



CARING DADS: SAFER CHILDREN EVALUATION REPORT

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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	5
KEY FINDINGS: YOUNG PEOPLE'S VERSION	6
KEY FINDINGS	7
EXECUTIVE SUMMARY	8
Background	8
Method	8
Results	9
Conclusion	11
MAIN REPORT	13
Chapter 1: Background	13
1.1 Why we must work with fathers who perpetrate domestic abuse	13
1.2 Caring Dads: Safer Children	16
1.3 Findings from previous evaluations of Caring Dads and similar interventions	18
1.4 Summary	19
Chapter 2: Evaluation design and methodology	20
2.1 Evaluating domestic abuse perpetrator programmes	20
2.2 Evaluation design	20
2.3 Evaluation participants	21
2.4 Evaluation measures	24
2.5 Ethics	27
2.6 Limitations	27
Chapter 3: Changes in fathers' attitudes and behaviour	28
3.1 Fathers' attitudes to parenting	28
3.2 Fathers' parenting behaviour	31
3.3 Fathers' behaviour with partners	38
3.4 Fathers' behaviour with other workers	46
3.5 Fathers' attitude and motivation during the programme	47
3.6 Summary	51

Chapter 4: Changes to family circumstances and wellbeing	52
4.1 Children’s emotional and behavioural problems	52
4.2 Partners’ wellbeing	54
4.3 Differences for current and ex-partners	56
4.4 Changes to contact and social care involvement	57
4.5 Summary	58
Chapter 5: Children and partners’ perspectives	59
5.1 Children’s understanding of why their father was attending CDSC	59
5.2 Children’s hopes and feelings about the programme	60
5.3 Partners hopes and feelings about the programme	62
5.4 Partners views on CDSC after the programme	67
5.5 Summary	72
Chapter 6: Conclusion	73
REFERENCES	76
APPENDICES	81
Appendix A: Definition of domestic abuse	81
Appendix B: The Caring Dads programme	82
Appendix C: Evaluation of interventions for similar populations	85
Appendix D: Analysis of standardised measures	88
Appendix E: Qualitative interviews	92
Appendix F: Survey of partners and children	101
Appendix G: Case note review	103
Appendix H: Tables and Charts	104

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.

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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. The NSPCC has done some research to find out if the fathers were better dads after the course.

- Some children felt happier and safer after their fathers had been on the course. Other children said their fathers could still be unkind or angry.
- Most fathers said that they found it easier to be a good dad after the course.
- Some of the children's mothers were very unhappy before the course. After the course, some mothers were happier.
- Some mothers said that the father stopped bullying or being nasty after the course.

"The point is my dad has changed. Like I've saw a change in him. Yeah, that's really what's happened, yeah. The programme's done that really, that's it."

(Child interviewed after her father had completed Caring Dads: Safer Children)

KEY FINDINGS

The evaluation of Caring Dads: Safer Children found promising evidence that the programme can contribute to reducing risks to children, including evidence of sustained change among some fathers who complete the programme.

- Fathers and partners reported fewer incidents of domestic abuse post-programme.
- Potential risks to children appeared to reduce as fathers generally found being a parent less stressful and interacted better with their children after they had attended the programme.
- Qualitative data provided illustrations of how the programme can bring about positive improvements in the fathers' behaviour. However, some fathers did not change sufficiently despite completing the programme.
- Sustained improvements in the fathers' behaviour appeared to contribute to increased feelings of safety and wellbeing within their families.

The evaluation provided evidence that CDSC is a helpful contribution to intervention and decision making about children in need or at risk.

- CDSC practitioners influenced decision making about children, either by providing evidence of the fathers' learning or highlighting additional safeguarding concerns.
- CDSC provided opportunities to explain to a father exactly how he needs to change and also to gain more understanding of the current risk he posed to his family.
- Case notes indicated an improvement in children's circumstances for nearly half of fathers who completed CDSC, usually as part of coordinated cross-agency plan.
- Contact with the father's family and working alongside other agencies involved is essential for the safe delivery of the group work programme.

EXECUTIVE SUMMARY

Background

Living in a household where there is domestic abuse puts children at risk of physical injury as well as emotional and psychological harm from seeing or hearing their family members being abused. 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 the need to work with fathers who perpetrate abuse (Featherstone and Fraser, 2012). One approach currently being delivered and evaluated by the NSPCC is Caring Dads: Safer Children (CDSC), a parenting programme for domestically abusive fathers. Originating from Canada (Scott et al, 2006), the Caring Dads programme uses the men's role as a father to motivate them to change their behaviour and thereby reduce the risk of further harm to their children.

During the seventeen-week programme, other workers try to engage with the father's partner and children to provide them with information about the programme and to monitor risk from the father during the period he attends. Few studies of programmes aimed at violent fathers or male perpetrators of domestic abuse have examined whether outcomes for children improve when their violent father attends a programme (Rayns, 2010; Alderson et al, 2013). The evaluation of CDSC attempts to fill the gap in knowledge about the impact that such programmes have on children and those caring for them.

Method

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 are achieved. 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 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. All fathers who started the first session of the programme at one of five NSPCC service centres between October 2010 and October 2014 were invited to participate in the evaluation. Where appropriate, the fathers' children, current partner and ex-partners who were the mothers of their children were also invited to participate.

Where possible, the evaluation participants were followed up six months after the programme to find out if any changes were sustained. 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. Evaluation data included self-completion questionnaires, case notes, face-to-face surveys, qualitative interviews with family members and practitioners, and routinely gathered service data. Data was collated and analysed using Microsoft Excel, SPSS, and NVivo.

Results

Changes in fathers' behaviour

Fifty-four per cent of the fathers who attended the first session went on to complete the programme. The evaluation provided quantitative and qualitative evidence that CDSC can bring about positive improvements in fathers' attitudes and their behaviour towards their children, their partners and professionals working with their family. It should be noted that the evidence also included cases where the changes in a father's behaviour was only partial or temporary, and further intervention or monitoring was required. Also, although the evaluation design benefits from a small comparison group, a more rigorous evaluation design is needed to provide strong evidence that the improvements in outcomes are a direct result of fathers participating in the programme.

Parenting

Potential risks to children appeared to reduce as fathers generally found being a parent less stressful and interacted better with their children after they had attended the programme. The improvements in parenting stress were sustained for fathers who participated in a follow-up approximately six months after the programme. Fathers who completed the programme were less likely to report dysfunctional interaction and perceptions of their children being difficult than fathers waiting to start the programme. The programme helped fathers who posed a risk because they found their parenting role extremely stressful: the percentage of fathers with clinically high levels of stress reduced from 16 per cent to seven per cent post-programme.

While children's reports of rejecting behaviour from their father appeared to reduce, the change was not statistically significant. Children tended to believe that their father's parenting style was more rejecting than he did. After the programme, children described improvements in the way their father communicated with them; shouting less and listening more. Their comments suggested that their father took a more positive, involved role in their lives, with

fewer arguments at home. Partners described fathers who were more cooperative co-parents and recognised the impact that abuse can have on children.

Domestic abuse

Fathers and partners reported fewer incidents of domestic abuse after the programme. Incidents of abuse continued to remain significantly lower for the partners who participated in the follow-up six months after the end of the programme. Current partners reported fewer incidents of violence, intimidation and injury, and both current and former partners reported less emotional abuse, minimisation, and use of threats and isolation or involvement of children in abuse. Partners also reported that the fathers' communication and conduct towards them had improved, as had the way he responded to disagreements.

Changes in family wellbeing and circumstances

Quantitative evidence of change in children's wellbeing was limited by the small samples of child data. Children's scores for measures of emotional symptoms and behavioural difficulties moved in the right direction after the programme, suggesting that they were experiencing fewer difficulties and improved wellbeing, but most of the differences in scores were not statistically significant. Analysis of partners' data found statistically significant improvements: depression, anxiety and inward directed irritability among partners had reduced by the end of the programme; and anxiety continued to decrease for partners who participated in the follow-up six months after the programme.

The programme informed referrers' decision making about children in need or at risk. Case notes for nearly half of fathers completing the programme described one or more of the following positive changes in their children's circumstances: removal from the child protection register or plan; maintaining positive contact with their father, and having more frequent and/or less supervised contact with their father; and benefitting from changes in the father's behaviour. When fathers failed to complete or demonstrate learning from the programme or their participation provided information that indicated further risk, the CDSC workers highlighted additional safeguarding concerns to social services and other agencies; instigated immediate safety planning where necessary, and referred children, partners and fathers to other services.

Children and partners perspectives

Although many children were very young and unaware that their father attended CDSC, some older children could describe why he was attending the programme and what they hoped might change when he completed it. The CDSC workers had an important role in supporting children who might have mixed feelings about their father attending the programme. Most partners who used the service valued the information and the support provided by CDSC workers. Although the majority of partners surveyed (89 per cent) spoke positively about CDSC, their reasoning, views and needs were extremely diverse. Some partners:

- wanted the father to attend for the sake of their child or his child from a previous relationship
- recognised that the programme was an opportunity for the father (and sometimes for both of them) to get advice and help with their parenting
- hoped that the programme would stop ongoing abusive behaviour
- expressed pride that the father had taken the decision to attend

Other partners, who felt negatively and had concerns:

- were worried that the programme might make their situation worse
- perceived the programme as an intrusion or a potential risk
- believed that the father was deceiving the social workers

The programme could symbolise different things to partners. These included: a *means to an end* – if the father completed the programme, it might lead to less social services involvement in their life; an *opportunity to reflect* on their relationship and whether the father could change; and *acknowledgement* of the seriousness of his abuse, either by the father himself or by agencies working with them.

Conclusion

Overall, the evaluation of CDSC has found evidence of sustained change among some fathers who complete the programme, based on measurements of their parenting stress and their behaviour towards their 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 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. In such circumstances, feedback to referrers from CDSC workers informed decision making about the father's access to his children.

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. Further learning from the evaluation about engaging families, attrition and the experiences of teams delivering the programme in several different settings across England, Wales and Northern Ireland is provided in a separate report: *Caring Dads: Safer Children: Learning from delivering the programme* (McConnell et al, 2016).

MAIN REPORT

Chapter 1: Background

Caring Dads: Safer Children is a programme run by the NSPCC to help improve the parenting behaviour of fathers who have exposed their children to domestic abuse. This chapter discusses the rationale for interventions with violent or abusive fathers, the CDSC programme model, and findings from previous evaluations of Caring Dads and similar interventions.

1.1 Why we must work with fathers who perpetrate domestic abuse

When fathers are positively involved with their families, their children benefit socially, emotionally, physically and cognitively (Allen and Daly, 2007), with positive effects on children's attachment, behaviour and adjustment (Lamb and Lewis, 2013). Unfortunately, the positive impact of father-child contact is undermined in families when there is domestic abuse. 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. There is now greater recognition of the impact of domestic abuse on children and the need to work with fathers who perpetrate the abuse (Featherstone and Fraser, 2012). Twenty-five per cent of children are exposed to domestic abuse between adults in their homes at some point in childhood (Radford et al, 2011) and an estimated 130,000 children in UK live in households with high-risk domestic abuse (CAADA, 2012). High levels of domestic abuse are a consistent finding of serious case reviews, which are held when a child dies or is seriously injured as a result of abuse or neglect (Brandon, 2009). It is also one of the most common concerns discussed when a child is put on a child protection register or plan (Scottish Government, 2015).

In England, domestic abuse is defined as:

“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 [and] emotional.”

(Home Office, 2013)

Exposure to 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 and 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.

Children exposed to domestic abuse have a high probability of being subject to other types of abuse (Felitti et al, 1998), either directly or indirectly from the perpetrator or because the abuse has reduced their non-abusing parent’s capacity to care for them (Humphreys et al, 2006). Exposure to domestic abuse can impede children’s developmental progress with impacts that can continue after the abuse has ended (Holt et al, 2008). Growing up with domestic abuse is associated with higher rates of aggression, behavioural problems, depression, and post-traumatic stress (Evans et al, 2008). In adulthood, the children are more likely to have health problems, such as heart disease, cancer, lung and liver disease, and a significant loss in health-related quality of life (Felitti et al, 1998; Corso et al, 2008) and are at greater risk of being a victim or perpetrator of domestic abuse (Whitfield et al, 2003; Zanoni et al, 2014).

Social care services need to engage effectively with fathers, not only to increase the positive contribution that fathers make to their children’s lives, but also to assess the risks that some fathers pose (Burgess and Osborn, 2013). Several writers have identified that social care services often fail to work effectively with fathers – a trend that is exacerbated when fathers are deemed to be high risk (Brown et al, 2009; Walmsley and Kamloops, 2009). Gender often determines how services respond to parents (Scourfield, 2003). For example, interventions designed to improve parenting are usually attended by mothers (McAllister et al, 2012) and it is usually mothers who are held responsible for child safety, which is often impractical in the context of domestic abuse. Meanwhile, fathers are often excluded or avoided during the child protection process (McKinnon et al, 2001; Scourfield, 2003). This is an inadequate response that fails to protect children, as it ignores fathers who need monitoring or intervention (Brown et al, 2009) and it assumes that the risks they pose will be addressed by the criminal

justice system. Similarly, the usual response of merely removing an abusive father from the family home does not necessarily increase safety as violence can escalate during couple separation and also the risks he may present to future child contact or potential future relationships are not addressed. Considered together, all these factors underline the need for effective intervention.

Providing effective interventions for domestically violent fathers has numerous advantages. These include:

- recognising that children are victims of domestic abuse (Callaghan and Alexander, 2015);
- holding men accountable for their children's wellbeing (Peled, 2000);
- encouraging fathers to commit to ensuring they have safe and healthy contact with their children (in circumstances when the child wants the relationship to continue) (Scott, 2010);
- enhancing children's cognitive, social and emotional wellbeing through a healthy father-child relationship (Allen and Daly, 2007);
- contributing to ending violence against women and the use of abusive tactics that are emotionally harmful to children (Scott, 2010);
- placing the responsibility for the father's abusive behaviour clearly with him, thus avoiding the practice of holding mothers solely responsible for protecting their children from the father (Strega, 2008);
- mitigating risks posed by maternal addiction and poor mental health by providing an alternative caregiver when children's mothers are unwilling or unable to care for their children (Scott, 2010);
- allowing for a period of monitoring of the father's behaviour that can contribute to assessments of the risk he may pose to his children (Scott, 2010); and
- reducing the risk of the father perpetrating further violence within subsequent families and relationships (Scott, 2010).

These advantages are more likely to be achieved when the intervention with violent fathers is part of a coordinated response to domestic abuse. However, the coordination and development of services within the sector is hampered by a lack of secure, long-term funding (Berry et al, 2014). Moreover, there is reluctance to prioritise programmes aimed at perpetrators in a context where funding for domestic abuse services is scarce, and scepticism about their effectiveness persists (Kelly and Westmarland, 2015; NICE, 2014a). Provision of interventions aimed at domestic abuse perpetrators is patchy across the UK and where services do exist there is very little

support for the children of men who attend programmes (Alderson et al, 2013).

1.2 Caring Dads: Safer Children

Caring Dads: Safer Children 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). The 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. Originating from Canada (Scott et al, 2006), Caring Dads is a parenting programme for domestically 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. The Caring Dads programme includes three elements: group work with fathers, partner engagement and coordinated case management.

Group work for fathers

To be eligible for CDSC, 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 a male and female worker, 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 their child's mother; and rebuilding trust and healing. Each father's progress is reviewed with him halfway through the programme, and 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 CDSC 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. When partners are willing, the workers keep regular contact to monitor risk from the father while he attends the programme. The partner engagement workers also survey the families and administer questionnaires as part of the evaluation of the programme.

Coordinated case management

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

CDSC is distinct from other programmes aimed at domestic abuse perpetrators in a number of key ways. First, it is described as a parenting programme, but it differs from most parenting programmes, which usually give precedence to the parents' ability to make the best decisions for their family. As fathers attending CDSC 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 CDSC 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 CDSC should not be considered an alternative to the criminal justice sanctions.

1.3 Findings from previous evaluations of Caring Dads and similar interventions

Previous evaluations of the Caring Dads programme have produced promising findings about its effectiveness. A study of 98 fathers who completed the Caring Dads programme in Canada (Scott and Lishak, 2012) found evidence that the programme has potential to promote positive change in fathers' parenting and co-parenting, but no evidence of change in aggression after completing the programme. Within the UK, the evaluation of Caring Dads for the Welsh Assembly Government (McCracken and Deave, 2012) found that men who had been through the programme demonstrated improvements in their aggressive responses to people they interacted with in general. As with a recent pilot study of the service in Leeds (Kaur and Frost, 2014), McCracken and Deave found that the main mechanism for change was the fathers' ability to identify the impact of their behaviour on their children. However, some fathers did not appear to accept responsibility for their actions or aggression towards women.

An earlier study of the pilot Caring Dads programme delivered by London Probation found some significant decreases in aspects of the fathers' parenting stress, a risk factor for child abuse. There was also an indication that the programme may be more suitable for fathers parenting children aged between four and 12 (Lindsay et al, unpublished). Fathers of babies sometimes found it difficult to translate programme materials to their circumstances (Kaur and Frost, 2014; Hood et al, 2014); however, this problem has since been addressed by the programme originators (Scott, Caring Dads Symposium, February 2015). Recent evaluations within the UK have also highlighted the importance of social services involvement and regular feedback from family members to manage risk while the father attends the programme, and to verify any reported behavioural changes (Hood et al, 2014; Kaur and Frost, 2014).

Findings from recent evaluations of interventions for men who have perpetrated domestic violence in the UK are also pertinent despite the fact that they had a different focus and criteria for referral. There was evidence of programmes having a positive impact on behaviour and attitudes (Stanley et al, 2011; Kelly and Westmarland, 2015), and the role of being a father and participation in a group being motivating factors. Kelly and Westmarland's Mirabal study updated the criteria for measuring the effectiveness and contribution of domestic violence perpetrator programmes by providing a broader and more comprehensive understanding of how domestic abuse affects the whole family. Most recently, both Integrated Domestic Abuse Programmes and Community Domestic Violence Programmes delivered by the National Probation Service were found to be effective in reducing domestic violence and any reoffending in the two-year follow-up

period, with small but significant effects (Bloomfield and Dixon, 2015). Appendix C has further information on evaluation of interventions for similar target populations.

1.4 Summary

This chapter has described the Caring Dads model and discussed the importance of working with abusive fathers in order to reduce risks and improve the wellbeing of children and families. It has also outlined findings from previous evaluations of Caring Dads and interventions for similar target populations.

Chapter 2: Evaluation design and methodology

In this chapter, the evaluation design and the measures used are set out. In addition, the participants are described, and the ethical issues and limitations of the research noted.

2.1 Evaluating domestic abuse perpetrator programmes

Evaluating programmes aimed at domestic abuse perpetrators is challenging. A recent review by the National Institute for Health and Care Excellence (NICE) identified:

“... a lack of large, robust studies of interventions for people who perpetrate abuse. The majority were non-experimental (primarily before-and-after studies). Often they did not include a comparison group, had relatively small sample sizes, reported high rates of attrition and lacked follow-up beyond programme completion.”

(NICE, 2014b)

Scott and Lishak (2012) recommended that further studies of the Caring Dads programme should have research designs that include follow-up, randomised control groups and the use of several informants. While the current evaluation was not a randomised control trial, it did include post-intervention follow-up, the recruitment of a sample of partners and children sufficiently large to enable quantitative analysis of their data, and a sample of fathers that enabled comparison of outcomes for different types of fathers, including fathers waiting to start the programme.

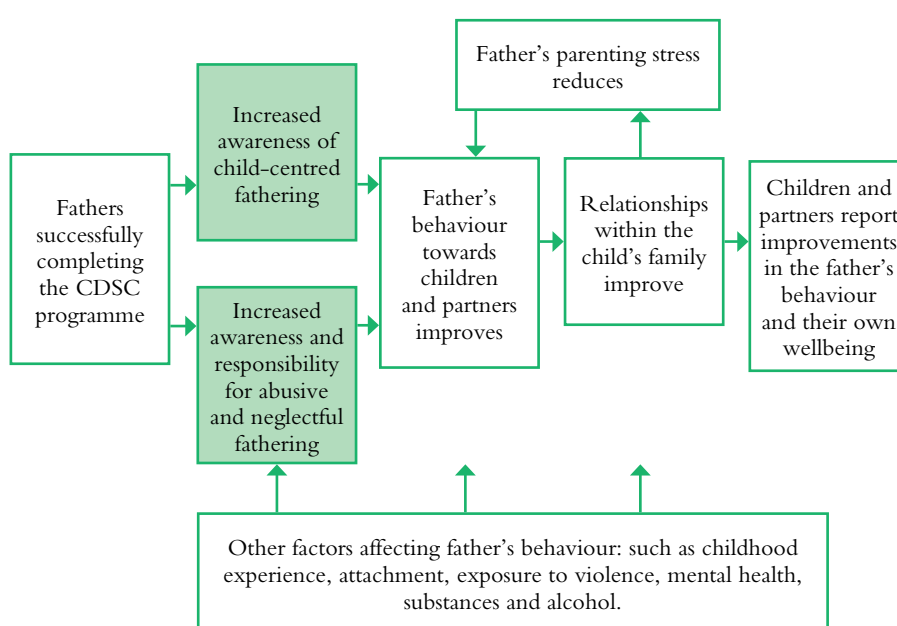
2.2 Evaluation design

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 (Figure 1).

For further discussion of this theory of change see *Caring Dads Safer Children: Learning from delivering the programme* (McConnell et al, 2016).

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. This involved analysis of data from self-completion questionnaires and face-to-face surveys, qualitative interviews, case notes and routinely gathered service data, all of which are described in more detail within this chapter.

Figure 1: Theory of change for CDSC evaluation



Adapted from Abidin (1995)

2.3 Evaluation participants

CDSC was delivered in five NSPCC service centres, located in England, Northern Ireland and Wales. Although four of the service centres are based in cities, referrals often came from the wider area surrounding each city. The fifth service centre serves a predominantly rural population, spread over a large geographical area with poor transport links. Over two-thirds of referrals to the programme came from social services; other referrals came from the Children and Family Court Advisory and Support Service (CAFCASS), probation and health services. Over the whole period of the evaluation, six per cent of fathers had self-referred. The percentage of fathers self-referring decreased from eight per cent during the first few years to two per cent during the final year of the evaluation.

