children were made

aware of the topics that the interview covered so that they could make an informed decision about whether they wished to participate. They were also told that they could withdraw from the evaluation at any time and/or refuse to answer questions they did not want to, without giving a reason. The interviewer did not ask about past experiences of abuse but instead concentrated on the contact with the father, their views on the CDSC programme, whether the programme had made a difference to their family and, if so, in what ways.

Although it was envisaged that most interviews would take place at the NSPCC service centres (on a different day to when the CDSC programme was being delivered, thus avoiding any chance of an unplanned meeting with the fathers), in practice, all but two of the 11 interviewees preferred to be interviewed at home. Shortly before each interview, the interviewer contacted the practitioner who knew the family to discuss any potential risks that the planned home visit could pose to either the family or the interviewer.

7.3 Effect of evaluation on programme delivery

During the evaluation, practitioners complained that the evaluation process could get in the way of programme delivery. Practitioners had concerns about the nature of the father's consent, time taken to complete questionnaires encroaching upon programme delivery, and the status of standardised measures and whether they should be integrated into practice.

Concerns about standardised questionnaires

Before and after evaluation designs require the collection of baseline data at the beginning of the programme to be able to measure change; but this part of the evaluation process occurred at precisely the time the practitioners wanted to focus on engaging fathers and setting the right tone for building a good working relationship. Practitioners thought that the questionnaires could put fathers on the “back foot” – if they were to complete them independently, they required a level of literacy that some fathers did not have, and also some of the questions would have been difficult to answer honestly without leaving themselves open to the possibility of feeling judged. Although they would try to explain the difference, practitioners also wondered about whether fathers were able to distinguish completing a questionnaire as part of the evaluation from other activities within the programme. This raises a question about the degree to which the evaluation consent the fathers were giving was informed.

Practitioners also had queries about the status of questionnaires within practice – should they contribute to assessment? If so, this would have implications for the storage of documents, depending on whether it was information for evaluation or also for practice.

Some measures were already used within the organisation to inform practice: however, other measures felt less relevant and imposed, leaving some practitioners with concerns about whether they were qualified to use, interpret or refer to them within reports. These issues were discussed with the Commission Delivery Group (see Appendix E).

For the practitioners working with fathers' families, collecting baseline data often felt too early and intrusive, which posed two further potential problems. First, were the respondents able to respond honestly to questions in such circumstances? And second, would any of the questions cause the respondents distress? Responses to the standardised measures could sometimes provide helpful information for practitioners. Occasionally, the questionnaires completed by families led to disclosures that the father had breached his non-abuse contract. Questions could also help the practitioners to identify unmet needs, for example the Adult Wellbeing Scale prompted one partner to disclose self-harm:

“The adult wellbeing scale for the mums, I thought that was really good and really insightful because that’s what led to [a] disclosure...One of the mums...she never disclosed to anybody at all about it, so it was very good...that was noted and... even though she didn’t really want to talk about it but when she realised the concerns around it and she welcomed a referral, an agency locally that works with people who self-harm.”

(Partner engagement practitioner)

Another criticism of the standardised measures used with families was that they involved too many questions and were not child friendly.

“I think there are too many questions on the questionnaire, especially the child one, I don’t think it’s child-friendly at all. I mean happy faces or symbols could be put on it instead of the child trying to recognise...the four categories. One of my children, he didn’t know where to put his evaluation, he was kind of stuck in the middle.”

(Partner engagement practitioner)

Sample sizes and performance targets

Robust outcome evaluations require sample sizes large enough to have the statistical power for the strongest statistical tests. Therefore, there was an expectation that, within the timescales of the evaluation, a sufficient number of fathers would complete the CDSC programme so that their data could be analysed. Organisational performance targets made it clear that one of the measures of success was the number of service users attending and completing an intervention. However, these expectations can potentially create competing priorities for CDSC teams: for example, to what extent should teams try to retain fathers who were not engaging well?

“There was a particular challenge for practitioners collecting follow-up data”

The main priority for retaining fathers was so that the group could continue and the fathers attending would get the most out of a group learning process. Yet over-prioritising retention could potentially have a negative impact on practice, for example if the team were trying to retain fathers who were not engaging well and who should have been asked to leave the group (see Chapter 6). This is a common dilemma for any organisation: how should the success of an intervention be measured – retention, satisfaction, change? And would a change in the focus of measurement have made any difference to practitioners’ decision making?