One team delivered two programmes within a local prison. Results for fathers in prison were analysed separately from fathers attending programmes within the community due to the differences in the context of delivering the programme and the type of contact these fathers had with their children. The imprisoned fathers' data provided insights into the impact of the prison environment on programme delivery and evaluation (Appendix H Table XXI), particularly as the prison groups were delivered by the same workers who had delivered the programme at the local service centre.

All fathers who started the first session of the programme were invited to participate in the evaluation. Between October 2010 and October 2014, nearly 350 fathers were asked, and most (97 per cent) consented. The nine fathers who refused to participate at the outset eventually dropped out of the programme. Over half of the fathers (54 per cent) also provided data at the end of the programme. Of those who did not provide data post-programme, only one father refused; all of the other fathers had either dropped out or were asked to leave mid-programme.

Consistent with similar programmes (Stanley et al, 2011), attrition from CDSC occurred at three different stages: prior to assessment; during assessment; or during the programme. Around a third of fathers 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 might indicate that the man was not eligible to take part or practitioners may use their professional judgement to conclude that some fathers were insufficiently motivated to begin the programme at that time.

Referrals to CDSC provide an opportunity for agencies to learn more about the risks posed by fathers. Even when fathers did not start the programme, the referrer acquired information about his eligibility or motivation that could inform their decision making, as the CDSC teams informed referrers if fathers failed to attend appointments or were assessed as unsuitable.

Staff shortages at one service centre led to the postponement of groups, which provided the opportunity to gather comparison data. This data provided an indication about whether the changes observed were due to the CDSC programme or would have occurred anyway without intervention. Table 1 below presents the number of each different group of evaluation participants from whom there is data at each stage of the programme. Figures for partners and children include those who participated at the beginning of the programme only, at the end of the programme only, and also those who participated at each time points.

CDSC teams varied in their success at engaging the families of the fathers on the programme. There was also a large variation in how many families participated in the evaluation, with some partners declining or unable to be contacted. Practitioners aimed to meet with fathers' families by week four of the programme, by which time some of the fathers would have already dropped out. A review of data collection after the first set of programmes identified several reasons why children did not take part in the evaluation (McConnell and Taylor, 2014). Some children were unable to participate because their mother did not consent for them to do so or did not themselves engage with the service. In other cases, practitioners felt that it was not an appropriate time to use a questionnaire with the child (for example, if the child had recently been removed from the family home). Finally, nearly half of the children were of pre-school age and considered too young to participate in the evaluation.

Table 1: Number of evaluation participants at each time point – October 2010 to October 2014

Evaluation participant	Pre-programme	Post-programme	Follow-up
Fathers attending community groups:			
• completing standardised measures (% of fathers attending first group)	334 (97%)	185 (54%)	49 (14%)
• case note analysis	-	178	-
• including comparison samples from one centre:			
- Waiting to start group	15	15	
- Intervention group	26	26	
Fathers attending prison groups:			
• completing standardised measures	10	7	3
Partners:			
• completing standardised measures	132	71	21
• participating in face-to-face survey	109	55	19
Children:			
• completing standardised measures	38	22	9
• participating in face-to-face survey	22	19	6
Total:			
• completing standardised measures	504	278	79
• participating in face-to-face survey	131	74	25

Source: NSPCC Caring Dads: Safer Children teams

Profile of programme participants

Although the age of fathers accepted onto the programme ranged between 18 and 66 years, many were young parents: a fifth of fathers and nearly a quarter of partners were under 25. Similarly, although their children's ages ranged from newborn to adult, a high proportion were younger children, with the median age at four years. Participants' 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) where we might have expected greater similarity.

All of the fathers had contact with their children to be eligible for the programme. For nearly half of the children participating in the evaluation, the contact was unrestricted and unsupervised. Forty per cent of these children lived with the father attending the programme, and for nearly three quarters of the children it was their birth father.

The profile of children participating in the evaluation was similar to that of all children connected to fathers on the programme, although slightly more appeared to live with their father. The majority of partners had other agencies working with them, mainly social services but also agencies including Women's Aid, mental health services, Alcoholics Anonymous and others. A few partners who were receiving no other support at the beginning of the programme were signposted to services like Women's Aid.

2.4 Evaluation measures

Questionnaire data

Fathers, their children and the children's mothers participated in the evaluation 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. Evaluation participants completed questionnaires that assessed the father's relationship and behaviour towards his children and partner, and the effect of any changes in his behaviour on their wellbeing. Where available, partners and children completed equivalent versions of the questionnaires so that the evaluation was not reliant on the father's self-reports. The measures used were:

- the Parenting Stress Index 3rd Edition Short Form1 (PSI);
- the Parental Acceptance and Rejection Questionnaire (PARQ);

1 The most recent 4th Edition of the Parenting Stress Index was not available when the evaluation began in October 2010.

- the Controlling Behaviours Inventory (CBI);
- the Strengths and Difficulties Questionnaire (SDQ);
- the Adolescent Wellbeing Scale; and
- the Adult Wellbeing Scale.

Descriptions of outcomes, alongside the measures used to evaluate them are presented in Appendix D. A validity indicator within the Parenting Stress Index was used to exclude questionnaires completed by 21 fathers (six per cent) that suggested the answers were strongly biased. The procedure for analysing questionnaires can be found in Appendix D.

Children and partner's survey

Partners and children were surveyed at the beginning of the programme about their hopes and expectations of CDSC. At the end of the programme they were asked what changes, if any, they had observed or experienced. All surveys with partners and children were face to face and took place during their meetings with partner engagement workers who asked age-appropriate open questions (see Appendix F). The workers recorded the responses verbatim or encouraged the child or partner to write their answers on the question sheet. Data was collated and analysed using Microsoft Excel, SPSS, and NVivo.

Qualitative interviews

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 workers would be lower than anticipated. It was essential to the NSPCC that the programme was explored from children's and partners' perspectives. Therefore, in addition to the survey and standardised questionnaires administered by practitioners, ten qualitative interviews with eleven family members of fathers attending CDSC were conducted. The interviewees included three children aged between 10 and 15 years, four current partners and four ex-partners. The qualitative interviews explored:

- the partners' and children's experiences of the CDSC programme;
- the benefits they hoped to derive from the programme and whether these have been fulfilled;
- the effect, if any, it has had on their lives and their relationship with the father attending the programme;

- the factors that affected whether it made any difference (positive or negative) to their relationship with the father or their lives generally; and
- whether they believed that the programme was relevant to them or their families and what factors affected their beliefs.

The interviews were also an opportunity to explore issues that the family members themselves considered relevant rather than the predefined issues addressed by the quantitative data. Interviewees were recruited via the partner engagement workers who were in contact with the families while the father attended the programme.

A second source of information about how the programme can make a difference to children and their families was the qualitative interviews held with the CDSC practitioners and managers. The objectives for these interviews were to:

- 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; and
- identify what factors support successful implementation of the programme within a UK context.

Tables V and VI in Appendix E provide a profile of all of the qualitative interview participants. All qualitative interview data was collated and analysed using NVivo and Microsoft Excel.

Analysis of case records

The final element of the evaluation method was to analyse the closing summary statements from the case record system. These provided information, from the group facilitators' perspective, on each father's progress during the programme or reasons why he may have dropped out of the programme. Where the closing summary provided insufficient information, the case record would be checked for further information.

2.5 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. For further details on ethical issues, see McConnell and Taylor (2014) and Caring Dads Safer Children: Learning from delivering the programme (McConnell et al, 2016).

2.6 Limitations

The evaluation design has a number of limitations. First, the sample of children is relatively small, which means that their quantitative findings should also be interpreted with caution, as they may not hold for a larger sample. Second, the comparison group was opportunistic and, therefore, its equivalence to the intervention group is unclear. Third, the comparison involves only the Parenting Stress Index, so we can only infer that changes in parenting stress will have an impact on the fathers' parenting behaviour. A fourth limitation, relating to the follow-up sample is that it is likely that the fathers who completed the follow-up measures excluded most of those who had returned to abusive behaviour.

Finally, the Controlling Behaviour Inventory was designed in-house, and had not had additional reliability and validity testing prior to this evaluation. Anecdotal evidence from practitioners suggested that the questionnaire understated the extent of abuse prior to the programme, because the father and his partner may have already separated during the period of measurement. Even when the measure was revised to accommodate separated couples, it was not always clear which relationship the respondent was referring to and what period they were thinking about when answering the questions.

Chapter 3: Changes in fathers' attitudes and behaviour

This chapter describes the change in fathers' attitudes and behaviour towards their partners and children.

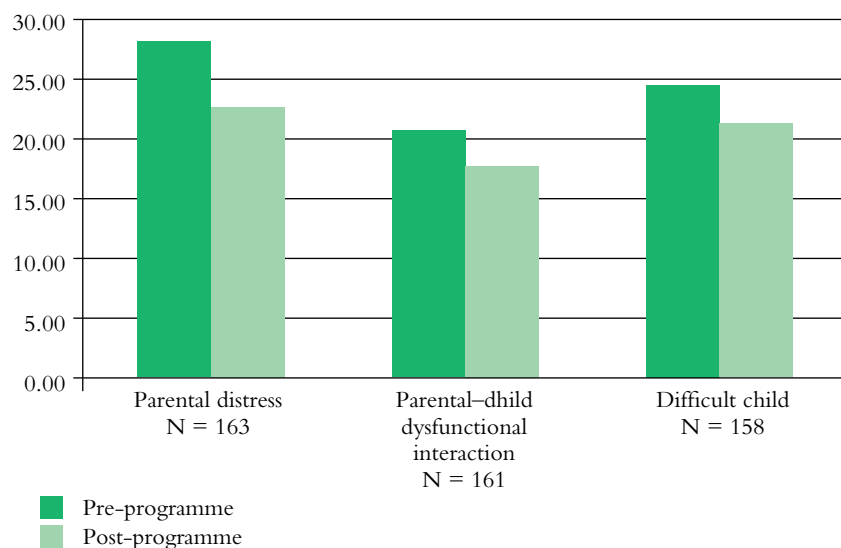
“fathers felt less stressed in their parenting role and had better interactions with their children”

3.1 Fathers' attitudes to parenting

The degree to which a parent finds their role stressful and the relationship with their child dysfunctional has been shown to be linked with an increased risk of child abuse (Abidin, 1995). Therefore, it was perhaps a surprise that most fathers who began the CDSC programme actually reported parenting stress within the normal range (Appendix H Table XVIII). It is not possible to ascertain why this was the case, but it may have been because the groups included fathers not living with their children, fathers where the main child protection concern was their behaviour towards the child's mother, and also fathers who were answering in a socially desirable way.

However, when pre- and post-programme scores were compared, fathers' average scores for a number of subscales (parental distress, parent-child dysfunctional interaction and difficult child) and the overall parenting stress score still indicated statistically significant improvements (Appendix H Tables XVII and XIX). This indicates that the fathers felt less stressed in their parenting role and had better interactions with their children. They also thought that their ability to set limits and gain the child's cooperation had improved.

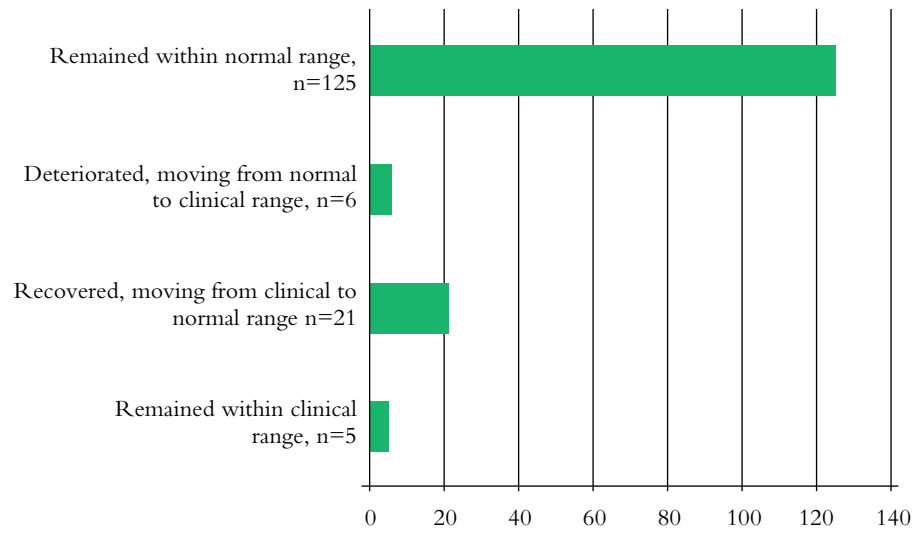
Chart 1: Average pre- and post-programme scores for fathers completing the Parenting Stress Index



Source: NSPCC Caring Dads: Safer Children teams

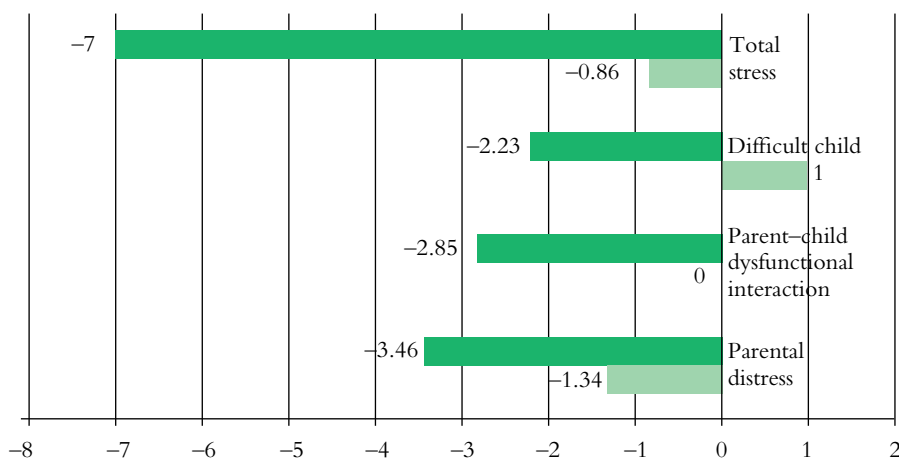
Though most fathers starting the programme were in the normal range for parenting stress, 16 per cent had pre-programme scores within the clinical range, signifying a potential problem or clinical need where the risk of child abuse is increased. These fathers were more likely to recover than deteriorate, with the percentage whose total scores were within the clinical range significantly reducing to seven per cent of fathers by the time they had completed the programme (Chart 2 and Appendix H Table XVIII).

Chart 2: Number of fathers moving between the normal and clinical ranges for the Parenting Stress Index



Source: NSPCC Caring Dads: Safer Children teams

Chart 3: Difference-in-difference between the intervention and comparison group, demonstrating that the intervention group reported larger decreases in parenting stress post-programme than the comparison group.



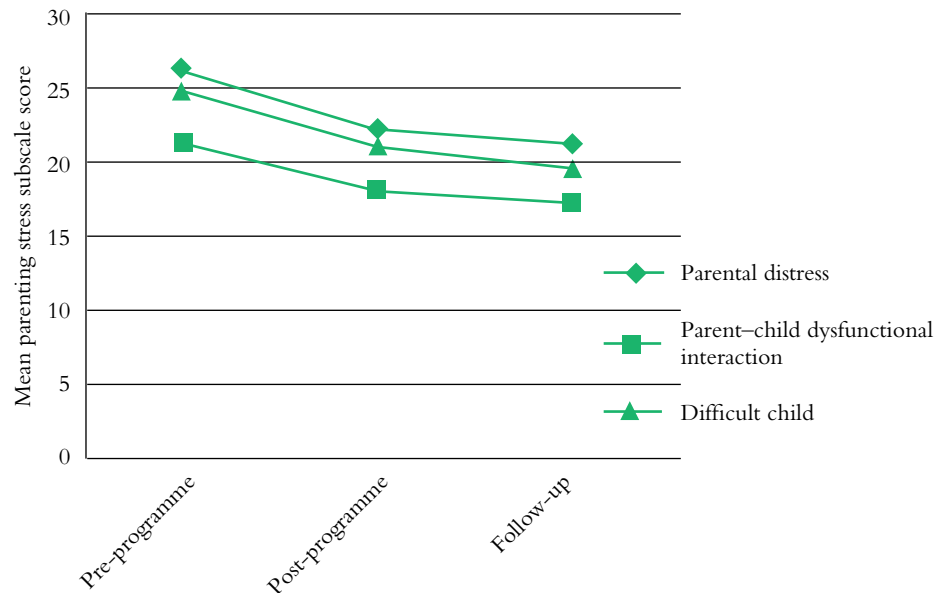
Source: NSPCC Caring Dads: Safer Children teams

“While parenting stress reduced for both groups of fathers, there was a much larger reduction among fathers who had completed the programme than those in the waiting group”

The difference in the waiting group’s mean Parenting Stress Index scores were compared with pre- and post-programme scores from fathers who had completed the programme at the same centre. While parenting stress reduced for both groups of fathers, there was a much larger reduction among fathers who had completed the programme than those in the waiting group (Appendix H Table XX). In addition, the Parenting Stress Index subscales that the programme is more likely to address (dysfunctional interaction and perceptions of the child being difficult) reduced for the intervention group, but remained unchanged or increased slightly for the waiting group (Chart 3). The comparison was opportunistic and, therefore, it cannot be guaranteed that the groups are equivalent. However, the comparison adds considerable weight to the findings and supports the hypothesis that improvements in fathers’ interactions and perceptions of their child can be attributed to the programme.

In total, 52 fathers completed follow-up measures approximately six months after the programme to see if changes that occurred during the programme were sustained (Appendix H Table XXII). The data indicated that the improvements in the fathers’ total parenting stress, parent–child dysfunctional interaction and perceptions of a difficult child were all sustained (Chart 4).

Chart 4: Fathers’ Parenting Stress Index subscale scores at each time point, N=52



Source: NSPCC Caring Dads: Safer Children teams

However, the findings about sustainability of improvements are based on a small proportion of the overall sample (27 per cent of those providing post-programme data) and so may well be biased. Therefore, though these findings are positive because they are moving in the right direction, further research is needed to be confident that, for a group as a whole, improvements seen immediately after the programme are sustained several months later.

3.2 Fathers' parenting behaviour

The evaluation used a measure called the Parental Acceptance and Rejection Questionnaire to assess fathers' accepting behaviour and their hostility and aggression towards their children. The tool is a self-report measure and, therefore, relies on fathers having a realistic view of their behaviour. However, according to both the pre- and post-measures, fathers' average scores indicated that they had more accepting behaviour than would be found in typically warm and loving families. The authors of the measure caution against accepting very low scores at face value, as they strongly suggest response bias, with the fathers either believing or presenting an idealistic view of their parenting. In contrast, the average total score for the version of the questionnaire completed by children was within the normal range, suggesting that, as a group, the children provided a more realistic appraisal of their fathers' behaviour. Children's average scores did reduce between the beginning and end of the programme (Appendix H Table XXVI); however, these results were not statistically significant, possibly due to the small sample of children for whom data was available at each time point.

Further information about fathers' behaviour came from children's comments in the survey they completed about the programme and its effects on their father's behaviour. While it should be acknowledged that children exposed to domestic abuse may want to protect their parents and be reluctant to be critical of their father's parenting or the programme, it is notable that none of the twenty-two children gave negative comments. Four children gave comments that suggested they were wary, sceptical or unsure. Their comments illustrated that some fathers who complete the programme do not change or do not change sufficiently. The children described fathers who regularly shouted at them, and fathers who gave excuses for not being able to see them. Some of the children were still worried about the safety of their mother while their father was still living with them.

The majority of children surveyed had seen an improvement in their father's behaviour after the programme. These children talked about seeing him more often and feeling happier and more comfortable around him. The children's comments suggested improvements in their fathers' communication with them and how he dealt with

"The majority of children surveyed had seen an improvement in their father's behaviour after the programme."

disagreements. These observations are consistent with themes emerging from the interviews with partners and CDSC workers, who commented on the fathers' communication and behaviour in the presence of children, parenting styles and involvement, cooperation with children's mothers, and recognition of the impact of abuse on children. This is described in more detail below.

Improved communication with children

Children reported changes in the way their fathers spoke to them. They noticed if he was making an effort not to shout at them when he told them off:

"Like he doesn't shout when he tells us off, he doesn't raise his voice. He just, like, tells you."

(Child interviewed post-programme)

They also appreciated that he seemed to listen and tried to understand them more:

"He's kinder, nicer. He's more interested. Yeah, he was interested before but, like, he actually listens to everything you say."

(Child interviewed post-programme)

Partners described fathers taking more time to listen to their children; one partner compared the father's behaviour to how he was previously, when he was in too much of a hurry to allow the children to talk:

"Yeah, whereas before when there was a problem, it would sort of be, 'Hurry up quick, quick, quick, I'm doing this, I'm doing that', like, you know, 'Hurry up and tell me what you've got to tell me', now, like, if [daughter's] got a problem, like, she'll come home and she'll say, 'Oh [dad]', and he'll be like, 'Right, what's the matter? Come and sit by here', and he'll sit and listen to her, whereas before he was sort of like, 'Right get it over with, tell me what you want, quick, I'm doing something else', sort of thing. He seems to spend more time now listening to the kids and the problems they've got."

(Current partner interviewed post-programme)

Fewer arguments with children present

Children also noticed that the atmosphere was better at home, for example, if the father argued less with their mother:

“Yeah, because they [her parents] would argue, and, like, they don't argue hardly ever now. And, like, they used to argue a lot, now they don't.”

(Child interviewed post-programme)

For some families, this was because the father was making efforts to control his behaviour and avoid involving his children in disagreements:

“Yes, he's more attentive to our daughter and more understanding of her feelings. If he has any issue with me, he'll discuss it with me rather than cause an argument with her around.”

(Current partner surveyed post-programme)

Partners felt that not involving the children in arguments was important learning from the programme, as reflected in this comment from a partner who had experienced similar behaviour from her parents when she was a child:

“I know for a lot of people, even some of my friends who don't really have any issues with violence or anything in their relationships, but their partners don't really pay any attention to the child or notice the child if they're in the middle of an argument. I think covering not letting a child see or hear that, because even from my personal experience as a child myself and watching it, you don't realise how much they do understand, and I think covering the realisation that you do need to make sure that a child cannot see or hear any sort of arguing really, it's not healthy for a child at all.

(Current partner interviewed post-programme)

Child-centred parenting

It was clear that the programme helped some previously disengaged fathers to learn how to be a more child-centred parent and become involved in their children's lives:

“children reported that their fathers paid more interest in their school work and also played and did more with them”

“They're not all like that but there is a certain category of men that are actually so disengaged prior to coming that I think even the most basic sessions it's a bit of a revelation and the standard of their life and their relations with their children can improve significantly with just those few little things that click together, that little thing of, actually I can be involved, I should be involved, I am their dad, I can go and speak to the teachers and be involved and go and see Christmas plays.”

(CDSC worker)

Consequently, after the programme, children reported that their fathers paid more interest in their school work, such as attending parents evening, and also played and did more with them – taking some of the pressure off their mother who may have had to manage everything before. Partners noticed that the father was calmer, more confident and more thoughtful about the way he interacted with their children. They described fathers as more attentive, more knowledgeable and considerate of what the children needed, for example praising them more often. Partners also reported that their children had also noticed the change and could sometimes be confused, with one partner quoting the children: “Mum, Dad is acting weird – he is playing with us!”

Child-centred fathering also includes parenting children appropriately for their age, recognising the children's needs for supervision and independence will change as their understanding of their world increases. One older child described how she got on better with her father because his parenting of her had changed. She believed that after the programme, her father was less moody and treated her more appropriately for her age, for example by showing that he trusted her:

“Well I think we're just more open with each other so then we just mess about and joke around about everything. We're quite a bit more happy and stuff and we don't argue as much... I think it's because he's changing the way he behaves with me because, I don't know, he speaks to me a bit differently like I'm older and he just seems more controlled with his views and stuff, and it makes

me happy that he's not moody. He don't mind me going out, like, a bit longer now because he can trust me and stuff, yeah, but I think before he was more stricter with me about it, about rules and stuff because he was, like, moody all the time."

(Child interviewed post-programme)

When fathers were able to sustain these changes in their parenting, there was a positive impact on the relationships between the father and his children. One partner noted that the father's son had become more expressive towards his father since the programme:

"So obviously [son] was involved in a lot of that [abuse within father's previous relationship], but I'd say especially over the last sort of six, eight months he's got really close to [his dad] and he'll actually come out now and say, 'I love you Dad', and things like that whereas before he wouldn't show his feelings to him."

(Current partner interviewed post-programme)

Increase in fathering role

Practitioners also talked about how the programme can help fathers take an increased role in their child's life. Sometimes, when appropriate, the father's participation in CDSC would be part of a plan to reunify a family; occasionally the father was or became the child's sole carer:

"We've had a couple of instances where the men have actually been given residence of their children. Now that is obviously in conjunction with the fact that there was significant issues with the children's mothers, but still the fact that they had done the Caring Dads successfully... the safeguarding partners would have acknowledged that that journey, certainly equipped these two particular men that I'm thinking of to become sole carers, which would never have happened without the Caring Dads."

(CDSC worker)

Partners were happier about the children spending time with the father when they could see that he had recognised what he needed to do to have a good relationship with them:

“He’s come back [from the group] and he’s excited to tell me, ‘I learnt this today,’ things about children at [child’s] age, and he’s very enthusiastic, and I got to the point where I was like, ‘Okay, let him have a go now, let him try,’ and then it did build his confidence a lot when it came to my [child].”

(Current partner interviewed post-programme)

“Less contention over contact enabled parents to set up more mutually convenient arrangements that were better for their children”

Some partners also commented that the father was more supportive by taking a greater role in caring for the children and their home, for example cleaning, playing with the children or having them over to stay.

Cooperative co-parenting with ex-partners

Ex-partners comments also suggested that, for some fathers, not only had the amount of contact with their children increased but, importantly, the contact arrangements between the parents were less fraught: one partner noted, “He actually says ‘hello’ now” during encounters. Some ex-partners who previously had concerns about their children having contact with their father felt reassured by the changes they had observed in the father’s behaviour:

“I feel more reassured about my former partner. It is the first time I have seen an improvement and that he has been prepared to listen.”

(Ex-partner interviewed post-programme)

Fathers increased ability to think about their own behaviour and recognise potential flashpoints appeared to reduce arguments. Less contention over contact enabled parents to set up more mutually convenient arrangements that were better for their children; for example, the father being able to collect the children from their home rather than a designated public place, or both parents being able to celebrate a child’s birthday together:

“If he had not attended CDSC [things] would not be where they are now. He can see [child] whenever he wants. He thinks about his behaviour and actions more. [We] no longer argue over silly things. [He] is aware of what triggers his anger. Caring Dads made him realise the relationship he could have with his child.”

(Ex-partner surveyed at post-programme follow-up)

Recognition of previous abuse and its impact on children

Partners thought it was particularly useful that the programme had helped the father gain more insight and understanding about the impact of his own abuse on his children:

“I think he knew he’d done wrong, but I think he thought although he’d done wrong there wasn’t that much impact on [son] because he was young, I don’t think he realised how much impact there was. A lot of the time before he started the course it was, ‘Oh yeah, but he was only little’, but now whereas he’ll say now, ‘Yeah he was little but this still had an effect on him’, so I think he realises now that that effect did happen.”

(Current partner interviewed post-programme)

Once they had recognised the impact of what they had done, fathers could be very remorseful and want to discuss what had happened with their children. Practitioners encouraged fathers to be careful about how and when they would broach these discussions, and to always pay attention to their child’s wishes and pace:

“Sometimes they’d want to rush out then, when we got to certain parts [of the programme] and go... ‘I’m really sorry... I know it would have affected you like this, and this, and this’. And you’re like [holds hand palm up] ‘Whoa! You may be ready but it may not be the best thing for your child right now. You’d need to make yourself available but you don’t call the shots on it.’ So we had to practise that a lot.”

(CDSC worker)

Greater understanding of the effects of domestic abuse on children helped some fathers to have more patience with children who were recovering from abuse:

“Even with my kids, because they’ve got the problems, and he never lived through it with us, he used to find it hard to cope with the things like if they kicked off and that he’d be like, ‘Oh here we go again’, whereas now he seems to step back and think, ‘Yeah okay they are playing up like this, but this has happened, this is probably the reason why’, and he does think about things a lot more now.”

(Current partner interviewed post-programme)

However, like the children, some partners also noted limits to the fathers' change. For example, partners might note that the father may have tried talking more to his child as part of this homework but gave up afterwards and did not continue to try. Others reported a general improvement in his behaviour, but still occasionally arguing with the children:

“And I keep on telling [him] he’s arguing with a child, but he just don’t seem to get that through his head. He doesn’t seem to realise that. And taking it like a pinch of salt, like. He don’t seem to realise nothing like that.”

(Ex-partner interviewed post-programme)

3.3 Fathers' behaviour with partners

Many of the fathers attending CDSC were already very involved “hands-on” fathers, but needed to change because they were abusive to their partners or lacked the insight to realise that in order to be a good father they needed improve their relationship with their child’s mother. CDSC workers talked with fathers about they could improve this relationship and encouraged them to think about how their children would feel about the way he talked about and behaved towards their mother:

“You do also get this category who are, ‘I’m a really good dad but it didn’t work with mum’, and actually what you hear all the time is all the negative stuff about mum and it’s like the cogs turn for them a little bit later on [during the programme] I think when they realise that actually, especially when you can flip it to them and say, ‘As a child, how would it have felt for you if somebody was slagging your mum off, or saying stuff about your mum all the time, especially if that person was your dad?’ and it seems to click for them a bit but up to that point they would be quite happy saying lots of negative things about mum really and not thinking that that in itself is abusive because ‘I’m a good dad and I do stuff with them’. So we do hear that quite a lot I think as well.”

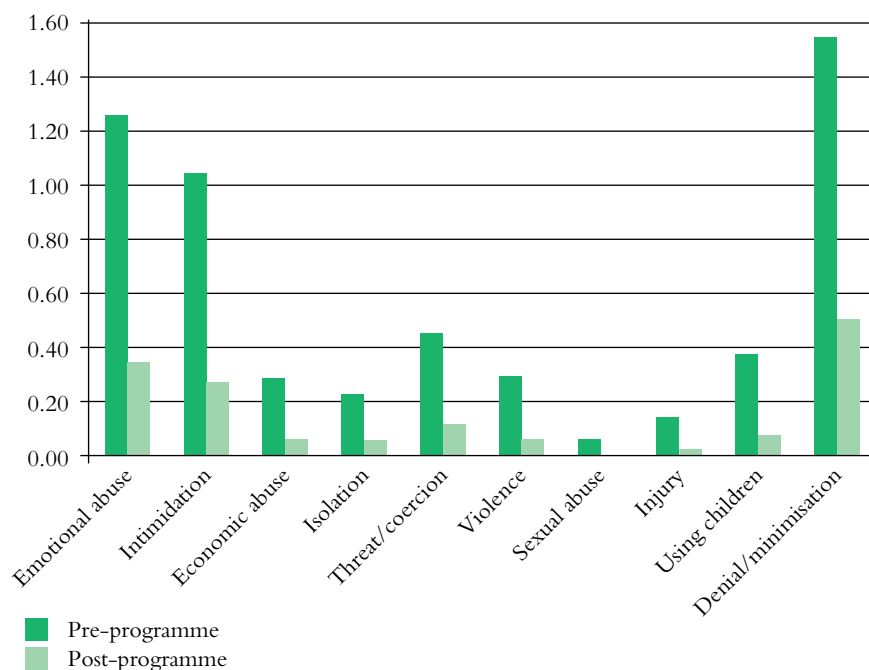
(CDSC worker)

Incidents of controlling behaviour

Fathers and partners were asked to report incidents of controlling and abusive behaviour perpetrated by the father towards his partner using the Controlling Behaviour Inventory. The responses obtained at the beginning of the programme indicated that fathers attending CDSC had perpetrated a range of controlling and abusive behaviours towards their partners either during their past relationship or directly prior to attending the programme. These included incidents of violence, sexual abuse and abuse involving their children. Emotional abuse, denial and minimisation of abuse were the most frequently recorded. Partners reported a higher number of incidents than the fathers, probably reflecting their differing perspectives and possible inhibition about reporting the behaviours (Appendix H Tables XIII and XVI). In addition to the average number of incidents (Chart 5), the proportion of partners reporting one or more incidents of controlling behaviour also reduced. Some types of behaviour reduced more than others (Chart 6). While the percentage of partners reporting denials of abuse reduced by a third, partners reporting abuse using children reduced by more than two-thirds.

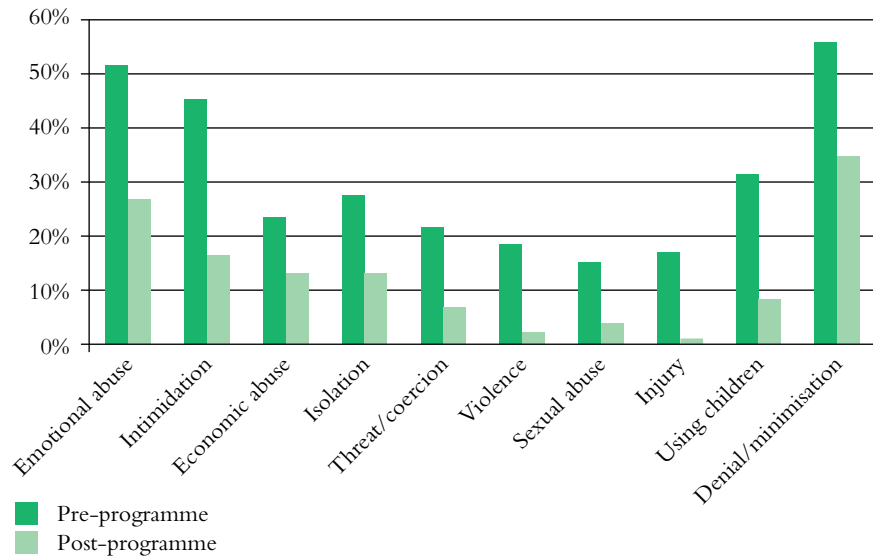
“the proportion of partners reporting one or more incidents of controlling behaviour reduced”

Chart 5: Average number of incidents reported by partners via the Controlling Behaviour Inventory, comparing pre- and post-programme score, N=66



Source: NSPCC Caring Dads: Safer Children teams

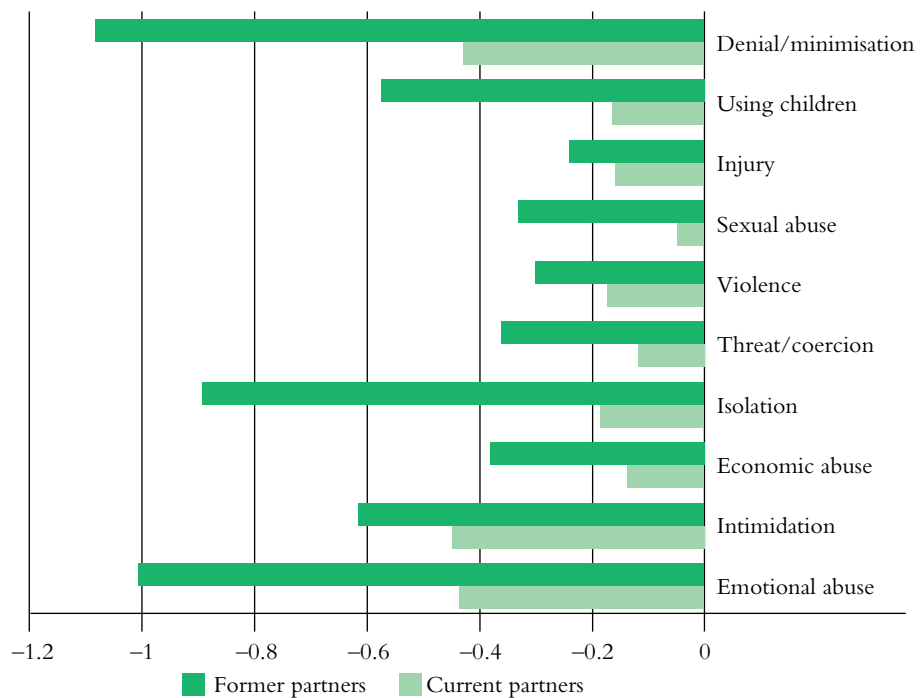
Chart 6: Percentage of partners reporting one or more incidents of controlling behaviour before and after the programme, N=66



Source: NSPCC Caring Dads: Safer Children teams

Analyses comparing current and former partners' data found that while both current and former partners reported a decrease in abusive behaviour post-programme, former partners' scores indicated bigger decreases in incidents of abusive behaviour than current partners (Chart 7).

Chart 7: Difference-in-difference, comparison of current and former partners' difference in average reported pre- and post-programme scores for the fathers' controlling behaviour, demonstrating that, on average, former partners reported a bigger decrease in controlling behaviour post-programme.

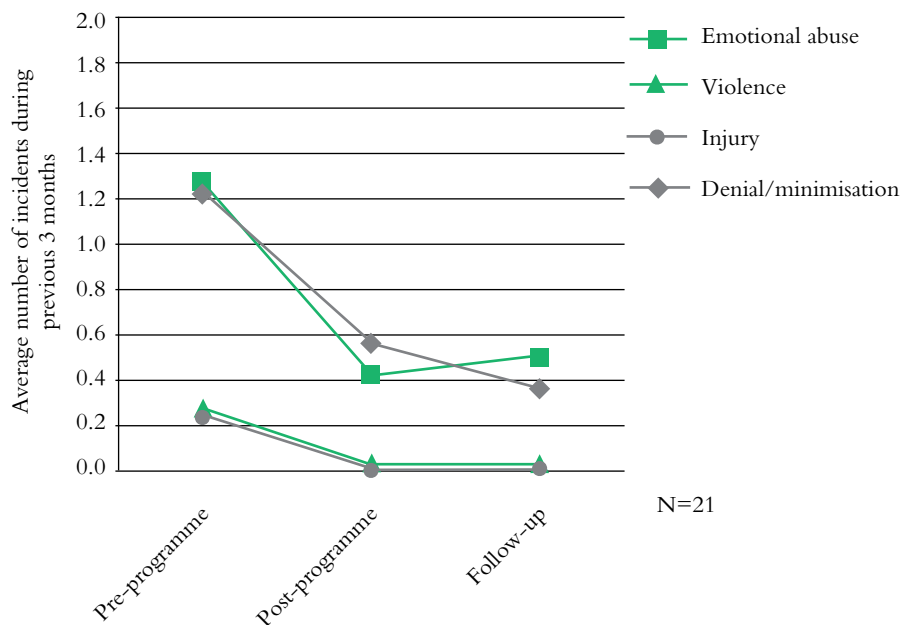


Source: NSPCC Caring Dads: Safer Children teams

It is not clear to what extent this difference was due to lack of opportunity for the father to be abusive or because former partners tended to report higher levels of abuse and thus had more scope for change. Some CDSC workers thought that current partners might report less abuse than former partners because they were still within the relationship and wanting to see an improvement. The workers also thought that partners who had already separated might be more empowered and less likely to minimise the father's abusive behaviour.

Analysis of average overall scores for controlling behaviour provided by fathers at each time points suggested a statistically significant decrease between the pre- and post-programme scores, and also the pre-programme and follow-up scores (Appendix H Table XXXIII). Similarly, for the average overall score for his controlling behaviour reported by partners, the reductions were approaching significance for the pre- and post-programme comparison, and significantly different when the pre-programme and follow-up overall scores were compared. Four of the Controlling Behaviour Inventory subscales (violence, injury, denial/minimisation and emotional abuse) reported by partners had statistically significant reductions in the average score over the three time points (Chart 8).

Chart 8: Differences in the average number of incidents of controlling behaviour from the father during the previous three months reported by partners at each time point



Source: NSPCC Caring Dads: Safer Children teams

These results suggest that there were no incidents of violence or injury towards this group of partners during the programme. This is what we would expect, as those fathers who did commit violence during the programme were in breach of the ‘no abuse’ contract signed at the beginning, and were asked to leave. The scores also suggest that there were no incidents of violence or injury to partners during the months following the programme either, when many of the fathers would have been under less scrutiny than the time they were attending.

While it is acknowledged that those who agreed to participate in the follow-up were less likely to have continued to experience physical abuse, it is reassuring that no further incidents were reported in the data available to the evaluation. This finding is also promising when considered alongside reoffending rates for domestic violence perpetrators, which tend to be high: for example, a recent controlled study suggested that a third of domestic violence perpetrators reoffend within two years and over a fifth of those who have attended an Integrated Domestic Abuse Programmes or Community Domestic Violence Programmes will reoffend within the same period (Bloomfield and Dixon, 2015).

Partners did continue to report incidents of denial or minimisation and emotional abuse after the programme, although to a much lesser extent than before the father attended the programme. Discussions with CDSC workers suggest that these results appear to reflect their own experience of running the programme: they did not expect all abusive behaviour to completely cease or for the programme to work for all fathers:

“You can't paint a picture that it's successful for everybody because for one reason or another some people tend to revert back to previous behaviours.”

(CDSC worker)

Workers also thought that there were potentially more opportunities for emotional abuse to occur post-programme if the father's contact with their children had increased after completing the programme. While some former partners said that they could not comment on improvements in the man's behaviour towards them as they had very little contact with the father, most spoke positively about the programme and its impact. Partners noted improvements in the father's communication and conduct, and how he responded to disagreements. Only three of the partners surveyed had views that remained negative throughout. In some cases, partners who had been initially sceptical about CDSC, either because they thought the father would drop out or because they did not think he needed to attend,

were surprised and pleased when he completed the programme or had told her that he had benefited from it.

Improvements in communication and conduct

Partners described the fathers as calmer, more thoughtful, and more insightful and more aware of the impact of domestic abuse. They reported that fathers were generally happier and nicer to be around, possibly because the programme helped fathers to resolve issues from their past:

“He’s generally nicer. I mean it’s hard to really put your finger on it but I think if you’ve got issues that you haven’t dealt with then you end up having trust issues because it comes out in your behaviour and people pick up on that so it’s sort of a negative cycle. So, I don’t know, he just seemed a lot happier after the Caring Dads.”

(Current partner interviewed post-programme)

Current partners described the fathers as more communicative and taking time to listen to them and their children. These changes to communication could sometimes be even more surprising in the context of long-standing relationships, where patterns of behaviour were assumed to be ingrained:

“[He] talks to me now, rather than grunts at me. Offers to do things for me... spoken more to me now that he’s done in our relationship. He’s much more understanding.”

(Current partner surveyed post-programme)

Response to disagreements

A welcome change was the fathers’ responses to disagreements. When disagreements occurred, partners said the father was now more likely to talk through the problem rather than shout or storm out. Also he listened and no longer believed he was always right. Partners appreciated that the father was more likely to apologise after an argument:

“the programme had helped the fathers to avoid arguments escalating in the way they would have done previously”

“If he upsets me or we do have an argument, before he would never ever apologise, until doing the course. And even though he only does it by text messages most of the time, but after doing the course... like we'll argue, and then he'll have five minutes to himself, and then he'll think, 'Right, okay, maybe I was out of order,' and then he will come and apologise, 'Okay, maybe I did say that the wrong way but I didn't mean it the way it came out and I am sorry.' It's slow, but it's improved a lot, and I think it's great.”

(Current partner interviewed post-programme)”

Current partners also reported that the programme had helped the fathers to avoid arguments escalating in the way they would have done previously. Fathers were described as being less likely to be annoyed by the behaviour of others, and more able to recognise that although he could not control the behaviour of others, he could control how he reacted to it by remaining calm:

“He used to get, like, really annoyed about what his ex [had] done, like when she messed around. But now he's just sort of, like, let her carry on, if she wants to play games let her carry on, it's like he's sort of thought 'well she's going to do it', whether he gets annoyed or not so he may as well just stay calm about it.”