Towards the end of the evaluation, the second case note audit looked at what changes in circumstances occurred for children whose fathers were attending the programme. Although the changes were influenced by many factors and, therefore, are not necessarily attributable to the programme, the audit provided an additional more nuanced approach to measurement. It did this by demonstrating how the programme influenced the child protection system and decision making that would ultimately benefit children, for example decisions about contact arrangements or further referrals.

There was a particular challenge for practitioners collecting follow-up data and this was reflected in the eventual sample sizes of post-programme data. Fathers and families had often moved on: either psychologically and were no longer interested in being involved with CDSC or participating in the evaluation; or literally, so it was difficult to obtain current contact details after the case had been closed. For practitioners, it was difficult to prioritise collecting post-programme evaluation data when they were focused on their open caseload: assessing new referrals and facilitating current groups.

To address this, one team would arrange a meeting for fathers six months after the end of each group, primarily to collect the post-programme data. However, the meeting was also a useful opportunity to review the goals that the fathers had previously set for themselves at the end of the programme. The team retained the meeting after

evaluation data collection had stopped as they found that it was often a positive experience for the fathers to review how things had changed. For example, after six months' contact with their children may have increased or a father might have achieved his goal of moving to accommodation that was more suitable for his children. The team found that collecting post-programme data from partners was a much less positive experience. As most partners had not received any direct intervention themselves, quite often their circumstances had not changed or improved.

Obtaining evidence versus meeting need?

The CDSC teams were encouraged to deliver the programme as closely as possible to the original Caring Dads manual alongside data collection, but communications from the central group responsible for overseeing the commissioning and delivery of the programme were experienced as heavy handed, to the extent that the CDSC teams felt that evaluation data collection was being prioritised over practice. For the partner engagement work in particular, the teams also felt that the amount of evaluation tasks that needed to be done within the time allocated for visits with families meant that there was little opportunity to provide support.

“it was very prescriptive about working with these women and children, and it was very much perceived by staff as just a means to get evaluation data. That was a real struggle for us ethically and professionally. There were no other mechanisms that would have let these women think it was a check-in about them as opposed to evaluation.”

(Team manager)

“It was kind of like you go in, just fill out a form and then walk away and even from a safeguard and safety point of view, it was quite difficult.”

(CDSC practitioner)

This was an unfortunate message that was not in fact dictated by programme fidelity. Indeed, the Caring Dads manual clearly states that the programme should “provide children’s mothers with information about the programme, referral to appropriate services, and if necessary safety planning” (Scott et al, 2006). Eventually, the concerns about evaluation were partly allayed as the teams gained more flexibility to do additional work with partners and children if needed.

“As time progressed then we were able to start doing different pieces of work with different women if they required it.”

(CDSC practitioner)

Even before this, most of the practitioners did not let supposed evaluation priorities prevent them from working with families who needed help, in a way that they thought was appropriate: “if we see a need, that need will be met”. This might even mean taking the decision to not contact a family. Practitioners explained that this was sometimes necessary in order to prevent fathers using the programme as another way of getting information or indirect control over former partners.

“Some of the men are like that...they are wanting...to get little snippets of information. So we actually could be seen to be feeding into that type of behaviour...where they're trying to glean information. And for the partners who are trying to move on... that's not going to be helpful.”

(CDSC practitioner)

To avoid furthering fathers' attempts to gain information or control, practitioners described how they would first check with the referrer and ask whether they thought the partner would find it helpful to see a CDSC practitioner.

“What we're doing at referral meeting is asking the social worker [about whether to contact the partner], because she's the one who knows these partners better than we do because...nine times out of ten has a professional relationship with the mother of the children, the ex-partner or whatever. And we need to be very careful.”

(CDSC practitioner)

Partners were asked how they felt about participating in the evaluation via the face-to-face survey and during the in-depth interviews. While most of those who participated said they felt fine about the process, a few noted that some of the questionnaires that described abusive behaviour were potentially shocking and one of the women interviewed disclosed that when she read the questions she experienced flashbacks to abuse from a previous relationship. This incident illustrated the value of asking experienced practitioners to administer the measures, who were able to provide support if necessary.