(Current partner interviewed post-programme)

Safer separation

Domestic abuse can often increase during or after a couple's separation (Brownridge, 2006). The programme helped some fathers to resolve issues during their separation in a constructive way that would help their children and reduce risks of further abuse:

“We've worked with families where the positive outcome is where they separate, and where there hasn't been violence and any aggression involved in that separation but they've managed that in a way that respects that that's the best thing for them all as a family.”

(CDSC worker)

One ex-partner described how her relationship with the father had improved since the programme to the extent that, although they would not resume their relationship, she was planning to move nearer to the father and other family members, which would be easier for everyone. CDSC helped fathers to recognise that the need to be civil with ex-partners also extended to her relatives and potential new partners, who were likely to be important in his child's life. For example, a potential cause of anxiety was removed for a child whose father recognised this:

"The child said that he was worried [when] he was with him and he would see mummy and her new partner; because he liked the new partner and he liked daddy and they were both important to him, so he said he'd take that on board and he responded really well."

(CDSC worker)

"Not all fathers gained insight into the effects of their behaviour"

Only partial or temporary change

In other cases, it was clear that the behaviour of some fathers had not changed or that they had only made partial or temporary improvements. Examples included the father stopping himself from going into a full rage but still acting in an intimidating way, or changing his behaviour with the children but still acting in a threatening way towards his partner. There were also fathers who used knowledge gained from the programme to criticise and undermine their partner's parenting. Not all fathers gained insight into the effects of their behaviour and some still blamed others for why they were separated from their family:

"You know I think even to this day he can't understand why he was kicked out of the house. As far as he's concerned it's all the social worker's fault. That she's... just doing everything by the book and you know I think still to this day he's in denial and he thinks he's only been put out because of the social worker and probably myself being stupid enough to listen to her."

(Ex-partner interviewed post-programme)

Some partners felt that the father's behaviour had improved but he needed more input. Some fathers did not seem to understand that, despite his changes, it would still take a long time before his family trusted him again:

“He has changed a lot and the course has helped him, but he’s still not all the way there, he’s still adamant that he’s right about everything and he expects me to forgive and forget straightaway. He doesn’t see that I’m allowed to be angry and not trust him because of what he did and he expects it to be over and done with straightaway, not that there is a process and he has to be patient and trust is earned.”

(Current partner interviewed post-programme)

Other partners reported that the change had been only temporary; the father had changed for a while but after a few months he had reverted back to petty behaviour around contact arrangements:

“Initially he was behaving better, but now he is argumentative towards myself and [the social worker]. So, for example, if he misses a day with [child] he wants [child] back another day. But that interferes with [child]’s routine. He told the social worker that I had agreed that when I had not. I don’t think there is anything wrong with the programme. It is just him. Maybe he doesn’t take stuff in or he does not want to. He won’t be told what to do.”

(Ex-partner interviewed post-programme)

3.4 Fathers’ behaviour with other workers

One of the lessons from the CDSC programme was that each father needed to think about everyone who was important in his child’s life and then think about how to build a positive relationship with them that will benefit their children. This included others working within the child protection or social care system. For example, fathers were encouraged to be supportive of their children’s foster carers so that their children could have a happier, more stable placement:

“He recognised that he was not going to be able to care for these children full time. So he was supportive of foster carers and the system as well and that makes a difference I think for children when they’re in care. He valued the stability that was being offered to them, that he hadn’t been able to offer them.”

(CDSC worker)

CDSC practitioners received feedback from professionals working in other agencies that fathers who had completed the programme were more patient and cooperative with the court process and the child protection system:

"I've had feedback from a lot of professionals that have referred them in, some of the more angry dads, where maybe the referrers have been a bit wary of them. And they've said that even though nothing has changed regarding them having contact, they're more patient; they listen more to them; they don't get as angry. So, the people working with them, like the CAFCASS workers are getting less worried about working with them in a way. They say they're much more respectful and they're calmer. So, the programme seems to work on that level."

(CDSC worker)

"attrition prior to and during the programme compared well with those reported from similar interventions"

This suggests that CDSC has a role in enabling fathers to more readily engage with other workers within the child protection system and equally demonstrate to others within the system that it was possible to develop a meaningful working relationship with the fathers.

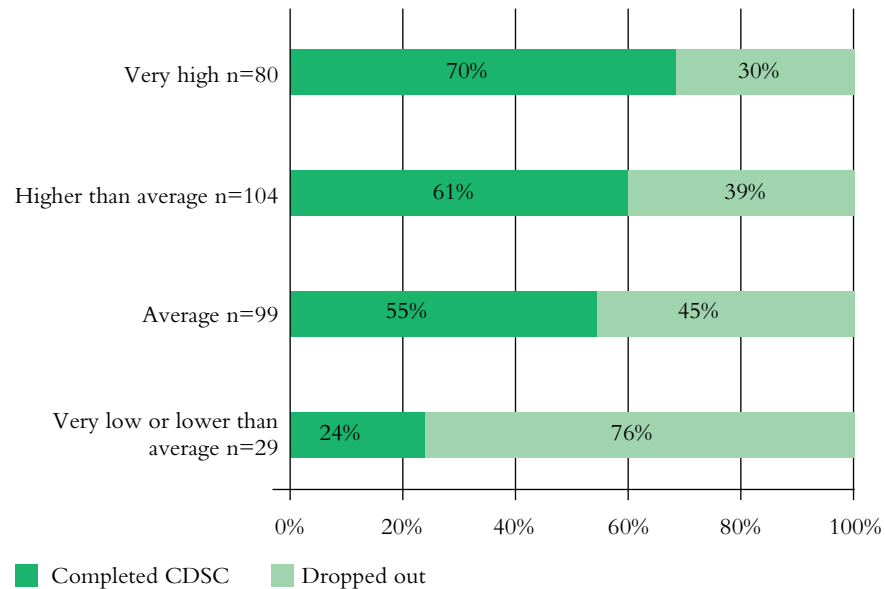
3.5 Fathers' attitude and motivation during the programme

Poor attendance and high eventual dropout are typical of programmes aimed at perpetrators of domestic abuse (Jackson et al, 2003). Fathers referred to CDSC dropped out of the programme prior to and during assessment, after assessment but before the first session, and during the programme. Levels of attrition prior to and during the programme compared well with those reported from similar interventions (Donavan and Griffiths, 2015; Williamson and Hester, 2009). Fifty-one per cent of fathers who attended the first session of CDSC went on to complete the programme.

Attrition during the programme varied across the service centres delivering CDSC, ranging between 37 per cent and 66 per cent. Unsurprisingly, fathers who the programme facilitators believed were more committed at the outset were more likely to complete the programme (Chart 9). However, even when fathers had high levels of commitment, approximately one third did not complete the programme. The proportion of the fathers starting the programme

with low levels of commitment was relatively small (nine per cent) as most were either excluded during the assessment or failed to attend the first meeting of the group. Most fathers with low commitment did not complete the programme (76 per cent).

Chart 9: Percentage of fathers completing CDSC according to the group facilitators' assessment of fathers' commitment at the beginning of the programme



N=312

Source: NSPCC Caring Dads: Safer Children teams

Experienced group facilitators became familiar with the attitudes and behaviours of the fathers within the group who were motivated and likely to complete the programme:

“You can nearly always tell the ones that are going to drop out and the ones that aren’t, and generally the ones that drop out are the ones that aren’t ready to make the change or don’t want to make the change. And the ones that stay on are the ones that are genuinely motivated to change. And in the whole assessment, no matter what they say to you, you can only ever really take them at face value. Until you get started in the group, and that’s when you begin to see really whether they’re being open and honest or not.”

(Group facilitator)

Appearing to say the right things at assessment did not guarantee that the father had wholehearted commitment. Sometimes, it was the fathers who gave only a minimal acknowledgement of their abusive behaviour during the assessment who eventually achieved the greatest change in their attitudes and behaviour:

“One of them actually mouthed all the right words, did all the right things but there were questions about his genuineness about it all. And for others, actually there was minimum acknowledgement, but it gave you something to work on.”

(Group facilitator)

The motivations of fathers often changed during the programme. While some might initially be motivated to attend to obtain greater access to their children or strengthen their position in disputes about contact, their attitude could change once they began to understand the benefits of improving their fathering:

“There was one where this guy who initially came here just for the sake of proving a point to court so he could have contact, [he] actually changed his whole understanding and motivation in relation to coming to the programme and then did some good changes; still a long way to go but he did some changes.”

(Group facilitator)

The change in attitude was particularly striking for fathers who, as a result of implementing what they had learnt on the programme, experienced improvements in their relationships with their children to the extent that they enjoyed spending time together and had begun to build trust:

“He was saying, ‘I can’t believe I’ve missed out on all this stuff.’ And his kids, whereas before they were very kind of distant from him, every time they see him now they run up to him and jump on him and it’s, ‘Daddy, Daddy, Daddy!’ all this kind of stuff, so they’re pleased to see him, they feel that they can talk to him. And one of his children opened up to him about some bullying in school, and he said that would never have happened before. So I think that’s a good example of how he changed his behaviour, seeing the value in his own children, but they’d also got a father that they felt they could approach, that they could play with.”

(Group facilitator)

Interviews with the fathers' families also provided evidence of changes in the fathers' attitudes towards the CDSC and their perceptions about how it could benefit them and their families. Partners talked about the fathers being initially resistant to attending or recognising that it was something he had to 'get through'. For example, some fathers, shocked by what they heard about child abuse, disassociated themselves from others on the programme and questioned why they had to attend:

"Some things he heard shocked him. So sometimes he would think 'Why am I here?', but eventually he did not mind overall."

(Ex-partner interviewed post-programme)

Practitioners felt that after attending a few sessions, most of the fathers who were likely to complete the programme settled in. Factors that enabled this, according to the fathers' partners, were approachable group facilitators, the father himself being open-minded, having good rapport within the group and meeting other men in similar situations. Partners thought that the fathers having the opportunity to "get things off their chest" and to realise that they were not the only one needing help with problems or parenting, was helpful. Enjoying the process of learning and being able to demonstrate their progress and commitment to their families also facilitated the retention of fathers:

"When he did come back and he'd show me, like, his homework book, or his workbook that he'd done, and then sometimes when he was having to fill it in, he'd ask me questions on my opinion on what he should write on certain things. Or he'd show me what he'd done that day, and he was quite excited, I suppose really as well, because of how far he'd gone and how much he had done, really."

(Current partner interviewed post-programme)

There were fathers whose attitudes towards the programme appeared to be more cynical, with their partners believing that he was attending just because he wanted to be eventually left alone or because he thought attendance would enable him to obtain residency of their child:

"I don't think he really cared what he got out of it. He just wanted to say, 'Oh there's my piece of paper, I've done the course, now leave me alone.'"

(Ex-partner interviewed post-programme)

Such attitudes were likely to be reflected in the final reports written about the father by the group facilitators or, more typically, fathers with these attitudes would find the programme challenging and would eventually dropped out. For more information and analysis on programme attrition see additional NSPCC report: *Caring Dads: Safer Children: Learning from delivering the programme* (McConnell et al, 2016).

3.6 Summary

This chapter has provided quantitative and qualitative evidence that CDSC can bring about positive improvements in fathers' attitudes and behaviour towards their children, their partners and professionals working with their family. This change can have a positive impact on the lives and relationships of all concerned. Fathers' attitudes toward the programme often change once they begin to experience the benefits of their learning. However, the data also included cases where the changes in the father's behaviour were only partial or temporary and further intervention or monitoring was required.

“Fathers' attitudes toward the programme often change once they begin to experience the benefits of their learning”

Chapter 4: Changes to family circumstances and wellbeing

Few studies of programmes aimed at violent fathers or male perpetrators of domestic abuse have examined whether outcomes for children improve when their violent father attends a programme (Rayns, 2010; Alderson et al, 2013). This chapter presents the analysis of children’s emotional and behavioural problems before and after the fathers attended CDSC, and also changes to partner’s wellbeing. It also describes changes in the children’s circumstances after their father attended the programme identified from the analysis of case notes.

“The proportions of children participating in the evaluation who were experiencing abnormal levels of difficulties were unexpectedly low”

4.1 Children’s emotional and behavioural problems

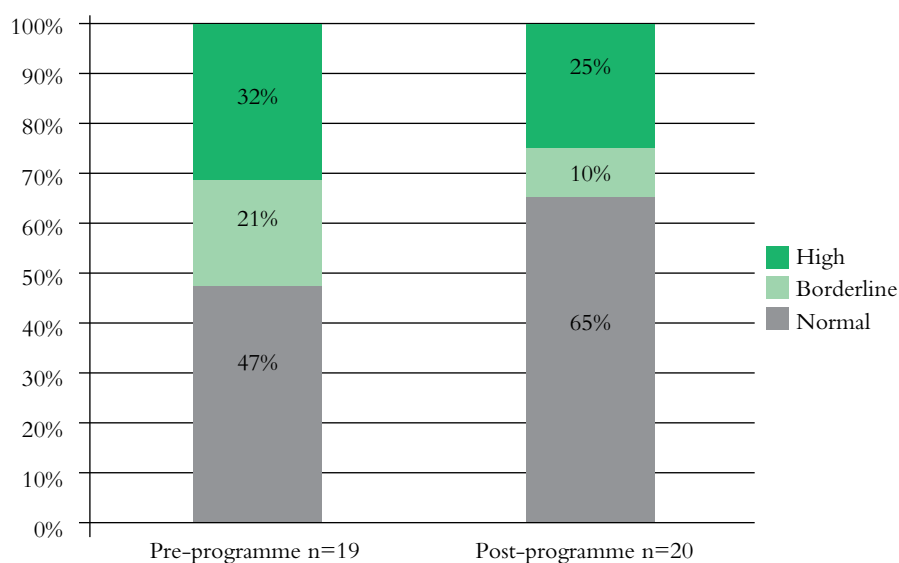
Strengths and Difficulties Questionnaires (SDQ) completed by children or their main carer when their father began the programme indicated that just under a third was experiencing abnormal levels of difficulties or emotional symptoms according to their total SDQ score. Analysis of the measures subscales indicated that over a third had emotional problems, a quarter displayed conduct problems, and nearly a fifth had scores suggesting they were hyperactive (Appendix H Table IX). The proportions of children participating in the evaluation who were experiencing abnormal levels of difficulties were unexpectedly low, given what we know about the adverse impact of domestic abuse on children (Stanley, 2011), and also given the difficulties experienced by children attending our domestic abuse recovery services (Smith et al, 2015). Results from fathers completing the same questionnaire appear to understate children’s difficulties further still, with less than 1 in 10 indicating that their child was experiencing difficulties.

Discussions with CDSC practitioners suggested two possible explanations for why fewer of the children had high SDQ scores than one might expect. First, they believed that the children experiencing the greatest difficulties were less likely to participate in an evaluation of CDSC. This was because children exposed to the most extreme forms of domestic abuse were unlikely to have any contact with their father, which would mean he would be ineligible to attend. Also practitioners were often reluctant to broach evaluation discussions with children who had difficulties when they were not offering a service to help them to recover or if were aware that the children had already received post-abuse services and may not want to revisit the issues again. Second, was the suggestion that the parent respondents’ experience of domestic abuse, either as a victim or perpetrator, can affect their perceptions of their child and their difficulties and, therefore, how they complete the SDQ.

When pre- and post-programme SDQ scores were compared, although the average score for pro-social skills increased and behavioural difficulties reduced, none of the differences observed for questionnaires completed by the fathers or the children/main carers were large or statistically significant (Appendix H Tables XXXVI and XXXVIII). Further analysis was conducted on the father respondent dataset to examine the clinical significance of the changes in emotional problems. Over four-fifths of the children had pre-programme scores that were within the normal or borderline ranges and remained so post-programme. The remaining fifth of children comprised of the five per cent who deteriorated with scores moving from the normal to high scores, the two per cent of children with scores that were high at both time points, and the 10 per cent of children with scores that improved (Appendix H Table XXXVII).

For the SDQs completed by children or their main carer, the proportion of children with data at both time points whose scores were within the normal range increased, but the difference was not statistically significant (Chart 10).

Chart 10: Percentage of children with high, borderline or normal difficulties pre- and post-programme



Source: NSPCC Caring Dads: Safer Children teams

When children’s SDQ scores were analysed over the three time points, significant differences were identified for the total difficulties and peer problems scores (see Appendix H). However, as the sample over the three time points consisted of only seven children, this finding clearly has limitations. Similarly, although there was a clearer difference in mean scores for the Adolescent Wellbeing Scale, reducing from 7.63 to 4.63, the difference was not statistically significant. This is possibly

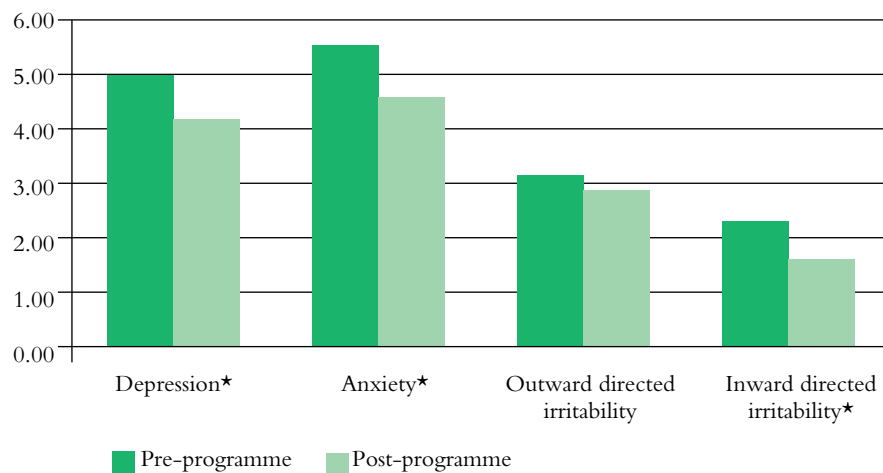
due to the small number of children within the relevant age range for the measure.

4.2 Partners' wellbeing

Over a quarter of partners completing the Adult Wellbeing Scale at the beginning of the programme had scores indicating that they had problems with depression, and one fifth had scores indicating anxiety. When partners' wellbeing pre- and post-programme was compared, average scores for each of the subscales (measuring depression, anxiety, inward directed and outward directed irritability) reduced and there was a statistically significant reduction in the partners' scores for depression, anxiety and inward directed irritability (Chart 11).

“Symptoms of depression improved for over a third of the partners”

Chart 11: Average pre- and post-programme scores for partners completing the Adult Wellbeing Scale

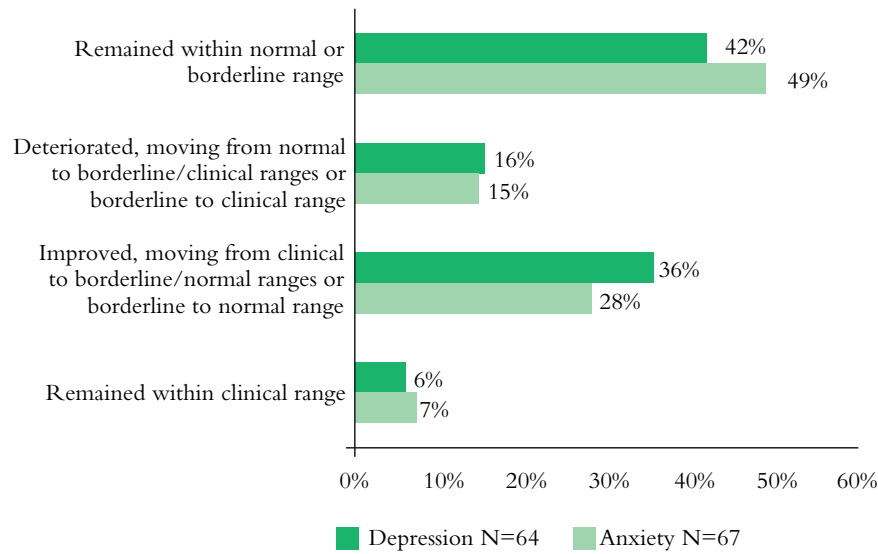


Source: NSPCC Caring Dads: Safer Children teams

Further analysis examined the clinical significance of the results for depression and anxiety (Chart 12). Pre- and post-programme scores for each partner were assigned into four groups: partners whose scores remained in the normal or borderline range; partners whose scores deteriorated, moving from normal to borderline/clinical range or from borderline to clinical range; partners whose scores indicated recovery, moving from clinical to borderline/normal ranges or from borderline to normal range; and partners whose scores remained in the clinical range.

Symptoms of depression improved for over a third of the partners (36 per cent) for whom pre- and post-programme data was available. Depression scores deteriorated or remained within the clinical range for a fifth of partners. Similarly, while anxiety reduced for 28 per cent of partners, anxiety scores deteriorated or remained within the clinical range for over a fifth of partners.

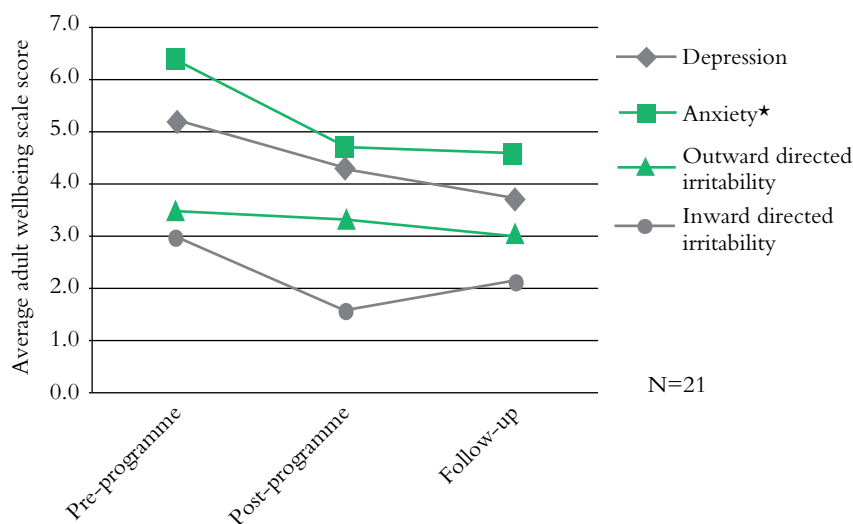
Chart 12: Number of partners moving between the normal, borderline and clinical ranges of the Adult Wellbeing Scale



Source: NSPCC Caring Dads: Safer Children teams

When partners' responses to the Adult Wellbeing Scale were analysed over the three time points (Appendix H Table XLII), only the anxiety subscale remained statistically significant; this was probably due to testing with a much smaller sample than that used for the t-test comparisons of pre- and post-programme scores. Chart 13 illustrates average scores for each subscale at each time point.

Chart 13: Differences in the average Adult Wellbeing score reported by partners at each time point



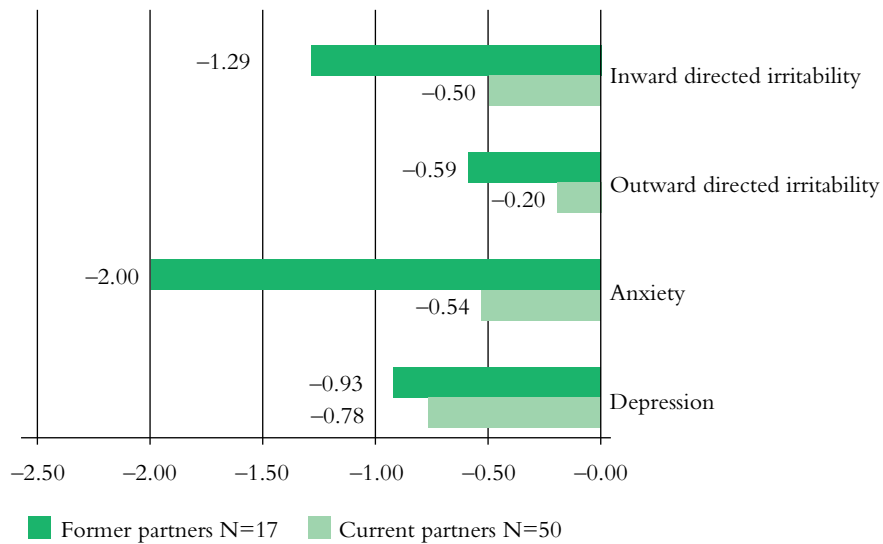
Source: NSPCC Caring Dads: Safer Children teams

Further analysis of the anxiety subscale follow-up scores indicated that anxiety among partners remained lower and continued to reduce for some during the months after the father had completed the programme (Appendix H Table XLIII).

4.3 Differences for current and ex-partners

Interim analysis (McConnell et al, 2014) found that while current partners' average scores for anxiety and irritability were unchanged or slightly worse, former partners reported statistically significant reductions in anxiety and irritability. A larger sample of partners was available when the analysis was repeated for this report. While the results for former partners were very similar to the interim analysis, with statistically significant reductions in anxiety and inward directed irritability, this time current partners reported statistically significant reductions in symptoms of depression (Appendix H Table XL). Similar to the differences in the reporting of controlling behaviour, former partners reported more depression, anxiety and irritability before the programme than current partners, but also reported greater reductions in their post-programme scores – the difference-in-difference is presented in Chart 14.

Chart 14: Difference-in-difference comparison of current and former partners' difference in reported average pre- and post-programme for wellbeing



Source: NSPCC Caring Dads: Safer Children teams

4.4 Changes to contact and social care involvement

A review of the closing summaries of fathers' case notes identified the following outcomes for children whose father had demonstrated learning from the programme and improved parenting behaviour:

- children removed from the Child Protection Register or Plan;
- positive contact between the children and their father enhanced and maintained;
- frequency of contact between children and their father increased;
- contact between the children and their father required less or no supervision;
- fathers returning to the family home, if appropriate;
- children returned to their father's care, if appropriate.

“their participation – however limited – provided information that could contribute to an overall picture of the risks posed to their children”

Evidence of changes in children's circumstances indicating an improvement in the father–child relationship and/or the co-parenting relationship were found for nearly half of the fathers (48 per cent) who completed the programme. Over a third (37 per cent) of the case notes indicated that, although the children's circumstances did not change during the programme, the work with the father contributed to referrers' decision making about the children. There were also examples where, although the father had successfully completed the programme, a change in circumstances meant that he was still unable to fulfil a positive role in his children's lives. For example, one father who had made good progress during the programme was imprisoned shortly afterwards for unrelated criminal activity.

Appendix G presents the results of the case note audit for fathers who completed the programme. Even when fathers dropped out of the programme or could not demonstrate positive change in their attitudes and behaviour towards their family, their participation – however limited – provided information that could contribute to an overall picture of the risks posed to their children. Use of professional judgement to identify risks could prompt CDSC workers to do any of the following:

- recommend continued social services involvement with the family in relation to the father;
- highlight additional safeguarding concerns to social services;
- instigate immediate safety planning for the family where necessary;
- refer children and partners to other services, such as Women's Aid, counselling or group work;

- refer the father to other services, such as drug and alcohol services; and
- recommend that the father is re-referred to CDSC when his attitude or circumstances change (approximately half of the fathers who were re-referred went on to complete the programme).

In such circumstances, children stayed on the Child Protection Register or Plan, children remained in care or the supervision arrangements for contact between the fathers and their children remained as it had been. Although these outcomes were usually based on information from a number of sources, information from the CDSC workers often contributed to the decision.

4.5 Summary

In this chapter, quantitative analysis of children's emotional and behaviour problems was limited by the small samples of child data. Children's average scores moved in the right direction, indicating that they might be experiencing fewer difficulties and improved wellbeing, but most of the differences in scores were small and not statistically significant. Anecdotal evidence combined with low levels of difficulties reported in the children's pre-programme scores suggested that the children who had experienced the most serious difficulties after exposure to domestic abuse were less likely to participate in an evaluation of CDSC.

In contrast, analysis of the much larger sample partners' data found statistically significant improvements in partners' depression, anxiety and inward directed irritability scores after the programme, with anxiety continuing to decrease at follow-up. This suggests that the partners' wellbeing improved and also, therefore, their capacity to care for their children. Analysis of case notes suggests that fathers' attendance on the programme contributed to decision making about his contact with his children. Contact often increased and became less supervised for the fathers who demonstrated improvements in their parenting behaviour. CDSC teams were also able to contribute to decision making about fathers who continued to present risks.

Chapter 5: Children and partners' perspectives

The evaluation of CDSC prioritised learning more about the views of the children and partners over those of fathers attending the programme, as previous evaluations of Caring Dads in the UK that had already included qualitative interviews with fathers (see McCracken and Deave, 2012; Hood et al, 2014; Kaur and Frost, 2014). Analysis within this chapter describes children's understanding of the service, children and partners hopes for the programme, their differing perspectives and needs, and their views about the programme after the father had completed it. Children's and partners' observations about changes in the fathers' behaviour were discussed earlier in Chapter 3.

5.1 Children's understanding of why their father was attending CDSC

Many of the fathers' children were babies or young children who were unaware or had a very limited understanding about their father's attendance on the programme. Even when children were old enough to understand, some found it difficult to distinguish CDSC from other agencies involved with their family. Some older children were not asked for their views, either because their parent had preferred not to inform their child about the programme or it was decided that it was not appropriate to ask the child to participate in the evaluation at that particular time; for example, one child had recently been taken into care. Nonetheless, it was clear that many children were aware that their father was attending CDSC and that their parents had made an effort to explain what was happening to them:

"Well my Dad just randomly said it to me one day when we were going out. He just said he was going on the course or programme and explained what it was."

(Child interviewed post-programme)

Children particularly remembered the course work that their father had to complete, referring to drawings and posters he had created and exercises where he had to identify his child's likes and dislikes:

“Yeah and he showed me some of the work and stuff he was doing because he had to take some homework and stuff back. And then one of the days he had to fill in a questionnaire about me and like everything about me and like my favourite films and stuff like that, yeah... it was quite funny to see him doing stuff like that. It was good though.”

(Child interviewed post-programme)

Children who were aware of CDSC were able to describe reasons why their father was attending. They talked about their father wanting to learn how to be a better father, referring to behaviours that their father needed to change; for example, shouting, drinking or being threatening towards their mother:

“He wants to change from drinking, being violent, shouting at us all the time.”

(Child surveyed pre-programme)

Children also talked about how their relationship with their father might improve, hoping that he would get to know and understand them more. One child wrote, “*To love us more*”. Sadly, some children acknowledged that their father’s participation was not self-motivated but rather a requirement imposed either by social services or the family courts:

“... because social service forced him to”.

“... courts want him to know about abuse and what it does to kids. It’ll help him get access to [sibling].”

(Children surveyed pre-programme)

5.2 Children’s hopes and feelings about the programme

The majority (85 per cent) of the children surveyed felt positively about their father attending CDSC, describing it as a “*good idea*” or “*a good thing that he is going so he can get help*”. Children looked forward to their father learning and changing, often clearly recognising that his behaviour towards them needed to improve and the programme might help with this:

“Quite happy. I do think he needs to improve a lot because he doesn’t really bother with me that much.”

(Child surveyed pre-programme)

Children articulated the changes that they hoped would occur. These included their father doing more activities with them, having more contact with him and his family, and their father returning to live with them. Children wanted changes in their father's behaviour, for example being calmer, more understanding, giving more of his time, agreeing to do things that they wanted to do, shouting less and being more reliable:

"For us to be able to see him more regularly and not keep letting us down."

(Child surveyed pre-programme)

Fathers' participation in the programme could also create mixed feelings for their children. Some children said they did not know why their father was attending: "*Don't know, he is a good dad*"; or were uncertain about how they felt. Other children felt nervous about what might happen if their father attended, expressing concern that he might make a mistake or forget what to do. This group included children who felt a sense of responsibility or guilt that he had to attend the programme because of them:

"I didn't know what to say really. I felt a bit guilty at first because I felt like it was my fault... because of what happened. I don't know. I felt like he was getting the blame for everything that I've done. It's really confusing, but at the same time I felt like it was a good thing because it could, like, change him and stuff just a bit. So, like, help his moods and stuff and less arguing."

(Child interviewed post-programme)

Children also noticed their father's ambivalence about attending, referring to pressure from others, or noting that he had talked about doing courses before but had never previously bothered to do it:

"Don't mind. Think it's a good thing. He's talked about doing this kind of course for a long time but never has. Hope he'll do this to the end."

(Child surveyed pre-programme)

An important role for workers engaging with the fathers' families was to support children who felt unsettled by their father attending CDSC by explaining the programme to them, discussing any concerns and also helping to manage their expectations of potential changes in their father's behaviour and in their family's circumstances in the future.

"Fathers' participation in the programme could also create mixed feelings for their children."

The children who participated in the qualitative interviews spoke positively about the workers they met with:

“Yeah she was, like, really nice and I didn't mind speaking about stuff with her and she just explained what my dad said, like what it was about and if my dad's changed and how he treats me and stuff.”

(Child interviewed post-programme)

5.3 Partners hopes and feelings about the programme

The majority of partners surveyed made positive comments about the father's referral to CDSC, albeit sometimes with reservations about his attitude:

“I think it is an excellent idea as long as he gives his all and is truthful throughout the programme so he gets the best out of the programme.”

(Partner surveyed pre-programme)

This section describes how partners hoped to see improvements in the father's parenting and relationships within the family. They also wanted the abuse to stop and to be acknowledged. Some partners were sceptical or concerned about his attendance on the programme.

Improving parenting and family relationships

Partners usually recognised that the father needed help with his parenting. Some partners expressed relief that the father was going to attend the programme and get help to become a better parent: *“I feel like it's a positive thing. He can become a better parent. Nobody is a perfect parent.”* In some cases, the partner recognised that both of them needed help with their parenting:

“... at the time we had social services involved and I was sort of still not really myself... I was still pretty out of it. So I think I felt like everyone was worried about me and how much I was coping so I was just pleased that he was doing it and I knew that it was something he had to do and he'd been asked to do it by the social worker and I think he referred himself.”

(Current partner interviewed post-programme)

Partners referred to the fathers' own upbringing or exposure to abuse and violence as contributing to his behaviour, explaining that he was unable to learn from his parents about how to respond to his children's needs because they had behaved similarly or worse:

"I just don't want [child] to be brought up like him. [Father] has had problems... but I want it to be different for [child]. I want [child] to have love and cuddles."

(Ex-partner interviewed post-programme)

It was not unusual for partners to express pride that the father had recognised he needed help, and was prioritising his children by trying to become a better parent: *"It's good and brave of him, [I] support his attendance."* Partners identified CDSC as an opportunity to instigate changes that could improve relationships across the whole family. For example, one current partner hoped that if the programme could help the relationship between the father and his ex-partner to improve, their child would be able to have more contact with their half sibling:

"So obviously my daughter is his sister now so we try and, you know, so they've got a relationship together and we try and keep them, you know, in contact."

(Current partner interviewed post-programme)

Generally, partners, regardless of the status of their own relationship with the father, wanted their children to be able to have a positive relationship with their father, as they saw this relationship as an important element of a happy childhood. Also improvement in the father's parenting skills would support the partner, if she could feel more confident that he could cope if she left the children with him:

"I want him to take responsibility for his actions. I want him to be a responsible dad. I want his children to look up to him. I want to be able to ring him up and ask him to support me with the kids and for him to take them overnight."

(Ex-partner surveyed at the beginning of the programme)

Even if the partner had misgivings about the father's contact with the children, they hoped that CDSC could help him to control his anger, have a greater understanding of the impact of his behaviour on the children and realising that any restriction on his access to them was a consequence of his own behaviour. They also wanted him to change his parenting behaviour by taking responsibility, understanding the

children, treating them equally, and responding to them in a gentler, reliable and caring way in future:

“At the moment I cannot think about both [children having] unsupervised contact. But I would like at end of group to consider that in the future and build my trust in him.”

(Ex-partner surveyed pre-programme)

Stopping and acknowledging abuse

Incidents of domestic abuse were still occurring for some families. Partners described ongoing physical, emotional, and financial threats and abusive behaviour directed towards themselves and their children that they hoped that the programme might stop. Partners described the father’s attendance on the programme as an important acknowledgement from him that not only did he need to put his children first, but also that it was his behaviour that was the problem – something he previously would not admit or would minimise: “*Really pleased, previously [he] would not have admitted he had a problem.*” Fathers often blamed other family members for causing problems or would claim that their behaviour was due to problems with their mental health or substance misuse, which some partners found exasperating. Equally important to partners was recognition by agencies working with the family that it was the father who needed intervention, particularly if the partner believed that her concerns about domestic abuse or her child’s wellbeing during contact had previously been minimised or dismissed by the courts and social services:

“The court ordered that I move back here nearer [her child’s father]. They didn’t want to know why I was in a refuge.”

(Ex-partner interviewed post-programme)

Even when the father did not fully acknowledge that he had a problem, partners felt that it was helpful that the CDSC workers would challenge his beliefs about his behaviour towards others:

“Anything was a good thing to make him realise what he was doing and things – that he couldn’t behave the way he was. But, no, he didn’t like going, but he completed it and, yeah, he done all right on it. He didn’t like the questions they were asking...”

(Ex-partner interviewed post-programme)

Space to reflect on the relationship

The programme appeared to offer partners some space, not just from the father's physical presence, but also the opportunity to think about his behaviour and whether the programme was having any lasting impact:

"I was quite happy. I was free for two hours (laughs), I had some peace and quiet. No, I really hoped he would take the information into his heart at least and either realise what he was doing or at least be a bit more concerned about his [child] but it just didn't happen. Sometimes he would come home and we would have that glimmer of hope for half an hour or an hour and then all of a sudden it was like clicking your fingers and he'd turn into a different person again."

(Ex-partner interviewed post-programme)

"one-in-ten partners was initially wary or sceptical about the programme, believing it would be a waste of time or might make their situation worse"

The programme also provided an opportunity for partners to reflect on whether they were willing to live with the father's behaviour any longer:

"I thought my husband lives, what, [distance] miles away and he can't even make a phone call so it just made me put it in perspective. Even when he was actually under the same roof as his [child] he didn't make much effort, he would stay in bed all day and leave me to try and do the schooling bit and running the house and everything else. So it opened my eyes, there are some dads who have been put in the circumstances that are not ideal but they still love their children and they still try to see them."

(Ex-partner interviewed post-programme)

Scepticism and concerns

According to the survey, one-in-ten partners was initially wary or sceptical about the programme, believing it would be a waste of time or might make their situation worse. Some were fearful that the father would react badly to being challenged, or would use his programme attendance to gain more access and control over the family. Partners were also concerned that the father would not take the programme seriously and was only attending because he had been required to do it either by the family courts or as part of a child protection plan:

“It’s not going to help. He’s not going to change. He will convince people he has changed when he hasn’t.”

(Ex-partner surveyed pre-programme)

Some partners were opposed to the father attending the programme. This could be for a number of reasons, including because they did not believe he was abusive: *“I think it is stupid as he does not need to be there.”*; because they blamed his previous partner for his problems, because they viewed the programme as an interruption to their family life, or because they believed that the needs of his children from a previous relationship were taking precedence over those of their children. Other partners did not mind the father attending the programme but did not believe it was right for intervention for him, either because they did not think he needed it: *“Fine, I’m happy for him to go but I don’t think it’s for him. It’s normally for men who batter women and he isn’t like that”*; or because they thought that an intervention focused specifically on domestic abuse rather than parenting would be more appropriate:

“I think it was good. I felt that it was me doing the work after what he’d done, so I’m glad he’s doing a course. I think though, for him, a more specific course on domestic abuse would be better.”

(Current partner surveyed pre-programme)

The quote above also hints at the scrutiny placed on mothers when fathers have perpetrated domestic abuse. This is something that the CDSC programme tries to redress by working directly with the father.

Complying with social services

Partners sometimes ‘cooperated’ with the programme but regarded it as a means to an end: if she supported him to complete the programme, it might be a quicker way of reducing or ending social services involvement in their lives:

“I didn’t really see the point, in the sense that what happened between me and my partner was obviously nothing to do with my son; my son wasn’t present, it wasn’t in my house, but then, in a sense, I thought, well, it can’t really hurt, because he can be learning things that he doesn’t know at the moment. Yeah, you don’t really have much say, do you? I think you just need to do

what you've got to do, like I had to do a Women's Aid course I didn't want to do, but I did it because I wanted to get to a point where there is no involvement from social services."

(Current partner interviewed post-programme)

Current partners talked about wanting to get their children out of the care system or how the couple were 'forced' to split up by social services. Similarly, some ex-partners felt that, if after the programme, the father was considered suitable for unsupervised contact or more contact with the children, he could help her by sharing more of the responsibilities of parenting with her.

5.4 Partners views on CDSC after the programme

It should be noted that not all partners welcomed being contacted by the CDSC workers: several refused or avoided appointments. However, nine out of ten of all partners participating in the evaluation spoke positively about the programme and appreciated being involved (Appendix F). This section describes what elements of the programme partners found useful and unhelpful, and their views on what further support was required.

What partners found useful about CDSC

Analysis of their interview and survey comments identified several reasons why partners were positive about their contact with the partner engagement workers. First, partners usually wanted *information* about what the programme would involve, what the father would be learning about and any implications that this would have for them and their children. Sometimes, partners described how the programme content was potentially useful for her too: "*Even if we don't get back together, it is something we can use on a future relationship*". Second, partners said that they felt *listened to*: they valued the fact that the workers seemed approachable and of their consideration of her and her children. One ex-partner believed that the workers involvement with them encouraged better behaviour from the father because he knew a worker would be speaking with the family at regular intervals.

Third, partners said they appreciated the *involvement*, which was offered regardless of whether they were a current or former partner, or whether they believed the father's behaviour towards them to be abusive, or whether they were sceptical or positive about the father's ability to change:

“I think that it’s a good thing because you, sort of feel like you’re not involved... but even though it’s like affecting your life it’s like nothing to do with you... So by... ringing up and involving you then it feels like that you are thought of and it does matter what you feel. So yeah I think it is a good thing to be honest, I do.”

(Current partner interviewed post-programme)

Fourth, partners often welcomed the CDSC workers simply because it had been the only *source of support* offered to them. Several described how they or their children needed more support following domestic abuse but none was available. A common theme was the limited support available to families exposed to domestic abuse and certainly very little that was flexible and tailored to the differing circumstances of families involved in CDSC. For example, while some partners in one area found the Women’s Aid Freedom programme very beneficial, other partners did not feel that the programme was applicable to their situation. One current partner found the Freedom programme educational and supportive, providing information that could help them in the future. However, another partner, also still with the father, reacted strongly against what she felt was an oversimplification of her situation and described the feeling of being placed in a box. These differences probably reflect the very differing circumstances of the partners of fathers attending CDSC and how some particular type of support will not suit all situations.

CDSC partner engagement workers ensured that they provided up-to-date information on the local counselling and support services available. Two service centres were able to refer children and partners to the DART programme, a domestic abuse recovery service for mothers and children provided by the NSPCC. However, this service was only available to families with children within a specific age range who would be able to participate in group work and where the mother and the perpetrator had already separated. Although resources were limited, there were also examples where team managers tried to enable workers to do additional pieces of work with a family where needed.

A final reason why partners said they found CDSC helpful was when the programme workers were able to *contribute to decisions* about the family, either through their reports or by participating in the meetings:

“Really value that the facilitator attended core groups and case conferences. That made a difference.”

(Current partner surveyed post-programme)

On the other hand, there were occasions when partners felt that new information about the family, revealed through the father's participation in CDSC, was misinterpreted by their social worker and held against them:

"He did admit to a lot of things in it which I think came back to him because the social worker we had at the time picked up on those things and started saying that he was abusive and that I should leave him and things like that, or do a Women's Aid course or leave him (laughingly) I think was the choice she was giving me. So she actually took the report quite negatively even though [CDSC worker] thought it was positive."

(Current partner post-programme)

"Intermittent changes in behaviour by fathers could create false hopes for their families and then eventual further disappointment when the changes did not last"

Given the complex and sometimes competing standpoints of family members and also the workers involved within child protection and domestic abuse work, different interpretations of the significance of new information are commonplace. Where CDSC was particularly useful is that it could often provide more comprehensive information about the father's current attitudes and behaviour that was previously unavailable, especially when it included feedback from families via the partner engagement work.