7.4 Conclusion

CDSC teams' involvement within the evaluation of the service provided several benefits. First, the face-to-face surveys and questionnaires were administered by practitioners who were already meeting with the respondents, were skilled at engaging them, and could respond appropriately to respondents' questions or reactions to the measures used. Second, they could inform the development of survey questions and evaluation processes based on their practice experience. Third, partner engagement practitioners recruited family members who were willing to be interviewees for in-depth interviews and could advise if there were any safety considerations for either the family or the interviewer. Fourth, the CDSC teams helped to guide the analysis of data by providing possible explanations or interpretations of findings. The main drawbacks of practitioners' involvement were that some felt that a disproportionate amount of their time was spent gathering information for the benefit of the evaluation rather than delivering the service and safeguarding and/or supporting families, and integrating evaluation could sometimes hinder practice.

Chapter 8: Conclusion

There are several factors that point to the need for a programme like CDSC within the UK. Child protection policy makers and researchers have regularly called for services to get better at finding opportunities to work with abusive fathers and fathers generally (Brandon et al, 2011; Panter-Brick et al, 2014). Domestic abuse is one of the main reasons why children within the UK are on a child protection register or plan (Jütte et al, 2015; Scottish Government, 2015). Increasingly, other sectors working with clients who participate in high-risk behaviours, such as substance misuse, recognise the need to work safely and effectively with their clients who may also perpetrate domestic abuse (Hughes et al, 2015). The majority of abusive fathers are not sanctioned by the criminal justice system and are, therefore, unlikely to be referred to a perpetrator programme run by the probation service. Moreover, availability of community-based perpetrator programmes is often limited or unavailable, meaning that in many areas there is no specialist support to which the abusive fathers can be referred.

Engaging abusive fathers is difficult and there needs to be more avenues for referral and opportunities to work with them at an earlier stage to prevent further or more severe abuse. By engaging men through their role as a father, CDSC provides an opportunity for abusive fathers to examine their behaviour and ultimately stop their abuse. Even when efforts to encourage fathers to change their behaviour fail, the attempt by agencies to engage the father provides the child protection system with information about his motivation and readiness to change: useful indicators of the potential risks that he may continue to present.

However, this is not work that should be undertaken lightly; delivering CDSC is complex and potentially high-risk work that must always prioritise the needs and safety of the father's children and partners, above those of the father perpetrating abuse. CDSC teams, therefore, needed not only a comprehensive understanding of domestic abuse but also the challenges and considerations required for safe practice. Offering information and contact to partners and families in particular was seen as crucial but required careful management and recognition of very differing needs and perspectives. Good communication between group facilitators and partner engagement practitioners was essential, as was the communication between the CDSC team and other agencies working with the family.

Process evaluation has enabled learning that can inform others about the set up and maintenance of referral pathways; the engagement of resistant fathers and family members; the impact of location and context on the programme delivery; and the factors that acted as barriers and facilitators for effective programme delivery. The programme's focus on parenting and the impact of domestic abuse on children was the main motivator for fathers to participate in the group work and was also a unifying factor within the group process. Areas for improvement in the programme delivery identified by practitioners included having more time for supervision and reflection as a team, and greater freedom to undertake further work with families as and when needed.

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APPENDICES

Appendix A: Definition of domestic abuse

The definition of domestic violence and abuse states:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

Source: Home Office website – www.gov.uk/guidance/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition [Accessed March 2016]

Appendix B: The Caring Dads Programme

Table I: Major goals and activities in the Caring Dads programme

| Goal 1: To develop sufficient trust and motivation to engage men in the process of examining their fathering | | |
|---|---|---|
| Session 1: | Orientation | <ul style="list-style-type: none"> • Programme overview • Group rules |
| Session 2: | Considering fathering | <ul style="list-style-type: none"> • Genograms • Family experiences |
| Session 3: | Developing discrepancy | <ul style="list-style-type: none"> • My goals • Continuing to develop discrepancy |
| Goal 2: To increase men's awareness of child-centred fathering | | |
| Session 4: | Child-centred fathering | <ul style="list-style-type: none"> • Continuum of parenting behaviour • Responsive and unresponsive praise |
| Session 5: | Building relationships with our children | <ul style="list-style-type: none"> • Review of praise • How well do you know your children? |
| Session 6: | Listening to children | <ul style="list-style-type: none"> • Listening to children • Relationship-building challenges |
| Session 7: | Fathers as part of families | <ul style="list-style-type: none"> • Setting a good example • Appreciation for my children's mother |
| Session 8: | Eliminating barriers to better relationships | <ul style="list-style-type: none"> • The connections between thoughts, feelings and actions |
| Session 9: | How are children different from adults? | <ul style="list-style-type: none"> • Understanding child development • Practical applications |
| Goal 3: To increase men's awareness of, and responsibility for, abusive and neglectful fathering behaviours and their impact on children | | |
| Session 10: | Recognising unhealthy, hurtful, abusive and neglectful fathering behaviours | <ul style="list-style-type: none"> • The other end of the continuum: child maltreatment • A closer look at emotional abuse |
| Session 11: | How am I responding to my children's needs? | <ul style="list-style-type: none"> • Emotional abuse and neglect as forms of abuse • Problem solving for parents exercise |
| Session 12: | Relationship with my child's mother | <ul style="list-style-type: none"> • Problem solving for parents continued • What children learn from abuse and controlling fathering |
| Session 13: | Problem solving in difficult situations | <ul style="list-style-type: none"> • Abuse of children's mothers • Problem solving for parents continued |
| Goal 4: Consolidating learning, rebuilding trust, and planning for the future | | |
| Session 15: | Rebuilding trust and healing | <ul style="list-style-type: none"> • Taking responsibility for the past and moving into the future • Rebuilding trust |
| Session 16: | What about discipline | <ul style="list-style-type: none"> • Summarising alternatives to punishment • Defining discipline |
| Session 17: | Wrapping up | <ul style="list-style-type: none"> • Review of main concepts • Where am I going from here? |

Source: Scott et al, 2006 pp.13

Table II: Summary of intervention strategies, treatment needs and target outcomes for each Caring Dads module

| Programme component | Intervention strategies | Treatment needs addressed | Target outcomes |
|----------------------------|--|---|---|
| Caring Dads Module 1 | Motivational interviewing Prosocial group processes | Engagement in examining fathering Compliance with intervention program | By the end of this module, fathers will: <ul style="list-style-type: none"> • commit to attending and complying with Caring Dads intervention • identify problems in their own behaviour in at least one relationship within the family |
| Caring Dads Module 2 | Psychoeducation Behavioural skills training | Perceptions of the child as a problem Family cohesion/co-parenting Self-centeredness Quality of parent-child relationships | By the end of this module, fathers will: <ul style="list-style-type: none"> • actively care for their children for a reasonable amount of time ('reasonable' will vary depending on fathers' living situation, but at minimum, fathers who live with their children will spend at least 30 minutes a day in direct interaction) • interact with their children in a child-centred manner (for example, focus on child's choice of activities or discussion topics) • praise and positively reinforce their children • generate multiple possible explanations for child misbehaviour • anticipate and rehearse positive and non-abusive methods for dealing with child misbehaviour • avoid physical punishment, name-calling, overly rigid rules, and using other forms of harsh parenting • support children's relationships with their mothers (for example, speak positively to children about their mother, model respectful treatment) |

| Programme component | Intervention strategies | Treatment needs addressed | Target outcomes |
|----------------------------|--------------------------------|---|--|
| Caring Dads Module 3 | Cognitive behavioural therapy | Anger/hostility/over-reactivity Domestic violence Use of corporal punishment and other aversive behaviours Self-centeredness | By the end of this module, fathers will: <ul style="list-style-type: none"> • respond to problems in family relationships with less anger, irritability and unpredictability • cooperate respectfully with children’s mothers in making decisions about parenting • avoid degrading, manipulative, undermining and otherwise hurtful comments or behaviours to or about children’s mothers • avoid behaviours that are emotionally or physically abusive, neglectful or otherwise hurtful to children • maintain safe use of substances (specifics will vary by client) |
| Caring Dads Module 4 | Trauma theory | Keeping the focus on the child Collaborative case management for containment | By the end of this module, fathers will: <ul style="list-style-type: none"> • identify specific impacts of their past abuse on children, children’s mothers and on the mother–child relationship • hold realistic, child-centred expectations for their continued relationship |