What partners found unhelpful

One aspect of the change process that some families found unsettling was when the father tried to implement what he was learning and his new behaviour altered existing expectations, which created uncertainty within the family. While the CDSC homework was intended to encourage fathers to embed their learning and help change their usual abusive patterns of behaviour, if the father did this erratically or was unable to maintain the changes, he became less predictable and, therefore, less easy for his family live with. Intermittent changes in behaviour by fathers could create false hopes for their families and then eventual further disappointment when the changes did not last:

"Sometimes it looked like he was trying to apply what he was learning, but then conversely sometimes he would do that just to get something he wanted, and then as soon as he got that he'd turn on you again... So you were like you didn't know where you were. So when you did see that glimmer of hope at the same time you were holding back thinking, 'Oh what's coming next?' you know."

(Ex-partner interviewed post-programme)

Partners had differing views about the timing and length of the programme, which were influenced by how strongly the partner believed the man needed to attend the programme and also the impact that his attendance on the programme had on his employment or their child care arrangements. In some cases, the family income was affected because the father had to take time off work to attend. Conversely, other partners thought that it was important that the programme was seventeen weeks in order to cover all of the issues and long enough for the programme to become part of the father's weekly routine and way of thinking:

"What I liked as well was the length of the programme because sometimes six weeks is not enough, as soon as you've learnt it you'll forget it so they just think, 'Oh well I'll do my six weeks and I'm out of here,' sort of thing. But no, with the length of the programme I quite liked it because it really helped them get into a routine and know that that day was allocated."

(Ex-partner interviewed post-programme)

Another issue was more a criticism of the system of referral and access than the actual programme. One partner regretted that her family were not helped at an earlier stage before they reached crisis point and social services had become involved:

"We just thought it was a great course because it's one of a kind. There aren't any other courses like it, so it's just a shame that you need to be referred and go through a few hoops before you can get on it. I mean because it's free, I suppose that's the thing, it's NSPCC's time and they get paid for it, so it's just a shame that they couldn't possibly earmark some people for it before they have a huge crisis."

(Current partner interviewed post-programme)

Views on further involvement of partners in the programme

Some partners said that they would have liked to have more involvement in the CDSC programme, either by having more contact with the partner engagement worker or through participating in activities that would help to explain their perspective to their partner in a way that he would listen to:

“Obviously everyone’s situation is different, but I think to have a bit more involvement, like a partner’s day where they bring them in so you can sit through a session, like dealing with what they’ve done, sort of thing, would have been ideal. And I think if we were there, to have a professional explaining to them where we are coming from would have helped. Because I find that if someone professional says something that I’ve just said, he’ll listen, but if I say it, it goes in one ear and out the other, sort of thing. I would have thought that would have been quite helpful, but to be kept out of the picture completely, I thought it was kind of pointless really, because he’s being taught or told things, but I’m not actually being involved in it”

(Current partner interviewed post-programme)

Other partners were concerned that attempts to involve some partners in the programme would increase risks to others, for example due to the difficulty in keeping everything that was discussed confidential following a meeting organised for partners:

“You could say to me now, ‘Right this is confidential’ but you can’t control me from going out there and telling everybody what we’ve just talked about. You can’t sort of have control over other people. I don’t know how they could sort of stop that. Obviously it’s not good is it to have somebody doing that”

(Current partner interviewed post-programme)

Another suggestion for how to improve the programme was to include more content about how to communicate with the partner so that arguments could be avoided and the father could be more understanding of how his partner feels about their relationship:

“I think if they were to add a part into the course, basically like how to speak or listen to your partners, because instead of arguing, especially when they try to talk to you and not shout at you, I think it’s all about management and communication. And especially if they’re on a course for a reason, like he is for being violent, there is lack of communication, because there should never be a point where you need to do something like that. I think even though it is Caring Dads, a lot of the men are mainly there because they’ve hurt the female, not the child, and I think maybe making the course a little bit longer, even if it’s just a week, just

the one session just to cover a bit more on how it affects the partners, and the fact that if they do take you back, like in my situation where I've stayed with him, that he needs to realise that that's a big thing and it will take a long time to trust him again, but he has to be patient."

(Current partner interviewed post-programme)

"Partners' situations, hopes and feelings about CDSC were extremely diverse"

Interestingly, much of the CDSC programme content does address the issues that the partner's quote describes: appreciating the child's mother (Session 7), eliminating barriers to better relationships (Session 8), the relationship with my child's mother (Session 12) and rebuilding trust and healing (Session 15). However, it is clear that some partners who had remained with the father wanted further input to improve their couple relationship.

5.5 Summary

This chapter has shown that although many children were unaware that their father attended CDSC, some children could describe why he was attending the programme and what they hoped might change when he completed it. The CDSC partner engagement workers had an important role in supporting children who might have mixed feelings about their father attending the programme. Partners' situations, hopes and feelings about CDSC were extremely diverse; however, most wanted to see improvements in the father's parenting and family relationships, for abuse to be stopped or acknowledged, and social services involvement in their family to decrease. Although some partners had concerns or were sceptical about the programme, others found it a useful opportunity to reflect on their relationships with the father and how it affected their children. Most partners who used the service valued the information and the support provided by the CDSC partner engagement workers. While partners could describe aspects of the programme that were unhelpful, their views on how the programme could be improved diverged.

Chapter 6: Conclusion

The Early Intervention Foundation (Guy et al, 2014) recently recommended further testing and development of an evidence base for what works in relation to domestic abuse perpetrators. Building on previous evaluations of the Caring Dads programme within the UK, the Caring Dads: Safer Children evaluation provides additional evidence that the programme can bring about positive changes in the attitudes and behaviour of fathers who have been abusive to their children and partners.

It is helpful to revisit the different elements of the evaluation's theory of change (see earlier Figure 1) to set out this evidence. Comparing fathers' pre- and post-programme scores indicated that the programme can help fathers to have increased awareness of child-centred fathering. Fathers were less likely to perceive their child as being difficult or to report dysfunctional interaction with their child after completing the programme. The theoretical model for the Parenting Stress Index posits a link between these factors and subsequent parenting behaviour (Abidin, 1995). Therefore, the statistically and clinically significant reductions post-programme and at follow-up are encouraging, as hopefully these changes in attitudes and interactions will have a positive impact on the fathers' overall behaviour towards their children. Greater improvements among fathers who completed the programme than the fathers who were waiting to start suggest that the improvements can be attributable to the programme, though a stronger research design is needed to confirm this. Case notes and interviews with the fathers' partners and the CDSC group facilitators provided examples of fathers who had learnt more about child development and appropriate parenting behaviour. Partners also described fathers who came to recognise how abusive and neglectful behaviour can affect children, attributing his new insights to what he had learnt from the programme.

Both children and partners reported improvements in fathers' behaviour. This contrasts with previous evaluations that suggested that the programme had little impact on attitudes and behaviour towards women. The majority of children surveyed reported that their father's behaviour towards them had improved. Partners and children noticed improvements in his communication with children, and described how the father was taking a greater interest and having more positive involvement in the children's lives. However, it should be noted that there were some families who reported that the father's attitudes and behaviour did not change or only changed partially or temporarily. These cases highlighted that all three elements of the Caring Dads programme are essential: alongside the group work with fathers, the engagement with families and working alongside other agencies must

also be delivered to ensure a safe and coordinated response to any ongoing abuse.

Domestic abuse often continues after couples separate, with fathers' contact with their children providing further opportunities to be abusive (Morrison, 2015). Interviews provided examples of the programme helping couples to separate without further abuse and the father becoming a more cooperative co-parent. Recidivism for domestic abuse tends to be high, so it is encouraging that current and former partners reported fewer incidents of domestic abuse following the programme. Incidents of violence, injury and threatening behaviour reduced post-programme, as did other forms of abuse, such as emotional abuse, denial and minimisation, isolation, economic abuse or the involvement of children in his abuse. Generally, these improvements were sustained for those who participated in the six-month follow-up. Providing all three elements of the programme are delivered, there was no evidence to suggest Caring Dads contributes to any increase or change in the type of domestic abuse perpetrated.

Analysis of data used to measure change in children's emotional or behavioural problems provided a mixed picture. Pre-programme scores for children within the sample suggested that they experienced fewer difficulties than we might expect for children who have been exposed to domestic abuse. While the level of difficulties among the group decreased post-programme, few of the differences observed were statistically significant. In contrast, fathers' completion of CDSC coincided with statistically significant improvements in partner wellbeing, with depression, anxiety and inward directed irritability all reducing. Symptoms of depression improved for a third of partners; and anxiety remained lower for partners who participated in the follow-up.

Although data from fathers was far more accessible, the CDSC evaluation prioritised obtaining data from children and their mothers. Previous research, (Hamby, 2015) and also the differing views of children and fathers about his behaviour shown within this evaluation, suggests that self-reports from this particular group of fathers will understate the extent of his abuse. Gathering the perspectives of children and partners not only gave more weight to findings of positive change but also shed light on the very different circumstances and needs of the children and partners of fathers attending the programme. Many family members undoubtedly needed more support than CDSC was able to provide and workers tried to signpost them to other services or provide additional support where possible. Notably, there were also partners whose lives had moved on and wanted minimal contact with the service.

Delivering and evaluating CDSC clarified two issues. The first is that children can benefit from interventions that help abusive fathers to understand how they need to change. The second is that the circumstances of families exposed to domestic abuse are complex and extremely diverse – a range of different interventions are needed to stop abuse and help families recover. Unfortunately, in most areas a diversity of local services and interventions does not exist. CDSC can be a very helpful intervention for families where changing the father’s parenting and abusive behaviour is what is most needed at that time.

This evaluation report has examined the extent to which the CDSC programme’s intended outcomes for fathers, partners and children improved. An additional report: ‘Caring Dads Safer Children: Learning from Delivering the Programme’ that provides practice learning and a more detailed exploration of programme attrition is also available (McConnell et al, 2016).

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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 (2013) *Information for Local Areas on the change to the Definition of Domestic Violence and Abuse*. London: Home Office. Available from: www.gov.uk

Appendix B: The Caring Dads programme

Table I: Goals and sessions for the 17-week programme

Goal 1:	To develop sufficient trust and motivation to engage men in the process of examining their fathering.	
Session 1:	Orientation	Programme overview. Group rules
Session 2:	Considering fathering	Genograms. Family experiences
Session 3:	Developing discrepancy	My goals. Continuing to develop discrepancy
Goal 2:	To increase men's awareness of child-centred fathering.	
Session 4:	Child-centred fathering	Continuum of parenting behaviour. Responsive and unresponsive praise
Session 5:	Building relationships with our children	Review of praise. How well do you know your children?
Session 6:	Listening to children	Listening to children. Relationship-building challenges
Session 7:	Fathers as part of families	Setting a good example. Appreciation for my children's mother
Session 8:	Eliminating barriers to better relationships	The connections between thoughts, feelings and actions
Session 9:	How are children different from adults?	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	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?	Emotional abuse and neglect as forms of abuse. Problem solving for parents exercise
Session 12:	Relationship with my child's mother	Problem solving for parents continued. What children learn from abuse and controlling fathering
Session 13:	Problem solving in difficult situations	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	Taking responsibility for the past and moving into the future. Rebuilding trust
Session 16:	What about discipline?	Summarising alternatives to punishment. Defining discipline
Session 17:	Wrapping up	Review of main concepts. Where am I going from here?

Source: Scott et al, 2006 p13

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 programme	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 to 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: Evaluation of interventions for similar populations

Describing tertiary interventions, including programmes for domestic abuse perpetrators, the Early Intervention Foundation noted that it is “regrettable that more is not known about the relative prevalence, nature and impact of these different forms of service activity” (Guy et al, 2014). The evaluation of CDSC attempts to learn from and contribute to the developing evidence base for interventions with domestic abuse perpetrators within the UK. Although Caring Dads is not a domestic violence perpetrator programme (DVPP) as understood within a UK context (Respect, 2012), several of the findings from recent UK evaluations of interventions for men who have perpetrated domestic violence are pertinent, despite the fact that they had a different focus and criteria for referral. These are outlined below.

The perpetrator’s role as a father

The evaluation of the Strength to Change, a service where men can self-refer to attend individual and group work sessions, found evidence from a range of sources that the programme had a positive impact on behaviour and attitudes (Stanley et al, 2011). For many of the men, their role as a father enhanced their motivation to change their abusive behaviour and work towards becoming a good father (Stanley et al, 2011).

Engagement prior to programme

Donovan and Griffiths evaluation of the voluntary perpetrator programmes delivered by two multi-agency projects explored why there was low numbers of referrals and self-referrals and high drop out during the pre-commencement phase of the programme (Donovan and Griffiths, 2015). The study recommended effective preparation and engagement of perpetrators during the pre-commencement stage and training to improve the skills of confidence of practitioners to do this work.

Programmes can enable ‘steps towards change’

The main finding of research undertaken as part of Project Mirabal (Kelly and Westmarland, 2015) was that domestic violence perpetrator programmes (DVPPs) can enable men to change: some men will not change enough and some will not change consistently but most make changes that improve the lives of their families to some degree:

“We are convinced that our data shows steps towards change do start to happen for most. Some men make only a few, halting steps forward. A tiny minority take steps backwards. Others start taking small steps and end up taking huge leaps”

(Kelly and Westmarland, 2015)

After the intervention, the majority of physical and sexual abuse stopped completely. Other types of coercive control also decreased but not to the same extent; for example, some women still felt constrained by shouting or the threat of violence even though their partner was no longer physically violent. The researchers found no evidence of DVPPs enabling men to become more manipulative abusers, a concern commonly expressed about perpetrator programmes. Coercive control did not increase, neither was there a shift into different abusive behaviours.

Two programmes delivered by the National Probation Service – the Integrated Domestic Abuse Programme (IDAP) and the Community Domestic Violence Programme (CDVP) – were recently found to be effective in reducing domestic violence and any reoffending in the two-year follow-up period, with small but significant effects. For those who did reoffend, those who received treatment took significantly longer to reoffend. (Bloomfield and Dixon, 2015).

Process of change

The Mirabal research also provided observations on the process of change. They reported that there did not seem to be a ‘light bulb moment’ for an individual during a programme: change normally took a long time. This seemed to be because the men have to be able to recognise their behaviour, understand it and then make a decision to change their behaviour. It is only then that they can begin to use techniques to interrupt past habits and patterns of behaviour.

Being in a group with other men seemed to be important. Men described seeing themselves in others, for example seeing other men minimise their behaviour and realising that they did the same. Seeing other men lose their relationship or lose contact with their children also made them realise what was at stake.

Measuring effectiveness

Project Mirabal updated the criteria for measuring the effectiveness and contribution of domestic violence perpetrator programmes. Based on interviews with current and former partners of men attending programmes, the researchers identified six measures (listed in order of importance to the partners) that should be used to measure effectiveness:

1. An improved relationship underpinned by respect and effective communication.
2. Expanded 'space for action' for women that restores their voice and ability to make choices, while improving their wellbeing.
3. Safety and freedom from violence and abuse for women and children.
4. Safe, positive and shared parenting.
5. Enhanced awareness of self and others for men, including an understanding of the impact that domestic violence has had on their partner and children.
6. For children, safer, healthier childhoods in which they feel heard and cared about.

(Kelly and Westmarland, 2015)

These criteria provide a broader and more comprehensive understanding of how domestic abuse affects the whole family than the usual narrow focus on reducing violence towards partners.

Appendix D: Analysis of standardised measures

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) Rohner, and Khaleque, 2005	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) Rohner and Khaleque, 2005	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.	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 pro-social behaviour. Self-report for 11+ years. 25 items, 5 subscales
	Relationship between child and parents.	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

Internal consistency

Internal consistency was calculated for total scores only using the subscales scores. Internal consistency of the total scores was good but slightly lower for fathers than for their other family members completing the equivalent questionnaire.

Table IV: Internal consistency of the total score for each measure based on subscale scores

Measure	Respondent	No. of subscales	α
Parent PARQ	Father	4	.74
Child PARQ Father	Children	4	.81
Controlling Behaviour Inventory (Perpetrator)	Perpetrator	10	.82
Controlling Behaviour Inventory (Partner)	Partners	10	.95
Parenting Stress Index Short Form	Fathers	3	.82
Adult Wellbeing Scale	Partners	4	.81
Adolescent Wellbeing Scale	Children	0	*
Strengths and Difficulties Questionnaire	Parent or main carer	4**	.81

*No subscale scores available. **Contributing to total score.

Procedure for analysing questionnaires

Descriptive statistics were calculated for each measure and subscale (see tables below) and were used to analyse the waiting list versus intervention, prison versus community setting and current and former partners' comparison groups. To measure statistically significant change during the programme, the average pre-programme score for each measure was compared with the average post-programme score using a paired sample t-test or Wilcoxon's signed rank test for non-parametric samples. P values generated by these tests of less than 0.05 were assumed to represent statistically significant differences. Pre-programme scores for fathers who completed and dropped out of the programme were compared using a chi-squared test to look for differences between the two groups: only father's commitment to the

programme was statistically significant. Clinical significance, based on the proportions of pre- and post-programme scores within and outside of the normal range, was analysed using McNemar's chi square test.

Presented below are the interpretations for scores obtained from the Parenting Stress Index, the Parental Acceptance and Rejection Questionnaire, and the Adult Wellbeing Scale, all of which indicate the normal range for scores that reflect those of the general population, cut-off points for scores that are considered high, signify a potential problem or clinical need, and also scores that are considered unusually low and potentially invalid.

Finally, to establish whether changes were sustained, Friedman's ANOVA (and post hoc tests using Wilcoxon's signed rank test, where appropriate) were used to analyse scores where data were available at all three time points. All quantitative data was collated and analysed using Microsoft Word, Microsoft Excel and SPSS.

Interpretation of questionnaire scores

Parenting Stress Index Short Form

Normal range is within the 15th to 80th percentiles. Scores at or above the 85th percentile are considered high. A Total Stress Score above a raw score of 90 indicates clinically significant levels of stress. A raw score of 10 or below on the Defensive Responding scale is considered invalid.

Parental Acceptance Rejection Questionnaire

The normal range given for "typical warm and loving – but not 'perfect' families" is scores between 36 and 44. Scores above the normal range indicate rejecting behaviours. Scores below the normal range may indicate response bias with the respondent providing socially desirable answers.

Adult Wellbeing Scale

Borderline scores for each subscale are as follows: Depression = 4 to 6; Anxiety = 6 to 8; Outward Irritability = 5 to 7; Inward Irritability = 4 to 6. Higher scores could indicate a problem in this area measured by subscale, such as inward irritability could indicate possible risk of self-harm.

Adolescent Wellbeing Scale

Scores above 13 may indicate a depressive disorder.

Parent completed Strengths and Difficulties Questionnaire

The original three-band categorisations were used as follows:

Total difficulties score: 0–13 = Normal range, 14–16 = Borderline, 17–40 = High score

Emotional problems: 0–3 = Normal, 4 = Borderline, 5–10 = High score

Conduct problems: 0–2 = Normal, 3 = Borderline, 4–10 = High score

Hyperactivity: 0–5 = Normal, 6 = Borderline, 7–10 = High score

Peer problems: 0–2 = Normal, 3 = Borderline, 4–10 = High score

Pro-social: 6–10 = Normal, 5 = Borderline, 0–4 = High score

Source: Abidin, 1995; Department of Health, 2000; Rohner and Khaleque, 2005, correspondence between Rohner and NSPCC Evaluation Department; and www.sdqinfo.com/

Appendix E: Qualitative interviews

Qualitative interview participants

Table V: 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 VI: Qualitative interviews with CDSC workers

Inter-view 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 children

Research objectives

The objectives of the qualitative interviews are to explore the following:

1. the children's experiences of the CDSC programme;
2. the benefits they hoped to derive from the programme and whether these have been fulfilled;
3. the effect, if any, it has had on their lives and their relationship with their father attending the programme;
4. the factors that affected whether it made any difference (positive or negative) to their relationship with the father or their lives generally; and
5. whether they believe that the programme is relevant to them or what factors affect their beliefs.

Interviewees will be encouraged to discuss their views and experiences in an open way without excluding issues that may be important to them. Unlike a survey questionnaire or semi-structured interview, the questioning will be responsive to their own experiences, attitudes and circumstances. This guide does not contain pre-set questions but rather lists the key themes and sub-themes to be explored. It does not include follow-up questions like 'why?', 'when?', 'how?' as it is assumed this will be fully explored throughout in order to understand how and why views, behaviours and experiences have arisen. The order in which topics are addressed and the amount of time spent on different themes will vary according to individual circumstances and experiences.

1. Introduction

Introduce self and check that the interviewee is happy to be interviewed, explain purpose of research and how information they tell us will be stored and used.

Give an outline of interview and topics covered: relevant family background; contact with the father; their experiences and views on the programme; and whether the programme has made a difference to them and their family.

Be clear that the interview is not about what happened in the past – however, it is possible that some questions might be unintentionally upsetting. Remind interviewee that they do not have to answer any questions they do not wish to and they can stop the interview at any time.

Remind them that information that they give will be treated confidentially but if they tell you something that gives you reason to think that they or another child is at risk, you cannot keep this confidential.

Check whether interviewee has any questions, whether interview can be tape recorded and if interviewee is happy to continue.

2. Relevant family background

Aim: Obtain contextual information about the family background that may inform views and perceptions

- Age
- Gender
- Relationship to the father
- General wellbeing, friends, school

3. Circumstances and contact at the beginning of the programme

Aim: Obtain child's views on the contact they had with their father before he became involved with programme

- Children's relationship with the father
 - Extent of contact/time spent with father
 - Frequency of contact
 - Amount of time
 - Location and activities
- Fathers' behaviour towards children
 - Expectations of children
 - Communication with children
 - Benefits of father's involvement
 - Any areas of concern

4. Involvement with CDSC

Aim: Obtain child's views on the service they and the father received

- Initial involvement with programme
 - How they heard about CDSC service
 - Expectations of the programme
 - Feelings about father attending the programme
 - Feelings about the engagement service offered to their mother and them
 - In what ways did it help them
 - Any problems with the service
 - How did they feel about the questionnaires
- Any other comments about the partner support

5. Effect of programme on father

Aim: Obtain child's views about how the programme affects fathers' behaviour

- Did the children's father discuss the programme with them
 - Circumstances, what was discussed
- How does his current behaviour compare with previous behaviour
 - Has the frequency and type of contact changed
 - Communication
 - Respect for other people's decisions and choices
 - Self-control/threatening behaviour
 - Prioritising the children
 - Expectations and managing behaviour
 - Reasons for change
- Has the programme had any effect on the way he behaves towards mother
- Child's feelings about father's attendance on the programme now

6. Effect of the programme on child

Aim: Obtain child's views on how the programme affects them and their mothers

- Has the programme had any positive benefits for the child
 - Wellbeing
 - Feelings of safety

- Observations of others, for example school, family and friends
- Communication with the father
- Relationship with their mother
- Have there been any negative changes/differences
- Are other agencies helping the family
 - Types of services
 - Effects of these services

7. General comments

Aim: Bring the interview to a conclusion by discussing more general topics, include unanticipated issues or topics

- Is there anything they would have liked to change about the CDSC programme
- How else could the programme support children specifically
- Anything that they would like to add to the interview

8. Closing

Thank the interviewee for their time. Reiterate that the interview will remain confidential. Provide contact details if there is anything that they want to add or withdraw, or if they have any questions. Provide information about available support and the research project.