Source: Scott, 2010

Appendix C: Outcomes and questionnaires used to evaluate CDSC

Table III: Outcomes and measures used by participant

| Participant | Outcomes measured | Questionnaire | Description of measure |
|-------------|---|--|---|
| Fathers | Awareness and application of child-centred fathering | Parental Acceptance Rejection Questionnaire (Parent) | Father's self-report of warmth and affection, hostility and aggression, indifference, neglect and rejection towards child. 24 items, 4 subscales |
| | Awareness of, and responsibility for, abusive fathering behaviours and their impact on children | Controlling Behaviour Inventory for Service Users (NSPCC, 2007) | Perpetrator's self-report of abusive behaviour towards partner. Includes emotional, economic and sexual abuse, intimidating, isolating, threatening, coercive, and violent behaviour, the use of children, denial of abuse and negotiation within the relationship. 69 items, 11 subscales |
| | Relationship between father and child | Parenting Stress Index Short Form (Abidin, 1995) | Parent's self-report of stress experienced in their parenting role and its associated behaviours, such as dysfunctional interaction with their child. 36 items, 3 subscales, plus validity indicator |
| Children | Risk from being subject to abusive fathering behaviours | Parental Acceptance Rejection Questionnaire (Child) | Child's perception of father's warmth and affection, hostility and aggression, indifference, neglect and rejecting behaviour towards child. 24 items, 4 subscales |
| | Feelings of safety and wellbeing | (Rohner & Khaleque, 2005) | |
| | Relationship between child and parents | Goodman's Strengths and Difficulties questionnaire (Goodman, 1997) | Parent's perception of their child's emotional and behavioural problems, including conduct, hyperactivity, emotional symptoms, peer problems and prosocial behaviour. Self-report for 11+ years. 25 items, 5 subscales |
| | | Adolescent Wellbeing Scale (Department of Health, 2000) | Young person's self-report on different aspects of their life and how they feel about them. Can be used to identify depression. 18 items |

| Participant | Outcomes measured | Questionnaire | Description of measure |
|--------------------|---|---|--|
| Partners | Risk from being subject to abusive behaviours | Controlling Behaviour Inventory for Partners (NSPCC, 2007) | Partner/ex-partner's perception of the perpetrator's abusive behaviours (as above). 69 items, 11 subscales |
| | Feelings of safety and wellbeing | Adult Wellbeing Scale (Department of Health, 2000) | Adult self-report on their wellbeing, including depression, anxiety, and inwardly- and outwardly-directed irritability. 18 items, 4 subscales |

Appendix D: Qualitative Interviews

Qualitative interview participants

Table IV: Qualitative interviews with family members of fathers attending the programme

| Relationship with father attending CDSC | No. of participants |
|---|---------------------|
| Birth daughter | 1 |
| Stepdaughter* | 2 |
| Partner – current | 4 |
| Partner – former | 3 |
| Partner – separated during programme | 1 |
| Total number of interviewees | 11 |

*Sisters interviewed together

Table V: Qualitative interviews with CDSC workers

| Interview No. | Location | Roles | No. of participants |
|------------------------------|--------------|---|---------------------|
| 1 | Cardiff | Group facilitation and partner engagement | 4 |
| 2 | Cardiff | Group facilitation and partner engagement | 1 |
| 3 | Cardiff | Acting team management and group facilitation | 1 |
| 4 | Cardiff | Team management and group facilitation | 1 |
| 5 | Peterborough | Partner engagement | 2 |
| 6 | Peterborough | Group facilitation and team management | 3 |
| 7 | Belfast | Group facilitation and partner engagement | 2 |
| 8 | Belfast | Group facilitation and partner engagement | 2 |
| 9 | Belfast | Team manager | 1 |
| 10 | Foyle | Team manager | 1 |
| 11 | Foyle | Partner engagement | 1 |
| 12 | Foyle | Group facilitation and partner engagement | 1 |
| 13 | Foyle | Group facilitation and partner engagement | 1 |
| 14 | Foyle | Group facilitation | 1 |
| 15 | Foyle | Group facilitation | 1 |
| 16 | Prestatyn | Group facilitation | 1 |
| 17 | Prestatyn | Group facilitation | 1 |
| Total number of interviewees | | | 25 |

Interview topic guide for practitioners

Research objectives

The study has the following objectives:

- Describe the differing ways the CDSC programme can benefit and reduce risks to children.
- Identify what aspects of the programme contribute to the wellbeing of children, including working with referrers and other agencies.
- Describe the impact of different contexts and locations on the delivery of the programme.
- Identify what factors support successful implementation of the programme within a UK context.

1. Introduction

Introduce self and explain purpose of research and how information will be stored and used. Give an outline of interview and topics covered. Explain limits of confidentiality in these circumstances. Check whether interviewee has any questions, whether interview can be tape recorded and if interviewee is happy to continue.

2. Background and general impressions of programme

Aim: To get respondent talking and to provide contextual information about their experience of delivering the programme.