Interview topic guide for partners

Research objectives

The objectives of the qualitative interviews are to explore the following:

- the partners' and children's experiences of the CDSC programme;
- the benefits they hoped to derive from the programme and whether these have been fulfilled;
- the effect, if any, it has had on their lives and their relationship with the father attending the programme;
- the factors that affected whether it made any difference (positive or negative) to their relationship with the father or their lives generally; and
- whether they believe that the programme is relevant to them or their families and what factors affect their beliefs.

Interviewees will be encouraged to discuss their views and experiences in an open way without excluding issues that may be important to them. Unlike a survey questionnaire or semi-structured interview, the questioning will be responsive to their own experiences, attitudes and circumstances. This guide does not contain pre-set questions but rather lists the key themes and sub-themes to be explored. It does not include follow-up questions like 'why?', 'when?', 'how?' as it is assumed this will be fully explored throughout in order to understand how and why views, behaviours and experiences have arisen. The order in which topics are addressed and the amount of time spent on different themes will vary according to individual circumstances and experiences.

1. Introduction

Introduce self and check that the interviewee is happy to be interviewed, explain purpose of research and how information they tell us will be stored and used.

Give an outline of interview and topics covered: relevant family background; contact with the father; your experiences and views on the programme; and whether the programme has made a difference to them and their family.

Be clear that the interview is not about what happened in the past – however, it is possible that some questions might be unintentionally upsetting. Remind interviewee that they do not have to answer any questions they do not wish to and they can stop the interview at any time.

Remind them that information that they give will be treated confidentially but if they tell you something that gives you reason to think that a child was at risk, you cannot keep this confidential.

Check whether interviewee has any questions, whether interview can be tape recorded and if interviewee is happy to continue.

2. Relevant family background

Aim: Obtain contextual information about the family background that may inform views and perceptions

- Children
 - Age
 - Gender
 - Relationship to the father
 - General wellbeing, friends, school

- Partner's relationship with the father attending the programme
 - Current or ex-partner
 - Living circumstances
 - Length of relationship
 - Current relationships if relevant

3. Circumstances and contact at the beginning of the programme

Aim: Obtain partner's views on the family's circumstances before the father became involved with programme

- Children's relationship with the father (consider children separately)
 - Extent of contact/time spent with father
 - Frequency of contact
 - Amount of time
 - Location and activities
 - Contact agreed between parents or court/social worker involvement
- Fathers' behaviour towards children
 - Expectations of children
 - Communication with children
 - Benefits of father's involvement
 - Any areas of concern
- Partner's views on children's contact arrangements with the father before programme

4. Involvement with Caring Dads: Safer Children

Aim: Obtain partner views on the service they and the father received

- Initial involvement with programme
 - How they heard about CDSC service
 - Expectations of the programme
 - Feelings about the children's father attending the programme
 - Feelings about being offered partner support
- Partner's perceptions about their children's feelings about the programme
 - Children's awareness and understanding
 - Positive or negative views

- What influenced their decision to accept or reject partner support
 - Reasons for wanting or not wanting partner support
 - What would they have preferred
 - Alternative sources of support
- If they accepted partner support
 - Views on extent and type of support offered
 - In what ways did it help them and their children
 - Any problems with the service
 - How did they feel the questionnaires
- Any other comments about the partner support

5. Effect of programme on father

Aim: Obtain partner views about how the programme affects fathers' behaviour

- Did the children's father discuss the programme with them or with the children
 - Circumstances, what was discussed
- How does his current behaviour compare with previous behaviour
 - Communication
 - Respect for other people's decisions and choices
 - Self-control/threatening behaviour
 - Reasons for change
- Has programme had any effect on the way he behaves towards the children
 - Prioritising the children
 - Expectations and managing behaviour
- Has the programme had any effect on the way he behaves towards mother
- Has the frequency and type of contact the children have with their father changed since he attended the programme
- Mother's feelings about father's attendance on the programme now

6. Effect of the programme on mother and children

Aim: Obtain partner views on how the programme affects partners and children

- Has the programme had any positive benefits for the partner and/or her children
 - Feelings of safety

- Communication with the father
- Communication with other agencies
- Wellbeing
- Relationship with the children
- Observations of others, for example school, family and friends
- Referred to other agencies
- Have there been any negative changes/differences
- Are other agencies helping the family
 - Types of services
 - Effects of these services

7. General comments

Aim: Bring the interview to a conclusion by discussing more general topics, include unanticipated issues or topics

- Is there anything they would have liked to change about the CDSC programme
- How else could the programme support mothers and children specifically
- Anything that they would like to add to the interview

8. Closing

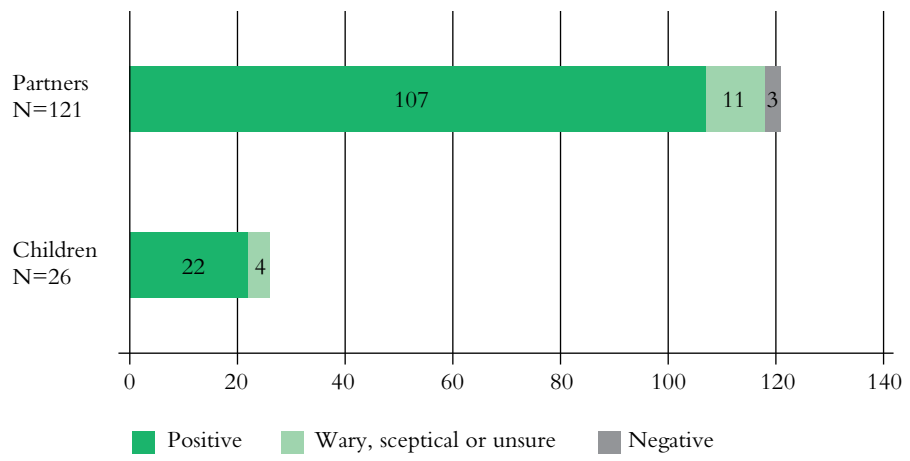
Thank the interviewee for their time. Reiterate that the interview will remain confidential. Provide contact details if there is anything that they want to add or withdraw, or if they have any questions.

Appendix F: Survey of partners and children

Table VII: Questions used in survey of children and partners

Time point	Survey questions used with children	Survey questions used with partners
Start of programme	<ol style="list-style-type: none"> 1. Why do you think your dad is coming to Caring Dads: Safer Children? 2. How do you feel about your dad coming to Caring Dads: Safer Children? 3. What would you like to happen between you and your dad after he has come to Caring Dads: Safer Children? 4. How do you feel when you are with your dad? 	<ol style="list-style-type: none"> 1. How do you feel about your partner/former partner coming to Caring Dads: Safer Children? 2. What would you like to happen after he has come to Caring Dads: Safer Children?
Post-programme	<ol style="list-style-type: none"> 1. How do you feel about your dad going to Caring Dads: Safer Children now? 2. Has your dad changed the way he does things with you since he went to Caring Dads: Safer Children? 3. How do you feel when you are with your dad? 	<ol style="list-style-type: none"> 1. How do you feel about your partner/former partner having attended the Caring Dads: Safer Children Programme? 2. Has he changed the way he behaves since coming to Caring Dads: Safer Children? 3. (If the father did not complete programme). Why do you think he did not complete the programme? 4. We would like to know how you feel about being involved in this evaluation. Do you have any comments or is there anything we should do differently?
Follow-up	<ol style="list-style-type: none"> 1. How do you feel about your dad going to Caring Dads: Safer Children now? 2. Has your dad changed the way he does things with you since he went to Caring Dads: Safer Children? 3. How do you feel when you are with your dad? 	<ol style="list-style-type: none"> 1. How do you feel about your partner/former partner having attended the Caring Dads: Safer Children Programme? 2. Has he changed the way he behaves since coming to Caring Dads: Safer Children?

Chart 15: Summary of children and partners overall views on the CDSC programme



Appendix G: Case note review

Figure 2: Change of circumstances recorded for children whose fathers completed CDSC, N=178

Child's circumstances	Change recorded: % fathers	Examples of changes
Change indicating improvement in father-child and/or co-parenting relationship (48%)	Case closed by social services and/or no safeguarding concerns (6%)	Supervised contact changed to unsupervised; telephone or letter contact changed to supervised contact; improved relationship led to mother suggesting father has more contact; number of hours increased; father returned to family home.
	Child(ren) removed from CPR/ CPP (13%)	
	Child(ren) returned to parents care (3%)	
	Contact with father increased (8%)	
	Evidence of learning, changed behaviour and attitudes (24%)	
Children's circumstances unchanged at case closure but work with the father contributing to the referrer's decision making (37%)	Child(ren) remain LAC (4%)	Others reporting the father's behaviour towards children and/or the mother improved; father willing to attend IDAP; reduced drinking or substance misuse by father; case notes predicting that children will be removed from CPR/ CPP; others reporting father's awareness of impact of behaviour or using different strategies for difficult situations; social services preparing father to become sole carer.
	Social services involvement unchanged, e.g. children remain on CPR/ CPP or CIN (16%)	
	Father signposted to another service (3%)	
	No change to monitored contact arrangements (2%)	
	In accordance with usual NSPCC practice, information about progress and concerns sent to referrer/social services (12%)	
Children's circumstances unclear or pending at time of case closure (13%)	Court process regarding contact or care applications ongoing (6%)	Insufficient change in father's behaviour or he struggled with some aspects of programme; additional safeguarding concerns about the child(ren)'s mother; further incidents of domestic abuse; father recognises he is unable to provide stability.
	Outcomes for children not known or unclear (7%)	
	Father given custodial sentence for domestic abuse post-programme (1%)	
Change indicating deterioration in father-child relationship, an increase in abusive behaviour and/or child protection measures increased (3%)	Father given custodial sentence for domestic abuse post-programme (1%)	Family moved from the area; details contained within confidential documents outside scope of audit; data from previous recording system; recording unclear
	Child protection plan amended to take account of increased risk (2%)	Contact stopped following case conference; children subject to full care order; children released for adoption

Appendix H: Tables and Charts

Descriptive statistics

Table VIII: Descriptive statistics for Child PARQ Father

	N	Mean	Std. Deviation	Min	Max
Warmth/Affection – Child PARQ Father T1:	26	15.31	6.424	8	29
Warmth/Affection – Child PARQ Father T2:	19	14.16	6.379	8	29
Warmth/Affection – Child PARQ Father T3:	9	15.44	6.729	8	29
Hostility/Aggression – Child PARQ Father T1:	26	9.38	2.968	6	15
Hostility/Aggression – Child PARQ Father T2:	19	8.42	3.641	6	16
Hostility/Aggression – Child PARQ Father T3:	9	7.67	2.55	6	12
Indifference/Neglect – Child PARQ Father T1:	26	11.23	3.777	6	20
Indifference/Neglect – Child PARQ Father T2:	19	11.00	4.534	6	20
Indifference/Neglect – Child PARQ Father T3:	9	9.89	3.919	6	16
Undifferentiated rejection – Child PARQ Father T1:	26	7.15	3.158	4	13
Undifferentiated rejection – Child PARQ Father T2:	19	6.05	2.549	4	11
Undifferentiated rejection – Child PARQ Father T3:	9	6.78	3.193	4	12
Total PARQ Score – Child PARQ Father T1:	26	42.73	13.59	26	75
Total PARQ Score – Child PARQ Father T2:	19	39.21	13.802	24	67
Total PARQ Score – Child PARQ Father T3:	9	36.22	14.898	11	56

Table IX: Descriptive statistics for SDQ completed by child's main carer

Measure	N	Mean	Std. Deviation	Min	Max
Pro-social behaviour – SDQ T1	32	8.63	1.54	5	10
Pro-social behaviour – SDQ T2	21	9.19	0.928	7	10
Pro-social behaviour – SDQ T3	9	8.44	3.321	0	10
Conduct problems – SDQ T1	32	2.41	1.998	0	7
Conduct problems – SDQ T2	21	1.95	2.156	0	8
Conduct problems – SDQ T3	9	1.22	1.481	0	4
Hyperactivity – SDQ T1	32	4.03	2.321	0	9
Hyperactivity – SDQ T2	22	3.91	2.114	0	7
Hyperactivity – SDQ T3	9	3.11	3.14	0	9
Emotional symptoms – SDQ T1	32	3.41	2.838	0	9
Emotional symptoms – SDQ T2	22	3.32	2.644	0	10
Emotional symptoms – SDQ T3	9	1.00	1.118	0	3
Peer problem – SDQ T1	32	2.09	1.748	0	6
Peer problem – SDQ T2	22	2.41	1.652	0	6
Peer problem – SDQ T3	9	0.78	0.972	0	3
Total difficulties score – SDQ T1	32	11.97	7.191	1	25
Total difficulties score – SDQ T2	22	11.73	6.929	1	27
Total difficulties score – SDQ T3	9	6.00	5.723	0	17

Table X: Descriptive statistics for SDQ completed by fathers

Measure	N	Mean	Std. Deviation	Min	Max
Pro-social behaviour – SDQ T1	84	7.65	2.442	0	10
Pro-social behaviour – SDQ T2	45	7.24	2.395	0	10
Pro-social behaviour – SDQ T3	7	9.71	0.756	8	10
Conduct problems – SDQ T1	84	2.06	1.601	0	6
Conduct problems – SDQ T2	45	1.87	1.714	0	7
Conduct problems – SDQ T3	7	1.43	0.976	0	3
Hyperactivity – SDQ T1	84	3.99	2.074	0	9
Hyperactivity – SDQ T2	45	4.07	2.580	0	10
Hyperactivity – SDQ T3	7	3.29	1.496	1	5
Emotional symptoms – SDQ T1	84	1.61	1.810	0	9
Emotional symptoms – SDQ T2	45	1.11	1.385	0	5
Emotional symptoms – SDQ T3	7	1.57	2.149	0	6
Peer problem – SDQ T1	84	1.58	1.681	0	6
Peer problem – SDQ T2	45	1.44	1.546	0	7
Peer problem – SDQ T3	7	1.29	1.113	0	3
Total difficulties score – SDQ T1	84	9.27	5.007	0	23
Total difficulties score – SDQ T2	45	8.49	5.521	0	25
Total difficulties score – SDQ T3	7	7.71	4.152	2	15

Table XI: Descriptive statistics for Adolescent Wellbeing Scale

Measure	N	Mean	Std. Deviation	Min	Max
Adolescent Wellbeing Scale T1:	9	7.89	4.885	2	17
Adolescent Wellbeing Scale T2:	8	4.63	1.768	2	8
Adolescent Wellbeing Scale T3:	5	5.60	5.683	0	13

Table XII: Descriptive statistics for measures for Adult Wellbeing Scale

Measure	N	Mean	Std. Deviation	Min	Max
Depression T1:	129	4.88	2.816	0	13
Depression T2:	68	4.26	2.385	0	10
Depression T3	20	3.70	2.922	0	11
Anxiety T1:	130	5.35	3.421	0	13
Anxiety T2:	70	4.60	3.385	0	14
Anxiety T3	20	4.55	3.720	0	11
Outward Directed Irritability T1:	130	3.18	2.439	0	10
Outward Directed Irritability T2:	70	2.89	1.982	0	8
Outward Directed Irritability T3	20	3.00	2.152	0	8
Inward Directed Irritability T1:	130	2.35	2.764	0	11
Inward Directed Irritability T2:	70	1.61	2.087	0	9
Inward Directed Irritability T3	20	2.10	2.594	0	7

Table XIII: Descriptive statistics for Controlling Behaviour Inventory for Partners

Measure	N	Mean	Std. Deviation	Min	Max
Emotional abuse T1	123	1.22	1.237	0	4
Emotional abuse T2	67	0.53	0.904	0	4
Emotional abuse T3	21	0.50	0.776	0	3
Intimidation T1	122	0.98	1.098	0	4
Intimidation T2	67	0.31	0.658	0	3
Intimidation T3	21	0.18	0.357	0	1
Economic abuse T1	120	0.51	1.000	0	4
Economic abuse T2	66	0.26	0.786	0	4
Economic abuse T3	21	0.10	0.436	0	2
Isolation T1	122	0.67	1.119	0	4
Isolation T2	67	0.23	0.707	0	4
Isolation T3	21	0.19	0.407	0	1
Threat/coercion T1	121	0.41	0.625	0	3
Threat/coercion T2	67	0.13	0.328	0	1
Threat/coercion T3	21	0.08	0.205	0	1
Violence T1	121	0.41	0.791	0	4
Violence T2	67	0.07	0.310	0	2
Violence T3	21	0.07	0.033	0	0.15
Sexual abuse T1	122	0.24	0.647	0	4
Sexual abuse T2	67	0.09	0.452	0	3
Sexual abuse T3	21	0.05	0.218	0	1
Injury T1	121	0.26	0.575	0	4
Injury T2	66	0.02	0.174	0	1
Injury T3	21	0.00	0.000	0	0
Using children T1	120	0.47	0.685	0	3
Using children T2	67	0.17	0.385	0	3
Using children T3	20	0.16	0.259	0	1
Denial Minimisation T1	122	1.35	1.389	0	4
Denial Minimisation T2	67	0.61	0.950	0	4
Denial Minimisation T3	21	0.46	0.842	0	3
Total Score T1	122	0.65	0.799	0	4
Total Score T2	67	0.23	0.460	0	2
Total Score T3	21	0.16	0.247	0	1
Negotiation T1	122	2.02	1.190	0	4
Negotiation T2	67	1.83	1.238	0	4
Negotiation T3	20	1.51	1.427	0	4

Table XIV: Descriptive statistics for Parenting Stress Index

Measure	N	Mean	Std. Deviation	Min	Max
Parental Distress T1	323	27.02	7.871	12	53
Parental Distress T2	181	22.24	7.573	11	54
Parental Distress T3	49	21.29	6.652	11	38
Parent–Child Dysfunctional Interaction T1	321	20.21	7.332	11	46
Parent–Child Dysfunctional Interaction T2	180	17.47	5.586	11	37
Parent–Child Dysfunctional Interaction T3	49	17.31	6.189	12	45
Difficult Child T1	320	24.04	8.771	11	53
Difficult Child T2	177	20.79	7.215	12	46
Difficult Child T3	49	19.61	7.073	12	43
Total Stress T1	316	71.11	20.66	37	140
Total Stress T2	177	61.25	18.074	36	132
Total Stress T3	49	58.2	17.696	36	121

Table XV: Descriptive statistics for Parent PARQ

Measure	N	Mean	Std. Deviation	Min	Max
Warmth/Affection – Parent PARQ T1:	318	10.25	3.39	8	26
Warmth/Affection – Parent PARQ T2:	172	9.57	3.236	8	29
Warmth/Affection – Parent PARQ T3:	46	9.57	3.443	8	26
Hostility/Aggression – Parent PARQ T1:	318	7.26	2.026	6	16
Hostility/Aggression – Parent PARQ T2:	173	6.87	2.043	6	24
Hostility/Aggression – Parent PARQ T3:	46	6.63	1.678	6	15
Indifference/Neglect – Parent PARQ T1:	316	7.83	2.391	6	19
Indifference/Neglect – Parent PARQ T2:	173	7.87	2.618	6	21
Indifference/Neglect – Parent PARQ T3:	46	7.83	2.331	6	15
Undifferentiated rejection – Parent PARQ T1:	318	5.08	1.856	4	14
Undifferentiated rejection – Parent PARQ T2:	173	4.92	1.795	4	16
Undifferentiated rejection – Parent PARQ T3:	46	4.61	1.273	4	10
Total PARQ Score – Parent PARQ T1:	315	30.42	7.412	24	69
Total PARQ Score – Parent PARQ T2:	172	29.83	8.817	24	95
Total PARQ Score – Parent PARQ T3:	46	28.63	5.912	24	48

Table XVI: Descriptive statistics for Controlling Behaviour Inventory for Perpetrators

Measure	N	Mean	Std. Deviation	Min	Max
Emotional abuse T1	324	1.21	1.022	0	4
Emotional abuse T2	169	0.33	0.693	0	3
Emotional abuse T3	43	0.24	0.479	0	2
Intimidation T1	324	1.03	0.965	0	4
Intimidation T2	169	0.27	0.649	0	3
Intimidation T3	43	0.19	0.499	0	2
Economic abuse T1	324	0.29	0.644	0	4
Economic abuse T2	169	0.07	0.247	0	1
Economic abuse T3	43	0.14	0.335	0	1
Isolation T1	324	0.28	0.596	0	3
Isolation T2	168	0.05	0.242	0	2
Isolation T3	43	0.07	0.296	0	2
Threat/coercion T1	323	0.47	0.665	0	4
Threat/coercion T2	168	0.11	0.408	0	4
Threat coercion T3	43	0.03	0.157	0	1
Violence T1	323	0.35	0.681	0	4
Violence T2	168	0.06	0.283	0	2
Violence T3	43	0.04	0.197	0	1
Sexual abuse T1	322	0.05	0.264	0	2
Sexual abuse T2	167	0.01	0.08	0	1
Sexual abuse T3	43	0.01	0.076	0	1
Injury T1	324	0.15	0.412	0	2
Injury T2	167	0.02	0.189	0	2
Injury T3	43	0.00	0.00	0	0
Using children T1	324	0.34	0.515	0	2
Using children T2	165	0.07	0.254	0	1
Using children T3	43	0.04	0.181	0	1
Denial Minimisation T1	323	1.39	1.181	0	4
Denial Minimisation T2	168	0.49	0.772	0	3
Denial Minimisation T3	43	0.32	0.662	0	3
Total Score T1	321	0.77	1.64	0	19
Total Score T2	168	0.14	0.408	0	3
Total Score T3	43	0.08	0.261	0	1
Negotiation T1	321	2.51	1.155	0	4
Negotiation T2	169	2.01	1.274	0	4
Negotiation T3	43	1.82	1.167	0	4

Analysis of change

Pre- and post-programme comparisons of the Parenting Stress Index for all fathers

Table XVII: Paired sample t-test of fathers' pre- and post-programme responses to the Parenting Stress Index

	N	T1	T2	p
Parental distress**	163	28.25	22.83	p<0.01
Parental–Child Dysfunctional Interaction**	161	20.86	17.89	p<0.01
Difficult Child**	158	24.71	21.46	p<0.01
Total Parenting Stress Index Score**	157	73.90	63.06	p<0.01

Table XVIII: Change in clinical status of parenting stress in fathers attending CDSC

Test statistic = 7.259		Post-programme scores	
Within normal range		Within clinical range	
Pre-programme scores	Within normal range	125	6
	Within clinical range	21	5

There was a significant change in the clinical status of parenting stress among the fathers from pre-programme to post-programme in favour of fewer fathers having scores within the clinical range. (McNemar: $p = 0.007$).