- Involvement with CDSC (length of time, role, number of groups)
- Previous experience of working with perpetrators or with domestic abuse
 - What has been useful or relevant to CDSC
- What have they liked about working on CDSC
- What have they learnt from delivering CDSC
- What aspects of delivering the programme could be improved

3. Outcomes for children

Aim: Identify the different ways the programme can support children's wellbeing.

- Outcomes team have tried to achieve for the children of fathers in recent group
- Extent to which these were achieved
- Evidence or examples of change
- Factors or circumstances that support or inhibit change
- Other examples of how the programme has benefitted children from previous groups
- Any occasions when the programme increased risks for partner or children
 - Circumstances
 - How was this resolved

4. Exploring differences in practice

Aim: To learn what supports successful implementation of the programme in different contexts. Questions in this section would benefit from the input of the team manager (interview separately).

- How the context in which CDSC is delivered in your area differs from elsewhere (for example, rural area, prison environment, history of sectarianism)
 - Difference this context makes to the delivery of the programme
 - Implications of these differences for families and children
- How team set up referral pathways
 - Main referrers, who did not refer
 - How did they maintain them
 - What worked well
 - What else could be done
- Environment within which programme was delivered
 - Location: setting, control over environment
 - Staffing capacity
 - NSPCC context
 - History of provision in area (domestic abuse services, for perpetrators)

- Length of time cases tend to be open for group at this service centre
 - Longest and the shortest periods of time
 - What factors affect how long a case is open
 - Advantages and disadvantages of cases being open for longer periods and for shorter periods
- Extent of participation in case conferences and other meetings
- Extent of involvement with partners and children
- Reports produced by CDSC teams
 - Content
 - Variation
 - Used by whom
 - Views on length

5. Monitoring of father's progress and child's wellbeing

Aim: To understand the quality of the relationship with the referrer and the monitoring of risks.

- Contact with referrers while fathers attend the programme
 - Method
 - Frequency
 - Led by whom
- Describe how services tend to respond in the following circumstances
 - Father is considered to have improved
 - Father drops out
 - Father completes but not considered to sufficiently improve
 - Fathers who self-refer
- Extent to which progress or lack of progress is followed up
 - By team
 - By referrers
- General confidence in the consistency and quality of monitoring fathers' progress
 - What works well
 - What could be improved

- Confidence in the consistency and quality of monitoring of children and partners' wellbeing
 - Within CDSC team
 - With referrers
 - What works well
 - What could be improved
- Experience of using the concerns resolutions process during the programme
 - Circumstances
 - Level at which the process was resolved
 - Confidence that the circumstances were resolved in the best interests of the child
 - Confidence in using process in the future

6. Closing

Check whether there is anything that they would like to add to the interview, for example, anything else that the NSPCC or other organisations can learn from their experience of delivering this particular service. Thank the interviewee for their time. Explain what to do if there is anything that they want to add or withdraw or if they have any questions.

Source: NSPCC Evaluation Department, December 2013

Information sheet for children

Interviews for the Caring Dads: Safer Children Evaluation

Information for Children

We would like to invite you to participate in a research project about Caring Dads: Safer Children. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

Why do you want to interview me?

Your father has attended the Caring Dads: Safer Children programme. The NSPCC wants to learn more about whether the programme helps children and young people, and how they feel about the programme. To do this, the NSPCC evaluation department is carrying out interviews with some of the mothers and children of fathers attending the programme. Your father has been told that we may interview you, and your mother or carer has said we can interview you if you want to take part.

Do I have to take part in an interview?

No, you do not have to take part in an interview; it is up to you to decide if you want to. If you decide to take part in the interview, but later change your mind or do not want your interview to be part of the research, that's fine. Just tell your project worker or the researcher.

What will happen if I agree to take part?

The interviews would take place at the local NSPCC centre or if you would prefer not to attend the centre, the interviews can take place somewhere agreed by you and the project worker. The interviews will normally take place during the daytime, after school, on Mondays, Tuesdays or Wednesdays and would last between 30–45 minutes. To make things easier for you to attend, we can provide a taxi to and from the centre.

Most interviews will be carried out by a female interviewer, unless you ask for a male interviewer, which we can then arrange. During the interview, we would like to ask you some questions about Caring Dads: Safer Children. We will cover topics such as:

- how you feel about the Caring Dads: Safer Children programme;
- your views on the help your dad got from the NSPCC;

- any changes you have noticed since he completed Caring Dads: Safer Children;
- how the programme affected you and your family;
- your suggestions for how things could be improved.

If there are any questions you do not want to answer, you can just tell the interviewer and move on to the next question. You can also stop the interview at any point, or take a break from the interview.

We would like to record your interview so that we can accurately remember what you tell us. This will help us to compare what different children say. Before starting the interview, we will ask if you agree to us recording the discussion. If you do not want your interview recorded, that's fine, the researcher can take notes instead.

Will you tell anyone what I say during the interview?

No. We do not share your information with anyone outside the NSPCC evaluation team. However, if you tell us something that makes us worry that you or another child may be harmed or unsafe, then we have to tell the project worker and children's services about this.

When we have finished the research we will publish a report, but this will not use your name or other information that could identify you or your family, so no one will know that you have taken part in the research or been to the NSPCC. The research will be available on the NSPCC website. Two years after we have finished the research all the information you gave us during the interview will be destroyed.

What if I want to complain about the interview?

We would be sorry if there was anything that we did to make you feel upset and we would want to put things right. You can speak to anyone within the NSPCC and tell them you have a complaint and we will try to sort it out as quickly as we can. Your worker should give you a copy of our complaints leaflet: *What's up? What to do if you have something to say.*

What happens next?

If you have any questions about the research, either now or in the future you can contact your project worker or speak to the researcher, Nicola McConnell on 020 7825 XXXX or email her at nmcconnell@nspcc.org.uk

If you are interested in taking part in an interview, please read, tick and sign the evaluation consent form if you agree to take part.

Appendix E: Roles and responsibilities within the CDSC evaluation

Table VI: Roles and activities within the evaluation

| Role | Activities |
|---|---|
| Team managers and service centre managers | Managed operational delivery of the CDSC programme, supervised practitioners. Responsible for ensuring evaluation data collection by their team or service centre. |
| Group facilitators | Facilitation of group work (including assessment of fathers, coordinated case management and report writing). Provide fathers with information about the evaluation; obtain informed consent to participate in evaluation; administer questionnaires; participate in interviews and advise evaluation officer on process issues. |
| Partner engagement practitioners | Partner engagement work (including coordinated case management). Provide partners and children with information about the evaluation; obtain informed consent to participate in the evaluation; administer questionnaires; undertake face-to-face surveys; participate in interviews and advise evaluation officer on process issues and data collection; recruit interviewees for qualitative interviews. |
| Team administrators and/or project coordinators | Managed evaluation data collection and the scoring of standardised measures. |
| Evaluation officer | Evaluation design, creation of data collection processes and tools, delivery of evaluation training, qualitative interviewing, data analysis, dissemination of findings. |
| Commission Delivery Group | Members included Theme Lead, Development Manager, Service Manager, Regional Manager, Project Coordinator, Evaluation Officer, Communications Manager and Fundraising Manager. Oversight of strategic direction of programme and evaluation. Problem solving of programme-wide issues. |

Appendix F: Tables and Charts

Chart I: Average scores for children's and fathers' responses to parental acceptance and rejecting questionnaire, comparing pre- and post-programme scores