Table XIX: Effect sizes for Parenting Stress Index (Pearson's r).

	r
Parental Distress	0.593179816
Parent–Child Dysfunctional Interaction	0.378592969
Difficult Child	0.36613576
Total Parenting Stress Index Score	0.46946888

Difference-in-difference comparisons of different groups of fathers – Parenting Stress Index

Table XX: Comparing the change in Parenting Stress Index scores for fathers receiving CDSC intervention with fathers waiting to begin

	Waiting for intervention N=15	Intervention N=26	Difference, Intervention – Waiting
1) Parental Distress before	24.87	25.46	0.59
2) Parental Distress after	23.53	22.00	-1.53
3) Change in mean Parental Distress	-1.34	-3.46	-2.12
1) Parent–Child Dysfunctional Interaction before	17.40	19.23	1.83
2) Parent–Child Dysfunctional Interaction after	17.40	16.38	-1.02
3) Change in mean PCDI	0.00	-2.85	-2.85
1) Difficult Child before	18.53	24.23	5.70
2) Difficult Child after	19.53	22.00	2.47
3) Change in perception of Difficult Child	1.00	-2.23	-3.23
1) Total Stress before	61.33	68.92	7.59
2) Total Stress after	60.47	61.92	1.45
3) Change in Total Stress	-0.86	-7.00	-6.14

Table XXI: Comparing the change in Parenting Stress Index scores for fathers from community and prison groups

	Community Groups N=7	Prison Groups N=7	Difference, Prison – Community
1) Parental Distress before	26.86	26.43	-0.43
2) Parental Distress after	22.71	21.57	-1.14
3) Change in mean Parental Distress	-4.15	-4.86	-0.71
1) Parent–Child Dysfunctional Interaction before	17.57	21.57	4.00
2) Parent–Child Dysfunctional Interaction after	13.71	19.14	5.43
3) Change in mean PCDI	-3.86	-2.43	1.43
1) Difficult Child before	24.29	21.86	-2.43
2) Difficult Child after	20.00	22.57	2.57
3) Change in perception of Difficult Child	-4.29	0.71	5.00
1) Total Stress before	68.71	69.86	1.15
2) Total Stress after	56.43	65.29	8.86
3) Change in Total Stress	-12.28	-4.57	7.71

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 homework and interact with their children during the programme, were less likely to perceive their child as difficult after the intervention.

Differences over three time points – Parenting Stress Index

Application of Friedman’s test shows that there are some statistically significant changes in the distribution of parenting stress over the three time points: $\chi^2 29.882$, $df = 2$, $p < 0.01$. Wilcoxon tests applied to follow-up this finding show that when compared with scores reported before the programme, not only was the fathers’ parenting stress significantly lower post-programme ($Z = -3.525$, $n = 48$, $p < 0.01$, two sided), as per the paired sample t-tests, but also at the follow-up ($Z = -4.181$, $n = 49$, $p < 0.01$, two sided).

The average parenting stress score reduced during the period between the end of the programme and the follow-up; however, this observation was not statistically significant when a Bonferroni correction was applied ($Z = -2.189$, $n = 48$, $p = 0.087$, two sided). This pattern also held true for the Parenting Stress Index subscales.

Table XXII: Testing for differences between fathers’ pre-programme, post-programme and following scores for the Parenting Stress Index using Friedman’s ANOVA

	N	χ^2	df	p
Parental Distress	49	23.685	2	$p < 0.01$
Parent-Child Dysfunctional Interaction	48	5.874	2	$p = 0.05$
Difficult Child	49	17.674	2	$p < 0.01$
Total Parenting Stress Index Score	48	29.882	2	$p < 0.01$

Table XXIII: Post Hoc Tests for parental distress

	Parental Distress – Parental Stress Index T2 – Parental Distress – Parental Stress Index T1	Parental Distress – Parental Stress Index T3 – Parental Distress – Parental Stress Index T1	Parental Distress – Parental Stress Index T3 – Parental Distress – Parental Stress Index T2	Parent–Child Dysfunctional Interaction T2 – Parent–Child Dysfunctional Interaction T1	Parent–Child Dysfunctional Interaction T3 – Parent–Child Dysfunctional Interaction T1	Parent–Child Dysfunctional Interaction T3 – Parent–Child Dysfunctional Interaction T2
Z	-7.656 ^b	-4.275 ^b	-.860 ^b	-2.711 ^b	-2.822 ^b	-1.103 ^b
Asymp. Sig. (2-tailed)	0.000	0.000	0.390	0.007	0.005	0.270

Table XXIV: Post Hoc Tests for difficult child

	Difficult Child – T2 – Difficult Child – T1	Difficult Child – T3 – Difficult Child – T1	Difficult Child – T3 – Difficult Child – T2	Total Stress Score – Total Stress Score – T1	Total Stress Score – Total Stress Score – T1	Total Stress Score – Total Stress Score – T2
Z	-2.985 ^b	-3.609 ^b	-1.818 ^b	-3.525 ^b	-4.181 ^b	-2.189 ^b
Asymp. Sig. (2-tailed)	0.003	0.000	.069	0.000	0.000	0.029

Pre- and post-programme comparisons of the Parent PARQ for all fathers

Table XXV: Paired sample t-test of fathers' pre- and post-programme responses to Parental Acceptance and Rejection Questionnaire

	N	T1	T2	p
Warmth/Affection	165	10.32	9.61	p=0.055
Hostility/Aggression*	167	7.32	6.87	p=0.022
Indifference/Neglect	164	7.93	7.90	p>0.1
Undifferentiated rejection	167	5.21	4.93	p>0.1
Total PARQ Score	163	30.70	29.99	p>0.1

XXVI: Wilcoxon's signed rank test for children's pre- and post-programme responses to Child PARQ Father Questionnaire

Questionnaire		N	Min	Max	Mdn	Z	p
Warmth/Affection	T1	26	8	29	14.0	-.629 ^b	0.529
	T2	19	8	29	12.0		
Hostility/Aggression	T1	26	6	15	9.0	-.716 ^b	0.474
	T2	19	6	16	6.0		
Indifference/Neglect	T1	26	6	20	11.5	-.354 ^b	0.723
	T2	19	6	20	9.0		
Undifferentiated rejection	T1	26	4	13	6.5	-.990 ^b	0.322
	T2	19	4	11	5.0		

b Based on positive ranks

PARQ – comparison of father and child's perceptions of fathers parenting behaviour

Table XXVII: Fathers and Children's Total PARQ Mean Scores

Fathers and Children Total PARQ Mean Scores			
	N	Pre-programme	Post-programme
Children	14	43.00	39.29
Fathers	163	30.70	29.99

Differences over three time points – Parent PARQ

Application of Friedman’s test to the PARQ completed by fathers suggested statistically significant changes in the distribution of the total score for acceptance and rejecting behaviours over the three time points: $\chi^2 6.937$, $df = 2$, $p < 0.05$ and also the hostility and aggression subscale: $\chi^2 6.964$, $df = 2$, $p < 0.05$. Wilcoxon tests used to further explore these findings did not find any statistically significant change after Bonferroni adjustment for the total score, but did suggest a statistically significant decrease between the pre-programme and follow-up scores for hostility and aggression ($Z = -2.408$, $n = 45$, $p < 0.05$, two sided). However, again these results need to be considered alongside the limitations of relying on the fathers self-reports on their parenting behaviour.

Table XXVIII: Testing for differences between fathers’ pre-programme, post-programme and following scores using Friedman’s ANOVA

	N	χ^2	df	p
Warmth/Affection	40	1.268	2	$p > 0.05$
Hostility/Aggression	42	6.964	2	$p = 0.05$
Indifference/Neglect	41	0.470	2	$p > 0.05$
Undifferentiated rejection	42	2.385	2	$p > 0.05$
Total PARQ Score	40	6.937	2	$p = 0.03$

Table XXIX : Post Hoc tests for Total PARQ Score (a)

	Total PARQ Score T2: – T1:	Total PARQ Score T3: – T1:	Total PARQ Score T3: – T2:	Hostility/Aggression T2: – T1:	Hostility/Aggression T3 – T1:	Hostility/Aggression – T3: – T2:
Z	-0.167 ^b	-1.780 ^b	-1.194 ^b	-1.742 ^b	-2.408 ^b	-0.910 ^b
Asymp. Sig. (2-tailed)	0.867	0.075	0.232	0.081	0.016	0.363

a Wilcoxon Signed Ranks Test

b Based on positive ranks.

Pre- and post-programme comparisons of the Controlling Behaviour Inventory

Table XXX: Paired sample t-test of fathers' pre- and post-programme responses to the Controlling Behaviour Inventory

	N	Pre-programme	Post-programme	p
Emotional abuse**	152	1.26	0.35	p<0.001
Intimidation**	152	1.05	0.28	p<0.001
Economic abuse**	152	0.29	0.07	p<0.001
Isolation**	151	0.23	0.06	p<0.001
Threat/coercion**	151	0.46	0.12	p<0.001
Violence**	151	0.30	0.07	p<0.001
Sexual abuse*	150	0.07	0.01	p=0.014
Injury**	150	0.15	0.03	p<0.001
Using children**	148	0.38	0.08	p<0.001
Denial/minimisation**	150	1.55	0.51	p<0.001
Total CBI Score**	150	0.88	0.15	p<0.001
Negotiation**	151	2.61	2.04	p<0.001

Table XXXI: Paired sample t-test of partners' pre- and post-programme responses to the Controlling Behaviour Inventory

	N	Pre-programme	Post-programme	p
Emotional abuse**	64	1.08	0.50	p<0.01
Intimidation**	64	0.80	0.31	p<0.01
Economic abuse	63	0.47	0.27	p=0.077
Isolation**	64	0.60	0.24	p<0.01
Threat/coercion**	63	0.29	0.12	p<0.01
Violence**	63	0.27	0.07	p<0.01
Sexual abuse	64	0.21	0.10	p=0.055
Injury**	63	0.20	0.03	p<0.01
Using children**	63	0.43	0.16	p<0.01
Denial/minimisation**	63	1.20	0.62	p<0.01
Total CBI Score**	64	0.54	0.23	p<0.01
Negotiation**	63	2.02	1.87	p>0.1

Table XXXII: Comparison of mean pre- and post-programme scores for current and former partners

Measure	Current partners				Former partners			
	Mean	N	Std. Dev.	Std. Error Mean	Mean	N	Std. Dev.	Std. Error Mean
Emotional abuse T1	0.78	49	0.862	0.123	2.04	15	1.454	0.376
Emotional abuse T2	0.34	49	0.634	0.091	1.03	15	1.373	0.354
Intimidation T1	0.62	49	0.85	0.121	1.37	15	1.005	0.26
Intimidation T2	0.17	49	0.369	0.053	0.75	15	1.135	0.293
Economic abuse T1	0.24	48	0.587	0.085	1.20	15	1.532	0.396
Economic abuse T2	0.10	48	0.382	0.055	0.82	15	1.391	0.359
Isolation T1	0.25	49	0.568	0.081	1.75	15	1.592	0.411
Isolation T2	0.06	49	0.187	0.027	0.85	15	1.306	0.337
Threat/coercion T1	0.18	48	0.321	0.046	0.68	15	0.636	0.164
Threat/coercion T2	0.06	48	0.218	0.031	0.32	15	0.523	0.135
Violence T1	0.19	48	0.395	0.057	0.53	15	0.795	0.205
Violence T2	0.02	48	0.079	0.011	0.23	15	0.63	0.163
Sexual abuse T1	0.08	49	0.24	0.034	0.66	15	1.084	0.28
Sexual abuse – T2	0.03	49	0.147	0.021	0.33	15	0.900	0.232
Injury T1	0.16	48	0.374	0.054	0.33	15	0.589	0.152
Injury T2	0.00	48	0.029	0.004	0.09	15	0.361	0.093
Using children T1	0.25	48	0.419	0.06	1.02	15	0.810	0.209
Using children T2	0.08	48	0.147	0.021	0.44	15	0.697	0.18
Denial Minimisation T1	0.79	48	1.093	0.158	2.52	15	1.190	0.307
Denial Minimisation T2	0.36	48	0.592	0.085	1.43	15	1.452	0.375
Total Score T1	0.36	49	0.499	0.071	1.12	15	0.767	0.198
Total Score T2	0.12	49	0.236	0.034	0.58	15	0.799	0.206

Controlling Behaviour Inventory – pre- and post-programme and follow-up comparisons

Application of Friedman’s test to the Controlling Behaviour Inventory completed by fathers suggested statistically significant changes in the distribution of the overall score over the three time points: $\chi^2_{15.057}$, $df = 2$, $p < 0.01$. Further exploration using the Wilcoxon test suggested a statistically significant decrease, which survived Bonferroni adjustment, between the pre- and post-programme scores ($Z = -3.145$, $n = 42$, $p < 0.05$, two sided) and also the pre-programme and follow-up scores ($Z = -3.507$, $n = 43$, $p < 0.01$, two sided), but no significant change between the end of the programme and the follow-up.

Table XXXIII: Post hoc tests for Overall controlling behaviour reported by fathers using Friedman's ANOVA

	Overall Controlling Behaviour Inventory T2 – T1	Overall Controlling Behaviour Inventory T3 – T1	Overall Controlling Behaviour Inventory T3 – T2
Z	-3.145 ^b	-3.507 ^b	-0.141 ^b
Asymp. Sig. (2-tailed)	0.002	0.00	0.888
Bonferroni adjustment	0.04	0.00	17.76

a Wilcoxon Signed Ranks Test

b Based on positive ranks.

Similarly, there were significant changes when the same test was applied to overall scores reported by partners: $\chi^2 12.351$, $df = 2$, $p < 0.01$. The post hoc tests for partners after Bonferroni adjustment were approaching significance for the comparison between the pre- and post-programme overall scores ($Z = -2.295$, $n = 20$, $p = 0.022$, two sided) and significant between the pre-programme and follow-up overall scores ($Z = -3.099$, $n = 21$, $p < 0.01$, two sided). Friedman's ANOVA was also applied to each of the subscales of the Controlling Behaviour Inventory reported by partners. Four subscales had statistically significant reductions: violence, injury, denial/minimisation and emotional abuse.

Table XXXIV: Testing for differences between partners' pre-programme, post-programme and following scores using Friedman's ANOVA

Controlling Behaviour Inventory	N	χ^2	df	p
Emotional abuse*	20	12.033	2	0.002
Intimidation	20	2.625	2	0.269
Economic abuse	19	2.632	2	0.268
Isolation	20	2.435	2	0.296
Threat/coercion	19	2.643	2	0.267
Violence*	20	10.000	2	0.007
Sexual abuse	20	2.00	2	0.368
Injury*	19	8.000	2	0.018
Using children	18	3.350	2	0.187
Denial minimisation*	20	6.394	2	0.041
Total score*	20	12.351	2	0.002
Negotiation	19	1.803	2	0.406

Table XXXV Post hoc tests a for Controlling behaviour reported by partners following Friedman's ANOVA

		Z	Asymp. Sig. (2-tailed)
Overall Controlling Behaviour	T2 – T1	-2.295 ^b	0.022
	T3 – T1	-3.099 ^b	0.002
	T3 – T2	-0.363 ^b	0.716
Emotional abuse	T2 – T1	-2.588 ^b	0.010
	T3 – T1	-2.630 ^b	0.009
	T3 – T2	-.357 ^c	0.721
Violence	T2 – T1	-2.023 ^b	0.043
	T3 – T1	-2.201	0.028
	T3 – T2	0.000	1.000
Injury	T2 – T1	-1.826 ^b	0.068
	T3 – T1	-2.023 ^b	0.043
	T3 – T2	0.000 ^c	1.000
Denial Minimisation	T2 – T1	-1.652 ^b	0.099
	T3 – T1	-2.943 ^b	0.003
	T3 – T2	-1.227 ^b	0.220

a Wilcoxon Signed Ranks Test

b Based on positive ranks

c Based on negative ranks

Children's wellbeing

Table XXXVI: Wilcoxon's signed rank test for pre- and post-programme responses to Strengths and Difficulties Questionnaire completed by children or main carer

Subscale		N	Min	Max	Mdn	Z	p
Pro-social behaviour	T1	32	5	10	9.0	-1.513 ^c	.130
	T2	21	7	10	9.0		
Conduct problems	T1	32	0	7	2.0	-1.087 ^b	.277
	T2	21	0	8	1.0		
Hyperactivity	T1	32	0	9	4.0	-0.666 ^b	.505
	T2	22	0	7	4.0		
Emotional symptoms	T1	32	0	9	3.5	-0.086 ^b	.932
	T2	22	0	10	3.5		
Peer problems	T1	32	0	6	1.5	-0.202 ^c	.840
	T2	22	0	6	2.0		
Total difficulties	T1	32	1	25	13.0	-0.589 ^b	.556
	T2	22	1	27	11.0		

b Based on positive ranks

c Based on negative ranks

Table XXXVII: Number and percentage of children within each clinical category of the Strengths and Difficulties Questionnaire reported child or main carer at beginning of the programme N=32

Clinical category	Normal	Borderline	Abnormal/ high score	Total
Number/Percentage	19 / 59%	4 / 13%	9 / 28%	32 / 100%

Table XXXVIII: Paired sample t-test for Strengths and Difficulties Questionnaire completed by fathers

	N	Pre-programme	Post-programme	p
Pro-social behaviour	42	7.50	7.36	p>0.1
Conduct problems	42	2.10	1.86	p>0.1
Hyperactivity	42	3.81	4.05	p>0.1
Emotional symptoms	42	1.57	1.10	p=0.089
Peer problem	42	1.43	1.45	p>0.1
Total difficulties	42	8.93	8.45	p>0.1

When children's SDQ scores were analysed over the three time points, significant differences were identified for the total difficulties scores ($\chi^2 5.852$, $df = 2$, $p < 0.054$) and the peer problems scores ($\chi^2 6.000$, $df = 2$, $p < 0.05$). However, as the sample over the three time points consisted of only seven children, this finding clearly has limitations.

Similarly, although there was a clearer difference in mean scores for the Adolescent Wellbeing Scale, reducing from 7.63 to 4.63, the difference was not statistically significant – possibly due to the small number of children within the relevant age range for the measure.

Table XXXIX: Wilcoxon's signed rank test for children's pre- and post-programme responses to Adolescent Wellbeing Scale

Questionnaire		N	Min	Max	Mdn	Z	p
Adolescent Wellbeing Scale	T1	9	2	17	8	-1.625 ^b	0.104
	T2	8	2	8	4		

^b Based on positive ranks

Partner wellbeing

Table XL: Comparison of mean pre- and post-programme scores for current and former partners

Measure	Current partners				Former partners			
	Mean	N	Std. Dev.	Std. Error Mean	Mean	N	Std. Dev.	Std. Error Mean
Adult Wellbeing Scale	4.78	50	2.682	0.379	5.50	14	3.057	0.817
Depression T1:								
Depression T2:	4.00	50	2.339	0.331	4.57	14	2.441	0.652
Anxiety T1:	4.82	50	3.16	0.447	7.53	17	2.672	0.648
Anxiety T2:	4.28	50	3.393	0.48	5.53	17	3.223	0.782
Outward Directed Irritability T1	3.06	50	2.152	0.304	3.41	17	2.373	0.576
Outward Directed Irritability T2	2.86	50	2.138	0.302	2.82	17	1.590	0.386
Inward Directed Irritability T1	2.08	50	2.61	0.369	2.94	17	2.904	0.704
Inward Directed Irritability T2	1.58	50	2.061	0.291	1.65	17	2.37	0.575

Adult Wellbeing Scale – pre- and post-programme and follow-up comparisons

Table XLI: Paired sample t-test of partners pre- and post-programme response to the Adult Wellbeing Scale

	N	Pre-programme	Post-programme	p
Depression*	64	4.94	4.13	p<0.05
Anxiety*	67	5.51	4.60	p<0.05
Outward directed irritability	67	3.15	2.85	p>0.1
Inward directed irritability*	67	2.30	1.60	p<0.05

Table XLII: Testing for differences between partners' pre-programme, post-programme and following scores for Adult Wellbeing Scale using Friedman's ANOVA

Adult Wellbeing Scale	N	χ^2	df	p
Depression	20	5.378	2	0.068
Anxiety*	20	8.427	2	0.015
Inward directed irritability	20	3.661	2	0.160
Outward directed irritability	20	1.655	2	0.437

Table XLIII: Post hoc tests for anxiety reported by partners following Friedman's ANOVA

	Z	Asymp. Sig. (2-tailed)
T2 – T1	-1.858 ^b	0.063
T3 – T1	-2.426 ^b	0.015
T3 – T2	-0.264 ^b	0.792

^b Based on positive ranks

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