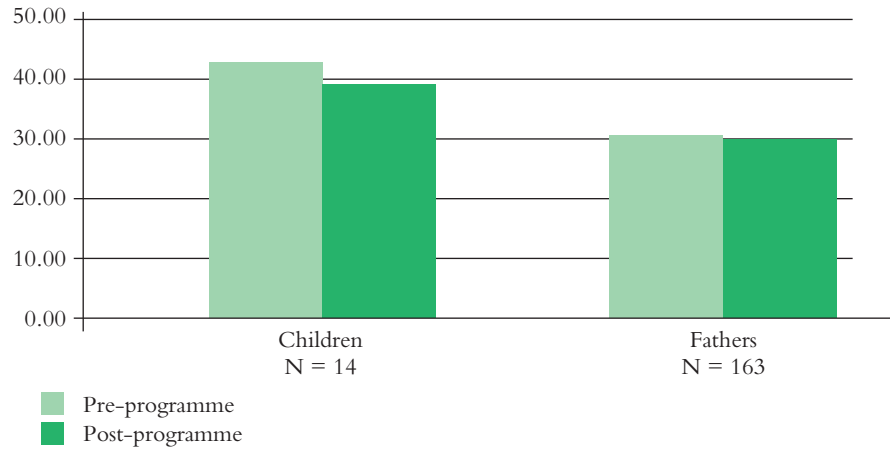
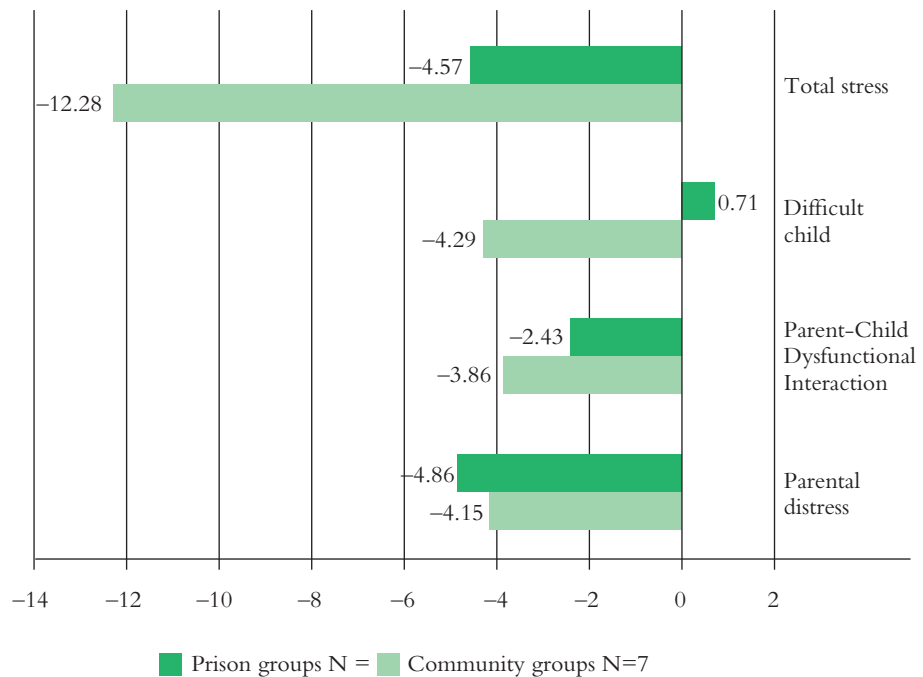


Chart II: Difference-in-difference between the prison and community groups, demonstrating that the community group reported larger decreases in parenting stress post-programme than the prison group

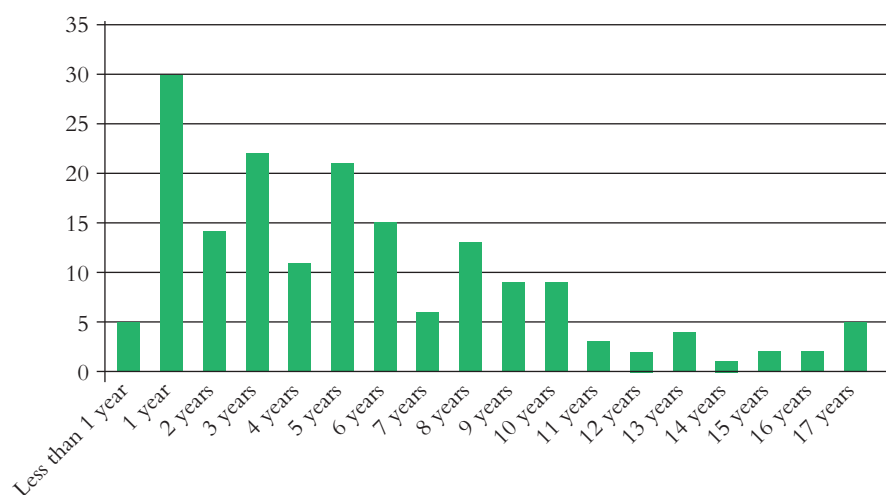


Children affected by the CDSC programme

Table VII: Profile of children potentially benefitting from CDSC at one centre (Prestatyn) (n=174)

| Details about potential beneficiary | Number of children | % |
|-------------------------------------|--------------------|-----|
| Relationship with father | | |
| Child | 157 | 90% |
| Sibling | 3 | 2% |
| Step-child | 14 | 8% |
| Gender | | |
| Female | 83 | 48% |
| Male | 91 | 53% |
| Recorded ethnicity | | |
| Mixed | 3 | 2% |
| White British | 143 | 82% |
| Welsh | 28 | 16% |
| Living with Father | | |
| No | 107 | 62% |
| Yes | 67 | 38% |

Chart III: Age of children potentially benefitting from CDSC at Prestatyn (n=174)



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